

HEALTH SERVICES TO THE SYRIANS UNDER TEMPORARY PROTECTION IN TURKEY

TÜRKİYE'DE GEÇİCİ KORUMA ALTINDAKİ SURİYELİLERE YÖNELİK SAĞLIK HİZMETLERİ

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ABSTRACT

The influx of Syrian refugees, Syria's civil war has affected the start of the year, the most since Turkey. Many problems have arisen for incoming immigrants such as accommodation, education, health, nutrition, employment. Without solving these problems, it is not possible to expect Syrian refugees to adapt to Turkish society. The most important and urgent of these problems are health problems. Because the immigrants come from the conditions of war, they bring many health problems together. Turkey must be prepared against these urgent health problems. They should prepare urgent action plans to solve these problems. This study examines the main health problems and services of the Syrians and analyzes the current situation. It also deals with legislative regulations regulating health services. Turkey succeeded in the difficult current situation is understood that provide important services. But the current situation is inadequate because of the large number of immigrants arriving. It is necessary to establish a separate health system for immigrants whose immigrants are most likely to be caught. Immigrants who receive services from the current system cause discomfort among citizens. For this reason, interactions among citizens and immigrants within health institutions should be minimized.

Keywords: Health Services, Migration, Syrian Immigrants, Health Problems

ÖZ

Suriyeli mülteci akını, Suriye iç savaşının başladığı yıldan bu yana en çok Türkiye'yi etkilemiştir. Gelen göçmenlerin barınma, eğitim, sağlık, beslenme, iş bulma gibi pek çok sorunu ortaya çıkmıştır. Bu sorunları çözmeden Suriyeli mültecilerin Türk toplumuna uyum sağlamalarını beklemek mümkün değildir. Bu sorunların içinde en önemli ve acil olanı ise sağlık sorunlarıdır. Göçmenler savaş koşullarından geldikleri için beraberinde pek çok sağlık sorununu da getirmektedirler. Türkiye ise bu acil sağlık sorunlarına karşı hazırlıklı olmak zorundadır. Bu sorunların çözümü için acil eylem planları hazırlanmalıdır. Bu çalışma, Suriyelilerin başlıca sağlık sorunlarını ve aldıkları hizmetleri inceleyip mevcut durumu analiz etmektedir. Ayrıca sağlık hizmetlerini düzenleyen başlıca yasal düzenlemeleri de ele almaktadır. Mevcut durumda Türkiye'nin zoru başararak önemli hizmetler sunduğu anlaşılmaktadır. Fakat gelen göçmenlerin sayıca fazla olması nedeniyle mevcut durum yetersiz kalmaktadır. Göçmenlerin en çok hangi hastalıklara yakalandığı belirlenmeli ve göçmenlere yönelik ayrı bir sağlık sistemi oluşturulmalıdır. Mevcut sistemden hizmet alan göçmenler vatandaşlar arasında rahatsızlık yaratmaktadır. Bu sebeple vatandaşlar ile göçmenlerin sağlık kurumları içinde etkileşimleri en aza indirilmelidir.

Anahtar Kelimeler: Sağlık Hizmetleri, Göç, Suriyeli Göçmenler, Sağlık Sorunları

1. THE IMPORTANCE OF HEALTH FOR INTERNATIONAL IMMIGRANTS

Immigration is when a community or one goes beyond an international border or from one place to another within the same country. The population is the population movements that people displace without distinguishing the cause, the cause and the structure. Relocation can happen depending on compulsory or voluntary reasons. Millions of people are leaving places where they were born and raised by civil war, natural disasters, economic and political reasons. Therefore, asylum seekers, refugees, displaced persons, displaced persons, irregular migrants and economic migrants are included in the concept of migration. Immigration causes a sudden and rapid change of environment as the person leaves the environment in

which he is in and enters a different environment. The new environment has a very important impact on health and health parameters, as well as social, cultural and physical impacts of individuals.

