

*Side Event*  
**Health in the Context of Migration and Forced Displacement**  
New York, 22 September 2016

Intervention by  
Rev. Msgr. Robert J. Vitillo, Secretary General  
International Catholic Migration Commission (ICMC)

on  
**“Forgotten Voices”:  
An Insight into Health of Older Persons  
among Refugees from Syria**

I wish to begin by expressing my sincere thanks to the governments of Sri Lanka and Italy, as well as to the international organizations, IOM, UNHCR, and WHO, for their kind invitation for me to address this important gathering on behalf of civil society organizations. I will focus mainly on the work and experience of my own organization, the International Catholic Migration Commission, or ICMC, but I hope that my testimony also is representative of many more non-governmental organizations and other civil society efforts engaged in this field. ICMC is a Catholic Church-inspired organization that facilitates a network of national and local-level programmes serving refugees and migrants in every part of the world. We also sponsor humanitarian assistance to the forcibly displaced in emergency situations and medium-term health, social, and material support to these populations. Through cooperation with multi-lateral organizations and national governments, we process applications for resettlement to third countries.

For several years, ICMC has been addressing the health, social, educational, and basic survival needs of internally displaced persons in Syria. During 2015, we assisted some 14,500 IDPs in this country. In the area of health, we prioritized responses to the needs of pregnant women and newborns.

For purposes of this discussion, however, I will focus more specifically on the health needs of Syrian refugees hosted in Lebanon who find themselves at the other side of the life cycle – that is, elderly refugees. In 2013, ICMC supported its partner organization, Caritas Lebanon Migrant Center (CLMC) to conduct a study of older persons among refugees<sup>1</sup> being served by the Center. We focused on this issue since older persons constitute an increasingly larger share of the global population, including refugees affected by both natural and human-made disasters. In fact, during the year in which the study was conducted, UNHCR estimated that older persons constituted 8.5% of the total population of concern to the agency. The study population included approximately 1100 older Syrian refugees (at the time, CLMC had registered 125,000 Syrian refugees as

---

<sup>1</sup> *Forgotten Voice: An Insight into Older Persons among Refugees from Syria in Lebanon*, Caritas Lebanon Migrants Center, 2014.

beneficiaries of its service) and 700 older Palestinian refugees (registered with another organization but also who had come from Syria). The average of the respondents was 68 years old; the youngest was 60 years old and the oldest was 96 years old. CLMC collaborated with Johns Hopkins University to develop this study. Key findings of the study included the following:

- 74% of respondents noted that they were dependent on humanitarian assistance to meet their basic needs;
- 66% described their overall health status as bad or very bad. Nearly all listed at least one chronic illness, including hypertension (60%), diabetes (47%); cardiovascular disease (30%).
- Respondents reported a number of physical disabilities, including difficulty with walking (47%), loss of vision (24%).
- Approximately 10% were physically unable to leave their homes and 4% were bedridden. They reported the need for a variety of assistive and mobility devices.
- 87% reported that they were unable to afford medications which had been prescribed by their physicians;
- Commonly reported were reduced meal size, skipping meals, or reduced intake of fruits, vegetables, and meats; many reported that they ate less in order to provide better meals to younger members of the family.
- Mental health concerns were mentioned by a significant number of respondents. Nearly 61% reported feeling anxious; others spoke about feelings of depression, loneliness, and considering themselves as a burden to their families. 57% said that negative feelings restricted their ability to perform some tasks that a healthy persons of the same age would be expected to do.

Listen to the story of the youngest respondent, Hasan (60 years old). He breathes heavily and struggles to pronounce his words. He suffers from hypertension, diabetes, asthma, and relies on a pacemaker to regulate his cardiac rhythm. With their savings depleted and no right to work in Lebanon, the family struggles to pay \$167 USD per month in rent as well as the cost the medicines for Hasan, so he often has to skip taking the medicines. Giving evidence of depression and despair, Hasan says, “If I die in Syria or I die in Lebanon, what is the difference? I will never see my country Palestine again.”

The following are some general observations and recommendations that are based on the study findings:

1. The lack of specific assistance programmes focusing on the specific health needs of older refugees in Lebanon was quite evident.
2. Greater effort and additional resources are needed to support the age-specific health needs of older refugees, including affordable medication for chronic illnesses, appropriate mobility aids and medical equipment, support for family members and other caregivers; and accessible primary care providers who are sensitive to geriatric and refugee-related needs.

3. Humanitarian organizations must consider the association between quality and quantity of nutrition and other factors, such as financial status, household size, local availability of different foods, and type of housing.
4. The impact of social isolation, trauma due to experience of war and displacement, and lack of support from family and friends in the home country need to be taken into account with regard to mental health status of elderly refugees.
5. The capacity of older persons to give psychosocial support to younger family members also should be considered. Older refugees should not be seen as passive recipients of aid; they possess knowledge and experience that is unique, important, and of great value to refugee communities.