

# **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

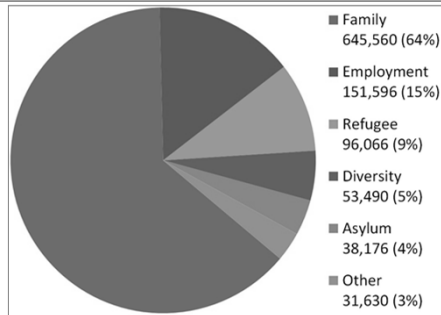
## **Items not covered**

- 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

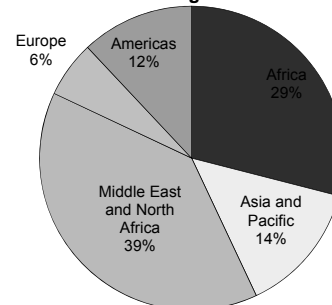


- **Highest levels of displacement recorded**
  - Fleeing conflict or persecution
  - Fraction attain refugee / asylum status
- **53% of refugees from three countries:**
  - Syria, Afghanistan, Somalia

UNHCR, Figures at a glance, June 20, 2016

## Refugee Immigration

Where the world's displaced people are being hosted

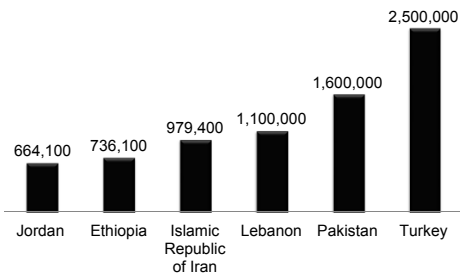


- **Top hosts: surrounding countries**
- **Minority of refugees come to US**

UNHCR, Figures at a glance, June 20, 2016

## Refugee Immigration

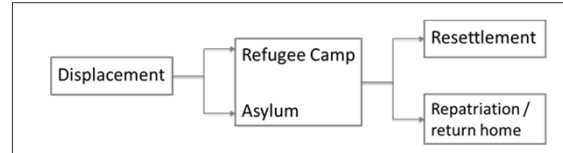
Top hosting countries



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

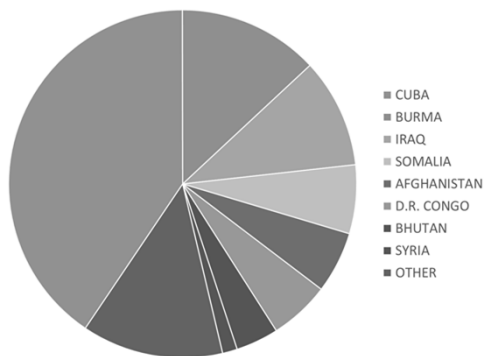
UNHCR, Figures at a glance, June 20, 2016

## Refugee Process



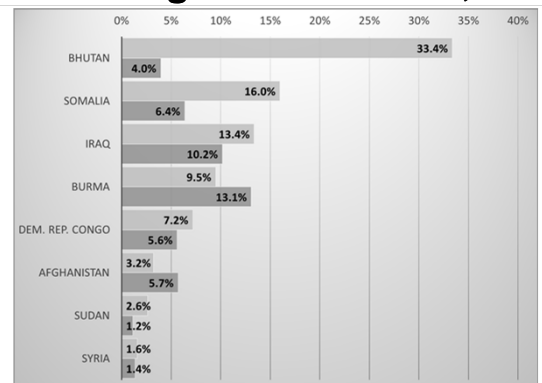
- Refugee Camps are temporary
- Refugee resettlement often >10yrs waiting
- Except Cuban, very few asylees to US

## 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

U. S. Department of State		OMB No. 1405-0113
<b>MEDICAL EXAMINATION FOR IMMIGRANT OR REFUGEE APPLICANT</b>		EXPIRATION DATE: 09/30/2010 ESTIMATED DURATION: 10 minutes (See Page 2 - Back of Form)
Photo	Name (Last, First, MI)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	Birth Date (mm-dd-yyyy)	
	Birthplace (City/Country)	
	Present Country of Residence	Prior Country
	U.S. Consul (City/Country)	
	Passport Number	Alien (Class) 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)		
<b>(1) Classification (check all boxes that apply):</b>		
<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	<small>*amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phenycyclidines, sedative-hypnotics, and anxiolytics</small>	
<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

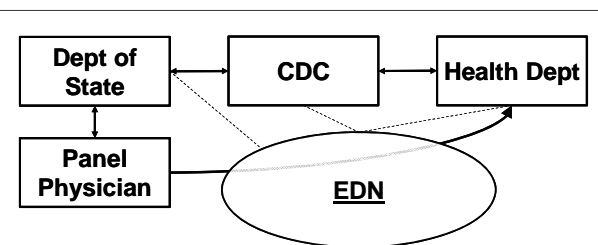
## Class B: Tuberculosis

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>