Immigrants are mostly affected by economic difficulties, low income levels, problems with language, adequate nutrition, having traditional forms of life, lack of health insurance, and being in psychological and social stress negatively affect health conditions. At the same time, the fact that the health institutions and the health man power are not enough in the migrated regions causes them to be unable to receive the necessary health services. The fact that immigrants have low education levels and that they are not sufficiently conscious and sensitive in health and disease affects health conditions in the negative direction. It is known that migrant individuals are more likely to have a job as a priority, to be a part of the community they are in, to have better living conditions in the future than in health behaviors (Beşer and Topcu, 2006: 38-39).

Migration; children, young, women, men, adults, and all individuals are affected adversely by this process even if they are in different forms. When the immigration process is considered as health, it is seen that the immigrants have encountered many stress factors in this process and the health problems related to the stress are emerging due to insufficient opportunities to combat stress. 9 In studies conducted, it was determined that migrant women were inadequate to cope with stress in comparison with other individuals (Topçu, 2006: 13).

Many of the factors that negatively affect the health of migrant individuals, as well as the health problems that often come to the death, are infectious diseases and epidemics. Tuberculosis, measles, acute respiratory infections, diarrheal diseases are more common in migrants. Malnutrition, inadequate economic conditions, inability to benefit from health services, inadequate infrastructure and poor hygiene conditions facilitate catching infectious diseases (Ertem, 1999: 224).

From the perspective of benefiting from maternal and child health and family planning services, which are part of primary health care, it is seen that immigrant individuals do not benefit enough from these services. In migrant women it is considered very important to give birth in terms of the status they have. Due to their conservative behavior, the rates of utilization of family planning services are low. As a result, it is known that among migrated women, especially those with low educational level, they have more children and that they do not have enough knowledge about family planning methods. In the studies conducted in the regions where the migrant individuals live, it is seen that women who migrated have low birth attendance rates, low births due to socio-cultural and psychological factors such as economic situation, language problem, environment, fear, familiarity, (Topcu, 2006: 12-13). It is seen that births made by unproductive people in unhealthy environment negatively affect mother's health and increase mortality rates (Beşer and Topcu, 2006: 39).

When nutritional behaviors of migrants are examined, it is seen that they are fed more and more fat and carbohydrate depending on economic conditions and habits. It has been found that the physical activity of migrated individuals decreases with migration and accordingly the body mass index is high (Durusoy and Ergin, 2010: 290). Many illnesses due to malnutrition in migrant children are serious health problems that can result in death. 10 In some studies, it was determined that height-weight ratios of children who migrated were below normal child development (Ertem, 1999: 224).

In addition to the physical health problems they experience in migrants, psychological disturbances are also known. Women and children are most affected by this mental depression. Women face many mental problems such as post traumatic stress, cultural conflict, domestic violence, sexual violence, and changes in family roles. Irregular menstrual bleeding, occasional abortions in women, and fear and tingling in children are frequent in women (Topcu, 2006: 13). The fact that the health services are not sufficient in the places where the migrant individuals are located and the low level of service intake add new problems to the existing health problems and cause the health problems to increase day by day. It is observed that the vaccination rates are decreasing with time as the health personnel are lacking and the health centers are not enough, the population records of the services they provide are not kept regularly, the people at risk are inadequate to identify their problems, the preventive health service should be provided and more policlinic services are being offered (Beşer and Topçu, 2006: 40). Individuals who are unable to benefit from preventive health services which are primary health services cause them to face preventable health problems. The fact that immigrants do not make enough use of health services due to reasons such as lack of health care services, lack of health insurance, lack of local services to meet needs, foreigners, laws, economic reasons, transportation, lack of care for children for women, working hours, (Ertem, 1999: 225-226).

According to international reports, the health problems most frequently encountered by migrants are (Altıntaş and Karadağ, 2010: 56, Yavuz, 2015: 268):

- ✓ Nutritional disorders,
- ✓ Growth and development retardation in children,
- ✓ Anemia,
- ✓ Infectious diseases such as diarrhea, measles, malaria, respiratory infections,
- ✓ Physical violence and related injuries,
- ✓ Sexual abuse,
- ✓ Sexually transmitted infections,
- ✓ Unwanted pregnancies, risky pregnancies,
- ✓ Abortions, birth complications,
- ✓ Chronic diseases,
- ✓ Psychological problems, especially depression, anxiety disorders, sleep disorders and post-traumatic stress disorder,
- ✓ Dental health problems.

