Gaziantep Üniversitesi
Göç Enstitüsü Yayınları 1

Dünya Göç ve Mülteci Kongresi, Özet Kitabı
The Global Refugee and Migration Congress, Book of Abstracts


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Mehmet Nuri Gültekin

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Muhsin Soyudoğan

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**Syria’s Displaced Peoples in the Middle East: Where Social Duty and Refugee Rights Clash**

**Dawn Chatty**

*Dawn Chatty is Emeritus Professor in Anthropology and Forced Migration and former Director of the Refugee Studies Centre, University of Oxford, United Kingdom. She is also Fellow of the British Academy. Her research interests include coping strategies and resilience of refugee youth; tribal and pastoralism; nomadic pastoralism and conservation; gender and development; health, illness and culture. She has worked with nomadic pastoral groups in Lebanon and Syria since the mid-1970s and extended her research to Oman in 1979. She has continued to work with these communities and has engaged in advocacy for the rights of these people to remain mobile and to resist forced settlement. In 1995, when she joined the Refugee Studies Centre at the University of Oxford, she began an additional line of scholarly inquiry, the coping strategies and agency of refugee youth in prolonged conflict. She has worked with Palestinian youth in the free UNRWA field sites: Lebanon, Syria, Jordan, the West Bank and Gaza. She has also worked with Sahrawi refugee youth in Algeria and Spain and Afghan refugee youth in Tehran and Mashad, Iran. She is currently working with displaced Syrians in the neighbouring countries of Syria. Turkey, Jordan, and Lebanon.*


Until the mid-20th century the granting of asylum was universally a social institution requiring reciprocity. It was a ‘duty’ met with obligations on the part of those asking for sanctuary. However after World War Two, the international humanitarian response to forced migration and displacement as a result of conflict generally shifted and was best expressed by the mechanisms for refuge set out in the 1951 **Convention on the Status of Refugees**. This was a significant paradigm shift from a duty-based to a rights-based approach to asylum which became ‘mainstream’ with a growth in bureaucratic measures, laws and other legalities in the West. Once mainstreamed, our own societal ‘duty’ to be generous (karam) became obscured.

In this presentation I argue that on its own, the Western humanitarian ‘rights-based’ asylum is ‘unfit for purpose’ in the middle income countries of the Middle East where asylum and sanctuary are regarded as a duty despite the conflicted politics of gift and exchange (solidarity and hostility). I will also elaborate in this
presentation on the concerns that such hospitality also carries within it the terms of hostility and insecurity. I propose that as a template for humanitarian aid delivery contemporary refugee asylum has become a rights-based mechanism for certain categories of people and excludes an unacceptable number of ‘others’. Furthermore, I argue that in the Middle East many displaced people do not want to be categorized as ‘refugees’; nor do they want to reveal their personal details for fear of ‘discovery’ by the state from which they fled. Finally I argue that the way forward is a holistic approach which recognizes the aspirations of the displaced to seek safety outside of their own countries until conditions permit return and supports the continuing existence of societal duty-based generosity or ‘presentations’, as elaborated by Marcel Mauss, along-side contemporary rights-based mechanism derived from international law.

From Hospitality to Rights: Governing the Syrian Refugee Question in Turkey

Fuat Keyman

Cultural Intimacy Discourse among Syrian Refugees in Turkey

Ayhan Kaya

The Integration Process of the Syrian Refugees: Legal Ambiguity and Social Identity

Feyzi Baban

Feyzi Baban is a Professor of Political Studies and International Development at Trent University, Peterborough, Canada. His research interests include cosmopolitan theory, the politics of citizenship in late modern societies, European Integration and alternative forms of modernity in non-Western cultures. Dr. Baban is currently working on two SSHRC (Social Sciences Humanities Council of Canada) funded 5 year research projects. The first project investigates why, how and under what conditions some communities in various European countries are more open to cultural difference than others; what types of projects facilitate openness to newcomers and how do citizens and non-citizens participate in these projects in ways that transform understandings of citizenship and belonging. The second project studies humanitarian assistance to Syrian refugees and rights claims emerging from legal, political and economic precarious conditions Syrian refugees face in Turkey. His work is published in several edited book collections and in such journals as Global Society, European Journal of Social Theory, Citizenship Studies and Studies of Political Economy. Some of his recent publications include: “The Past Is a Different City: Istanbul, Memoirs, and Multiculturalism”, published in Istanbul: Living with Difference in a Global City, by Nora Fisher Onar, Susan Pearce and Fuat Keyman. 2018; “Living with Others: Fostering Radical Cosmopolitanism through Citizenship Politics” with Kim Rygied, Ethics and Global Politics 2017; “Cosmopolitanism from the Margins: Redefining the Idea of Europe through Postcoloniality” in Postcolonial Transitions in Europe. ed. by Sandra Ponzo and Gianampa Colpani (2016); “Snapshots from the Margins: Transgressive Cosmopolitanisms in Europe” with Kim Rygied European Journal of Social Theory, 1-18, 2014; “Cosmopolitan Europe: Border Crossings and Transnationalism in Europe,” Global Society, February 2013.
The Literature of Asylum in the Syrian Camps in Turkey

Jehan Sayed Issa

Shadow of Silence or Syrian Migrants in Local Media: The Case of Gaziantep and Şanlıurfa

Mesut Yücebaş
Semiray Yücebaş

Representation of Syrian Immigrant in Turkish Cinema

Şükrü Aydın

Challenges in Public Health Services for Syrian Refugees in Host Countries: Policies and Resources

Nizar Wehbi, MD, MPH, MBA

Introduction

According to the United Nations Refugees Agency (UNHCR), currently there is more than 6 million Syrian refugees outside Syria; and another 6 million that are displaced internally in Syria. Almost 80% of admitted refugees are women and children. This has caused an increased burden on the public health system of host countries especially when having very restrictive policies and limited resources.

Discussion:
Based on the host country, Syrian refugees were either welcomed and provided adequate services (e.g., Canada) or in most neighboring host countries (e.g. Turkey, Lebanon and Jordan), restrictive policies were passed and limited resources were allocated for refugees.

Turkey has accepted around 2 million refugees. This has led to raised concerns of increasing communicable disease risks, overcrowding hospitals, and more generally straining financial and health resources. Turkey recognizes access to health as a human right in Turkish Constitution. Nonetheless, only asylum seekers originating from European countries are recognized as refugees. Moreover, among all EU member states, Turkey has the lowest number of medical doctors per capita and an overextended human capital in health services.

Lebanon and Jordan have similar perspectives and prior experience with Palestinian refugees absorbed in 1948. Lebanon has around 1.5 million Syrian refugees while Jordan has 1.2 million. Both countries were welcoming to the refugees in the beginning but started passing restrictive and deterring policies once the Syrian conflict stretched longer. Lebanon was concerned about the impact on its demographic distribution and passed policies to restrict employment and work opportunities as well as restricted requirements to legally register and stay in Lebanon. Likewise, Jordan had an overwhelming burden to its services and resources. It also implemented a policy of deterrence to restrict the presence and the influx of refugees. Many refugees were settled in camps with very poor-quality housing and inadequate access to services.

On a brighter side, around 54,000 Syrian refugees have been admitted to Canada by May 2018, half of which have settled in the province of Ontario. After arriving in Canada, all refugees receive temporary coverage of health-care benefits under the Interim Federal Health Program (IFHP) until the time they become eligible for provincial or territorial health insurance. This is similar to the coverage available to all Canadian citizens and permanent residents.

Conclusions:

A combination of policies and resources availability are important in how countries could react and accommodate refugee influx. Welcoming countries with rich resources were capable of accommodating refugees and providing adequate services. On the other hand, other countries passed very restrictive policies, and due to the lack of resources tried to limit the influx, and were unable to provide health services needed by the refugees.

Right to Health and Health Services Provided for Those Under Temporary Protection

Ozan Şafak Koçak

War, immigration and health should be regarded as a sociological phenomenon. I consider that, theoretically, immigration, in general and in this specific study, could be abstracted on vertical and horizontal dimensions. Relatively quantitative dimensions that the immigration causes, such as geographical limits it reaches and number of people it forces to change their places, composes the horizontal dimension. Here, we can talk about the potential of immigration. On the other hand, the reasons of immigration and other elements it is affected gives a depth to this phenomenon and affects its quality directly, thus compose the vertical dimension.

Examining the health conditions of people who were exposed to immigration caused by war occurs as an in-depth immigration study. As a matter of fact, the elements that caused mass influxes, in Syria context, from the beginning started to determine the quality of immigration both in terms of physical and mental health. To be able to assess Syrians’ access to health services from a legal perspective, we first need to address the facts. Following that, it is crucial to determine the framework in which we could acquire tools to assess and conclude.

For that purpose, firstly, I would like to reveal the concrete circumstances of the field by addressing the health conditions of Syrians and their problems regarding access to health services, secondly, I would like to
draw the theoretical framework of right to health and then analyze these concrete circumstances by using the tools human rights provide.

An Evaluation on the Legal Status of the Syrians in Turkey

Recep Baydemir

Doktora Öğrencisi, Harran Üniversitesi, Sosyal Bilimler Enstitüsü, Coğrafya Anabilim Dalı “Göç Çalışmaları” alan,


Bununla birlikte, BMMYK/Birleşmiş Milletler Mülteciler Yüksek Komiserliği’nden alınan verilere göre, 2018 yılının sonu itibariyle tüm dünyanın 270 milyon “göçmen”, 70.8 milyon “zorla yerinden edilmiş insan”, 25.9 milyon “mülceti”, 41.3 milyon “kendi ülkesi içinde zorla yerinden edilmiş insan” ve 3.5 milyon “sığınmacı” bulunmaktadır.

Buradan hareketle Türkiye’deki Suriyelilerin hakkı durumu üzerine bir değerlendirme yapmayı amaçlayan bu çalışma, gerçek ulusal gerekse uluslararası literatürde göç ve göçmen ile ilgili bu temel hakkın kavramlarını nede karşısında geldiğini karşılaştırmakta bir analize tabi tutarak, Türkiye’deki Suriyelilerin hakkı durumunu da yine bu kavramlar bağlamında sorgulamayı amaçlamaktadır.

Security Treatment of Jihadist Families beyond the Rule of Law

Gorazd Kovačič

Department of Sociology, University of Ljubljana

14:00-16:00 Community Challenges during Forced Migration Mavi Hall

Moderator Polat S. Alpman

Gaziantep’te Yaşayan Suriyeli Mültecilerde Hemofili Hastalığının Epidemiyolojisi ve Faktör VIII ve IX İnhibitörlerinin Görülme Sıklığı

Elif İşbilen, Dr.

Gaziantep University, Medical Biochemistry

Pıhtılaşma sisteminde rol alan proteinlerin üretimi kromozomlarda bulunan farklı genler tarafından kontrol edilmektedir. Faktör VIII veya Faktör IX’un kalitsal olarak eksikliği, yokluğu veya işlevinin bozuk
An Audience Opinion Research on News Content Related to Syrian Refugees

Gamze Aktuna, MD, MS, PHD(c)

Hacettepe University, Public Health Institute

Gamze Aktuna, who is currently working as a research assistant at Hacettepe University Institute of Public Health in Turkey, is a medical doctor, field epidemiologist, public health PhD candidate with holding a master’s degree in woman research and gender studies. Recently she is developing a PhD thesis in migration and health. She has been mainly working on woman and gender issues, migration and refugee health, reproductive and sexual health, health systems and outbreak investigations.

Engin SARI, Asst. Prof.

Ankara University, Faculty of Communication

INTRODUCTION:

The number of registered Syrian refugees in Turkey for 2018 is 3,644,342. Each passing day news related to refugees in Turkey pervade. As a result of sharing same environment with people from different cultures, several cases related with refugees take place in various media. Language and style used in the media are as important as the news contents. Study aims to understand opinions of audiences of news content related to the Syrian refugees in Turkey.

MATERIALS AND METHODS

In this is audience opinion research conducted in 2018, study population is ‘people faced with news related to Syrian refugees’. Purposive (aim to reach 100 participants) and snowball samplings (people informed about survey notify others) were used. The survey consisted of 22 questions with open-ended, multiple-choice and Likert-based answers. Demographic information, features of news, levels of being affected by the news and reactions to the news were asked. In addition, the last question involves a predetermined video and interpreting
it. The video contains a car accident in which a Syrian driver crashed two young Turkish girls. Open access online survey was shared via communication tools and only volunteers joined into.

RESULTS

76 of 100 participants completed survey. Statistical analysis was performed with over 76 participants using Epi-Info. According to the participants, the distributions of the most vulnerable refugees’ groups respectively from the least to the most are infant, child, young girl, woman, elder, male and other. In this multiple-choice question, six participants whose response was ‘male’ as vulnerable group, also defined all other age and gender groups as vulnerable. The ‘other’ consisted of disabled and LGBT individuals. In the question describing feelings immediately after watching the news about Syrian refugees, 42% of the respondents stated that they wanted Syrians to return back to their countries. In the answers of open-ended questions, the words that some participant used about Syrians contained hate speech.

DISCUSSION and CONCLUSIONS

It is important to attract attention on discriminatory, biased and segregationist language use of media. It can be seen that the principles of universal and national journalism have been violated or the press ethics don’t include stand against hate speech and discriminatory discourse. Particularly in the news headlines, provocative, racist and discriminatory language use might become an instrument that stimulates hostility and discriminatory feelings in society, reinforces stereotypes and permeate prejudice against vulnerable groups. Hence, the process of creating news should be managed carefully. Language used in the preparation of news on refugees is carrying great importance in terms of ensuring social peace. This issue affects both the local community and refugees and paves the way for mutual harmony.

In the case that news is as much objective as possible, far from hate speech, not having expressions that encourage racism; will allow people from different cultures to live together in harmony.

Devastating Neurologic Injuries in the Syrian War.

Maher Saqqur

Volunteer Work in Gaziantep: Experience, Challenges and Problems

Basel Faraj

The Future of Syrian Refugees in Europe: A Study of Refugees in Sweden, Germany, Austria and the Netherlands

Jamal Karslı
Higher Education of Refugees with Disability Factor: Syrian Disabled Students’ Case in Turkey

Elçin İstif İnci
Apak Kerem Altintop

TECHNOLOGIES TO IMPROVE REFUGEE HEALTH

Introduction- Barriers to healthcare in refugees

Linda Jaber, PharmD
Professor, Wayne State University

Point of care diagnostics for refugee health

Paul E. Kilgore, MPH, MD, FACP
Associate Professor, Department of Pharmacy Practice
Director of Research, Department of Pharmacy Practice
Wayne State University, Detroit, Michigan
Senior Investigator, Global Health Initiative, Henry Ford Health System

Paul E. Kilgore, MPH, MD, is Associate Professor in the Department of Pharmacy Practice of the Eugene Applebaum College of Pharmacy and Health Sciences, Wayne State University, in Detroit, Michigan. Dr. Kilgore completed his undergraduate and graduate studies (MPH, epidemiology) at the University of Michigan in Ann Arbor, and received his MD from Wayne State University School of Medicine. Following a residency in internal medicine at the University of Michigan Hospitals in Ann Arbor, he entered the Epidemic Intelligence Service program at the U.S. Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. In 1996, he joined the U.S. Public Health Service working in the Child Vaccine-Preventable Diseases Branch. From 1999—2011, Dr. Kilgore served as Scientist at the International Vaccine Institute in Seoul, South Korea, where he designed and implemented projects in 19 countries in Asia and Africa. Dr. Kilgore has served on a number of vaccine and advisory boards as well as scientific review committees for the US NIH, CDC and agencies around the world. In 2011, he was appointed Associate Professor in the Department of Pharmacy Practice at the Eugene Applebaum College of Pharmacy and Health Sciences.
Telemedicine conducts research in infectious diseases, diagnostic test development, and control of vaccine-preventable diseases with the goal of supporting development of health programs and policies that improve individual patient outcomes and safety as well as reduce health disparities. Dr. Kilgore has worked in over 25 resource-limited countries of Africa, Asia, Oceania and South America including work focused on the development of rapid diagnostic tests for bacterial infections. Dr. Kilgore’s work has been funded by international agencies, foundations and a variety of public sources and research agencies around the world. Dr. Kilgore has authored more than 100 peer-reviewed papers and book chapters.

Globally, displaced individuals are at risk for a wide range of acute infectious diseases that require timely diagnosis and treatment. Unfortunately, in many resource-limited settings around the world, health facilities and practitioners lack access to basic laboratory diagnostic facilities. Over the past four decades, there has been rapid growth in the development of accurate and reliable diagnostic tests for a wide range of communicable and non-communicable diseases that threaten refugee populations. In the last 10 years, greater attention has focused on developing point-of-care tests (POCT) that can be deployed in facilities where environmental conditions may be inhospitable or where water and electricity may be limited. Using currently available tests, clinicians can now identify individuals with a wide range of infections due to influenza and respiratory syncytial virus, pneumonia (due to Streptococcus pneumoniae), meningitis (due to H. influenzae, N. meningitidis, S. pneumoniae), hepatitis C, HIV, malaria, tuberculosis and others. In the non-communicable disease spectrum, clinicians can now identify individuals who are pregnant as well as those with diabetes, hypertension, hypercholesterolemia, and chronic kidney disease. In the future, detection of cancer and other conditions may become feasible even in resource-limited areas. Platforms for rapid POCT utilize a variety of detection tools including antigen-antibody reactions as well as direct detection of nucleic acid. It is notable that the interpretation and reporting of POCT results has become easier and more reliable through the use of colorimetric test readouts that allow test users with limited laboratory skills to obtain and communicate their test results. In addition, some test platforms utilize tabletop or portable equipment that can run on batteries or use local electrical supplies. While the pace of innovation in test development has accelerated, there continues to be a need to consult with end-users in resource-limited settings, particularly those caring for displaced persons in settlements around the world to understand and evaluate the local needs of end-users. In addition, rigorous field evaluation of new tests to ensure their robustness across a variety of environmental conditions will help ensure that tests can be widely utilized in large populations. Finally, a pharmaco-economic evaluation of POCT in refugee settings and other resource-limited environments is needed to help development the global investment case and guide POCT product development.

