

Plight of Syrian Refugees in Lebanon

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Every day I see patients in the Queensborough Projects, patients who migrated here many years ago but have not found a way out of poverty. Many have adapted a rhythm that makes their circumstances more livable. They are constantly trying to adjust to changes that are happening in our society, trying to stay afloat and keep their families fed and satisfied. In the housing system in NYC, residents know that they are responsible for their lives and no one is coming to rescue them. However, the housing system can also be viewed as a rescue system that has been poorly maintained but still reduces homelessness. Public housing has been an ark that though full of vast inequities, holds many families away from NYC streets.

In contrast, Syrian refugees have been pushed out of their homes by war, devastation and destruction of their property and left homeless all over the Middle East. Many organizations have reached out to build temporary measures of rescue. However the refugees are in a state of scarcity without citizen status. These refugees live without a sense of belonging in the countries where they reside. One such country, Lebanon, can be compared to the American housing dilemma, where the poorest are offered poorly maintained development projects that provide the basics but are still lacking in the essentials to build a new life. Similar to the development residents that I serve, Lebanon has not welcomed all of the refugees' citizen status, causing them to live well below standard conditions. Now, 12 years after the start of the war, it can be argued that these refugees are no better off and have realized that no one is going to rescue them. They make the best out of a very hard situation. In this paper I intend to investigate how Syrian refugees have been able to receive aid and make a living to support their families. I would like to discover the dead end approaches to the Syrian refugee crisis as it relates to aid from government, charities and NGO's and unearth ways to prevent stagnation in this community. I would like to detail how Syrian refugees make a life in the non-citizen status, whether UNHCR registered or unregistered. Lastly, I would like to describe how the socio economic backdrop of Syrian refugee life has also worsened the risk of serious spread of COVID in this population. I will recommend ways to paint a path out of poverty and discrimination and into greater responsibility and self efficacy for Syrian Refugees.

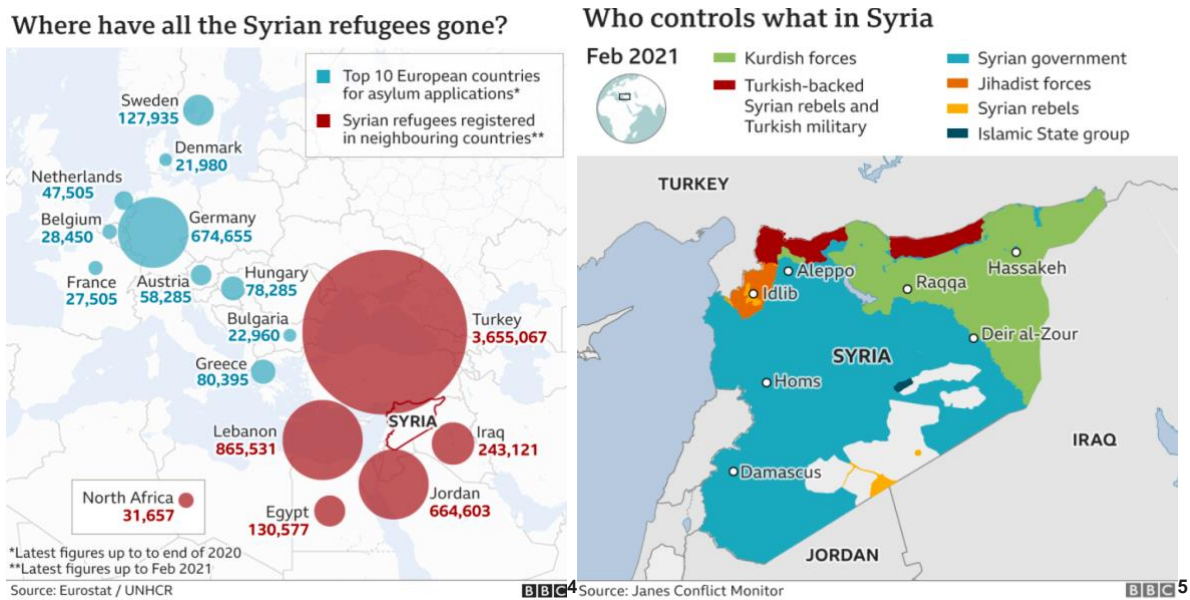
The Syrian War

In the wake of revolutions taking place throughout the middle east, March 2011 marked the first peaceful uprising against the rule of Bashir Assad in Syria. When the President started using deadly force to stop the protests, a civil war started to develop and the opposition started to call for the President to resign. When Mr Assad stood his ground smaller terrorist organizations started to spring up and eventually the larger organizations like IS (Islamic State) and Al Qaeda got involved.¹ It is estimated that over 380,000 people have been killed in the Syrian War, with

¹ *Why has the Syrian war lasted 10 years?* (2021, 03 12). BBC.
<https://www.bbc.com/news/world-middle-east-35806229>

over 205,000 people who are unaccounted for, 88,000 of whom were known to disappear after torture and imprisonment by the Syrian government.

