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The Acclimation of Refugees to a Healthy and Prosperous Life in America

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Introduction:

Refugees comprise a very niche subset of the U.S. population who often require immense guidance and assistance throughout their transition from life in refugee camps abroad to life in the United States of America. Whether their needs are primarily physical, emotional, financial, educational, or some combination of these, Catholic Charities Migration and Refugee Services in Cleveland, Ohio helps bridge existing gaps and aids newcomers in meeting these needs. The population served by this office includes refugees, asylees, Special Immigrant Visa holders, and immigrants of all ages, socioeconomic statuses, and medical needs in the greater Cleveland area. As the largest of the three northeast Ohio resettlement agencies, Catholic Charities Migration and Refugee Services works with these newcomers to the United States to help integrate families into the local community and assists with a variety of services, such as ESL lessons, legal aid, support for single moms, and health/wellness support/promotion.

Background:

MRS was founded at Catholic Charities in 1948 and has since grown into a prominent player in refugee relocation. The organization now relies heavily on interns and volunteers to help set up homes for new arrivals, transport clients to medical appointments, schedule meetings between clients and social support agencies, and take families grocery shopping. Catholic Charities emphasizes self-sufficiency as the ultimate goal for refugees, and assists with job searching, resume building, budgeting, and transportation training. In addition to the nitty-gritty formalities of the tasks at hand, staff and volunteers support refugees through art therapy, a youth mentorship program, shared meals, and outings that build companionship and solidarity. After all, their mission states, “We welcome refugees, asylees, and immigrants from around the world who have been forced to flee their homes in fear of persecution. We ‘welcome the stranger’ by

providing services that help individuals adapt and thrive to life in America ("Overview: Migration & Refugee Services: Catholic Charities Diocese of Cleveland")."

While MRS seeks to address many critical components of adjusting to life in America, one of the most cumbersome and challenging pieces is undoubtedly healthcare navigation. One may wonder, what are some challenges that refugees face in the U.S. regarding their navigation of the healthcare system, and in what ways does Catholic Charities Migration and Refugee Services assist in the acclimation of newcomers to a healthy lifestyle in America? Well, refugees face a great many impediments to their healthcare access in the United States, notably with regards to interpretation needs, cultural medical differences, and delayed access to health insurance. It is also important to note that health and wellness are by no means isolated from other refugee issues such as enrollment in public benefits. Catholic Charities MRS works hard to guide newcomers on their health journey in the U.S. in a multitude of ways, but some impediments are unfortunately inevitable.

Cleveland is an incredibly diverse city and a destination for hundreds of refugees each year. Many of these refugees are deliberately resettled in Cleveland due to its extensive and reputable network of hospitals and healthcare facilities. Refugee healthcare is at the heart of this paper, in addition to the ways in which Catholic Charities MRS and other cooperating agencies help make Cleveland a welcoming and suitable destination for newcomers. In short terms, the adage "it takes a village" applies tenfold to community integration for refugees, and healthcare is no exception. Additionally, other psychosocial and societal needs are included in the response and recommendations sections in terms of how they relate to the overall well-being of newly arrived families and individuals.

Literary Research:

It is helpful to turn to prominent literature in this field to help contextualize the issues facing all individuals involved in the health and prosperity of refugees. One such topical article was published by the Journal of Patient-Centered Research and Reviews, featuring qualitative research on the challenges of refugee health care from the perspectives of interpreters, case managers, and medical personnel. In this article, the researchers note that, when compared to other immigrants, refugees typically have substantially more preexisting health conditions both mentally and physically (Kotovicz, et al). This is due to traumatic events, experiences of discrimination, and poor public health measures. Generally, the researchers identified four overarching themes:

> "1) difficulty balancing the dynamic of autonomy versus support for refugees; 2) educational needs of refugee families outpacing available resources; 3) challenges for refugees developing trust; and 4) diversity of cultures, education levels, and experiences among refugee families (Kotovicz, p. 28)."

The researchers also noted that refugees often have a reduced ability or awareness to negotiate treatment plans with care providers, comply with medical recommendations, or advocate for themselves due to language barriers and other impediments (Kotovicz, p. 29). Sadly, this study was not alone in these findings.

Another article highlighting refugee care barriers comes from the Journal of Immigrant and Minority Health. Here, the authors harp on barriers to healthcare for refugees specifically in the Midwest through qualitative, ethnographic research. The results of their interviews determined that three main barriers exist for refugees when it comes to direct care access: inadequate health insurance to meet their extensive needs, language and communication barriers, and a complex maze of service systems (Mirza, et al). These three barriers are not independent of

one another, either. For instance, according to the authors, “barriers to specialty care, combined with health insurance shortfalls hinder refugee access to assistive devices such as mobility equipment and hearing aids (Mizra, p. 736).” Their research also mentions that disabilities and chronic health conditions are too often misidentified during pre-arrival health screenings (Mizra).

