

**REFUGEE/
IMMIGRANT
TEAM**

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**INSIDE THIS
ISSUE:**

Bhutanese Refugees	1
LSS	2
Class B I	2
Refugee Terms	2
Program Evaluation	3
Future of Refugee	3
Oral Health	3
Case Study	4
Challenges	4

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Bhutanese Refugee Arrivals

In the past year thousands of Bhutanese refugees have arrived in the United States. In Wisconsin, Madison or Milwaukee are the only cities where Bhutanese refugee resettlement has occurred.

Since September 2009, PHMDC has had 70+ Bhutanese Refugee referrals from Lutheran Social Services (LSS).

As with any new influx of refugees, language barriers can be enormous. Prior to the Bhutanese resettlement, PHMDC did not have many Nepali interpreters (this is the main language Bhutanese speak). Now, PHMDC has contacts for 13

Nepali interpreters.

Here is some general information about the Bhutanese Refugees:

- The Bhutanese government stripped minority ethnic Nepalis of their citizenship, forcing them into exile in the early 90's
- There are 7 United Nation Refugee Camps in Nepal
- Some refugees have spent over 19 years in these



camps

- Most refugees speak Nepali and are identify as ethnic Neapli
- Majority are Hindu (60%), followed by 27% Buddhists.

Where is Bhutan?



What is LSS?

LSS stands for Lutheran Social Services and is an agency that provides case management for specific refugee groups.



LSS was founded in the 1880's and has historically worked with single mothers, people with mental illness

and people with developmental disabilities.

In addition to partnering with

PHMDC and the State Refugee Program, LSS partners with area churches, United Way, Thrivent Financial and other Lutheran-affiliated agencies/coalitions.

Recently, the PHMDC Refugee staff have been working with the Madison-based case worker, Rebekah Johnson. Rebekah has been with LSS for over 2 years.

In her role, Rebekah is responsible for picking refugees up at the airport, arranging housing, assisting with job placement and W-2 along with transitioning the families into the U.S.

Currently, Rebekah has a case load of 50+ refugees from Bhutan. In November the Madison LSS office welcomed a new case-worker from Iraq (who is also a former refugee) to assist Rebekah case manage refugees. PHMDC expects to receive more Iraqi refugees into our program as well.

LSS will diversify throughout the coming fiscal year to welcome Iraqis and possibly various African populations (in addition to the remaining Bhutanese Refugees).

The top ten countries of refugee origin are Afghanistan, Iraq, Sudan, Somalia, DR Congo, Burundi, Vietnam, Turkey, Angola, and Myanmar

LSS Vision:
Change the world - one grace-filled life at a time.

The top ten countries of refugee asylum are Pakistan, Iran, the United States, Syria, Germany, Jordan, Tanzania, the United Kingdom, China, and Chad

Refugee Terms

Refugee: persons with a well-rounded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group.

Immigrant: persons who usually come to the U.S. by choice (many for financial reasons)

Asylee: person who, upon entry is found to be unable or unwilling to return to his or her country of nationality, or to seek the protection of that country because of persecution or a well-founded fear of persecution

Parolee: person who enters the U.S. under emergency/



humanitarian conditions or if entry is determined to be in the public interest. These clients are usually from Cuba/Haiti

What's a Class B1?

Class B1 is a name or title they give refugees or immigrants that indicates the person may need a further medical work-up for TB. This is usually because the person has an abnormal chest x-ray or CT scan prior to arrival to the U.S.

Some of the common abnormalities that class B1 refugees/immigrants have are:

- Nodules (very small lung masses)
- Infiltrates (material collecting in an area of the lung; usually indicates infection)

- Calcifications or calcified nodules
- Old healed TB
- Fibrotic scarring

In 2010, PHMDC has already received 10 Class B1 referrals. Class B1 referrals are considered "TB suspects" since we need to collect sputum specimens (3 total) and repeat the chest x-ray.

We cannot rely on the overseas chest x-ray that people may have when they arrive in the U.S. as



many people overseas can purchase normal chest x-rays.

Class B1 clients are case managed by Refugee PHNs and in many cases are referred to a TB PHN to case manage the client's TB.