Since then, Syria's 22 million pre-war population has been internally and internationally dispersed, with over 6.7 million people internally displaced and over 5.6 million living in a refugee establishment on foreign soil.² The refugees have fled to a plethora of nations including Turkey, Lebanon, Jordan as well as several European countries. What is alarming is that this war is not over. Syrian government forces, along with the help of Turkey, Russia and Iran are still actively trying to stop terrorist forces from regaining ground in Syria. Lastly, a resolution drawn up by the UN, proposing the formation of a 150 member committee to rewrite the Syrian Constitution and re-elect government officials, seems to have failed. As of January 2021, no plans have been started.³ Syria continues to be occupied by several military forces and the problem gets more complicated by the day.



Demographics of Syrian Refugees in Lebanon

One of the nations that received a large amount of Syrian refugees was Lebanon. Lebanon is home to over 1 million Syrian refugees who can have no status other than official or unofficial temporary resident status. In fact, “Lebanon is not a signatory to the 1951 Convention on the

² *Why has the Syrian war lasted 10 years?* (2021, 03 12). BBC. <https://www.bbc.com/news/world-middle-east-35806229>

³ *Why has the Syrian war lasted 10 years?* (2021, 03 12). BBC. <https://www.bbc.com/news/world-middle-east-35806229>

⁴ *Why has the Syrian war lasted 10 years?* (2021, 03 12). BBC. <https://www.bbc.com/news/world-middle-east-35806229>

⁵ *Why has the Syrian war lasted 10 years?* (2021, 03 12). BBC. <https://www.bbc.com/news/world-middle-east-35806229>

Status of Refugees, and the government emphasizes its stance by labeling Syrians as “displaced.”⁶(Nabulsi, 2021, #2)

This means that there is almost no road to citizenship and those who are displaced only receive aid via the ministry of health in Lebanon, the United Nations and other NGO’s in the region.

On July 28th, 1951, the Convention on the status of Refugees was signed by 24 countries. In this charter, a refugee was defined as, “...someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.”⁷ Since the 1966 protocol made the convention apply universally, with no geographical or temporal boundaries, there are now 146 countries added to the convention and 147 to the protocol.⁸ The convention lays out several rights and responsibilities of refugees and their hosts. These include equal protection under the law, access to welfare, education, fair housing, access to legal services and legal labor regulations of men, women and young persons. Along with non refoulement, refugees are granted identity papers that allow them free movement and give access to services within the nation where the migrant has sought refuge.⁹ As a result of Lebanon's refusal to be a part of this convention, they only extended some rights to registered refugees but then stopped the registration and left many refugees without state funds or provisions.

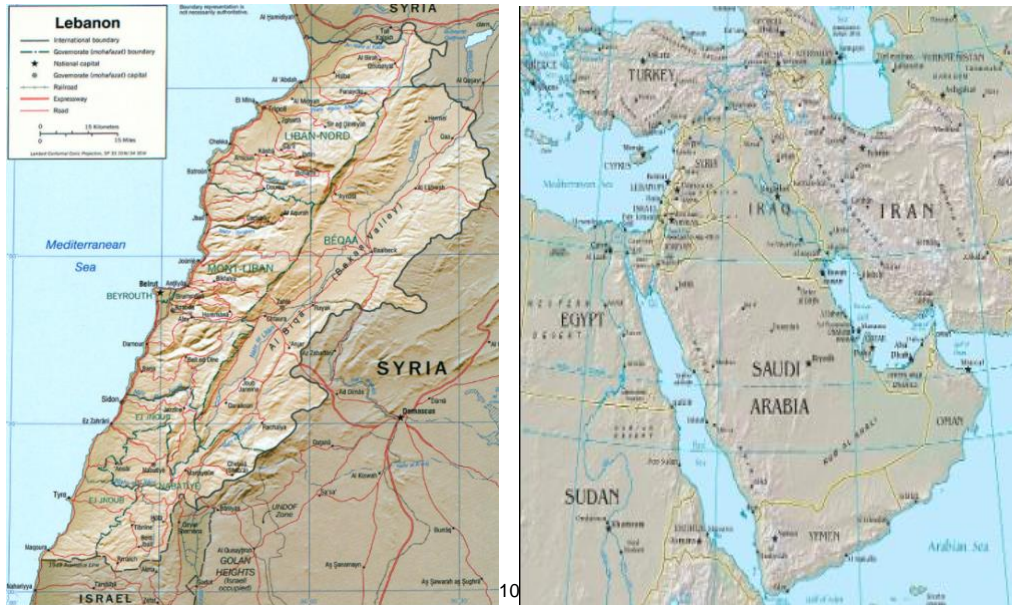
⁶ Nabulsi, D. (2021). Minimum initial service package (MISP) for sexual and reproductive health for women in a displacement setting: a narrative review on the Syrian refugee crisis in Lebanon. *Reproductive Health*, 18(58), 1-13. BMC.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7938550/pdf/12978_2021_Article_1108.pdf

⁷ *Convention and Protocol Relating to the Status of Refugees*. (1951, 07). The UNCHR The UN Refugee Agency. <https://www.unhcr.org/en-us/3b66c2aa10>

⁸ *Convention and Protocol Relating to the Status of Refugees*. (1951, 07). The UNCHR The UN Refugee Agency. <https://www.unhcr.org/en-us/3b66c2aa10>