As it is understood from this information, immigrants do not even make use of minimal care services such as nutrition, provision of clean drinking and usage water, mother-child health, vaccination, control of endemic diseases. It is also known that women and children in particular are more affected by this process than other groups and are confronted with more risk factors. health problems experienced by asylum seekers from Turkey after the ongoing internal turmoil in Syria is similar to the above-mentioned problems.

2. LEGAL REGULATIONS

According to article 25 of the Universal Declaration of Human Rights, it is a universal right which is accepted in the framework of right." Everyone has the right to medical care and have the right to benefit from health services (United Nations Human Rights Convention, 1948). Health service with country-to-country variation it is under the responsibility of the state.

According to Article 35 of the European Union Charter of Fundamental Rights: " Everyone receives preventive health care in accordance with national law and practice and have the right to benefit from medical treatment. All in politics and in the definition and implementation of their activities, a higher level of human health protection targeted '(European Union Charter of Fundamental Rights, 2000).

According to Article 56 of our Constitution, the State is responsible for ensuring that everyone's life is maintained in physical and mental health. Moreover, the right to life, which is regulated in Article 17 of the Constitution, also expresses the right to live a healthy life. A legal obligation, according to international law rules and constitution, and the provision of health services, which is a humanitarian duty, are crucial for the abolition of social inequalities and the elimination of victims of migrants.

The Temporary Protection Regulation, which was prepared based on Article 91 of the Law on Foreigners and International Protection, was published in the Official Gazette dated 22.10.2014 and numbered 29153. Article 1 of the Regulation since the date of 28.04.2011 from Turkey to Syrian citizens, has received Temporary Protection Status.

Our health facilities in our country are located in Syria; Provisional Protection Regulation No. 29153 dated 22.10.2014 issued by the Ministry of Interior General Directorate of Migration Administration Circular No. 2017/4 dated 18.12.2014 dated 18.12.2014 issued by the Prime Ministry Disaster and Emergency Management Department (AFAD) Ministry of Health Emergency Health Services General Services provided by the Directorate on the basis of the Directive on Principles Regarding the Health Services to be Taken under the Provisional Protection No: 2875 dated 25.03.2015.

3. PRINCIPLES REGARDING THE HEALTH SERVICES TO BE TAKEN FOR TEMPORARY PROTECTION

Provisional Protection Regulation No. 29153 dated 22.10.2014 issued by the Ministry of Interior General Directorate of Migration Administration Circular No. 2017/4 dated 18.12.2014 dated 18.12.2014 issued by the Prime Ministry Disaster and Emergency Management Department (AFAD) Ministry of Health Emergency Health Services General Principles Regarding the Health Services to be Provided for Temporary Protection According to the Provisions of the Principles Regarding the Health Services to be Provided to the Provisional Protection Measures No. 2875 dated 25.03.2015 issued by the Directorate;

