How did we let it happen?

The Syrian Refugee Crisis: A logistic and human disaster

By Joellyn Sheehy

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Joellyn was among the first participants in the Tom Carroll Lincoln club’s program of memberships for college students. “How Did We Let It Happen?” was presented at the Tom Carroll Lincoln Torch Club on September 16, 2013.

In 2011, the first trickle of stories of Syrian refugees fleeing the country’s civil upheaval emerged. As the reports turned into a flood, concern increased for both the refugees’ welfare and their new hosting countries’ resources. Probably some four million people have fled the Syrian Arab Republic, and a further third of the population is displaced internally, sometimes in horrifying conditions, including starvation. By mid-2014, the dead numbered more than 170,000. Despite peace efforts and elections, there is still little sign of the conflict abating.

This paper will address the impact of the Syrian refugee crisis on the displaced persons themselves and their host nations, highlighting the importance of the international community initiating long-term planning to help individuals recover their livelihoods after this disaster.

Background to Refugee Flight: Repression and rebellion

Syria’s crisis arose in March 2011, when political agitation inspired by the events in Cairo’s Tahrir Square and the “Arab Spring” spread to the Syrian Arab Republic. In the small, poor, and drought-stricken city of Dar’a, teenagers dared to scribble “The People Demand the Fall of the State” and similar revolutionary slogans. The youths’ arrest and reported torture encouraged popular demonstrations calling for reform, a clear defiance of the country’s police and intelligence agencies.

Often poorly housed and underfed, Syrian refugees constitute the largest such migration since the Rwanda massacre of 1994. This outpouring of immigrants is not only a tragedy for those displaced and for the future of the Syrian Arab Republic; it is also a logistical disaster for neighboring countries and those attempting to manage the crisis. A flow of migrants of this magnitude will certainly impact the U.S. and European countries, placing practical as well as moral pressure on wealthier nations to support the Syrian people and their neighbors.

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Despite its brutality, government repression failed to cow the opposition. In September 2011, the Syrian National Council was formed in exile. Local vigilante groups assembled as a response to the government’s use of violence, some eventually uniting with military deserters to form the Free Syrian Army. By 2012, brutal and well-publicized massacres of civilians and artillery attacks on rebel towns elevated the conflict to the level of a civil war. By July 2012 some 14,000 civilians were estimated to have died.

The political conflict has a significant religious dimension. For centuries, Syria had been a mosaic of minority religious and ethnic communities settled among the dominant Sunni Muslim Arab populace. However, during three decades of rule by the Ba’ath Party under President Hafiz al-Assad (d. 2000) and then his son, Bashar, the regime was increasingly identified with the Alawi religious minority.

As the crisis progressed, members of other religious minorities were divided in their loyalties, but increasingly supported the regime. Though overwhelmingly Sunni Muslim, the rebel groups include some members of other communities as well as secular individuals. The fighting has escalated in both geographical extent and brutality, with no end in sight. Indeed, fighting between Sunni Islamist groups alone killed over 500 in the first days of 2014 and continues to take more lives (Hadid). Atrocities committed by all sides, including likely use of chemical warfare by the Assad regime ("Syria chemical weapons allegations"), have appalled the international community.

From a Trickle to a Flood of Refugees

The bitter fighting has caused millions to flee their homes and sometimes their country. The majority of them remain as internally displaced persons, sometimes in besieged communities. However, significant numbers cross international borders every week, becoming refugees.

Turkey was the first country to formally accept Syrian refugees, admitting some 250 in March 2011. Two months later, as the conflict intensified in the central regions of the country, more crossed into northern Lebanon. In June the military’s aggressive tactics spurred thousands more to leave their homes. Although Syrians’ migration was still sporadic and patchy, by mid-year some 7,000 had crossed into Turkey alone (Ferris, Kirisci, and Shaikh). In March 2012, the United Nations High Commissioner for Refugees (UNHCR) estimated that some 40,000 persons had left for nearby countries, predicting the number to rise as the fighting continued (Ferris, Kirisci, and Shaikh).

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The conflict escalated to new levels, including missile and bomb attacks on civilian areas, after rebel groups launched attacks on Aleppo and Damascus, the two largest urban areas, in 2012. The Assad regime’s brutal responses “marked a major shift in the government’s counter-revolutionary strategy. This new shift—from targeted repression to the disproportionate use of military force against civilian populations—resulted in the use of increasingly heavy artillery and the systematic shelling of entire neighborhoods” (Ferris, Kirisci, and Shaikh).

