2017 Communicable Disease Conference

"Building Bridges for Partnerships"

Refugee Health in North Carolina

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NC DHHS DPH Refugee Health Program

2

Disclosures and Objectives

- No disclosures
- Today's objectives include gaining a better understanding of the following:
  - ❑ The refugee process from overseas to NC
  - ❑ How refugees are selected and placed in NC
  - ❑ What services and resources are available to refugees in NC
  - ❑ What other populations are eligible for refugee services and benefits
  - ❑ Various medical screenings for refugees
  - ❑ Some special healthcare considerations for refugees

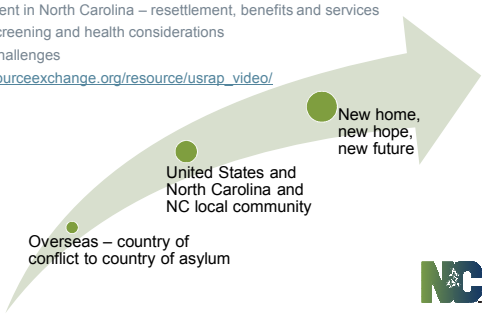
3

Refugee Health and Resettlement

Presentation Outline

- Introduction, Overview and Process (overseas to U.S./North Carolina)
- Resettlement in North Carolina – resettlement, benefits and services
- Medical screening and health considerations
- Today's Challenges

http://coresourceexchange.org/resource/usrap_video/



4

Introduction to U.S. Refugee Resettlement, Overview and Process

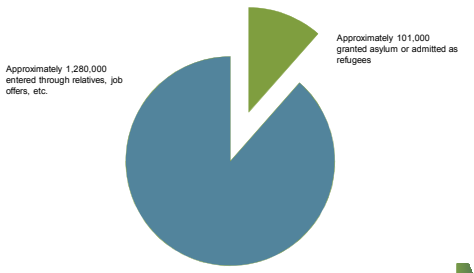
Photo courtesy of UNHCR.org

5

Refugee Admissions to United States

A relatively small component of immigration to the U.S.

Legal immigration = around 1.38 million/year



6

The Refugee Journey

1) Flees their country due to persecution
2) Crosses border of a neighboring country (country of asylum)
3) Find shelter – refugee camp or other tenuous living quarters
4) Live in camps – 6 to 40 years
5) United Nations High Commissioner for Refugees determines who are refugees and works toward possible durable solution

UNHCR/INTERNATIONAL PRIORITIES/DURABLE SOLUTIONS:

#1 **Voluntary Repatriation** – returning to one's home country.
If returning home is not feasible because of ongoing instability or conflict, then…,

#2 Local **integration** in the second country of asylum – establishing roots in the host or asylum country.
If the refugee is not sufficiently protected in the original host country or is considered to be particularly vulnerable for various reasons (e.g., disabled/injured, women-at-risk, etc.) then…,

#3 **Resettlement** to a third country – establishing a new life in a new country.

7

The U.S. Refugee Admissions Program…

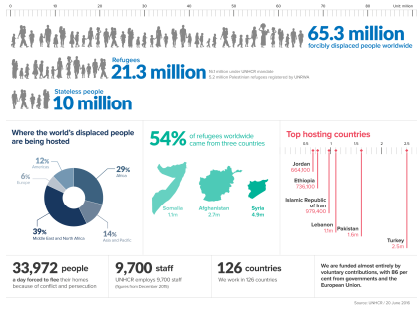
Offers resettlement in the United States to persons who have been persecuted or have a well-founded fear of persecution based on one of the five statutory grounds:

- Race
- Religious beliefs
- Social group
- Nationality
- Political opinion

A refugee is someone who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that county…"
- The 1951 Convention relating to the Status of Refugees

