Empowering Physicians: Approach to the Refugee Patient

Edwin Hayes

June 26, 2024

Objectives

- Discuss the modern state of refugees globally and their local effects
- Demystify refugee care for less familiar providers
- Review pearls concerning unique challenges around refugee care
- Empower local physicians on caring for refugees



in Ukraine as West steps up efforts to



Damning race report reveals vas inequalities across health servic



Leaders in final push to Real sends avert Ukraine invasion

stop invasion



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COUNTDOWN TO CONFLICT

Russia blitzes Ukraine



Explosions heard in Kyiv and several other cities

■ Moscow accused of acting

like 'Nazi Germany'

Mean transfer of the Control of the

Govt eyes evacuating Thais



Scores reportedly killed, hundreds flee onslaught



Afghanistan falls to Tali





TALIBAN CAPTURE KABUL, STUNNING U.S. AS A 20-YEAR EFFORT UNRAVELS IN DA



For Biden, Images He Wanted to Avoid



Chaos in Kabul as thousands struggle to flee the Taliban





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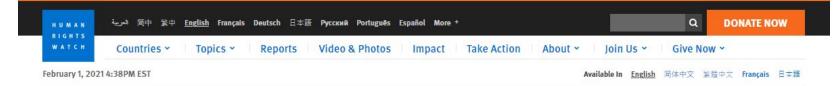


Race to escape Kabul carnag

Push for hydrogen energy will increase household bills







Myanmar: Military Coup Kills Fragile Democracy

Governments Should Press for Release of Detainees, Return to Civilian Rule



Soldiers at a blockaded road to Myanmar's parliament in Naypyidaw during the February 1, 2021 coup. © 2021 Reuters

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Mo Farah 'I'm a better athlete than I was in 2012, but you have to do it when it matters'

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A refugee crisis for the world

- Exodus from Syrian civil war is overwhelming region - UN
- Britain may be asked to take thousands of displaced people
- Aid officials say population flight is becoming permanent







Africa

Uganda's anti-gay bill is the latest and worst to target LGBTQ Africans

By Aditi Bhandari

PUBLISHED APRIL 7, 2023 LAST UPDATED MAY 29, 2023 05:30 AM EDT

We felt the bullets flying around us'

How the Supernova festival attack unfolded





Israel declares 'siege' of Gaza as Hamas threatens captives

UN chief condemns the escalating violence amid soaring death toll

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Seraet's prime minimer, Benjamin Netangahu, formally declared war and called up 300,000 reservints for duty on Sunday, signalling a possible ground assault in Gaza - a develop-ment that in the past has always brought further bloodshed.

Hosever, Israeli forces face the agreecedented task of fighting an





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Many still have friends in Data. Despite the brack blockade respond to 2001, after the rediture

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Statmer's devolution plans, which Libour aides say would give towits and cities the tools they need to develop their own

MODELLINE BUILDING 45





FACTS

- At least 117.3 million people were forcibly displaced at the end of 2023
- 42% of refugees are less than 18 yo
- 86% are hosted by developing countries
- 20 years
- As of 2019, less than 1% of all refugees worldwide are resettled to a 3rd country

SOME DEFINITIONS

- Refugee a person who is <u>outside their country</u> and who is unwilling or <u>unable to return because of persecution</u>, or <u>well-founded fear of persecution</u>, on account of race, religion, nationality, membership in a particular social group, or political opinion. After one year of refugee status in the United States, refugees are required to apply to adjust to lawful permanent resident status
- Asylum-seeker someone <u>seeking international protection</u> from dangers in his/her home country, but <u>whose claim for refugee</u> <u>status has yet to be determined legally</u>. Every refugee begins as an asylum seeker, but not every asylum seeker will become a refugee.
- Internally Displaced Person Someone who has been forced to flee their home but never crosses an international border



2

3







UNHCR identifies refugees who will need resettlement based on their vulnerabilities and specific needs.

UNHCR assesses each individual case, gathers all the background information and submits the case to be considered for resettlement.

Resettlement Support
Centers (RSCs) and U.S.
government intelligence
agencies run background
checks and security
clearance processes.

4

5

6



The Department of
Homeland Security conducts
face-to-face interviews to
determine whether the
application qualifies for
resettlement.



MEDICAL SCREENING

Pre-approved
applicants go through a
medical screening to ensure
they do not have tuberculosis
or communicable diseases.



MATCHING WITH A SPONSOR AGENCY

Approved applicants are assigned to local NGOS that assist them upon arrival. These NGOS help refugees integrate and become economically self-sufficient in their new U.S. community.

