Refugees and Healthcare

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Lesson Plan

Unit Topic: Refugees and Healthcare

Lesson: A comparison of how Turkey and Canada approach healthcare provisions for refugees, as opposed to the United States.

Rationale for the Lesson: Often times in the U.S., many people overlook what is happening in other countries, whether good or bad, because it does not directly affect them. However, there are not always the best conditions for many human beings in this world, and sometimes the only options these human beings have is to flee their homes to a safer country. When these refugees come to the U.S they are often looked upon as a threat to social constructs, a burden to take care of, and people not to trust. The important thing to understand is that if the U.S were ever in the same state as these countries are, we may also want to be welcomed into other countries and taken care of in their healthcare systems when it is most needed in our lives. This lesson plan breaks down how refugee health is handled in this country, as well as how it is handled in other countries, Turkey for instance handles refugee health differently than the U.S., whereas Canada has a similar approach. The lesson will help one form an opinion on how the U.S.’s handling of refugees should be improved or should continue with the status quo. This lesson plan will also compare how the US defends against communicable diseases as well as assists refugees without being a burden on their mental health and human dignity.

Standards:

CCSS.ELA-LITERACY.RH.9-10.4
Determine the meaning of words and phrases as they are used in a text, including vocabulary describing political, social, or economic aspects of history/social science.

CCSS.ELA-LITERACY.RH.9-10.9
Compare and contrast treatments of the same topic in several primary and secondary sources.

CCSS.ELA-LITERACY.RH.9-10.2
Determine the central ideas or information of a primary or secondary source; provide an accurate summary of how key events or ideas develop over the course of the text.

CCSS.ELA-LITERACY.RH.9-10.6
Compare the point of view of two or more authors for how they treat the same or similar topics, including which details they include and emphasize in their respective accounts.

Essential Question/Guiding Question: What is the current healthcare availability for refugees in the United States and is it beneficial for refugees or should it be improved?

Objectives:

• Students will be able to understand the current protocol for refugees in the U.S health care system, be able to form his or her own opinion as to how it should be improved or continued, and how he or she can help refugees in his or her city or township.
• By the end of the lesson, students should be able to identify what a refugee’s journey is, as well as their struggles, and why it is crucial to understand why healthcare access is important for refugees.

Lesson Opener/Anticipatory Set/Lead-In/Do Now: (8 minutes)

- Instructor introduces self
- Instructor will have a slide on the screen for when students enter class to see for their “Do-now” to answer the question, “What are refugees and what is healthcare?” and will instruct them to work on this alone to the best of their ability.
- Based on the question asked of the students, the students will provide their feedback and the instructor will explain the definition of what a refugee is and what healthcare is to the class
- After this, the instructor will ask the class, “Why do you think it may be necessary for refugees to have access to Healthcare?” and students will volunteer to respond.
- Based on this question asked of the students, the students again will provide their feedback, and the instructor will explain why she believes it is essential for refugees to have healthcare in addition to the student’s thoughts so they do not feel that there is a right or wrong answer.

Step-By-Step Procedures with Time Allocations:

(Include 3-4 questions and mini-activities to check/monitor student understanding during the lesson.)

1. Instructor will hand out index cards (unless they have notebook room in their notes on refugees, if they had previously been taught this lesson before) and explain to students that by the end of the lesson they should know a little bit more about refugees in our healthcare system and will be able to come up with their own solutions! The instructor will encourage students to write down during the PowerPoint presentation what they already knew prior to the lesson (if any), a few things they have learned from the lesson, and any questions they have for the instructor after it is presented. This will allow students to stay focused during the lesson and will give them a reference to look at when they begin to form their own opinions. The instructor will also write all of these points on the white board or chalk board so the students remember what to write about. (2 minutes)

2. The instructor will present a Powerpoint presentation on why refugees flee their countries, and what refugees’ current state of health may be when leaving their country. Students will critically think about how it might feel if they had ten minutes to leave their country with a small bag to pack, how would they feel? (5 minutes)