1. Persons to benefit from Health Services; Temporary guardians who are ID cards, temporary guardians who have not yet registered with the General Directorate of Immigration and those who are wounded from the border and who are regarded as temporary guardians can benefit. The hospital registration is made taking into consideration the record made by the law enforcement officers who are wounded from the border and the biometric registration is made by the Immigration Administration before being discharged after the treatment in the health institution is completed. Those who cannot get Provisional Social Security Institution (SGK) provisional guardianship and those who have not yet registered are only able to benefit from emergency medical services and primary health care services in cases of epidemic and infectious diseases which may endanger public health.
2. Temporary protections; It can benefit from health services provided by the MOH and its affiliates, University health practice and research centers, private hospitals, and voluntary health services provided by foundations or associations, as well as immigrant health centers established at temporary shelters or temporary shelters.
3. Temporary shelters are the places where residents of the health service should take shelter. Applications can be made to secondary and tertiary health care institutions of the Ministry's affiliated institutions without direct referral. Emergency health services and adult / newborn intensive care services, burn treatment and cancer treatment (radiotherapy, chemotherapy, and radioisotope treatments) can be applied to university health application and research centers if it is not possible to apply to university health application and research centers and private hospitals, cases can be referred to special hospitals.
4. If referral of high-risk infectious patients such as MERS, Ebola, Tuberculosis is deemed necessary, referral to the health institutions that treat these diseases is carried out by the Directorate in coordination with Public Health Directorates.
5. The referral form for referral to the second or tertiary health care institutions belonging to the Ministry affiliates within the same province or province, university health application and research centers and private hospitals is filled.
6. In case the treatment of the temporary residence of the temporary resident is not possible, it is carried out under the coordination of the 112 Command and Control Center to the health institutions in the other provinces, Temporary guardians, who are referred for outpatient diagnosis and / or treatment, are not subject to referral procedures in coordination with the 112 Command Control Center.
7. Thirty days from the date of referral for those with chronic illnesses and those calling for treatment or control, referrals to health care facilities, including university health practice and research centers and private hospitals. There is no obligation to reship within this period.
8. The referral information of the temporary guardians must be sent to the Directorate in writing or electronically at the place of residence of the temporary guardians within five business days at the latest by each health care organization that provides the referral.
9. If there is no availability or treatment in the health facilities connected to the Ministry at the entrance of the intensely injured people from the border, they can be directly admitted to university health application and research centers or private hospitals under the coordination of the Command and Control Center.
10. Interpretation services are provided free of charge in cases where communication is not possible at the desired level without the foreign interpreter in the works and transactions covered by the Regulation.
11. Temporary guardians who come to our country as injured and suffered loss of organs and limbs are provided with minimal treatment costs for simple, mechanical orthoses and prostheses and those who have lost organ or limb before entering the country are not covered. The fees for treatment with high-cost devices with electronic software are not covered.

4. HEALTH SERVICES PROVIDED TO SYRIANS

Health services and drugs to all registered Syrians in Turkey in cooperation with the Ministry of Health is offered free of charge. It is possible to collect the health services offered to the Syrians under Temporary Protection in our country under three main headings as Emergency Health Services, Primary Health Care Services and Voluntary Health Care Services.

Emergency Health Services: Emergency Health Services save lives if done correctly and on time, while the smallest delays and negligence can lead to negative consequences that can not be compensated. In situations

where urgent medical intervention is required, it is vital to ensure that the appropriate treatment is delivered to the health facility as soon as possible and that the necessary intervention is carried out on time. For the health institution brought by the hospital, it is also necessary for the law to have the humanitarian duty to perform the necessary emergency interventions primarily and unconditionally. In temporary shelter centers; Emergency health service is provided according to the plan determined by the Directorate stated in the Directive on the Health Services to be Taken under Temporary Protection of 28.03.2015 dated 25.03.2015 issued by the General Directorate of Emergency Health Services of the Ministry of Health and 112 ambulance emergency ambulance it is taken. Wounded Syrians who entered the territory of Turkey, after being taken to the border taken by ambulance to the nearest hospital, 16 are made in the absence of adequate hospital's referral to the appropriate health care provider operations. In close proximity, ambulances are fully equipped and ready for intense injured access (Nacar, 2015). Emergency health services are provided in accordance with the Emergency Health Services Regulation published in the Official Gazette dated 11/05/2000 and numbered 24046. Emergency Medical Services, the citizens of the Republic of Turkey is given on the basis of the same legislation.

Primary Care Health Services: Countries with a strong presentation in primary health care services are expected to be able to better respond to the health needs of the community, provide a more equitable service in health care and make health spending more economical (Akman, 2014: 70). Primary health care services are also preventive health services. Provisional Protection is provided by Community Health Centers, Family Health Centers and Immigrant Health Centers, which are affiliated to the Public Health Directorate of primary health care. In addition, primary health care is provided by Voluntary Health Organizations in line with the permits granted temporarily. Coordination with the relevant public institutions is also provided by the Public Health Directorate during the presentation of the primary health care services.

