

Immigrant & Refugee Medicine

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Agenda

- **Major categories of Immigration**
 - **Refugee origin countries and hosting countries**
 - **Ohio refugee statistics**
- **Medical screening in immigration process**
 - **Details on tuberculosis screening/reporting**
 - **Extra steps for refugees**
- **Gaps, barriers and integration after arrival**

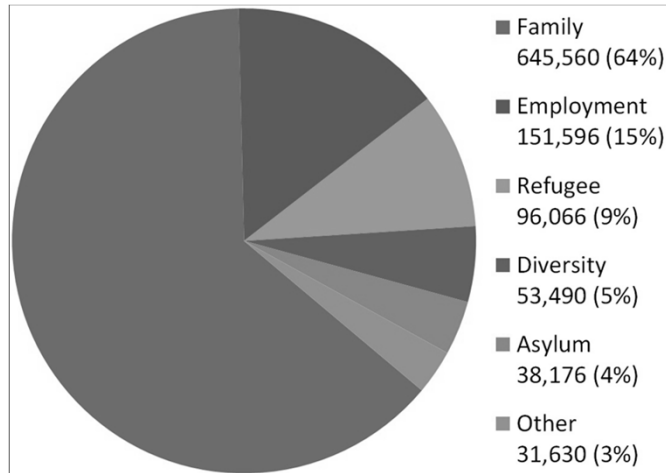
Items not covered

- **Politics or public policy**
 - **Security screening of immigrants & refugees**
- **Legal issues**
 - **How to obtain a green card or citizenship**
 - **How to complete I-485 application**
 - **Undocumented immigration**

2014 Immigration by Immigration Type

- **Family (64%): family relationship with current resident or citizen**
- **Employment (15%): employer relationship or needed job skills**

2014 Immigration by Immigration Type



Total 1,016,518

US DHS, 2014 Yearbook of Immigration Statistics, August 2016

2014 Immigration by Immigration Type

- **Refugee (9%):** unable to return home due to well-founded fear of persecution
- **Asylum (4%):** meet refugee definition, but are already in US or at a port of entry
- **Diversity (5%):** by lottery, from countries with low rates of immigration to US

Origin Countries of Refugees

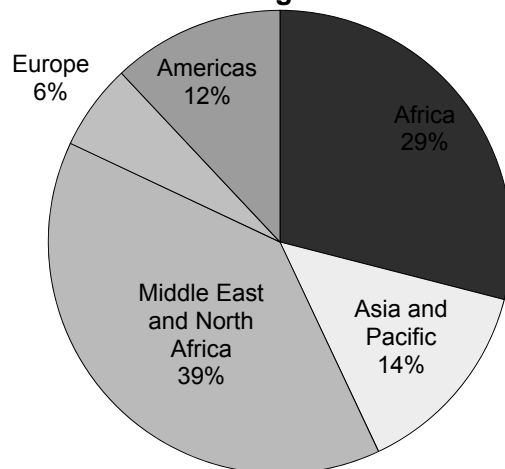


- Highest levels of displacement recorded
 - Fleeing conflict or persecution
 - Fraction attain refugee / asylum status
- 53% of refugees from three countries:
 - Syria, Afghanistan, Somalia