3. The instructor will show an updated CNN article that explains which countries currently welcome refugees, and will follow up with another updated CNN article that shows photos, and lists which countries are currently in President Trump’s travel ban, and what these countries are dealing with in a snapshot. (5 minutes)

4. Before the next slide, the instructor will ask the students if they know the difference between isolation and quarantine. (2 minutes)

5. Once the class gives their answers, the instructor will show the CDC’s definitions of isolation and quarantine and will transition to the next slide, which will explain the significance between the differences of the two definitions, and how it relates to the differences with Turkey’s approach of
6. The first introduction will be on isolation and Turkey’s approach to isolation for refugee health. The instructor will show a picture of an article entitled “Turkish gov’t to set up new refugee healthcare centers, employ Syrian medical staff” and will ask the students, “Why might this be a good idea to do?” (2 minutes)

7. The slide following that discussion will include some reasons why this is a good idea (students may or may not have already mentioned some), as well as how this method of isolation over quarantine has been working for Turkey. This will be followed by the cons of isolation. There will also be a map that the instructor will move back and forth between slides, to show students that Turkey borders Syria. (2 minutes)

8. The second introduction will be Canada’s approach to quarantine for refugee health. The instructor will ask the students “Why do you think a country would want to quarantine? Especially Canada” while showing the students a map of the world highlighting where Canada is on the map and pointing where Syria is. The instructor will see what the class has to say and then will provide a list why certain countries quarantine. The slide following Canada’s approach will be the cons of quarantining. (2 minutes)

9. The instructor, before moving on to the next slide, will ask the class “Describe two ways in which both of these approaches different?” (2 minutes)

10. The next slide will show what the United States is doing to assist refugees within their healthcare system (quarantine approach) and where the nearest quarantine station is located to these students (Newark Liberty International Airport). (5 minutes)

Lesson Closure:

- Instructor will ask the class what they think is the best method for the U.S to follow for refugee healthcare in the United States by breaking the students up into groups and design their ideal healthcare approach for refugees and then discuss in class their opinions in class. The instructor will tell the students to work with their “elbow buddy” on this assignment. The instructor will hand out a paper, explaining how the students can assist refugees today in the U.S. and if time allows, they will be able to discuss the handout together, if there is no extra time, the students can take it home to possibly open a discussion with their parents or guardians. (10 minutes)

Materials and Equipment Needed:

- Index cards
- Pen or Pencil
- Projector
- Projector screen
- White board or chalk board
- Internet Access
Assignment: Students will write down their prior knowledge on a few of the main definitions in the topic and then form their own opinion as to how the U.S should handle the topic at the end of the lecture. Students will be able to work with their peers, or individually based on preference.

Assessment: (how will I evaluate student learning?) The students and the presenter are going to have a balance between lecture and open ended questions for the students to discuss. When the students answer the questions before, during, and after the presentation; the instructor will have a better perspective on the level of the students’ comprehension of the lesson, therefore creating a pre-test/post-test method.

Modifications for diverse learners (how does this lesson make accommodations?) This lesson is part lecture and part critical thinking based on what they are presented with in class activities and assessments. During these activities/assessments I will walk around to ensure everyone is on the same page and understand the question that is being presented. If I notice a student may not understand the question or is having difficulty forming an opinion, I will help the student or team him or her up in a pair with a student who is understanding the material. Since there are questions on prior knowledge as well as knowledge from the lecture, the instructor will be able to evaluate the students’ comprehension of the material.
Annotated Bibliography