⁹ *Final Act of the United Nations Conference of Plenipotentiaries on the Status of Refugees and Stateless Persons. Held at Geneva from 2 July 1951 to 25 July 1951 Convention relating to the Status of Refugees (with schedule). Signed at Geneva, on 28 July 19. (1951, 7 28).* refworld. <https://www.refworld.org/docid/3be01b964.html>



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According to the UNHCR, “There are, an estimated 1.5 million Syrian refugees, and some 16,000 refugees of Ethiopian, Iraqi, Sudanese and other origins, in addition to over 200,000 Palestinian refugees under UNRWA’s mandate.”¹² As a result of the Syrian War, Lebanon houses the highest per capita Syrian refugees and thus the economy has taken a significant hit, worsening in 2019. Consequently, the Syrian population in Lebanon has been plunged into new depths of poverty. According to the UNHCR, “...88% of Syrian refugees in Lebanon are living below the extreme poverty line, further eroding the resilience of people to withstand protection risks and avoid harmful coping strategies.”¹³ Hard times in Lebanon have greatly affected the ability of the Syrian refugee community to survive in Lebanon.

The Current population distribution is greatly skewed toward the youth, as less than 2% of the Syrian refugees in Lebanon are above the age of 60 and around 45% are 18 years and younger.¹⁴ According to the World Factbook, there are 1 million United Nations High Commission on Refugees (UNHCR) registered Syrian Refugees in Lebanon and about 300,00 unregistered refugees. As a result of a 2015 Golan decision, UNHCR stopped Syrian refugee registration in response to a request by the Lebanese government, in order to reduce the habitation of Syrians in Lebanon. As a result of this request, all migrants that arrived after May

¹⁰ *Lebanon 2002 CIA map*. (2005, 10 26). Wikipedia.

https://en.wikipedia.org/wiki/Geography_of_Lebanon#/media/File:Lebanon_2002_CIA_map.jpg

¹¹ (2012, 11 25). Map of the Middle East between Africa, Europe, Central Asia, and South Asia.

https://en.wikipedia.org/wiki/Middle_East#/media/File:Middle_east.jpg

¹² UNHCR. (n.d.). *Lebanon*. UNHCR: Global Focus, Operations Worldwide. Retrieved 7 17, 2021, from <https://reporting.unhcr.org/node/2520?y=2021#year>

¹³ UNHCR. (n.d.). *Lebanon*. UNHCR: Global Focus, Operations Worldwide. Retrieved 7 17, 2021, from <https://reporting.unhcr.org/node/2520?y=2021#year>

¹⁴ Fouad, F. M. (n.d.). Vulnerability of Syrian refugees in Lebanon to COVID-19: quantitative insights. *Confl Health.*, 15(13). 10.1186/s13031-021-00349-6

2015 have not been able to receive international assistance and protection, leaving them defenseless against exploitation.¹⁵ Specifically, "...non-registered Syrians cannot access the benefits associated with registration, including health services, shelter support and legal advice, as well as the possibility to apply for resettlement."¹⁶ Unregistered refugees cannot benefit from formal assistance.¹⁷ Registered Refugees who are most economically vulnerable receive a monthly stipend of \$175 (USD) per household from UNHCR and a transfer of \$27 (USD) per person to assist with food, from the World Food Program (WFP). Health care is also subsidized for all registered refugees.

Without ongoing legal residence registration, refugees may find themselves on the wrong side of the law or in detention if found. Moreover, lack of proper registration hampers access to education, health care and civil services that recognize deaths, marriages and births.¹⁸ In these cases, poor maintenance of population measures is a major public health concern.

As a result of the refugees, growing tensions rise as there is a growth in competition for low skilled jobs and public services in Lebanese circles. As a result, all Syrian refugees, regardless of registration, are restricted from working in Lebanon legally. Ongoing problems in Lebanon with the weakened infrastructure, poor service delivery, corruption and bureaucratic over regulation make significant changes slow and are a disservice to the people needing help. In addition to internal disarray, Lebanon has the 3rd highest GDP-debt ratio worldwide and therefore a decrease in investment in infrastructure has resulted. Lebanon defaulted on \$31 billion in Eurobonds. As of August 2020 there are no plans in place for economic reform. At this time, 55% live in poverty up from 28% in 2019 and there was a decrease in household purchasing power. COVID 19 and the most recent economic downturn has caused the problem to worsen.

As a result of Lebanon's many fiscal troubles, many recent Syrian refugees are braving more dangerous routes out of Syria, many even trying to cross treacherous waters to arrive in Cyprus. If the public policies within Lebanon are not already a concern, the risk of life and limb for those who fear the perils of settling in Lebanon is even worse.

