



# The Health of Asylees from Ethiopia & Eritrea

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**Thousands of Ethiopian and Eritrean refugees and asylum seekers have found safety and protection in the United States.** Since the early 1970s, political and military conflict have continued to force refugees and asylees to seek safe harbor from the persecution, terror, violence and torture experienced in their home countries. From 1998 to 2000, Ethiopia and Eritrea fought a bloody war killing thousands and displacing over 600,000 people from the border areas. Today, violations of human rights and the persecution of citizens based on political and ethnic differences are ongoing. Currently, the majority of Ethiopians and Eritreans resettling in the U.S. are asylees who have a well-founded fear of persecution in their home country and have been granted political asylum. The only

difference between a refugee and an asylee is where they apply — from outside the U.S. versus from inside. The process of seeking asylum can be a very long process and is often a very difficult time for individuals and families, particularly if they do not have family or friends living in America who can help them through the transition.

## Primary Causes of Ethiopian & Eritrean Asylees' Health Concerns

- Pre and post-migration experiences, particularly adapting to living conditions in the U.S., contribute to mental health disorders.
- Trauma experienced during times of war and while living in refugee camps often include physical and sexual abuse, domestic violence, and sexual exploitation.
- Low immunization rates present higher risk for infectious diseases.
- Chronic malnutrition and vitamin deficiencies weaken immune systems and present risk for developmental conditions.

## Health Problems as They Transition to America

Ethiopian and Eritrean asylees generally approach health from a holistic perspective and believe in the importance happiness and living harmoniously with the community has on one's overall health. Many are accustomed to health education as a central part of their community; while here their sense of community not only feels disjointed but lacks a focus on health promotion. In addition to western medicine, many refugees and asylees practice traditional medicine, which centers on the balance of physical, mental and spiritual health. Depression and anxiety disorders are of the most common health problems due to the stress of adapting to a new climate and environment. Stigma associated with traditional cultural and social perspectives of mental health disorders, as well as language barriers, often conflict with seeking treatment. Personal hygiene, proper nutrition, and learning good habits are also important for a healthy transition. Access to the culturally competent care they deserve is essential as negative experiences with the U.S. healthcare system can easily reinforce a sense of distrust in western medicine, deter individuals from seeking treatment and taking preventative measures.

## Additional Resources

**U.N. High Commissioner for Refugees:** Eritrea: [www.unhcr.org/country/eth.html](http://www.unhcr.org/country/eth.html)  
Ethiopia: [www.unhcr.org/country/eri.html](http://www.unhcr.org/country/eri.html)

**World Health Organization:** Eritrea: [www.who.int/countries/eri](http://www.who.int/countries/eri)  
Ethiopia: [www.who.int/countries/eth](http://www.who.int/countries/eth)



## MAJOR HEALTH ISSUES EXPERIENCED BY ETHIOPIAN & ERITREAN ASYLEES

- Malnutrition
- Mental Health Disorders
- Reproductive Health
- Tuberculosis
- Dental health
- STDS & HIV/AIDS
- Typhoid
- Trachoma
- Parasitic diseases
- Anemia
- Respiratory infections
- Hepatitis B

International Rescue Committee  
[www.theIRC.org](http://www.theIRC.org)