

CHAPTER 24

Refugee and Immigrant Health

BOARD OF HEALTH ROLE AT A GLANCE

- Assess the tuberculin skin test (TST) status on refugees newly arrived to the community.
- Determine the immunization status of newly arrived children and make arrangements for immunizations to be provided, if necessary.
- Assure that all cases of documented or possible tuberculosis in new arrivals are evaluated and treated. Complete the CDC Follow-up Worksheet and return to the Department of Public Health's Division of Tuberculosis Prevention and Control.
- Accept and triage referrals from civil surgeons who have conducted medical examinations of individuals in the community who are applying to adjust legal status to permanent resident.

OVERVIEW

Approximately 1 out of every 6 Massachusetts residents was born outside the United States. This population is diverse ethnically, linguistically and economically. Individuals enter the United States through a variety of visa categories. Immigrant visas are issued to persons approved for permanent residence; temporary admission is granted those on nonimmigrant visas such as tourist, business or student visas. Unauthorized migrants are persons present in the United States without permission of the government, either by overstaying the time permitted on their immigration documents or crossing a border without inspection by immigration authorities. While the overwhelming majority of persons born outside the United States are naturalized United States citizens or legal permanent or temporary residents, immigration status can affect access to and utilization of health services.

Refugees are persons who are outside their country of nationality and who are unable or unwilling to return to that country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group. Individuals apply for refugee admission to the United States and are interviewed by U.S. Citizenship and Immigration Services (USCIS) officers overseas. Refugees are eligible to work upon entry to the United States. Most refugees qualify for a refugee-specific, time-limited assistance program that includes medical coverage.

Asylees are persons who are in the United States and make their claim for refugee protection here, rather than from overseas. Like refugees, asylum applicants seek protection based on persecution or

a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group. Asylees receive work authorization and are eligible for refugee benefits.

Immigrants are persons who are not United States citizens or nationals who enter the United States with the intent to remain for an indefinite period of time or, once in the United States, are granted permission to do so. They may be issued immigrant visas by the Department of State overseas or adjusted to permanent resident status by the U.S. Citizenship and Immigration Services in the United States. Immigration preference is given to close family members of United States residents and to persons with needed job skills. Immigrants have work authorization. Federal law severely restricts immigrant access to federal benefit programs.

Nonimmigrants, as defined by the U.S. Citizenship and Immigration Services, are foreign nationals who seek temporary entry to the United States for a specific purpose (e.g., persons on student, business or tourist visas). Some nonimmigrants stay in the United States for an extended period of time. Nonimmigrants are not required to complete a medical examination pre-arrival in the United States. Those who go on to apply for permanent residency do complete a medical examination through a Civil Surgeon.

Children born in the United States are citizens of the United States.

Overseas Medical Examination: Immigrants and Refugees

A medical examination is required as part of the visa application process for persons applying to enter the United States on immigrant visas. The examination requirement is set forth in the Immigration and Nationality Act (8 U.S.C. 1101 et seq.) and amended in the Immigration Act of 1990 (P.L. 101-649). The purpose of the examination is to exclude persons with communicable diseases of public health significance, persons with physical or mental disorders associated with harmful behavior, persons who abuse or are addicted to drugs, or persons who are likely to become a public charge. The U.S. Public Health Service defines the criteria for screening to identify communicable diseases of public health significance. These communicable diseases include infectious tuberculosis, HIV infection, certain sexually transmitted diseases (syphilis, chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum) and Hansen's disease or leprosy. A 1996 amendment to the Immigration and Nationality Act added a new subsection, *Proof of Vaccination Requirements for Immigrants*, requiring immigrant applicants to show proof of having received vaccination against certain vaccine-preventable diseases.

The overseas visa medical examination is conducted by local panel physicians appointed by the United States consulate. The Centers for Disease Control and Prevention, Division of Global Migration and Quarantine provides oversight and technical guidance to the overseas medical examination process for all immigrants and refugees applying for entry into the United States. For a detailed guide to the examination, refer to Technical Instructions for Medical Examination of Aliens, Centers for Disease Control and Prevention, 1991, and its supplements [<http://www.cdc.gov/ncidod/dq/technica.htm>].

Domestic Health Assessment: Refugees

Newly arrived refugees, asylees and other individuals eligible for federal refugee benefits and services are eligible for a health assessment in Massachusetts. The health assessment includes

history, physical examination, testing for infections (e.g., hepatitis B, parasites), assessment of immunization status and vaccinations, and general evaluation of health status. An orientation to primary care is also included in the health assessment. The health status of refugee groups is monitored through the initial assessment. The assessment provides the opportunity for early identification of communicable and other conditions which, if undetected, can have a negative affect on the public health as well as on the refugee's well being and ability to achieve self-sufficiency. Health assessment services are delivered through a network of providers under contract to the Department of Public Health.

Medical Examination at Adjustment of Status

Persons seeking to adjust their status to permanent resident from within the United States are also required to complete a medical examination as set forth in the Immigration and Nationality Act (8 U.S.C. 1101 et seq.) and amended in the Immigration Act of 1990 (P.L. 101-649). The medical examination is performed in accordance with the document Technical Instructions for the Medical Examination of Aliens in the United States, Centers for Disease Control and Prevention, 1991, and its supplements [<http://www.cdc.gov/ncidod/dq/civil.htm>]. As with the overseas medical examination, this examination serves the purpose of identifying persons with conditions which are excludable, including communicable diseases of public health significance, physical and mental disorders with associated harmful behavior and drug abuse or addiction. Based on the 1996 amendment to the Immigration and Nationality Act, applicants for permanent residence must also show proof of immunization against certain vaccine-preventable diseases. The examination and immunization review must be conducted by a civil surgeon, a physician authorized by the U.S. Citizenship and Immigration Services to complete the examination.

