

A Path to Mental and Physical Health Care for Syrian Refugees in the United States?

By Anna Maitland¹

The United Nations High Commissioner for Refugees (UNHCR) asserts that as of the end of 2015, there were 16.1 million registered refugees worldwide, with **4.9 million of those being Syrian.**²

As the largest UNHCR registered refugee³ population,⁴ displaced Syrians face extreme and ongoing physical and mental health insecurity. Countries hosting large Syrian populations living in camps, urban environments, and tent cities⁵ such as Lebanon and Jordan report overstretched and already inadequate health infrastructure,⁶ with many people surviving on only the barest minimum of health access. For the average Syrian refugee, it is not uncommon to face a range of poverty and malnutrition-related health issues prior to resettlement. Further, depression and post-traumatic stress disorder (PTSD) are common, with host countries reporting that over half of Syrian refugees are in need of psychological support while only approximately 5% receive services.⁷

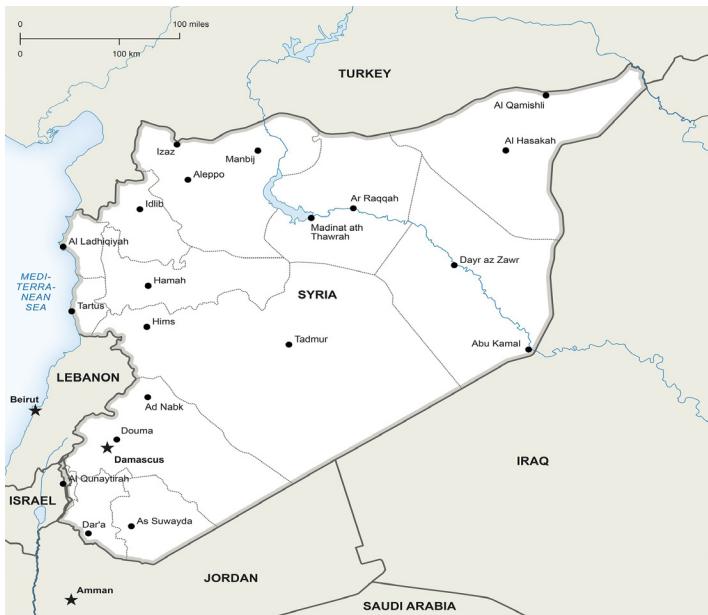
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For the average resettled refugee or asylee, accessing health in the United States involves navigating:

- language barriers
- a complex and confusing health care system
- different health care customs and beliefs
- discrimination

Displaced from insecure health environments, and often chosen for resettlement because of a heightened vulnerability or illness, resettled Syrian refugees or asylees can arrive with experiences of extreme trauma that impact both their physical and mental health. While mental health and depression among this refugee population has reached staggering rates, the difficulty of navigating the US health system only further isolates, marginalizes, and traumatizes people in need of holistic health services. Given these issues, health care providers and social services in the United States have a duty to build better protections for this refugee population, including improving their access to health care through **more programs, greater support, empowerment and choice-based accompaniment**, and a **deeper understanding of their prevailing needs.**

What do we mean when we say refugee?



According to the UNHCR—the only international inter-governmental organization mandated to ensure refugee protection—a “refugee is someone who has been forced to flee his or her country because of persecution, war, or violence.” The 1951 Convention relating to the Status of Refugees⁸ further defines the term as applying to “any person who ... owing to [a] well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country.” Only 145 countries have signed the Convention.⁹

The vast majority of refugees apply for status upon arrival in a contiguous or nearby country to their country of origin. If a host country has domesticated laws on refugee status, individuals and families apply using the asylum or other refugee status-determination avenues enshrined in law. Otherwise, UNHCR conducts a refugee status determination, and if the applicants meet the qualifications, they are given temporary refugee identification/proof of recognition by UNHCR. Where a refugee resides is country-dependent as are the health, work, and other benefits available to them. The most common image this conjures is one of UNCHR-run camps that have restricted access to work and public services, with UNHCR and partners providing most of the basic needs like access to primary health care, education, and food. However, some countries, like Lebanon, have prohibited camps, opting instead for refugees to live in urban environments and unofficial ‘tent cities.’ In countries receiving fewer refugees, the assistance may be far more extensive. Most people determined to be refugees in the countries surrounding Syria have no path to permanent status in the host country, as asylum is rare and very hard to obtain. Instead, there is the expectation that one day they will be able to either safely return to their country of origin or be resettled by UNHCR to a country that will allow them to seek permanent status.¹⁰ Given how few refugees are resettled each year, this expectation is not likely to be met.

