Refugee Resettlement

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Population of Focus
Refugee

A *refugee* is someone who has been *forced to flee his or her country* because of persecution, war or violence. A refugee has a *well-founded fear of persecution* for reasons of race, religion, nationality, political opinion or *membership in a particular social group*. 
Demographics

Lowell Community Health Center serves patients from Billerica, Chelmsford, Dracut, Dunstable, Lowell, Pepperell, Tewksbury, Tyngsboro, and Westford, MA

https://www.lchealth.org/patients/connect-services/metta-health-center
Metta Health Center

- Means ‘Loving Kindness’ in Pali
- West Meets East healthcare facility
- Serves Southeast Asian and other refugee populations mainly from Africa and the Middle East in recent years
- Social and Structural Factors That Affect Health - Language, Culture, Citizenship, Trauma
Clinically Relevant Needs/Trends

Common Medical Risk Exposures and Incidence Rates

- 5-15% of refugees come to the US with Hepatitis B (CDC)
- Incidence rates of TB in refugee populations often higher because of close living conditions in refugee camps
  - 17 of 100k people have TB in Syria compared to 3.1 of 100k people in US (WHO)

https://www.cdc.gov/immigrantrefugeehealth/about-refugees.html
Clinically Relevant Needs/Trends

- A study in 2015 found 54% of displaced persons from Lebanon, Syria, Turkey, and Jordan suffered from a severe mental disorder
  - Among the children, 44% revealed depressive symptoms and 45% revealed symptoms of PTSD
- Torture is another common experience that refugees endure before entering the US
  - There is a need for healthcare providers and interpreters trained to treat patients who are the victims of torture

https://apps.who.int/iris/bitstream/handle/10665/329368/9789241565714-eng.pdf?ua=1
Areas of Strength at Metta

- Dental
- Behavioral Health
- Pharmacy
- Labs
- Teen BLOCK
Interprofessional Teams

- Embedded within and between organizations refugees will frequently visit

**Community Resources**

- Organizes resettlement
- Sustained assistance

International Institute of New England

- Completes Refugee Health Requirements
- Guides refugee in navigating American healthcare system
- Establishes longitudinal care

Lowell Community Health Center
International Institute of New England

- **Leads refugee resettlement**
  - Furnished Housing
  - Pickup & transportation upon entry
  - Provides 90 days of direct financial support

- **Beyond immediate assistance**
  - Establishes connection with LCHC
  - Conducts free ESL classes
  - Enroll children in Lowell Public Schools
  - Enroll in MassHealth
  - Employment assistance
  - Legal Help
Lowell Community Health Center

Metta Health Center
- Guides refugees through establishing primary care & acute treatment
- Health requirements for necessary government forms
- Behavioral health, Acupuncture, Massage Therapy, & Meditation are embedded within the clinic
- Identifies and refers dental needs to clinic within LCHC
- “Warm Handoff”
Community Organizations
Health Advocacy
MIRA Coalition

- “MIRA is the largest coalition in New England promoting the rights and integration of immigrants and refugees.”

- They fund “programs that support the social, civic and economic integration of immigrants and refugees. (They) advocate for progressive policies at the state, local and national levels, and fight to defeat anti-immigrant measures.”
The AMA “support(s) legislation and policies that address the unique health needs of refugees.”

The AMA “advocates for policies to make available and effectively deploy resources needed to eliminate health disparities affecting immigrants, refugees or asylees.”
MMS (Massachusetts Medical Society)

- Variations between state and national level.
- The “Massachusetts Medical Society will advocate for safe access to health care for immigrants and refugees in the Commonwealth regardless of immigration status.”
- Differences in language can make huge differences on the ground.
Why is this important?

- This makes physicians and medical students directly capable of advocating for refugee populations.

- The AMA and MMS alone are not enough for success; many barriers are not overcome just because policy exists.

- There are many other ways to advocate too:
  - **Community health centers.**
  - International organizations.
  - Raising awareness.
Service/Experiential Learning
Service Learning

What we did:

- Facilitated health related small group conversations in ESOL classes at IINE
  - 4+ primary languages
  - What kinds of physicians they would likely encounter
  - Ways of describing symptoms

Needs Being Met:

- Overcoming language barriers
- Developing an understanding of the American healthcare system.
What did we learn from the clerkship?

- Communication, humility, and respect
- Always be aware of your blind spots
- The diversity of refugee experiences and how that shapes integration into communities.
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