¹⁵ Gallart, O. A. (2015, May 30). Syrians in Lebanon: 'Glass cannot fit one more drop'. *Al Jazeera*. <https://www.aljazeera.com/news/2015/5/30/syrians-in-lebanon-glass-cannot-fit-one-more-drop>

¹⁶ Gallart, O. A. (2015, May 30). Syrians in Lebanon: 'Glass cannot fit one more drop'. *Al Jazeera*. <https://www.aljazeera.com/news/2015/5/30/syrians-in-lebanon-glass-cannot-fit-one-more-drop>

¹⁷ Nabuisi, D. (2020, 12 02). Voices of the vulnerable: Exploring the livelihood strategies, coping mechanisms and their impact on food insecurity, health and access to health care among syrian refugees in the Beqaa region of Lebanon. *PLOS ONE*, 15(12), 1-22. E0242421. <https://doi.org/10.1371/journal.pone.0242421>

¹⁸ Lebanon: Refugees at Risk in Covid-19 Response. (2020, 04 2). *Human Rights Watch*. <https://www.hrw.org/news/2020/04/02/lebanon-refugees-risk-covid-19-response>

The spread of COVID 19 in refugee populations

The world has been quarantined and tested for over 16 months and has yet to completely eradicate the COVID 19 virus. COVID-19, also known as the SARS-CoV-2 (Severe Airway Respiratory Syndrome Corona virus 2) has become widely known for its high mortality rate and also its high infectivity. As of July 9th, 2021, Lebanon has 7,869 virus-related deaths and 533,932 recoveries. According to Lebanon News, “ The cumulative number of infections confirmed in the country so far has reached 546,766, of which 4,965 are active cases.”¹⁹ The following week, an additional 2,000 cases were active, according to the 961 source. Lebanon had its first case of COVID-19 February 28th and first death March 10th, 2020. Since these initiating events, Lebanon has enforced several lockdowns and curfews. Lebanon is also having difficulty fully vaccinating its population with only 1,666,942 having received the first dose of the COVID-19 vaccine and only 623,244 having received the second dose.²⁰ That means Lebanon has fully vaccinated less than 10% of the 6.7 million in its population.²¹ With higher infectivity rates on the horizon, it is important to understand why vaccination and early detection is crucial, especially for Lebanon’s refugee population.

Vaccination is vital to the recovery of Lebanon and the rebuilding of their economy. Thus the work of COVAX, an organization co led by WHO, UNICEF and Gavi, is to help 20% of each of the world nations have access to COVID tests, treatment and vaccines by the end of 2021. Lebanon received its first donation March 24th, 2021 of 33,600 doses in the first wave allocation and received 300,000 doses of Pfizer vaccine through the COVAX outflow. ²² Lebanese officials have also consented to purchase 7 million doses which will only serve half of the 6.7 million in the population. However, as of April 2021, less than 1,159 Syrian refugees had received a vaccine, even though COVAX had designated 6,700 doses for this specific group.²³ This may explain why both Palestinian and Syrian refugees die at a rate of 3-4 times higher than the general population in Lebanon but high rates of infectivity could be another cause.²⁴

One of the ways to predict how an illness will affect a community is to determine infectivity. Infectivity is measured by the basic reproductive number, also known as (R₀). R₀ can be defined

¹⁹ Today’s COVID-19 In Lebanon Report: July 9th, 2021. (2021, 07 09). *The961*.

<https://www.the961.com/todays-covid-19-in-lebanon-report-july-9th-2021/>

²⁰ Today’s COVID-19 In Lebanon Report: July 15th, 2021. (2021, 07 15). *The961*.

<https://www.the961.com/todays-covid-19-in-lebanon-report-july-15th-2021/>

²¹ *Lebanon*. (2021, 07 19). Worldometer:population.

<https://www.worldometers.info/coronavirus/#countries>

²² *Human Rights Watch*. (2021, 04 6). Lebanon: Refugees, Migrants Left Behind in Vaccine Rollout Ensure Greater Information Access. <https://www.hrw.org/news/2021/04/06/lebanon-refugees-migrants-left-behind-vaccine-rollout#>

²³ *Human Rights Watch*. (2021, 04 6). Lebanon: Refugees, Migrants Left Behind in Vaccine Rollout Ensure Greater Information Access. <https://www.hrw.org/news/2021/04/06/lebanon-refugees-migrants-left-behind-vaccine-rollout#>

²⁴ *Human Rights Watch*. (2021, 04 6). Lebanon: Refugees, Migrants Left Behind in Vaccine Rollout Ensure Greater Information Access. <https://www.hrw.org/news/2021/04/06/lebanon-refugees-migrants-left-behind-vaccine-rollout#>

as “... the average number of infections generated by one infected individual in a fully susceptible population in the absence of public health interventions.”²⁵ It can be described mathematically as $R_0 = c \times p \times D$ where c is the contact rate, p is the probability of transmission and D is the duration of infection. Based on simulation tests completed in China, a 10, 20 or 30% increase in infectivity leads to a greater risk of spread, especially in large communities like that seen in Syrian refugee camps and inner city dwellings. In a study that evaluated the infectivity in China, the duration of latent infection was found to be 3.68 days and the median incubation period was 5.1 days. According to this study, mortality and infectivity increased within older age groups, especially populations in the 60-69 age group.²⁶ This study also showed the decrease in R_0 with the institution of interventions in China after February 2020.

The data shows a decrease in R_0 from “...**2.1 (95% UI: 1.8–2.4), but rapidly declined to 0.06 (95% UI: 0.05–0.07)** following the onset of interventions.”²⁷ What makes the infectivity more likely is that there have been almost no public health interventions in this population to stop the spread. The lack of testing, surveillance and vaccination may lead to future widespread disease in Syrian refugee settings if interventions do not begin.