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Terms & Statistics

“Each year, a small number of nations make a public commitment, setting out the number of refugees they will accept for the purpose of resettlement. Less than 1% of all registered refugees are afforded this opportunity.”

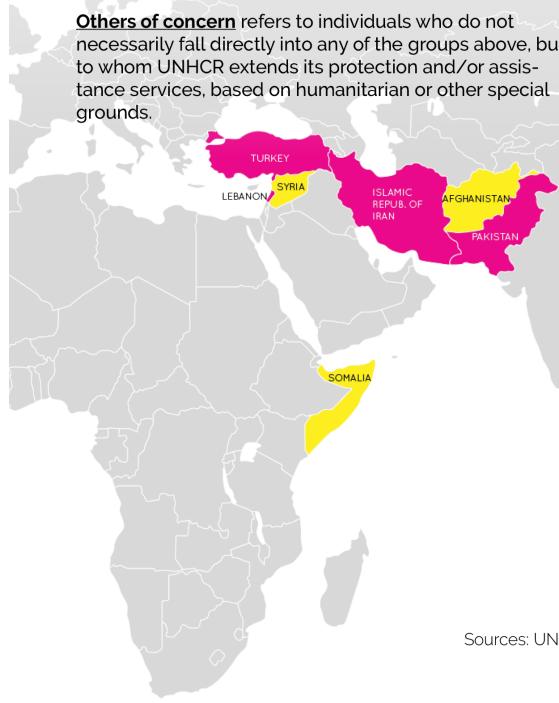
Refugees include individuals recognised under the 1951 Convention relating to the Status of Refugees or its 1967 Protocol, the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa, or those recognised in accordance with the UNHCR Statute. The refugee population also includes individuals granted complementary forms of protection or those enjoying temporary protection.

Asylum-seekers are individuals who have sought international protection and whose claims for refugee status have not yet been determined, irrespective of when they may have been lodged.

Internally displaced persons (IDPs) are people or groups of individuals who have been forced to leave their homes or places of habitual residence, in particular as a result of, or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights, or natural or man-made disasters, and who have not crossed an international border.

Stateless persons are defined under international law as persons who are not considered as nationals by any State under the operation of its law. In other words, they do not possess the nationality of any State.

Others of concern refers to individuals who do not necessarily fall directly into any of the groups above, but to whom UNHCR extends its protection and/or assistance services, based on humanitarian or other special grounds.



WHERE ARE REFUGEES FROM?

1. Syrian Arab Republic - 4.9 million
2. Afghanistan - 2.7 million
3. Somalia - 1.1 million

WHERE ARE REFUGEES HOSTED?

1. Turkey - 2.5 million
2. Pakistan - 1.6 million
3. Lebanon - 1.1 million
4. The Islamic Republic of Iran - 979,400

Sources: UNHCR Statistics for 2015, UNHCR Global Trends 2015, Icons by Flaticon

Refugee resettlement occurs when an individual or family has been granted refugee status and meets a number of criteria for ‘resettlement’ to a third country that has agreed to accept a predetermined number of refugees. Each year, a small number of nations make a public commitment, setting out the number of refugees they will accept for the purpose of resettlement. Less than 1% of all registered refugees are afforded this opportunity,¹¹ comprised mainly of the most vulnerable¹²: the very young, the ill, and those under threat as a result of their particular social group.¹³ Because resettlement is so limited, the UNHCR prioritizes resettlement for persons with emergency needs (usually related to security) or urgent needs (usually related to medical conditions); in addition, the UNHCR looks for persons more likely to be acceptable to the resettling country. Resettlement countries tend to have programs that are set up to assist transitioning refugees. These can include housing, medical benefits, language and culture classes, and job assistance.¹⁴