Telemedicine and associated technologies for refugee health

Lord and Lady Swinfen:

Founders and Trustees of the Swinfen Charitable Trust. United Kingdom

The Lord Swinfen is a member of the House of Lords, Upper House of the United Kingdom Parliament, Elected Hereditary Peer. He takes an active interest in the work of Parliament, and currently serves on the Hybrid Bills Committee. He was a member of the Artificial Intelligence Committee of the House of Lords, and Joint Committee on Consolidation Bills, United Kingdom Parliament. Lord Swinfen founded the Swinfen Charitable Trust, and is a Director of the Trust, and runs it on a day to day basis with his wife. The Trust was awarded the humanitarian prize by the American Telemedecine Association in 2018. He is an Honorary Research Fellow of the Centre for Online Health, the University of Queensland, Australia. He serves as a member of the SIG (Special Interest Group) for Telemedicine Outreach of the American Telemedecine Association. He also served on the Steering Committee of the Catastrophes and Conflicts section, the Royal Society of Medicine and the Board of Directors of the American Telemedecine Association. Lord Swinfen has co-authored a number of papers on telemedicine in the developing world.
The Lady Swinfen is a registered nurse trained in Ireland at the Adelaide Hospital, Dublin. She was a Lieutenant, Queen Alexandra’s Royal Army Nursing Corps and served in the UK, Malta and Libya. Lady Swinfen founded the Swinfen Charitable Trust, and is a co-Director of the Trust, and runs it on a day to day basis with her husband. She oversees medical referrals to the Trust. She is an Honorary Research Fellow of the Centre for Online Health, the University of Queensland, Australia. she served on the Steering Committee of the Catastrophes and Conflicts section, the Royal Society of Medicine and was the first MOET (management obstetric emergency trauma) team member to visit Iraq in 2004. She is currently a member of the SIG (Special Interest Group) for Telemedicine Outreach of the American Telemedicine Association. She was awarded membership of the Order of the British Empire for services to telemedicine overseas. Lady Swinfen is a co-author of a number of papers on telemedicine in the developing world.
Tuesday, October 15/ Salı, 15 Ekim 2019

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Healthcare in the crossfire: My Personal Experience

Monzer Yazji

Public health in the MENA region: Is there light at the end of the tunnel

Iman Nuwayhid

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Cancer Control: Challenges and Opportunities

Otis Brawley

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May Darwish-Yassine

As chief program officer, Dr. Darwish-Yassine provides oversight to public health initiatives and research that are led by seven program centers within the Michigan Public Health Institute (MPHI). She serves as member of the MPHI Senior Leadership team representing program and corporate interests and shares in setting strategic direction for the Institute.

Dr. Darwish-Yassine specializes in chronic disease epidemiology; outcome research and evaluation. She has interest in analyzing inequities in health outcomes and in advancing health equity at all levels. Her 20+ year's tenure at MPHI was marked by her leadership of evidence-based public health planning, integrating surveillance data to illustrate disease burden,
evaluating public/private partnerships, and initiating population-based studies focused on cancer outcomes within minority groups.

Previous experience includes serving on the faculty of the University of Massachusetts Boston as executive director of research, programs and initiatives in the college of Nursing and Health Sciences.

Dr. Yassine received her Ph.D. in Epidemiologic Science from the University of Michigan (UM) in Ann Arbor, where she also completed her post-doctoral training in diabetes research. She received a Master of Science degree in Epidemiology and a Bachelor’s in Environmental Health from the American University of Beirut.

The Refugee crisis: wounds from the past, present and future

Mouhanad Hammami, MD. MHSA

Dr. Hammami is the Senior Vice President for Safety Net Transformation, Community Benefit, Health and Well-Being at Trinity Health. In this role he leads the strategy to improve health for individuals and improve the underlying social determinants of health in communities served. He also leads work for Trinity Health’s community-based delivery models and public health initiatives and partners closely with state and national experts to integrate health care delivery with public health activities.

Prior to joining Trinity Health, Dr. Hammami served as Chief Health Officer and Director of the Department of Health, Veterans and Community Wellness in Wayne County, Michigan for almost ten years.

A graduate of Aleppo University, Syria, Dr. Hammami completed his postdoctoral research in Pediatrics at the Newborn Center of the University of Tennessee in Memphis, and then accepted a faculty appointment at Wayne State University School of Medicine in Detroit, Michigan and a research position at the Detroit Medical Center, Department of Pediatrics. He then received his Master’s degree in Health Services Administration from the University of Michigan.

Historians have long neglected to include refugees in their general national, regional or world histories. There is a large historiography on refugees in specific situations and a growing body of literature dealing with the creation of refugees through forced removal, especially where this phenomenon slides into ethnic cleansing and the concerns of genocide studies.

Nevertheless, it remains the case that, refugee studies is dominated by sociology, anthropology, political theory and law. In other words, it is very much focused on present-day concerns, especially questions of security and border control, citizenship and statelessness, national identity, the politics of immigration, people trafficking, human rights, international law, the ethics of asylum, and the role of NGOs and international organizations such as the United Nations High Commissioner for Refugees (UNHCR) in aiding refugees, creating and maintaining camps, and resettling refugees.

The history of refugees should not be written only as the history of movements of discrete population groups from one place to another, although this is a necessary prerequisite of the approach. Rather, refugees though history should be studied to take cognizance of the past as lessons for the future to learn how to prevent, preempt, and prepare for forthcoming refugee crises.
Our Communities, Ourselves: The Health and Social Consequences of Othering

Renee Canady, PhD, MPA

Chief Executive Officer, Michigan Public Health Institute

Dr. Renée Branch Canady serves as Chief Executive Officer (CEO) of MPHI; a Michigan-based and nationally engaged non-profit public health institute dedicated to advancing population health through public health innovation and collaboration.

Dr. Canady has been recognized as a national thought leader in the areas of health inequities and disparities, cultural competence, and social justice. She has published and presented broadly on these topics and her passion for this work is evident in her personal, academic, and professional life. Dr. Canady has been highly influential in broadening the discussion of health equity and social justice while serving on numerous national boards, review panels, and advisory groups.

Dr. Canady has been an outstanding public health advocate, researcher, educator, and facilitator, and is a highly sought after speaker. Her career path has also included serving as Directed of Student Affairs in the College of Nursing at MI State University and Assistant Area Director in the Department of Residence Life at the University of North Carolina. She earned her PhD in Medical Sociology from Michigan State University, a master’s degree in Public Administration from Western Michigan University and a bachelor’s degree in Public Health Nutrition from the University of North Carolina at Chapel Hill.

Working together: Community and NGO, for a now lost generation - education and protection

Kamel Muhanna

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Immigration-in, Immigration-out

Hassan Hanafi
Hayri Kırbaşoğlu

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From Refugees to Minority? Reception and Accommodation of Syrians in Turkey

Didem Danış

If the Answer is "Let Them Go", if so What is the Question? The Refugee as a Case of Inequality

Polat S. Alpman

Governance of Migration in Turkey: Assessment of the Last Five Years

Deniz Şenol Sert

Does Full Refugee Status an Obstacle for Voluntary Repatriation?

Metin Çorabatır

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Refugees and Higher Education: The Case of Turkey

Ayşegül Komsuoğlu

Refugees, Politics and State-making in Syria under the French Mandate (1921 - 1946)

Seda Altuğ

Themes and Blindspots of Knowledge about Syrian Women in Turkey

Reyhan Atasü Topçuoğlu

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<th>15:45-16:45 pm</th>
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<th>Mavi Hall</th>
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<td>Moderator</td>
<td>Zeynep Hamamcı</td>
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An Initiative for Widening Syrian Students' Participation in Higher Education: The case of Classroom Teaching Department of Gaziantep University

Mahmut Kalman
Ph.D., is an Assistant Professor of educational sciences at the Faculty of Education of Gaziantep University. Dr. Kalman received his Ph.D. degree in Educational Administration, Supervision, Planning, and Economics. His research interests include school leadership, educational policy, professional development and learning, organizational behavior in education and qualitative research.

Bilge Kuşdemir Kayıran
Ph.D., is an Assistant Professor of primary education at the Faculty of Education of Gaziantep University. Her area of expertise is curriculum development and instruction. Her research interests include teacher training and preparation, development of teaching programs at all school levels, learning difficulties in mother language, and teacher identity. She is also expert in teaching with drama.


An Investigation on the Education Problems of Cretans Migrated to Anatolia/ Anadolu’ya Göç Eden Girit’li Muhacirlerin Eğitim Sorunları Üzerine Bir İnceleme

Ayhan Doğan
Sadık Çetin

1789 yılında meydana gelen Fransız İhtilali, yeni bir devrin kaplarını açan bir gelişme olmakla birlikte ihtilali ortaya koyduğu milliyetçilik düşüncesi çok uluslu devletlerin bundan olumsuz bir şekilde etkilenesine neden olmuştur. Hiç şüphesiz bu süreçten en fazla etkilenen devletlerin başında ise Osmanlı Devleti gelmektedir. Osmanlı Devleti’nin üzerinde emellerini gerçekleştirmek isteyen dövül-i muazzamın azınlıkları sıkıktılar ve bunun sonucunda ortaya çıkan azınlık isyanları XIX. yüzyılın Osmanlı Devleti için uzun ve sıkıntılı bir yüzyl

Lessons Learned from a Community Research Paper: The Perception of Family Planning Use among Syrian Refugees in Lebanon

Dr. Ali Ghassani

Dr. Ali Ghassani, Medical Degree (MD) with a Master Public Health from the Faculty of Health Science, American University of Beirut. Former Hospitalist and ER Physician at Bellevue Medical Center, Lebanon. Former Head of Medical Activities at Medecins sans Frontieres Swiss (MSF) in Lebanon. Former Medical Coordinator at Amel Association Lebanon. Health Representative for the Local NGOs at the Lebanon Crisis Response plan (LCRP) for the last 5 years. He is currently Lecturer of The Epidemiology and Biostatistics course at Lebanese International University (LIU) and Medical and Research advisor at Amel Association. He initiated the Community Research Center at Amel Association in 2018. Co-Author in Pneumonia Etiology among Refugees in Lebanon (PEARL) study with Foundation de Mérieux, Saint-joseph University and Lebanese University, and “ALLO SOHTIK” Implications of Synchronous IVR Radio on Syrian Refugee Health and Community Dynamics” with Newcastle University, AUB and Amel. He is interested in different Research topics, mainly in improving medical practice at Primary Health Care Centers and Empowering Primary Health Care Centers.
Syrian Refugees in Turkey: In the way of searching social cohesion

Demet Akarçay Ulutaş

Inversion Exclusion: Migration and Social Exclusion Cycle: A Discussion on Syrians

Mim Sertaç Tümtaş, Assoc. Prof. Dr.
Department of Sociology, Burdur Mehmet Akif Ersoy University

2010 yılı Aralık ayında Tunus’ta başlayan ve “Arap Baharı” olarak adlandırılan protesto gösterileri Suriye’ye sıçramış ve 2011 yılı Nisan ayında, Suriye’de yaşanan protesto olaylarının iç savaşa dönüştmesi akabinde, 22 milyonun fazla insanının yaşadığı Suriye’dede nüfusun yarıdan fazlası yerinden edilmiştir. Bu yerinden edilenlerin 5.646.298’i ülkesine terk ederek komşu ülkelerine yöneldi. Suriye’den ayrılmak zorunda kalanların %63,8'i, yani 3.603.888'i, en uzun sınır uzunluğu, en çok sınır kapısının olması ve tarihsel ve kültürel yakınlıkta dolaylı Türkiye’ye__),


Bu çalışmada kente daha önce gelen farklı etno-kültürel ve/veya inançsal kimliklerin, kentin yerlileri tarafından maruz kaldıkları ve deneyseldebildikleri dışlama olmasına, yaşadıkları kente yeni gelen Suriyeli mültecilerde de deneyimleri etkisini ifade eden “nöbetlese dışlanma” (Kavram, İçik ve Pınarçoğlu’nun (2003) kullandığı “nöbetlese yıkılluk” kavramında türetilmiş olup önceki göçmenlerin, sonra gelen göçmenlerde karşı olan tutununun ifade ettiği) bakıvramı, Suriyeli mülteciler ve kentin yerlilerine ayrı ayrı uygulanan iki farklı saha araştırması bulguları üzerinden, tartışılacaktır.

Attitudes Towards Migration and Migrants Between the Middle Classes in Aydın and İzmir / Aydın ve İzmir’de Orta Siniflar Arasında Göç ve Göçmenlere İlişkin Tutumlar

Emin Bakı Adas, Doç. Dr.
Aydın Adnan Menderes Üniversitesi, Fen-Edebiyat Fakültesi, Sosyoloji Bölümü


A Cross-section of Discrimination in Daily Life: Syrian Dom Communities

Fatma Coşkun Caymaz

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<th>14:30-15:15</th>
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Activities of Public Institutions and NGOs in Van on Syrian Refugees

Semih Nargül

Kırkayak Kültür: Making Life Together

Kemal Vural Tarlan

Syrian Turkmens in the Context of Migration and Identity: Previously Called Turks living in Syria Who are now Described as Syrians in Turkey

Mehmet Erol

Migration and Poverty in the Context of Globalization / Küreselleşme Bağlamında Zorunlu Göç ve Yoksulluk İlişkisi

Atik Aslan, Asst. Prof.

Department of Sociology, Gaziantep University


15:45-16:45 Social Integration FAS Conference Hall

Moderator Seda Altuğ
The Interaction of the Syrian Refugees and Local Communities in Turkey: Challenges and Opportunities

Mehmet Nuri Gültekin, Prof. Dr.
Department of Sociology, Gaziantep University

The Syrian Refugee Crisis has totally changed the demographic, cultural and social patterns of the MENA region and the countries where are aligned with Syria. Lebanon, Jordan, Iraq, and Turkey had faced huge refugee waves and the process is still going on.

Turkey is hosting around four million Syrian refugee people under the temporary protection and this number makes the country at the first stage in the world. Each region, city, and social units in Turkey have the Syrian refugee population in the different numbers. Today, we cannot evaluate and comment on the economy, agriculture, urban life, housing, and labor markets without the accurate consideration of the Syrians in Turkey. After eight years of the ongoing ferocious war in Syria, the refugees or Syrian people have been one of the important parts of the whole social life of Turkey. Despite all positive considerations and evaluations, this must not mean that there was not any conflict or confrontations in daily life in which people interact and meet each other while life was going on. According to the recent data, more than 4 percent of Turkey’s population is consisting of the Syrians.

Gaziantep, just like Turkey’s other southern border cities, has been hosting hundreds of thousands the Syrians since the beginning of the war up to now. The city has around five-hundred thousand Syrians in the province including districts and rural areas. Actually, the biggest part of this refugee population is living in downtown. One of five of the city population is Syrian. Because of the whole reasons, we should look at the interaction and relationship patterns amongst local and Syrian people.

This paper wants to focus on a few points that were trying to explain the dimensions of interactions of both communities in Gaziantep downtown throughout the field survey and other conducted studies. With this paper, we want to open a new and vital debate about the daily lives of refugees and local people who live together in the city in order to understand what was going on in social life.

Syrian Refugees’ Use of Values, Religion, and Tradition to Create Spaces of Belonging

Basem Mahmud
University of Granada

13:30-14:30 Women and Child Health Atatürk Conference Centre
Moderator Yücel Karadaş

Reproductive Health Services in Ankara: A Group of Syrian Women Immigrants / Ankara’da Üreme Sağlığı Hizmetlerine Ulaşabilen Bir Grup Suriyeli Kadın Göçmenin Profili

Şevkat Bahar Özvarış
Prof. Dr. Hacettepe Üniversitesi Halk Sağlığı Enstitüsü, HÜKSAM
İlkknur Yüksek-Kaptanoğlu  
Doç. Dr. Hacettepe Üniversitesi Nüfus Etüdleri Enstitüsü  
Hande Konşuk-Ünlü  
Öğr. Gör. Hacettepe Üniversitesi Halk Sağlığı Enstitüsü  
Türküler Erdost  
Uzm. Ps. HÜKSAM


Syrian Migrant Women. Forms of Violence Based on Gender: A Section from Ankara / Suriyeli Göçmen Kadınların Eşlerinden Maruz Kaldıkları Toplumsal Cinsiyete Dayalı Şiddet Biçimleri: Ankara’dan Bir Kesit

İlkknur Yüksek-Kaptanoğlu  
Şevkat Bahar Özvarış  
Hande Konşuk-Ünlü  
Türküler Erdost

Suriyeli mültecti kadınlar, genç etme süresi ve genç sırasında birlikte geç ettikleri eşlerinden de farklı şiddet biçimlerine maruz kalabilmektedir. Bu çalışma, Hacettepe Üniversitesi Kadın Sorunları Uygulama ve Araştırma Merkezi’nin (HÜKSAM), Sağlık Bakanlığı’nın Göçmen Sağlık Merkezlerine ait Kadın Sağlığı Danışma Merkezleri bünyesinde Birleşmiş Milletler Nüfus Fonu ortaklığı ve Avrupa Birliği Sivil Koruma ve İnsani Yardım Operasyonları finansal desteği ile yürütülen proje (Kadın ve Kız Çocukları için Güvenli Alanlar ve Kadın Sağlığı Danışma Merkezleri Oluşturmak Suretiyle Suriyeli ve Diğer Göçmen
Becoming a Grown-Up (Sabiyyeh): Menarche Experiences among Adolescent Girls Living in Palestinian Refugee Camps in the West Bank, Occupied Palestinian Territory (oPt) and Jordan

Rula Ghandour

Rula Ghandour is an academic researcher at the Institute of Community and Public Health, Birzeit University in Palestine. For the last 11 years, she has worked as an assistant researcher at the Institute. Her research experience includes epidemiology of non-communicable diseases (mainly cardiovascular disease and diabetes), pharmaco-epidemiology, reproductive health, child health, and health economics. She has worked closely with the community and health professionals to build sound relationships. This has helped in the ability to widely disseminate her research. She also works closely with masters students at the Institute as a teaching assistant for many courses. These courses include epidemiology, biostatistics, seminar in Public Health, and teaches a course on basics of data analysis using SPSS. Throughout this experience, she developed skills in questionnaire development, validation, and analyzing secondary data. She also obtained vast experience in project management and report writing. Currently, she is working on her PhD at the University of Oslo, Norway. Her research focuses on adolescent reproductive health in Palestinian refugee camps in the West Bank of Palestine and Jordan. It is a mixed methods project with a focus on menstrue and menstruation. She will be presenting today part of her qualitative research findings.

Heidi Fjeld

Institute of Health and Society, Faculty of Medicine, University of Oslo, Norway

Gerd Holmboe-Ottesen

Institute of Health and Society, Faculty of Medicine, University of Oslo, Norway

Dima Masoud

Institute of Community and Public Health, Birzeit University, oPt
**Weeam Hammoudeh**  
*Institute of Community and Public Health, Birzeit University, oPt*

**Rita Giacaman**  
*Institute of Community and Public Health, Birzeit University, oPt*

**Introduction:** Adolescence is a critical age of growth and development, associated with complex biosocial transformations deeply rooted in the local contexts. Focusing on Palestinian adolescent girls, this paper explores experiences with the onset of menstruation in long-term refugee camps and analyzes how these experiences are formed by the refugee camp setting in the West Bank (WB, oPt and Jordan).