8

Figures at a Glance



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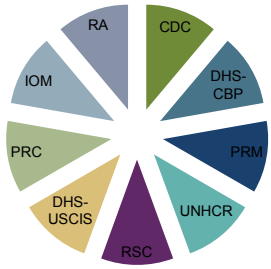
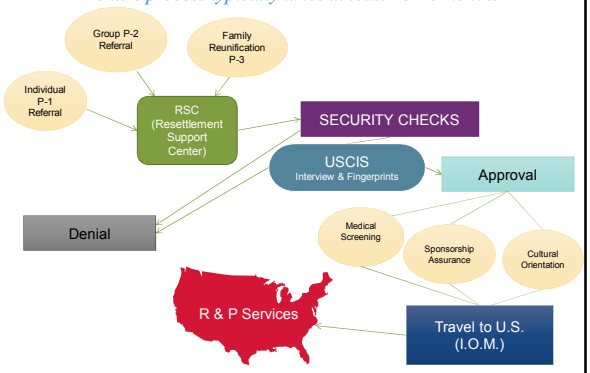
The U.S. Refugee Admissions Program – before U.S. arrival



- Funded by the U.S. government.
- A humanitarian and foreign policy tool permitting the U.S. to help refugees who require resettlement as a durable solution.
- A multi-agency effort that has allowed refugees representing over 60 nationalities to enter the U.S. after being process in over 40 locations worldwide.
- Managed by PRM on a Headquarters level (in Washington D.C.), and on a local level (U.S. Refugee Coordinator).

10

The U.S. Refugee Admissions Program – before U.S. arrival
~entire process typically takes at least 18-24 months~



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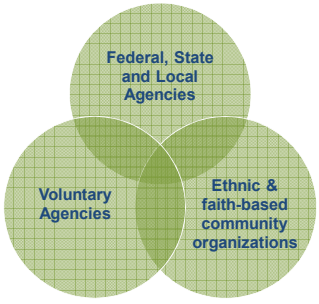
The U.S. Refugee Admissions Program
Arrival to United States



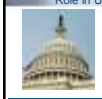
A humanitarian program that is a public-private partnership involving:

- multiple U.S. government agencies
- international organizations
- non-governmental organizations (NGOs)
- state/local governments
- communities
- private citizens
- other stakeholders

12

U.S. Refugee Admissions Program and U.S. Government Partners

Role in U.S. refugee admissions and resettlement



Congress: Consulted on annual refugee admissions.

Homeland Security

DHS/USCIS: Officers determine eligibility for admission.

Department of State: Develops policy and serves as overall manager of the USRAP. Responsible for initial support to refugees post-arrival.

HHS/Office of Refugee Resettlement (ORR): Administers cash, medical and social service programs through states and NGOs.

13

U.S. Refugee Admissions Program

Totals of recent arrivals and current year

REGION	FY 2015 ARRIVALS	FY 2016 ARRIVALS	PROPOSED FY 2017 CEILING (under Obama administration)
Africa	22,472	31,625	35,000
East Asia	18,469	12,518	12,000
Europe and Central Asia	2,363	3,957	4,000
Latin America/Caribbean	2,050	1,340	5,000
Near East/South Asia	24,579	35,555	40,000
Regional Subtotal	69,933	84,995	96,000
Unallocated Reserve			14,000
Total	69,933	84,995	110,000 + 7,000 Iraqi and Afghani SIVs*

*Revised mid-year to 50,000 refugees + 15,000 Iraqi/Afghani SIVs

14

Fiscal Year 2016 Refugee Admissions

Highlights

- 84,995 refugee admissions in Fiscal Year 2016
- These refugees came from 79 different countries
- Over 70 percent fled five countries where protracted conflicts have driven millions from their homes
  - Democratic Republic of the Congo
  - Syria
  - Burma
  - Iraq
  - Somalia
- Over 72 percent of the resettled refugees are women and children
- Many are single mothers, survivors of torture, people who need urgent medical treatment, religious minorities, LGBTI persons, or others imperiled by violence and persecution
- Top ten U.S. States welcoming refugees
  - California (7,912), Texas (7,803), New York (5,028), Michigan (4,257), Ohio (4,194), Arizona (4,110), North Carolina (3,344), Washington (3,233), Pennsylvania (3,223) and Illinois (3,125).

