

# LIFE, LIBERTY, AND THE PURSUIT OF MENTAL HEALTHCARE FOR SYRIAN ASYLUM-SEEKERS AND REFUGEES

ASHLEE ROSSLER<sup>\*</sup>

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<sup>\*</sup> Ashlee Rossler received her Juris Doctor degree from the University of Wisconsin Law School in May of 2019. She received her Bachelor of Arts degree from Syracuse University in December of 2015. Ms. Rossler would like to thank her friends and family for their unwavering support and the dedicated staff of the *Wisconsin International Law Journal* for their work throughout the editorial process.

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## INTRODUCTION

Throughout history, countries have learned to evolve in order to serve an increasingly globalized world. One of the consequences of living in such a world is the constant movement of human beings to different geographic locations. Unfortunately, that movement has included individuals fleeing their homes as a result of acts of terrorism and violence in their home countries. As a solution to this problem, the United Nations created the United Nations Convention and Protocol Relating to the Status of Refugees, or the Refugee Convention in 1951.<sup>1</sup> The Refugee Convention “was originally limited in scope to persons fleeing” Europe before January 1, 1951,<sup>2</sup> but the 1967 Protocol remedied that by removing the limitations and granting universal coverage under the Convention.<sup>3</sup> Contemporaneously, the Convention has continued to serve as an important tool to review the protections granted to asylum-seekers and refugees, as the international community has shifted a significant amount of its focus to the atrocities created by the Syrian refugee crisis.<sup>4</sup>

One of the most controversial aspects of the crisis has been the availability of healthcare systems.<sup>5</sup> Germany and Sweden have received the largest number of asylum-seeking applicants in the European Union in

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<sup>1</sup> U.N. Convention and Protocol Relating to the Status of Refugees, *opened for signature* July 28, 1951, 189 U.N.T.S. 150 (entered into force Apr. 12, 1954) [hereinafter Refugee Convention and Protocol].

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*

<sup>4</sup> See *Syrian Refugee Crisis: Facts, FAQs, and How to Help*, WORLD VISION, <https://www.worldvision.org/refugees-news-stories/syrian-refugee-crisis-facts>; see also *Syria Emergency*, UNHCR, <https://www.unhcr.org/en-us/1951-refugee-convention.html>.

<sup>5</sup> See Olga Khazan, *What Trump’s Executive Order Means for the Syrian Health Crisis*, THE ATLANTIC (Jan. 29, 2017), <https://www.theatlantic.com/health/archive/2017/01/public-health-conditions-syrians-are-living-in-is-about-to-get-worse/514880/>; see also *Jordan: Syrian Refugees Blocked from Accessing Critical Health Services*, AMNESTY INT’L (Mar. 23, 2016), <https://www.amnesty.org/en/latest/news/2016/03/jordan-syrian-refugees-blocked-from-accessing-critical-health-services/>.

recent years,<sup>6</sup> and both countries rely upon healthcare systems that are heavily funded by taxpayers.<sup>7</sup>

Given the parallels between Germany and Sweden's healthcare systems and their high number of Syrian asylum-seeker and refugee applications, this note examines the ways in which Germany and Sweden have fulfilled or failed to meet their healthcare obligations to Syrian asylum-seekers and refugees under the Refugee Convention.<sup>8</sup> This note also assesses the ways in which Germany and Sweden have worked to fulfill their obligations under the Refugee Convention, and the ways in which their efforts may be improved by the United Nations working with both countries to set up a system that is reflective of the needs of the Syrian asylum-seekers and refugees.

Part I of this article provides an overview of the development of the Refugee Convention and assesses the role that society's increased concern regarding the impact of Syrian asylum-seekers and refugees has had on the further development of the Refugee Convention. Part I also focuses on the development of general and mental health practices in Germany since the creation of the Refugee Convention. The second part of this note explores the ways in which mental health concerns are reflected in the Refugee Convention. After exploring how Germany and Sweden have attempted to create legislation to address healthcare concerns for the Syrian asylum-seekers and refugees, this note assesses how having clearer definitions of terms relating to healthcare would allow for more effective implementation of the Convention.

The third part of this note focuses on the ways in which more inclusive interpretations of the Refugee Convention would further fulfill the purpose of the document and encourage countries to meet the standards set in the Refugee Convention and Protocol. This note also discusses the reasons an amendment is needed in order for the Refugee Convention and Protocol's public relief and assistance to be effective on an international scale. In the conclusion, this note assesses the intersections of the factors discussed in the analysis and provides an

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<sup>6</sup> See *The Refugee Crisis through Statistics*, EUROPEAN STABILITY INITIATIVE (Jan. 30, 2017), <http://www.esiweb.org/pdf/ESI%20-%20The%20refugee%20crisis%20through%20statistics%20-%2030%20Jan%202017.pdf>; see also *Asylum Statistics*, EUROSTAT: STATISTICS EXPLAINED (Mar. 16, 2018), [http://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum\\_statistics](http://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum_statistics).

<sup>7</sup> See Miriam Blümel & Reinhard Busse, *The German Health Care System*, COMMONWEALTH FUND, <http://international.commonwealthfund.org/countries/germany/>; see also Anna H. Glenngård, *The Swedish Health Care System*, COMMONWEALTH FUND, <http://international.commonwealthfund.org/countries/sweden/>.

<sup>8</sup> See Refugee Convention and Protocol, *supra* note 1.

explanation of the long-term significance this note may have for the international legal community.

## I. OVERVIEW OF THE DEVELOPMENT OF THE REFUGEE CONVENTION

This Part will explore the relationship between war and its mental health consequences on Syrian asylum-seekers and refugees. The exploration of that relationship will provide a bigger picture of how war (particularly the Syrian Civil War) has influenced the international legal community to produce various pieces of legislation and documents to address refugees' needs.

### A. HEIGHTENED CONCERNS REGARDING REFUGEE MIGRATION

Upon the conclusion of World War I, millions of individuals fled their home countries in order to seek refuge in other countries.<sup>9</sup> About 20 years later, droves of innocent people fled their homes once again due to World War II related fears.<sup>10</sup> The international legal community worked to create a document that would clearly delineate the rights of refugees in order to address the resource issues that arose from the developing pattern of wars influencing large numbers of people to leave their homes.<sup>11</sup> The outcome of these efforts is illustrated in the contents of the 1951 Refugee Convention<sup>12</sup> and the 1967 Protocol Relating to the Status of Refugees (the Refugee Protocol).<sup>13</sup> The United Nations created the aforementioned documents in order to ensure that "refugees . . . enjoy access to health services equivalent to that of the host population, while everyone has the right under international law to the highest standards of physical and mental health."<sup>14</sup> The Refugee Convention served those effected by World War II very well, and the 1970s' anti-torture campaign

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<sup>9</sup> *The 1951 Convention Relating to the Status of Refugees and Its 1967 Protocol*, U.N. Refugee Agency (July 28, 1951), <http://www.unhcr.org/en-us/about-us/background/4ec262df9/1951-convention-relating-status-refugees-its-1967-protocol.html>.

<sup>10</sup> *Id.*

<sup>11</sup> *Id.*

<sup>12</sup> Refugee Convention and Protocol, *supra* note 1.