Oral Health & Refugees



the arrival of Bhutanese refugee families from Nepal.

During the Refugee Clinic, clients are screened for infectious and chronic diseases, given appropriate immunizations and a dental screening by one of our staff dental hygienists.

In addition to the excellent medical case management the clients receive from our PHNs, they are also given referrals for dental treatment needs. PHN and dental staff help to follow up with dental services to assure that clients have access to continuing oral health care in the future.

Refugee/Immigrant Clinics resumed at the end of March this year (after the "H1N1 break"), and since then have provided dental screenings for over 50 individuals. Most of the clients have never seen a dentist or had any kind of dental care, and many have severe dental problems.

The screening process, oral health education and referral for dental services is often difficult for them. Dental screen-

ing, education and case management is the gold standard for best practice in oral health care. The knowledge that is gained from this process is invaluable for our new neighbors arriving here from around the globe and it is also an educational and enriching experience for the PHMDC Refugee Team.



In 2006, the United States accepted 41,300 refugees for resettlement

www.cdc.gov

According to Ben Walen – project director for Lutheran Immigration & Refugee Service (LIRS) in Baltimore, Maryland - PHMDC Refugee/Immigrant Clinic is considered “unique compared to other public health refugee screening services not only in Wisconsin but throughout the United States!”

Other health departments do not typically offer a dental component to their health screening process even though oral health status of refugees and immigrants is often serious enough to impact their overall health. PHMDC has been working closely with LIRS this year with

The Future of the Refugee Program

The Refugee Program has a lot of work to do as well as a lot to think about in the near future.

- The Refugee Team continues to meet with LSS to evaluate how we handle our clients and our referrals from LSS.
- Some Refugee Team Staff attend Refugee Service Delivery Meetings with other area agencies to determine how we can better serve our clients in the future.
- Discussions have started with partner agencies regarding presentations for clients (i.e. safety in the home, safety in your neighborhood, emergency medical care and how to access it, etc).
- Continued work with area medical providers to perform initial health screening assessments and establishing primary care for clients.



PHMDC has seen over 78 refugees or immigrants in 2010.



In 2009, PHMDC saw 57 refugees or immigrants.

Case Study: Recent Refugee

May 2010: Male refugee from Bhutan arrives in Madison, WI with Class BI TB status. Sputum specimens were negative for TB in Nepal. Chest x-ray abnormal.
 6/22/10: Medical appointment at Wingra Clinic for health screening and TB evaluation.
 7/2/10: Home isolation started because chest x-ray was highly abnormal; and worse than pre-U.S. arrival; awaiting sputum



8/16/10: Client cut finger, requiring trip to the ER and stitches; several follow-up questions to

TB nurse (i.e. how to take medication, how to schedule appointment to take stitches out, etc).
 8/23/10: Stitches taken out at Wingra
 8/27/10: MD appointment at Wingra; prescribed Latent TB medication
 9/23/10: Home visit by TB PHN for delivery of Latent TB medication.

As you can see, refugee case management can take months as well as collaboration with other programs.

What are some challenges ?

Some of the challenges we face are related to the medical side of client case management. The client may have TB along with other co-morbidities.

Most refugees or immigrants are not fluent in English, so language barriers are a huge challenge for the Refugee Team. For example, if the nurse arranges for a cab to take a client to the



doctor's office, the cab driver asks the client where he/she is going. If the client doesn't know any English, how are they to respond? How do they buy their prescription at the drug store? How do they call to make an appointment at the doctor's office? Language has been one of the biggest challenges for our refugee clients.

Another challenge the Refugee team faces is the complex needs of the refugees. Many of them need intense case management or cultural guidance. Refugees need to be taught how to buy groceries, how to pay bills, how to navigate the bus system, etc. This has been the other big challenge that the Refugee team continues to battle on a daily basis.

By working more closely with LSS, the Refugee Team will be able to cooperatively and effectively case manage refugees by drawing on each agencies resources. .



PHMDC Refugee Team
 From left to right: Kate Louther, Wendy Fjelstad, Julann Esse, Debi Chase, Mary Talamantes, Connie Relyea and Hien Duong