**Materials and Methods:** A total of 39 in-depth interviews and 24 focus group discussions were conducted in refugee camps in both the WB and Jordan during March-September 2018. Thematic data analysis was conducted to identify themes and subthemes.

**Results and discussion**

As Palestinian refugee camps are characterized by crowding, with homes very close to each other, the girls have no privacy. They, as most camp dwellers, are also closely observed. The frames of accepted behavior are strongly gendered, and the conservative and patriarchal expectations and restrictions on girls’ behavior form the ways they both perceive and experience the onset of menstruation. The adolescent girls interviewed expressed menarche to be a dramatic event; with little information available and secrecy surrounding the issue, they were not prepared for it. Discussing the experiences further, the girls’ main concern and focus was what followed menarche: the social transition from childhood to adolescent, to adulthood. They were sad to see how their daily lives suddenly and markedly changed from being a child playing freely in the streets and camp neighborhoods, with other boys and girls, to being confined at home, where their mobility and behaviors are observed and controlled. Attempts to break the rules can affect girls negatively including leaving school and early marriage.

In the WB, girls experience additional political pressure, where people are exposed to political violence daily, with frequent invasions, imprisonment or the killing of family members. In Jordan, girls live somehow isolated from the outside community that stigmatizes refugees living in camps. Furthermore, some Palestinian refugees in Jordan has no residence identity, and thus their life choices are extremely controlled where they cannot utilize many of the country resources such as health, education and work.

**Conclusion:**

Palestinian adolescent girl camp dwellers are living under what can be called a ‘matrix of control’. A combination of patriarchal domination imposing constraints on their lives coupled with a political environment with ramifications on identity in Jordan, and with chronic exposure to violence on the WB may have long term effects on their transition to adulthood.


Wajdi Akef Fakhoury

Department of International and Multicultural Education, University of San Francisco, USA.

Syrian Women in Gaziantep has Given Birth: Women’s Right to Health and Gender Equality

Ayşegül Ateş Tarla

15:45-16:30 Women and Child Health Atatürk Conference Hall

Moderator Neriman Aydın
Child Deprivation among Syrian Refugees in Lebanon: A Cross-Sectional Overlapping Deprivation Analysis

Zeina Jamaluddine
Zeina Jamaluddine is an Instructor of Public Health Practice at the Center for Research on Population and Health (CRPH) at the American University of Beirut (AUB) in Lebanon. Her research focuses on child and household level food insecurity, water insecurity, and malnutrition among refugees and marginalized populations. She was recently involved in the development and validation of an Arabic child administered food insecurity scale and a global water insecurity scale (HWISE). Zeina has managed several studies including a novel community-based intervention linking community kitchens with school food programs in Palestinian camps, and a project assessing the impact of multi-purpose cash assistance provided by WFP and UNHCR on the well-being of Syrian refugees in Lebanon. She holds an MSc in Nutrition from McGill University.

Hala Ghattas
Hala Ghattas is Associate Research Professor and Interim Director of the Center for Research on Population and Health at the Faculty of Health Sciences of the American University of Beirut. Her research has focused on the biological, social and structural determinants of maternal and child health and nutrition in low-resource settings and marginalised populations. Her research includes mixed-methods studies of food insecurity experience, barriers to appropriate infant feeding, and barriers to antenatal care access in Lebanon, as well as survey research on food security, nutrition and health status of refugees. Her work responds to the challenges identified by designing, implementing and evaluating public health interventions to address these. Examples include a community-based intervention to empower marginalised women through the establishment of social enterprises that cater healthy food to refugee schoolchildren, and community radio aiming to link refugee women with reproductive health information. She holds a Master’s in Public Health Nutrition from the London School of Hygiene and Tropical Medicine, and a PhD from St George’s, University of London.


Rima Habib

Views of Adolescent Girls toward Early Marriage in UNRWA Refugee Camps in the West Bank (WB) and Jordan: A qualitative Study

Dima Masoud
Dima Masoud is an Assistant Researcher at the Institute of Community and Public Health at Birzeit University on a project related to the reproductive health of adolescent refugee girls in UNRWA refugee camps in the West Bank and Jordan. She earned a Bachelors’ of Science in Public Health Sciences and Bachelors’ of Arts in Psychology and Social Behavior from the University of California, Irvine in the United States. She then finished her Master’s in
Public Health in concentration on Global Health from Loma Linda University in the United States as well. She has research experience in malnutrition and breastfeeding practices in Ivisan, Philippines; health literacy of adolescents in the occupied Palestinian territory; well-being and gender equity/equality among Palestinian youth in the occupied Palestinian territory; and the mental health and psycho-social problems in the West Bank.

Rula Ghandour
Birzeit University, Institute of Community and Public Health, Birzeit, West Bank, Palestine.

Weeam Hammoudeh
Birzeit University, Institute of Community and Public Health, Birzeit, West Bank, Palestine.

Rita Giacaman
Birzeit University, Institute of Community and Public Health, Birzeit, West Bank, Palestine.

Early marriage is defined as marrying at age 18 or before, a practice that can vary depending on the setting in which it occurs. Adolescent girls who marry early are physically and psychologically vulnerable and have special needs and worldviews. This is especially true for adolescent girls living in refugee camps. This study explores the views of adolescent girls aged 15-18 living in refugee camps in the WB and Jordan on early marriage.

We conducted 39 in-depth semi-structured interviews (22 in the WB and 17 in Jordan) and 24 focus group discussions (FGD) (12 in the WB and 12 in Jordan) with girls aged 15-18 living in 28 UNRWA refugee camps in the WB (18) and Jordan (10). Qualitative data collection took place from March to September 2019. Interviews were part of larger study on the reproductive health of adolescent girls in refugee camps in the WB and Jordan. Interviews and FGDs were facilitated through UNRWA schools, health centers, and women’s centers. Girls were asked about their health, nutrition, menstruation, anemia, and early marriage. Interviews and FGDs were audio-recorded, transcribed, and analyzed through reading and re-reading until themes and subthemes emerged.

In the WB, views differed on whether early marriage was common or not, but girls in most camps reported that it was no longer a trend. In Jordan, early marriage was viewed as a common practice and/or an old trend that is declining. Reported reasons for early marriage were cultural norms or traditions reinforced by familial and socioeconomic pressures, the desire to escape academic stress, low awareness about the negative effects of early marriage, romanticized notions of marriage, and the girl’s own choice. The girls expected the results of early marriage to be displayed as marriage conflicts in the form of divorce, abuse, and having children from unsuccessful marriages; psychological and biological burdens; leaving school; losing prime years as a child; and feelings of regret.

Results indicate that generally, adolescent girls have negative views of early marriage, and understand its negative consequences. This study highlights the importance of targeting familial and societal factors that induce early marriage in refugee camps of the WB and Jordan. A limitation of this study is that it cannot be generalized but provides insights into the views of adolescent girls themselves. In addition, the study did not exclusively focus on early marriage as a central theme.

Further research is needed to investigate the reasons, consequences, and potential programs and services available for married adolescent girls in refugee camps.

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Immersive Leading and Innovation to Improve Refugee Health and Well-being

Imad Elhajj

Imad H. Elhajj received his Bachelor of Engineering in Computer and Communications Engineering, with distinction, from the American University of Beirut in 1997 and the M.S. and Ph.D. degrees in Electrical Engineering from Michigan State University in 1999 and 2002, respectively. He is currently a Professor with the Department of Electrical and Computer Engineering at the American University of Beirut. In 2014, he co-founded SAUGO 360, the first startup to be incubated at AUB, and in 2017 he co-founded the Humanitarian Engineering Initiative at AUB. Dr. Elhajj is the past chair of IEEE Lebanon Section, senior member of IEEE and senior member of ACM. He serves as an ABET program evaluator since 2013. His research interests are at the intersection of robotics, networking, and human machine interfacing with applications in health and environment. Imad received the Best Poster Award at the ACS/IEEE International Conference on Computer Systems and Applications (2018), the Best Paper Award at the IEEE International Conference on Fog and Edge Mobile Computing (2017), the Best Research Paper Award at the Third International Conference on Cognitive and Behavioral Psychology (2014), the Best Paper Award at the IEEE Electro Information Technology Conference (2003), and the Best Paper Award at the International Conference on Information Society in the 21st Century (2000). Dr. Elhajj is recipient of the IEEE Outstanding Branch Counselor and Advisor Award (2019), the Teaching Excellence Award at the American University of Beirut (2011), the Kamal Salibi Academic Freedom Award (2014), and the most Outstanding Graduate Student Award from the Department of Electrical and Computer Engineering at Michigan State University (2001).

Muhammad H. Zaman

Zaheer Dawy

Aline Germani, Abs, MPH

Aline Germani is the Director of the Center for Public Health Practice at the Faculty of Health Sciences and an Instructor in the Department of Health Management and Policy at the American University of Beirut (AUB) since 2006. Prior to joining AUB, Aline held for 10 years several positions in international projects providing technical assistance to the Lebanese Ministry of Public Health (MOPH); mainly, as public health project officer with the Italian Cooperation for Development and as consultant to the MOPH/World Bank Health Sector Rehabilitation Project.

Aline’s areas of expertise are in youth policy, management of adolescent and youth friendly health services, public health ethics, health systems performance, project management and development of sustainable university-community partnerships to improve public health programming and capacity building.

In her capacity as Director of the Center for Public Health Practice (CPHP), she leads, with colleagues in the center, several public health programs that promote evidence-based solutions to practice based issues, working with community leaders and practitioners. Under her leadership, CPHP has forged strong partnerships with governmental entities, UN agencies and NGOs in Lebanon and the region through providing long-term technical assistance in planning, designing, building capacity, monitoring and evaluating programs.
Aline is the co-founder and co-coordinator of the Humanitarian Engineering Initiative at AUB.

Aline holds an MPH in Health Services Administration and a BS in Public Administration from AUB.

Hala Ghatts
Carrie Preston

Wafaa S. Hammad

Wafaa Hammad is an architect working at Mi-Mari Architects and Engineers office in Ramallah, Palestine. Wafaa graduated from Birzeit University where she studied Architectural Engineering and minored in Business Administration. Wafaa is a Palestinian refugee originally from a village called Sarise, which is located west of Jerusalem and was ethnically cleansed and destroyed by Israel in 1948. Wafaa has lived her entire life in Qalandia Refugee Camp, just 15km away from Jerusalem. She likes volunteering where she is an active volunteer in her camp and other local NGOs and associations. She has volunteered at Sharek Youth Forum and the Palestine Red Crescent Society. She likes hiking in Palestine's hills, photography, and learning something new every day. Wafaa hopes to continue her education in engineering and business in the near future.

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**Media coverage of health issues in journalism: The case of Syrian refugees**

Tülay Atay
PhD, Department of Journalism, Hatay Mustafa Kemal University

Aynur Sarıskalooğlu
PhD, Department of Communication Studies, German-Turkish University

Media have an important role in shaping, guiding and reflecting public opinions and perceptions about health issues. It is well recognised that media, especially journalists, have not only the function of providing information to the public, but also keeping up a surveillance of appropriate news reporting. Hence, news media have the ethical responsibility to maintain social order and reduce confusion among the human society in times of crisis like the Syrian civil war, since journalists have an enormous potential to shape news on health-related issues.

Using Lasswell’s (1948; Windahl 2019) communication model, the purpose of this study is to find out how journalists judge, select and frame health-related news items pertaining to Syrian citizens living in Turkey. Content analysis technique is conducted for collecting information about different health issues covered in daily newspapers, in order to find out how journalists construct mediated realities, which can influence public’s mental notion of health. For this, online local newspapers from Hatay are analysed, since Hatay province is the second largest host to Syrian refugees after Kilis province in Turkey (Interior Ministry of Turkish Republic 2019).
Further, semi-structured interviews with local journalists and editors are conducted to explore their ethical and social attitudes towards health-related issues in their news reporting.

Results of this study show that the role of journalists as the “gatekeepers” is of extreme importance in shaping the public’s perception about health issues, since they have a certain responsibility to determine what it is being communicated to the public. Technical expertise, time constraints, ethical values, motivation, organisational guidelines etc. are some of the examples which influence the quality of health stories. Additionally, this paper provides some recommendations for journalists to improve media coverage of health-related issues, such as preparation of resources by using infographics.

**Being a child, woman and father inside the spiral of war, migration, and life since 2012 in the changing and developing world from the perspectives of a pediatrician:**

**Çiğdem El**

MD, Assistant Professor
Hatay Mustafa Kemal University
Department of Pediatrics
PhD st, Department of Molecular Biochemistry and Genetics

1. Being a child:

Do you think their only fear is hospitals and needles? Could you conceive of losing one of the legs that you walk on or the arms you hug with, or being left completely alone in the vast world with only your little heart as company?

Could you define why a child would hide under the bed with eyes open wide in fear following the “Dear kids, our play is about to start” announcement?

Could you fathom having to gulp down your pain in a place where you don’t speak the language as the surgeries, injections, and drips hurt you?

Could you explain the sense of belonging to those little hearts, which are wracked with worries about what they will become, and where they will live, bereft of family and relatives?

2. Being a Woman

Could you explain being a mother and a spouse to a 15-year-old girl who doesn’t yet understand what menstruation is?

Could you understand bringing a new life into the world whilst you’re trying to learn how to live yourself?

Could you put to words how the responsibility of breastfeeding and taking care of a baby would make you feel when you don’t know the requirements of nutrition for your own self?

Could you comprehend the order of precedence amongst your children with no answers as to the how and why?

Do you know what it means to not be able to talk about your period pains?

Could you fathom losing the only truth you have held on to in life, after being taught that the sole truth was “you only exist alongside your husband”?

Could you explain what it means to be a woman within the war-migration-children triangle?

3. Being the head of a household:

Could you understand how the eyes of a spouse and children looking at you in terror would make you feel?
Could you put to words the sense of responsibility created by the fact that you are the sole hope of your family, devastated by hunger and fear?

Could you explain what it means to be a father and a husband within the war-migration-children triangle?

Issues:
1. Being a Child:
   It doesn't matter which religion, race or nation they belong to.
   Because; they all share the same sky,
   Because; their dreams are always the same,
   For example, to be flying balloons, eating ice cream, riding a bike, having toys…

Observation: Children who’ve had to leave the place they belonged without understanding why, who have witnessed the death or injury of at least one family member, or who are injured themselves.

And Fear:
Children who suffer from mental health problems as well as physical problems.

2. Being a Woman:
   According to the WHO, the puberty period of childhood takes place between the ages of 12-18.
   During this time, girls who give birth suffer from severe malnutrition and neuromotor retardation due to not being knowledgeable about breastfeeding.
   Young mothers who are faced with the duties of motherhood during puberty.
   Young mothers who have grown up being told that the nutrition of male children takes precedence, who are forced to make this choice amongst their own children.
   Suffering or not suffering from period pains in a place where one doesn’t speak the local language.
   Solitary women who have lost not only their marriages, but the only way they can exist in social life, their husbands.

3. Being a father:
   Fathers who are plagued with hopelessness and inadequacy faced with a wife and children suffering from fear and hunger.
   Fathers who despair about not being able to be a source of hope for their wounded children or wife.
   From the perspectives of a pediatrician:
   Since 2012, we have had to face the truth of children and war, two words that shouldn’t belong in the same sentence. There was only one path we could take into those innocent hearts, love: from the heart, from the mind, from the soul.
   Each of us tried to learn the language of those little hearts. Because regardless of whether we provided them with a glass of water or an arduous treatment, we were given thanks in return.

Issues
1. Breastfeeding
   a) Cultural differences and false beliefs
   Viewing the colostrum as unclean, delaying the first postpartum breastfeeding because of this.
   The belief that male children need to grow more, more nutrition as a result.
   b) Early pregnancies
Cessation of breastfeeding.

Being introduced to cow’s milk earl on, an increase of infectious diseases such as brucellosis and enteropathies as a result.

c) Young mothers
Malnutrition and neurodevelopmental retardation caused by harmful breastfeeding and nutrition practices

d) Consanguineous marriages
Increase in metabolic and syndromic genetic disorders.

e) Hygiene
Growth of preventable diseases caused by the shared use of personal items.

f) Vaccines
Children who are not on a vaccination schedule.

Solutions: From the perspectives of a pediatrician
Localised emergency action plans:

The management of the adaptation process to new surroundings and the provision of family consultation, psychotherapy, and social integration by teams consisting of child psychologists, psychologists, sociologists, pediatricians, obstetricians, and pediatric and perinatal nurses.

**Being a child inside the spiral of war and migration since 2012 in the changing and developing world from the perspectives of a pediatric nurse:**

**Senem Yüksel**

Pediatric Nurse

Hatay Mustafa Kemal University

Department of Pediatrics and Pediatric Surgery

The war began in 2012. I’ve been working as a service nurse since the war started. When the refugees first came to our hospital, it was very difficult for us to deal with the expatriates who had a different culture because we did not speak their language.

In their gaze full of fear, they always thought that we would harm them, and sometimes they expressed this. As the time passed, we have realized that it seems difficult for them to return to their homeland anytime soon. Sometimes it was very hard for us even to put an eye drop into their eyes.

Even putting on an oxygen mask got the reaction of the parents and they broke into tears. What does the hunger mean for our children? We, the Turkish mothers, make an effort to convince our children to take a bite of food. We have started to think that they (refugee children) do not eat because they do not have mothers?

They were desperate, they had to trust. Although we never did anything to betray their trust, it would take them a long time for them to overcome their traumas.

When the war began, we had problems not only with the refugees but also our Turkish patients. They always thought that we were giving priority to the refugees. Yes, we give priority to them. Do you ask why? 74 percent of our children did not send one of their family members to heaven,

1/3 of our children do not have a post-traumatic stress syndrome disorder.

Our children have a roof over their heads and have a general confidence that tomorrow will be better than today. They (refugee children) do not have!!!!!

AND 2019 OCTOBER…
We're not like before anymore. As a doctor, nurse, staff, secretary, and the pediatric service team of the Hatay Mustafa University; there is something we admit. Our little guests are not here based on their own preferences. You can blame the governments fighting for sake of a piece of land, but these children have no fault. We have realized that the common point for them all is PLAYING, regardless of religion, language, and race. We created a play room in our service. First we showed the play room to the children who would stay in the hospital and then we took to them to the bed. When they see the play room,

THEY ASK THE QUESTION “WILL WE STAY HERE?????” AND THE WORLD BECOMES BEAUTIFUL FOR A SECOND FOR THE CHILDREN.

OUR PICTURE WITH MUHAMMED, WATCHING CARTOON AND SMILING

7-year-old Muhammed, who came to our emergency room, asks the physician, who decided to keep him in the hospital, the question “Is the service safe?’