15

U.S. Refugee Resettlement Program

The Refugee Act of 1980 reformed the United States immigration law and admitted refugees on systemic basis for humanitarian reasons.

The Act created the Federal Refugee Resettlement Program to provide for the effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible after arrival in the U.S.

The U.S. Refugee Resettlement Program is a private public partnership and has been providing safe haven to refugees since 1975. Over 3 million refugees have arrived through this program since.

16

Resettlement Agencies/Volags

Resettlement Agencies, also known as Voluntary Agencies (Volags) are non-governmental organizations that hold contracts with US DOS PRM to provide refugee resettlement services through the Reception and Placement (R & P) Program. There are currently nine national resettlement agencies that provide resettlement services through a network of about 350 local offices (about 12 in North Carolina) in 180 cities across 48 states.

world relief

HIAS

UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

U.S. COMMITTEE

ECDC ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL, INC.

17

U.S. Refugee Resettlement Process

In summary

18

2017 Executive Orders

Refugee-specific changes to current year and future

- Suspends the U.S. Refugee Admissions Program (refugee arrivals only) for 120 days
  - March 16, 2017-July 13, 2017
  - Does not apply to refugee applicants who were already formally scheduled for transit.
  - Secretary of State and the Secretary of Homeland Security can grant case-by-case waivers when determined in national interest to do so, person does not pose a threat to the security or welfare of the U.S., and if suspension of admission would cause an undue hardship.
- Indefinite pause of refugees from specifically Iran, Libya, Somalia, Sudan, Syria, Yemen and possibly additional countries if the leadership of these countries do not provide certain required information.
- Orders review of existing laws that may address how State and local jurisdictions may have legal involvement in the process of determining the placement or resettlement of refugees in their jurisdictions.

19

Questions about the Overview and Process Overseas?

20

Refugee Resettlement in North Carolina

Photo courtesy of UNHCR.org

21

How do refugees get to my community?
Allocations and Assurance

- The 9 national Refugee Resettlement Agencies/Volags meet once a week to participate in distribution/allocation of refugee cases that are ready to travel.
- Cases are allocated through three "pools":
  - U.S. Tie Pool: cases that are destined to specific resettlement areas for reasons of family reunification
  - No U.S. Ties Pool: cases that are not destined to a specific resettlement area for reasons of family reunification
  - No U.S. Ties Medical Pool: cases with significant medical conditions not destined to a specific resettlement area
- Cases are picked in a round-robin fashion according to PRM-approved percentages.
- After the weekly allocations meeting, the Refugee Processing Center (RPC) sends the 9 national resettlement agencies all biodata files and medical exams for the cases allocated

22

How do refugees get to my community?
Allocations and Assurance

- Biodata files contain information on case composition, ethnicity, languages, religion, health, education, employment, and U.S. tie relationships
- National resettlement agencies send this information to their local affiliate offices for assurance
- Local affiliates contact U.S. tie if applicable, confirm capacity to serve the case, and notify national agency
- The national agency submits a datafile to RPC containing the assurance, including placement city, contact information, and closest airport
- Cultural orientation is offered and provided. This varies in duration, format, and content depending on the location and population.
- Travel to the U.S. – the International Organization for Migration (IOM) coordinates all travel. Flights are booked. [Refugees receive an interest-free travel loan and begin paying back the loan six months after arrival and have up to 42 months to repay.]

23

Placement of Non-U.S. Ties Cases

After review of the biodata and medical information these cases are assigned to local affiliates based on the particular needs of the case and the capacity of sites, considering many factors, including:

- Language capacity
- Culturally appropriate services
- Integration services available
- Public assistance rates
- Medical services
- Case composition
- Average rent amounts for housing
- Employment opportunities
- Existing ethnic communities
- Approved capacity and current pipeline

Cases processed by Consular officials at U.S. embassies abroad:
Visa 93 (V93) refugees – follow-to-join petitions for spouse and children still overseas
Special Immigrant Visa (SIV) – Iraqi and Afghan nationals who have worked for the U.S. Government for at least one year

24

9 National Refugee Resettlement Agency's Local Affiliates – over 350

25

Welcome to North Carolina!