Medical Assessments

Visa Medical Examination

- Six months before departure
- All refugees
- Screening for inadmissible conditions

Pre-departure Medical Screening

- •Three weeks before departure
- •Refugee with Class B1 tuberculosis*

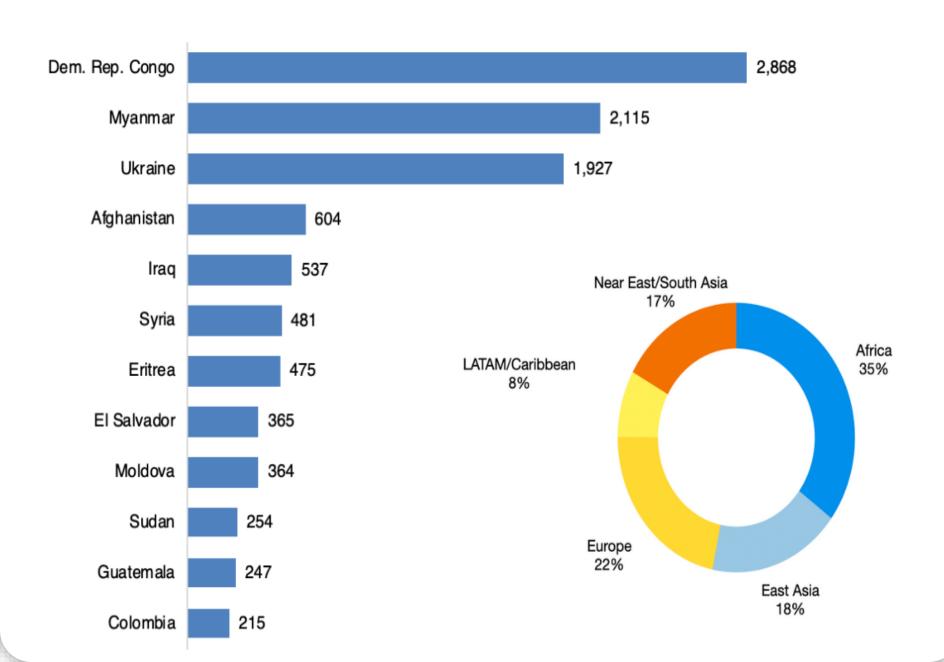
Fit to Fly Pre-Embarkation Checks

- •24-48 hours before departure
- •All refugees
- Presumptive Albendazole treatment for intestinal parasites

US Refugees

- The <u>United States resettlement program is the</u> <u>largest in the world</u> and the U.S. <u>has been the</u> <u>global leader</u> in resettling refugees since the 1970s.
- Refugee resettlement to the U.S. is traditionally offered to the most vulnerable refugee cases
 - Women and children at risk
 - Women heads of household
 - Elderly
 - Survivors of torture
 - Those with acute medical needs

REFUGEES BY COUNTRY AND REGION OF ORIGIN



A brief word from/about the Karen

- Burma/Myanmar with long history of occupation and longest civil war
- US State Dept 2013 reported 400,000 internally displaced Karen people in Burma and over 128,000 refugees living in nine camps in Thailand, majority Karen (79%)
- One of seven ethnic minority groups that have been persecuted by the military government in Burma.
- Many refugees and their families may live in camps for decades before resettlement
- Issues with food, employment, schooling, safety, medical care in refugee camps

- "There are no words to describe the damage that has been done to the Karen people. There is no happiness."
- "In Burma because of the war we had to run to escape. Many people died in the jungle because of lack of food and sickness. The <u>Burmese</u>
 <u>Army</u> made us do whatever they want: labor, etc. For <u>the ladies, they</u>
 <u>were caught, raped, and, if lucky, killed</u>."
- "In the camp you eat what they provide you. There are no options. It is not healthy. For all of us we want to find jobs, but it is not allowed, so we had to do it in secret to leave the camp. If they capture you, you will go to jail. For the people who get work, they pay you markedly less. You can't say anything you just accept it. We live like chickens in a coop."
- "The first thing I remember was running from an airplane shooting at us, which led us to run into a hole. There was panic everywhere, chaos, everyone stepping on each other. After that, there was never a day of peace, we were always running."

Violence of uncertainty

- Search for employment, health, language, housing, food
- Targeting specific susceptible locations
- Health disparities
- Lack of human agency
- Undermining trust in US institutions
- Decreased seeking of healthcare
- Impact on mental and physical health

Common Myths and Misconceptions

- Myth: Refugees take away jobs from locals
- Fact: Refugees often take jobs that locals do not want and create new businesses
 - International Labor Organization
- Myth: Refugees are a burden on the welfare system
- Fact: Refugees contribute more in taxes than they receive in benefits
 - Fiscal Policy Institute, Organisation for Economic Co-operation and Development

CHANGES IN CRIME RATE:

-10% or less

Top 10 cities that received the most refugees relative to the size of their population, 2006—2015