They think that their families were protecting them before they were exposed to war. Suddenly, this trust turns upside down. They can't trust even the health care workers who will heal them.

This is the picture of a moment when I and MUHAMMED, who could not use his feet after being injured by the bomb blast and became wheelchair-bound, were watching cartoon in the nurse desk.

SO GLAD WE HAVE THE CHILDREN SMILING WITH THEIR EYES FULL OF HOPE!!!!

OUR PICTURE WITH ESMA AND HER SISTER

Esma, a 10-year-old girl, was injured by a large shrapnel piece which entered her body from her genital region and tore apart the urine bag and the intestines. She had a surgical operation in the Syrian war hospital but was sent to us immediately when the vicinity of the hospital was bombed again.

We had no document on what had been done in the surgery. There were tubes all over her belly, and there were little papers on the tubes on which it was written where the tubes were connected. While the physicians were trying to solve those writings, we came eye to eye with Esma's sister. THIS TIME, THE WORLD STOPPED FOR ME FOR 10 SECONDS. I was overcome by this situation. In her eyes, he had a great anger against the world, war, life, and even us!!!! I immediately took off my phone and took a picture of her gaze. I trusted my team so much that I wanted to compare her gaze at this moment with the one a week later. As a matter of fact, what I thought came true. Amina's gaze after 15 days passed...

She was always behind us during her sister's treatment and gave us half of what she ate. At the end of the working hours, she accompanied us to the door and said “come again tomorrow”; and on the next day she met us at the door in the morning....

AHMET'S PICTURE

Ahmet is a boy who was taken to intensive care during my night supervisor shift in the intensive care. His two legs and one arm are put in a plaster cast and he is connected to the breathing machine. He is fed by means of a tube extending from his belly to stomach. Although I never knew the boy, I stood beside the boy and shed two drops of tear and said that WAR AND CHILD should not come together... A week later, our service physician instructed me to take the boy, who was in the intensive care unit, to the service... I never thought it would be the same child... when the bed was made ready and the boy came, I realized that he was that boy. He was forbidden to feed for a week and always wanted to drink water. The war had made him so mature that he did not repeat the question when we told him that it was forbidden to drink water.

After a week, when the physician said that he could drink water, he opened his hands and said, ‘Thanks be to Allah’. I and his father couldn't keep our tears. One of our patients who came to visit us.

PICTURE OF ABDULLAH, CARDIO PÆTIENT

He has a disease that needs surgery until the age of five. However, he couldn't have surgery because of the war. He came to the border alone and was taken to our hospital by ambulance. He had no relative. You can ask whether they allow the children without relatives to pass the border. The answer is: Yes, they do. Abdullah had an angio. This was his gaze when we said to him that he would be discharged.... He lost his father. He
wanted to continue his life to look after his mother and siblings, and he tried to do so. The mothers of the refugee children patients in the adjacent rooms had a contact with Abdullah’s family.

We learned that his mother passed away a few hours before Abdullah was discharged, but we did not say this to him. The light in his smiling eyes would go out. But, maybe, the hope he experienced for a few hours would be good for his heart.

**Persisting Barriers to Education for Syrian Refugee Children in Turkey: Language and Psychosocial Health**

**Melissa B. Hauber - Özer**

*Ph.D. student, International Education, Lecturer, INTO George Mason University*

This presentation will provide an overview of the policies regarding education for Syrian refugee children and the challenges that schools are experiencing in meeting students’ needs, particularly in the areas of language learning and mental health. It will close with brief recommendations for closing the gap in resources, practices, and knowledge.

In accordance with international law, Turkey has guaranteed access to education for the more than 1 million school-aged Syrian children living under temporary protection within its borders (DGMM, 2019). Especially in the border provinces of Şanlıurfa, Gaziantep, Kilis, and Hatay, where Syrians now make up over 20% of the population (DGMM, 2019), school administrators report overcrowding and difficulties registering and accurately placing students, complicated by missing educational records, interrupted schooling, and lack of contact with parents (Taskin & Erdemli, 2018; Şahin & Sümer, 2018). The persisting language barrier is consistently identified as the biggest challenge for Syrian students and their teachers (Aydin & Kaya, 2017; Şahin & Sümer, 2018; Taskin & Erdemli, 2018), as most Syrian students have limited Turkish language proficiency and teachers lack the specialized knowledge and materials to support Turkish language acquisition and to make content comprehensible to multilingual students.

Teachers also report significant concerns about student behavior – including aggression, withdrawal, and signs of depression – all common manifestations of trauma (Aydin & Kaya, 2017; Şahin & Sümer, 2018; Taskin & Erdemli, 2018). In fact, approximately half of all Syrian refugee children in Turkey exhibit symptoms of post-traumatic stress, and 20% present signs of major depressive disorders (Alpak et al., 2015; Çeri, Nastroğlu, Ceri, & Çetin, 2018; Eruyar, Maltby, & Vostanis, 2018). However, few schools have staff equipped to provide necessary psychological support (Aydin & Kaya, 2017; Şahin & Sümer, 2018). Compounding the trauma of war and displacement, many Syrian children also experience social exclusion from Turkish peers due to discrimination, cultural differences, and a persistent language barrier (Aydin & Kaya, 2017; Şahin & Sümer, 2018; Taskin & Erdemli, 2018).
A New Primary Health-Care System in the Syrian Opposition Territories: Good effort but Far from Being Perfect

Maher Saqqur

The Epidemiology of Disease in the Syrian War: The Impact of Internal Displacement on the Primary Health Care in the Northern Syria

Maher Saqqur

Knowledge Assessment and Screening Barriers for Breast Cancer in an Arab American Community in Dearborn, Michigan

Hiam Hamade

Prevalence of Blood Borne Viral Infections among Hemodialysis Patients in North West Syria

Nabil Karah

13:30-14:30   Refugee Resilience   Turuncu Hall

Moderator    Atik Aslan
From Coping to Community Resilience: Considerations for Syrian Refugee Food Security

Reem Talhouk

The Solidarity Kitchens of Migrant and Local Women

Emine Doğan Kaya

Bir Tanınma Politikası Olarak Mutfak: Gaziantep’teki Suriyeli Mülteciler Örneği / Cuisine as an Identification Policy: The Example of Syrian Refugees in Gaziantep

Aysen Uขนาดır Karaduman, Dr.

Department of Sociology, Gaziantep University


1 Ocak 2012-30 Mart 2019 tarihleri arasında Gaziantep Üniversitesi göğüs hastalıklarına 14-90 yaş aralığında, 319’unun doğum yerı Halep olan, 254’ü erkek, 135’i kadın olmak üzere toplam 389 Suriyeli sınımacı başvurmuştur. Başvurular Gaziantep, Kilis, Şanlıurfa, Kahramanmaraş, Hatay ve Adıyaman illerinden gelen Suriyeli sınımacılarдан oluşmaktadır. Tekrarlayan başvurularla birlikte 867 kez göğus hastalıkları bölümü girisi mevcuttur. Hastaların yaş ortalaması 50 olup, 15’i (%3,9) acil diğerleri normal poliklinik başvurusudur. 108 hasta (%27,8) yatak tedavi hizmeti almıştır. Ortalama yaş süresi 8 gün (SD=11) olup, bu vakaların 2’si ölümcü, 23’üncü halile taburcu, 2’si daha kapsamlı bir merkeze sevk, 81’i şifa ile taburcu olmuştur. Tüm başvurular değerlendirildiğinde; hastaların en sık şikayeti öksürük (N=131) olup, ikincişini dispne (N=126) oluşturur. Vakaların 137’si (%15,8) akciğerin tanısal görüntülenmesinde anormal bulgular tansı ile başvurmuştur. Hastalarda saptanan göğüs hastalıkları tanıları; 58 (%6,7) pnömoni, 40 (%4,6) bronş ve akciğer malign neoplazmi, 26 (%3) intertisyal akciğer hastalığı, 22 (%2,5) akciğer tüberkülozu, 22(%2,5) kronik obstructif akciğer hastalığı (KOAH), 19 (%2,2) astım, 9 (%1) akut bronşit, 8 (%0,9) allerjik rinit, 6 (%0,7) bronşİktazi, 5 (%0,6) pulmoner emboli, 5 (%0,6) solunum yetmezliği, 5 (%0,6) uyu apnesi, 4 (%0,5) akciğer diş organ malignitesi, 3 (%0,3) akciğer diş tüberküloz, 2 (%0,2) akciğerin sekonder malign neoplazmi, 2 (%0,2) tüberküloz plörezidir. En sık saptanan hastalık pnömoni olmuştur.

Suriyeli sınımacıların tütün ürünleri kullanan oranlarının yükseğ olması nedeniyle, akciğerin obstrüktif hastalıkları ve maligniter arasındaki dişkili olarak değerlendirilmesi gerekmektedir (2). Klimiğimizde de en sık sigara ile ilişkili hastalıklarla tanı alınıyorlar. Akciğer tüberküloz tanısı alan hasta sayısı 22(%2,5), akciğer dişı tüberküloz 3 (%0,3) ve tüberküloz plörezı 2(%0,2)’dir. Tüberküloz ile ilgili verilere ulaşmadakı zorluk, tüberküloz tanı ve tedavisi için güçlükler oluşmaktadır. Bildirim zorunlu olan bu hastalık için hastaya ulaşımda güçlükler mevcuttur. T.C. Sağlık Bakanlığı Verem Savaş Daire Bağkanlığı verilere göre, Türkiye’deki yabancı ülke doğduğu olup, tüberküloz tanısı hasta sayısı 2012’de 261 (%1,8), 2016’da Gaziantep’ten 62 olmak üzere 508’i Suriye doğduğu olup, 904’e (%7,3) yükselmştir (3). Tedavi terk oranlarının (%11,1) daha yüksek olduğunu görülmüştür. Göçmen Suriyeliler ile yerel halk arasında tüberküloz için artan bir oran
Refugee Integration into Education and Managerial Challenges: An Interview-Based Qualitative Study

Mahmut KALMAN
Gaziantep University

Mahmut Kalman, Ph.D., is an Assistant Professor at the Faculty of Education of Gaziantep University. Dr. Kalman received his Ph.D. degree in Educational Administration, Supervision, Planning, and Economics. His research interests include school leadership, educational policy, professional development and learning, organizational behavior in education and qualitative research.

Semih İŞDAR
Ministry of National Education

Semih İşdar, M.A., is an assistant principal working at Şehit Gökmen Adıgüzel Primary School in Gaziantep.

Turkey has taken significant steps for assisting Syrian refugees in many aspects including education since the outbreak of the Syrian War in 2011. Apart from the schools located in the camps opened for Syrian refugees, Syrian children of school age are enrolled in public schools to get an education with their Turkish peers in city centers in Turkey. As a new experience, the integration process naturally has brought about a number of challenges for school administrators at the school level. This study, therefore, was set out to explore the school administrators’ evaluations pertaining to the integration process in a broader sense, with a focus on the integration policy, the managerial challenges encountered, the activities supportive of the integration policy and the impact of inclusive education activities in the education system. The study was carried out in a central district of a metropolitan province in Southeastern Turkey in the academic year of 2018-2019. A total of 12 school administrators (principal N=6, vice-principal N=6) working at primary, middle and secondary schools with intensive enrollment rates of refugees in socio-economically disadvantaged environments participated in the research. Homogenous sampling technique was used to select the participants. An interview protocol including nine open-ended questions was utilized for data collection. The findings obtained via qualitative content analysis indicated that the most challenging issue was communication both in relations with Syrian students and during the enrollment period. The schools examined were reported to have been negatively affected by the integration of Syrian refugees due to the unexpected increase in the number of refugee students. The school administrators emphasized the roadblocks in the process and proposed some pathways in order for the integration process to achieve.
UNHCR Camp Construction Standards and Outbreak Camps in terms of Environmental Psychology and Human Health

Elif Karabay

Right to Benefit From Health Services for Migrants under Turkish Law

Gizem Önen, Att.

Istanbul Bar Association

The right to the highest attainable standard of health is a human right recognized in international human rights law. The International Covenant on Economic, Social and Cultural Rights Art. 12, widely considered as the central instrument of protection for the right to health, recognizes “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.” The Covenant also stipulates an obligation to fulfil which requires States to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures to fully realize the right to health.

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<thead>
<tr>
<th>14:30-15:15</th>
<th>Health of Selected Refugee</th>
<th>Turuncu Hall</th>
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<td>Moderator</td>
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Influxes from the Perspective of Communal Attitude: An Analysis of Media Coverage about the Syrian Asylum Seekers

Utku Şahin

Effects Of Health Service Given To Syrian Refugees On Practitioners in Turkey

Tuba Duman
Hatice Keskin

The Survival Strategies of Syrian Refugees in Van and Perceptions of Local People towards Syrian Refugees

Mehmet Kadri Tekin

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<th>15:30-16:30</th>
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<td>Moderator</td>
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Mapping the Diverse Genetic Disorders and Rare Diseases among the Syrian Population: Implications on Refugee Health and Health Services in the Host Countries

Lina Hamad
Faculty of Medicine, American University of Beirut, Beirut, Lebanon.

Khalil Kreidieh
Office of Faculty Affairs, Faculty of Medicine, American University of Beirut, Beirut, Lebanon.

Mirna Bou Hamdan
Medical Laboratory Sciences Program, Faculty of Health Sciences, American University of Beirut, P.O Box 11-0236, Riad El Solh, 1107 2020 Beirut, Lebanon.

Ghunwa Nakouzi
Department of Clinical Pathology, Cleveland Clinic Hospital, Cleveland, OH, USA.

Soha N. Yazbek
Dr. Soha Yazbek is an Assistant Professor of Genetics at the Medical Laboratory Sciences Program at the Faculty of Health Sciences, AUB. Soha’s training was in basic and clinical genetics. Her research was initially focused on “Elucidating the Genetics of Multifactorial Complex Diseases” (Diabetes and Familial Mediterranean Fever). She has also been involved with a multidisciplinary team at the Faculty of Health Sciences to identify the research gap in Non-communicable diseases in selected regions of the Middle East. More recently, her research has focused on “Genetic Disease Burden and Healthcare Response in Lebanon and the Region”. Her recently published work identified a dramatic deficiency in genetic services in light of the detected genetic diseases and patient needs. Soha was able to provide physicians and researchers with an exhaustive list of reported genetic disorders in patients of Lebanese and Syrian origin and to highlight the need to consider migrant population-based risk for the development of genetic disease control and prevention programs. She has since focused on doing the basic and necessary research to pave the way to establish a very well needed genetic health care system in Lebanon. Soha holds a PhD in Genetics from Case Western Reserve University, and M.S. in Molecular Biology from the Lebanese American University and a B.S. in Medical Laboratory Sciences at AUB.

Introduction: The aim of this systematic review is to provide physicians and researchers with an exhaustive list of reported genetic disorders in patients of Syrian origin - those who have become the largest displaced population in the world - and to highlight the need to consider migrant population-based risk for the development of genetic disease control and prevention programs. Methods: This review was performed based on the 2015 PRISMA and the international prospective register of systematic reviews. Results: We report on a total of 166 genetic disorders (only 128 reported on OMIM) identified in the Syrian population. 27% are endocrine, nutritional, and metabolic diseases. Second to metabolic disorders are congenital malformations, deformations and chromosomal abnormalities. Diseases of the blood and the blood-forming organs account for 13% of the total genetic disorders. The majority of the genetic disorders reported in Syrians follow an autosomal recessive mode of inheritance. These findings are a reflection of the high rates of consanguineous marriages that favor the increase in incidence of these diseases. 36 are reported to be only present in Syria and other regional countries. Twelve of these are identified to be strictly in individuals of Syrian origin. Conclusions: Based on our systematic review, there is a need to develop programs that target the genetic disorders observed in Syrian
migrants in host countries. These programs would have potential benefits on the health status of both Syrian refugees and host communities in order to decrease the health burden on the health systems in host countries.

**Beta-Thalassemia Patients in Syria: Overlooked, Poorly Treated, and in Desperate Need for Revival**

**Humam Dawood**

**Migration and Elderly Health**

**Emel Doğan Demirci, Öğr. Gör.**

Selçuk Üniversitesi, Sağlık Hizmetleri MYO/Yaşlı Bakımı Programı

Göç fiziksel, sosyal ve kültürel yönleri olan göçmen ve göç edilen yer arasındaki etkileşim sürecini kapsayan; ayrıca sağlığın psikososyal bir bütün şeklinde toplumda ele alınması gerektiğini doğuran bir olaydır. Göçmenlerin büyük çoğunluğunu oluşturan çocuk, kadın gibi kısırlık ve savunmasız gruplardan biri de yaşlarlar. Özellikle dünyadaki yaşlı nüfusun toplam nüfusu oranının giderek artması göçmen yaşlı sayısının buna paralel olarak artış göstermektedir. Göç sürecinde meydana gelen ekonomik ve çevresel değişiklikler, yaşlı göçmenlerin kültürel kimliğini yitirme, aile değerlerinde değişim ve psikososyal stres gibi sorunlarla daha fazla karşı karşıya kalmaları yaşlı göçmenlerde fiziksel, sosyal ve psikolojik sağlık sorunlarını beraberinde getirmektedir. Beslenme bozuklukları, bulaşıcı hastalıklar, kronik hastalıklar ve depresyon gibi psikolojik hastalıkların gelişimi açısından yaşlı göçmenler risk oluşturmaktadır.

**Healthcare System Responses to Syrian Refugees’ Needs for Non-Communicable Diseases Care: The Cases of Jordan, Lebanon and Turkey**

**Chaza Akik**

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<th>Time</th>
<th>Panels</th>
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<td>14:45-15:20pm</td>
<td>Moderator</td>
<td>Ayat Nashwan</td>
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**Syrian Refugees in Jordan: Burdens or Opportunities?**

**Ayat Nashwan**

**Ruba Al- Akash**

**A. B. Athamneh**

**Jaber Alkhatib**
Transforming Mental Health Service Provision for Syrian Populations to a Sustainable Development

Redwan El-khayat, Dr. MRCPsych

Consultant Adult Psychiatrist and Accredited Cognitive Psychotherapist. I have been working in the field of psychiatry for more than 30 years, and as a consultant psychiatrist for the last 20 years.

Honorary consultant psychiatrist in Southern Health NHS Foundation Trust, the UK.

Worked in the National Health Service for 20 years until I took an early retirement on the 1st of April 2014. Since, I have started my private practice.

I am a trained and accredited Cognitive Psychotherapist.

I was the Medical Director for the inpatient psychiatric unit and the locality mental health service in New Forest Area for 7 years, until I stepped down in 2010.

Lead Tutor for undergraduate psychiatric medical education in our Locality and was very involved in Southampton University, Faculty of Medicine, Department of Psychiatry till the end of March 2014.