<sup>13</sup> *Id.*

<sup>14</sup> *Health*, THE UNITED NATIONS REFUGEE AGENCY, <http://www.unhcr.org/en-us/health.html>.

“further strengthened public compassion for survivors who in most instances were refugees.”<sup>15</sup>

Before the 1970s’ anti-torture campaign, there was relatively little information available regarding the mental health of refugees. However, the United States and Canada, among other nations, pioneered studies to identify “what appeared to be substantial symptom levels of anxiety and depression among Indochinese refugees”<sup>16</sup> after “the large exodus of Southeast Asian refugees in the 1970s and 1980s created a new challenge for the Convention.”<sup>17</sup> These studies served as a catalyst for future studies regarding the mental health status of refugees from other nationalities. In 1993, one study that focused on the mental health of displaced Cambodian individuals found that 55% of the study’s participants “had symptom scores that correlate[d] with Western criteria for depression”<sup>18</sup> and 15% of the study’s participants “had symptom scores that correlate[d] with Western criteria for posttraumatic stress disorder.”<sup>19</sup>

Today, there are far more studies available regarding the negative mental health effects of traumatic events on refugees. In 2001, a study found that “the prevalence rate of assessed PTSD was 37.4% in Algeria, 28.4% in Cambodia, 15.8% in Ethiopia, and 17.8% in Gaza,”<sup>20</sup> all of which are “post-conflict, low-income countries where people have survived multiple traumatic experiences.”<sup>21</sup> Additionally, a 2016 study found that “the overall rates of mental disorders in refugees, asylum-seekers and irregular migrants appear similar to those in the host populations,”<sup>22</sup> with “the exception [of] PTSD, which is clearly more

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<sup>15</sup> Susan Rees, Derrick Silove & Peter Ventevogel, *The Contemporary Refugee Crisis: An Overview of Mental Health Challenges*, 16 *WORLD PSYCHIATRY* 130 (May 12, 2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5428192/>.

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*

<sup>18</sup> Richard F. Mollica et al., *The Effect of Trauma and Confinement on Functional Health and Mental Health Status of Cambodians Living in Thailand-Cambodia Border Camps*, 270 *JAMA* 581, 581 (Aug. 4, 1993).

<sup>19</sup> *Id.*

<sup>20</sup> JT de Jong et al., *Lifetime Events and Posttraumatic Stress Disorder in 4 Postconflict Settings*, 286 *JAMA* 555, 555 (Aug. 1, 2001).

<sup>21</sup> *Id.*

<sup>22</sup> STEFAN PRIEBE ET AL., WHO, PUBLIC HEALTH ASPECTS OF MENTAL HEALTH AMONG MIGRANTS AND REFUGEES: A REVIEW OF THE EVIDENCE ON MENTAL HEALTH CARE FOR REFUGEES, ASYLUM SEEKERS AND IRREGULAR MIGRANTS IN THE WHO EUROPEAN REGION 27 (2016), [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/317622/HEN-synthesis-report-47.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0003/317622/HEN-synthesis-report-47.pdf?ua=1).

common in these migrant groups.”<sup>23</sup> This timeline of studies is demonstrative of the meaningful progress being made in researching and addressing the mental health status of asylum-seekers and refugees on an international scale. The studies revealed at least two meaningful pieces of information: 1) there is a large-scale need to address mental illnesses, and 2) that need is more pervasive and prevalent than originally anticipated by the researchers.

Article 23 of the Refugee Convention describes the expectation for States Parties (the countries that have signed and/or acceded to the document) to provide public relief for refugees.<sup>24</sup> Article 23 states that “the Contracting States shall accord to refugees lawfully staying in their territory the same treatment with respect to public relief and assistance as is accorded to their nationals.”<sup>25</sup> Given that the Refugee Protocol removed the geographical and time limits that existed in the 1951 Refugee Convention,<sup>26</sup> the expectation of public relief and assistance for asylum-seekers and refugees should be a reality for all Syrian asylum-seekers and refugees, as well as those from other countries.

The effects of wars and people fleeing their homes, such as the threat of persecution and lack of protection in their own countries,<sup>27</sup> are likely to result in mental health issues among the individuals in those situations.<sup>28</sup> Therefore, the public relief and assistance portion of the Refugee Convention should include access to comprehensive healthcare systems (particularly mental healthcare systems) in order to ensure each individual protected by the Convention has the appropriate care for their situation.

The Refugee Convention and Protocol document is geared toward protecting asylum-seekers and refugees (and granting such individuals the resources they need to survive in a new country). Therefore, the Convention and Protocol should highlight the healthcare service guarantees for asylum-seekers and refugees. Such an improvement would encourage countries to develop a better prepared system for the healthcare needs of those individuals. The United Nations and the States Parties to the Refugee Convention and Protocol would signal to the international community that the heightened concerns

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<sup>23</sup> *Id.*

<sup>24</sup> Refugee Convention and Protocol, *supra* note 1, at art. 23.

<sup>25</sup> *Id.*

<sup>26</sup> *The 1951 Convention Relating to the Status of Refugees and Its 1967 Protocol*, *supra* note 9.

<sup>27</sup> *Id.*

<sup>28</sup> Rees et al., *supra* note 15.

regarding the negative mental health consequences of traumatic events are very real and must be handled accordingly by each respective government, especially those receiving a high volume of asylum-seeking and refugee applications.

B. THE UNDENIABLE NEED FOR DEVELOPMENT OF  
COMPREHENSIVE HEALTHCARE PRACTICES IN GERMANY AND  
SWEDEN FOR SYRIAN ASYLUM-SEEKERS AND REFUGEES

*1. The Story of the Syrian Civil War*

Prior to the 2011 uprisings in Syria, the country had quite a tumultuous path leading to its current state of crisis. In 2001, a few months before the September 11 attacks in New York City, President Bashar Assad replaced his father as president of Syria.<sup>29</sup> After restoring diplomatic relations with Iraq in 2006, the country established diplomatic relations with Lebanon in 2008 for the first time in nearly five decades.<sup>30</sup> In May 2010, the U.S. reinstated sanctions against Syria, citing Syria's support of terrorist groups, efforts to acquire weapons of mass destruction, and the fact that the country provided Lebanon's Hezbollah with missiles, which violated UN resolutions.<sup>31</sup>

Then in 2011, the Arab Spring happened.<sup>32</sup> In response to frustrations with their various governments, people across Africa and the Middle East protested against the dire political conditions in their countries.<sup>33</sup> The citizens of Libya, Morocco, and Syria gathered in political protests to express disappointment in the political climates of their respective countries and governments.<sup>34</sup> Syrians demonstrated in Damascus in March 2011, at which point teenagers were arrested and tortured after scrawling anti-Assad graffiti on a wall.<sup>35</sup> At this turning

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<sup>29</sup> *Syria Profile- Timeline*, BBC, <http://www.bbc.com/news/world-middle-east-14703995> (last visited Feb. 18, 2019).