Also, with the development of variants, concerns are again being turned toward the ease of infectivity. For instance, the delta variant is considered 2 times more infectious than the alpha variant and causes more severe disease in unvaccinated people.²⁸ The delta virus has also been found to cause vaccination breakthroughs.²⁹ Vaccines might not prevent all COVID infections but it may decrease the amount of serious illness in the Syrian refugee populations. For obvious reasons, Syrian refugees are at greater risk of contracting the virus than the larger population. The physical living conditions, inadequate access to clean water, inadequate access to masks, disinfectants and general knowledge about COVID-19, lack of access to healthcare and general misinformation in the community may contribute to future outbreaks.³⁰ Public Health interventions may be able to offset these disadvantages.

²⁵ Fouad, F. M. (n.d.). Vulnerability of Syrian refugees in Lebanon to COVID-19: quantitative insights. *Confl Health.*, 15(13). 10.1186/s13031-021-00349-6

²⁶ Ayoub, H. H. (2020, 11). Characterizing key attributes of COVID-19 transmission dynamics in China's original outbreak: Model-based estimations. *Global Epidemiology*, 2. <https://doi.org/10.1016/j.gloepi.2020.100042>.

²⁷ Ayoub, H. H. (2020, 11). Characterizing key attributes of COVID-19 transmission dynamics in China's original outbreak: Model-based estimations. *Global Epidemiology*, 2. <https://doi.org/10.1016/j.gloepi.2020.100042>.

²⁸ CDC. (2021, 08 26). *Delta Variant: What We Know About the Science*. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html?s_cid=11621:delta%20variant%20corona%20vaccine:sem.ga:p:RG:GM:gen:P

²⁹ Farinholt, T. (2021, 07 12). Transmission event of SARS-CoV-2 Delta variant reveals multiple vaccine breakthrough infections. *MedRxiv*, 1-14. 10.1101/2021.06.28.21258780.

³⁰ Ayoub, H. H. (2020, 11). Characterizing key attributes of COVID-19 transmission dynamics in China's original outbreak: Model-based estimations. *Global Epidemiology*, 2. <https://doi.org/10.1016/j.gloepi.2020.100042>.

In contrast, the small numbers of adults, and relatively young Syrian population is a possible protection against high levels of mortality and may explain why there have not been catastrophic loss of life in the refugee camps or in the Refugee Syrian population on a whole.³¹

Social consequences of the Economic downturn

Lebanon has been in economic troubles before the COVID pandemic, but the spread of illness has certainly impacted the sustainability of this nation. In fact, it was the port explosion that sounded an international alarm that the infrastructure of the country was already crumbling.

According to an article from Conflict in Health, “The August 4 Beirut port blast, which shattered the city and caused a large number of casualties, added further complexity to an already fragile situation. Several hospitals with large COVID-19 units were destroyed and the others were flooded with the injured, overstressing health care infrastructure and capacity.”³² Lebanon has been struggling to hold the financial situation in place for the Lebanese, but the failure has most directly impacted Syrian refugees.

This economic downturn has negatively impacted Syrian refugees living in Lebanon, in ways that threaten survival. As a result, Syrian refugees are vulnerable to forced labor, malnutrition, child labor and prostitution. According to the journal article, *Livelihood strategies, coping mechanisms and their impact on health of syrian refugees in Lebanon*, “...unregistered Syrian refugees and those registered without assistance were found to be severely food insecure compared to refugees receiving assistance (83.3 vs 78.6 vs. 43.1% respectively), and the difference was statistically significant, $p < 0.001$ ”³³ This means that without government assistance, many of these homes do without food and are at higher risk for malnutrition compared to the refugees who receive government assistance. Unregistered refugees also have some of the lowest food consumption rates, according to Nabuisi, which also increases the risk of malnutrition and digestive disorders. The refugees who receive assistance were found to have the highest scores for overcrowding and total number of children in the home compared to the other comparison groups. Overall, most refugees have large barriers to nutrition but the most affected groups are the ones who do not receive government assistance.

Moreover, the traditional role of men as provider has also been affected, first by the upheaval of the war in Syria, but secondly because of the social demotion Syrian men have faced in

³¹ Fouad, F. M. (n.d.). Vulnerability of Syrian refugees in Lebanon to COVID-19: quantitative insights. *Confl Health.*, 15(13). 10.1186/s13031-021-00349-6

³² Fouad, F. M. (n.d.). Vulnerability of Syrian refugees in Lebanon to COVID-19: quantitative insights. *Confl Health.*, 15(13). 10.1186/s13031-021-00349-6

³³ Nabuisi, D. (2020, 12 02). Voices of the vulnerable: Exploring the livelihood strategies, coping mechanisms and their impact on food insecurity, health and access to health care among syrian refugees in the Beqaa region of Lebanon. *PLOS ONE*, 15(12), 1-22. E0242421. <https://doi.org/10.1371/journal.pone.0242421>

Lebanese society. According to “*Minimum initial service package (MISP) for sexual and reproductive health for women in a displacement setting: a narrative review on the Syrian refugee crisis in Lebanon*”, there has been an increase in violence toward syrian refugee women in Lebanon from men who are frustrated with the unavoidable poverty they face daily. Some of the factors involved in the frustration of Syrian refugee men were, “...their refugee status, abuse from employers and loss of their role as provider for their families.”³⁴ The current economic downturn threatens the very fabric of syrian family life and may lead to permanent class and socioeconomic changes affecting future generations.