I had been a leading member of the Medicine Management Committee in our NHS Trust for 10 years, and I was leading on Treatment of Depression Guidelines for the whole Hampshire area, for primary and secondary care.

Doing voluntary humanitarian work in establishing mental health services for vulnerable Syrians populations inside Syria and neighbouring countries, working with EU and UK charities, international NGOs (like Save the Children, MSF, Islamic Relief) and UN organisations (UNICEF, UNHCR, OCHA and WHO) on big projects.

Regularly providing voluntarily training sessions, workshops and supervision on different psychiatric topics as well as CBT for MHPSS practitioners. I have given talks in different international conferences and meetings.

I used to be an executive, and chair of the mental health committee of the Union of Medical Care and Relief Organisation (a union of 11 medical charities registered in the UK, EU, Canada, USA and Turkey)
Challenges and Initiatives for Conducting Researches in Conflict Zones

Anas Al-Kassam  
M. Saqqur  
Ziad Alissa  
D. Dardari  
H. Alnahas

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<td><strong>Moderator</strong></td>
<td>Lina Hourani-Harajli</td>
<td><strong>Seminar Room 2</strong></td>
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Lina Hourani-Harajli  
Chief Operating Officer, ACCESS

Known for her compassion, dedication to making a difference and commitment to operational excellence, Lina Hourani-Harajli joined ACCESS, the largest Arab American nonprofit organization in the nation, in 2000.

She has represented the agency in progressively increasing capacities since joining the administrative team, and was named the organization’s Chief Operating Officer (COO) in 2014. As COO, Lina oversees all of ACCESS’ program areas, encompassing more than 100 programs that are dedicated to empowering the diverse communities the agency serves. Her oversight also comprises all operational departments, including Communications and Marketing, Human Resources, Facilities and Information Technology.

Prior to joining ACCESS, Lina worked in the private sector for more than 10 years. She received her bachelor’s degree in business administration, with a concentration in accounting, from the University of Michigan-Dearborn, and is active in various community and cultural/educational organizations.

In 2015, Lina was appointed the State of Michigan’s Commission for Middle Eastern American Affairs (CMEAA). The Commission, housed within the Michigan Licensing and Regulatory Affairs (LARA), operates in an advisory capacity to LARA on issues of economic development, coordination of state services, public awareness and combatting discrimination in Michigan’s Middle Eastern communities. Lina was reappointed to CMEAA in 2019 by Governor Gretchen Whitmer.

Lina is a graduate of Leadership Detroit XXXV, serves as Treasurer on the Executive Board of the Commission on Middle Eastern American Affairs (CMEAA), and is also a current serving member on the JPMorgan Chase Community Advisory Board and the Comerica Community Development Advisory Council.

Her accomplishments with ACCESS include the negotiation of a number of sizable contracts that provided for an aggregate savings of more than two million dollars for the organization, leading the migration of the entire organization to a cloud-based IT infrastructure; spearheading the implementation of an integrated Health Reimbursement Arrangement (HRA), and leading several facility renovations, including the expansion space for the Arab American National Museum, known as The Annex.
Integrating Health Care: ACCESS Community-Based Model

Mona Makki

Director, ACCESS Community Health and Research Center

An impassioned proponent of rights for underserved members of the community, Mona has fearlessly advocated against crime and domestic violence for over a decade.

Throughout her career at ACCESS, she has committed herself to improving and empowering the lives of individuals and families who suffer from domestic abuse and behavioral health issues. She has worked tirelessly to collaborate with judges, faith leaders, schools and police departments in the fight against such abuse.

As the Director of the Community Health and Research Center at ACCESS, she oversees the largest division within ACCESS leading over 70 programs in health, mental health and public health including a medical center, and various prevention programs including tobacco and substance abuse, breast, cervical and color cancer and infectious disease. She is also the chair of the ACCESS 8th Arab Health Summit.

In addition to her work at ACCESS, Mona serves on a multitude of community boards and committees, including Greater Detroit Area Health Council’s board, Beaumont Community Advisory Board, Michigan State Health Assessment Committee Michigan Institute for Clinical and Health Research (MICHRI) -Mental Health workgroup, University of Michigan Community Advisory Board Health and Well Being Study, Wayne State and ACCESS Research Committee, MDHHHS Stakeholders Committee, Detroit Community Health Assessment Steering Committee, Healthy Communities Coalition, Executive Committee for the Healthy Communities Leadership Coalition, New Detroit Coalition (2016) and University of Michigan-Dearborn’s Institutional Review Board (2017).

She has conducted research, in collaboration with local universities, on topics including cardiac arrest, cancer, domestic violence, trauma and loss among Arab American, American Indian and Alaskan Native youth. Mona received her Master’s in Clinical Psychology from the University of Detroit Mercy in 2004 and has been a member of the American Psychological Association since 2006.

Madiha Tariq

Madiha Tariq is the Deputy Director at the ACCESS Community Health and Research Center in Dearborn, Michigan. Madiha oversees patient care, health promotion and disease prevention programs including substance abuse, tobacco cessation, HIV/STD prevention and care, maternal health, infant health, refugee health and wellness programs.

Madiha also leads a team that advocates for improved access to health care, which includes outreach, education and advocacy surrounding the Affordable Care Act in Michigan. Through this initiative, ACCESS has assisted over 30,000 Arab Americans and other minorities in Southeast Michigan and has gained recognition by President Barrack Obama, the US Surgeon General Dr. Vivek Murthy as well as various local and national leaders in health.

As an advocate for the health rights of Arab Americans and other minorities, Madiha is at the forefront of Arab community-based research. In addition to managing the ACCESS Community Health and Research Center’s biennial “International Conference on Health Issues in Arab Communities,” Madiha
has been part of several research projects to capture the health status of Arab Americans in Southeast Michigan. Research on Arab American populations in Michigan is challenging because Arabs are not a federally-classified minority population.

Madiha was also a member of the Public Health Code advisory board charged by the governor of the State of Michigan to review and recommend changes in the state Public Health Code that reflect the needs of all communities.

Madiha is a guest lecturer at the University of Michigan Medical School and Wayne State University School of Medicine, and has been the spokesperson for health issues among the underserved communities of Southeast Michigan for various media outlets.

Madiha earned her Master of Public Health degree from George Washington University, and a Bachelor of Arts degree in international politics and economics from Middlebury College in Vermont.

Farah Erzouki
Wisam Salaman

This session will provide a comprehensive overview of and facilitate a discussion on the importance of integration, utilizing the ACCESS “Healthy Minds, Healthy Bodies and Healthy Communities” model as a case study. Focused on person-centered care and community empowerment, the ACCESS model gives integrative care a new meaning through incorporating the social determinants of health at the core of our service delivery. Regardless of the need that drives someone to walk through our doors, ACCESS staff have seamlessly coordinated care and are trained to conduct comprehensive assessments to determine what other barriers each person we serve might be facing. Panelists will detail the systematic, multidisciplinary approach utilized to understand, prevent, manage and treat individuals and discuss the value of a ‘by the community, for the community’ philosophy and practice. Session attendees will walk away with concrete strategies to improve and streamline integrative approaches to care in their respective settings, with a particular focus on health equity and marginalized populations.
Wednesday, October 16 / Çarşamba, 16 Ekim 2019

8:30-9:30 Panel
Moderator

Educate, Articulate and Empower through Poster Making

Mushtaq Shaikh

9:30-10:30 Panel
Seminar Room 2
Moderator Bengt Arnetz

Importance of social determinants for post displacement health and integration

Bengt B. Arnetz, MD, PhD, MPH, MScEpi

Bengt B. Arnetz, MD, PhD (Karolinska Institute) and MPH, MScEpi (Harvard T. H. Chan School of Public Health) is Chair of the Department of Family Medicine and Professor in Family and Preventive Medicine, Department of Family Medicine, College of Human Medicine, Michigan State University. Dr. Arnetz is Board Certified by the American Board of Preventive Medicine in Occupational and Environmental Medicine, and Fellow of the American College of Occupational and Environmental Medicine.

Dr. Arnetz has been continuously funded by NIH, national and international research foundations for a number of years. He is active in national and international public health research and advocacy. Dr. Arnetz’ research focuses on three areas: (1) Complex urban environmental exposures and health; (2) Stress, health and performance in first responders; and (3) Public health and environmental justice aspects of war and conflicts. He is firmly committed to interdisciplinary and transdisciplinary research involving basic and applied sciences, in close collaboration with refugee resettlement organizations and other public and private entities focusing on enhancing health, well-being and opportunities for underserved and vulnerable populations. Dr. Arnetz presentation today focuses on strategies and impact from risk and preventive factors on the health, well-being and social integration of refugees in their new host country.

Hend Azhary, M.D.

Azhary is an assistant professor in the department of family medicine, college of Human medicine, Michigan state university.

She is the clerkship director for East Lansing campus, and a teaching faculty at sparrow family medicine residency program.
An active Board member on the Syrian American medical society foundation.

Dr. Azhary earned her doctor of medicine degree from Tishreen university school of medicine in Syria in 1993, and started residency training in family medicine at State University of New York – Buffalo where she also completed one year of geriatric fellowship.

Dr. Azhary has a passion for delivery of medical care in underserved areas and practiced as a family physician in a rural Texas community for 5 years before joining Michigan state university in August of 2005.

Hend’s continuous interest in providing medical care to unprivileged and vulnerable population led her to lead several medical relief missions to refugee camps across the Middle East serving displaced population from her war-torn home country since 2011 till current.

Through her medical relief work, she was able to inspire many of CHM students and residents who joined her missions overseas to provide high quality care to large numbers of refugees. She helped her students afterwards to express their experiences in a scholarly work which makes their experiences find greater impact.

In recognition of her work, Dr Azhary was named the 2018 Syrian American Medical Society’s hero of the year. She is the recipient of the Outstanding clinician award, College of Human medicine 2018.

Valerie DeMarinis
Mona Radwan
Mona AlSadek

An insider’s experience as part of an NGO in the development of a healthcare system for Syrian Refugees. At the start of the Syrian Refugee Crisis, several small mission trips were started by dedicated volunteers to treat emergent and acute conditions. Eventually, the focus shifted to providing management for more chronic conditions. As the refugee crisis continues to be drawn out, our goals have grown to develop sustainable programs to provide integrated healthcare services for the displaced people.

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Workshop on Healthcare Sector Emergency Preparedness and Response

Sharon Medcalf

Director, Center for Biosecurity, Biopreparedness, and Emerging Infectious Diseases
College of Public Health

Dr. Medcalf is an Assistant Professor in the College of Public health and the Director for the Center for Biosecurity, Biopreparedness and Emerging Infectious Diseases, which houses the Center for Preparedness Education, a state and regional training center for emergency preparedness, response and recovery. Dr. Medcalf is also the program director for the Master of Science program in Emergency Preparedness at UNMC’s College of Public Health, the first academic graduate program in the region, with a focus on the public
health and medical response to a disaster. She is the recipient of the 2017 College of Public Health Outstanding Teaching Award.

She has 15 years of intensive care nursing experience that includes being a member of an air and ground transport team. She has worked in the international arena holding positions in Canada and Saudi Arabia. Dr. Medcalf’s research interests are in Hospital Preparedness, Community Medical Surge, Long Term Care Preparedness, Social Media Use in Disasters and Smallpox Vaccination of Laboratory Workers at National Variola Testing Sites.

Keith Hansen, MBA

Keith Hansen is the Director of the Center for Preparedness Education (PrepEd) at the University of Nebraska Medical Center. PrepEd provides disaster related training, education and planning services to public health, healthcare, governmental organizations, and the private sector. Mr. Hansen has conducted planning education, training, and disaster drills/exercises for Fortune 500 companies, higher education, government, local and state public health departments, hospitals, emergency management agencies, and first responders.

He is also the Executive Director of the Association of Healthcare Emergency Preparedness Professionals (AHEPP). This is an international membership-based organization with the goal of “Moving Preparedness Forward”. AHEPP provides education and training for its members through its website, monthly webinars, and an annual conference.

His other current position is as an instructor in the UNMC College of Public Health’s Department of Epidemiology where he teaches academic Disaster Preparedness Courses.

In a previous position, he created and implemented Nebraska’s Strategic National Stockpile Plan. He also conducted exercises and coordinated Nebraska’s Public Health and Medical disaster responses. He served as the Public Health and Medical representative on the Nebraska State Emergency Response Commission and conducted numerous trainings across the U.S. in Incident Command, Exercise Development, Business Continuity Planning, Infection Control and Disaster Life Support.

Mr. Hansen recently served as the Assistant Dean of Operations & Management at the UNMC College of Public Health. As such, he supervised operations in the areas of general administration; finance and fiscal affairs; staff supervision and human resources; building supervision and maintenance; and assigned internal and external College relations.

Mr. Hansen has extensive experience in public speaking, public health/medical education, public health/medical disaster response training, developing and exercising disaster plans, strategic planning and group facilitation methods.
The Effects of the Syrian Migrants on the Demographic Structure of Gaziantep Province

Necmettin Elmastaş
Emrah Türkoğlu

Building Resilience: Access to Healthcare and Technology by Syrian Refugees in

Cansu Dedeoğlu
Nadia Caidi

Turkey Protracted Crises and Repeated Displacement: The Case of Palestinian Refugees from Lebanon and Palestinian refugees from Syria living in Lebanon

Alexandra Irani
Nisreen Salti

Socioeconomic and Socio-cultural Integration of Syrian Refugees in Turkey

Aytaç Kadıoğlu

Spatial Complexity, Socio-Economic Characteristics of Space and Syrian Migrant Work

Emin Yiğit, Dr. Öğr. Üyesi
Adnan Menderes Üniversitesi, Fen-Edebiyat Fakültesi, Sosyoloji Bölümü

Elife Kart, Assoc. Prof.
Akdeniz Üniversitesi, Edebiyat Fakültesi, Sosyoloji Bölümü

Gülhan Demiriz, Dr. Öğr. Üyesi
Adnan Menderes Üniversitesi, Fen-Edebiyat Fakültesi, Sosyoloji Bölümü

“Arap Baharı” sürecinin Suriye’de yarattığı etki bu ülkedeki dinamikler üzerinde belirleyici olmuş ve ülke içinde, iç savaş niteliğinde karşıklıklar yoldaça olaylar milyonlarca Suriyelinin komşu ülkelerine göç etmesini beraberinde getirmiştir. Süreç içerisinde Türkiye, yoğun Suriyeli göçü ahrken gelişen noktada üç büyük milyondan fazla Suriyelinin Türkiye’nin farklı illerinde yaşadığı resmi makamlar tarafından dillendirilmektedir. Türkiye’de yaşayan ve geçici koruma kapsamında olan Suriyeli göçmenlere yönelik, Nisan 2011’den bu yana...
Türkiye’nin hayata geçirdiği “açık kapı” uygulaması ve “once geç, sonra kayıt” politikasının temelinde iç savaşa karşı onları hızlı bir şekilde güvenli alana geçirme düşüncesi yatmaktadır.


Aslında hem Türkiye için hem de göçmenler için son derece aksıksan, dinamik ve çok aktörlü olan bu süreç, Suriye’de yaşanan gelişmeler, Türkiye’de geçirilen süreç; Suriyeli göçmenlerin emek arzları ve yerel ekonomik dinamikleri ile yaşanan kesişmeler; beklentiler, stratejiler ve belki de uluslararası hukusalsal kazanımlar nedeniyle çok katmanlıdır. Süreci belirleyen tüm bileşenler, doğrusal olmayan ama son derece dinamik olan ilişkisel bir bütünliğe sahiptir.

Bu çalışmada, bu ağlar içinde göçmen emeğinin mekân ekonomisine bağlı olarak konumlanma dinamikleri, kentsel dinamikler üzerinden tüm ilişkisel süreçleri ve stratejileri sorgulamaktakta ve mekânın sosyo-ekonomik nitelikleri, Suriyeli göçmen emeği ve kent (İzmir) arasındaki ilişkisel süreçlere odaklanılmaktadır. Çalışmanın odaklandığı sorunsal, 2019’un Mart ve Nisan aylarında İzmir’in iki farklı mekânı olan Konak ve Bornova ilçelerinin farklı yaşam alanlarında bulunan Suriyeli göçmenler ile yapılan derinlemesine mülakatların analizleri üzerinden tartışılacaktır.

Anahtar Kelimeler: Mekân, Mekânsal Kompleksite, Yerel Ekonomi, Emek, Suriyeli Göçmenler
Health Services Provided to Syrian Immigrants: Evaluation of Scope, Benefit Conditions and Financing / Suriyeli Göçmenlere Verilen Sağlık Hizmetlerinin Kapsam, Yararlanma Koşulları ve Finansman Açısından Değerlendirilmesi

Bülent Arpat, Dr. Öğr. Üyesi
Pamukkale Üniversitesi, Honaz MYO


Anahtar Kelimeler: Genel Sağlık Sigortası, Suriyeli Mülteciler, Sağlık Hizmetleri.

A Comparative Study of Dynamics and Perception of the Syrian Refugees

Hiroyuki Aoyama
Professor, Tokyo University of Foreign Studies

Aiko Nishikida
Associate Professor, Keio University

Yutaka Takaoka
Chief Research Fellow, Middle East Institute of Japan

This is a collaboration research supported by several programs of Japan Society for the Promotion of Science (JSPS) Grants-in-Aid for Scientific Research.
Materials and Methods:

Combination of statistic analysis based on original poll surveys and qualitative analysis

Introduction

The purpose of this paper is to clarify required type of support and acceptable donors for the Syrian IDPs – Internally Displaced Persons – based on a poll survey conducted in 2018 by a Japanese research team represented by the authors of this paper in collaboration with a Syrian think tank.

Discussion

IDPs in Syria, especially who chose to stay in the areas under control of the government, are the most forgotten victims of the conflict of Syria, which is considered to be the biggest humanitarian crisis of our time.

While most of the Western governments and media including Japan and Turkey have accused Syrian government, they criticized behavior of the Syrian army, militia and security sector. The victims of the government attracted attention and they were provided support compassionately. Therefore, plenty of information became available about the opposition parties claiming revolution or transformation of the current government, refugees who fled to the surrounding or Western countries, and the residents and IDPs in the areas under control of the opposition parties. On the other hand, there has been tremendous humanitarian and physical loss in the areas under control of the government as well inflicted by the Western economic sanctions, attacks by the opposition parties including Al-Qaeda and terrorism by the Islamic State. However, these sufferings tend to be ignored because it was in the areas under the dictatorial governmental control.

