

# THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County  
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## Refugee Health Care in the United States

### Introduction

Since 1975, more than 2.6 million refugees (comprising over 60 nationalities) have resettled in the United States—650,000 of them in California. Annual U.S. admissions vary greatly, ranging from 207,116 in 1980, to 27,100 in 2002.

Due to their displacement, refugees have unique medical and social issues. Providers caring for these patients must be aware of the cultural sensitivities and special requirements needed in order to best serve this population.

This article will provide a comprehensive overview of refugee health and focus on the definition of a refugee, how a refugee applies for and gains refugee status in the U.S., how to access services for these patients, and how to care for these patients' special needs.

Since LA County has one of the largest refugee populations in any metropolitan area, this is an especially important issue for Los Angeles' health care providers.

### History

The United States' policy on admitting refugees can be distilled into a single sentence, according to the U.S. Department of State: "The Refugee Admission Program is a critical humanitarian undertaking that demonstrates the compassion of Americans for the world's most vulnerable people."



The first refugee legislation, the Displaced Persons Act of 1948, was enacted by the U.S. Congress following the admission of 250,000 displaced Europeans. Laws were later provided for admissions of persons fleeing from Communist regimes, such as Hungary, Poland, Yugoslavia, Korea, China, and Cuba. After the fall of Vietnam in 1975, the U.S. government faced the challenge of resettling hundreds of thousands of Indochinese refugees. Because of this, Congress realized it needed to create a procedure to deal with ongoing resettlement in the U.S. Therefore, it passed The Refugee Act of 1980, which standardizes the resettlement services for all refugees admitted to this country.

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## Novel Influenza A H1N1

Testing and Antiviral Guidelines  
[www.publichealth.lacounty.gov/acd/diseases/swine.htm](http://www.publichealth.lacounty.gov/acd/diseases/swine.htm)

### THINK GLOBAL, REPORT LOCAL

Los Angeles County Department of Public Health, Acute Communicable Disease Control  
[www.publichealth.lacounty.gov/acd](http://www.publichealth.lacounty.gov/acd)

## THE PUBLIC'S HEALTH



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# Refugees and Immigrants at Higher Risk of Tobacco-Related Illnesses

Refugees and immigrants have higher rates of smoking and other tobacco use than the general public in Los Angeles County. Therefore, they have higher rates of tobacco-related illnesses.

Medical visits are an opportunity to inform them of the risks of continued tobacco use, the benefits of becoming tobacco free, and the benefits of smoke-free homes for their families.

The California Smokers' Helpline can assist with tobacco-cessation efforts; in fact, it has been shown to double the effectiveness of attempts to become free of tobacco. The combination of the Helpline with medications leads to a one-year success rate of 30% to 40%.



**The California Smokers' Helpline offers free materials and bilingual tobacco-cessation specialists. (Hours: Monday through Friday, 7 am to 9 pm, Saturday 9 am to 1 pm)**

**English:** 1-800-NO-BUTTS (1-800-662-8887)

**Cantonese/Mandarin:** 1-800-838-8917

**Korean:** 1-800-556-5564

**Spanish:** 1-800-45-NO-FUME (1-800-456-6386)

**Vietnamese:** 1-800-778-8440

**Hearing-impaired TDD/TTY:** 1-800-933-4TDD (1-800-933-4833).

### Marsha Epstein, MD, MPH

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# Pneumococcal Vaccine

## An Important Tool against Influenza Complications

There is much that we can do now to protect vulnerable patients from the serious complications that can occur from the flu.

Recently, the rapid emergence of the novel influenza A (H1N1) virus as a worldwide public health threat reminded us of the unpredictability of the influenza (flu) virus. Newly circulating flu viruses can quickly lead to large-scale disease outbreaks or pandemics, resulting in serious illnesses and deaths in populations that lack immunity to them. A vaccine against the novel flu H1N1 strain will not be available until the upcoming fall or winter due to the time that is required to develop, test, and mass-produce vaccines. Fortunately, there is much that we can do now to protect vulnerable patients from the serious complications that can occur from the flu.

### **Pandemic flu predisposes individuals to secondary bacterial pneumonia.**

During the 1918 flu pandemic, *Streptococcus pneumoniae* (the pneumococcus) was identified in about 50% of secondary bacterial pneumonia cases and was responsible for 20% of the deaths. During the recent novel flu H1N1 outbreak, most of the deaths have occurred among persons with chronic health conditions—the same conditions that qualify individuals for receipt of pneumococcal polysaccharide vaccine. A pneumococcal immunization now can help protect your patients from invasive pneumococcal infections throughout the year.