UNHCR, Figures at a glance, June 20, 2016

Refugee Immigration

Where the world's displaced people are being hosted

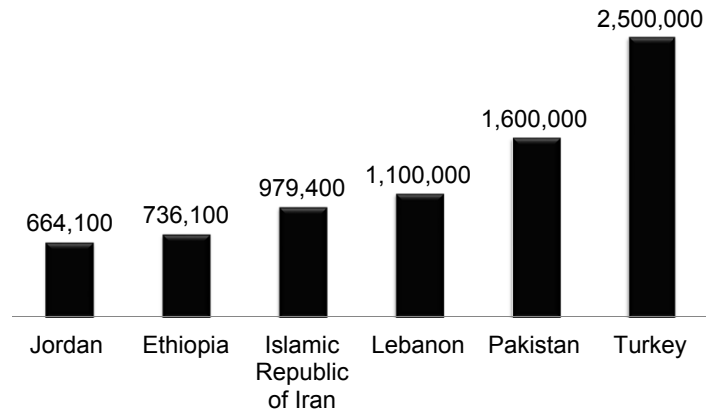


- Top hosts: surrounding countries
- Minority of refugees come to US

UNHCR, Figures at a glance, June 20, 2016

Refugee Immigration

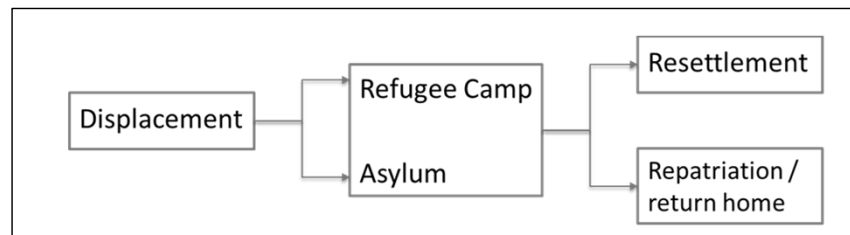
Top hosting countries



- **Top hosts: surrounding countries**
- **Minority of refugees come to US**

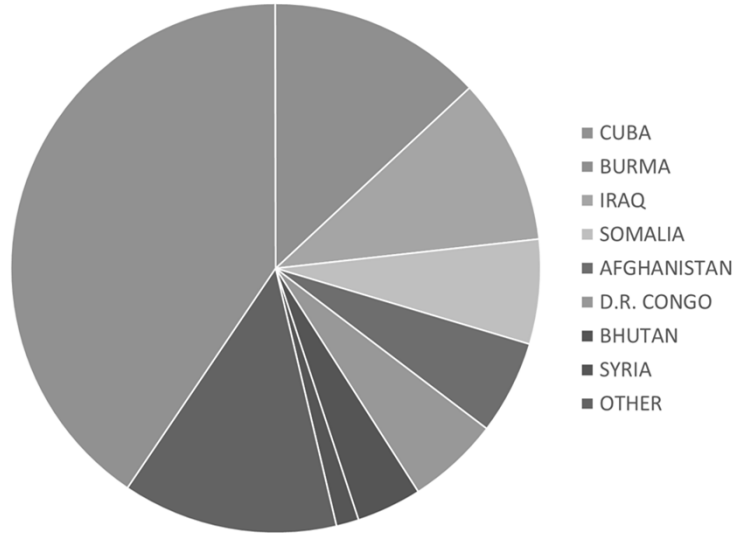
UNHCR, Figures at a glance, June 20, 2016

Refugee Process



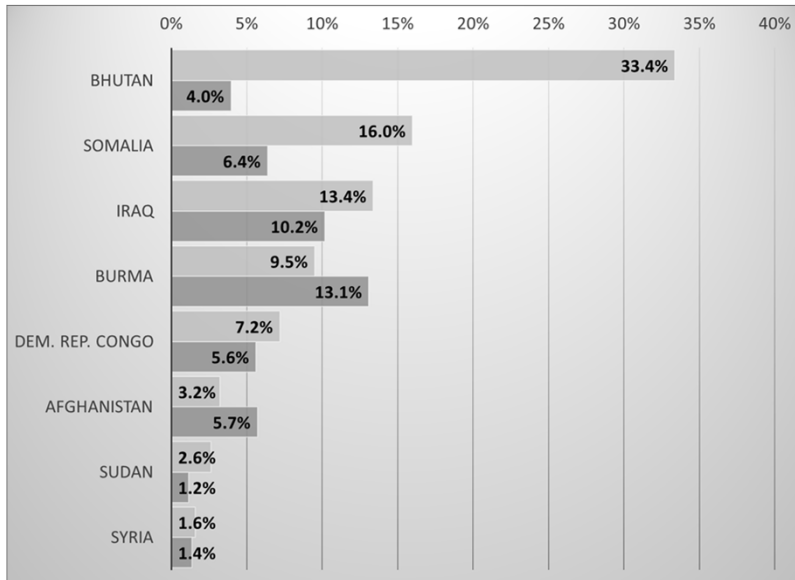
- **Refugee Camps are temporary**
- **Refugee resettlement often >10yrs waiting**
- **Except Cuban, very few asylees to US**