On the basis of the above-mentioned situation, the authors of this paper conducted their own original poll survey in Syria in 2018. The purpose was to clarify humanitarian sufferings in Syria in total area regardless of the political sides. The survey was executed by a Japanese research team in Damascus, suburb of Damascus, Aleppo, Latakia, Homs and al-Hasaka in September and October 2018 targeting on 1,500 Syria IDPs. In collaboration with the Syrian private think tank called Syrian Opinion Center for Polls & Studies (SOCPS), we have obtained permission of conduction, prepared original questionnaire, made sampling, conducted field survey and collected data.

The questionnaire used in the survey consists of 18 questions, which can be classified into the following two fields: 1) questions about requirements of the IDPs such as restoration of security and stability, repatriation of refugees and IDPs, social rehabilitation of the conflict victims and improvement of living condition, 2) questions about providers of the assistance and evaluation towards them. Based on the detailed analysis of the poll survey, this paper clarifies requirements of the IDPs and from whom they hope to receive the assistance.

Conclusion

Study of the areas under control of the Syrian government accompanies difficulty and invites suspects about political neutrality. Some observers may cast their doubt about availability of objective data under the current situation for accurate analysis. However, this paper tries to investigate ingenuous requirements of the Syrian IDPs regardless of the political sides of the areas and bias for analytical approach.
A Review of the Settlements and Social Cohesion Policies of Immigrants: Canada as a Country Strengthened by Migration

Hacer Başer

The Accessibility of Healthcare Services for Syrian Refugees Living in Non-Camp Settings in Ankara

Alexandra Aksu

10:45-11:45 Capacity Building Turkuaz Hall

Moderator Ayhan Doğan

The Entrepreneur Programs Example of Turkey While Implementation Economic Structure in Syria

Mehmet Levent Kocaalan

Bülent Arpat, Dr. Öğr. Üyesi

Pamukkale Üniversitesi, Honaz MYO

The Challenge is turning the Rhetoric into Something More Meaningful: Conducting Research on Health in Complex Environments

Andreas Papamichail

R4HC-MENA, Department of War Studies, King’s College London Strand

Abdulkarım Ekzayez

R4HC-MENA, Department of War Studies, King’s College London Strand

Nassim El Achi

R4HC-MENA, Conflict Medicine Program, Global Health Institute, American University of Beirut

Marilyne Menassa

R4HC-MENA, Conflict Medicine Program, Global Health Institute, American University of Beirut

Preeti Patel

R4HC-MENA, Department of War Studies, King’s College London Strand

Conflict and health research is of critical importance to the lives and well-being of over 2 billion people living in insecurity. The Research for Health in Conflict in the Middle East and North Africa (R4HC-MENA) is a unique interdisciplinary partnership between leading experts in the fields of Cancer Policy, Global Health,
Social Medicine, Palliative Care, Conflict and Security at King’s College London, Imperial College and University of Cambridge, with academic partners from Lebanon (American University of Beirut), Palestine (Birzeit University), Turkey (Hacettepe University) and Jordan (King Hussein Cancer Centre), and international organisations including the Union for International Cancer Control, Harvard Humanitarian Initiative, Syrian Public health Network and Médecins Sans Frontières.

The R4HC-MENA programme aims to build research and policy capacity in conflict affected areas through contextually sensitive activities including development and delivery of accredited multi-disciplinary courses, mentoring senior leadership at national and global/multilateral institution levels in the translation of research to policy, developing targeted and innovative Learning Technologies and Informatics platforms for distance learning. Additionally, the R4HC-MENA programme will develop new sustainable partnerships between organisations to build expertise and capacity in conflict and health research across the MENA region and globally.

How to Increase the Research Capacity for Health in Conflict through Multinational Partnership in the Middle and Near East (MENA)

Fahad Ahmed
Tezer Kutluk

12:00-13:00 Capacity Building Turkuaz Hall
Moderator Mohammad Saleh Hammad

Building a “Crisis Psychology” out of the Refugee Discourse

Halis Sakiz, Assoc. Prof.
Department of Psychology Mardin Artuklu University

For a few years, there is little doubt that Turkey has been feeling the reality of migration intensively. The number of Syrian migrants and refugees has reached 4 million as of 2019, leading to several challenges experienced in various areas such as social, economic, and educational spheres. There is a big consensus among stakeholders that Turkey has been unprepared to accommodate the requirements of the migration wave which brought an extra burden to the state management. Beside these visible challenges, however, there are some hidden difficulties that pose more challenges and set barriers towards the establishment of a society inclusive of all migrants and refugees.

The social-psychological dynamics of a society determine the way individuals perceive, interact, build relations, and behave within a given community. Embedded within these dynamics, are the ways some individuals and communities are strengthened or marginalized (Foucault, 1980). The medium for such empowerment or disablement is often the discourse permeating within that particular society.

From the perspective of the Syrians in Turkey, a language shaped by perceptions of Syrians as source of crisis, threat, difficulty, insecurity and poverty is likely to lead to negative attitudes towards Syrians and barriers towards their inclusion. Therefore, this study aimed to investigate the nature of the discourse used concerning the Syrians in Turkey and how this may be associated with inclusiveness, negative attitudes and unwanted practice.
The effect of activities of Gaziantep University Cerablus Vocational School on Student and Society in North Syria

Fehmi Soğukoğlu
Güven Bahar

9:30-10:45 Turuncu Hall
Moderator Gülçin Elboğa

Analyses of Traumatic Life Events and Traumas’ Relation with Anxiety in Refugee University Students in Turkey

Şengül Kocamer
Gülbin Elboğa

Chronic Pain in Refugees: Accurate Diagnoses Lead to Targeted Treatment

Howard Schubiner

Dr. Schubiner is an internist and the director of the Mind Body Medicine Center at Ascension Providence Hospital in Southfield, Michigan. He is a Clinical Professor at the Michigan State University College of Human Medicine and is a fellow in the American College of Physicians, and the American Academy of Pediatrics. He has authored more than 100 publications in scientific journals and books, and lectures regionally, nationally, and internationally. Dr. Schubiner has consulted for the American Medical Association, the National Institute on Drug Abuse, and the National Institute on Mental Health. He is the co-investigator on several research studies on mind body approaches to chronic pain. In particular, he is the co-author of an NIH-funded study to show that an emotion focused intervention was superior to Cognitive Behavior Therapy for fibromyalgia pain and is a co-investigator in the Boulder back pain study. Dr. Schubiner is the author of three books: Unlearn Your Pain, Unlearn Your Anxiety and Depression, and Hidden From View, written with Dr. Allan Abbass. He lives in the Detroit area with his wife of thirty-six years and has two adult children.

9:30-10:45 Addressing Labor Challenges for Refugees Mavi Hall
Moderator Sedat Benek
Urban Work Life and Syrians: Gaziantep

Mustafa Doğanoğlu, Assist. Prof.
Department of Sociology, Gaziantep University


Encounters in Labour Spaces: Syrian Migrant Workers in Day Laborer Market

Elife Kart, Assoc. Prof.
Akdeniz University, Faculty of Letters, Sociology Department

Mustafa Demirkan
Fourth-year student, Akdeniz University, Faculty of Letters, Sociology Department

Space being embedded into the practices of everyday life and making power relations apparent has a unique identity owing to the fact that space is dynamic and open to reproduction. It has gained new meanings as in “labour spaces” within a liquid building process through encounters and interactions which transform and reproduce space. Space and everyday life on a reciprocal basis act as a mechanism that reproduces each other through a linear relational connection between space and everyday life. Within this context, the individual’s (the migrant worker) position coincides with the space she/he is in and the reproduction of space is coincident with individuals’ practices of everyday life, as well. Paying attention to migrant workers’ experiences in labour spaces where everyday life and working life are intertwined enables us to understand not only informal labour market and its relations which migrant labour is also part of but also multiple disadvantages they face in working conditions. Furthermore, multiple disadvantages can be comprehended as forms of inclusion into and a process of exclusion from labour markets. Multiple disadvantages with regards to Syrian migrants are shaped within the context of social exclusion and inclusion; ambivalence; subsistence and impermanence; and being marginal/ an outsider and out of place. Day laborer market is a place where job seekers wait for an employer in hopes that he/she can be hired. In day laborer market, migrant workers at varying ages who have differences in terms of class, culture, economy, language and capital encounter with each other. Besides encounters, day laborer market is also a space of intersectionality as local employers and migrant workers exist together. The analysis of the interaction between actors in labour spaces explains how multiple disadvantages are reproduced in a social order laden with interactions. Within this context, multiple disadvantageousness of migrant workers in day laborer market in Baraj Street (Antalya-Kepez) recognized as a place for temporary, informal and low paid jobs with inadequate income and unclear status is analyzed by adopting grounded theory approach. The findings reveal that Syrian migrants with their individual habits and different social, cultural and economic capital can participate in labour markets with the help of informal relations. They have the potential to transform the place.
they are in by means of tactics against the strategy space has within advantages and disadvantages, as well. The encounters in labour spaces indicate that workers are faced with each other in a competitive environment; being marginalized is provoked interrelatedly; ways of being indifferent are normalized and social exclusion lead to fear. These consequences are all acknowledged as migrants’ experiences. Space is signified as a sociality where actors’ experiences and power relations are reproduced in a social order laden with interactions.

**Key words:** Informal Labour Market, The Reproduction of Space, Everyday Life, Migrant Worker, Multiple Disadvantages

### Syrian Businessmen and Shopkeepers in Gaziantep

**Yücel Karadaş, Assoc. Prof.**

*Department of Sociology, Gaziantep University*

**Eda Özçelik**

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### Older Syrian Refugees’ Health and Social Challenges in Lebanon: A Health and Social Workers’ Perspective

**Maya N. Abi Chahine**

*Researcher in Ageing issues and Manager of the University for Seniors at the American University of Beirut.*

*Maya Abi Chahine holds a Master degree in Public Policy & Ageing from King’s College London (2018). Her research area is about older Syrian refugees in Lebanon in addition to third age learning and its impact on seniors health and wellbeing. She is also the Programme Manager of the University for Seniors at the American University of Beirut (AUB), the first third age lifelong learning initiative in the Middle-East. She recently co-authored a book chapter with Prof. Abla Sibai ‘University for Seniors in Lebanon’; for the book titled ‘The University of the Third Age and Active Ageing: European and Asian Perspectives’, Marvin Formosa (ed.).

*Maya is as well part of the team drafting the National strategy on Ageing for Lebanon, commissioned by the Ministry of Social Affairs and UNFPA. She has 23 years of experience in Education management, Community Development & Outreach and a solid experience in third age learning and ageing research.*

**Purpose and aim of the study:** To gain in-depth understanding of how fieldworkers perceive the health and social challenges of older Syrian refugees in Lebanon. Lebanon has the highest number of refugees per capita in the world and older refugees incur higher risks than other segments of the refugee population, yet, they are often ‘left behind’ by aid agencies, policy makers and researchers alike. This study aimed at filling a gap in research on three levels: empirical, theoretical, practical.
Design & Method: Qualitative semi-structured interviews were conducted with 15 health and social workers (two Counsellors, two General Practitioners, two Mental Health Nurses, two Nurses, two Psychologists, and five Social Workers) from five NGOs working in different areas in Lebanon. Interviews were transcribed and were manually coded and thematically analyzed.

Results: Participants considered that NCDs, depression, neglect, social isolation, age-based discrimination and lack of participation in family and community life as well as the humanitarian response were among the most pressing issues, and their burden was higher among older Syrian refugees compared to the younger refugees. According to health and social workers, older refugees’ needs were not met due to a fragmented medicalization response in addition to multiple physical, attitudinal and institutional barriers. They recommended holistically addressing physical, mental and social needs of older Syrian refugees taking into consideration their specific needs and capabilities.

Discussion & Conclusion: Research findings were analyzed through the lens of Structural Violence and Social Determinants of Health. The complexity of health makes it subject to structural violence. The latter is exerted by the Lebanese Government, through its policy vis-à-vis refugees in general and its policy on Syrian Displacement in particular, and by aid agencies who place older refugees at the bottom of their agenda and exclude them from certain services. These instances of structural violence place barriers on Social Determinants of Health and negatively impact on the health and wellbeing of older Syrian refugees in Lebanon. The social determinants of health explored in this study were material (shelter and healthcare) and abstract (social isolation and age-based discrimination). A participatory policy approach is suggested to help alleviate some of the detrimental effects of structural violence and social determinants of health.

Impact of Antenatal Classes for Pregnant Syrian Women on Maternal Health Outcomes in Esenler District of Istanbul

Fatma Örgel, Dr.
Merve Ay, Dr.
Ebru Aydin
Sena Karakaya
Döndü Canatak

Alliance of International Doctors (AID), Esenler Maternity and Child Health Hospital (EMCHH)

Introduction: AID and EMCHH implemented an educational project on pregnancy and maternal health targeting pregnant Syrian women in Esenler District of Istanbul. The Project aims were increasing health literacy and service utilization among the pregnant Syrian women through provision of classes on the women’s health, pre-pregnancy, healthy pregnancy period, delivery, puerperality, baby care, child development, and Turkish health care system and facilitating social integration of women through interaction with volunteer health care workers. The Project reached to 170 women between October 2017 and October 2018.

Methods: Scientific Research Commission accepted ‘Antenatal Classes for Pregnant Syrian Women Project’ request in meeting numbered 2017/5 on August 24, 2017. The project was implemented by volunteer medical teams at the Pregnancy School of the Hospital.

The beneficiaries were reached through the EMCHH’s Obstetric and Gynecology outpatient clinics; NGO’s, migrant health centers and family healthcare centers in the region; local authorities; and social media.

The project was carried out for 12 months with 12 groups. Each group had 12-15 persons trained for 6 hours within a month. Trainings were divided into three 2-hour sessions. Consent forms were taken from all participants. 124 women filled in-person satisfaction surveys. Data was obtained from 77 women about their
delivery experiences through phone surveys. 80 postnatal home visits were conducted by medical voluntary teams who observed general health of mothers and babies along with the mothers’ knowledge and practices.

**Results:** 23.4% of the participants were under 18 years old and 8.9% were above 35. 18.8% had 4 or more pregnancies. Of the 124 survey participants, 118 visited EMCHH for antenatal care, 123 reported high satisfaction and benefits with the trainings and 122 reported satisfaction with its scope. All 77 women who delivered before the phone survey delivered in a health facility. 17% had caesarean section. High awareness and practice of breastfeeding, vaccination and contraceptive use were observed during postnatal visits.

**Discussions:** High risk pregnancies due to age and multi pregnancies were common. The trainings increased awareness on the risks among the participants and are expected to positively impact their future health decisions. Participation and satisfaction rates were high, indicating Syrian women’s interest in educational programmes. Awareness on the benefits of the normal delivery were high; those delivered by C-section were medically indicated. The project contributed to the social integration of the women refugees. The limitation was losing high number of participants during phone survey and home visits.

**Conclusions:** The Syrian women showed interest in this project. The awareness and practice of the participants on the maternal and newborn health were improved. The project can be implemented in different locations to increase health literacy and social integration of the Syrian refugee women and can be adapted in public health policies.

11:00-12:00 Panel

Moderator Sabri Belgacem

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**Protecting Healthcare Providers in Zones of Conflict**

Shawki Harb, MD, FACS, FACC.

*Emeritus Senior Surgeon and professor Henry Ford Health System.*

**M. Fouad Al-Jarrah**

Health care workers of all levels have been the victims of "enemy fire" for hundreds of years. Since the end of World War II a surge of armed conflicts all over the world occurred whereby and on various occasions health workers were either killed or injured. Physical violence was not the only method to which health workers were exposed. Intimidations, threats, and transfer of doctors and nurses as well as arrests were also noted. Conflict zones are defined as" temporary war zones that occur wherever factions are waging war against each other"

Since 1967 the West Bank and Gaza have been subjected to occupation and siege of unprecedented nature. Unprecedented because the occupying power, in this case the Israeli Army and its Zionist ideology, believe that the whole of Palestine is the promised land of the Jewish people, and some extremist elements even think that the whole” Land of Israel” should be "Goyim Rein", that is free of Christians or Moslems. This ideological attitude puts, I believe, the Israeli society as well as the Israeli citizen in a certain mindset which is considered by some, including many Jewish intellectuals, as racist.

United Nations Resolution 3379 adopted on November 10, 1975, "determined that Zionism is a form of racial discrimination". This resolution was revoked in favor of Israel with the signing of the Oslo Accords, but unfortunately did not change anything on the ground.

OBJECTIVE
1- Draw the attention in general to the behavior of the Israeli occupation forces in Palestine, particularly towards health care workers and health facilities.

2- Draw the attention to the unchecked behavior of the Israeli settlers towards the Palestinian population.

3- Explore the ways of counteracting this behavior by peaceful means.

4- Highlight the importance of cooperating with Israeli humanitarian organizations.

5- Civil disobedience (like strikes etc.)

6- Knowledge of the International Humanitarian Laws is important but inadequate.

From 1975 till 2003 I practiced thoracic and cardiovascular surgery as well as trauma surgery in the occupied Palestinian territories. During this period I witnessed firsthand the actions of the Israeli Armed Forces towards health care workers as well as towards hospitals. I am narrating in this abstract some of the incidents I witnessed and the measures we took in response.

Knowledge of the international humanitarian law, like the Geneva Conventions, is important, but in itself is inadequate to protect health workers as well as health facilities from attacks. A host of other measures should also be employed, including civil disobedience, informing the press, and contacting humanitarian organizations. Honest and accurate reporting of incidents is paramount.

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**Bioethics in Research: Ethics of Research in Vulnerable Populations**

**Michel Daher, MD, FACS, FEBS**

Michel Daher is a Professor of Surgery at the University of Balamand, Lebanon. He is graduate from Paul Sabatier University- Faculty of Medicine, Toulouse, France in 1972, and obtained his French Board of General Surgery from this same university in 1976. He trained as a fellowship in Colorectal Surgery at Lahey Clinic and Minneapolis University Hospitals, USA in 1984.

He is currently the Secretary General of the National Ethics Committee, and Director of the Medical Ethics and Bioethics Teaching Program at the UOB, Vice-Chair of the National Committee for Palliative Care, and Chairman of the Research Ethics Committee (IRB) at the University of Balamand. His professional activity is in General and Colorectal Surgery at Saint Georges Hospital- UMC, Beirut, Lebanon.

He is a past president of the Lebanese Society for General Surgery, past president of the Lebanon Chapter of the American College of Surgeons, and currently Associate Editor of the Lebanese Medical Journal.

He has more than 115 scientific publications and presented more than 125 lectures as invited speaker in international congresses. Many of these publications and conferences address Surgery, Professional articles, Medical Ethics and Bioethics issues, and Palliative Care.

He is also invested in Cancer Control through his activity in the Lebanese Cancer Society, and in the development of Pain Relief & Palliative Care in
Lebanon. He has received an Award of Appreciation from the American Cancer Society for his commitment to the global control of cancer.