During 2013 the number of Syrian refugees increased tenfold. In September the UNHCR claimed that one third of the Syrian Republic’s population of 22.4 million was displaced. While the first million refugees fled in a time-span of two years, the second million evacuated within six months (Miles). The UN projects the number of refugees to reach 3.6 million by the end of 2014 (UNHCR, 2014 Syria Regional Response Plan: Strategic Overview, Mid-Year Update) and as many as 6.5 million are estimated to already be internally displaced ("Syria: The story of the conflict").

Responding to the Refugee Crisis

When so many people rapidly flee their homes, emergency managers must answer the question: “how can we fit them all in?” Of the main hosts (Jordan, Lebanon, and Turkey), Lebanon accommodates the largest number, probably surpassing the one million refugees officially registered (UNHCR, 2014 Syria Regional Response Plan: Strategic Overview, Mid-Year Update). With a population of only 4.4 million (World Bank. “Population”), Lebanon has essentially taken in some 23% of its entire population—the equivalent of a million refugees suddenly arriving in Connecticut, cramming an average of 200 arrivals into each square mile.3

These ill-fated families and individuals have fled from violent destruction, intimidation, and the loss of employment, entering neighboring countries due to the ease of access, proximity to
family or friends, and relatively similar cultural environments. But as time progresses, the financial and logistical burdens on the receiving nations have inevitably increased, and the region’s traditional hospitality has worn thin. When adequate camps are not provided, refugees survive in the most meager circumstances. They construct shanties or compete for housing and raise its prices. Forced to seek employment at almost any wage, they undercut the job opportunities and compensation of local workers. Refugee children overload local schools, or roam the streets. Social services become overwhelmed, and petty criminal activity increases.3

In the field of emergency management, a disaster is loosely defined as an event that exhausts or exceeds the responding entity’s available resources. Given the magnitude of the Syrian refugee crisis and the number of organizations needed to respond, the term “disaster” clearly fits. Although the migrants themselves have not sought to inflict harm, their influx into surrounding nations has placed significant pressure on the economies and resources of host communities. The extent of their need has repeatedly exceeded financial appropriations for their relief.

Emergency management theory conventionally identifies four phases of a disaster to help determine specific needs for each period: mitigation, preparation, response, and recovery. While the mitigation and preparation phases pivot on having adequate foresight, resources, and training before the disaster, the response and recovery phases focus on organizations’ actions after the event.

In Syria’s case, it is difficult to imagine how the conflict could have been averted by the international community, or how it could have turned out much worse. Given the early optimism among nations sympathetic to the opposition that the Assad regime would soon fall,4 the international community did not foresee the need for the policies it might have implemented. A focus on humanitarian measures rather than regime change might have been more successful in overcoming the divisions between Western nations and Russia that immobilized the United Nations Security Council, but that did not happen.

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Little was done, then, to mitigate or prepare for the Syrian refugee crisis; responding to it has been a formidable challenge for politicians, humanitarian workers, and civilians alike. Within the country, aid agencies have been undermined by both the Syrian government, which has restricted access and relief supplies, and by rebels who have attacked transportation. To a certain extent, international regulations have inhibited organizations’ progress; aid workers in areas controlled by terrorist groups, such as ISIS in northern Syria, fear prosecution if “payments are made for access, or goods fall into the wrong hands.” Such legal obstacles have led the UN humanitarian chief, Valerie Amos, to call for a change in anti-terrorism laws (Whewell).

Efforts to return to normalcy and rebuild damaged communities mark the recovery phase of a disaster, which traditionally begins at the same time as the response. As immediate life threats are removed and survivors are transported to safety, emergency responders must consider the long-term effects of their actions and search for sustainable solutions. This period is arguably one of the hardest emotionally and psychologically for survivors and families of victims. While immediate threats to life are still recent and adrenaline drives people forward, communities are often drawn closer together. But as time wears on and the magnitude of the tragedy sinks in, spirits begin to fall and only gradually rise again. Symptomatic of this stress, levels of domestic abuse rise during disasters, witnessed now among refugees in Jordan (Nebehay). Psychological and emotional support is paramount in this period, as is a definitive plan for the future.