Another piece of literature relevant to the care of refugee patients comes from sociologist Susan Bell and focuses on the conceptualization of “interpreter assemblages.” Bell points out the changing nature of interpretation needs when it comes to caring for refugees and addresses how virtual interpreters and in-person interpreters create different experiences. She stresses how refugees may struggle if they do not have a consistent interpreter, let alone if an in-person one is hard to acquire on most occasions depending on the spoken language (Bell). But even beyond the interpreter component, this journal highlights the intersections between many of the facets of life which resettled refugees must understand and to which they must adjust. This reaches from federal and hospital policies to refugee resettlement agencies to cell phones to hospital personnel (Bell). The basic benefit of the practice of imagining these “interpreter assemblages” is explained as

> “lumping together objects, humans, policies, and practices in the analysis of care for immigrants and refugees challenges professional norms about interpretation work. More broadly, [this concept] deepens understanding of 21st century hospitals by making visible the particular racial, ethnic, and immigration histories that shape case-by-case experiences of patients, interpreters, and hospital staff (Bell, p. 34).”

This newer concept of “interpreter assemblages” may hold the capacity to break down linguistic barriers in new ways because it accounts for much more than translation. Moreover, this way of

thinking may help reframe some of the practices in this line of work and hopefully assist the work of all parties involved in refugee and immigrant resettlement.

Another noticeable challenge that is absent from available research is when the burdens of medical translations are placed on youths. The literature on the matter of using one's child as a translator in sensitive personal appointments is largely nonexistent or just emerging. But one can undoubtedly see that reliance upon youths with English abilities can be draining and awkward for the child, the provider, and the parent alike. This issue is highly under-researched but not uncommon at all.

All in all, each of these researchers reveals the complex nature of barriers in healthcare that inhibit the prosperity and well-being of refugees upon resettlement. Each aforementioned research article highlights different yet similar issues through various lenses and methods in the hopes that care workers can continuously prepare and improve to handle refugees.

Testimonials:

From firsthand experience, I was able to work closely with and even interview some refugees about their experiences during my work this summer. One Syrian couple I interviewed arrived in May from Lebanon with three children, their grandmother, and a non-verbal handicapped aunt. This family unsurprisingly had a lengthy list of medical needs, both mental and physical. They faced a slow uphill battle to make their home wheelchair accessible, obtain Medicaid, and be seen by all the appropriate care providers. Despite all of these challenges, the mother said "The staff at Catholic Charities were very friendly with us from the start. They were flexible with us and accommodate many of our special needs. Social life so far here for us in the United States has been different and harder than it was in Lebanon, but I would recommend Catholic Charities MRS to our friends who wish to come here because even despite the

challenges we faced at the beginning of our resettlement, I could tell your organization was working hard for us."

Her husband agreed, sharing, "We had a lot of stress regarding transportation because we have someone in the house with a wheelchair. We also do not own a car, so that makes caring for my sister a challenge. Overall, though, we have heard mainly good things about Catholic Charities MRS from others in our community. This assures me that your organization is very dedicated to the work you perform not only for my family but for other families in the area, too."

Much of the work performed at MRS involves the difficult management of expectations. One of the other interns this summer knows this well, as he was resettled with his family from Sudan nearly five years ago. When asked about the ways in which MRS was a great help to his family and the struggles he faced when resettled, he replied, "Catholic Charities paying our rent for the first few months was very helpful. Learning English was very hard, especially since it was so different from the two languages I already knew. I spent the maximum two years at Thomas Jefferson Newcomer Academy." His advice to future refugees: "Every refugee struggles when they get here. Try to get working as soon as you get here to help yourself." This aligns perfectly with the ultimate goal of services through MRS which is to promote self-sufficiency and independence.

Response:

Through my experiences this summer, I was blown away by the ways in which some people in the community go out of their way to accommodate and assist refugees, and others make little to no effort at all to even be courteous. I have seen many of both types of encounters firsthand as I helped refugees navigate through complex daily interactions such as hospital visits or trips to the BMV. There were days when other case managers and I had to be assertive on

behalf of our clients at places like Social Security Administration, the welfare office, or when dealing with inflexible landlords so that our clients' needs were adequately met, including access to interpretation when applicable. I think that in many cases, the issue simply boils down to how well-prepared or ill-prepared certain structures and people are to handle the added layers of complexity that accompany refugees in their interactions.