<sup>30</sup> *Id.*

<sup>31</sup> *Id.*

<sup>32</sup> *The "Arab Spring": Timeline*, AMNESTY INT'L, <https://www.amnesty.org/en/latest/campaigns/2016/01/arab-spring-five-years-on/> (last visited Feb. 18, 2019).

<sup>33</sup> *Id.*

<sup>34</sup> *Arab Spring*, HISTORY, <https://www.history.com/topics/middle-east/arab-spring> (last visited Apr. 6, 2019).

<sup>35</sup> Lucy Rodgers et al., *Syria: The Story of the Conflict*, BBC (Mar. 11, 2016), <https://www.bbc.com/news/world-middle-east-26116868>; see also *Anti-Assad Graffiti that Triggered Syria's*

point in the Syrian civil uprisings, people took to the streets demanding President Assad's resignation.<sup>36</sup>

The need for self-defense and attempts to get rid of security forces in local areas resulted in opposition forces taking up arms.<sup>37</sup> Consequently, many people were killed, as rebel groups attempted to take control of various cities that had been overtaken by government forces.<sup>38</sup> Unfortunately, "violence escalated and the country descended into civil war as rebel brigades were formed to battle government forces for control of cities, towns, and the countryside."<sup>39</sup> The fight reached Syria's capital of Damascus, and then the city of Aleppo, in 2012.<sup>40</sup> The arrival of the fighting in Aleppo was especially devastating to Syrian individuals and was seemingly the turning point in the story—many people began to flee and seek a country of refuge.

The civil uprisings in Syria and the Syrian Civil War (which was the outcome of the civil uprisings) have caused deep physical and mental pain across the country's population. In 2013, the United Nations human rights chief announced that the death toll in Syria amounted to nearly 93,000 people.<sup>41</sup> The Syrian conflict has displaced millions of citizens since protests against the al-Assad government began more than five years ago<sup>42</sup>—about six in ten Syrians are now displaced from their homes—a number unprecedented in recent history for a single country. To put the situation in perspective, the United Nations has described this mass exodus as the largest pool of refugees, asylum-seekers, and internally displaced persons since World War II.<sup>43</sup> Globally, the world is witnessing a momentous period of instability and conflict.

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*Uprising*, ALJAZEERA (Mar. 15, 2018), <https://www.aljazeera.com/news/2018/03/anti-assad-graffiti-triggered-syrias-uprising-180315060002786.html>.

<sup>36</sup> Rodgers et al., *supra* note 35.

<sup>37</sup> *Id.*

<sup>38</sup> *Id.*

<sup>39</sup> *Id.*

<sup>40</sup> *Id.*

<sup>41</sup> *Nearly 93,000 People Killed in 'Vicious' Syria Conflict—UN Human Rights Chief*, UN NEWS (June 13, 2013), [https://www.un.org/apps/news/story.asp?NewsID=45162#.Wf\\_yJMaZPVo](https://www.un.org/apps/news/story.asp?NewsID=45162#.Wf_yJMaZPVo).

<sup>42</sup> Phillip Connor & Jens Manuel Krogstad, *Key facts About the World's Refugees*, PEW RESEARCH CENTER (Oct. 5, 2016), <http://www.pewresearch.org/fact-tank/2016/10/05/key-facts-about-the-worlds-refugees/>.

<sup>43</sup> Anthony Faiola, *A Global Surge in Refugees Leaves Europe Struggling to Cope*, WASHINGTON POST (Apr. 21, 2015), [https://www.washingtonpost.com/world/europe/new-migration-crisis-overwhelms-european-refugee-system/2015/04/21/3ab83470-e45c-11e4-ae0f-f8c46aa8c3a4\\_story.html?tid=a\\_inl&utm\\_term=.83846ea6b6e0](https://www.washingtonpost.com/world/europe/new-migration-crisis-overwhelms-european-refugee-system/2015/04/21/3ab83470-e45c-11e4-ae0f-f8c46aa8c3a4_story.html?tid=a_inl&utm_term=.83846ea6b6e0).



As a result of these devastating deaths and displacements, many European countries have received a record-high number of applications from asylum-seekers and refugees since the onset of the Syrian Civil War.<sup>44</sup> Germany and Sweden are two European countries to which an especially high number of asylum-seekers and refugees have fled, both of which also have a form of universal healthcare coverage available to their citizens.<sup>45</sup> In the second quarter of 2017, Germany registered the most first-time asylum applicants of any EU country.<sup>46</sup> Germany also had the highest number of Syrian asylum-seekers from 2015 to 2016.<sup>47</sup> Ultimately, in 2016, Germany and Sweden granted the highest numbers of Syrian citizens protection status in the European Union.

The displacement of Syrian citizens from their home country caused many ripples across the international community. The high volume of people fleeing from Syria and arriving in Germany and Sweden has caused those countries to reflect on their methods of providing universal health insurance and general welfare protections for their citizens.<sup>48</sup>

Although matters of health are often viewed as being related to our physical being, there are increasing concerns regarding the fact that the Syrian asylum-seekers and refugees arriving in their countries of refuge are suffering from mental illnesses in addition to physical injuries. The visible (and often tangible) nature of physical injuries allow individuals with such injuries to immediately receive the help they require in Germany and Sweden, while the suffering experienced by a mentally ill individual is not treated with the same haste. This characteristic of mental illness should not negate the point that mentally ill individuals are equally as entitled to access to healthcare systems in the countries taking in refugees as those with physical injuries. To

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<sup>44</sup> *Number of Refugees to Europe Surges to Record 1.3 Million in 2015*, PEW RESEARCH CENTER (Aug. 2, 2016), <http://www.pewglobal.org/2016/08/02/number-of-refugees-to-europe-surges-to-record-1-3-million-in-2015/>.

<sup>45</sup> Blümel, *supra* note 7.

<sup>46</sup> *Asylum Quarterly Report*, EUROSTAT (Dec. 14, 2018), [http://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum\\_quarterly\\_report](http://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum_quarterly_report).

<sup>47</sup> Phillip Connor, *After Record Migration, 80% of Syrian Asylum Applicants Approved to Stay in Europe*, PEW RESEARCH CENTER (Oct. 2, 2017), <http://www.pewresearch.org/fact-tank/2017/10/02/after-record-migration-80-of-syrian-asylum-applicants-approved-to-stay-in-europe/>.

<sup>48</sup> See Dirk Göppfarth & Sebastian Bauhoff, *The Public Health Dimension of Germany's Refugee Crisis*, HEALTH AFFAIRS (Oct. 22, 2015), <https://www.healthaffairs.org/doi/10.1377/hblog.20151022.051328/full/>; see also *Financial Support for Asylum Seekers*, MIGRATIONSVERKET, <https://www.migrationsverket.se/English/Private-individuals/Protection-and-asylum-in-Sweden/While-you-are-waiting-for-a-decision/Financial-support.html> (last visited Feb. 18, 2019).

continue the discussion of the importance of providing asylum-seekers and refugees with access to mental health care, it is imperative that one understands the relevance of mental health challenges in the asylum-seeker and refugee communities.