Often times when we are helping one another we tend to ignore one’s mental health and what trauma he or she may have gone through. In this journal, data was collected looking at trauma among refugees in the United States Health Care system. The data shows that when refugees migrate to the United States, most individuals go through traumatic experiences and need access to health care the most in this time. The data found six themes that were prevalent which are silence, adaption, relationship, remembering, and national redress. In our health care system this discussed the need for practitioners to be culturally aware of intergenerational trauma and the process of grief. It is important to recognize this because often times we are so focused on refugees and potential harmful diseases or fear that people often forget that they are human beings who have gone through some traumatic experiences not many individuals in this world, or even this country face and their state of health and need for healthcare is more vital than most individuals. They are refugees who lived in fear and had to flee for their safety so they would not mean to cause harm unintentionally from diseases because, they wish to seek safety and help from what our healthcare system has to offer. This journal helps you look at this public health debate from a different angle.


Watching the news, you are bound to hear a section on the Syrian refugee crisis and how it “should” be handled in the United States. Additionally, in the news, people are starting to recognize what public health is and its importance to help human beings around the world with all things surrounding health including mental health, environmental health, diseases, and overall the health status of any population. This journal, looks into how public health can support our Syrian refugees around the world and what we can do here in the United States. Many struggles a refugee might face immediately is not understanding the English language, the need for a job and not having one easily, grief, preexisting medical conditions, etc. and many cities in the United States have tried their own methods of refugee care. It is important to remember that these refugees are not a nuisance to this country and are human beings too that have had unfortunate life events that led them to this moment and need extra attention from our country as they travel here. Overall, it is important to identify the barriers these refugees will face and involve our state and local officials to provide aid for these barriers they may face. It is also important to have brokers provide aid to these refugees, especially ones who may have had similar stories to break barriers on language and to help them find their access to health they may need as well as, having sufficient funds provided.
This book breaks down anything and everything about the U.S health care system and its history. Since history doesn’t change this is a great book for students to understand the long history and improvements in our health care system. This book however, was published right before the Affordable care act was passed and does not cover anything regarding that act. However, it has every information regarding health care including President Johnson’s work on Medicare and Medicaid and some failed acts past lawmakers tried to have happen in the U.S. This is a good book to read a little bit if you are unsure about an event in history or how healthcare used to be because it goes in depth and explains almost every question you may have or your students may have. It is also a good reference to understand a little bit better how our healthcare system was because the healthcare system is confusing and just a little bit of understanding can go a long way. After understanding how healthcare has evolved and how certain items are still in-tact, it is important to do some research on the Affordable Care Act because it is not covered in the book as well as, if any future Presidents pass a new health act that will alter what is in the book and what the Affordable care act has. This way it will be easier to understand some patterns, differences, and or improvements since discovering penicillin as a groundbreaking medicine.


With millions of immigrants migrating to the U.S there is a large public health concern with the spread of infectious diseases. The Center for Disease Control and Prevention (CDC) has quarantine stations otherwise known as Q-stations that welcome new arrivals into the U.S this article discusses. These Q-stations are located in airports and land-border crossings where 85% of international travelers arrive and are staffed with public health officers from the CDC. This article discusses the safety of the Q-stations from officers and how it is to work with immigrants and refugees. In the article is also has an interview with one of the quarantine officers who knows first-hand what it is like to be a refugee because he was a refugee from Laos in 1976. His goal as an officer is to help make the transition easier into the United States for these families because he is so grateful for his opportunity. He also aims to protect the health of the communities which is a goal for the CDC where he works for. These Q-station officers also play a vital role in the community by contacting state and local health departments about refugees who are resettling and if he or she has any health issues that need follow-up care from their medical records. This is important because it will hopefully, all be on record, or the refugee will express his or her concerns, and there will be no surprises to the health departments because they know what to expect and to work on.
The impact of immigration to the United States has always been a hot topic in regards to many aspects including terrorism, unemployment, crime rates, etc. However, the influence of undocumented immigrants in the United States and their influence on the public health system here is often overlooked. Immigrants who come into this country illegally do not go through the proper medical screenings to ensure that he or she is not carrying any harmful diseases into the United States which will effect surrounding citizens who may need additional vaccinations to prevent these diseases in their surrounding area, which may not be the perfect solution considering the debate around vaccinations as well. Additionally, since these immigrants do not have insurance he or she tends to not visit the doctor frequently or get any physicals done until it is severe. Due to not being able to check up on their own health status in this country after a couple of days or maybe even years, emergency services are needed which then it will fall on the taxpayer’s. Not all refugees come into this country legally depending the immigrant and their particular situation coming into to the United States. This organization raises the question on how undocumented immigrants effect our public health systems as well as, bring up a debate on how much we should integrate them into our healthcare system. Should undocumented immigrants be allowed into our health care system as a refugee, or should we quarantine them, or even not allowed them to fully integrate at all? This is an interesting article to allow you to look some concerns in the debate.