The Social impact of halting Registration on unemployment among Syrian Refugees

One of the reasons that the outcry for assistance among unregistered refugees is growing is because of almost no decent work options. Most unregistered refugees are in industries where they have no work permits and therefore paid below average salaries. These industries include tobacco, agriculture and construction with daily salaries as low as \$4/day. Work is often unpredictable and controlled by a “gatekeeper” in the community also known as “shaweesh”. This person has been known to abuse those seeking employment and serves as the middleman between the refugees and the businesses. In addition to the oppressive work environment, work is seasonal, often agricultural and therefore most abundant in the summer.³⁵ Winters are the hardest season for the refugee population. The exploitation of refugee labor contributes to the economic disparities in this community and causes many in this population to seek payment through begging and an even smaller group have entered into sex work. Among the young ladies, this work is often pushed forward against their will.³⁶

Economic struggles and the impact on the lives of children

Many children are being affected by these conditions in more ways than is openly acknowledged. Children over the age of 12 can assist their parents carry out work duties and may be compensated as well. There are some jobs like, picking marijuana that prefer children as young as 6 years old. This completely takes the place of early childhood education and delays child development or surveillance and treatment of cognitive delays that can impact the

³⁴ Nabulsi, D. (2021). Minimum initial service package (MISP) for sexual and reproductive health for women in a displacement setting: a narrative review on the Syrian refugee crisis in Lebanon. *Reproductive Health*, 18(58), 1-13. BMC.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7938550/pdf/12978_2021_Article_1108.pdf

³⁵ Nabuisi, D. (2020, 12 02). Voices of the vulnerable: Exploring the livelihood strategies, coping mechanisms and their impact on food insecurity, health and access to health care among syrian refugees in the Beqaa region of Lebanon. *PLOS ONE*, 15(12), 1-22. E0242421.

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³⁶ Nabuisi, D. (2020, 12 02). Voices of the vulnerable: Exploring the livelihood strategies, coping mechanisms and their impact on food insecurity, health and access to health care among syrian refugees in the Beqaa region of Lebanon. *PLOS ONE*, 15(12), 1-22. E0242421.

<https://doi.org/10.1371/journal.pone.0242421>

child for life. These jobs also put children at risk for exploitation, especially since these industries are not regulated. Families are also being forced to marry their daughters at earlier ages to decrease the financial load. In many cases the young girl gains a family and stability, but the situation is also another avenue by which the rights of children are ignored. Because of growing debts among the unregistered refugee population, many families have had to see their members given to roadside prostitution.³⁷ The lack of social protections and human rights is dramatically affecting a once vibrant and resourceful population.

The impact of the Economic downturn on Living Conditions

Living conditions are worst when a refugee is unregistered, but in the Bekaa Valley of Lebanon, many of the refugees live in unsanitary conditions, with no waste disposal systems (no bathrooms) and they are exposed to temperature extremes depending on the season. Even with these living conditions, the biggest fear for certain refugees is being evicted. One participant in Nabuis's thematic interviews shared, " You don't know what day you will get evicted, in the extreme cold, in winter he (referring to the landlord) would evict us"³⁸ The instability created by the unpredictability of work makes even securing shelter difficult. According to the article by Nabuiisi, many families cope with this reality by taking family members in until they are able to get government assistance. For unregistered families, this becomes a permanent arrangement.

COVID underscores deficits in Healthcare existing before the pandemic

Many sources agree that COVID is not being addressed in refugee populations. Very little testing, treatment or vaccinations have been provided to this population as of June 2021. In fact, at the beginning of the pandemic, it was thought that this group would be very hard hit with the disease and yet no direct efforts were made to stem the potential of spreading. According to Fouad, "... there is no systematic testing of refugees living in these settings.... their living conditions create favorable context for a potentially large outbreak if the virus is introduced into these settings."³⁹ With no plan to initially care for this refugee group, is it any wonder that only one national effort was made to address COVID 19 in refugee populations?

³⁷ Nabuisi, D. (2020, 12 02). Voices of the vulnerable: Exploring the livelihood strategies, coping mechanisms and their impact on food insecurity, health and access to health care among syrian refugees in the Beqaa region of Lebanon. *PLOS ONE*, 15(12), 1-22. E0242421. <https://doi.org/10.1371/journal.pone.0242421>

³⁸ Nabuisi, D. (2020, 12 02). Voices of the vulnerable: Exploring the livelihood strategies, coping mechanisms and their impact on food insecurity, health and access to health care among syrian refugees in the Beqaa region of Lebanon. *PLOS ONE*, 15(12), 1-22. E0242421. <https://doi.org/10.1371/journal.pone.0242421>

³⁹ Fouad, F. M. (n.d.). Vulnerability of Syrian refugees in Lebanon to COVID-19: quantitative insights. *Confl Health.*, 15(13). 10.1186/s13031-021-00349-6

Not only was there no particular plan for refugees to get care, healthcare access in Lebanon has been exceptionally difficult for Syrian migrants. Refugees who are registered may benefit from access to care and payments, but they are still left with out of pocket costs and transportation fees. Most refugees mention that they have to pay upfront in order to be treated in hospitals in Lebanon.⁴⁰ After the payment of personal finances, the government subsidizes healthcare for registered Refugees including primary care, antenatal care, deliveries and emergency hospital visits. Many of the refugees also talk about the discrimination and hostility they faced from healthcare professionals. When it comes to being treated, many cannot afford prescriptions so they just “ stay sick” and use home remedies. Many avoid healthcare providers all together and seek medication directly from pharmacists. Some get their medications from Syria or brave trips into Syria to have surgeries and deliveries, only to return to Lebanon. Some refugees have exchanged identity cards so that they can receive healthcare services under someone else’s benefits. The refugees have used every resource to maintain health, seeking off the books healthcare while also utilizing what the Lebanese government provides. In spite of the prejudice they experience, members of these communities have found ways to cope with the lack of provisions.