### **Both pneumococcal vaccines are effective.**

Since pneumococcal conjugate vaccine (PCV) was licensed in the United States, severe pneumococcal disease has dropped by nearly 80% among children under 5 years of age. Furthermore, vaccinated children have an average of 8% fewer visits to the physician for otitis media, the most common reason for pediatric medical visits in the U.S.

Pneumococcal polysaccharide vaccine (PPSV) has been shown to be 56% to 81% effective in preventing invasive pneumococcal disease (bacteremia and meningitis). This vaccine has the potential to significantly decrease the 40,000 cases and more than 4,400 deaths from invasive pneumococcal disease that are estimated to occur each year in the U.S., and the larger number of such cases and deaths that may occur during a flu pandemic.

Despite the benefits of vaccination, pneumococcal vaccination rates are very low, with only 16% of persons aged 18 to 49 years with high-risk health conditions in the U.S. self-reporting receipt of PPSV in 2007.

**Providers are encouraged to screen their patients for appropriateness of pneumococcal vaccination now and throughout the year.**

- PCV is routinely recommended for infants and children at 2 months, 4 months, 6 months, and 12 to 15 months of age, and for previously unvaccinated children younger than 5 years of age.
- Persons aged 2 years and older with normal immune systems who have certain chronic health conditions, including cardiovascular disease, pulmonary disease, diabetes, alcoholism, cirrhosis, cerebrospinal fluid leak, or a cochlear implant, should receive a dose of PPSV.
- Immunocompromised persons aged 2 years and older, including persons with splenic dysfunction or absence (either from disease [e.g., sickle cell disease] or surgical removal), Hodgkin's disease, lymphoma, multiple myeloma, chronic renal failure, nephrotic syndrome, or conditions such as organ transplantation associated with immunosuppression, persons immunosuppressed from chemotherapy or high corticosteroid therapy, and persons aged 2 and older with HIV infection, should receive two doses of PPSV at least five years apart.
- All persons, including healthy adults with no chronic health conditions, should receive one dose of PPSV when they reach age 65 years, unless they have already received two lifetime doses at an earlier age. Persons 65 years of age or older who received one dose before age 65 should receive a second dose five or more years after the first dose.
- Adults 19 years of age or older who smoke and/or have asthma should be vaccinated with one dose of PPSV.

Although all persons with indications for PPSV should continue to be vaccinated, the CDC recommends that emphasis be placed on vaccinating persons under age 65 who have high-risk conditions because PPSV coverage among this group is low and because people in this group appear to be overrepresented among severe cases of novel influenza A (H1N1) infection, based on current data.

**For additional information about pneumococcal vaccination recommendations:**

- Review the CDC's "New ACIP recommendations for use of pneumococcal polysaccharide vaccine in adults" at [www.cdc.gov/vaccines/ed/ciinc/2009March.htm](http://www.cdc.gov/vaccines/ed/ciinc/2009March.htm)
- Visit the Los Angeles County Department of Public Health Immunization Program's Website at [www.publichealth.lacounty.gov/ip](http://www.publichealth.lacounty.gov/ip).

**A. Nelson El Amin, MD, MPH**

Immunization Program

Los Angeles County Department of Public Health

# International Human Trafficking

## An Emerging Public Health Issue in LA County



Public health professionals can help identify victims, many of whom receive some form of medical care while under the control of their trafficker, and can provide health services that survivors need when they are identified and released from their trafficking situations.

Human trafficking is a modern day form of slavery. Its victims primarily consist of women and children around the globe who are exploited and forced into performing commercial sex acts, domestic service, or other types of manual labor. While the extent of human trafficking remains unknown, the United Nations asserts that approximately 27 million people in the world currently live as slaves.<sup>1,2</sup>

The problem of human trafficking exists not only in faraway lands, but here in the United States. In the U.S., the trafficking problem remains hidden, but the federal government estimates that 14,500 to 50,000 people are trafficked into this country each year, from dozens of countries.<sup>3,4</sup> A Ford Foundation report attests that each year traffickers bring into the U.S. 30,000 women from Asia, 10,000 from Latin America, and 5,000 from eastern Europe, forcing many of them to work in underground Los Angeles brothels.<sup>5</sup>

Once in the U.S., trafficking victims are absorbed into underground, unregulated sectors of the economy, like domestic service and the agricultural sector, where violations of wage, health, and safety laws routinely occur.<sup>6</sup> While many immigrants in our midst also endure illegal and unsafe working conditions, human trafficking victims experience the additional horrors of ongoing force, rape, intimidation, and threats to themselves and their families back home.