As of September 10, 2015 this is an updated article on which countries welcome Syrian immigrants versus those who receive Syrian asylum requests. This article also gives an estimate number on about how many refugees they welcome or have asylum requests. The country with the highest ranking in this article is Turkey with 1.9 million refugees and by looking at geography, Turkey and Syria share a border which does explain a lot. Lebanon welcomes 1.1 million refugees, Jordan 629,000, Iraq 249,000, and Egypt 132,000. This is good to have as a reference until the next updated article because the topic involves refugees and it is good to know which countries are welcoming to these refugees. Additionally, it is good to know which countries are receiving asylum requests with Germany at the top with 98,700 requests. Next there is Sweden with 64,700, Hungary with 18,800, Denmark with 11,300, the United Kingdom with 7,000, and France with 6,700. This article also looks at what North America is doing for Syrian refugees and North America has taken 1,500 refugees and expect 300 more by the end of the fiscal year in 2015. The article also goes in depth with how many resettlements Canada has and what other wealthy countries are doing which is good to read through in case any questions are asked about other countries to know or to have a resource to look back to. If there is an updated article in the near
future it will also be interesting to look at the difference in statistics since 2015 if it became higher, lower, or just about equal.


Quarantining individuals overall does not sound pleasant nor does it sound moralistic. However, many countries, including the United States quarantine because it is believed to be safer for the communities in the country to do so then to fully integrate the refugees into the country without knowledge on prior medical history or current medical issues. Canada not only understands when it is safe to Quarantine but they also outline how individuals can protect themselves. In the article is starts off with a quote that states “I would rather be too cautious then not cautious enough” which begins the argument as to why quarantining is important because, it is safer for the country. This began with the swine flu outbreak on being too safe but it is important to know that these countries isolate those with these diseases and quarantine those entering to see if he or she is contagious. Some steps Canada took besides the quarantine to make their country feel safe they also set out guidelines for individuals and the government. Individuals can wash their hands, stay home if sick, and sanitize fomites (objects everyone touches multiple times). The government can regulate travel to and from country, cancel public gatherings, close schools, acquire extra medical supplies, monitor capacities at burial services, and order an individual to leave a specified area to make arrangements for adequate care. Canada only quarantines when necessary under the Quarantine Act. If there is any suspicion a person may have come into contact with a communicable disease the quarantine officer can isolate them until the threat of the disease has passes and if the individual resists he or she will be arrested without warrant.


There is always some confusion on what exactly the difference is between isolation and quarantine. Both terms are used very similarly in terms of public health and diseases currently in the country or coming into the country. When the swine flu was in the news many individuals mistaken those with the swine flu being isolated from everyone versus being quarantined. The main difference between the two definitions in that quarantining an individual involved more barriers and restrictions on the movement of the individual to see if he or she becomes sick where an isolation is the separation of someone who is sick with the disease from those who are not. Both terms can be used together however because if someone who is quarantined is sick they must be isolated from those who are not sick. There are twenty quarantine stations in the United States and are located where individuals enter this country wither being a refugee, immigrant, or returning from traveling from a country that may have a high case of a certain disease (i.e. Zika Virus, Swine Flu). These Quarantine stations systems are used to limit the amount or limit the introduction of harmful and infectious diseases into the United States. There is a Final rule as set by the Department of Health and Human Services and the Center for Disease Control and
Prevention that enhances the ability to prevent harmful diseases interstate and foreign on January 19th, 2017. If you want to have further knowledge on this final rule, there is a link where it is titled, “Final Rule for Control of Communicable Diseases: Interstate and Foreign” in case students have further questions on quarantine and isolation.