In the Syrian refugee crisis, the international community must focus on aiding the recovery process of those displaced, while still responding to the continued influx of persons. Without knowing the outcome of the civil war, aid workers and politicians must think of sustainable solutions for providing resources to the millions of displaced, and not just revert to quick fixes.


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Neighboring Efforts

The generosity of neighboring countries Jordan, Lebanon, and Turkey in accepting Syrian and newly displaced Palestinian refugees has been impressive, not forgetting that Egypt and Iraq also host significant numbers. Except for Turkey, these Middle Eastern countries are not signatories of the 1951 United Nations (UN) Refugee Convention, yet their actions “affirm the international system of refugee protection” (Ferris, Kirisci, and Shaikh). Their broadly open-border policies have upheld international ideals for civilian protection, meeting a standard that Western nations might
not have met under similar circumstances. Only a small number of Syrians’ asylum applications to rich countries, such as Sweden and Germany, are said to have been granted (“Send refugees back”).

Each hosting country has coped with the influx of people differently. Turkey and Jordan both established large camps, while in Lebanon refugees are scattered across the country (Ferris, Kirisci, and Shaikh).

Lebanon’s unhappy history with the camps established in 1948 for Palestinian refugees has naturally influenced the country’s approach to the more recent humanitarian disaster. To emphasize the non-permanency of the Syrians’ stay in the country, Lebanon has not established any camps. Consequently, refugees rent lodgings, stay with family and friends, or find shelter provided by aid agencies, though an increasing number are living in “informal tented settlements” (Ferris, Kirisci, and Shaikh). As refugees ran out of money and housing continued to be patchy, these settlements spread even during the winter of 2013-14, the worst in decades.

Jordan faces similar issues as their refugee population runs out of savings. Although roughly 100,000 of the migrants are housed in Zaatari (Associated Press), the main refugee camp, there are thousands more in other camps and more than half a million reside outside of camps in urban settings (UNHCR, 2014 Syria Regional Response Plan: Strategic Overview, Mid-Year Update).

Palestinian and Iraqi refugees who had been peacefully living in Syria for years leading up to the disaster are at particular risk throughout this crisis. Jordan denied both groups entrance into the country and unequal provisions are observed in Lebanon and other countries as well. Also denied entrance were single men with no immediate family connection in the area and those without proper documentation (“Hundreds of Syrian refugees denied entry into Jordan”; UNHCR, Syria Regional Response Plan).

The Impact on Individuals
Almost three million children are believed to have been displaced in the ongoing conflict, and more than four million are affected (UNICEF, Syria Crisis: Monthly humanitarian situation report). In Lebanon, some 50 percent of registered refugees are children (UNICEF, Syria Crisis: Bi-weekly humanitarian situation report). Professionals have noted the severe psychological toll the fighting has had on many children, including increased aggression. Their parents, psychologists have observed, “have no idea how to cope; they’re suffering from profound stress themselves” (Amos).

Their schooling is typically disrupted by the displacement, with children often missing years of classes, if not all of their formal education. In September 2013, 90 percent of refugee children between ages 6-17 were out of school (UNHCR, Monthly Update). This disruption inevitably affects their future opportunities, as well as the surrounding community’s ability to recover (Amos). When available, the constancy of school can help children cope with upheaval and not succumb to negative coping measures, such as “violence, recruitment, and child labour” (Internal Displacement Monitoring Centre).

The good news is that the Lebanese government is investing heavily in the country’s public services to provide education for the refugee children, and the United Nations International Children’s Fund (UNICEF) has encouraged other nations to follow its example and contribute resources (“UNICEF chief urges global investment”). The situation is similar in Jordan, with obstacles to education including lack of school capacity in the state schools and no financial ability of the refugees to attend private ones. However, school enrollment in the Zaatari camp is increasing, and one school even reported a 91 percent attendance rate (UNICEF, Syria Crisis: Bi-weekly humanitarian situation report).