Newcomer Access to Care

Refugees have unique health care needs which result from conditions in their native countries, their refugee experiences, and their journeys to the United States. Many refugees come from areas where disease control, diagnosis and treatment are lacking and health systems and surveillance are interrupted. Furthermore, vastly different health care beliefs, and cultural and linguistic barriers impede access to information and services.

For immigrants, as well, access to health care is a complex issue. The organization and financing of health services in the United States is very different from that with which newcomers may be familiar. Factors that influence utilization of health care services include language accessibility, cultural competency of providers, location of health providers, health beliefs and perceived appropriateness of care. Payment for services for uninsured and underinsured is an additional factor.

BOARD OF HEALTH RESPONSIBILITIES

Board of Health responsibilities outlined in other chapters apply to residents regardless of their place of birth. In general, refer to these chapters for specific information. There are, in addition, some responsibilities which are unique to the foreign-born.

Newly Arrived Refugees: Following notification from the Department of Public Health of newly arrived refugees, it is recommended that the tuberculin status of each arrival be assessed by the local health department. In some areas this may be coordinated through the health assessment

provider. Immunization status is determined during the health assessment; this is relevant for school entry for refugee children. A copy of the health assessment protocol is available from the Refugee and Immigrant Health Program.

Newly Arrived Refugees and Immigrants with Classified Tuberculosis Conditions: The Department of Public Health receives notification of all refugee and immigrant arrivals to the state with Class A or Class B TB conditions. The CDC revised the tuberculosis section of the Technical Instructions, which provide guidance for the overseas medical examinations. These new guidelines are being phased in country-by-country through 2012. The guidelines have revised the definitions of Class B1, B2, and B3 TB conditions and the overseas medical evaluation requirements. Since the classification and the follow-up procedures may now differ depending on what country the new arrival is from, the Division of Tuberculosis Prevention and Control provides the local board of health with clinical guidelines to determine what the classification status of this arrival indicates and the specific follow-up procedures needed in Massachusetts.

The role of the local board of health is to ensure that all persons with Class A TB or Class B TB conditions are evaluated according to the Department of Public Health protocols within the timeframe specified. The board of health is also responsible for completion and return of the CDC Follow-up Worksheet to the Division of Tuberculosis Prevention and Control.

The local board of health should consider any other family or household members that have recently arrived to also be at risk for tuberculosis infection, and if they were not evaluated overseas, use this opportunity to administer a tuberculin skin test. Report a positive tuberculin skin test result (≥ 10 mm) to the Department of Public Health and refer the individual to a tuberculosis clinic for a medical evaluation, chest radiograph, and treatment options.

Persons Adjusting Status to Permanent Resident: Civil surgeons complete a medical evaluation for persons adjusting their status to permanent resident from within the United States. Certain conditions result in referral to the local board of health. Civil surgeons are required to refer persons with abnormal chest x-rays suggestive of tuberculosis. It is recommended that applicants who are tuberculin skin test positive (≥ 10 mm reaction) be referred to the local health department for consideration of preventive therapy.

Children Born Outside the US: Foreign-born children must meet the requirements of the school immunization law and Massachusetts immunization regulations for enrollment in school (105 CMR 220.000). Records from the country of origin are not always available and unless parents/guardians can show medical proof of immunizations, with dates and signatures, the children should be considered not immunized. An immunization program should be initiated for these children.

In general, residency status of persons born outside the United States need not be established, unless necessary to meet federal program requirements. Because most local board of health services are designed to serve those persons living within the city or town, residency documents have little relevance. Requesting documentation may preclude persons in need of services gaining access to these.

STATE RESPONSIBILITIES

The Department of Public Health's Refugee and Immigrant Health Program (RIHP) receives notification from the Centers for Disease Control and Prevention's Division of Global Migration and Quarantine of all primary refugee arrivals to Massachusetts. Following receipt of resettlement addresses from the local agencies responsible for refugee reception and placement, the RIHP forwards arrival notifications to the appropriate board of health. The Division of Tuberculosis Prevention and Control receives notification of all immigrant and refugee arrivals with Class A or Class B tuberculosis conditions. These notifications are immediately forwarded to the local board of health together with the corresponding Department of Public Health evaluation protocol.

The RIHP maintains a network of health care providers for the delivery of refugee health assessment services. These providers are responsible for assessing the health status of newly arrived refugees according to a defined protocol.

STATE AGENCY RESOURCES

Refugee and Immigrant Health Program
Bureau of Infectious Disease Prevention, Response and Services
Department of Public Health
305 South Street
Jamaica Plain, MA 02130
Voice (617) 983-6590
Fax (617) 983-6597

Office for Refugees and Immigrants
Executive Office of Health and Human Services
18 Tremont Street
Boston, MA 02108
Voice (617) 727-7888
Fax (617) 727-1822

Office of Multicultural Affairs
Department of Mental Health
25 Staniford Street
Boston, MA 02114
Voice (617) 626-8134
Fax (617) 626-8138