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SPECIAL ARTICLE

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Refugee children—a concern for European paediatricians

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Abstract Many refugees, about 33% of them children, come to Europe from several different countries. Their somatic state of health is sometimes impaired and they have often been exposed to persecution, war and atrocities with consequences for their psychological health status. The period of application for asylum is often long and strenuous, both socially and psychologically. Their needs are often disregarded. Acccording to the United Nations Convention on the Rights of the Child, Europan paediatricians should take it as their responsibility to provide health care for them at the same level as that for children of the host country.

Keywords Child health services · Medical ethics · Refugees

Background

After the Second World War many Europeans were refugees for both longer and shorter periods but a large proportion of them were eventually repatriated and could build a new future in their home countries. Today, Europe sees many refugees as well. During the past decade, the European community has settled several hundred thousands of refugees coming from Europe itself, e.g. the Balkan states and the former Soviet Union, from Asia, e.g. the Middle East, from Africa,e.g. the Horn of Africa and the Congo, and from South and Central America, e.g. El Salvador.

During the years 1992–2001, there were on a yearly average more than 590,000 applications for asylum in the European Union. The refugees came from the former Yugoslavia, Iraq, Iran, Afghanistan, Turkey, China, the Russian federation and Somalia. As seen in Table 1, in the beginning of 2003, of the world's population of ca. 20 million, there were close to 5 million people of concern to the United Nations High Commission for Refugees (UNHCR) in the whole of Europe seeking protection [7]. The refugees are often children and adolescents, and generally speaking, between 30% and 40% are under 18 years of age. They come for shelter from political persecution and war and the socio-economic poverty associated with such conditions [1]. It is well known that warfare does not spare the children. It follows that many asylum-seeking children are marked by these conditions. Malnutrition and deficiency diseases occur; there is an overrepresentation of congenital, often untreated, conditions such as heart and skeletal malformations and neurological conditions like cerebral palsy and epilepsy. They sometimes carry with them chronic infections now rare in Europe like malaria and tuberculosis. Many parents and some children carry HIV. It is common for children to have personal memories of persecution and warfare, having been threatened by gunfire or artillery shelling or persecuted by paramilitary thugs. Some children have witnessed their parents being abused or even raped. As a consequence, not only the parents but also their children may have signs of post-traumatic stress and depression, conditions that entail suffering and threaten the development of the child.

Children and adolescents, as individuals, may have political as well as humanitarian reasons for asylum, independent of those of the parents. Having arrived in Europe, they often have to wait a long time for a residence permit, a time of anguished impatience that stresses the family and deepens the impact of post-

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Table 1 Persons of concern to the UNHCR in 2002

	Refugees (*n*)	Asylum seekers (*n*)	Returned refugees (*n*)	Internally displaced persons, stateless and war-affected population and others of concern (*n*)	Stateless and various (*n*)	Total (as of 1st January, 2003) (*n*)
Asia	4,188,098	28,932	1,995,687	2,940,548	225,652	9,378,917
Africa	3,343,663	159,570	345,261	715,115	29,600	4,593,209
Europe	2,336,063	291,948	84,023	1,171,464	647,978	4,531,476
North America	615,121	445,858	–	–	–	1,060,979
Latin America and Caribbean	40,878	6,215	44	950,000	50,093	1,047,230
Oceania	70,134	8,923	–	–	–	79,057
Total (*n*)	10,593,957	941,446	2,425,015	5,777,127	953,323	20,690,868

traumatic stress, often in a complex family interaction as all family members may have very difficult experiences. Objectively and subjectively these periods of waiting constitute a large portion of the child's life, much larger than that of an adult. Furthermore, they meet a new physical and social environment and have difficulties orientating themselves. This will increase the risk of injuries. Hazards like these occur from the moment of arrival in Europe and during shorter and longer periods to come. Because of poverty, unemployment and experience of xenophobia, adolescents are especially exposed to disturbances of the psychosocial maturation process.

All these problems apply not only to asylum seekers and those who have received a residence permit. Some children belong to families that are refused residence and go into hiding, hoping in some way for a new chance. Some children arrive alone and have to be helped to apply for asylum. Other children are sent to be cared for by relatives in the European country for some time, maybe in the hope of being granted asylum later on.

National laws and regulations for asylum are based on the Conventions of Geneva [2], Schengen [3] and Dublin [4]. The Geneva Convention gives the right to asylum to persons with ''...well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country...''. Often, however, permission to stay is given for humanitarian reasons not directly mentioned in the Geneva Convention. The Schengen Convention states that the same principles for border control and the right to asylum apply for all member nations of the Union. The Dublin Convention states that the right for asylum should be investigated in the first country in the Union in which the refugee arrives.

The EU Council [6] states that applicants for asylum shall ''...receive the necessary health care which shall include, at least, emergency care and essential care of illness.'' and that member states shall take into account ''...the special situation of vulnerable persons such as minors and persons who have been subject to torture, rape, other serious forms of psychological, physical and sexual violence...''; furthermore that ''...the best interest of the child shall be a primary consideration...'' and that special attention is to be paid to unaccompanied minors.