Federal and local law enforcement and community agencies have identified hundreds of survivors of trafficking, from six continents, in communities throughout Los Angeles County. While human trafficking is often considered a law enforcement issue, it is also a public health issue.

Public health professionals can help identify victims, many of whom receive some form of medical care while under the control of their trafficker, and can provide health services that survivors need when they are identified and released from their trafficking situations. Because survivors emerge from months, years, or even decades of captivity with profound physical and mental health problems, public health professionals are needed to help address their acute and ongoing health needs.

Such health issues include screenings for tuberculosis when victims are identified, testing for and treating sexually transmitted infections, and educating survivors about chronic disease prevention. In all of these areas, and more, public health will play an increasingly important role in addressing the troubling issue of human trafficking in LA County.

For more information, email [sbaldwin@ph.lacounty.gov](mailto:sbaldwin@ph.lacounty.gov).

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1. United States Department of State Office to Monitor and Combat Trafficking in Persons. <http://www.state.gov/g/tip/>. Accessed May 27, 2005.
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3. Amy O'Neill Richard. International Trafficking in Women to the United States: A Contemporary Manifestation of Slavery and Organized Crime. Center for the Study of Intelligence Monograph, November 1999.
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5. Lora Jo Foo. The Trafficking of Asian Women. In: Asian American Women: Issues, Concerns, and Responsive Human and Civil Rights Advocacy. The Ford Foundation, New York, 2002.
6. Hidden Slaves: Forced Labor in the US. Free the Slaves and Human Rights Center. Washington, DC and Berkeley, CA. 2004.

## Refugee Health Care...from page 1

### Definitions

When discussing displaced persons, there are distinct differences among a refugee, asylee, parolee, and victim of human trafficking (VOT).

The definition of a **refugee** is someone who “owing to a well-founded fear of being persecuted for reason of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such a fear, is unwilling to avail himself of the protection of that country.” This is according to the Convention relating to the Status of Refugees held in Geneva in 1951.

An **asylee** is an individual who, on his or her own, travels to the U.S. as a student, tourist, businessperson or even an undocumented worker. Individuals in each of these groups can apply to receive a grant of asylum. Asylum may be granted by many offices (e.g., U.S. Department of Health and Human Services [U.S. HHS] or the U.S. Bureau of Citizenship and Immigration Services [USCIS], and it may even be granted outside of the U.S.

A **parolee** is a Cuban or Haitian entrant who is granted parole status by the U.S. HHS, or granted any other special status, subsequently established under the immigration laws for nationals of Cuba or Haiti. This is regardless of the status of the individuals at the time assistance or services are provided. A parolee is ineligible to enter the U.S. as a refugee, immigrant, or nonimmigrant. This person may be “paroled” into the country by the U.S. HHS. This provision of the law is only used for emergency, humanitarian, and public interest reasons.

A **victim of trafficking**, under the Trafficking Victims Protection Act of 2000, is defined as a person subjected to an act or practice described as “Severe Forms of Trafficking in Persons.” This includes sex trafficking for the purpose of commercial sex acts, which may be induced by force, fraud, or coercion.

The California Refugee program defines VOTs as “victims of modern day slavery, which include young children, teenagers, men, and women that are subjected to force, fraud, or coercion, for the purpose of sexual exploitation or forced labor.”

### Refugee Status in California and Los Angeles County

Over the past five years, the number of refugee arrivals in the U.S., California, and Los Angeles County has increased. Refugees from all over the world reside in LA County, which is known for its culturally diverse community. (See Refugee Arrivals charts.)

