

MANAGING PUBLIC HEALTH DURING A MIGRATION CRISIS

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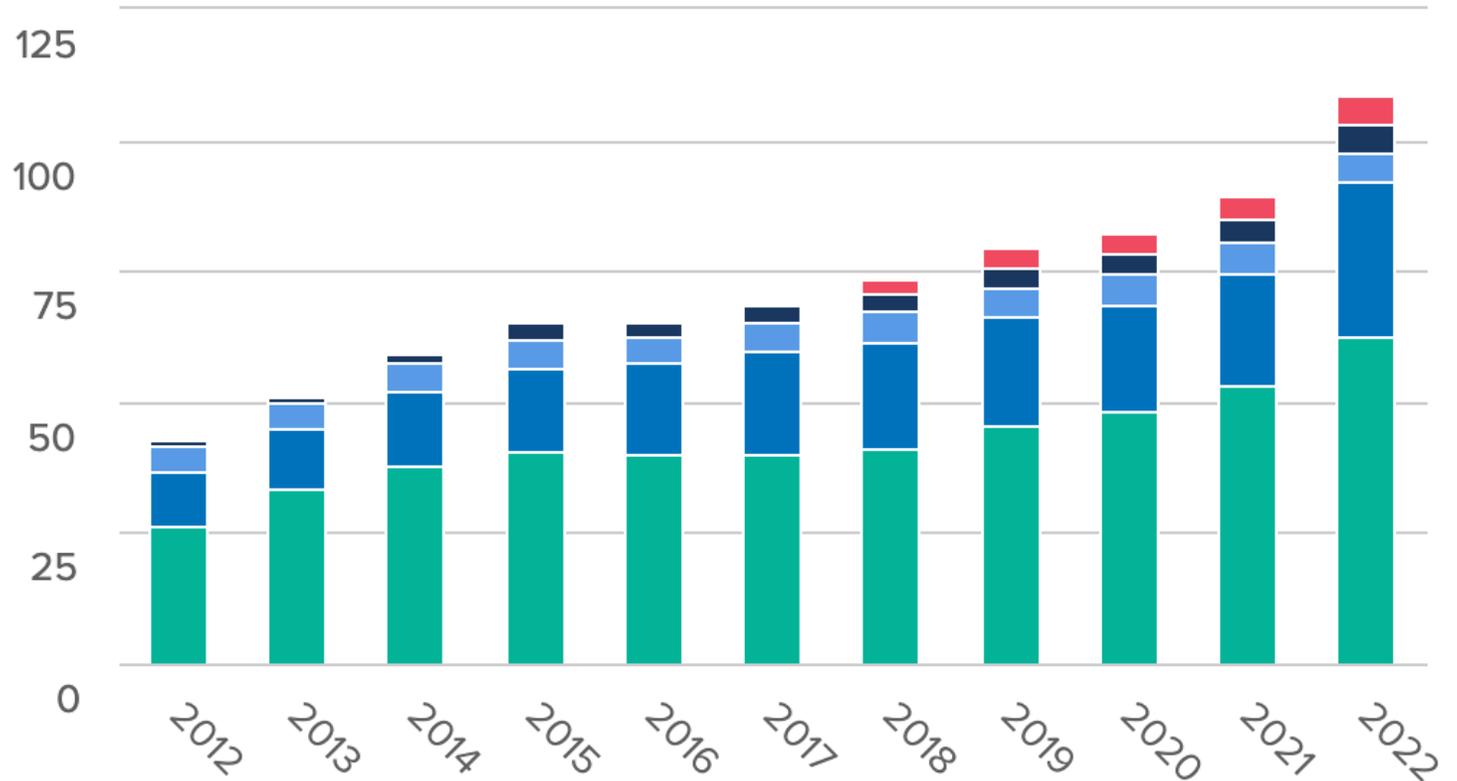
Exercise Overview

- February 20-22, 2024
- Provided Tabletop exercise with SME briefings
- Students were in a residence program at the Naval Aerospace Medical Institute
- Scenario focused on a migrant crisis in a fictional area
 - Based on the Caucasus region from the Decisive Action Training Environment
 - Conflict led to migrants coalescing in camps, unable to leave