Refugee resettlement in the US

The United States has signed onto the 1967 Protocol Relating to the Status of Refugees,¹⁵ which incorporates the key provisions of the Refugee Convention. The Legislature domesticated parts of the Convention into law via the 1980 Refugee Act and the Immigration and Nationality Act,¹⁶ which closely follows the language of the Convention.¹⁷ In 2015, the United States resettled 66,500 registered refugees comprising approximately 60% of resettlements worldwide.¹⁸ Only 1,682 of the total number of refugees resettled to the United States in 2015 were Syrian. The US agreed to resettle 85,000 refugees in 2016, of which 12,486 have been Syrian.¹⁹

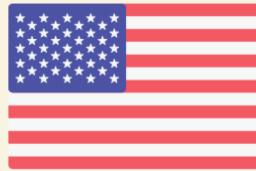
“Resettlement to the US comes with some basic benefits: time-limited housing, employment counseling, and time-limited health care...”

Refugees²⁰ seeking resettlement undergo a thorough and time-intensive vetting process. It begins with UNHCR conducting a refugee resettlement determination²¹ to identify and refer those that meet US-listed criteria to the US Refugee Admission Program (USRAP), where they undergo more interviews and extensive background checks. This includes⁹ the collection of biodata and biometrics, security screenings with the FBI, Department of Homeland Security, and national intelligence, review of all documents, and interviews with associates.²² For Syrians, a second enhanced screening with DHS occurs along with further vetting. This process can take anywhere from 18 to 24 months, and for Syrians who are under heightened scrutiny it can take even longer.

Resettlement to the US comes with some basic benefits: time-limited housing, employment counseling, and time-limited health care services, among others. Three US departments oversee the resettlement process.²³ The Department of Homeland Security is initially tasked with clearing the refugee (and family) for resettlement. Afterwards, the State Department Bureau for Population, Refugees, and Migration helps the resettled person(s) settle in a new city through one of nine voluntary resettlement agencies. Finally, the US Department of Health and Human Services Office of Refugee Resettlement (ORR)



SPOTLIGHT: REFUGEES IN THE UNITED STATES (2015)



Where are refugees, asylum-seekers, and others of concern in the U.S. from?

1. China - 119,500
2. Mexico - 50,900
3. El Salvador - 40,000
5. Guatemala - 35,500



66,500
REFUGEES ACCEPTED
for RESETTLEMENT

This is more than any other country making up 60% of all of the resettlements worldwide.

allocates the funding for the benefits and assistance provided to resettled refugees including all medical help. This funding goes to the voluntary resettlement agencies—responsible for the first 30-90 days of transition, from orientation to connecting the refugee with a local resettlement agency—and to the local, much smaller resettlement agencies that refugees use to navigate the ORR-funded state welfare services.²⁴

The United States federal government provides “\$925 per refugee to cover the costs of housing, household goods, food, and pocket money for the first 30 days.” After this, the refugee may be eligible for public benefits.²⁵ For the first 8 months, most refugees receive Refugee Medical Assistance, after which some may be eligible for Medicaid. Additional assistance by the state is covered by the federal Cash and Medical Assistance program and Refugee Health Promotion grants,²⁶ which among other things provides medical assistance to unaccompanied minors and up to 8 months of additional support such as Medicaid. ORR also provides targeted grants to agencies conducting

health literacy and emotional wellness services.²⁷ States may also decide to supplement this federal government offer with longer housing benefits or earlier eligibility for public benefits.²⁸ **In contrast to refugees, asylees arrive in the US without refugee status** and often with time-limited travel documents such as a student, tourist, or business visa or even without any form of documentation.²⁹ The asylum process is essentially a request for the adjudicating authorities to find that they qualify as refugees in contrast to UNHCR doing so abroad. In 2014, there were a total of 121,200 asylum claims in the US³⁰—but only 23,533 asylum grants.³¹

Of this number, 4% were Syrian, or approximately 941 people. The asylum process is very

slow, with existing backlogs resulting in a three to six year delay for the resolution of an asylum claim.³² During this time, asylum applicants are not eligible for any federal public benefits and they are not eligible to receive employment authorization until their asylum application has been pending for 180 days. Many rely on the support of friends or family, and many—especially those who enter without a visa—are detained for a portion of the time pending the asylum decision. Asylees do not receive the same government benefits as resettled refugees, however, once they receive asylum status they are eligible for 8 months of Refugee Medical Assistance or Medicaid, along with some of the other benefits received by resettled refugees.³³

Refugees and Health

The very process of becoming a refugee can cause physical and mental health issues. By definition, a person classified as a refugee is presumed to have, at the very least, been subject to fear and insecurity in their home country and, at the worst, suffered torture and inhumane circumstances. As a result, refugees tend to have a shared narrative of forced displacement from their homes and communities in response to violence and/or the fear of violence, and often have stories of unsafe and harrowing journeys to only moderately safer conditions. Refugees include the sick, the elderly, and the mentally or physically incapacitated—few if any of whom receive targeted services at their destination.