He is mainly interested in General and Colorectal Surgery, Breast Cancer management, Cancer Control, Palliative Care, and Medical Ethics and Bioethics Education.

Medical progress and improved patient care depend on innovative and vigorous research. The basic principle of research is honesty, which must be assured by institutional protocols. Honesty and integrity must govern all stages of research, from the initial grant application to publication of results.

A traditional approach to vulnerability in research has been to label entire classes of individuals as vulnerable. Different characteristics may also co-exist, making some individuals more vulnerable than others. This is highly dependent on the context.

Recommendations to research on vulnerable populations is reported in 3 international documents published by the WHO and UNESCO. These recommendations are reviewed in this article. Local control through National Ethics Committees and regional control through the Research Ethics Review Committee (RERC) of the EMRO are currently active in the MENA countries. A special attention of these institutions is done to the ethical issues of research on vulnerable groups or populations in this area.

10:45-11-30 Language Barriers Mavi Hall

Moderator İbrahim Giritlioğlu

The Akel Project: an Accelerated Educational Program for Syrian Dropout Students.

Safiah Olabi

Perceived Language Barriers According to Syrian Refugees Accessing Two Hospitals in Ankara

Reshed Abohalaka

Traduttore Traditore?: The (Un)Availability of Interpretation and Translation Support Services in Healthcare for Syrian Refugees in Turkey

Şebnem Köşer Akçapar

Gizem İdrisoğlu Dursun

11:00-12:00 Workshop Seminar Room 1

Moderator Hesham H. Ali
On Deploying IT Infrastructures and Mobile Technologies to Address Healthcare Challenges in Refugees’ Communities

Hesham H. Ali

College of Information Science and Technology
University of Nebraska at Omaha

Hesham H. Ali is a Professor of Computer Science and Lee and Wilma Seemann Distinguished Dean of the College of Information Science and Technology at the University of Nebraska at Omaha (UNO). He also serves as the director of the UNO Bioinformatics Core Facility that supports a large number of biomedical research projects in Nebraska. He has published numerous articles in various IT areas including scheduling, distributed systems, data analytics, wireless networks, and Bioinformatics. He has also published two books in scheduling and graph algorithms, and several book chapters in Bioinformatics. He has been serving as the PI or Co-PI of several projects funded by NSF, NIH and Nebraska Research Initiative in the areas of data analytics, wireless networks and Bioinformatics. He has also been leading a Research Group that focuses on developing innovative computational approaches to model complex biomedical systems and analyze big bioinformatics data. The research group is currently developing next generation big data analytics tools for mining various types of large-scale biological and medical data. This includes the development of novel correlation networks approach for analyzing large heterogeneous biological and health data associated with various biomedical research areas, particularly projects associated with infectious diseases, microbiome studies and aging research. He has also been leading two projects for developing secure and energy-aware wireless infrastructure to address tracking and monitoring problems in medical environments, particularly to study mobility profiling for advancing personalized healthcare.

Victoria Rakowski

Victoria Rakowski is a nurse and past Chief Operating Officer of the American Cancer Society Great Lakes Division. Her 27 year tenure with ACS included both strategic and staff management oversight for all programs including prevention & detection, advocacy, quality of life and health equity.

She has extensive experience working with Middle East populations, both in Michigan and in the Middle East. Her trips to the Middle East include Jordan, Palestine, Turkey, and Egypt, for the purpose of addressing public health issues in that region, focused on the development of programs that would reduce the use of tobacco and provided leadership for training in community cancer education and outreach in the areas of breast and cervical cancer screening. She also served as member of both the Steering and Scientific committees for the International Biennial Health Conferences for Arabs. This conference was held with participants from throughout the US and representatives from the majority of Arab countries. The conferences were conducted to highlight the particular public health issues that were seen in the Middle East as well as in Arab Americans populations.

She has extensive expertise and experience in community organization as demonstrated through various leadership roles, all focused on both cancer research and community interventions. She served as Chair of the Michigan Biotrust Advisory Board in a leadership role that addressed research utilizing banked biological materials. As a result of this group’s work, Michigan evolved into a model state for its work on transparency and informed consent standards. She also served as Chair of the Michigan Cancer Consortium, an
It has been argued by many academic researchers, industry leaders and political leaders that Information Technology (IT) as a growing emerging discipline constitutes the greatest driver of social good in our age. With the increasing impact of IT penetration in many aspects or our daily life, success or failure of initiatives in various domains often depends on how information technologies are properly integrated in the implementation of such initiatives. In the context of how to support refugees in the MENA region, particularly in the domain of public health, there are many current and future activities and initiatives that would benefit significantly from employing advanced IT tools and instruments. In particular, access to public health services and facilities can be significantly enhanced using advanced employment of mobile technologies and IT infrastructures. For example, having secure mobile public health passports for refugees would allow their healthcare providers to have up-to-date immunizations and vaccination records for children to make it possible to maximize the use of available resources and provide the best possible medical care. Another example may be related to having access to online training in new medical advancements would make it possible for doctors and nurses to receive much-needed training that may not be otherwise available for their medical facilities. There are numerous opportunities to utilize the recent evolution in digital technologies in providing global yet customized health management for refugees in the MENA region and across the world.

The proposed workshop has two main goals. The main goal is to provide the participants with examples that highlight how IT solutions can address the challenges facing public healthcare among the refugees’ communities. In addition, the workshop will provide an opportunity for domain experts to share their main challenges and identify their priorities in meeting such challenges. This is particularly critical since the IT community needs to better understand the urgent need of refugees and healthcare providers in their communities. The combination of a panel and a group activity is designed to meet the dual goal of the workshop and produce a specific action plan on how IT infrastructure and mobile technologies can be used to address the main challenges facing public health among refugees in the region and across the world.

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**Psychological Effects of War and Refugee Experience on Syrian Refugees in Turkey**

Cengiz Kılıç  
Edip Kaya  
Özge Karadağ Çaman  
Özlem Şeyda Uluğ

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Immigrants’ Space: A geographical and Sociological Analysis of Syrian Immigrants’ Settlement Patterns in Gaziantep

Sinan Tankut Gülhan, Assist. Prof.

Department of Sociology, Gaziantep University

Göç ve Mekân: Mimari Sınırılar ve Estetik Potansiyeller / Migration and Space: Architectural Boundaries and Aesthetic Potentials

Gökhan Gökgöz, Assoc. Prof.

Gaziantep Üniversitesi, İletişim Fakültesi, Gazetecilik Bölümü

Göç konusunun, Türkiye’nin de bir parçası olduğu Ortadoğu coğrafyasının önünde yarım yüzyıla şekilde veren temel bir başlık olduğu söyleyebilir. Bu konuya yakından bakmak, yalnızca iktisadi ve kültürel saiklere bükülen kolaycı genellemelerin uğramak, iç güvenlik marifetiyle yerli toplumsal öznelere olan bir tehdit olarak algılanmasının önüne geçmek ve bu bağlamda herkes için daha yaşanılabilir, çok kültürli bir kent imgesini büyütme ve bu bağlamda kültürlerarası iletişim ve göç sosyolojisinin kütüphanesine dahil edilecek biçimde göçmenleri dönüş bir mekân politikasının içermelerini ortaya koymaya çalışacaktır.


Anahtar Sözcükler: İletişim, Mekân, Kent, Dil, Kültür.

SPARK and the Pathway from Education to Employability

Ceren Genç

Senior Higher Education (Innovation) Expert, SPARK
Düzensiz Göçmenlerin Entegrasyonunda Stk’ların Rolü / The Role of NGOs in the Integration of Irregular Migrants

Turgay Aldemir


Kurucu olugu Bülbülzade Vakfı ve Anadolu Platformu Yönetim Kurulu Başkanı olarak hizmetlerine devam etmektedir.

İnsanlık tarihin en eski yerleşim yerlerinden biri olan Anadolu toplakları aynı zamanda dünyanın en önemli göç yöylerinden biri olma özelliğini birleceğiyledir korunmuştur. İslâm dininin bu topraklara hakim olmuşsyla beraber, bu topraklarda gerek gelip geçen kervanlara gerek yaşamak bir parça toprak arayışına köklü vakıflar, dernekler, tekkeler yol göstermiş, ellerinden tutmuşlardır.

Bu gelenek günümüz kadar devam etmiştir, bu toplaklarda ne geç geçene yardım edecek bir el, bir kurum. Bu çerçevede günümüzde de isimlerini ister göçmen isterimmelaci istese geçici korma altındakiler diye adlandırların, bu insanların ensar-muhacir ilişkili içerisindeki olup etkili bağımsız kitaplarıyla, dernekleriyle, düşince kuruluşlarıyla vs. örgütlere sivil toplum kuruluşları hep en önede olmuştur.

Suriye iç savaşıyla birlikte ülkemizde büyük bir genetik devastasyonun gerçekleşmiştir. STK’lar doğal olarak başlarda daha çok göçmenlerin yeme-içme, barınma,四个意识takı hizmetleri gibi birincil ihtiyaçları ile ilgilenmiştirler. Sürücün ilerleyen zamanlarda ise bu birincil ihtiyaçların yanında “sosyal uyum” gibi uzun vadeli faaliyetlerle ilgilenme ihtiyacı hastalıktır olmuştur. Türkiye’deki birçok STK’da çählençizmek olarak hizlica da konuda da planlamalar yapmış, projeler geliştirilmiş ve saha çalışmalarına başlamıştır.

STK’lar geçen süre zarfında sadece tek başlarına hareket etmemiş, çeşitli kamu kurum ve kuruluşlarıyla entegre bir biçimde faaliyetlerini sürdürmüşler. STK’lar bu süreçte sadece sahada işleri yürütüme yardımcı değil aynı zamanda planlama ve uzun vadeli strateji geliştirmede de etkin rol oynamışlardır. Bu bakımdan göçmenlerin entegrasyonunda STK’lar dün ve bugün etkili oldukları gibi yarın da etkili olamaya devam edeceklerdir.
Analysis of 193,618 Trauma Patient Presentations in War-affected Syria from July 2013 to July 2015

Anas Al-Kassem

Results of a Nationwide Capacity Survey of Hospitals Providing Trauma Care in War-Affected Syria.

Anas Al-Kassem

Evaluation Effect on Utilization Health Care Services of Immigrants

Mehmet Korkmaz
Shifting Emergency Health Services to Health Systems in the Humanitarian Context—Pilot Programming in North Syria

Mahmoud Abdulbaki

The Challenges of Transitioning Humanitarian Health Services to Health Systems: Experience from Northern Syria

David Collins

Management Sciences for Health and Boston University School of Public Health.

David Collins is an economist and accountant with over 30 years of experience in international health and development projects, including working as resident health care finance advisor to the Ministries of Health of Kenya and South Africa. He works for Management Sciences for Health, based in Massachusetts, USA, and is also an Adjunct Associate Professor at Boston University, where he teaches health care finance. He provides technical assistance and training to developing countries in all areas of health economics and finance. This includes the development and use of costing tools for modeling integrated packages of hospital, health centre and community services, as well as for modeling vertical program costs, such as for TB, family planning and malaria. Recent modeling includes the costing and cost-effective analysis of seasonal malaria chemoprevention interventions in Africa, the costing, financing, bottleneck and impact analysis of community health services for UNICEF, and the costing of health service packages in Egypt, northern Syria, Afghanistan and Uganda. Prior to joining MSH he was a program director for Save the Children UK in Bangladesh and Guatemala responsible for the development and management of health projects. When not hunched over spreadsheets he is a lifelong fan of Manchester City Football Club and enjoys walking, biking, weight-training, street photography and eating simple food with good red wine.

In northern Syria, the World Health Organization (WHO) has worked with the northern Syria Health Cluster (comprised of many NGOs and donors) to develop an Essential Health Services Package (EHSP) and to support the creation of an NGO service delivery network with a rational distribution of services and a functional referral system. This is expected to result in improvements in access and quality and cost-efficiency and to provide a platform to transition the humanitarian aid services to a component of a larger health system when political and security situation is stable. To achieve this goal it is essential to plan and structure the system well and to estimate the costs so that cost-efficiency can be achieved and so that sufficient financing can be obtained.

Data were collected from the NGOs involved in the network on numbers and types of services provided, staffing and costs. A planning and costing tool was used to model the services and costs for each of the participating clinics and the data were reviewed and validated with the NGOs.

During the pilot phase the network served 202,359 beneficiaries and provided immunization services to 35,033 children. Following the successful pilot, the network was expanded from 10 to 28 facilities and served 543,546 beneficiaries and provided immunization services to 89,724 children.
An analysis of the main Community Health Centre found that in 2017 it provided 41 of the 69 service types in the essential package and provided 61,528 services (2.37 per capita) with 57% being preventive services. The total funding needed for the year was USD 751,749, with an average of USD 12.22 per service and USD 28.91 per capita, which was much higher than the funding that they actually received. The most used service was gynecological counseling, followed by family planning counseling, and antenatal and post-natal visits. Most treatments were for upper respiratory infections, gastrointestinal diseases, and skin diseases. The highest cost program was NCDs at USD 358,484, followed by reproductive health at USD 256,181. The service with the highest resource needs was diabetes (USD 86), followed by cardiovascular disease (USD 61).

The essential package of care is not being fully provided or utilized, partly because of provider constraints and access challenges and partly due to funding limitations. NCD treatments are more common in northern Syria, and the package is costly as a result. A challenge is prioritizing the services taking into account the constraints and funding limitations.

Significant improvements can be made in access and quality to humanitarian aid health services if NGOs can work together in networks. However, services must be tailored to meet the health priorities and must be prioritized when funding is insufficient.

Integration of Humanitarian and Protection Services across the Continuum of Care in Syria

Amany Qaddour

Managing Migration to Northern Syria in the Seventeenth Century

Muhsin Soyudoğan, Assist. Prof.

Department of Sociology, Gaziantep University

In the mid-Seventeenth century northern Syria (including the South East of Turkey) underwent a great wave of migration. Newcomers from the south radically changed the social pattern of the region. As a measure the Ottoman state forced some tribes to migrate the region to create a counterbalance against them. The move did not alleviate the problem created by migration rather aggravated it. It created a decades-long headache for the state.

Lousanne Treaty and Immigtration

Mehmet Biçici, Assist. Prof.

Department of History, Gaziantep University
The Ottoman State’s Forced Displacement of Tribes to the Northern Syria

Murat Çelikdemir, Assist. Prof.
Department of History, Gaziantep University

An Analysis of the Referendum as a Practice of Direct Democracy

Gül Ceylan Tok, PhD
Kocaeli University

In 2018 the Republic of Ireland has voted overwhelmingly to overturn the abortion ban and in 2016 the UK citizens decided to leave the EU by a slight majority. There has been a growing trend for utilizing different mechanisms of direct democracy such as popular initiatives, referendums, and plebiscites. Referendums have been held on a broad range of issues in Catalonia, Australia, California, Berlin, the United Kingdom and Turkey. Holding a referendum does not create much controversy in countries like Switzerland since referendums have become a regular part of the state process. In other countries such as the UK, the Brexit referendum has raised doubts about whether referendum is a practice strengthening democracy.

Although referendum has become a popular practice, it remains much understudied. Altman puts these initiatives into two categories: citizen initiated and top-down initiatives. This paper seeks to analyze the impact of referendum on democracy. By focusing on the Brexit referendum, the paper aims to analyze the impact on the politicization of migration on democracy during the referendum process. Following questions will be investigated in the paper? What are differences between citizen initiated and top-down initiatives? What is the impact of post-truth on the referendum processes? Under what circumstances a referendum would contribute to the democratization or de-democratization of a political system?

The Effects of Syrian Asylum Separators on the Labor Market and Their Effectiveness

Gülten Nazlıcan Amasyalı

Risk Toplumunda Yeni Terör ve Göç / New Terror and Migration in Risk Community

Mine Bolatlı

Uzman Sosyolog, Mersin Üniversitesi Sosyal Bilimler Enstitüsü, Sosyoloji Anabilim Dalında Yüksek Lisans (MSc) yaptı. Çukurova Üniversitesi Bağımlılık ve Adli Bilimler Enstitüsü, Adli Bilimler Anabilim Dalı Doktora (PhD) Öğrencisi

Günümüz toplumunu Ulrich Beck ortaya attığı “risk toplumu” kuramı ile günümüz toplumlarının karşı karşıya kaldığı riskleri dikkate alarak sanayi öncesi toplum için eski ve günümüz post-modern toplum için yeni risk ayrımı yaparak sorunlara çözüm önerileri getirmektedir. Bu risklerden biri olan terör olgusu, risk toplumuna
özgü “yeni terör” olarak farklı boyutları ile karşımıza çıkmaktadır. Günümüz en büyük risklerinden biri olan, küreselleşme ve teknolojik gelişmelerle bir örümcek ağı gibi tüm dünyaya yayılan yeni terör beraberinde uluslararası düzeniz göç olusunu getirmiştir. Risk toplumunda giderek artan belirsizlikler, insanlığın karşısına çıkabilecek kitlesel yok oluş senaryoları, toplumun değişen kaotik yapısı ve özellikle terörün oluşturduğu kitlesel düzeniz göç dalgası çoğalmıştır. Düzensiz göç hareketleri, göç alan ülkelerde ekonomik, sosyo-kültürel, siyasal, etnik, psikolojik, pek çok toplumsal sorunlara neden olmaktadır. Bu çalışmanın temel amacı, küresel bir boyut kazanan terörün etkisiyle son yıldarda dünya toplumlarının etkileyen düzeniz göc olusu sosyolojik bağlamda sosyal, kültürel, ekonomik ve siyasi boyutları geniş literatür taraması yaparak betimleyici yöntemle ortaya konmaya çalışılmıştır.

