

# Refugee Health

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## Learning Objectives:

- Examine the unique challenges faced by refugees
- Develop multi-level solutions to caring for refugees with physical and mental health conditions
- Recognize provider completion of forms as patient-level advocacy
- Recognize principles of trauma informed care

## Case Synopsis

HC is a 45-year-old woman from Bhutan with a history of depression, diabetes, and poor nutritional status presenting for a follow-up visit at her primary care clinic. Her family has brought in for completion a N-648 Form related to her application for United States citizenship.

HC currently lives at home with her sister, brother in law, and sister's children. She is a refugee from Bhutan who relocated to Pittsburgh 5 years ago after living in a refugee camp for several years. She has very severe depression that is almost catatonic in characterization. She rarely speaks and has difficulty completing daily tasks on her own, relying on her family members for activities of daily living such as getting dressed, feeding herself and taking medications. She cannot drive herself to her appointments and must come with a family member. She understands Bhutanese but not English. She does not have a history of substance use.

## Questions:

1. **Construct a problem list for this patient**
2. **Conduct a root-cause analysis for each problem**
3. **Describe the positive/protective social determinants of health for this patient**
4. **Describe negative social determinants of health factors**
5. **Propose patient-level solutions with attention to facilitators and barriers**
6. **Imagine possible health system or institutional solutions**
7. **Discuss potential community/societal-level solutions**

# Facilitator's Guide:

## 1. Construct a problem list for this patient

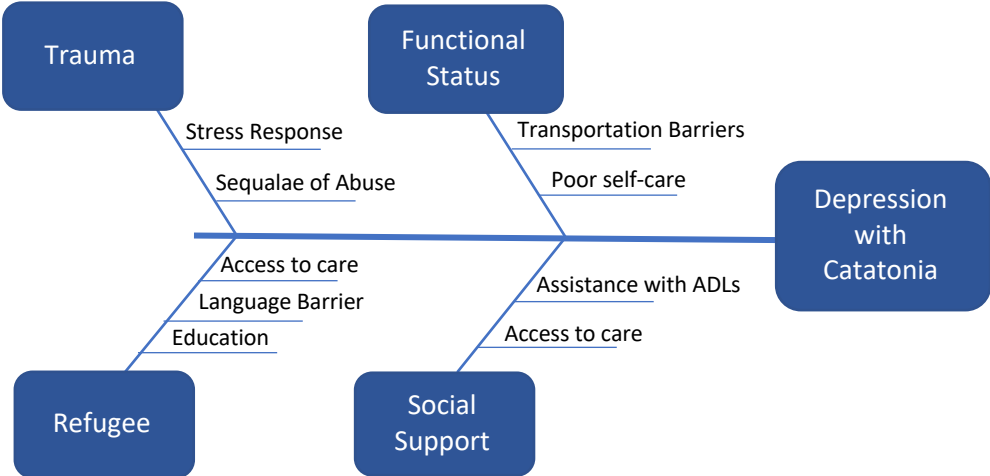
A reasonable list would include the following:

- a. Depression
- b. Poor nutrition status
- c. Diabetes
- d. Form completion

## 2. Conduct a root-cause analysis for at least one problem

HC's experience as a refugee likely contributed to many of her current medical problems. She was diagnosed with PTSD and catatonia-like depression often seen in individuals within the refugee camps and termed "Nepali-Bhutanese syndrome." Due to her depression, HC has a difficult time wanting to eat and drink and consequently has poor nutrition status. She also has a difficult time caring for herself and relies on others for activities of daily living.

Suggest creating a fishbone diagram for HC's depression. This is an example of what this diagram could look like:



Given HC's experience as a refugee is at the root of some of her medical problems, it is helpful to review the definitions of a refugee, refugee camp, and the challenges of living in a refugee camp:

A refugee is someone who has been forced to flee his or her country because of persecution, war or violence.<sup>1</sup> Contrast this to an immigrant who makes a conscious decision to leave their country and settle permanently in another country, or asylee who is forced to seek protection from their country but has not yet been granted legal refugee status.<sup>2</sup>

Refugee Camp: A refugee camp is intended as a temporary accommodation for people who have been forced to flee their home because of violence and persecution. They are constructed while crises unfold for people fleeing for their lives.<sup>1</sup> These hastily built shelters provide immediate protection and safety

for the world's most vulnerable people. Camps allow NGOs and other organizations to deliver lifesaving aid like food, water and medical attention during an emergency. A camp can consist of many temporary tents or small shelters that house individuals and families.

Challenges to Life in a Refugee camp: Delivering electricity to camps in the desert, ensuring there is enough food for everyone in the camp, ensuring that children have access to education and helping prepare refugees for life after the camp with job and skills training.<sup>1</sup>

Resettlement: Resettlement is the transfer of refugees from an asylum country to another state that has agreed to admit them and ultimately grant them permanent settlement. Resettlement is unique in that it is the only durable solution that involves the relocation of refugees from an asylum country to a third country.<sup>3</sup>

Illness exposure: Refugee populations are at risk for contracting both acute and chronic illness during their time in refugee camps. The highest infectious disease prevalence in refugee and asylum seeker populations has been reported for latent tuberculosis (9–45%), active tuberculosis (up to 11%), and hepatitis B (up to 12%).<sup>4</sup> The most frequent health problems of newly arrived refugees and migrants include accidental injuries, hypothermia, burns, gastrointestinal illnesses, cardiovascular events, pregnancy- and delivery-related complications, diabetes and hypertension.