Refugee arrives!

26

Reception and Placement Program

- The R & P program supports newly arriving refugees during their first 30-90 days in the U.S., helping them secure early economic self-sufficiency and successfully integrate into American society
- The national resettlement agencies work with their local affiliates and field offices to provide good and timely services to refugees as outlines in a Cooperative Agreement with the U.S. Department of State PRM
- Local agencies are responsible for the daily management and oversight of the R&P program through:
  - Case placement
  - Data processing
  - Training and technical assistance
  - Monitoring, evaluation and quality assurance
  - Program reporting
- R&P per capita funding = $1,975 per refugee

27

R & P Core Services

Core Services:

- Pre-arrival services
- Reception services
- Case file preparation and maintenance
- Intake interview
- Community orientation
- Assistance and access to health services
- Service plans, assistance with access to services
- Welfare – communication with authorities

***Intense case management for 30-90 days, with referrals up to 180 days**

R&P Basic Needs Support

- ✓ Decent, safe, sanitary, affordable housing in good repair
- ✓ Essential furnishings
- ✓ Food, food allowance
- ✓ Seasonal clothing
- ✓ Pocket money
- ✓ Assistance in applying for public benefits, social security cards, ESL, employment services, non-employment services, Medicaid, Selective Service
- ✓ Assistance with health screenings and medical care
- ✓ Assistance with registering children in school
- ✓ Transportation to job interviews and job training
- ✓ Home visits

28

NC Refugee Assistance Program Office

Oversees all refugee services in North Carolina

- NC Refugee Assistance Program Office is located within NC DHHS Division of Social Services
- Funding for this program comes from the Office of Refugee Resettlement within the U.S. DHHS
- Refugee services offered through this short-term transitional program help refugees and other eligible recipients become economically self-sufficient
- Services offered include, but are not limited to: employment, case management, transportation, skills recertification, English language training, vocational skills training, translation and interpretation services, and social adjustment services
- Refugees may be eligible for mainstream support services such as TANF and NC Medicaid, but if not they will be considered for
  - **Refugee Cash Assistance (RCA)** – financial support provided to eligible individuals who participate in employability services in accordance with an Employability Plan
  - **Refugee Medical Assistance (RMA)** – short-term medical insurance program available to eligible individuals in order to stabilize their health

29

Eligible Populations

Office of Refugee Resettlement and North Carolina Refugee Assistance Program benefits and services may be available to eligible persons from the following groups:

- REFUGEES
- ASYLEES
- CUBAN/HAITIAN ENTRANTS AND PAROLEES
- IRAQI AND AFGHAN SPECIAL IMMIGRANT VISA (SIV) HOLDERS
- CERTAIN AMERASIANS (FROM VIETNAM)
- CERTAIN VICTIMS OF HUMAN TRAFFICKING

30

NC Arrivals Oct 1, 2015 – Sept 30, 2016

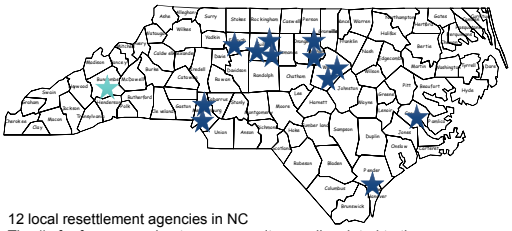
Status	Total arrivals	Percentage
Refugee	3,341	95%
Iraqi/Afghan SIV	119	3%
Cuban/Haitian Entrants/Humanitarian Parolees*	52+	1%
Asylee*	16+	<1%
Trafficking Victims*	6+	<1%
TOTAL	**3,534**	
* Likely larger numbers		

