The Church Helps Refugees Meet Unique Health Needs

Did you know that the U.S. Catholic Church runs the world's largest refugee resettlement program? That since 1975 it has helped more than a million refugees start new lives in the United States?

Did you know that, right now, there are thousands of children, most of whom have experienced trauma and fled violence, living in our communities, pursuing asylum and who have no access to health care coverage?

By BILL CANNY

For the past year and a half, I have served as the executive director of Migration and Refugee Services at the United States Conference of Catholic Bishops (USCCB/MRS). I have worked for three decades at agencies providing service to migrants, refugees and others in need, from Catholic Relief Services to the Papal Foundation to the International Catholic Migration Commission.

My first position with Catholic Relief Services was in Djibouti, East Africa, working with a team to assure minimum nutritional needs for refugees, primarily from Ethiopia. My second position was managing a maternal-child health program in Burkina Faso, West Africa. The program attempted to help the unborn and infants up to age 3 survive in an environment where the mother often was undernourished, where food was scarce, vitamin deficiencies abounded and parasites incessantly attacked the vulnerable mother and child. Our nursing and social worker team's goal was a healthy pregnancy and the child's survival during the critical first three years, providing a chance for his or her normal development and growth.

The cornerstones of the project were educational messages for parents, nutritional and vitamin supplements for women and children, weight-for-age monitoring and attempts to increase family income. I saw firsthand how devastating the effects of food insecurity and hunger can be on a family's health and well-being, particularly for the children due to their vulnerability and the potential for long-term consequences.

In a different but no less impactful way, USCCB/MRS helps refugee and vulnerable families with their unique medical and mental health needs. For more than a century, the Catholic bishops of the United States have taken seriously the Gospel mandate to welcome the stranger and provide support for vulnerable migrant populations, including immigrants, refugees, child migrants and survivors of human trafficking. Headquartered in Washington, D.C., USCCB/MRS is responsible for migrant and refugee affairs and employs a multifaceted approach to achieve its objectives:

1. Advocating with policymakers to secure fairness, justice and protection for vulnerable people on the move

2. Communicating to an ever more interconnected world about the church's teaching on migration, in an effort to sway hearts and minds to act humanely

3. Serving and supporting vulnerable migrants in need of advocacy and care in collaboration with other Catholic and allied partner organizations, such as the Catholic Health Association, Catholic Charities and others

The various populations we are called to serve often are unable to access services they need. I will focus specifically on refugees and asylum-seeking children and their families.

REFUGEES

In the past four decades, USCCB/MRS has assisted in the resettlement of more than 1 million refugees; that is, about one third of all refugees who have arrived in the U.S., through a network that currently supports 77 Catholic Charities resettlement offices in 36 states. The only way we are able to do this important work is with the help of Catholic Charities agencies around the country — they are on the ground, day in and day out, welcoming the people we send them. It's a rewarding and valuable partnership. They, in turn, are in relationship with many Catholic and/or Catholic-inspired health institutions.

Given the traumatic experiences they have undergone, many refugees resettled in the United States have acute mental and physical health problems that require specialized care and attention.

The refugee resettlement process has a pre- and post-arrival component. Refugee pre-arrival screening is lengthy and comprehensive. In addition to a series of security checks to ensure that refugees resettled into the United States do not pose a threat to the public, medical screenings remain an important part of the process. The medical clearance is time-limited and generally expires in six months. If the refugee doesn't travel by then, the exam will have to be redone. For refugees with serious medical conditions, these delays can prove particularly problematic.

The pre-arrival medical screening puts refugees into one of four categories: 1. A clean bill of health and qualified to travel to the United States; 2. diagnosed with an untreated communicable disease or substance abuse and therefore not permitted to travel to the U.S. until treated and cleared; 3. diagnosed with a "Class A" serious illness or inherited disorder, which requires that the refugee's medical condition be monitored and that he or she be given a medical escort; 4. diagnosed with a "Class B" illness, such as latent tuberculosis, that requires monitoring.

Medical illnesses often are a deciding factor as to where a refugee will live upon arrival, because in such cases, access to a culturally competent, quality health care system is essential. Salt Lake City; Chicago; Dallas; and Syracuse, New York; stand out as cities that are not only willing to take these tough cases, but have the capacity to do so. Other practical considerations can come into play if, for example, a refugee needs an affordable, handicap-accessible apartment and accessible public transportation, or support systems in place that can help the refugee recover from an ailment.

A vital next step is the Refugee Health Assessment. Within the first 30 days of arrival in the United States, a refugee must receive an additional health screening. State-run medical clinics, commissioned by the state refugee coordinator, generally are responsible for the post-arrival screening. These clinics are familiar with refugee populations and are able to offer a range of services, including immunizations and treatment for more serious medical problems. Not surprisingly, given the traumatic experiences they have undergone, many refugees resettled in the United States have acute mental and physical health problems that require specialized care and attention.

Here is one example of a locally run initiative that specifically supports refugees. In 2014, James Sutton, RPA-C, director for community medicine in Rochester, New York, launched Rochester Regional Health's Center for Refugee Health. He recognized that refugees' culturally specific health needs often were going unmet in the pri-

Children and families from Central America migrate to the United States every day, seeking protection from pervasive gang violence and crime. Many children arrive alone.

vate provider system, so a center of this sort could ensure that their specific medical needs are treated efficiently. Working closely with the Catholic Family Center — a Catholic Charities regional agency and the first agency to welcome refugees in Rochester — provides an added advantage to both refugees and health care providers.