Migrant Crises: A Humanitarian and Security Issue

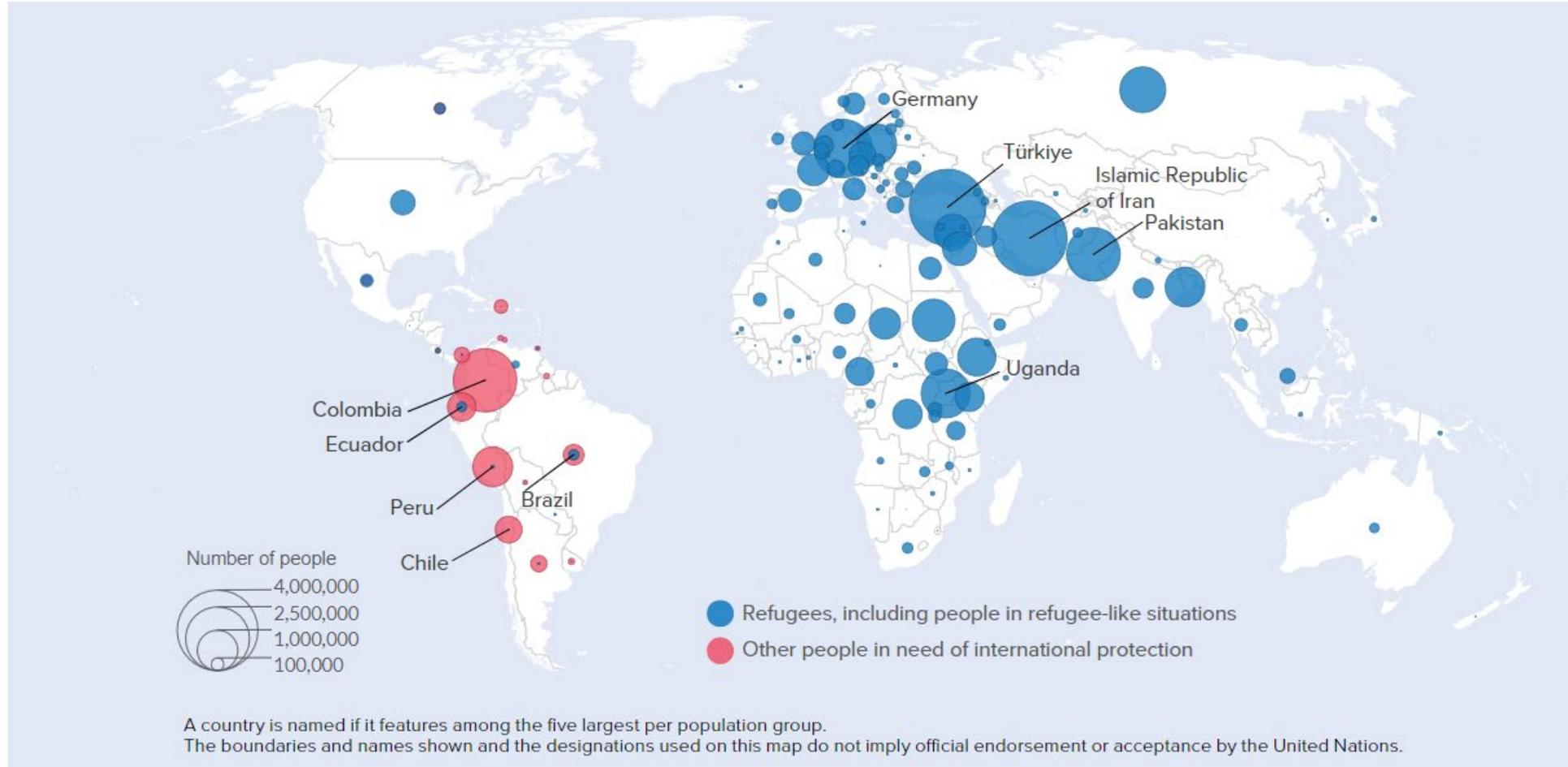
People Forced to Flee Worldwide (2012-2022)

- IDPs
- Refugees under UNHCR's mandate
- Refugees under UNRWA's mandate
- Asylum-seekers
- Other people in need of international protection