## 2. *The Mental Health Consequences of the Syrian Conflicts*

Across the world, mental health concerns have increased among medical and legal scholars. As a result, “the demand for curbing depression and other mental health conditions is on the rise globally.”<sup>49</sup> In Sweden, increased mental health problems have been reported among children, young people, and young adults.<sup>50</sup> In Germany, mental disorders comprise 9.8% of all illnesses and rank fourth most frequent of all illnesses.<sup>51</sup>

Syrian citizens are, of course, not immune to mental health struggles. The ongoing conflict in Syria has resulted in massive population displacement and a growing need for humanitarian services, including mental health care in Syria and in its surrounding countries.<sup>52</sup> Syria’s Civil War has created the perfect storm for mental illnesses to thrive across several generations of asylum-seekers and refugees.

This “perfect storm” has impacted the Palestinian community as well. As a nation that has been described as “a low-income country with scarce resources”<sup>53</sup> and attaches a stigma to individuals “experiencing mental illness,”<sup>54</sup> Palestine serves as an apt country to make this comparison, so as to cultivate a deeper understanding of this internationally-occurring issue. In 2016, the International Journal of Mental Health Systems published a study focused on the mental health needs of Palestinian individuals. The study ultimately concluded that

<sup>49</sup> WORLD FED’N FOR MENTAL HEALTH, DEPRESSION: A GLOBAL CRISIS 6 (2012), [http://www.who.int/mental\\_health/management/depression/wfmh\\_paper\\_depression\\_wmhd\\_2012.pdf](http://www.who.int/mental_health/management/depression/wfmh_paper_depression_wmhd_2012.pdf).

<sup>50</sup> Mona Sommer, *Mental Health Among Youth in Sweden*, NORDIC CTR. FOR WELFARE AND SOC. ISSUES (2017), [https://nordicwelfare.org/wp-content/uploads/2017/10/sverige\\_webb-1.pdf](https://nordicwelfare.org/wp-content/uploads/2017/10/sverige_webb-1.pdf).

<sup>51</sup> *Mental Health Briefing Sheets: Facts and Activities in Member States Germany*, EUR. COMM’N, [https://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/mental/docs/germany.pdf](https://ec.europa.eu/health/archive/ph_determinants/life_style/mental/docs/germany.pdf) (last visited Mar. 22, 2019).

<sup>52</sup> Zeinab Hijazi & Inka Weissbecker, INT’L MED. CORPS, SYRIA CRISIS: ADDRESSING REGIONAL MENTAL HEALTH NEEDS AND GAPS IN THE CONTEXT OF THE SYRIA CRISIS (2017), <https://internationalmedicalcorps.org/wp-content/uploads/2017/07/Syria-Crisis-Addressing-Mental-Health.pdf>.

<sup>53</sup> Mohammed Marie, et al. *Mental Health Needs and Services in the West Bank, Palestine*, 10 INT’L J. MENTAL HEALTH SYS. 1, 1 (2016).

<sup>54</sup> *Id.*

about 17% of the study participants had an anxiety disorder that was not post-traumatic stress disorder (PTSD) or acute stress disorder,<sup>55</sup> while about 23% of the study participants suffered from PTSD.<sup>56</sup>

The Syrian refugees that have fled to different locations around the world have also experienced mental health consequences due to their living conditions in their countries of origin. An analysis by the International Medical Corps (IMC) noted that “at IMC-supported health centers serving Syrian refugees and internally-displaced persons in Jordan, Lebanon, Syria, and Turkey . . . 54 percent of the displaced [individuals] had severe emotional disorders.”<sup>57</sup> As illustrated by the preceding two studies, there are many asylum-seekers and refugees from countries all over the world, including Syria, that are suffering from mental illnesses. These individuals must be protected to the best of each country’s ability upon admitting those asylum-seekers and refugees to their respective countries.

Recently, given the country’s shared characteristics with Palestine and other countries whose former residents may suffer from inter-generational mental illness, extensive research has been conducted regarding the mental health status of Syrian asylum-seekers and refugees. According to a study commissioned by the United Nations Higher Commissioner for Refugees (UNHCR), “the most [prevalent and] significant clinical problems among Syrians are emotional disorders, such as: depression, prolonged grief disorder, PTSD, and various forms of anxiety disorders.”<sup>58</sup> Given that traumatic events and forced migration (as is the case for many of the Syrian asylum-seekers and refugees) are situations that increase the risk for psychotic disorders, it is likely that the number of people with such disorders has increased since the beginning of the Syrian Civil War.<sup>59</sup>

The unrest and the war in Syria have resulted in PTSD being the most common mental illness battled by the children fleeing from Syria.<sup>60</sup> In order to ensure that Syrian asylum-seekers and refugees are

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<sup>55</sup> *Id.* at 4.

<sup>56</sup> *Id.*

<sup>57</sup> Omer Karasapan, *Syria’s Mental Health Crisis*, BROOKINGS INST. (APR. 25, 2016), <https://www.brookings.edu/blog/future-development/2016/04/25/syrias-mental-health-crisis/>.

<sup>58</sup> G. Hassan, et al., U.N. HIGH COMM’R. FOR REFUGEES, *Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support Staff Working with Syrians Affected by Armed Conflict*, at 15 (2015).

<sup>59</sup> *Id.* at 16.

<sup>60</sup> *See id.* at 14–15.

meaningfully contributing to their new communities, it is important for that society to acknowledge the potentially long road ahead for their governments in their attempt to address the mental health struggles that their new residents may be facing each day.

## II. THE FUNCTIONALITY OF THE PUBLIC RELIEF ASPECT OF THE REFUGEE CONVENTION IN THE INTERNATIONAL LAW COMMUNITY

To assess whether Germany and Sweden are adequately prepared to address the mental health needs of Syrian asylum-seekers and refugees, this paper explores the legislative efforts of Germany and Sweden. This Part explores Germany and Sweden's legislative attempts to fulfill their obligations under Article 23 of the Refugee Convention by determining whether Germany has developed legislation to address the mental health needs of Syrian asylum-seekers and refugees since acceding to the Refugee Convention.

### A. GERMANY'S LEGISLATIVE ATTEMPTS TO FULFILL ITS ARTICLE 23 OBLIGATIONS

#### 1. *Mental Health Legislation in Germany*

In Germany, at least one piece of legislation seems to have been intended to provide asylum-seekers and refugees with protections against being sent back to their home countries for the sole reason of suffering from a mental illness. The Act on the Residence, Economic Activity and Integration of Foreigners in the Federal Territory, or the Residence Act ensures that asylum-seekers and refugees from Syria are protected against deportation back to Syria.<sup>61</sup> Under Section 60, Subsection 7 of the Act, "a foreigner should not be deported to another state in which a substantial concrete danger to his or her life and limb or liberty applies."<sup>62</sup> Given the civil uprisings and the war, Syrians returning to the country would undoubtedly face a substantial danger to their lives by returning during this time of civil unrest.

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<sup>61</sup> Aufenthaltsgesetz [AufenthG] [Residence Act], July 30, 2004, Bundesgesetzblatt Teil I [BGBL I] at 162, last amended by Gesetzes [G], Oct. 30, 2017, BGBL I at 3618, §§ 15, no. 4, 15a, no. 1, 60, no. 7 (Ger.), translation at [https://www.gesetze-im-internet.de/englisch\\_aufenthg/englisch\\_aufenthg.html](https://www.gesetze-im-internet.de/englisch_aufenthg/englisch_aufenthg.html).