Catholic Family Center also is part of a network of USCCB/MRS resettlement agencies participating in the federal preferred communities program. The program supports enhanced services to newly arrived refugees that include intensive, extended case management and other supports to vulnerable populations, including refugees with serious medical and/or mental health conditions (including post-traumatic stress disorder), women at risk, and victims of torture, trauma and gender-based violence.

The goal of the preferred communities program — and, indeed, all resettlement programs — is refugee self-sufficiency. Employment provides refugees an opportunity to support themselves and their families but also to get direct access to the health care system via private insurance. For the first few months post-arrival, as they search for work, refugees have access to Medicaid. But Medicaid rules vary by state, and it can be hard to find medical providers who take Medicaid.

Sometimes it is important to be creative in order to secure care for refugee and immigrant populations. For example, in Illinois, Medicaid will cover preventive dental care for a child, but it will cover only extractions for adults. One resettlement agency took it upon itself to find dentists willing to provide complimentary cleanings for refugee men and women.

CHILDREN AND FAMILIES SEEKING ASYLUM

Children and families from Central America migrate to the United States every day, seeking protection from pervasive gang violence and crime. Many children arrive alone and are especially vulnerable to violence, abuse or exploitation; some have left family behind, others are seeking to rejoin family in the United States.

Although poverty and the desire to reunify with family are ongoing motivations to migrate, a 2013 USCCB/MRS delegation to Central America, led by Bishop Mark Seitz of the Diocese of El Paso, Texas, found that violence — in the home, community and state — has played a decisive and forceful role in recent years.

Coupled with a corresponding breakdown of the rule of law, the violence has threatened citizen security and created a culture of fear and hopelessness that has pushed children and families out of their communities and into forced transit situations.[1]

The omnipresence of the violence, and the inability of the countries of the Northern Triangle (Honduras, Guatemala, El Salvador) to protect their citizens, prompted the United Nations High Commissioner for Refugees to conduct a study in 2014 of 404 unaccompanied children in the United States who were from Mexico, Guatemala, Honduras and El Salvador.

Of the children interviewed, the U.N. found that 58 percent "were forcibly displaced because they suffered or faced harms that indicated a potential or actual need for international protection."[2]

Pope Benedict XVI remarked that "these boys and girls often end up on the street abandoned to themselves and prey to unscrupulous exploiters who often transform them into the object of physical, moral and sexual violence."

If a child comes to this country as an unaccompanied child — without his/her parents or a legal guardian — he or she is transferred to the custody of the U.S. Department of Health and Human Services' Office of Refugee Resettlement.

If a child arrives with his or her parents, the family is taken to a detention center. While in custody or at the family detention center, children and families receive medical screenings and ongoing medical and mental health care.

If unaccompanied children are released from custody and families are released from a detention custody, they may not have access to health insurance until or unless they receive the immigration relief for which they have applied. Most are released without case management services, and therefore, receive no assistance with identifying free and sliding-scale clinics, identifying and

applying for programs and scholarships to help them cover necessary medical expenses, securing transportation to and from medical appointments and identifying medical interpretation in their language of fluency.

MENTAL HEALTH

While only some of the immigrants we help arrive with physical medical needs, nearly all have experienced some form of trauma and arrive in the U.S. needing some level of mental health services. Children may be crossing the border by themselves because their parents were murdered in El Salvador. A teenage girl from Guatemala could be fleeing a forced marriage. A woman making the journey could have been raped on the train. A man may have been kidnapped and tortured in his hometown.

I cannot emphasize enough how big a need there is for culturally sensitive and age-specific mental health services. The Western model of talk therapy is often too expensive, inaccessible and culturally unfamiliar for our clients. Instead, many of our children's services programs have adopted creative approaches to mental health — hosting an art night, or a youth soccer game, with time set aside for the youth to engage in group discussions about their lives. The key is getting to the root of the issue and getting buy-in from clients on the benefits of therapy.

HOW TO HELP

During his 2013 visit to Lampedusa, Italy, where thousands of migrants from Africa have hoped to find safety, Pope Francis called us to remember God's question: "Where is your brother?"

Turns out, our immigrant and refugee brothers and sisters are right here in the United States, and they need our help.

If you are interested in helping, I would suggest contacting the executive director of your local Catholic Charities — they have the best understanding of the local community's needs.

BILL CANNY is the executive director of Migration and Refugee Services at the United States Conference of Catholic Bishops in Washington, D.C.; www.usccb.org/mrs.

NOTES

1. USCCB/MRS, "*Mission to Central America: Flight of the Unaccompanied Immigrant Children to the United States*," (January 2014), www.usccb.org/about/migration-policy/upload/Mission-To-Central-America-FINAL-2.pdf.
2. The United Nations High Commissioner for Refugees, "*Children on the Run: Unaccompanied Children Leaving Central America and Mexico and the Need for International Protection*," (Washington, D.C.: UNHCR, 2014), 6.

COMING IN 2017

HEALTH PROGRESS®

CHA announces next year's special topics for *Health Progress*, the bimonthly magazine of the Catholic Health Association of the United States.

We welcome your input, suggestions and manuscript ideas for the special topics and for individual features. Please contact *Health Progress* editor Mary Ann Steiner at masteiner@chausa.org or (314) 253-3445.

JANUARY – FEBRUARY
Disease Threats to Public Health

MARCH – APRIL
Philanthropy and Health Care

MAY – JUNE
Sponsorship and the Catholic Health Ministry

JULY – AUGUST
Changing Face of the Human Family

SEPTEMBER – OCTOBER
Health Care and Education

NOVEMBER – DECEMBER
Health Care Ministry and the End of Life

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, September - October 2016
Copyright © 2016 by The Catholic Health Association of the United States