Source: UNHCR Global Trends, <https://www.unhcr.org/global-trends>

Global Situation



Source: UNHCR Global Trends, <https://www.unhcr.org/global-trends>

Setting the Stage

Pre-conflict Situation



Map adapted from US Army Training and Doctrine Command

Atropia

- Significant ethnic minorities on/near borders with neighbors
 - Donovia – Northeast
 - Gorgas – Northwest
 - Limaria – West
 - Ariana – South
- Caspian Sea to the east

Regional Overview

Regional Powers

- Donovia (northeast border)
 - Infusing cash to neighbors
 - Primarily Christian
 - Minority lives in mountainous region in Atropia, primarily Muslim
- Ariana (southern border)
 - Regional influence but focuses on larger neighbors
 - Majority Muslim
 - Sporadic Arianan minority in southern Caspian region

Border States

- Limaria (western border)
 - Small minority in Atropia
 - ~100% Christian
 - Tight-knit community, suspicious of outsiders
- Gorgas
 - Ethnic Gorgans live in Northwest, near two large freshwater lakes
 - Gorgas government encroaches on water and mineral rights
 - Eastern Orthodox Christians, but minority who live in Atropia are mixed Christian

Friction and Factions - West

In the middle of last year, sporadic sectarian violence began, primarily along ethnic lines. It has spilled around the country in various forms, sizes, & intensity.

- Gorgan separatists, with Gorgan government support, began attacking infrastructure
 - Occupy several police stations and border checkpoints
 - Fighters are well equipped with Gorgas government-supplied equipment
 - Fighters lack formal training, but many leaders are war veterans
 - Good leadership + firepower = formidable force but with poor discipline (unpredictable)
- Limarian insurgency in the West
 - Small and irregular but violent against Atropians
 - Atropians (and some Limarians) fleeing from the violence
 - ~100% Christian

Friction and Factions - East

- Donovanians – some people from the Donovanian area have been taking advantage of the mounting chaos and raiding nearby areas
 - Stealing crops, livestock, and vehicles
 - Unclear who; probably a mixture of Donovanians and Atropians
 - Both petty criminals and more organized gangs
- Arianans – Similar to the Donovanian area, ethnic Arianans are taking advantage of the chaos
 - Arianans tend to be wealthier than other groups in Atropia
 - Some criminal elements are preying on fleeing people, offering fake jobs or offering money for illicit services, such as arms smuggling and human trafficking

Eruption

Late last year, violence erupted, eliciting a regional response

- Gorgas and Donovia sent in “peacekeepers,” ostensibly to protect minorities in the border regions
 - Seen as act of aggression and condemned by many, but Atropian government unable to respond
 - Ethnic Atropians depart those areas more hurriedly
 - Muslim Donovians, fearing reprisals from the primarily Christian troops, also depart
- Criminal activity swells even more
 - Petty crimes to feed families
 - Criminal organizations preying on people to traffic for labor and sex
 - People pose as aid workers to offer jobs or food
 - This has led to a distrust of legitimate relief organizations



Map adapted from US Army Training and Doctrine Command

Response

Internal

- Many people head toward Caspian coast, first heading toward plains and valleys
- Near Baku, the capital, officials stop fleeing families to prevent an overwhelming of resources
 - 2 camps established
 - Largest camp near Baku
 - Smaller camp meant for minorities, but this is never realized
- Two camps farther west
 - Similar size to each other
 - Completely different demographic makeups
- REQUEST UN HELP

International

- U.S. agrees to support under UN mandate
 - Eventually asked to support eastern camps, 3 & 4 (near Baku)
 - Only providing medical and logistical support
 - Only security for U.S. forces
- Many other nations offer support - Türkiye, Norway, the Netherlands, and Italy first to provide concrete support.
 - Türkiye to manage western camps (1 & 2)
 - Other nations to provide medical, logistics, and demining support
- NGOs already operating in area but little coordination

CURRENT CONDITIONS

Camp Situation

#	Pop.	Area	Male	Female	<18	18-64	65+	H ₂ O Avail / Day (Pot)	H ₂ O Avail (Non-Pot)
1	3,900		1,910	1,990	2,145	1,675	80	25,000 L	20,000 L
2	7,350		3,600	3,650	4,040	3,220	90	60,000 L	40,000 L
3	21,000		10,290	10,710	11,560	9,030	210	160,000 L	100,000 L
4	6,300		3,090	3,110	3,465	2,700	135	50,000 L	35,000 L

