

Refugee Health Program

The Refugee Health Program (RHP) at the Minnesota Department of Health (MDH) was created in response to the Federal Refugee Act of 1980, which created a uniform system of services for refugees across the United States. The Act entitled all newly arriving refugees to a comprehensive health assessment, to be initiated as soon as possible following arrival. One agency in each state is designated to monitor the provision of these health assessment services. In Minnesota, that agency is the Minnesota Department of Health, Refugee Health Program.

MDH and Department of Human Services (DHS) are the points of notification for the pending arrival of new primary refugees into the state. Voluntary agencies (VOLAGs) such as Catholic Charities or Lutheran Social Services, are also notified of refugee arrivals, but through a separate, parallel system. The Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine has 20 official ports of entry into the United States; refugees typically enter through New York City, Chicago, Miami, Los Angeles, San Francisco, Atlanta, Seattle, and Newark. CDC/Division of Quarantine inspects and reviews the overseas medical documents of each refugee passing through the port of entry. Copies of the overseas exam are forwarded to the state refugee health coordinator in the state identified as the final destination for each refugee. These forms are reviewed by both the MDH tuberculosis staff and the Refugee Health Program staff to identify conditions that may need immediate attention. All class conditions are identified and special notices are attached to the exam form notifying local county health departments of the class condition. (See page 1:5.)



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All of the arrival forms received from the quarantine station, along with the MDH *Minnesota Initial Refugee Health Assessment* form, are directed to the local community health services agency in the county where the refugee is planning to resettle. The local health agency (in cooperation with the voluntary agency) often assists families and sponsors in obtaining the health assessment. The county health agency is asked to return the screening results to MDH electronically or on paper.

Refugees in Minnesota

Between the years 1979 and 2009, nearly 91,000 primary refugees emigrated to Minnesota. Minnesota's refugee population has become increasingly diverse over the last 25 years. The vast majority (75 percent) of the refugees who arrived between 1979 and 1995 were from Southeast Asia. In contrast, of the 37,261 refugees who arrived between 1996 and 2006, 19

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percent were from Southeast Asia, 64 percent were from sub-Saharan Africa, and 16 percent were from Eastern Europe. In 2006, the largest number of refugees immigrat-

ing to Minnesota were from Somalia (3,632 refugees). Between 2007 and 2009, the number of refugees coming to Minnesota declined significantly with the suspension of the State Department's Refugee Family Reunification Program; the arrivals from Somalia decreased to 1,565 during those years. Reprioritizing in the U.S. refugee resettlement program also led to increases in refugee arrivals from Burma (1,654), Bhutan (202), and Iraq (180), with this trend continuing in 2010. Many secondary refugees (i.e., those joining their families and communities after initially arriving in other states) also have moved to Minnesota. Minnesota has some of the largest numbers of Hmong, Somali, and Liberian communities in the United States. Of all refugees who arrived in Minnesota since 1999, 89 percent initially settled in the seven-county Twin Cities metropolitan area. Increasing numbers of refugees are settling in counties throughout the state.

Important Terminology

To better understand the refugee population, it is helpful to define the different terms used to describe these persons:

Refugee

A foreign-born resident who is not a United States citizen and who cannot return to his or her country of origin or last residence because of persecution or the well-founded fear of persecution because of race, religion, nationality, membership in a particular social group, or political opinion, as determined by the State Department or the U.S. Citizen and Immigration Service (USCIS). A refugee receives this status prior to entering the United States.

Asylee

An immigrant who flees his or her country in fear of persecution or with a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group and who is already present in the United States at the time he/she obtained asylum. One seeks asylum from the USCIS.

Parolee

A foreign-born person, or alien, who, appearing to be inadmissible to the inspecting USCIS officer, is allowed to enter the United States under emergency (humanitarian) conditions or when that individual's entry is determined to be in the public interest.

Immigrant

A person who is not a U.S. citizen or national who enters the United States as an actual or prospective permanent resident, with the intent to remain for an indefinite period of time.

Non-immigrant

A person who can be classified under one or more of the following: undocumented individual, tourist, visitor on business, or foreign/international student.

For the purposes of this manual, the term “refugee” encompasses asylees and parolees. A more exhaustive definition of refugee-related terminology can be found in the glossary at the end of the manual.

Medical Examinations for Refugees

Refugees may undergo two to three major medical examinations as part of their process of emigration. Healthcare providers should become familiar with the medical documents from these examinations, as refugees may bring them along for their medical appointments. See appendix for reference.

The Overseas Visa Medical Examination

An overseas health screening is conducted prior to departure for the United States to ensure that refugees seeking to enter the U.S. do not have health conditions which would create social or economic burdens to our country. This exam is performed in refugee camps or areas of significant refugee settlement. This mandatory examination is designed to exclude individuals

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who have communicable diseases of public health significance, physical or mental disorders that involve harmful behaviors, or problems with current drug abuse or addiction. International Organization for Migration (IOM) physicians (or a local panel of physicians approved by the CDC) perform

the examination using locally available facilities and document their findings on the DS-2053 form.