Healthcare is another pronounced concern among the displaced. The close quarters and generally poor sanitation of camps facilitates the spread of communicable diseases. Even though polio was believed to have been eradicated, cases have been confirmed in Syria. UNICEF and other agencies have responded with several large polio immunization campaigns across affected regions (UNICEF, Syria Crisis: Bi-weekly humanitarian situation report), and the Syrian government announced a nationwide campaign for measles, mumps, and rubella vaccinations (“UN aid chief says”). However, large areas of the country are either zones of conflict or under rebel control, rendering them unlikely to receive adequate medications.
Urgent care is offered for critically ill refugees, but chronic sicknesses may be left untreated due to lack of facilities or resources. The continued influx of people has made it challenging for aid organizations to keep up with healthcare needs (El-Khatib et al.). Medicine is expensive in some of the hosting nations, with few generic brands available, and refugees’ access to the local healthcare systems can be costly. For those who entered host countries illegally or are awaiting registration with the UNHCR, the cost is even higher. Al Jazeera reported in October 2013 that a large number of women were returning to Syria to give birth because they could not afford the high costs in Lebanon, yet simultaneously many had little access to contraceptives (Cousins).

The differences between assistance programs set up for Syrian refugees, those for Palestinian refugees from Syria, and those for other groups add extra levels of complication. For example, it is cheapest for Syrians to visit a Lebanese hospital for obstetric care, whereas Palestinians benefit more from attending Red Crescent facilities instead (Parkinson).

Looking to the Future

While responding to new needs as they surface, the international community recognizes that it must also place greater emphasis on providing long-term support. There is little indication of when, if ever, the refugees will return home, so emphasis must be placed on planning for the extended future. The large influx of refugees and ongoing fighting has increasingly destabilized hosting nations (“Syria and neighbours need urgent development response”), all of which have now imposed some form of border restrictions (Ferris, Kirisci, and Shaikh).

Host communities cannot afford to foot the bill alone, and the pressure placed on local facilities by the influx of people already frustrates previous inhabitants. In Turkey, some locals have felt disgruntled that services available to refugees were superior to their own (Ferris, Kirisci, and Shaikh), and sentiments of resentment are growing. It is most important now to establish long-term plans, acknowledging that many may not return home even once the fighting is over—a very significant fear in the hosting countries.

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As welcomes wear thin among hosting nations, the international response and recovery efforts become even more important. Each of the Middle Eastern host countries has already expended considerable sums to care for the displaced persons' immediate needs, yet much more is required. The UNHCR appealed for $6.5 billion in assistance in December 2013, the largest amount a single agency had ever requested (“UN appeals”). However, the subsequent international donor conference raised only $2.4 billion in pledges (“Kuwait Donor Conference”). The shortfall is not new: funding targets have consistently not been met, in part because of the sheer high cost of the crisis and its rapid development.

Long-term recovery necessitates investment in communities and people, building adequate facilities even in refugee camps. While not ideal settings, the camps offer protection for people during the crisis and a mode for aid agencies to track their care. The entrepreneurial spirit has already turned some of the camps into cities (Laub), and more investment is needed to secure a prosperous future. Fostering stability and a sense of community is important for inhabitants’ short- and long-term mental and physical health.

The Syrian refugee crisis emphasizes the fragility of nations, the importance of the hospitality of surrounding countries, and the necessity of international cohesion in diplomatic and recovery efforts. Given the brutality of the conflict, with women and children often deliberate victims, the mind recoils at what might have happened if neighboring countries were unwilling to permit Syrians to cross their borders.

While Western powers have not influenced the outcome of the conflict as desired, they can still impact the outcome of individuals’ lives through greater investment in recovery efforts. Moving forward is paramount for Syrians’ individual and collective futures, and Western nations in particular are afforded the opportunity to assist that process. Heralds to the many virtues of democracy, Western nations can now demonstrate such ideals of support for vulnerable people regardless of their ethnicity or religion, and can act upon their commitment to establishing peace, prosperity, and freedom to all.

As members of the global village, we are all affected by humanitarian suffering on this scale. We thus also become part of this recovery process and should work at it together.
1 Summarized concisely in Malcolm B. Russell, The Middle East and South Asia, 47th ed. (Lanham, MD: Stryker-Post Publications, 2013), 71. Russell has also significantly contributed feedback and supplemental information for several drafts of this paper, and I am sincerely grateful for his input.

2 Calculated using World Bank 2013 estimates of population densities.

3 Most host populations sympathize with the refugees’ plight, and recognize that it is politically incorrect to criticize them. Resentment at the burden of the refugees’ presence therefore may take the form of anonymous threats, such as those distributed between rocky crisis in Syria and hard inaccessibility to healthcare services in Lebanon and Jordan. “Conflict and health,” 7, no.1 (2013): 18. http://www.biomedcentral.com/content/pdf/1752-1505-7-18.pdf.


Notes