<sup>62</sup> Aufenthaltsgesetz [AufenthG] [Residence Act], July 30, 2004, BGBL I at 162, § 60, no. 7 (Ger.).

Based on the preceding arguments, Germany has made a meaningful contribution to the protection of asylum-seekers and refugees' rights in regard to legislative protections intended to ensure those individuals have access to the German healthcare system. It is important to note, however, that this legislation does not make it explicitly clear that mental illness is a presumptively invalid reason to deport an individual. Rather, it protects individuals who would potentially be sent back to dangerous countries from the fear of such a threatening prospect.

## *2. Availability of Preventative Care in Germany*

It is also important to take note of whether the availability of preventative care is adequate for the survival of Syrian asylum-seekers and refugees in Germany. According to the Centers for Disease Control and Prevention, taking advantage of preventative healthcare opportunities at every stage of life can help ensure people stay healthy.<sup>63</sup> Thus, it is of great importance that individuals around the world have access to preventative healthcare measures.

Under Section 4, Subsection 1 of Germany's Asylum Seekers Benefits Act, the government describes the benefits for refugees in case of illness, pregnancy, and childbirth.<sup>64</sup> Germany created a law allowing refugees to receive disease vaccinations as provided in the Twelfth Book of the Social Code, as well as medically required preventative check-ups.<sup>65</sup> The precedingly listed practices also ensure that asylum-seekers and refugees are granted preventative healthcare opportunities,<sup>66</sup> which allow the healthcare system to be less burdened by individuals who come in with sicknesses that could have been prevented by activities such as eating healthy, exercising regularly, and avoiding tobacco. By having

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<sup>63</sup> *Preventative Health Care*, CTRS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PreventiveHealth.html>. (last visited Mar. 23, 2019).

<sup>64</sup> Asylbewerberleistungsgesetz [AsylbLG] [Asylum Seekers Benefits Act], Jun. 30, 1993, Bundesgesetzblatt Teil I [BGBL I] at 2022, last amended by Gesetzes [G], July 17, 2017, BGBL I at 2541, § 4, no. 1 (Ger.), <http://www.gesetze-im-internet.de/asylblg/BJNR107410993.html>.

<sup>65</sup> Asylbewerberleistungsgesetz [AsylbLG] [Asylum Seekers Benefits Act], Jun. 30, 1993, BGBL I at 2022, § 4, no. 1 (Ger.); Sozialgesetzbuch VII Sozialhilfe [SGB] [Social Code], § 47, 52, para. 1, sentence 1, [https://www.gesetze-im-internet.de/sgb\\_12/BJNR302300003.html](https://www.gesetze-im-internet.de/sgb_12/BJNR302300003.html).

<sup>66</sup> Asylbewerberleistungsgesetz [AsylbLG] [Asylum Seekers Benefits Act], Jun. 30, 1993, BGBL I at 2022, § 4, no. 1 (Ger.); SOZIALGESETZBUCH VII SOZIALHILFE [SGB] [SOCIAL CODE], § 47, 52, para. 1, sentence 1, [https://www.gesetze-im-internet.de/sgb\\_12/BJNR302300003.html](https://www.gesetze-im-internet.de/sgb_12/BJNR302300003.html) (Ger.).

preventative care, the health issues that would typically take up a significant amount of time and money for an individual to address and resolve are avoided by providing individuals with preventative care under Germany's healthcare system.

Further assessment of the limitations reveals the government's requirements and allowances for asylum-seekers and refugees may reflect the government's self-imposed requirement of meeting basic human needs, as opposed to meeting the overall right to healthcare standard granted to asylum-seekers and refugees by the Refugee Convention and Protocol. Germany functions under a system referred to as the Statutory Health Insurance system, or SHI. This SHI system covers preventative services, inpatient and outpatient hospital care, physician services, mental health care, dental care, rehabilitation, and sick leave compensation, as well as other services for German nationals.<sup>67</sup> These services are explicitly granted to German nationals in Germany's legislation; yet, such services are not as explicitly granted, if granted at all, to Germany's asylum-seekers and refugees.

The preventative care available to Germans is not equally as available to Syrian asylum-seekers and refugees, nor are the services received by asylum-seekers and refugees in Germany as inclusive of mental health services as they are for German nationals. The preventative care available to Syrian asylum-seekers and refugees is seemingly only available as a means to save the individual's life, or to prevent the spread of disease or sickness among German nationals. The mental health features of the healthcare system are only described as being available to German nationals, as opposed to being available to the asylum-seekers and refugees as well.<sup>68</sup> These problematic features of the German healthcare system create obstacles for the asylum-seekers and refugees seeking to establish a home in Germany. Accordingly, the German government should consider improving the availability of preventative and comprehensive care for asylum-seekers and refugees.

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<sup>67</sup> Miriam Blümel & Reinhard Busse, *The German Health Care System*, COMMONWEALTH FUND, <http://international.commonwealthfund.org/countries/germany/> (last visited March 30, 2019).

<sup>68</sup> *Id.*

3. *Conditional Healthcare Access for Asylum-Seekers and Refugees in Germany*

The Syrian asylum-seekers and refugees only have conditional access to Germany's healthcare system, which may significantly impact their health. Germany's government has created a complex system for Syrian asylum-seekers and refugees to navigate when seeking out healthcare support. Prior to reaching the 48-month mark of residing in Germany, the refugees whose asylum process is still ongoing are allowed to see a doctor when they are experiencing acute illness and pain—essentially, only in the case of an emergency.<sup>69</sup> An asylum-seeker holding a temporary residence permit are entitled to receive emergency medical aid and obligatory medical screenings, vaccination, and child examinations.<sup>70</sup> This system, once again, does not allow for immediate access to healthcare for all asylum-seekers and refugees. Instead, it is set up to protect those individuals who arrived in Germany as refugees and are no longer in the process of seeking asylum in the country.

The discovery of this flaw begs the question of whether there is anywhere in Germany that allows asylum-seekers and refugees to have comparable healthcare access to German nationals immediately upon arrival. Certain areas in Germany provide asylum-seekers with healthcare access that is comparable to that of German nationals. For example, a few German cities provide a health insurance chip-card to refugees immediately upon their arrival.<sup>71</sup> The chip-card allows Germans with health insurance, as well as refugees with the chip-card, to see a doctor without going to the welfare office first.<sup>72</sup> While the chip-card theoretically allows for comparable healthcare access to asylum-seekers and refugees, the chip-card's conditions are extremely limiting to asylum-seekers and refugees. The chip-cards do not provide an avenue to address mental illness, nor to monitor mental health. Therefore, the health of Syrian asylum-seekers and refugees may be compromised in this system because they are unable to receive the healthcare that statistics and studies are beginning to show are necessary for many of those individuals. This conditional version of healthcare is an illustration of one way in which Germany is not fulfilling the Refugee Convention's

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<sup>69</sup> *Healthcare in Germany*, DEUTSCHE WELLE (Sept. 21, 2015), <https://p.dw.com/p/1GYn5>.