#	% w/ Elec	Elec Type	Hospital Beds
1	85%	Diesel Gen	0
2	90%	Diesel Gen, Grid	5
3	100%	Grid, Diesel Gen	10*
4	80%	Grid	2



US Agency for International Development

*Only facility with L&D and maternity care equipment & personnel, though no specialized beds or rooms

U.S. Forces

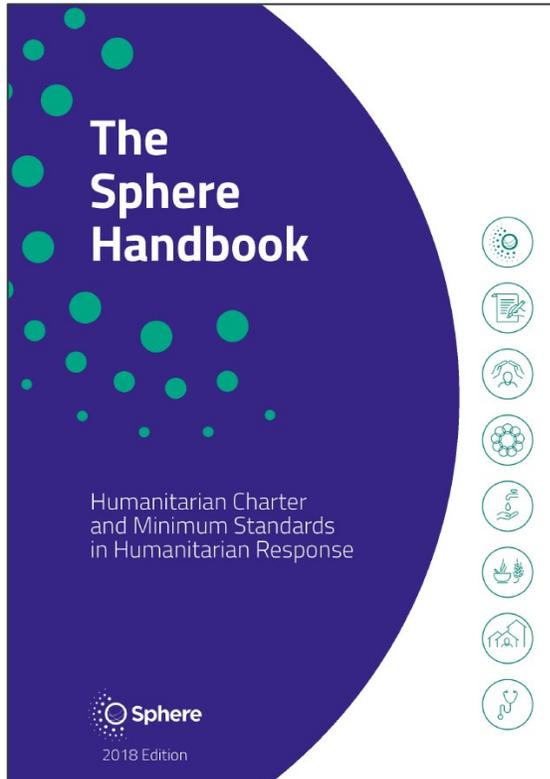
- U.S. forces arriving now (late February)
 - Camps 3 & 4 accessibly through Baku, although some infrastructure is damaged
 - Camps 1 & 2 more difficult to access; airfields are primarily compacted dirt
 - NGOs targeting these camps for aid
 - Little coordination of aid
 - Camps 3 & 4 have greater population but receiving less aid per capita
- Weather – cool and dips to near freezing overnight
 - Morning thaw leads to muddy roads and footpaths, bogged down vehicles, “rasputitsa”
 - Out west, freezing at night, hitting 50 °F at the hottest point of the day
- Rebels/criminals and troops from outside nations
 - Neither group wants to have a confrontation with American troops
 - Civilians remain targeted for violence, theft, and trafficking
 - Semipermissive environment for U.S. forces, but IDPs are stuck

Assumptions

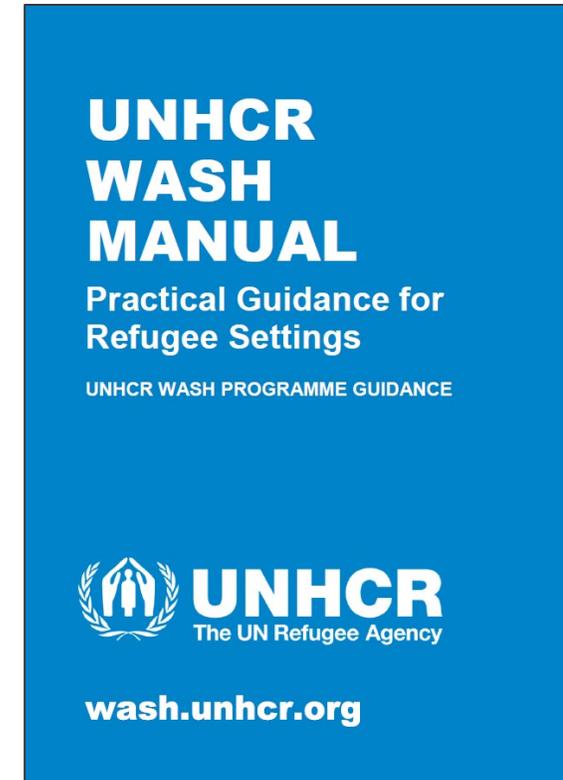
1. U.S. and allied forces can move relatively freely throughout the country on official business. It is not authorized to travel outside of very specific areas for anything other than official government business.
2. Evacuation of civilians is not a viable option.
3. There are diseases prevalent in the camps. Though none have reached "outbreak" status yet, testing is limited.
4. Most people are showing up to the camps lacking proper nutrition, adequate water, and shelter and are exhausted and traumatized from their uprooting and journey.
5. Medical supplies and equipment must be provided by U.S. and allied supply chains.
6. English is not widespread, but most people can read and write in their native language.

