

Care of Adult Refugees with Chronic Conditions



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KEYWORDS

- Refugee • Immigrant • Asylee • Primary care • Mental health • Chronic disease
- Cross-cultural medicine • Language

KEY POINTS

- Refugees make up a subset of immigrants who have been forcibly displaced from their homes by persecution, generalized violence, rape, and human rights abuses.
- Use of a professional medical interpreter is essential for patients with limited English proficiency.
- Primary care providers should be vigilant for latent infectious conditions such as tuberculosis and hepatitis B virus infection.
- Mental health conditions such as depression, anxiety, and posttraumatic stress disorder are very common in traumatized populations. Screening for these is necessary.
- Multiple barriers to managing chronic conditions in refugee patients exist, including transportation, language, challenges in navigating pharmacies, and insurance. Providers should recognize competing agendas or explanatory models related to their patients' conditions.



Video of 82-year-old man's description of how torture relates to chronic leg pain accompanies this article at <http://www.medical.theclinics.com/>

INTRODUCTION

Fleeing from generalized violence, rape, and torture, more than 17 million people worldwide are unable to return to their home countries. Civil conflicts and systematic persecutions, some of which have persisted for years, have forced millions into a state of protracted exile in neighboring countries. Many live and wait in overcrowded refugee camps hoping for restoration of political stability, acceptance, and safety in their home countries. The goal of the United Nations High Commissioner for Refugees

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(UNHCR) is to work toward long-term solutions of either voluntary repatriation or local integration into their host country. However, in some cases, the UNHCR has no other option than to permanently resettle refugees to a third country such as the United States, Australia, or Canada.¹

The United States uses a legal definition of a refugee that is similar to the 1951 United Nations' Convention: a person outside of the United States who demonstrates a history of "persecution or fear of persecution due to race, religion, nationality, political opinion, or membership in a particular social group."² In 2014, the United States admitted almost 70,000 refugees, with the largest numbers originating from Iraq, Burma (Myanmar), Somalia, and Bhutan (Fig. 1). As a subset of the total immigrant population, refugees have been resettled in all but 2 states, with a large proportion going to Texas, California, New York, and Michigan (Fig. 2).³ In addition to the refugees who are accepted for admission before their departure from overseas, asylum seekers make up an important group of potential immigrants who apply for asylum after arrival to the United States. To receive asylum, an immigration court must determine whether the asylum seeker meets the same legal definition as a refugee. In 2013, the US Citizenship and Immigration Services granted asylum to 25,199 individuals with the largest proportion being from the People's Republic of China (34%).⁴

The legal status of refugee or asylee is important because, in addition to receiving asylum, it confers several short-term government assistance programs, not available to other immigrants. Refugees receive 8 months of medical coverage, representing a window period to complete an initial health evaluation and obtain subspecialty consultation if necessary. They are also eligible to apply for health insurance through the Affordable Care Act; other immigrants must wait 5 years. The government has partnered with private voluntary agencies to assist refugees in their resettlement process with services such as orientation, food and clothing, initial housing, and sponsor programs. Voluntary agencies may also provide case management, English language

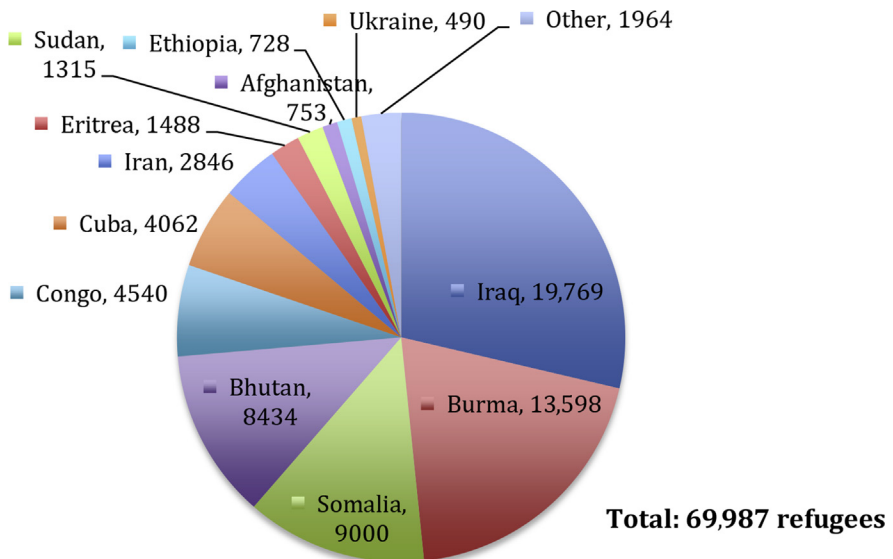


Fig. 1. Countries of origin of refugees resettled to the United States during fiscal year 2014. (Data from Refugee Processing Center. Reports. Available at: <http://www.wrapsnet.org/Reports/AdmissionsArrivals/tabid/211/Default.aspx>. Accessed October 29, 2014.)

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