I also witnessed how tightly knit communities of resettled refugees can be and how fiercely they advocate and provide for one another. I quickly learned which area hospitals were more understanding and flexible if my clients did not yet have an ID or health insurance cards. Places like Neighborhood Family Practice and Metro Health were especially accommodating. I learned which bank tellers to visit to patiently explain the terms of a new account for clients with little to no financial literacy, let alone English literacy. I learned that landlords can be skeptical of refugee tenants since they lack credit history, despite the fact that their rent is covered upfront for several months by MRS. I learned how scary it must feel for new arrivals to not quite comprehend the nature of state and federal bureaucracy, and to leave many of their life choices up to a case manager. Restricting the choice for families on matters such as selecting a country to relocate to, choosing a first U.S. dwelling, what hospital to visit, which school to enroll one's children, and where one can purchase groceries from during their first month can feel crippling. Although most of these matters are not black and white, it makes sense why refugees can feel overwhelmed and left in the dark about their future, especially when urgent medical concerns arise, and refugees end up feeling helpless.

Recommendations:

Based on my experiences working with newcomers, I think there are some ways in which Catholic Charities Migration and Refugee Services can even better help meet people where they

are at when they come to the states. For instance, during reception and placement, a case manager utilizes an interpreter to verbally explain many of the details for the family's new life and what to expect in the coming weeks in terms of appointments and assistance. This might feel like a bit of an information overload for new families as they try to get settled in their new residence, and gaps in the conversation can occur. Later, families begin asking about things the case manager has already stated and this can create a bit of tension. Families can get confused about why their case manager is not doing more for them, while the case manager may feel their hands are tied by budgeting restraints, long wait times for bureaucratic processing, or needs they are simply unable to address through their specialized program. Since much of this information is outlined verbally on the first day or in the first week of arrival, it may be helpful to have informational handouts written in the refugees' native language to leave with some notes or reminders for the families. Even if it were just a generic overview given to every 'Arabic-speaking' or 'Swahili-speaking' (and so on) family, this is one small way in which the refugees can refer back to information that gives them a better sense of what to expect, and how the government operates.

In terms of healthcare navigation, refugees undergo extensive health screenings before and after traveling to the United States. From this assessment, other appointments will likely be needed and, depending on how large the family is or how old the patients are, this may be a lot to keep straight. I recommend utilizing some form of a universal calendar with upcoming appointments and their purpose clearly spelled out. A calendar like this would be useful for in-office use so that staff know who is transporting the clients and know not to double-book the refugees for another meeting. I also think a calendar in the refugees' native language would be useful for them in the interim period before their MyChart setup occurs. This would be

particularly useful so that refugees know how specialized medicine works in the U.S. and they avoid asking all their questions about immunizations to the eye doctor or asking the lab technician about refilling a prescription during a blood draw. Something I learned is that in refugee camps abroad, good medical care is hard to come by for non-citizens in secondary countries, and refugees would often ask all their questions to anyone who would listen. It is important to encourage refugees to ask their doctors the important questions, but also be sure the questions fall on the right ears at the right time so that nothing falls through the cracks.

Conclusion:

While healthcare is only one segment of refugee wellness, it is one of the most important to address and it cannot be downplayed. However, several impediments pose challenges to immigrants and refugees in their access to healthcare, namely in regard to language barriers, cultural medicinal differences, and difficulty understanding health insurance. Catholic Charities Migration and Refugee Services works hard to get the ball rolling for new refugees and works continuously on special cases for many years with those individuals who have extensive health needs (through the Preferred Communities program). Since health and prosperity are relative terms based on culture and customs, navigating health in the U.S. with refugees is a continuous learning experience for patients and case managers alike. This is only a minor glimpse into the intricate puzzle that is refugee resettlement, and the challenges often vary from one family to the next based on their level of need. But optimizing health outcomes is nevertheless a top priority among all families in the ever-growing population of refugees in the United States of America.

Work Cited

Bell, Susan E. “Interpreter Assemblages: Caring for Immigrant and Refugee Patients in US Hospitals.” *Social Science & Medicine*, vol. 226, 2019, pp. 29–36., doi:10.1016/j.socscimed.2019.02.031.

Kotovicz, Fabiana, et al. “Challenges of Refugee Health Care: Perspectives of Medical Interpreters, Case Managers, and Pharmacists.” *Journal of Patient-Centered Research and Reviews*, vol. 5, no. 1, 2018, pp. 28–35., doi:10.17294/2330-0698.1577.

Mirza, Mansha, et al. “Barriers to Healthcare Access Among Refugees with Disabilities and Chronic Health Conditions Resettled in the US Midwest.” *Journal of Immigrant and Minority Health*, vol. 16, no. 4, 2013, pp. 733–742., doi:10.1007/s10903-013-9906-5.

“Overview: Migration & Refugee Services: Catholic Charities Diocese of Cleveland.” *Overview | Migration & Refugee Services | Catholic Charities Diocese of Cleveland*, www.ccdocle.org/service-areas/migration-refugee-services.

*Client interviews took place on July 7, 2021, and July 12, 2021. Names of refugee individuals interviewed were intentionally omitted to provide additional privacy.