- Female refugees and migrants frequently face specific challenges, particularly in maternal, newborn and child health, sexual and reproductive health, and violence.
- The exposure of refugees and migrants to the risks associated with population movements – psychosocial disorders, reproductive health problems, higher newborn mortality, drug abuse, nutrition disorders, alcoholism and exposure to violence – increase their vulnerability to noncommunicable diseases.
- A key issue with regard to noncommunicable diseases is the interruption of care, due either to lack of access or to the decimation of health care systems and providers; displacement results in interruption of the continuous treatment that is crucial for chronic conditions.<sup>5</sup>

What happened in Bhutan?

Worried that the growing ethnic Nepali minority threatened the culture and political dominance of the majority Drukpa people, the Bhutanese government adopted a “One Nation, One People” policy in the 1980s.<sup>6</sup> Public demonstrations were held across Southern Bhutan and demands for civil and cultural rights for Southern Bhutanese were presented to district authorities. All who participated were branded 'anti-nationals' by the government. This was followed by widespread ill-treatment, including rape, and hundreds of arbitrary arrests and detentions without trials, with over 2000 people tortured.<sup>7</sup>

HC is at her doctor's visit to complete a N648 form. How does completing this form help HC?

Refugees who are accepted into the U.S. must apply for a green card and after a period of at least 5 years, are eligible to apply for citizenship. The application process is lengthy and expensive and includes biometric testing, an interview and a reading, writing and speaking exam, usually in English. The citizenship written and verbal exam will be difficult for HC based on her catatonia-like depression. Her inability to perform basic ADLs and IADLs qualifies her for disability status. A way HC can be exempt

from the exam portion of the citizenship process is to have a N-648 Form, which is a medical certification for disability exceptions, completed by a physician.

### **3. Describe the positive/protective social determinants of health for this patient**

The following are some SDH that are likely positively impacting HC's health:

- Family support of her sister and brother-in-law (living situation, help driving to appointments).
- Access to healthcare at her primary care clinic
- Permanent resident legal status

### **4. Describe negative social determinants of health factors**

The following are some SDH that are likely negatively impacting HC's health:

- History of trauma, refugee experience
- Language and possible cultural barriers if she were to go somewhere that does not have Bhutanese translation, or were not able to understand her. Even if translation services are available in a clinic, language barriers can make additional health utilization difficult such as obtaining prescriptions, making appointments, etc.<sup>8</sup>
- Lack of independent access to transportation
- Inability to work independently for income
- Although she can receive healthcare as a refugee, not all tests, procedures and necessary healthcare measures are covered.
- Lack of citizenship status

It would be helpful to obtain more information about HC. What would you like to know?

Areas to further explore include:

- HC is new to Pittsburgh (5 years), delving into her access to community resources may be helpful
- We do not know her economic stability based on this vignette
- We are unsure of the environment or neighborhood in which she lives and whether she has access to grocery stores, community centers or recreation spaces or how safe she feels in her neighborhood
- We do not know what type of educational opportunities she had access to
- We are unsure about her perceptions regarding Western medical care and her level of trust in or familiarity with the healthcare system

### **5. Propose patient-level solutions with attention to facilitators and barriers**

Below are a few examples of patient level solutions:

- A N-648 Form (medical certification for disability exceptions) completed by a physician allowing her to be exempt from that portion of the citizenship process and obtain citizenship status.
- Communicating with both HC's family and her other caregivers about working with her daily to complete tasks, including drinking water and eating appropriately.

- The clinical team also worked with the family to come up with solutions for tasks based on occupational therapy suggestions for her specific tasks of daily living.
- Utilizing principles of trauma-informed care. Trauma informed care is a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, and emphasizes physical, psychological, and emotional safety for both providers and survivors. It creates opportunities for survivors to rebuild a sense of control and empowerment.<sup>9</sup> Its guiding principles include safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment voice and choice, and awareness of cultural, historic and gender issues.<sup>10</sup>
- Many of the individuals with depression and PTSD like HC who have been in the refugee camp were treated with amitriptyline within the camp. Although this is not a first line medication for depression, based on anecdotes from this particular clinic, amitriptyline was found to be much more effective at treating depression than SSRIs which we typically use as first line therapy. This highlights how differences in circumstances need to be met with flexibility in treatment.

## **6. Imagine possible health system or institutional solutions**

Below are a few examples of health-system solutions:

- The clinic hires peers from Bhutan to work at the front desk for culturally competent support when completing forms and scheduling appointments.
- The primary care clinic provides translation services with translator phones
- The clinic provides resources for local community organizations. Examples in Pittsburgh include The Children of Shangri-Lost and the Bhutanese Community Association of Pittsburgh.

## **7. Discuss potential community/societal-level solutions**

In terms of community-level solutions, there are many community-based organizations that provide services to refugees who may need help. Examples in Pittsburgh include The Children of Shangri-Lost who work to educate the public about the Bhutanese refugee community, and the Bhutanese Community Association of Pittsburgh that provides resources for refugees including English-language skills, youth activities, and senior programming. Additional resources can be provided through the Dept of Health and Human Services, County/City Career Link, and others. Take a few minutes to think about or look for resources in your area that may help refugees or immigrants.

Societal level solutions could include facilitating citizenship for refugees, in addition to providing more comprehensive physical and mental health services for refugees and immigrants experiencing trauma. Brainstorm ways that physicians can be advocates for refugees in your area.

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