Health issues in camps and urban settings can range from poverty to malnutrition-related diarrhea to proximity-driven skin infections. Many easily treatable diseases go untreated in the face of seemingly insurmountable barriers to health care access. The World Health Organization reports core concerns of upper respiratory tract infections, diarrhea, and skin conditions.³⁴ Malnutrition and lack of sanitation both in transit and upon arrival to a refugee's destination contribute to a proliferation of respiratory infections and diarrhea as well as resilient and difficult to treat diseases such as multi-drug resistant tuberculosis; the WHO reports that refugees are at an increased risk of developing



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tuberculosis while simultaneously having reduced access to effective treatment.³⁵ Syrian refugees are no exception to this narrative. Displaced from their homes after months or years of constant bombing, threat or realization of violent assault, chemical attacks, and starvation, displaced Syrians often face incredibly dangerous journeys in pursuit of safety.³⁶

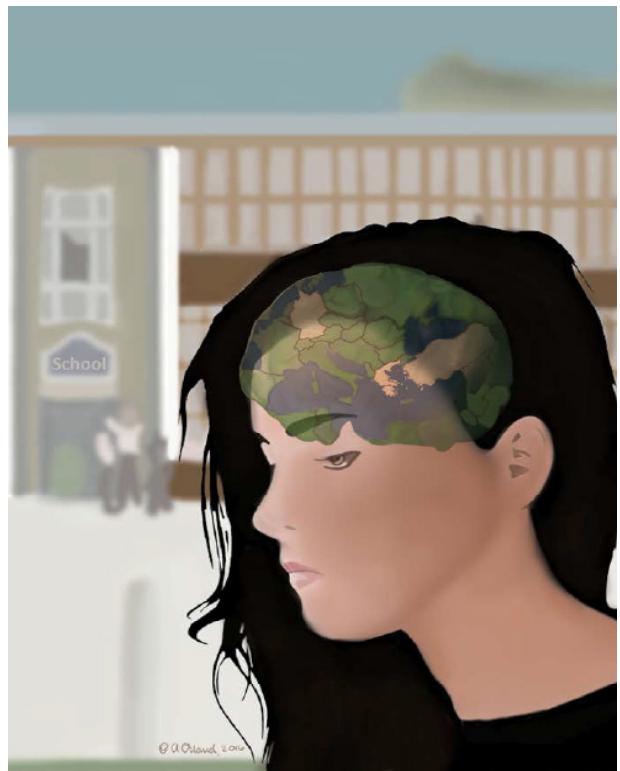
With limited, if any, health care provision, many children do not receive vaccinations. **Three out of every 10 Syrian children are estimated to be unvaccinated**, leading global health practitioners to worry about the resurgence of diseases such as polio.³⁷

Mental health is widely reported as one of the biggest issues faced by refugees, with medical studies reporting PTSD and depression ranges of 10-40% and 5-15% respectively in Syrian refugees.³⁸ Syrian children are at even higher risk: 30% report experiencing violence, and 79% have lost a family member.³⁹ Before, during, and after 'flight,' a displaced person may suffer malnutrition, exposure to illness and the environment, physical and mental abuse, rape and pregnancy, etc.⁴⁰ For many, the threat of sexual and gender-based violence is a constant source of additional trauma. A recent CARE assessment found that 28% of Syrian households fled out of fear of sexual and gender based violence and that it remains a key issue for safety in refugee camps.⁴¹

For the less than 1% of refugees who are resettled globally each year,⁴² some of the primary health care barriers may be mitigated—however, for most, mental and complex health issues remain unaddressed. For the millions of asylum applicants globally each year,⁴³ both mental and physical health barriers are often acute,⁴⁴ with few health care options and a number of factors such as homelessness, detention, and lack of status exacerbating pre-existing issues.