- 45% children under 19 years old, 2% 60 years old and older
- Top countries of origin: Democratic Republic of the Congo, Syria, Burma, Afghanistan, Somalia, Bhutan/Nepal and Iraq
- Since Oct 1, 2016 through Feb 28, 2017, NC received 1,359

31

Resettlement in North Carolina

Eligible clients may arrive to any city/county



★ 12 local resettlement agencies in NC

- The # of refugees coming to a community usually related to the proximity of a local agency.
- The DOS PRM requires these agencies to have quarterly community consultations with community partners and stakeholders to discuss community and resource capacity, expected arrivals, successes, challenges, logistics, etc.

32

Refugee Numbers Per Affiliate

Affiliate	Approved Capacity for FY 2016	FY 2017 Requested	FY 2017 Revised
~~IRC – Asheville~~	-	~~150~~	-
USCCB Remote Placement - Asheville	"60"	?	?
HIAS – Charlotte	335	360	
USCCB – Charlotte	375	375	
CWS – Durham	300	366	180
WR – Durham	275	350	175
CWS – Greensboro	290	354	
ECDC – Greensboro	160	250	
WR – High Point	500	500	
EMM – New Bern	200	210	84
LIRS – Raleigh	192	300	134
USCRI – Raleigh	325	375	228
EMM – Wilmington	110	125	50
WR – Winston-Salem	100	175	
TOTAL North Carolina	3,162	3,875*	~1,900

*Number does not include possible Cuban/Haitian entrants, asylees, Iraqi/Afghani SIVs, trafficking victims, and secondary migrants likely to continue arriving

33

Questions about Resettlement to North Carolina?

34

Medical Screening and Health Considerations

35

Two Different Medical Screenings

Overseas vs. Domestic

Overseas

- REQUIRED!
- All refugees and immigrants (entering legally) before entering the U.S. must receive a standardized medical examination overseas
- Primary purpose is to identify individuals with medical conditions that would legally exclude them from entering the U.S.
- Not intended to screen for all health conditions – mainly communicable disease detection and treatment to ensure refugees are fit for travel
- Usually done in a country of temporary asylum
- Generally valid for up to and typically no more than 12 months prior to departure

Domestic (Refugee Health Assessment)

- Highly recommended, but not legally required
- Purposes: To attempt to ensure that health problems of newly arrived refugees that could pose a threat to the public health or interfere with the effective resettlement of the refugees are promptly identified and treated. Follow-up of conditions identified overseas. Refer and connect to primary care and medical home.
- Goal: to begin within 30 days after arrival
- NC county health departments usually can complete at least some parts of the screening (Guilford)

36

CDC and ORR Screening Guidelines

- Vaccinations and Vaccine-Preventable Diseases – Hep B, Hep C, varicella
- Tuberculosis
- Blood lead
- Malaria
- Intestinal and tissue invasive parasites – strongyloidiasis, schistosomiasis
- STIs – syphilis, chlamydia, gonorrhea
- HIV
- Pregnancy
- CBC with differential and platelets
- Urinalysis
- Serum chemistries, glucose, cholesterol
- History and physical exam – mental health, dental, hearing, vision, nutrition and growth, reproductive assessment, health education, anticipatory guidance, vitamins, etc.
- Newborn/infant metabolic
- Population-specific screening

http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html

37

CDC's Lead Screening Recommendations

For refugee children through age 16

Screen newly arrived refugee children for Lead during the refugee health assessment:

- ✓ test all children ages 6 months to 16 years
- ✓ retest children (6 mos to 6 yo) after living in NC home for 3 to 6 months
- ✓ assess nutritionally and labs
- ✓ multivitamins
- ✓ test family members if unknown source

http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html

DO NOT ASSUME LEAD POISONING OCCURRED OVERSEAS!

(Think about internationally adopted children and other immigrant children as well!)