-10% to -30%

	1 Clarkston, Georgia	2 Decatur, Georgia	3 El Cajon, California	4 W. Springfield, Massachusetts	5 Utica, New York
% Change in Violent Crime Rate	-4.8	-62.2	-31.7	87.9	-20.0
% Change in Property Crime Rate	-8.0	-8.9	-43.7	2.6	-23.6
	6 Southfield, Michigan	7 Syracuse, New York	8 New Bern, N. Carolina	9 Lancaster, Pennsylvania	10 Glendale, California
% Change in Violent Crime Rate	-77.1	-25.6	-37.5	-20.6	-47.1
_	-77.1 -46.0	-25.6 -24.9	-37.5 -36.5	-20.6 -38.1	-47.1 -10.9

-30% to -50%



Increase

-50% or more

Refugee Arrival and Needs

- Basic needs of refugees (housing, healthcare, education)
- Resettlement services with Lutheran Services
- DSS monitoring of medical screenings

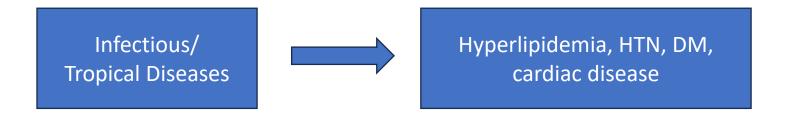
Post-arrival screening

- CDC recommends that refugees receive a medical screening w/in 30 days of arrival in US conducted by licensed clinician in presence of interpreter, if necessary
- Focus on communicable diseases, mental health problems, oral health, and nutrition status in all refugees, as well as lead levels, gaps in immunizations, and growth status in children.
- These recommendations are Level C evidence.
- For <u>first 8 months</u> after arrival, refugees receive compulsory <u>Medicaid coverage</u>

Initial Medical Needs of Refugees

- Common initial health concerns
 - Continuation of chronic medications
 - Birth control
 - Amenorrhea, hair loss, chronic pain, epigastric discomfort

Initial Medical Needs of Refugees



Mental Health

Initial Medical Needs of Refugees

- Common initial health concerns
 - Continuation of chronic medications
 - Birth control
 - Amenorrhea, hair loss, chronic pain, epigastric discomfort
- Screening and vaccination protocols
 - DSS requirements
 - USCIS requirements

Vaccinations



Background

Under the immigration laws of the United States, a noncitizen who applies for an immigrant visa abroad, or who seeks to adjust status to that of a lawful permanent resident while in the United States, is required to receive vaccinations to prevent the following diseases:

- Mumps;
- Measles;
- Rubella;
- Polio;
- Tetanus and Diphtheria Toxoids;
- Pertussis;
- Haemophilus influenzae type B;
- Hepatitis B;
- COVID-19; and
- Any other vaccine-preventable diseases recommended by the Advisory Committee for Immunization Practices (ACIP).

The Carolina Survivor Clinic

- Our Model
 - Comprehensive Medical and Psychological Care to Survivors of Torture
 - Medical
 - Psychological
 - Social
 - Legal

Community-Based Programs

- Torture
- Resettlement Stress
 - Acculturation
 - Communication
 - Transportation
 - Child-care
 - Food Security
 - Community
 - Discrimination
 - Family Separation
 - Education



Community-Based Programs

- English Conversation
- Scholastic Leadership Program
- The Guidance Clinic
- The Carolina Survivor Garden













Making a Safe Clinic

Safe Clinic Pearls

- Importance of a positive first impression and open communication
- Name pronunciation and preference
- Encourage to ask questions and allow to stop interview or exam at any time
- Avoid long wait times
- Avoid white coats
- Have rooms with multiple windows
- Avoid reminders of torture, such as certain medical devices and pictures
- Gender-matched care providers and the presence of a chaperone for sensitive exams

Effective Clinic Pearls

- Ask about use of traditional, folk, or alternative treatments
- Insurance, rx, making appointments, transportation
- Case mgmt. community health workers, or health navigators
- Common chronic noncommunicable disease
- Routine health maintenance
- Cancer screening
- Immunizations

Language Barriers and Solutions

- Impact of language barriers
 - Perpetuated by trauma, PTSD
- Use of interpreters and translation services
 - Prisma has a hotline
 - Title VI of the Civil Rights Act of 1964
 - Section 1557 of the Affordable Care Act (ACA)
- Training staff on working with interpreters

Interpreters

 Importance of professional interpreters over family members for accurate medical communication

 Ensuring comfort with the interpreter's community background.

Prior Records

 Collection of all prior medical documentation, including overseas health screening exams and medication lists.

Mental Health Challenges

- Common mental health issues in refugee populations
 - PTSD, depression, anxiety, insomnia, psychosomatic
- Barriers to mental health care
 - Long wait times for specialists
 - Transportation
 - Language barriers
- Culturally sensitive approaches to mental health
 - Stigma
 - Psychosomatic education
- Longitudinal relationship is vital
 - May be years before trauma disclosed

Take Home Points

- Refugees are a heterogenous group dealing with heterogeneous problems
- The state of displaced people remains a serious concern for the world
- Care of refugee patients requires a trauma informed approach
- Care of refugees is possible for all medical providers





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Thank You

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