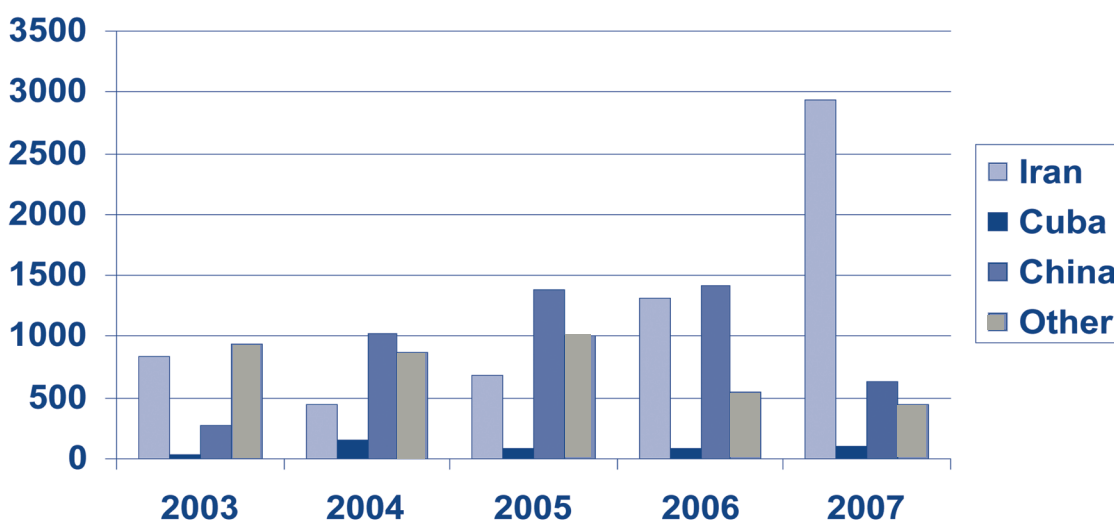
Below is a breakdown of the statewide arrival of refugees, asylees, parolees, and others (i.e., VOTs) during federal fiscal year 2006-2007, according to the California Department of Public Health, Refugee Health Section:

#### Types of Displaced Persons in California

<b>Refugee = 75.46%</b>	<b>Parolee = 1.44%</b>
<b>Asylee = 22.96%</b>	<b>Others = 0.14%</b>

*Continued on page 6*

### Refugee Arrivals to LA County by Country for Federal Fiscal Years 2003-2007

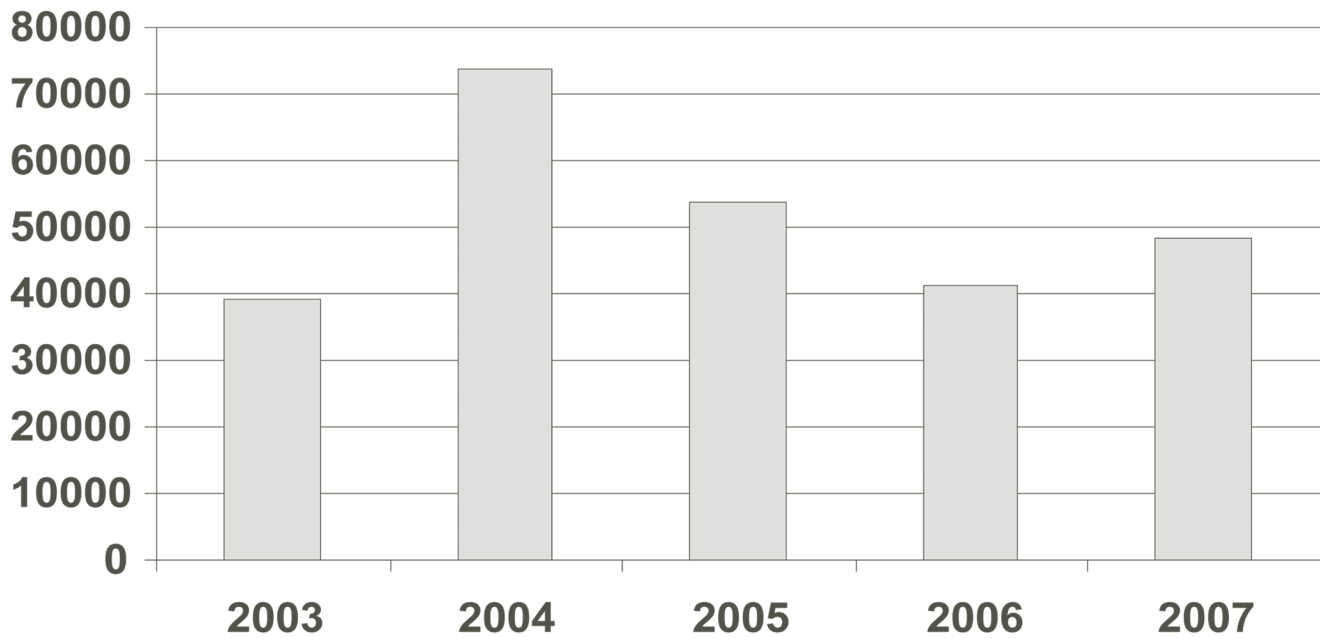


In 2007, Iranians, mostly Armenians from Iran, comprised the largest group arriving in Los Angeles County. The word “Others” in the graph indicates refugees from Iraq, Russia, Afghanistan, Burma, and victims of trafficking.