Being the country that borders Syria, geographically, it is expected that Turkey will host many refugees from their country. In fact, Turkey hosts nearly 4 million refugees and offers them healthcare, education, and other services to Syrian refugees for over five years. It is important to have this support for the Syrian refugees to help them adjust to their new lifestyles and Turkey is able to provide that without global support and are able to look at the other side of the public health debate on fully integrating Syrian refugees into their healthcare system. Turkey is going above and beyond to welcome Syrian refugees into their country especially into their healthcare system by setting up refugee health centers and having that centers staff made up of Syrian’s with medical backgrounds. Not only will these Syrian refugees have their own isolated healthcare system without the fear for Turkish citizens to catch a communicable disease but they also will feel more welcomed by a Syrian medical staff. One of the many struggles for Syrian refugees is the language barrier as well us understand the new health care system and where to find everything. With a Syrian medical staff, he or she will understand each patient’s needs, there will be no language barriers, and he or she will be empathetic to their specific medical needs which will have a great doctor to patient relationship which the United States tends to lack. The debate here raises how much do you go above and beyond for refugees financially similar to the Turkish health care system? Should refugees have their own isolated health centers with staff to fit their needs no matter the cost?


Often times in the media or in daily conversations people are often confused on what exactly a refugee is. Refugees are often confused with illegal immigrants which, many refugees may enter into this country illegally which would be very similar but overall, that is not what a refugee is. Refugees live in the worst conditions in their own country and are forced to flee because of certain things such as, persecution, war, and or violence. Some of these refugees may come into the country illegally to speed up the fleeing process but not all do and refugees should not be in the same category as an illegal immigrant. This article also explains the difference between a refugee and an internally displaced person who is a person who is forced to flee similar to a refugee because of persecution, war and or violence, but remains in that same country. Internally displaced persons are not protected by international border unlike refugees. The article explains what asylum seekers are as well as stateless persons. Asylum seekers are similar to refugees because they will
be recognized when they apply to be recognized as one and will receive legal protection and will never return to his or her home country. Stateless persons are those who are not citizens of any country and can happen by a legal bond between government and individual by the means of political, economic, social, or other rights of the individual. These are all key terms to understand in future discussions on immigration as well as being able to recognize these terms in the news if they come up.
How Can We Help Refugees?

• Continue to be a positive voice (advocate) for Refugees
  o Continue to work on your human rights projects and support your students who are working on the current Syrian refugee crisis today.

• Purchase Chobani yogurt
  o According to New York Times, “Mr. Ulukaya has stepped up his advocacy --- employing more than 300 refugees in his factories, starting a foundation to help migrants, and traveling to the Greek island of lesbos to witness crisis first hand.”

• Volunteer as a translator
  o Montclair State University is partnering with International Rescue Committee to help refugees and is in need of volunteers.
  o Email Professor Mazooz Sehwail for further information sehwalim@montclair.edu

• Be an advocate
  o Encourage your local and state legislator to assist refugees when coming to the U.S.
    ▪ Refugees need assistance from cultural brokers who can help them access medical services, locate a pharmacy, understand dosages, and reconnect to medical care as needed.
    ▪ (Check out full journal: http://eds.a.ebscohost.com/eds/pdfviewer/pdfviewer?sid=1129b258-63bb-4554-b0e2-6ce76fe0a432%40sessionmgr4009&vid=2&hid=4211)