US Refugee / Asylum Admissions, 2015



Office of Refugee resettlement, US Dept Health & Human Svc, FY 2015 Served Populations by State and Country of Origin , 4/22/2016

Ohio Refugee Admissions, 2015



Office of Refugee resettlement, US Dept Health & Human Svc, FY 2015 Served Populations by State and Country of Origin , 4/22/2016

Case: Medical Screening

86 YOM with no sig PMH, presents to establish care. Born in Senegal. His adult son immigrated to US 15 years ago for work; son is a citizen. Pt immigrated under sponsorship of son, 30 days ago.

**What medical screenings have been done?
What remains? What do I need to do?**

Immigration process


- **Step 1: Apply for an immigrant visa**
 - Visa = permission to enter the US
 - Medical Exam outside US
- **Step 2: Apply for a green card**
 - Green card = permanent residence permit
 - Medical exam inside US
- **Step 3: May apply for citizenship**
 - Test: citizenship and language proficiency

Immigration process

- Step 1: Apply for an immigrant visa
- Panel Physician Exam
 - US designated, qualified physician outside US
 - 2 Panel Physicians in Senegal, 2-6 in other countries
 - Exam: medical exclusion conditions

US Embassy, Instructions of medical examination of visa applicants, Jan 4, 2010

Form DS-2053 / DS-2054

Photo		U. S. Department of State MEDICAL EXAMINATION FOR IMMIGRANT OR REFUGEE APPLICANT	OMB No. 1405-0113 EXPIRATION DATE: 09/30/2010 ESTIMATED BURDEN: 10 minutes (See Page 2 - Back of Form)
	Name (Last, First, MI) _____	Birth Date (mm-dd-yyyy) _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Birthplace (City/Country) _____ / _____		Prior Country _____	
Present Country of Residence _____		U. S. Consul (City/Country) _____ / _____	
Passport Number _____		Alien (Case) Number _____	
Date (mm-dd-yyyy) of Medical Exam _____		Date (mm-dd-yyyy) of Prior Exam, if any _____	
Date Exam Expires (6 months from examination date, if Class A or TB condition exists, otherwise 12 months) (mm-dd-yyyy) _____			
Exam Place (City/Country) _____ / _____		Panel Physician _____	
Radiology Services _____		Screening Site (name) _____	
Lab (name for HIV/syphilis/TB) _____ / _____ / _____			
(1) Classification (check all boxes that apply):			
<input type="checkbox"/> No apparent defect, disease, or disability (see Worksheets DS-3024, DS-3025 and DS-3026)			
<input type="checkbox"/> Class A Conditions (From Past Medical History and Physical Examination Worksheets)			
<input type="checkbox"/> TB, active, infectious (Class A, from Chest X-Ray Worksheet)	<input type="checkbox"/> Human immunodeficiency virus (HIV)		
<input type="checkbox"/> Syphilis, untreated	<input type="checkbox"/> Hansen's disease, lepromatous or multibacillary		
<input type="checkbox"/> Chancroid, untreated	<input type="checkbox"/> Addiction or abuse of specific* substance without harmful behavior		
<input type="checkbox"/> Gonorrhea, untreated	<input type="checkbox"/> Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur		
<input type="checkbox"/> Granuloma inguinale, untreated	*amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phenicyclidines, sedative-hypnotics, and anxiolytics		
<input type="checkbox"/> Lymphogranuloma venereum, untreated			
<input type="checkbox"/> Class B Conditions (From Past Medical History and Physical Examination Worksheets)			