**Turkey-Syria Border under the Border Security**

*Serap Aksoy*

**13:30-14:30 Panel**

**ATATÜRK CONFERENCE HALL**

**UNHCR in Turkey**

**UNHCR Gaziantep Office**

**13:30-14:30 Panel**

**Seminar Room 1**

**The Lancet-AUB Commission on Syria leads the establishment of the “Global Alliance on War, Conflict and Health**

*Iman Nuwayhid*
Professionalism in the Medical War Zone

Maher Saqqur
A. Al Kassem
Z Alissa
D. Dardari
H. Al Nahas

Syrian Refugees in Jordan: The Challenges of the Integration

Valentina Napolitano
Jalal Al Husseini


Rania Fayiz Abu Ramadan

Professor Rania Aburamadan graduated in 1998 with a First Class Honours degree in Architectural Engineering from Applied Science University in Amman Jordan. She worked as a Designer, Construction Site Engineer and as a graphic designer before undertaking Master degree in Urban Design at the Jordan University, Amman- Jordan in 2004. After which was followed by a period as a Senior Lecturer in Architectural department in Jordan University and Petra University and as a referee for graduation projects and other architectural design courses in several universities. On completion of her PhD in 2017, she joined to University of Petra as assistance professor in sustainable development specialist, and extensively design projects with students in several categories and levels. She was involved in a wide range of civil and structural engineering projects as an Engineer/Senior Engineer. She is a part of number of committees and has been on the working with number of grants and projects (HOBES, Jean Monnet Network, Erasmus- Un-Habitat and other national agencies). Her research interests are in the fields of sustainable management and development, and refugees studies, design science methodology, urban planning and collaborative communications. She works
This paper discusses the ability of using design science as method to build architectural specifications that support refugees’ shelter in camps. Design science study stands on creating something new of general interest to solve a practical problem. Accommodating refugees in camps is extremely challenging for organizations and local government. Differences of local environment and social context are other key factors of establishing refugees’ shelter with taking into consideration time limitation. The paper aims to develop architectural specifications a new opportunity of developing architectural specifications for establishing refugees’ shelter by using design science.

The Al Za’atari camp is conducted as case study as strategy within design science activities that distribute between five stages; explicate shelter design, outline design requirements of shelter, develop, demonstrate and evaluate architectural specifications. In depth and structured interviews with refugees, professionals and non-government institutions (NGOs) are techniques of data collections to achieve paper aim, which are supported by deep understanding of constructivism stance.

The rational of paper is using design science process in architectural design field which is dissimilar than recent process by iteration cycle to acquire a shelter for refugees in camps. The recent process has less attention of understanding refugees’ shelter as solution oriented which is showed by iteration flexibility of design science method, in addition such iteration is being a unique connection of activities comparing with traditional method.

The paper highlighted a unique approach of design science and developing specifications architectural which is formulated by filling the gap between recent previous practices, users’ needs and non-government organizations which is totally uncover in recent refugees’ shelter solutions.

**14:45-16:00 Adaptive Services**

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**Avrupa’nın Suriyeli Göçmenlere Yönelik Biyopolitik Rejimi: Söylem ve Ötekileştirme / The Biopolitic Regime for European Immigrants: Discussion, Experimentation**

Selim Bozdoğan

Doktora, Harran Üniversitesi, Sosyal Bilimler Enstitüsü, Siyasi Coğrafya

Determinants of Intended Return Migration among Refugees: A Comparative Assessment of Syrians in Turkey versus Germany

Nawras Al Husein

International Institute of Social Studies, Erasmus University Rotterdam, The Hague, The Netherlands

Natascha Wagner

International Institute of Social Studies, Erasmus University Rotterdam, The Hague, The Netherlands

The study assesses the extent to which Syrian refugees intend to return to Syria given the economic, institutional and cultural differences between their country of origin and the host country. We develop a simple theoretical model about return migration to identify the trade-offs faced by refugees suggesting that preferences for consumption at home are a pull factor as is a higher purchasing power. Institutional and administrative hurdles in the host country might decrease the perceived security in the host country. Empirically we assess these predictions with a sample of 577 Syrian refugees living in Turkey and Germany. Along with the contextual determinants we identify the socio-economic aspects of their intended return migration. Moreover, we assess whether random exposure to positive information about support or negative facts about Syria impacts on their decision-making. Our findings show that the end of the war is not reason enough for people to return. The decision to return is heavily vested in the reality of life in both the host and the home countries. We establish important location-specific findings: Refugees in neighboring countries like Turkey are more likely to indicate their willingness to return compared to those further away in highly developed countries such as Germany. Importantly, economic incentives for repatriation do not seem to influence the return decision whereas information can play a role. The research highlights that similar to migrants, refugees carefully gauge the economic, institutional and cultural aspects of return migration. If large scale return migration is desired, we do best in listening to the voices of the refugees themselves since they have very clear ideas what would make returning worth the effort.

Yerel Gazetelerin Suriyelilere Yönelik Negatif Tutum Yaratmadaki Rolü: Gaziantep Pusula Gazetesi Örneği / The Role of Local Newspapers in Creating Negative Attitudes Towards Syrians: The Case of Gaziantep Pusula Newspaper

Ümrân Açığöz, M.A.

Department of Sociology, Gaziantep University

An Evaluation on the Refugee Crisis between Turkey and the European Union

Abdulhalik Pınar

Sedat Benek, Prof. Dr.

Harran University, Department of Geography

The Social Adaptation of Immigrants: The Multicultural Citizenship

Tanzer Çeliktürk

Specialized Mental Health Services for Syrian Refugees in Lebanon: Perceptions and Experiences of Practitioners and Refugees

Hala Kerbage

Saint-Joseph University, Faculty of Medicine, Department of Psychiatry

Hala Kerbage, Medical Doctor, is a Beirut-based psychiatrist and researcher. She holds a masters in ethics from Jean Jaures University, in Toulouse, France. Dr Kerbage works as a clinician at the Psychiatry Department of Hotel-Dieu de France Hospital and is an instructor at the Faculty of Medicine, Saint-Joseph University in Beirut. She has more than five years ongoing clinical experience as a consultant psychiatrist for local and international NGOs working with refugee populations in Lebanon and is currently a consultant for International Organization of Migration. She is a member of the Legal Agenda Organization and took the lead in the amendment of the Lebanese mental health draft law currently submitted to Parliament. Her main area of research is mental health in the context of adversity and its relation to social justice. She has participated in research projects with International Labor Organization and World Health Organization exploring the experience of foreign domestic workers and the LGBT population in Lebanon. She is currently involved in three research projects exploring the experience and perceptions of Syrian refugees and humanitarian workers regarding mental health and illness in displacement.

The situation of Syrian refugees in Lebanon is highly precarious and contributes to heightened social and mental health problems. To our knowledge, there are no data on the experiences of Syrian refugees attending a mental health service, including perceptions of the diagnosis, explanations of mental health difficulties and attitudes towards the services. This understanding of the experience of refugees as well as the challenges encountered by professionals may help practitioners develop therapeutic relationships and design contextually appropriate mental health interventions. **Methods:** We explored the perceptions and experiences of sixty practitioners/policymakers and twenty-five Syrians involved in clinical mental health services for refugees in Lebanon, from April 2016 to March 2017, including their explanations of the Syrians’ mental health problems, sources of distress, and challenges encountered in the therapeutic setting, using semi-structured and in-depth interviews. **Results:** Our findings reveal that refugees view their distress as a normal shared reaction to adversity
and a result of a build-up of pressure, while most professionals perceive it as symptoms of mental health disorders. Professionals view the Syrian culture as an obstacle to care provision, and prioritize educating refugees about mental health conditions. Policymakers justify the use of short-term clinical interventions by the emergency context, while Syrians request community interventions and consider resettlement in a third country as the only solution. The therapeutic relationship is threatened at times by mistrust, since refugees resort to changing narratives as an adaptive mechanism in response to the humanitarian system, while professionals consider those actions manipulative. **Discussion:** Our findings suggest important implications for practice and policy. In line with a large body of evidence, we found that economic and psychosocial stressors related to ongoing displacement are perceived by Syrians as being the main sources of suffering, rather than war events. The interaction of these stressors is described as leading to a build-up of “pressure چشام”, resulting in emotional difficulties. The cause of mental health issues is therefore placed on external circumstances, rather than internal dysfunction or disease. The attribution of responsibility to external events, along with a shared sense of social suffering may explain reduced mental health stigma among Syrians in our study. These results suggest a value for avoiding using psychiatric labels by practitioners at all levels of the Inter Agency Standing Committee pyramid. Additionally, training sessions to develop awareness about the concept of culture as a dynamic system of meaning and practices which responds to changing environments might help practitioners gain an in-depth understanding of the concept of culture in general, and the Syrian culture in particular. Further, the issue of “lying” appeared as a source of mistrust between practitioners and refugees. Lying seems to have an adaptive function for refugees facing paradoxical requests from the humanitarian and governmental system, and the position of extreme dependence on the aid they receive, which makes them suspects and forces them to play with their representations of self. Finally, our findings suggest the need to include a community psychosocial component in clinical mental health services for refugees in Lebanon, through the implementation of sustainable community programs. Evidence is emerging in favor of community interventions that create new social roles and increase refugee involvement in the design and implementation of psychosocial programs. This community ownership of projects may help overcome the effects of structural inequalities, and promote social justice while responding to the perceived needs of refugees, therefore preventing emotional difficulties warranting a clinical service.

**Disability Status, Physical Rehabilitation and Mental Health Needs of Refugees Living in Four Cities in Turkey (İstanbul, Gaziantep, Kilis, and Reyhanlı)**

Ammar Hasan Beck  
Ahmad Sheikhani  
*Relief International*

Turkey hosts 3.6 million Syrian refugees. Access to health care is difficult with inadequate awareness of available services, language and insufficient cultural sensitiveness representing the main barriers. The burden on expenditures by the mental and psychological consequences of conflict/displacement is high; and war injuries and poor management of chronic conditions have left many refugees with disabilities. Anxiety, grief and social isolation are prevalent in people with disability.

Utilizing a mix methods approach RI has measured prevalence of disability among Syrian refugees in four cities in Turkey to evaluate refugees’ health security status and needs. Disability, MH issues including anxiety and depression were calculated through the Washington Group questions and key informant interviews.

RI plans to present results from four needs assessments and the trends on MH and PR in the centers currently supported in Turkey. Results showed a higher disability prevalence than WHO estimation (15%), with a pick (28%) in Reyhanlı. Prevalence of physical impairments and MH disorders was higher in Istanbul (19%), the south showed higher depression and anxiety. Istanbul and Reyhanlı had the highest ratio of disability related to war. Despite the needs, the percentage of refugees not accessing services was high in Istanbul (20%) and Kilis (24%).

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Results demonstrate the burden of MH and disabilities among refugees and documenting needs will serve for advocacy purposes to establish inclusive services.

**Acculturation, Social Support and Mental Health Outcomes Among Syrian Refugees in Germany**

**Molly Green**

Molly Green is a PhD Candidate in Health Behavior and Health Education at the University of Michigan School of Public Health. She has a Bachelor of Arts degree in International Development Studies and a Minor in German from the University of California Berkeley, and a Master of Public Health degree from the University of Michigan School of Public Health. Prior to her doctoral studies, Ms. Green served as a Peace Corps Volunteer in Health Education in Morocco from 2011-2013, where she learned Arabic and some of the fundamentals of community health work. After her service, Ms. Green worked for John Snow, Inc. on multiple USAID-funded international health projects. In the doctoral program, her research is focused on the effects of the social environment on mental health. She uses both quantitative and qualitative methods to explore issues of discrimination and acculturation and their relationship to mental health among migrant populations from the Middle East and North Africa in the US and in Germany.

**Elizabeth King**

University of Michigan School of Public Health, Department of Health Behavior and Health Education, USA

**Florian Fischer**

Fakultät für Gesundheitswissenschaften, Universität Bielefeld, Germany

Since 2015, the number of Syrian refugees in Germany has risen to around 700,000. This population is managing acculturation and mental health issues. There is a lack of research with this group and much is focused on acute medical concerns or mental health outcomes without considering acculturation or protective factors. We tested the hypothesis that the amount affiliation with Syrian culture would relate to the amount affiliation to German culture, and that both of these would impact mental health outcomes and be moderated by the amount of social support reported.

**Methods**

May-July 2018, we conducted a cross-sectional study of 97 Syrian refugees in Germany who arrived after 2014. We used measures of acculturation, social support, depression and well-being that had been validated with Arabic-speaking populations. We ran regression models, two with depressive symptoms as the outcome and two with well-being as the outcome. To account for the possibility of a combined effect of the two parts of acculturation, we created an interaction term. The main-effects models included acculturation and social support as predictors, with depression or well-being as the outcome, controlling for age and gender. The interaction models of each included social support and an interaction term of acculturation (affiliation with Syrian culture and affiliation with German culture).

**Results**

In the main-effects model for well-being, affiliation with German culture was positively associated (p<.001) and social support was negatively associated (p<.001). In the main-effects model for depressive symptoms, only social support was statistically significantly and positively associated (p<.01). In the interaction model for well-being, social support was negatively associated (p<.001) and the interaction term of affiliation to Syrian culture and affiliation with German culture was positively, statistically significantly associated (p<.001).
In the interaction model for depressive symptoms, social support was positively associated with the outcome (p < .01). We tested the same interaction term in this model, though the relationship was not statistically significant. The models of well-being had the best fit and strongest predictive power of all four models.

Discussion

The results of our study build on previous research in Germany. In the main-effects model for depressive symptoms, both measures of acculturation were positively correlated with the outcome. It may be that the stress of acculturation increases depressive symptoms or builds on other mental health issues. Higher levels of social support were associated with lower levels of well-being and higher levels of depressive symptoms. This finding does not support our original hypothesis and could mean that those with more social support are more connected with people back home. These findings could also reflect a reverse causality, and those with worse mental health are looking for more support. This study provides important insight into acculturation and depressive symptoms among an important refugee population in Germany.

Access to Resources as a Human Right

Stephanie J. Nawyn

Sabri Belgacem

President of the Tunisian Association for Defending the right to health and former state minister for migration and social inclusion

Presently head of the Tunisian association for defending the right to health and free-lance consultant in public health, health systems and health economics and health care financing. Former state minister for migration and social inclusion and former director of health system development at WHO EMRO.

Served as public health physician for about 16 years at various levels of Tunisian health system as general practitioner, medical inspector, regional director of public health and as director of planning and research. He was a founder member of the Medical Association Tunisia Palestine in support of medical relief to Palestinian refugees in Lebanon during the eighties and nineties.

After his national career, he moved to WHO EMRO as a staff member for two decades. The first ten years as regional adviser in health policy, strategic health planning and health economics and health care financing. During the second half of his WHO career he served as director of health systems development and strengthening.

Got his MD from the faculty of medicine of Tunis, his MPA in public health and public administration from Kennedy School of Government at Harvard University and his MA in economics from Boston University. He is honorary member of the UK Royal College of Public Health Physician since 2005. He is a member of several scientific societies in public health.

The right to access to resources of migrants and refugees in Tunisia refers to the 1951 convention and to 1967 protocol in the absence of a national legislation on asylum seeking and refuge. Despite political will since the 2011 revolution of freedom and dignity, several gaps remain in securing appropriate access to necessary
resources particularly in relation to rights to residence, housing, work and social and health services. Civil society organizations in collaboration with progressive political parties and unions are trying to advocate access to human rights for migrants and refugees in Tunisia and to harness regional and international solidarity in support of their human rights.

Tunisia was a transit country till 2011 when important regional political changes have started in some countries of the region including Libya and Syria as part of the so called Arab spring. The main flow of Libyan migrants and refugees has occurred early 2011 with more than 2 million Libyans and expatriate workers from several countries. Registered Syrian refugees with UNHCR form about 6000 and there are presently hundreds of refugees and migrants from Palestine and some sub Saharan African countries.

Services rendered to migrants and refugees are provided by line ministries including social affairs, education, military and health and by NGO including red crescent and other CSO working in humanitarian fields. UNHCR and other UN agencies including the International Organization of Migration and ILO are playing advocacy role in support of migrants and refugees while providing access to some services.

Despite the protection of the human rights of refugees and migrants in the progressive post revolutionary constitution, important gaps in access to resources are being documented through surveys and other means and are mediated in the press by several CSO. The development of appropriate national legislation in line with human rights promoted by the constitution, is not moving in appropriate pace and is being resisted by government bureaucracies. The establishment of a national autonomous authority on migration and refugee, promoted still 2012 is still in the making.

The situation has worsened with increase in human trafficking related to non documented migrants in the Mediterranean as reflected in the reports of the Tunisian Authority on Human trafficking. Efforts are being made to support development of national legislation on migration and refugee in line with international standards on human rights and to promote regional collaboration and solidarity in support of human rights of refugees and migrants in Tunisia.

A. Athamneh
Stephen Gasteyer
### Education of Syrian Students in Gaziantep

**Gaziantep Provincial Directorate of National Education**

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<tr>
<td>15:30-16:30</td>
<td>Video Session</td>
<td>Seminar Room 2</td>
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<td>Moderator</td>
<td>Yahya Kayali</td>
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### The political economy of healthcare in conflict context- a case of Syrian refugees in Lebanon

**M. Fouad Fouad**

### Deliberately Engaging Communities in Decisions about Resources (DECIDERS)

**Susan Goold**

### International Aid for Refugees: The Case of Syrian Refugees

**Syyna Taha**

### The Self-reliance Strategy in Refugee Assisting Programs in the United States: Reflecting on the Experiences of Syrian Refugee Women Arrived in Michigan

**Leila Asadi**

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<tr>
<td>16:00-16:45</td>
<td>Workshop</td>
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### Preparing for the unknown: international efforts in enhancing the National and International Public Health and Hospital Preparedness for Highly Communicable Infectious Diseases Outbreaks

**Wael ElRayes, MBBCh, PhD, FACHE**

*Department of Health Services Research and Administration College of Public Health, University of Nebraska Medical Center*
Dr. ElRayes is a faculty at the Department of Health Services Research and Administration at the College of Public Health, a member of the Global Center for Health Security, the Project Manager for the federally funded Training, Simulation & Quarantine Center (TSQC), and the Director of Evaluation at the National Ebola Training and Education at the University of Nebraska Medical Center. Over his 20 years of service Dr. ElRayes previously served as an officer physician in the Egyptian Ministry of Interior and held various leadership positions in national, international, and multinational health care organizations and projects. He served as the Assistant Undersecretary for the Ministry of Health and Population in Egypt, the Technical Coordinator and Deputy Manager for the National Health Insurance Project for Egypt, and the Central Coordinator for the Health Sector Reform Project (HSRP). Dr. ElRayes has an extended experience in hospital and health care system management, assessment and evaluation, and project management for projects funded international organizations including by the World Bank, The European Union and USAID.

Dr. ElRayes also serves as the President of the Board of Directors of the Nebraska Fulbright Chapter and on the Advisory Board of the regent of ACHE of Nebraska and West Iowa.

Dr. ElRayes carries many degrees among them a PhD in Health Services Research and Administration, Fellowship of the American College of Healthcare Executives (FACHE), Global Health Hygiene Strategy, Human Resources Management, and Healthcare and Hospital Administration.

Nada Melhem
Thursday, October 17/ Perşembe, 17 Ekim 2019

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<td>9:00-12:00</td>
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<td>9:00-12:00</td>
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<td>9:00-12:00</td>
<td>Final Conclusions (45 min)</td>
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<tr>
<td>12:00</td>
<td>Lunch</td>
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<tr>
<td>13:00</td>
<td>City Cultural Tour with Lunch by invitation only</td>
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