Primary References

Sphere Handbook



UNHCR WASH Manual



Sphere Handbook

- An internationally agreed upon framework for providing humanitarian assistance
- Referenced in several DoD and component publications, including Joint Publication 3-29: Foreign Humanitarian Assistance
- Provides standards, key actions, & key indicators

Sections include:

- Water supply, sanitation, and hygiene promotion
- Food security and nutrition
- Shelter and settlement
- Health

<https://spherestandards.org>

UNHCR WASH Manual

- WASH = Water, Sanitation, and Hygiene
- Sections include:
 - WASH Protection Principles
 - WASH Strategy and Operational Plans
 - WASH Sector Coordination
 - WASH Assessments
 - WASH Monitoring and Reporting

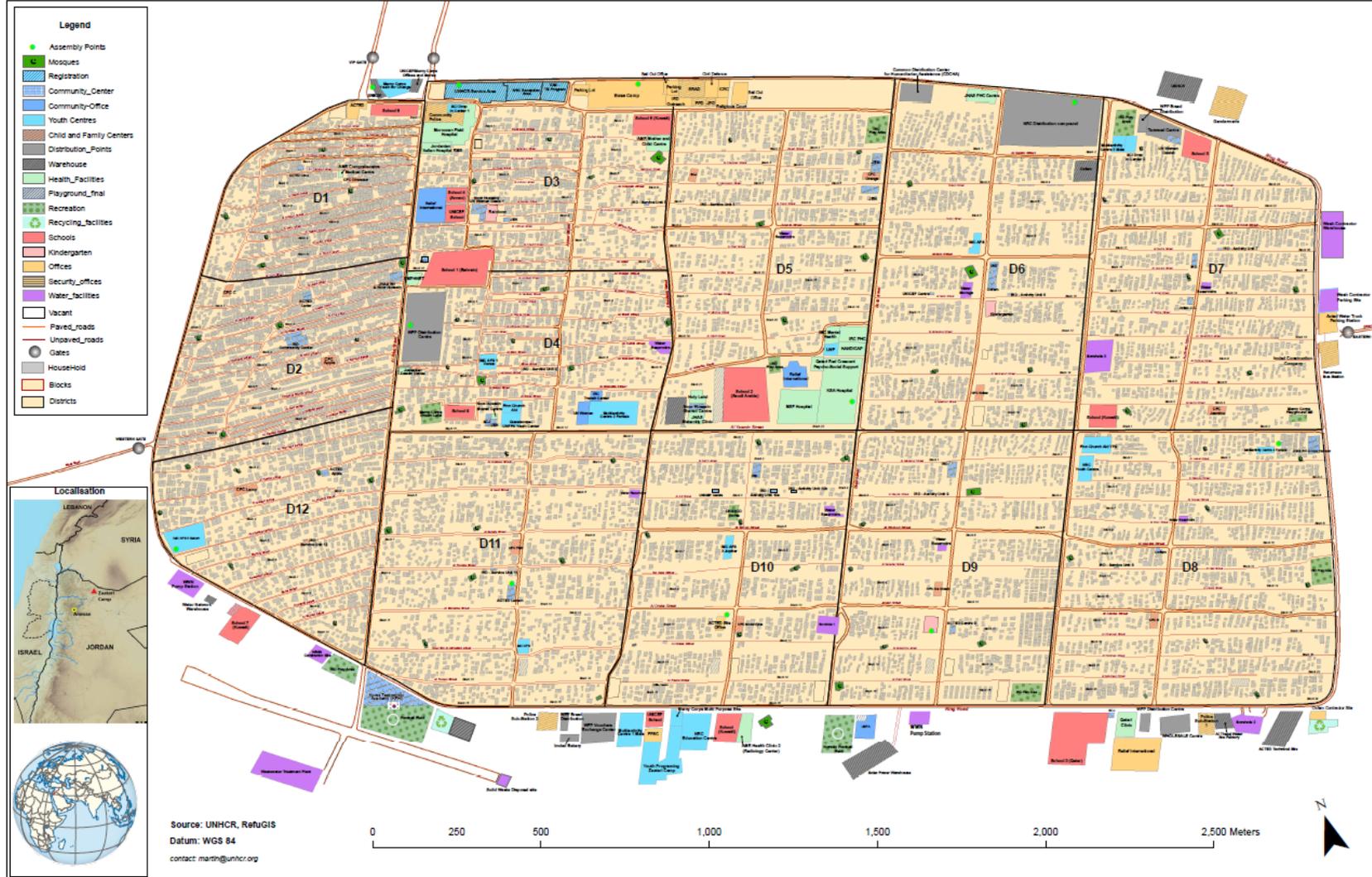
MAJOR THEMES

MAJOR THEMES

- WASH
- Women's Health
- Sexual and Reproductive Health
- Disease Vectors
- Public Health Assessment
- NGO/HN Interaction
- Culture
- Management of Children and other Populations



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FOUR PHASES OF OPERATIONS

Phase I: Orientation

- Public health situation
- Supplies and resupply
- Living conditions and safety for both residents and own personnel
- Availability of host nation personnel
- Liaison with civil and camp authorities
- NGOs
- Contracting

Phase II: Operations in Austere Conditions

- Cultural sensitivities
- Acceptable levels of shelter, food, water, sanitation
- “Triage”
- Patient movement
- Maintain consumables

Phase III: Normalization

- Continuous monitoring
- Improve quality of life
- Seasons change
- Improve facilities

Phase IV: Repatriation

- Medical screening
- Safety
- Family unification
- Tracking

Not normally in U.S.
DoD's purview for FHA

Phase I: Orientation

Public Health Situation

*Disease, **vectors**, nutrition, electrical supply, **waste (human, medical, solid)***

Supplies and resupply

Prioritize. Learn host nation and NGOs processes

Living conditions and safety for both residents and own personnel

Where should focus be? How can you get a grasp of safety?

Availability of host nation and other personnel

Include medical personnel, interpreters, sanitation workers, construction engineers, and workers