1. Screening and immunization against the risk of infectious diseases are carried out and follow-up procedures are carried out by the Public Health Directorate in cases where reports on infectious diseases and other acute public health problems are regularly collected and determined.
2. Vaccination service is given in accordance with the determined vaccination schedule and other related programs and necessary measures are taken.
3. The health services provided for infants / children and adolescents in our country are given equally to those under temporary protection.
4. The provision for women under Temporary Protection against women in the age of fertility in our country is given in the same way as for women and reproductive health services.
5. The Ministry of Health carries out the provision of temporary protection centers for environmental health and the supervision of the health service centers.
6. Provisional measures such as prophylaxis, isolation and quarantine are implemented by the Public Health Directorate in case of a potential condition / illness that may jeopardize the health of the people among temporary protections.
7. Those who are determined to be taken necessary measures for temporary protected from drug addiction or psychological problems, referral and follow-up are carried out in accordance with existing rules established by the Public Health Agency of Turkey.
8. The provision, care and supervision of special needs persons, such as unaccompanied children and disabled persons under temporary protection, are provided by the Ministry of Family and Social Policy. The vulnerable groups are within the laws of our country and can benefit from the services of institutions such as women's shelters, children's houses. Primary Health Care is an important health service in order to prevent health problems such as possible epidemics and infectious diseases. Provisional Protectors should be used quickly in preventive health care services, considering that they are carriers of potential disease since they do not receive any health care services in the country of arrival and during their arrival time.

Voluntary Health Services: Voluntary Health Services are voluntary health services provided by the Ministry of Health General Directorate of Emergency Health Services on the basis of the Health Services Directive No 2875 dated 25.03.2015 under Temporary Protection and are free and voluntary by the charities or associations in the settlements where the Ministry will approve only temporary health care for six months. Six months can be extended again if needed. The voluntary health service is under the supervision of the

Ministry of Interior and is subject to the supervision of the Ministry of Health in terms of service delivery. The termination and termination of the activity of the Voluntary Health Service depends on the approval of the Governor. Diagnosis, treatment, surgery and rehabilitation services and examination services are provided within the scope of voluntary health service. In cases where the treatment of the patient is not possible, the patient is referred to primary and secondary health care institutions and all of the diagnosis and treatment costs and the patient is not charged for any reason.

5. HEALTH SITUATIONS OF SYRIAN REFUGEES IN TURKEY

Syrians in the asylum process to the civil war in their country in 2011. Turkey's neighboring countries, the initial journey even though they have been completely healthy, cases such as sheltering and feeding conditions may lead to the emergence of a number of diseases. The main determinants of health in forced displacement groups are; the circumstances in which they lived in the immigration process, their travel patterns, their length of stay, their language skills, their social status and their legal status. The conditions that need to be assessed primarily are trauma, mental health disorders and conditions specific to women's health, which may be caused by influenza and migratory influenza, epidemics and infectious diseases that may occur due to nutritional habits, conditions of marriage, vaccination and inability to reach depletion (Bahadır, 2016 : 14-15).

Nutritional disorders that play an important role in the spread of communicable diseases are the primary problems of transient care. It was found that the Syrians generally consumed only one meal per day of carbohydrates, consumed a lot of vitamins, minerals and protein foods, and experienced significant weight loss (TTB, 2014: 44). Infants, children, elderly people, women and pregnant women are all at risk when it comes to nutritional problems. Acute malnutrition due to inadequate nutrition among the Syrians living in temporary shelter centers in 2012 was observed mostly in children under 5 years of age (Aslan, 2016: 63). In a cross-sectional study among 458 Syrian women aged 15-49 years, 93.4% of the women stated that their primary problem was nutrition (Simsek et al., 2015: 292). For those who live outside Temporary Welcomes Centers, nutrition becomes a bigger problem.

The quality of the region and residences inhabited by Syrians is closely related to access to clean drinking water. It is stated that more than 20% of the temporary protections are reached to drinking water and more than 15% of them are difficult or very difficult to reach to the usage water. As a result, toilet and bathroom conditions seem to be inadequate. At the same time, as many as 40% of asylum seekers stated that they had reached the sabbatical, and more than 40% had difficult or very difficult access to other cleaning materials. One of the two Syrians who are in need of child welfare and needs for women is difficult or very difficult (AFAD, 2014: 87). Having a large number of people falling into the number of bathrooms and bathrooms for the residents of the Welcomes Center, the access to healthy and hot water is limited for those living outside the center of marriage and the bathroom is inadequate accordingly.