Many of the Syrian refugees arriving in the United States are resettled because they were in need of urgent medical care or part of a vulnerable group. Even those who are not relocated due to acute health needs or extreme insecurity can have special medical and mental health needs as a result of the traumatic experiences before and after becoming a refugee.

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A recent report shows that over 50% of refugees in Germany have trauma-induced depression.⁴⁵ In addition, almost all Syrian refugees leave behind close family and community ties, which do not end upon arrival in a new country, placing considerable stress and responsibility on those who have been relocated.⁴⁶

Once in the US, refugees face linguistic, cultural, and economic burdens, often compounded in the health services sector. Many refugees find themselves unable to bridge the health culture and linguistic barriers that come with trying to access health services.⁴⁷ Thereby, they are left in the difficult position of trying to navigate trauma and transition. The set-up is also disempowering, further alienating people from use of available services. While refugees are eligible for Medicaid based on their financial need, it can be difficult to navigate and has limited mental health assistance.

Refugee assistance agencies, often overstretched, are working hard to address the many mental health needs while also helping to respond to alienating health care services and conflicting health care traditions. In response to a lack of adequate options, agencies and refugees have worked together to develop more empowerment and needs responsive approaches. Some resettlement agencies and volunteers—many of whom are resettled refugees themselves—

are implementing programs that focus on joining refugees who have learned to navigate the system with those that have not.⁴⁸ Religious organizations offer non-denominational sessions for people to come together and discuss their situation and seek help. Other organizations have used generous donations to build shelters that provide trauma-based services; recognizing that this can both heighten trauma and

exacerbate poverty concerns, some even offer transportation and group meals.⁴⁹ New models of medical-legal partnerships that focus on refugees and asylees are being developed to simultaneously address overlapping health and legal conflicts.⁵⁰ These incredible services are, however, inadequate and often face shortages in medical volunteers as well as safe and adequate shelter options.

The path to available services & the need to engage in removing barriers

“Accompaniment and assistance in navigating new health systems, culturally appropriate counseling and health services, and trauma-centered mental health approaches need to be increased.”



As the Syrian refugee population in the US increases, so too does the need to ensure adequate and appropriate physical and mental health services. With too few trauma services and complex health systems, people who need help are facing strong barriers to access. Resettlement services remain underfunded and overburdened. Chicago is a prime example, where none of the six ORR identified resettlement agencies in the area focus solely on resettlement, and none have a specialization in health services.⁵¹ With Chicago politics continuing to shut down mental health services to populations at large,⁵² it is no surprise that it is even more difficult for refugees to find affordable and targeted trauma services.

Accompaniment and assistance in navigating new health systems, culturally appropriate counseling and health services, and trauma-centered mental health approaches need to be increased. Great examples are being rolled out by organizations across the United States, but with limited funding and limited health personnel, they remain insufficient. Further, refugees must be able to access assistance at all levels of health care, not just via specially targeted volunteer service provision. More emphasis must be placed on mental health services and assistance for those seeking health care through the Medicaid and Medical Assistance Program. But, perhaps, the starting point needs to be encouraging and facilitating the role that medical providers have in ensuring that basic services are afforded to these survivors—starting with learning how to navigate the complex health cultures that refugees bring with them and ensuring that they do not have to make this difficult transition isolated from the health care they need.