Liaison with civil and camp authorities

Understand the leaders' roles and responsibilities and who to speak to with concerns. They will likely be quite busy at this stage, so be prepared for a frosty reception from some.

NGOs

Some NGOs will not want to work with the U.S. military out of fear of being associated with the U.S. mission. Often, NGOs hope for logistical and security support. This is not your mission, but identifying common ground and any chance for a symbiotic relationship is essential.

Contracting

You will need to understand this to some degree to be able to order supplies, make arrangements, secure transportation, and so on

Phase II: Operations in Austere Conditions

Cultural Sensitivities

*From the standpoint of a U.S. response to many areas of the world, **this is the most important single factor.***

Acceptable levels of shelter, food, water, sanitation

Refer to Sphere Handbook and UNHCR WASH Manual for guidelines.

"Triage"

Who we can help and who needs to wait. Equally as important: how do we communicate this to the population and keep trust?

Patient movement

Where can we move patients? Is it safe? Are the roadways in a condition to allow for movement of a patient with spinal injuries, for example? Who do we coordinate movement through?

Maintain consumables

In Phase I, we figured out who to speak to. Now, create a method of maintaining consumables through the proper channels. Also, replace nonconsumable equipment.

Phases III and IV: Normalization and Repatriation

Phase III

Continuous monitoring
Improve quality of life
Seasons change
Improve facilities

Phase IV: Repatriation

Medical Screening
Safety
Family Unification
Tracking

HDAC

Public Content



Future Event

October 8-10, 2024

Belcamp, MD – just outside of Aberdeen Proving Ground

Centered around group activity and solutions to problems

Register at: ***Add link once approved***

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Sphere Handbook: <https://spherestandards.org/handbook/>

UNHCR WASH Manual: <https://www.unhcr.org/us/media/unhcr-wash-practical-guidance-refugee-settings>

HDIAC Public Health TTX: Add link