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Missing from the Record: Refugee Status, Electronic Health Records, and Turkey's Two-Tiered Health System

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Introduction & Background

- Turkey hosts the world's largest displaced population: ~2.7 million Syrians under temporary protection (down from a 2021 peak of 3.7 million) and an estimated 300,000 Afghans, most undocumented.
- Syrians access free primary care through ~190 government-run Migrant Health Centers (MHCs); undocumented Afghans are excluded from public health insurance entirely.
- Refugee status is almost never a structured, queryable field in electronic medical records (EMRs) anywhere — unlike race or primary language.
- This project asks whether that "gap" is instead produced by deliberate classification choices built into registration law and record design.
- Draws on critical data studies ("data invisibility") and Cecilia Menjívar's "legal violence / liminal legality" framework.

2.7M
Syrians under temporary protection

190
Migrant Health Centers nationwide

~117K
Afghans with no legal registration

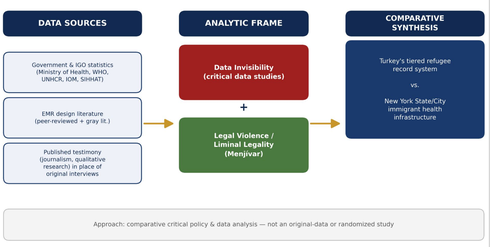
0
EMR systems with a legal-status field

Goals & Objectives

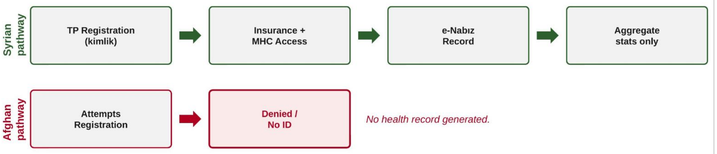
- Identify which metadata fields — legal status, province of registration, language of consultation — are captured or dropped in Turkey's refugee health records.
- Compare the recorded, tiered visibility of Syrians under temporary protection to the near-total data invisibility of undocumented Afghans.
- Draw comparative lessons from New York State/City's immigrant health infrastructure for redesigning refugee-inclusive record systems.

Methods

- Comparative critical policy and data analysis (not original-data or randomized)
- Sources: Turkey's Ministry of Health, WHO, UNHCR, IOM, SIHHAT archive, plus EMR-design literature and published testimony
- Analytic frame: "data invisibility" + Menjívar's "legal violence"



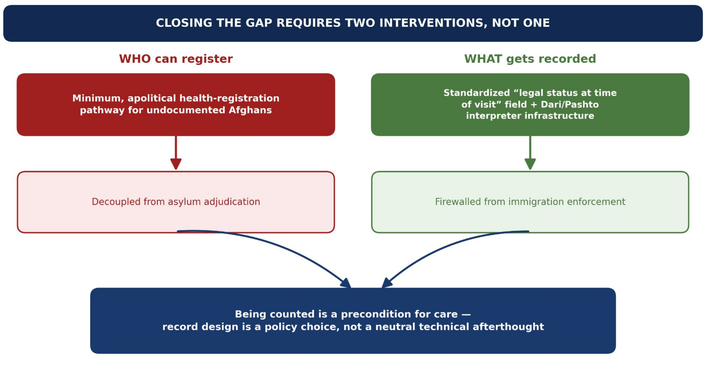
Discussion (Preliminary Synthesis)



- Syrians experience "recorded restriction": counted in aggregate SIHHAT/Ministry of Health statistics, but legal status, province, and language are not preserved as structured fields — refugee-specific outcomes cannot be isolated from the general population.
- Afghans experience "unrecorded exclusion": legal violence (registration denial, insurance cutoff since Feb. 2020) forecloses the encounter before data invisibility becomes relevant — there is no record left to fail to capture.
- SIHHAT built substantial Arabic-language infrastructure (787 Syrian doctors, ~4,000 MHC staff); no comparable Dari/Pashto infrastructure exists for Afghan patients.
- e-Nabız digitizes ~28,600 facilities and 68 million users nationally, but was never designed to preserve legal status as a queryable variable — the same pattern WHO found in 25 of 53 European Region member states.
- NYC's "immigration status is never a barrier to care" policy removes the legal barrier at the point of care — but access policy alone does not solve the classification problem.

Conclusions & Next Steps

- Closing the gap requires two interventions: expand who can register, redesign what gets recorded
- Propose a minimum, apolitical registration pathway for undocumented Afghans + a standardized legal-status field with Dari/Pashto interpreter support, firewalled from enforcement
- Next: original interviews (MHC staff, MoH officers, NY practitioners); pursue MoH microdata
- Being counted is a precondition for care — record design is a policy choice



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