Access to contraceptive methods of temporarily protected women is more disadvantageous than other women in the community in terms of access to prenatal and postnatal care services. As a result of the inability to reach services, unwanted pregnancies, abortions and homebirth frequency are increasing. AFAD data indicate that 96% of Syrian women have been hospitalized or clinically delivered. In the same study, one of five Syrian women suckles a baby

It has been determined (AFAD, 2014: 103-104). The frequency of psychological diseases of the Syrian temporary guardians also increases according to the local people, the effects of pre-migration, post-migration and immigration events, post-traumatic stress disorder, depression anxiety disorders are encountered. It is inevitable that the Syrians who escaped from civil war need psychological support when considering the possibility of losing one of the family members in front of, during and after immigration, or encountering an event that distorts the integrity of their own body. 51% of Syrians living in temporary shelter centers and 46% of those living outside shelters need psychological support (AFAD, 2014: 95) in the question "Do Syrians or family members think that they need psychological support"?

The most common health problems encountered by the Syrians in the Transitional Welfare Centers are diarrhea with 23% and skin problems at the same time. These are followed by high fever of 19%, headache of 16%, cough of 13%, vomiting of 5% and loss of consciousness by 2% (AFAD, 2014: 94). The eastern transportation of the Syrians is easier for those who live in temporary shelters, but for those living in urban areas it is difficult to reach them. While 31% of males and 28% of females living in temporary shelter centers have difficulties in finding medicines, 55% of males and females living outside the center of marriage have difficulties in finding medicines (AFAD, 2014: 93). The use of health services among Syrian

guests is quite high in temporary shelters. About 90% of men and 94% of women living in temporary shelter centers were found to use health services. 60% of men and 58% of women stated that they use health services (AFAD, 2014: 90). Health care is not because of the health needs of Syrians living outside these differences in use, they do not have the necessary records related to the case to be able to use more hospitals in Turkey.

Although the Syrians have faced some obstacles in their use of health services, they have expressed satisfaction with the services they provide. 60% of both men and women living in temporary shelter centers and 82% of men living outside and 79% of women stated that they were very satisfied or satisfied with the health services they received. Percentage of those who are not satisfied with health services among those who are not satisfied with the health care service is low enough to ignore the percentage of those who are not satisfied with the health services, but the percentage of those who are not satisfied or not at all among the campers is about 25% (AFAD, 2014: 91).

Prime Ministry Disaster and Emergency Management Presidency (AFAD), according to the data until May 2017 in Turkey, Syrian and Iraqi operations 878 221 within the scope of the treatment of asylum seekers, 1,055,882 and 23,222,941 hospitalized patients are given outpatient services. In addition, 200 199 Syrians have arrived at a baby born in the territory of Turkey.

The legislation Ministry of Health Emergency Medical Services DG extracted by 25.03.2015 dated and 2875 numbered Temporary Protection to be given be Under those Health Care Concerning the Principles for Syrians to health expenditure received under temporary protection in Turkey Directive is organized with the. Payment of the prices of the eligible treatment services is realized between the Prime Ministry Disaster and Emergency Management Authority (AFAD) and the Ministry of Health in accordance with the provisions of the health service procurement protocol on the lump sum that has been signed since 2014. Payments are made annually by AFAD and deposited monthly to the Ministry of Health central revolving fund accountancy account.

Invoicing and payment of health care costs is according to the Guidelines on Health Services to be Taken under Provisional Protection No. 2875;