38

Health and Healthcare Considerations

- Refugees may only have 8 months of free medical insurance if not eligible for NC Medicaid. Refugee Medical Assistance is only 8 months.
- There is no waiting period for refugees – they may be considered for mainstream programs unlike some other immigrant populations (5 year bar) – example: ACA Marketplace
- Nontraditional healing methods – herbal medicines, acupuncture, coin rubbing and cupping
- Female genital mutilation
- Common presenting problems of refugees:
  - Musculoskeletal and pain complaints
  - Mental and social health issues
    - Common MH problems – PTSD, depression, anxiety, conduct d/o, somatic complaints
  - Infectious diseases
  - Longstanding, undiagnosed chronic conditions
- Other healthcare concerns:
  - Chronic medical conditions – similar prevalence to US populations, but may not have been diagnosed depending on prior health care
  - Behind on vaccinations

39

Questions about medical screenings?

40

Female Genital Mutilation or Cutting (FGM/C) in the U.S.

41

What is Female Genital Mutilation or Cutting?

- Refers to cutting and other procedures that injure female genital organs for non-medical reasons.
- May be performed in a medical or non-medical setting.
- FGM/C is often categorized into four types:
  - Type I – clitoridectomy
  - Type II – excision
  - Type III – infibulation
  - Type IV - other

42

Countries With High Prevalence of FGM/C

Percentage of girls and women aged 15-49 who have undergone FGM/C

Map from UNICEF FGM/C Current Status Report

43

FGM/C on the Rise in the U.S.

- CDC estimates the number of women and girls in the United States at risk of or who have been subjected to FGM/C is over 507,000.
- Top 5 metro areas: New York, Washington DC, Minneapolis, Los Angeles, and Seattle.
- Most women and girls at risk are living in cities or suburbs of large metropolitan areas.
- Top 10 countries of origins of women and girls at risk of FGM/C in the U.S. (2013 data):
  - Egypt, Ethiopia, Somalia, Nigeria, Liberia, Sierra Leone, Sudan, Kenya, Eritrea and Guinea

Source: Population Reference Bureau, 2013 data.

44

Who is at risk of FGM/C?

- Girls and women who have ties to cultures that practice FGM/C generally have the highest risk.
- The age when girls are cut varies from country to country.
  - Different ages in different cultures (toddlers, adolescents, after childbirth)
  - Generally performed on girls between ages 4 and 12, although can be as early as a few days after birth.
  - In about half of the countries, girls are cut before age 5.
  - In the rest of the countries, most cutting occurs between 5 and 14 years of age.
  - For women and girls ages 15 to 49 FGM/C prevalence rate is 98% in Somalia, 91% in Egypt, and 74% in Ethiopia.

45

Why is FGM/C performed?

Where practiced, FGM/C is often performed in line with tradition and social norms.

- Marriageability/social pressure.
- Rite of passage to become a woman.
- Feminine cultural idea of beauty and cleanliness.
- Sometimes perceived as a religious obligation.
- To encourage what is considered to be proper sexual behavior.

FGM/C is practiced in households at all educational levels and all social classes and occurs among many religious groups (Muslims, Christians, and animists), although no religion mandates it.

46

Health effects of FGM/C

There are many, many recognized complications and risks.

Immediate effects may include:

- Hemorrhage, severe pain, shock
- Tetanus and even death

Long-term health problems may include:

- Urinary infections or urinary incontinence
- Fistula
- Infertility, cysts and abscesses
- Painful menstruation or sexual intercourse
- Potential increase in the risk of HIV/AIDS infection
- Increased risk to mother and baby during childbirth
- Negative psychological effects: fearful, embarrassed, traumatized

FGM/C has no health benefits and can lead to a range of serious physical and mental health problems.

47

Criminal and Immigration Consequences

- Performing FGM/C on a girl under the age of 18 is against U.S. law since 1996.
- In 2013 it was added that it's illegal to send or attempt to send someone to "vacation cut".
- People who violate this law can face prison time (5 years) and significant immigration consequences. Child abuse laws and State-specific laws may apply as well.