<sup>70</sup> *Status of Refugees in Germany*, W2EU.INFO – WELCOME TO EUROPE, <http://www.w2eu.info/germany.en/articles/germany-legal.en.html> (last updated Mar. 7, 2017).

<sup>71</sup> *Healthcare in Germany*, *supra* note 69.

<sup>72</sup> *Id.*

requirement to provide public relief and assistance that is essentially of the same quality or nature as that which a German national would receive in the country.

The German government's legislative efforts to protect the Syrian asylum-seekers and refugees are commendable. However, the country's approach to providing preventative and conditional healthcare for asylum-seekers and refugees does not meet the standards set by the Refugee Convention to ensure that asylum-seekers and refugees are granted access to healthcare systems. Although there is a system available to those individuals, the conditions put on an asylum-seeker or refugee to efficiently or practically access the system may lead to the following inquiry—does the system's existence matter if only a select group of people may access it outside of becoming desperately ill? To have an effective system of healthcare, it is important to ensure that individuals are not only able to receive care in reaction to an injury or traumatic event, but to have proactive, easily accessible care for asylum-seekers and refugees as well.

#### B. SWEDEN'S LEGISLATIVE ATTEMPTS TO FULFILL ITS ARTICLE 23 OBLIGATIONS

##### 1. *Mental Health Legislation in Sweden*

As previously mentioned, Sweden has received many applications from Syrian asylum-seekers and refugees in recent years.<sup>73</sup> Given the large-scale influx of Syrian asylum-seekers and refugees into Sweden, it is important to consider the country's role in developing legislation to address the mental healthcare needs of individuals since Sweden has acceded to the Refugee Convention. The Migrationsverket (or Swedish Migration agency)<sup>74</sup> describes the ways in which the healthcare of asylum-seekers and refugees is handled in Sweden. While an application is being processed, the asylum-seekers and refugees may access healthcare and dental care if the required care constitutes an emergency service. Similar to Germany, these services are essentially for emergency purposes only

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<sup>73</sup> See EUR. STABILITY INITIATIVE, THE REFUGEE CRISIS THROUGH STATISTICS 21 (2017); *See Asylum Statistics*, EUROSTAT (Mar. 12, 2019), [http://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum\\_statistics](http://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum_statistics).

<sup>74</sup> *Contact Us*, MIGRATIONSVERKET SWEDISH MIGRATION AGENCY, <https://www.migrationsverket.se/English/Contact-us.html> (last visited Mar. 24, 2019).



and for providing care in the event that the asylum-seeker or refugee is suffering from an illness or injury that requires medical attention.<sup>75</sup>

Additionally, the asylum application process involves asylum-seekers being offered a health assessment.<sup>76</sup> Therefore, a health assessment will be administered upon the submission of an asylum application.<sup>77</sup> Fortunately, an asylum-seeker or refugee is welcome to express their concern about having (or the potential of having) a “mental disability” during their health examination. If an asylum-seeker does express such concerns, that applicant will not be denied admission due to such an expression.<sup>78</sup> In Sweden, if you have a disability and are granted a residence permit, then you have the right to support that makes it easier for you to enter Swedish society.<sup>79</sup> This feature is a praiseworthy step toward ensuring that individuals with mental health challenges feel welcome to admit those struggles, and may adequately address them in a timely manner. At this point in history, each country that is a State Party to the Refugee Convention and Protocol should aim to eliminate the stigma associated with discussions and admissions of mental health struggles and illnesses. Sweden’s system illustrates the possibility of making that goal a reality.

As to specific legislation implemented by the Swedish government, one of the most significant sources of legislation regarding healthcare for asylum-seekers and refugees is the Hälso- och sjukvårdslag (1982:763) (The 1982 Health and Medical Services Act).<sup>80</sup> This legislation grants “[a]sylum-seeking and undocumented children [] the right to health care services [as] children who are permanent residents,” and “[a]dult asylum-seekers have the right to receive care that cannot be deferred (e.g., maternity care).”<sup>81</sup> Additionally, Lag (2008:344) om hälso- och sjukvård åt asylsökande m.fl. (The Act on Health Care for

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<sup>75</sup> *Health Care for Asylum Seekers*, MIGRATIONSVERKET SWEDISH MIGRATION AGENCY, <https://www.migrationsverket.se/English/Private-individuals/Protection-and-asylum-in-Sweden/While-you-are-waiting-for-a-decision/Health-care.html> (last visited Mar. 24, 2019).

<sup>76</sup> *Id.*

<sup>77</sup> *Id.*

<sup>78</sup> *Id.*

<sup>79</sup> *Id.*

<sup>80</sup> See generally HÄLSO- OCH SJUKVÅRDSLÄG (Svensk författningssamling [SFS] 1982:763) (Swed.); see also Anna H. Glenngård, *The Swedish Health Care System*, COMMONWEALTH FUND: INT’L HEALTH CARE SYS. PROFILES (2017), <http://www.commonwealthfund.org/topics/international-health-policy/countries/sweden> (stating the act requires that the health system must cover *all* legal residents).

<sup>81</sup> Glenngård, *supra* note 80.

Asylum Seekers) obliges county councils to offer health and dental care to asylum-seekers.<sup>82</sup> Although the pieces of legislation do not make a statement in the opposition, neither document explicitly requires that mental health care be provided.<sup>83</sup> Therefore, the Swedish government would best fulfill its obligations under the Refugee Convention by developing and implementing legislation that explicitly and purposefully covers mental healthcare needs for asylum-seekers and refugees.

## 2. *Availability of Preventative Care in Sweden*

Sweden's lack of mental health protections that are designed to protect asylum-seekers and refugees is undeniably problematic. However, health assessments are available to those who are applying to seek protection and reside in Sweden. Additionally, the preventative care available to such people is well-developed. In Sweden, an asylum-seeker and refugee has the right "to childbirth care, abortion care, contraception advice, maternity care, and healthcare under the Swedish Communicable Diseases Act."<sup>84</sup>

To account for the asylum-seekers awaiting a decision from the government regarding their application, the Swedish government disburses a Swedish Reception of Asylum Seekers' Act card, also referred to as a LMA card.<sup>85</sup> The card serves as verification of two characteristics: 1) the person's status as an asylum-seeker, and 2) that they are entitled to stay in Sweden while they await the decision on their application.<sup>86</sup> The cards are a mechanism to ensure that Syrian asylum-seekers and refugees are able to receive necessary preventative care, while maintaining a grasp on a potentially overwhelmed healthcare system. Therefore, if an individual is an undocumented asylum-seeker, they will be unable to benefit from the services and system available to those who are documented in the Swedish government's system.

Swedish residents are not required to utilize the LMA card tool, thus allowing that population to have less restricted, guaranteed access to

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<sup>82</sup> 1a § LAG OM HÄLSO- OCH SJUKVÅRD ÅT ASYLSÖKANDE M.F.L. (Svensk författningssamling [SFS] 2008:344) (Swed.).

<sup>83</sup> LAG OM HÄLSO- OCH SJUKVÅRD ÅT ASYLSÖKANDE M.F.L. (SFS 2008:344) (Swed.).