1. Those who have temporary ID but not SGK are considered as paid patients and the fees are taken from the patient according to the health services provided in this disease and the Health Practice Statement (SUT) provisions. Emergency health services and primary health care services are excluded in cases of epidemics and infectious diseases that would endanger public health.
- 2 is paid to Turkey Public Hospitals Authority and the 112 Emergency Health Services of the Ministry of Health health care costs by AFAD. According to the health service procurement protocol over the cost of lump sum, the payments made by AFAD are 375.000.000 TL for 2015, 550.000.000 TL for 2016 and 695.000.000 TL for 2017.
3. Turkey Public Hospitals bill private hospitals and university hospitals shipped expenses related to the treatment of patients from the hospital depends on the institution, which is paid by the health care facility patient referral.
4. Public Hospitals Authority Turkey from one province to another hospital due to internal or shipped out of province for treatment of patients with invoice for the expenses, which are scheduled to be accounted for by the health resort treatment.
5. Health care fees must be as much as the amount paid for general health insurers, including health services offered at the second and third level.
6. Primary health services that can not be priced in the SUT are billed to the health service price quotation set by the Ministry of Health.
7. Payment of invoices issued to special hospitals and university hospitals by the General Secretariat is made by the health facility due to the circumstances that cause the patient to lose limb loss and / or loss of body function in the event of non-emergency intervention.

8. Payment of the bills belonging to the diseases transferred to universities and private hospitals is made by the health facility determined by the General Secretariat provided that there is no appropriate intensive care bed in the health service providers who are taken from the border and injured and the patient is carried out under the coordination of 112 Command and Control Center.
9. Turkey Public Hospitals by affiliated health care facilities to the Institute university hospital or a private hospital referred patients, by which referred to the university hospital or a private hospital case to be referred to another private hospitals or university hospitals, first shipped engaged by the organization due to health facility the treatment fee is paid.
10. Report is collected from the patient with the report fee (health board, single physician) applications (disability identification, driver's license, entry to work etc.).

6. CONCLUSION

Syrian Arab Republic to continue the civil war in six years and the number of people who were displaced because of the war took refuge in Turkey continues to increase with each passing day. The first times become permanent as the time progresses to the immigrants who are looked at with a brief and temporary eye. The international policies on Syria should be focused on a permanent solution. However, it is not possible to end the civil war in the near future and to achieve political stability. Therefore, humanitarian aid should be planned for basic needs such as marriage, nutrition and health for the new migration movements. At the same time, the way to solve the problems of asylum seekers within the Syrian borders should be sought. rather than creating a buffer zone on the border of Turkey to login to live in temporary settlements should be provided. Because the Syrians of Turkey's entry, along with the increasing and more social problems, social, political A number of problems arise.

Turkey's extension of the duration of Syrian refugees who are adversely affected both the local people's physical and mental health of asylum seekers. Therefore, one of the important things for asylum seekers is to be able to lead a healthy life. In order to maintain their lives in a healthy way, basic needs like accommodation and nutrition must be provided. For this reason, the start of health care is the provision of housing, water, food and nutrition. These needs are readily available at temporary shelters. But nine times as many as those living in settlement centers continue to live in cities. The living conditions of these people are worse than those living in the centers of marriage. Because most asylum-seekers who live outside the centers of marriage lack sufficient hygienic and clean housing, they do not have enough food, water and nutrition supplies. For this reason, those who live outside the temporary sheltering centers should be moved to the sheltering centers periodically and placed in appropriate shelters where they can stay.

The right to health, one of the fundamental human rights, is guaranteed by national and international legal documents. Healthy life is a right provided by being a human being, regardless of its citizenship. In this context, it is the duty of the public to protect the health of everyone, whether they are citizens of the state or citizens who have taken refuge in their country. There are two basic elements that determine whether the state fulfills health care. The first is the presence of the health facility and the second is the availability of health facilities. While assessing these two basic elements for Syrian temporary shelters, it is necessary to examine the residents of the temporary accommodation centers and those living in the cities separately. Health centers and field hospitals are established for provisional shelter living in temporary shelter centers and health services are provided. In addition, ambulances serve at the centers of residence for patients referred to other health centers. Those living in urban areas receive services from other health centers, especially migrant health centers opened for them, and they are referred to the necessary health centers in advanced treatment situations. Language is a major problem for those living in urban areas. The health expenditures of residents living in both cities and temporary shelter centers are covered by the state.

The health services provided by the State for asylum seekers should not be higher than those offered for their own citizens. The treatment costs of the temporary guardians are covered by the government and the Turkish citizens receiving the same services participate in the financing of the health care services. This situation negatively affects the hospitality of Turkish citizens towards asylum seekers in the event of harming the social peace between local people and Syrian citizens.

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