Government Efforts to combat COVID 19 and health disparities

The Lebanese government, with the leadership of the UNHCR, has assisted the Lebanon Crisis Response Plan in aiding healthcare for Syrian refugees. Through UNHCR, refugees receive Primary care at 125 healthcare centers throughout Lebanon, including acute medication coverage (subsidies for chronic medical concerns), as well as subsidized secondary and tertiary care. Primary care is covered and 75% of hospitalization costs are covered, with an \$800 USD capping of out of pocket refugee costs.⁴¹ Prior to COVID 19, plans have been in place to provide medical care for refugees with a recognized residency status.

More specifically, the UN has tried to increase awareness of COVID in the community, spreading knowledge about the virus, symptoms and how to prevent infection. They have also created isolation procedures in overcrowded areas and funding for hospital expansion in Lebanese hospitals, thereby reducing competition for medical care.⁴² The UNHCR has also handed out hygiene packets to help refugee families prepare to disinfect and stock up on much needed household items. As a part of the UNHCR's initiative, the Lebanese Red Cross offered

⁴⁰ Nabuisi, D. (2020, 12 02). Voices of the vulnerable: Exploring the livelihood strategies, coping mechanisms and their impact on food insecurity, health and access to health care among syrian refugees in the Beqaa region of Lebanon. *PLOS ONE*, 15(12), 1-22. E0242421. <https://doi.org/10.1371/journal.pone.0242421>

⁴¹ *Health Care Programme - Lebanon*. (2021, May). UNHCR: UN Refugee Agency. Retrieved 07 17, 2021, from https://reporting.unhcr.org/sites/default/files/Lebanon%20Health%20Fact%20Sheet_May%202021.pdf

⁴² *Health Care Programme - Lebanon*. (2021, May). UNHCR: UN Refugee Agency. Retrieved 07 17, 2021, from https://reporting.unhcr.org/sites/default/files/Lebanon%20Health%20Fact%20Sheet_May%202021.pdf

transportation to local hospitals for those with severe COVID symptoms. However, the definition of “severe” symptoms was unclear since no straightforward evaluation protocol had been devised for standard use. Also, without proper identification undocumented Syrian refugees run the risk of detention if they try to cross one of the many checkpoints in Lebanon. ⁴³This definitely decreases the likelihood that people will go for testing if needed.

Even though the UN has made critical steps to provide basic health needs to Syrian refugees, not much has been done in the area of community targeted testing and vaccine distribution. This is where the Lebanese government has asked for help from the international community.

Conclusion

The Economic downturn, COVID 19 and many societal factors have currently made life for the Syrian refugees in Lebanon harder than anticipated. As explained in this paper, the lack of residency status of so many of these refugees is causing lapses in services and most certainly leading to an underclass in an already divided country. In the wake of the government’s decision to halt residency registration, there is an entire generation of migrants that receive almost no help from the powers they ran to for rescue. Now in the wake of COVID, a more dangerous threat of death and illness is again showing the inequities built into the system in Lebanon. After considering all the factors related to the plight of Syrian Refugees in Lebanon, I would like to use my conclusion as a response to these issues and discuss the potential for intervention to improve the lives of Syrian refugees.

Call to Action

Organizing COVID 19 testing, treatment and vaccination for Syrian Refugees

One way to help Syrian refugees in the fight against time and disease spread is to mobilize COVID 19 testing, treatment and vaccination in the Refugee communities as well as bringing awareness about prevention, detection and containment of disease. It has been suggested by the Human Rights watch that the government combat misinformation, send educators to the refugee communities and simply dispel myths concerning COVID vaccines in the community. In fact, campaigning for vaccines while sharing the closest vaccine sites as well as how to register could increase vaccine rates, especially if community stakeholders like local mosques and spiritual leaders reassure their people of the safety of the vaccine.

Another suggestion was addressing adverse effects to the vaccine right away, leaving no time for incorrect information to spread in the community. Social media would be one great way to get out positive and factual information about the virus, how it is spread and how to prevent

⁴³ Lebanon: Refugees at Risk in Covid-19 Response: Discrimination Risks Harming Syrians, Lebanese Alike. (2020, 04 2). *Human Rights Watch*.
<https://www.hrw.org/news/2020/04/02/lebanon-refugees-risk-covid-19-response>

spread, using common sense basic language. The Human Rights watch article also recommended international pressure be placed on the Lebanese government to loosen its restrictive policies on refugee movement so they can travel to get care or get vaccinated without worrying about being detained or deported if they are detected at a checkpoint. According to the United Nations Committee on Migrant Workers, "... messages and public information campaigns should make clear that migrants in irregular situations will not be penalized or targeted for immigration enforcement when seeking access to Covid-19 vaccination."⁴⁴ It is clear that Lebanon's unwillingness to responsibly attend to the refugee population over the last 11 years has caused a snowball effect of errors in the COVID response that is taking place now.

