Stadsronde 18 februari: refugees

Deelnemers: 5 Syrische asielzoekers.

tafeldame: Heba Mhahe

notulen: Mohannad Altabban (Consultant Syrian Community Organization, the Netherlands)

What do you do when you are sick?

- Take appointment with the doctor.
- If the sickness is just regular then I don't go, they will just give paracetamol. We have to treat ourselves not go to the doctor.
- The treatment here is not good
- Two years in urinary tract infection, no treatment, you have to live with the pain.
- In the camp I went to the doctor for blood test, the doctor didn't give me answers and that made me worry.
- Routine medicine is killing us, beaurocratic procedures are very time consuming, 15 minutes on the phone to take my details. My daughter had a cut in her hand and they spent too much time on the phone to take my details.
- Headache, simple cut, flu symptoms are simple symptoms that doesn't need medical attention. We have to evaluate ourselves before going to the doctor.

What are you experiences with healthcare?

- Some cases we found very nice treatment, my wife got pregnant and she was followed from day one of the pregnancy very closely and I was very happy. But my son, they called me from school and told me that he lost his finger nail. I found them putting his finger under the water. I took him to the huisarts. He was very cooperative and he sent me immediately to the hospital. They scared me there and wouldn't give me any information but he was ok.
- I went to the hospital. Medicine here is very good in terms of quality. But also time consuming. 45 minutes till the emergency car arrived and the police arrived. They asked me tons of questions: was he driving fast? Does he take any medicines? Did you see him fall? Were you here at that time or did you arrive later? Please treat him before asking me questions. The ambulance arrived and also repeated the same questions, it was unpleasant and scary, they should carry him and then ask questions.
- I took too much paracetamol by mistake, 4 pills, I had a complication and went to the hospital, the did stomach wash and I was ok.

- The equipment is very good. In the hospital is very caring and they worked for my health but very slow.
- I don't sense much experience in the doctors here.
- One year ago I had pain in my leg. He examined me and he didn't ask any radiology requests, when there is enough experience you don't need machines.
- I feel there is equipment but there is no experience.
- I had very bad experience with health I am married and I have 4 kids. I'm here since 2.5 years. Since I came my wife became dizzy. Ambulance came to our place four times, she is taking iron only and she is not improving for two years, I believe they don't have a diagnosis. The doctor's opinion is only iron deficiency anemia and exhaustion, it is not true. She rested, and she took iron, she is not good. Now I am taking care of the children because they say I have to help her to rest, I always help even before ... now I also have problem with my hand, he gave me treatment, physiotherapy not helping, I asked for referral. But he would not refer me or my wife. I have two disabled daughters and two other children... it is very exhausting and I cannot even work ...
- Translation: problem with translation, you have to find a translation yourself. Mostly children help their mother or father to translate to the doctor ... sometimes friends over the phone ... it is not good.
- When they don't have what you are asking for. What do you do?
- Depends on the case! Many times we go to herbal medicine. Man times by experience, many times I call my family. When it is just simple symptoms I take herbal medicine.
- I call my mom, sometimes she gives me treatment, sometimes she calls her doctor in Syria and I talk to him and he gives me treatment. I even order medicine from outside.
- I had to order medicine from outside. It was antibiotics.
- In Syria my wife had to take injections when she was pregnant, for blood thinning, here the doctor gave us pills instead of injections, we had to take the pills although we don't trust his treatment, but that is what he said.
- Baba (father) has a disease "familial Mediterranean fever", the medicines finished, we went to the doctor in the camp, the doctor in the camp didn't know what is the disease, we had to order medicine from outside, from Egypt through friends, and we had to explain the disease to the doctor about disease and the treatment.
- Patience, offffffffff, you have to have a looooot of patience.....
- I went to the dentist; the first answer is "take them out" (his teeth). I don't know about the law, about the practice, the doctor's words are holy to us, but here it is not the same, I don't trust them, sometimes I do what they say, many times not.

How do you feel your life is going here? If you don't have work, if you don't have social, if you still feel stuck, what is your prospective (question from Pauline

Meurs)

- Language, going better, we are understanding some language, some habits and some culture, no future planning so far
- Inburgering for now, routine
- Long time, two years until I was sent to school.
- One and half year till I went to school.
- Your life is frozen here.
- First it was very difficult but it is improving. Language is a huge barrier, once we are good with the language, much can be different. We can learn the language from outside schools,
- Our story is not about the language, it is about what you do with the language, we have to take advantage of being here, because everything is a tool.
- The qualifications are not recognized, recognize them and we can start working immediately. My cousin is a sports person “rackets”, he was immediately integrated, but me not...
- My friend is a famous cardiologist in Damascus and now he is sitting there doing nothing, similar to pharmacists, engineers, etc...

Suggested analysis (added by Mohannad:) much can be derived from this one-hour focus group discussion.

At first, we can conclude that the experiences and meanings of health and sickness to the refugee participants are broader than simple sickness and treatment. They have focused on the important determinants of health such as language, work, integration, employment, etc.

On the other hand, we can understand that, while the huisarts in the policy perspective are the first line of healthcare access, it is unfortunately, in the refugee perspective, the first barrier to overcome in healthcare access. We noted from the various responses that the feeling is mutual regarding going to the hospital: once you arrive to the hospital, everything will be OK. However, if you are still within the scope of the gate-keepers, then you have to overcome this barrier by:

- EITHER, seek treatment outside the Netherlands, and through informal healthcare discourses. This can sometimes be helpful, specifically with what was referred to as “simple” illnesses. However, in the case of “difficult” illnesses, then it can be dangerous especially in topics of infections and antibiotics, cardiac, and other systemic illnesses. Besides, establishing a line between “simple” or “difficult” is difficult even to professionals, let alone to a normal people. - OR, cope with the pain and the suffering of an un-diagnosed or under-treated illness. With all of the medical, mental, and social consequences of “coping” that drains what is left of resilience, such approach can also be risky.

Suggested advice (added by Mohannad):

- Empower the huisarts with a broader view on the social determinants of health, not only the view that goes beyond sickness and medicine, but also one that can draw a line on when the scope of the huisart proficiency ends, and the need of the specialist and hospital referral begins. This is important to avoid drastic physical, mental, and social consequences of health and sickness especially in already-vulnerable population.

- Empower refugees with faster, more sustainable integration discourse that includes recognition of previous education and competencies. This is important because while refugees with a hand-craft or an applied profession are easily integrated, highly educated refugees are lost in buearocratic and time-money-consuming procedures of either re-education or re- recognition. - Less-strict grip on specialist and hospital referrals, one that doesn't lead to unnecessary referrals but one that also doesn't leave un-diagnosed and under-treated cases. This is important to avoid any social consequences such as being unable to work, or being unable to go to language school. This is important to consider because it will have financial and social consequences on all governance circles including the governmental healthcare benefits, the eigen-resico schemes, and health insurance companies.