Class A: may not immigrate

- Tuberculosis, active & infectious
- US Vaccination requirements not met
- Illnesses reportable to World Health Organization
 - ie SARS/MERS, Ebola, pandemic flu
- Communicable diseases, untreated
 - Syphilis, Gonorrhea
 - Hansen's Disease (Leprosy)
 - Jan 2010: NOT HIV
 - Jan 2016: NOT Granuloma Inguinale, Chancroid, Lymphogranuloma Venereum
- Substance abuse or addiction
- Physical /Mental disorder + Harmful Behavior

Case continued

- What medical screenings have been done?
 - Panel Physician Exam, Form DS-2054
- What remains?
 - Civil Surgeon Exam in the US, Form I-693
 - Similar exam
 - Focused on medical exclusion conditions
- Who is a civil surgeon?

Civil Surgeons

- Designated by US Customs & Immigration
 - You have to apply (I-910)
 - Prove your own legal status in US
 - Licensed MD or DO
 - 4+ years out of residency
- USCIS website, find local Civil Surgeons
 - OSU Occupational Medicine
- If interested in applying

<https://www.uscis.gov/tools/designated-civil-surgeons>

Case continued

Pt reports he had Panel Physician Exam in Senegal. He was cleared for visa after having testing for TB.

- “Scars” on x-ray, 3 sputa collected & negative
- Form: Class B2, TB inactive

What reporting is performed, to whom?

What follow-up is necessary?

Tuberculosis Screening, outside US

- **Chest x-ray**
 - All adults > 14 years old
 - Children: CXR versus skin test, depends on country
- **Sputum culture x 3**
 - if symptoms, (+) CXR findings or HIV (+)
 - Decision tree in Panel Physician form
- **Drug susceptibility testing**
- **Directly Observed Treatment**

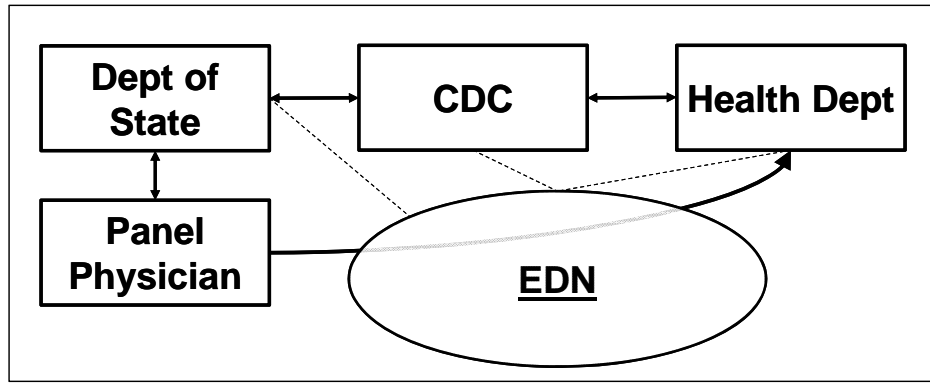
Class B: Tuberculosis

OK to travel to US, with conditions

- **Class B1: TB noninfectious**
 - CXR suspicious, negative cultures, need follow-up
 - Also, Class A after DOT treatment
- **Class B2: TB inactive (latent)**
- **Class B3: contact of Class A TB**
 - no symptoms, negative screening

Reporting: Electronic Disease Notification system

- Class A conditions & treatment reported
- Class B TB reported to local Health Dept



Case continued

- What reporting is performed, to whom?
 - EDN → local Health Dept
 - Civil Surgeon → local Health Dept referral
- Required Health Dept referrals
 - Abnormal CXR with active or inactive TB
 - Signs or symptoms of TB, regardless of testing

Note: Latent TB with clear CXR not required referral

CDC, EDN tuberculosis follow-up guide, 12/28/2011.

CDC, Technical instructions for medical examination of aliens in the United States, 5/2008.