The quality of the Overseas Visa Medical Examination varies and depends on such factors as the site of the examination, the panel of physicians, and the length of time for which the examination process has been in place at a given location. The Overseas Visa Medical Examination is valid for up to one year prior to departure.

The protocol for the Overseas Visa Medical Examination includes:

- Medical history and physical examination.
- The TB exam consists of a physical examination, medical history, and various TB screening tests which may include a tuberculin skin testing (TST), interferon gamma release assay (IGRA), chest x-ray, and other diagnostic testing as needed to determine if the arrival has latent TB infection (LTBI) or active TB. Arrivals with TB-related findings are assigned a “TB Class”.
- Serologic test for syphilis for age ≥ 15 years and persons with positive results are required to undergo treatment prior to departure for the U.S.; physical exam for evidence of other STDs.

- Physical exam for signs of Hansen’s disease. Refugees with laboratory-confirmed Hansen’s disease are placed on treatment for six months before they are eligible for travel to the U.S. Generally, treatment must be continued in the U.S.
- A determination regarding whether or not a refugee has a mental disorder; physicians rely on a medical history provided by the patient and his/her relatives and any documentation such as medical and hospitalization records.

Departure of refugees with communicable diseases that preclude their entry into the United States (e.g., syphilis, gonorrhea, or Hansen’s disease) may be delayed until appropriate treatment is initiated and they are no longer infectious. Following treatment, refugees will be allowed to emigrate to the U.S. Waivers may be requested for conditions that are grounds for exclusion. Medical conditions are categorized as Class A or B, as described in the charts that follow.

Class A Conditions

Conditions that preclude a refugee from entering the United States. They include communicable diseases of public health significance, mental illnesses associated with violent behavior, and drug addiction. Class A conditions require approved waivers for U.S. entry and immediate follow-up upon arrival.

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| • Chancroid, gonorrhea, granuloma inguinata, lymphogranuloma venereum, syphilis | • Hansen’s disease, infectious (leprosy) |
| • Tuberculosis, active, infectious | • Mental illness with violent behavior |
| • Drug addiction | |

Class B Conditions

Significant health problems: physical or mental abnormalities, diseases, or disabilities serious in degree or permanent in nature amounting to a substantial departure from normal well-being. Class B conditions require follow-up soon after arrival in the United States.

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| • Tuberculosis: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive TST | • Hansen’s disease, not infectious |
| | • Other significant physical disease, defect, or disability |

Domestic Refugee Health Assessment

The purpose of this examination, completed in the state of initial arrival in the United States, is designed to eliminate health-related barriers to successful resettlement while protecting the health of the United States population. The exam is *recommended*, but not mandatory. This examination focuses on the individual's health and is a comprehensive health assessment; it assures appropriate linkages to healthcare services. Most refugees are eligible for Refugee Medical Assistance for their first eight months in this country, and Medical Assistance can be billed for all components of the exam.

In Minnesota, any Minnesota board-certified healthcare provider can perform the assessment and document the findings on the *Minnesota Initial Refugee Health Assessment* form or submit the exam results electronically to MDH. The next chapter describes the *Minnesota Initial Refugee Health Assessment* in detail.

Adjustment of Status Examination

Refugees and asylees are eligible to apply for *adjustment of status* to permanent residence and obtain a green card one year following: (1) admission as a refugee, or (2) the grant of

asylum. Special medical and vaccination requirements are set for both refugees and asylees applying for adjustment of status to permanent residence.

For more information on USCIS regulations or to get USCIS forms, visit www.uscis.gov.

Refugees

- Refugees (including children) are required to have the Overseas Visa Medical Examination, but they are not required to comply with the vaccination requirements at that time.
- Refugees are required to comply with the vaccination requirements when they apply for adjustment of status (at one year following their admission to the United States).
- Most refugees will *only* need to submit the USCIS form I-693 with their adjustment of status application. This form must be completed and signed by a designated civil surgeon in the United States; however, an USCIS blanket waiver allows local health departments that have a licensed physician affiliated with their agency to sign off on the I-693 as a Civil Surgeon (see 1:D in the appendix). Refer to the CDC website *Technical Instructions for Civil Surgeons* for most current USCIS policy at www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html.

- Although the Overseas Visa Medical Examination reports are generally valid for up to one year, USCIS regulations do not require a refugee applying for adjustment of status to submit a new medical report *unless* there were medical grounds of inadmissibility (Class A condition) that existed at the time of initial admission as a refugee.
- The completed and signed I-693 should be placed in a sealed envelope and given to the refugee to be handed in with his or her application to the USCIS.

The appendix at the end of this section includes a listing of regional designated Civil Surgeons, a memo describing the USCIS blanket waiver, and guidance from the USCIS website describing what a refugee must file to get a green card.

Asylees

- Applicants for asylum are not required to have the Overseas Visa Medical Examination. This is because they are already in the United States and are not applying for admission. If an individual is granted political asylum, all medical requirements, including the vaccinations, must be met when applying for adjustment of status (at least one year later).
- Asylees applying for adjustment of status (including children) must submit a *complete* medical report. The medical report must include vaccination documentation.