<sup>84</sup> *Health Care for Asylum Seekers*, *supra* note 75.

<sup>85</sup> *LMA Card for Asylum Seekers*, MIGRATIONSVERKET SWEDISH MIGRATION AGENCY (June 3, 2016), <https://www.migrationsverket.se/English/Private-individuals/Protection-and-asylum-in-Sweden/While-you-are-waiting-for-a-decision/LMA-card.html>.

<sup>86</sup> *Id.*

the healthcare system. However, Syrian asylum-seekers and refugees still have access to the healthcare system for the services that are covered by showing their LMA cards. The asylum-seekers and refugees are not able to access the healthcare system with the same ease as the Swedes; there is a structure in place designed to grant them access after completing the necessary paperwork. Right now, only documented individuals may rely upon this structure. To provide healthcare access for Syrian asylum-seekers and refugees that aligns with the expectations set by the Refugee Convention and Protocol, the preventative care available to Swedish nationals must be available to all individuals who have sought refuge in the country, as opposed to just those individuals who are documented as seeking refuge in the country.

### 3. *Conditional Access to Healthcare for Asylum-Seekers and Refugees in Sweden*

Similar to several other European countries, there are restrictions on accessing healthcare for asylum-seekers and refugees in Sweden. Under the Swedish Communicable Diseases Act (a law intended to prevent the spread of contagious diseases), asylum-seekers are entitled to healthcare.<sup>87</sup> This condition essentially requires the ill individual to have been documented upon their arrival in Sweden as an asylum-seeker or refugee.<sup>88</sup> Thus, undocumented individuals are at a great disadvantage and may suffer because of their undocumented status. Asylum-seekers and refugees in Sweden may also face a waiting period during which their county or region of residence determines which type of healthcare the individual is entitled to receive while in Sweden.<sup>89</sup> Further conditional access is imposed upon asylum-seeking individuals seeking hospital and dental care. In emergency situations, asylum-seekers may pay for acute hospital and dental care at a variety of prices.<sup>90</sup> Like German nationals, Swedish nationals do not face such restrictions, which pose a burden on Sweden's

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<sup>87</sup> *Health Care for Asylum Seekers*, *supra* note 75.

<sup>88</sup> *See id.* (stating that to receive care asylum seekers must show their LMA card of receipt proving they have applied for asylum); *see also LMA Card for Asylum Seekers*, *supra* note 85 (stating an LMA card is given after applying for asylum).

<sup>89</sup> *See Health Care for Asylum Seekers*, *supra* note 75 (stating asylum seekers are entitled to emergency care but receipt of other types of healthcare is dependent on a decision by the county council/region).

<sup>90</sup> *Fees for Healthcare*, MIGRATIONSVERKET SWEDISH MIGRATION AGENCY (Nov. 11, 2018), <https://www.migrationsverket.se/English/Private-individuals/Protection-and-asylum-in-Sweden/While-you-are-waiting-for-a-decision/Health-care/Fees-for-health-care.html>

asylum-seekers and refugees. The condition of an asylum-seeker or refugee being in an emergent situation does not adequately protect an individual's health, nor does it ensure that mental health is taken care of for the asylum-seekers and refugees in Sweden. This conditional access to the Swedish healthcare system supports the argument that Sweden is not fulfilling its obligations regarding healthcare, and especially not in regard to mental health care.

Sweden has developed legislative protections for Syrian asylum-seekers and refugees suffering from a variety of illnesses. The problem lies in the fact that there is seemingly no *explicit* mention of mental health services in that legislation. Thus, the legislation may be improved by specifically discussing such services. Similar to the legislative protections created for individuals battling mental illness in Sweden, there is room to improve preventative care services as well. The extent and availability of preventative care services is dependent upon the individual 1) having an LMA card, and 2) being a documented asylum-seeker or refugee individual. The LMA card requirement, as well as the waiting period requirement, are extremely restricting to asylum-seekers or refugees in need of medical attention (including those who require support for mental illnesses) because people who are not covered will suffer due to their inability to meet those requirements. Given these restrictions and the impact they have on asylum-seekers and refugees, Sweden's ability to successfully conform to the Refugee Convention's standards is greatly limited due to its conditional healthcare system access.

#### C. NEED FOR A CLEARER UNDERSTANDING OF THE TERM "PUBLIC RELIEF AND ASSISTANCE"

The preceding conclusions regarding Germany and Sweden's efforts to meet the Refugee Convention's obligations suggest that a significant amount of progress must be made for refugees to be fully and adequately protected by the Refugee Convention.

The first step of this work may require the United Nations to acknowledge the need for more precise definitions and explanations of what may qualify as public relief and assistance under the Refugee Convention. In order to make meaningful progress, the international legal community should come to an agreement regarding what constitutes public relief and assistance. Generally, the term is used to describe social welfare services. In countries with universal healthcare

systems (such as Germany and Sweden), those social welfare services are typically inclusive of healthcare matters. Although this seems like a clear concept, it may become complicated to facilitate discussions among many countries and state actors.

Given the potential complications of such an endeavor, each country should facilitate discussions amongst each other for the purposes of updating the Convention's definition of public relief and assistance, as well as establishing what is required of a country in order for it to constitute one which is adequately granting refugees the right to healthcare. The assessment of those efforts should include the consideration of how liberally the governments are granting the asylum-seekers and refugees such rights. It is important to acknowledge, however, that the States Parties must mindfully expend their resources so as to avoid total resource depletion. Therefore, the States Parties must establish guidelines for each country to follow in order to adequately and meaningfully grant healthcare rights and access to asylum-seekers and refugees.

Once clearer definitions are created, the international legal community must take steps to uniformly implement those definitions that shape the expectations for healthcare system access for asylum-seekers and refugees. Furthermore, clearer definitions of the healthcare-related terms in the document will support the international legal community in the process of making larger strides toward granting asylum-seekers and refugees the public relief and assistance of which they are in deep need and to which they are entitled, including comprehensive healthcare services.

### **III. THE OUTCOME OF MORE INCLUSIVE INTERPRETATIONS OF INTERNATIONAL LEGAL DOCUMENTS**

#### **A. THE NEED TO AMEND THE REFUGEE CONVENTION**

The word "health" is not specifically used in the Refugee Convention and Protocol.<sup>91</sup> To ensure all of the needs of Syrian asylum-seekers and refugees (including their mental health needs) are met, the United Nations must engage the signatories to the Convention in a conversation geared towards creating an amendment, or multiple amendments, to the Convention. The amendment(s) should 1)

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<sup>91</sup> Refugee Convention and Protocol, *supra* note 1.

specifically state the word “health,” and 2) delineate a requirement for the States Parties to provide refugees with the health resources they need in order to be healthy members of society, as the States Parties would want for their citizens who were born in the country. The mental illnesses experienced by refugees are deep-rooted and widespread, and therefore may require an extensive amount of time to remedy. Therefore, the Refugee Convention will not provide adequate protections and rights guarantees for asylum-seekers and refugees until such individuals are explicitly protected by the document by mentioning the word “health” or a similar word in the same family.