Case conclusion

Latent TB is a highly prevalent risk factor for relatively uncommon active TB. Distinguishing these two is a key goal of US immigration system

- **CDC Goals**
 - Initial medical exam within 30 days of arrival
 - TB follow-up evaluation complete, 90 days
 - Treatment complete, 1 year

Refugees: Pre-departure

- **Panel Physician exam**
 - Vaccinations provided, recorded on DS-3025
- **Additional Items, depending on origin country**
 - Presumptive Malaria treatment
 - Presumptive Intestinal parasite treatment
 - Lice check and treat

Refugees: Post-arrival

- **Civil Surgeon exam**
 - **Refugee Domestic Medical Screening Checklist**
 - **Mental Health, Trauma (RHC-15) and referral**
 - **Pregnancy testing, HIV testing, CBC with diff**
 - **Lead testing children 6 mo -16 yrs**
 - +/- **Urinalysis, Chem 6**
- **Health Dept**
 - **Class B conditions: treat +/- additional testing**

CDC, Div Global Migration & Quarantine, Summary checklist for the domestic medical examination for newly arriving refugees, July 16, 2012.

Resettlement agency

- **Nonprofit organizations operating on U.S. grants**
 - **CRIS: Community Refugee and Immigration Services**
 - **Us Together**
 - **World Relief**
- **Core: employment, school, housing**
- **Interpretive Services, language courses**
- **Integration, adjustment, targeted casework**
- **Services and assistance for survivors of torture**
 - **Us Together: Domestic Healing Center**

Health Literacy Gaps

- Indefinite refills for chronic diseases
 - Return to pharmacy when bottle nearly empty
- Appointments
 - Return to clinic even if feeling well
- Using an interpreter
 - Use short phrases and pause for interpreter
 - Play traffic cop
 - “please interpret the following”
 - Gently stop patient if talking too long
“he/she says...”

Phases of assimilation

Acute: first months

- Communicable illness screening
- Neglected complaints
- Establishing the network of care
 - Providers
 - Caseworkers
 - Insurance
- Fading euphoria of resettlement

Kemp C, Rasbridge L. Refugee and Immigrant Health. Cambridge: Cambridge University Press, 2004.

Phases of assimilation

Transition: first years

- **Integration into workforce**
 - often physically demanding →
Musculoskeletal
- **American culture and diet**
- **Chronic conditions emerge**
 - HTN, DM, depression, PTSD
 - Psychological complaints are delayed, less pressing
- **Success during transition associated with**
 - (+) education, employment, language, social support
 - (-) poor overall health, isolation
 - (-) psychosocial trauma, resettlement stress, financial stress

Phases of assimilation

Chronic / Stratification: decades

- **Upset of traditional family structure**
 - Younger members more integrated, more power and acculturation
- **Segmentation of community**
 - Successful refugees move away to middle class neighborhoods
 - Unsuccessful refugees isolated and withdrawn from upwardly mobile members

Secondary Migration

- **Moving after resettlement**
- **Motivators**
 - cost of living or housing
 - availability of work
 - community and family proximity
- **Often more successful members**
 - Higher income, language proficiency
- **May disrupt medical care**
 - Immigration / medical records and providers

Weine S, et al. Secondary migration and relocation among African refugee families in the United States. *Fam Process*. 2011 Mar;50(1):27-46.

Takenaka A. Secondary migration: who re-migrates and why these migrants matter. Washington, DC: The Online Journal of the Migration Policy Institute, 2007 Apr 26.

Resources

- **CDC Immigrant and Refugee Health**
 - Guidelines, technical instructions, population health profiles

<http://www.cdc.gov/immigrantrefugeehealth>
- **US Customs & Immigration Services**
 - Civil Surgeon locator and Civil Surgeon policy manual

<https://www.uscis.gov/tools/designated-civil-surgeons>
- **Office of Refugee Resettlement**
 - Guides: Health Orientation, Mental Health, and Culturally Appropriate Care

<http://refugeehealthta.org/webinars>

Resources

- **University of Washington, Ethnomed**
 - Resources and guides organized by health topic or culture
<https://ethnomed.org/clinical>
- **University of Minnesota, online courses**
 - Cross-cultural, immigrant refugee health, medical interpreting, infectious disease, and global health
<http://www.dom.umn.edu/global-health/education-training/courses>