AJPH LETTERS AND RESPONSES

SYRIAN REFUGEES CONSTITUTE 20% OF JORDAN'S POPULATION

he recent AJPH editorial by McNeely and Morland¹ perfectly summarized elements of strategies that can improve care access for Syrian refugees.

Currently, I am living less than 100 kilometers from the Syrian border, so I can see, feel, and hear the unpleasant events affecting the Syrian health system and the corresponding unfortunate personal circumstances of its patients. Similar observations were also made by Heisler et al.²

This chaos is also affecting countries neighboring Syria such as Jordan. Jordan is continuing to care for refugees from Syria and other countries, but its health system is dangerously overstretched.3

On September 28, 2015, at the Plenary Session of the 70th General Assembly of the United Nations held in New York City, His Majesty King Abdullah II of Jordan declared that Syrian refugees constitute 20% of Jordan's population.

I totally agree with the viewpoint from the Office of the United Nations High

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Commissioner for Refugees that outlines strategies for changing refugee assistance in an era of widespread conflict and population displacement.4

It should also be strongly emphasized that the reports from the World Health Organization and the United Nations Organizations should include attention—and strikingly so to preparedness and provision for the health of refugees and migrants in Europe⁵ and in other areas affected by this humanitarian issue. AJPH

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SUPPORTING SYRIAN REFUGEES: THE NEED FOR A **MULTIDISCIPLINARY ACTION**

cNeely and Morland recently outlined how the US public health systems can support Syrian refugees. 1 They presented two examples to highlight the feasibility and improvement of health care across for refugees by focusing on the points of interaction

between refugee resettlement and health care systems. While the authors acknowledged the fact that refugees are not a homogenous group, they did not raise the fact that among the refugees, more than one third have been subjected to torture.

It is difficult to assess the scope of violence in Syria, but reports point to alarmingly high rates, including physical and sexual violence and torture involving men and boys as targets.² These refugees have several health, social, and welfare problems and they should be identified earlier by undergoing an interdisciplinary assessment, which includes medical, psychological, and social examinations.

A multidisciplinary system is needed in their management.³ Also, it is not clear from the article what challenges to expect in these two examples along with what are the plans to overcome these challenges. The model also did not show how services are standardized and evaluated. AJPH

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