#### B. FURTHERING THE PURPOSE OF THE REFUGEE CONVENTION

The Refugee Convention outlines the rights of the displaced.<sup>92</sup> In order to respect and grant these rights, the States Parties should focus on ensuring that the rights guaranteed by the public relief aspect of the Convention are met by each State Party to the document.

By focusing on utilizing the resources already in the country of refuge, the States Parties to the Refugee Convention may be more successful in their mission to genuinely and effectively grant the refugees the same rights as those received by the nationals in the countries of refuge. Currently, there are many resources available in a variety of countries in which individuals are applying for refuge and seeking asylum.

For example, Germany partners successful asylum-seeking applicants with individuals that are currently in the application process. For the partnership, Syrian asylum-seekers and refugees are paired with individuals who are also from Syria, and also maintain the status of being an asylum-seeker or refugee. These individuals have lived through the same experiences as the people that are coming into Germany from Syria and are able to offer support to Syrian asylum-seekers and refugees from a unique position. Germany has organized with individuals who previously resided in Syria to create a non-profit organization and clinical facility in which the individuals with whom Germany partnered speak with Syrian refugees who may be struggling with mental illness.<sup>93</sup>

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<sup>92</sup> *Id.* at 3.

<sup>93</sup> See Jennifer N. Levin, *Meet the People Helping Refugees in Germany Battle Mental Health Issues*, THRIVE GLOBAL (Apr. 18, 2017), <https://journal.thriveglobal.com/meet-the-people-helping-refugees-in-germany-battle-mental-health-issues-8b17aa5d9be2>.

This method of resource utilization in Germany is an excellent example of the ways in which a government has the opportunity to harness the resources in the country and effectively use them as a support mechanism for asylum-seekers and refugees. Furthermore, to facilitate a conversation between two people from Syria regarding struggles with mental health is to slowly diminish the stigma that those individuals likely associate with mental illness. Doing so ensures that mental health issues are addressed more swiftly and without fear of stigmas.

To ensure asylum-seekers and refugees are healthy, the German government must first provide the resources to assess the health status of asylum-seekers and refugees, then address the taboo nature of addressing mental illness in the Syrian community. As previously discussed, there is a “stigma associated with mental health” in Syria, which may be why some individuals are hesitant to seek the care they need to address their mental health challenges.<sup>94</sup> In an effort to mitigate the negative effects of that stigma, Germany should encourage discussions among individuals who share the same language and similar circumstances.

The mental health crisis of the Syrian refugees is especially important to address because there is a possibility of mental illness across generations.<sup>95</sup> The ability to address mental illnesses such as depression, PTSD, anxiety, etc., will grant Syrian asylum-seekers and refugees the opportunity to not only be successful in short term ways (such as getting a stable job and long-term residency in their country of asylum or refuge), but will also help ensure that their children are in a position of stability and peace—the exact conditions they were presumably looking for by fleeing their home countries.

#### IV. CONCLUSION

The findings of this note highlight the role the United Nations has played in international healthcare matters. The reactionary response that the United Nations had that led to the creation of the Refugee Convention can be preempted, or at least mitigated, in this situation. In this instance, the United Nations is able to act immediately to remedy the situation of mental health not being featured in the document, just as the entity acted to remedy the limitation on whom the document was even applicable to in its earliest form. Additionally, the United Nations took

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<sup>94</sup> *Id.*

<sup>95</sup> *Id.*

swift action to amend and improve the document as time progressed and the international body learned of ways to improve the document to be more inclusive.

Although the studies on mental health in Syria have been relatively new (which may likely be attributed to the nascent nature of the Syrian Civil War), the United Nations is now aware of the long-term mental health impacts that war and traumatic events may have on a refugee, for which reason action should be taken to remedy their involuntary status as asylum-seekers and refugees. Exposing the weaknesses of the Refugee Convention can assist State Parties in learning about, and adjusting to, the significance of mental health in a globalized society.

It is of great importance that the United Nations and countries that are State Parties to the Refugee Convention work together in order to create a document that is clear about the standards that the signatories must meet in regard to providing public relief and assistance. The standards should be comparable to what the standards should be for the countries' nationals. Countries have responded to their understanding of the Refugee Convention in a variety of manners, and those understandings may need improvement in order to be more inclusive or considerate toward the needs of all asylum-seekers and refugees.

As to the significance of Germany and Sweden's relationship with Syrian asylum-seekers and refugees, Germany and Sweden must ensure that each asylum-seeker and refugee has access to an effective healthcare system that mirrors the same standards and experiences as those of German and Swedish nationals. The future implications of such improvements by both countries may produce a variety of results for all parties involved; however, there will at least be an effort to involve the Syrian asylum-seekers and refugees in the German and Swedish societies in an equitable manner. One outcome may be that the Syrian individuals will be able to contribute to the German and Swedish societies in a meaningful way, such as Syrian asylum-seekers and refugees helping each other on the journey of addressing mental health concerns, and effectively removing the stigma regarding mental health matters.<sup>96</sup> Also, the Syrian refugees (or individuals) will be able to ensure that their children are raised in such a manner that exposes the children to positive ways of existing, including being under the impression that mental health is equally important to take care of as physical health.

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<sup>96</sup> *Supra* note 93.



As noted earlier in this note, German and Swedish nationals also suffer from mental illnesses, and the governments of those respective countries either must take (or continue to take) steps to provide healthcare access for those illnesses to their citizens. Therefore, the same courtesy should be taken in other countries where their respective citizens are suffering from mental illness. Not only will this remedy ensure that mental illness does not have a stigma in the given country, but it will become undeniable to the general population, as well as the legislature and the government, how imperative it is for all individuals to have access to comprehensive healthcare in order for a nation to thrive in all sectors.

These moves towards progress will present an opportunity for this note to be relevant and helpful to people researching matters of asylum-seekers and refugees because mental health illnesses are not exclusively experienced by Syrian asylum-seekers and refugees. It is significant to the success of improving this document that the United Nations acknowledge the role that being from different countries and having different experiences may have in influencing an individual with a mental illness and that individual's journey of improving their mental health.

The physical health and mental health needs and expectations of all people, which are set up by the UDHR and the Refugee Convention, should be met by all of the countries that acceded to said agreements. It is important that the agreements signed by the member countries of the United Nations are fulfilled by each country. If the countries do not meet the expectations set in these agreements, the agreements will hold no true significance in the long run for our global community.

In the increasingly globalized world in which we live, it is paramount to our success that people are reminded of the significant role that legal agreements and healthcare systems play in the well-being and functionality of our society. Germany and Sweden taking the necessary steps to provide Syrian asylum-seekers and refugees with the accommodations that best meet their needs, both countries will demonstrate to the rest of the world—including those countries that are in dire need of a real-world example—the ways in which such individuals must be treated in order to build positive communities for each of their members, regardless of their past circumstances.

The Refugee Convention and Protocol must be adjusted and re-examined in light of current developments in our understanding of mental health. As the world becomes increasingly globalized, mobile, and concerned with the mental health of all individuals, international legal agreements must ensure those concerns are swiftly and effectively

addressed through all available avenues in the international legal community.