The U.S. Government is opposed to FGM/C, no matter the motivation for performing it. It is considered a serious human rights abuse, gender-based violence, and child abuse.

48

What women who are at risk or have undergone FGM/C need to know

- If someone performed FGM/C on you, you have NOT violated any U.S. laws and are not at fault.
- Your eligibility to travel to the U.S. or for immigration benefits from the U.S. is not negatively affected by the fact that someone performed FGM/C on you.
- You may be eligible for certain immigration benefits if you have undergone FGM/C or fear that you will be forced to do so.

Resources and More Information:

- https://www.uscis.gov/fgmc
- http://www.brycs.org/clearinghouse/highlighted-resources-on-female-genital-cutting.cfm
- Clinical Practice Guidelines (Canada): https://sogc.org/wp-content/uploads/2013/10/gui299CPG1311E.pdf

49

Questions about FGM/C?

50

Immigration Medical Exam for Adjustment of Status (I-693)

51

Immigration Medical Exam – I-693

For Adjustment of Status

- Purpose of the exam is to determine whether the applicant has a health condition that renders the applicant inadmissible
  - CD of PH significance, failure to show proof of required vaccinations, physical or mental disorder with associated harmful behavior, or some drug abuses or addictions.
- Full exams must be completed/initiated by a registered "civil surgeon".
  - However if there is a positive result, clients may be referred to HDs for follow-up
- Refugees are required to submit this form, but do not need the full exam.
  - Only need to prove vaccination status is up-to-date
  - Health departments may complete for refugees – civil surgeon not required
- Asylees and Cuban parolees must go to a civil surgeon for this form/exam.

52

Health Departments and Immigration Exams

- Health departments have no legal or public health responsibility to provide initial testing for immigrants who only need the testing in order to meet immigration requirements.
- In fact a registered Civil Surgeon must initiate testing and oversee this testing even though follow-up referrals may be made to the health department following initial testing.
- Remember: Immigrants are eligible for all health department services offered to the public based on the same criteria used for testing and treating any individual in the community.
- https://my.uscis.gov/findadoctor

53

Questions about Immigration Exam (I-693 form)?

54

Special Health Challenges

- Cross-cultural medicine
- Health system literacy
- Language barriers
- Lacking resources to follow-up and educate
- Lack of culturally and linguistically appropriate resources
- Continuity of care and communication
  - Lack of PCP access and PCPs who understand Refugee health
- Many refugees have many major/complex health issues

55

Other Major Challenges

- Affordable and available housing – HUGE issue nearly everywhere!
- Transportation
- Cultural barriers
- Interpretation availability

56

Conclusions

- When working with refugee/immigrant children, put the unique circumstances of each child and family into context
- Recognize strengths and resilience as assets among refugee/immigrant children and families
- There are many existing resources that may be able to be utilized when working with refugees
- The rewards of working with refugees are numerous!

Questions?

57

Resources

- **American Academy of Pediatrics – Immigrant Child Health Toolkit**
  https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-Community-Pediatrics/Pages/Immigrant-Child-Health-Toolkit.aspx
- **Healthcare for Adult Immigrants and Refugees**
  http://www.uptodate.com/contents/healthcare-for-adult-immigrants-and-refugees
- **Cultural education / Backgrounders on refugee populations**
  http://ethnomed.org/ - integrating cultural information into clinical practice
  http://www.culturalorientation.net/
  http://www.culturalorientation.net/learning/backgrounders
  https://sis.nlm.nih.gov/outreach/multicultural.html
- **Refugee population health profiles**
  http://www.cdc.gov/immigrantrefugeehealth/profiles/index.html [Bhutanese, Congolese, Iraqi, Burmese (under development)]
  http://www.acf.hhs.gov/programs/orr/programs/refugee-health
- **Translations**
  https://healthreach.nlm.nih.gov/
- **Free On-line Global Health Course**
  http://www.dom.umn.edu/global-health/education-training/courses/online/introduction-immigrant-and-refugee-health-course

58

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59

Thank you for participating in this session!

60