The importance of the United Nations Convention on the Rights of the Child

It is the purpose of the CESP Ethics Committee to underline the responsibility of the European Societies of Paediatrics and the individual paediatrician for the health care and general care of refugee children. It is important to establish a European framework for refugee and immigrant child health care. These children are in our midst and the European laws of immigration and asylum are subordinated the UN Convention on the Rights of the Child [5]. Irrespective of the policies of immigration and integration, once these children pass our boundaries, they have the right to child care, not least health care, at the level of the host country.

For practical purposes the three most important articles of the Child convention are articles 6, 23 and 24.

Article 6

1. States Parties recognise that every child has the inherent right to life
2. States Parties shall ensure to the maximum extent possible the survival and development of the child

The individual child has an ''inherent right to life''. The lives of some children are threatened when the family is denied asylum, irrespective of how the situation of the parents is judged. Furthermore, the child's development is safeguarded by the article. The development of some children, physical, psychomotor, cognitive, emotional, is threatened in some instances by the refusal of residence or by an impossible family situation waiting for asylum.

Article 24

1. States Parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and

rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: (a) to diminish infant and child mortality; (b) to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care; (c) to combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution; (d) to ensure appropriate pre-natal and post-natal health care for mothers; (e) to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; and (f) to develop preventive health care, guidance for parents and family planning education and services
3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children
4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realisation of the right recognised in the present article. In this regard, particular account shall be taken of the needs of developing countries.

This is the most important article for the health of refugee children. It is uncompromising and demands that refugee children have the same right to health care as children in the European host country.

Article 23

1. States Parties recognise that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community
2. States Parties recognise the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child
3. Recognising the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development
4. States Parties shall promote, in the spirit of international co-operation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

The retarded, neurologically or otherwise disabled child, even if a refugee, has the right to competent medical attention, including habilitation, with specific teaching measures, physiotherapy etc. Waiting for a final decision on permit may take years and these children must not be left unattended during that time.

Other articles are important as well, especially when it comes to a long term development of a European standard of refugee health care for children.

Article 3 states that all judicial and administrative actions that concern children shall have the best interest of the child as a primary consideration. This regards actions when, for example, children are taken into custody or other forms of protection where also the rights and duties of parents should be taken into consideration. The principle of "the best interests of the child" should apply to refugee children.

Article 27 states that any child has the right to a reasonable level of life as this is a prerequisite for physical, social and mental development. The quality of the social and medical care and environment will greatly influence the social prognosis of the child. If the family cannot support it, the family has to be supplied with the necessary means. A child that is deprived of its family environment or cannot be allowed to remain in that environment is entitled to special protection according to Article 20.

We sometimes meet unaccompanied children or children separated from their parents for other reasons. They are to be given appropriate foster care and special efforts should be made to trace the parents.

All children have the right to education according to Article 28 and refugee children should be given access to education on a equal basis with children of the European country. Children have cultural rights according to Article 30. Insofar as the child belongs to a minority in the European country he or she should be supported to

develop proficiency in his/her mother-tongue and to participate in cultural life. Article 38 forbids that children take part in armed conflicts. Children at risk of being conscripted or commandeered into military service in a situation when their country of origin is at war must not be extradited.

Article 22 ensures the right of refugee children to receive protection and humanitarian assistance. This article underlines the special responsibility that paediatricians, among other professionals, have for refugee children.

Recommendations

The CESP recommends its member societies and individual paediatricians in each member nation to assume responsibility for the refugee children by:

1. Appreciating their number and country of origin
2. Concerning themselves with how they are treated in the asylum process, especially if their individual rights as children are respected in granting residency
3. Ascertaining that refugee children are granted the right to basic health care
4. Preparing for the diagnosis and treatment of diseases current in the refugee's country of origin and establishing risks with contagious diseases
5. Preparing to identify symptoms of post-traumatic stress and depression due to exposure to war and persecution and initiating treatment
6. Ascertaining the capacity to give medical care and habilitation to children with chronic conditions
7. Appreciating their social opportunities during and after the asylum process: providing access to preschool and school, leisure activities, and contacts with social services
8. Appreciating the access to interpreters in health care

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References

1. Angel B, Hjern A, Ingleby D (2001) Effects of war and organised violence on children: a study of Bosnian refugees in Sweden. Am J Orthopsychiatry 71: 4–15
2. Convention relating to the Status of Refugees (1951).189 UNTS 137, Treaty series vol 189. United Nations, New York
3. Convention applying the Schengen Agreement of 14 June 1985 between the Governments of the States of the Benelux Economic Union, the Federal Republic of Germany and the French Republic on the Gradual Abolition of Checks at their Common Borders (1990) Official Journal of the European Communities L239, 22/09/2000, Office for Official Publications of the European Communities, Luxembourg pp 13–18
4. Convention Determining the State Responsible for Examining Applications for Asylum Lodged in One of the Member States of the Community, Dublin (1990) Entered into force, 1st September 1997. Official Journal of the European Union C 254, 19/08 / 1997, Office for Official Publications of the European Communities, Luxembourg, pp 1–2
5. Convention on the Rights of the Child, G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989) Entered into force 2nd September 1990. Treaty series, vol 1557. United Nations, New York
6. The EU Council directive 2003/9/EC (2003) L31, 06/02/2003, Office for Official Publications of the European Communities, Luxembourg pp 18–25
7. Statistical yearbook 2002 (2004) Trends in displacement, protection and solutions. UNHCR, Geneva, pp 146–151