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3. 4.9 million displaced Syrian's have registered as refugees with the UNHCR, although estimates put that number far higher. The current number of Palestinian refugees is higher, but they register under a different framework overseen by the United Nation's Relief and Works Agency.
4. Website: <http://www.unhcr.ie/about-unhcr/facts-and-figures-about-refugees>. Accessed January 7, 2017.
5. Website: http://www.nytimes.com/2016/09/13/opinion/for-refugees-in-lebanon-cash-instead-of-camps.html?_r=0. Accessed January 7, 2017
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7. Brookings Institution, website: <https://www.brookings.edu/blog/future-development/2016/04/25/syrias-mental-health-crisis/>. Accessed January 7, 2017.
8. Convention and Protocol Relating to the Status of Refugees: <http://www.unhcr.org/en-us/3b66c2aa10>. Accessed January 7, 2017.
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10. In a growing rejection of decade long refugee camps, several countries such as Lebanon have refused to allow UNHCR to build camps, instead allowing for tent cities and larger urban integration of refugees, while others such as Kenya have begun to dismantle long existing camps, with little clarity on where the displaced will go.
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12. UNHCR Refugee Resettlement Trends 2015: <http://www.unhcr.org/en-us/559ce97f9>. Accessed January 7, 2017.
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14. Every resettlement country has different approaches to resettlement and the rights, privileges, and assistance provided. Canada, for instance, gives resettled refugees limited housing assistance, income assistance for up to one year, and the option to apply for a loan to help cover the costs of transition (see <http://www.cic.gc.ca/english/refugees/outside/resettle-assist.asp>). Similarly, Brazil provides up to 12 months of housing and basic expenses, as well as employment and language training (<http://www.unhcr.org/4e2d622713.pdf>).
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18. UNHCR Global Trends Forced Displacement in 2015: <http://www.unhcr.org/uk/statistics/unhcrstats/576408cd7/unhcr-global-trends-2015.htm>. Accessed January 7, 2017.
19. This number was reached in fewer than 12 months (http://www.nytimes.com/interactive/2016/08/30/us/syrian-refugees-in-the-united-states.html?_r=0).
20. An applicant may include their spouse and children under the age of 21 in the request to resettle. This complex issue can involve legal conflicts such as custody and formal adoption, as well as conflicting traditional and formal laws such as polygamy or informal marriages.
21. UNHCR Resettlement Flow Chart: <http://www.unhcr.org/en-us/protection/resettlement/3bd58ce9a/resettlement-procedures-case-identification-determination-process.html>. Accessed January 7, 2017.
22. The screening process for refugee entry into the United States: <https://www.whitehouse.gov/blog/2015/11/20/infographic-screening-process-refugee-entry-united-states>. Accessed January 7, 2017.
23. Office of Refugee Resettlement, website: <http://www.acf.hhs.gov/orr/resource/the-us-refugee-resettlement-program-an-overview>. Accessed January 7, 2017.

continued:

24. The US government settles refugees across the US—if they have family, they are often settled near those family members, otherwise a number of factors including country of origin and which states that have agreed to host larger populations determine where a person is placed. States can state a preference for more refugees. North Dakota, for instance, accepts the largest number of refugees per capita in the US, arguing that this as an opportunity to grow as a state. States cannot refuse to host refugees, as was demonstrated in 2015 when a number of Governors threatened to refuse Syrian resettlement. These states can, however, make the process slow, difficult, and complicated (<http://www.inforum.com/news/3853303-north-dakota-leads-nation-refugee-resettlement-capita>).
25. Ascentria Care Alliance, website: <http://www.ascentria.org/frequently-asked-question-about-refugee-resettlement-1>. Accessed January 7, 2017.
26. Office of Refugee Resettlement, Health Promotion: <http://www.acf.hhs.gov/orr/programs/preventive-health>. Accessed January 7, 2017.
27. With the Affordable Care Act, many refugees who would have no longer received health insurance after the first 8 months became eligible for more affordable, self-paid options going forward.
28. There has been a lot of talk about the cost or “burden” of refugees. The ORR allocated 1.56 billion USD in 2015, almost 1 million of that towards unaccompanied minors crossing the Mexico-US border. Refugees are required to pay the US back for their flights, and studies have found that refugee populations actually help to create more jobs and can be a cost-positive group for host countries. The biggest cost of resettlement is actually on the front end, where we have unusually long and onerous screening processes. <https://www.washingtonpost.com/news/the-fix/wp/2015/11/30/heres-how-much-the-united-states-spends-on-refugees/>
29. Most persons seeking asylum must have a visa in order to board a plane to the U.S., thus in most cases those arriving without documentation of any sort arrive via boat or border. Border and Patrol Services are required to ask individuals if they have a fear of return before placing them in deportation proceedings. If the answer is yes, the person is often placed in detention pending bail (usually reliant on having family in the US), a credible fear interview, or in some cases, a determination of asylum or removal.
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31. This does not mean that everyone else was denied. Huge backlogs in US asylum proceedings mean that the majority of applicants in 2014 will not have their cases heard for 2-5 years.
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41. <http://refugeehealthta.org/physical-mental-health/mental-health/>; file:///C:/Users/arm665/Downloads/Mean-Streets-Urban-GBV-LGBTI.pdf
42. UNHCR, Resettlement: <http://www.unhcr.org/en-us/resettlement.html>. Accessed January 7, 2017.
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