Addressing Social Stigma and claims of discrimination against Syrian Refugees

As has already been mentioned, distrust for the Lebanese government could also delay vaccine rollout in refugee communities. It may be best to recruit leaders in the community who can show the benefit of taking the vaccine and the protection it provides to the community at large. Again, recruiting trusted members of the community for this job will bring more cooperation and ultimately increase vaccination rates.

The best way to document equitable distribution of vaccines would be to create a vaccine monitoring system that separates statistics by community subgroups like refugee origin, home vs camp/camp like settings.⁴⁵ These designations would help researchers see which refugee groups have lower vaccination rates so that those neighborhoods could be targeted, especially if there is increased infectivity in those neighborhoods. Targeted outreaches include mobile vaccination trucks and vaccination distribution in local businesses, places of worship and outdoor settings that are easily accessible to most in the community. Fees should also be waived but that may require more international support, especially in this community where there is so much economic instability.

Citizenship and Residency discussion: Resumption of the Registering of Migrants

One of the most unjust acts against the Syrian Refugees in Lebanon, is that many have been denied legal registration and are immediately disqualified from receiving international aid. In order to deal with the economic disparities in this group of people, it would be recommended to start the process of registering the remainder of the Syrian refugee population so many who are impoverished might begin to receive financial aid for food as well as benefits that include legal aid to assist with resettlement. The more refugees that get resettled, the lower the burden on the

⁴⁴ *Human Rights Watch*. (2021, 04 6). Lebanon: Refugees, Migrants Left Behind in Vaccine Rollout Ensure Greater Information Access. <https://www.hrw.org/news/2021/04/06/lebanon-refugees-migrants-left-behind-vaccine-rollout#>

⁴⁵ *Human Rights Watch*. (2021, 04 6). Lebanon: Refugees, Migrants Left Behind in Vaccine Rollout Ensure Greater Information Access. <https://www.hrw.org/news/2021/04/06/lebanon-refugees-migrants-left-behind-vaccine-rollout#>

Lebanese government to support these groups of people. More importantly, families wouldn't have to choose between school education or food as UNHCR resources would be applied to food vouchers. Again, pressure should be placed on the Lebanese government to restart the process of giving identifying paperwork so that Lebanon does not break International law. The Syrian refugees should be receiving the rights universally granted by the Convention of 1950, even if Lebanon is not a part of that agreement.

Providing Antenatal and delivery care for Syrian refugees

After speaking to an American missionary to Lebanon, I discovered that even with the worst perspectives in Lebanon, most Syrians still refuse to return to Syria, with one exception; pregnant women.

Some women brave the trip back to Syria because it is the safest option of delivering their child. After delivery, most women return to Lebanon. As was discussed above, unregistered refugees do not have as much access to healthcare and even registered refugees avoid care because of the way they are treated in the hospitals and the clinics. Stigma many times causes women to return to the war torn Syria for delivery care. Delivering quality obstetric care is lacking currently, so I would propose free Antenatal and delivery care, despite the ability to pay, for registered and unregistered refugees. This is another program that would require international assistance.

The Role of the Lebanese Red Cross, Mobile clinics in future health efforts for Syrian refugees

As was stated above, the Lebanese government has made attempts to provide help to refugee populations but the task is often left to NGO's, the UN and private aid groups like the Lebanese Red cross. The challenge is to support these groups and supply them with COVID PPE, full vaccination of the providers and then placement in the communities where infectivity is the highest. As a benefit of the COVAX/WHO collaboration, more of the vaccines being donated should be given to the emergency responders and people in the mobile clinics to prevent spread and protect those who are needed for patient care. However, under the previous administration, many Parliamentarians were promoted as first priority over Health workers.⁴⁶ In this case, the world bank and COVAX should provide more oversight of vaccine distribution, also ensuring that medical groups that go into refugee populations are actually distributing the allotted vaccine to Syrian refugees.

Overall, Lebanon has a long way back from the economic eclipse triggered by the Syrian War. COVID has further hampered all attempts for immediate economic recovery. As a result of the economic downturn, incomplete acceptance of Syrian refugee status in Lebanon and built in

⁴⁶ The961. (2021, 02 27). *Lebanese Red Cross Volunteer Dies After Getting Coronavirus*. <https://www.the961.com/red-cross-volunteer-dies-coronavirus/>

discrimination against Syrian refugees, many in this population are struggling to survive. As the international community uncovers the inequalities, we in the public health community must prepare to do major interventions to help this population thrive in the midst of a very chaotic environment in Lebanon. Many Syrian Refugees escaped Syria with their lives, but have had to leave behind the dignity they once had in pre war Syria. I believe that it is the role of the international community to restore hope to this community by lobbying for just treatment of Syrians in Lebanon under the law.

Limitations

Sources taken from 2019-2021, and are reported as a developing story even though ongoing coverage of this topic appears everyday. I am at risk of missing data. Will continue to search the data.

Conflict of Interest

None to report

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