**Source:** CA Dept of Public Health, Refugee Health Section

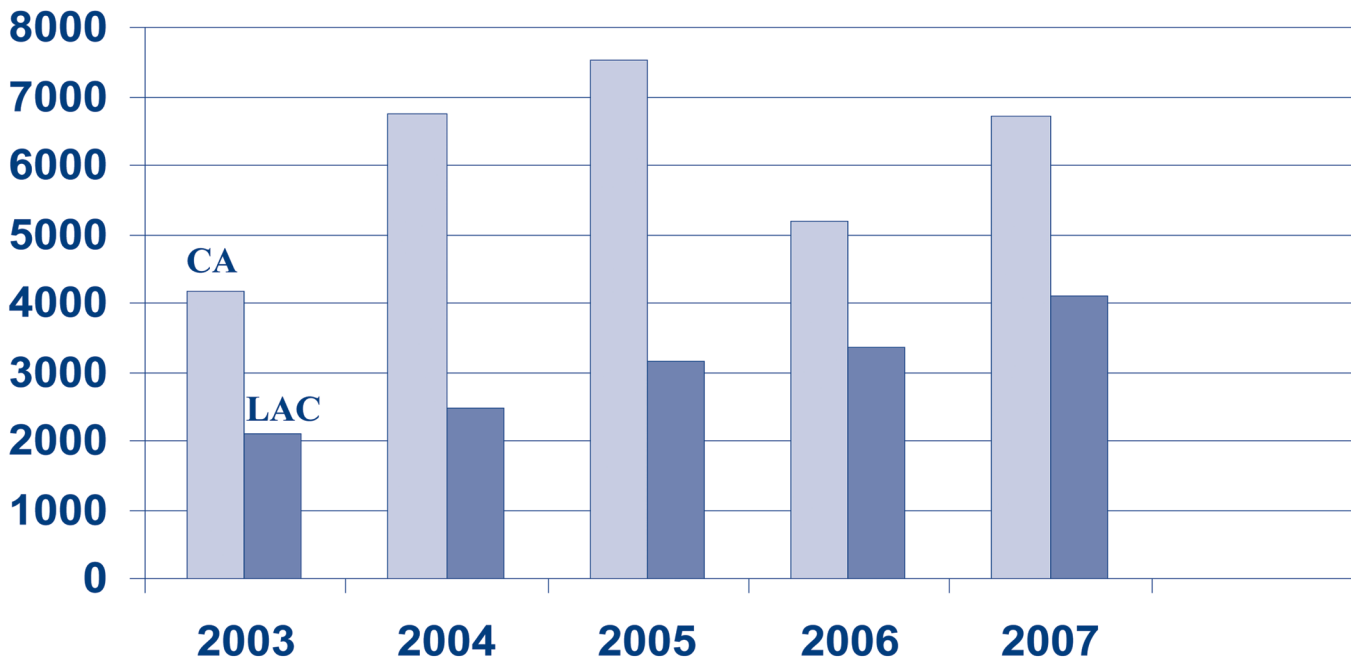
## Refugee Health Care...from page 5

### Refugee Arrivals to the U.S. for Federal Fiscal Years 2003-2007



Source: Derived from U.S. Office of Refugee Resettlement data

### Refugee Arrivals to California (CA) and Los Angeles County (LAC) for Federal Fiscal Years 2003-2007



Sources: Number of refugee arrivals to Los Angeles County derived from CA Dept of Public Health, Refugee Health Section. The number refugee arrivals to California derived from ORR data

# Refugee Health Care

## The U.S. Entry Process

The process of applying for refugee status can be difficult. Applicants undergo many rigorous steps before they are granted U.S. refugee status. In general, the annual Presidential Fiscal Year Budgets can support 70,000 to 80,000 refugee arrivals. The U.S. HHS, the Administration for Children and Families, the Office of Refugee Resettlement (ORR), and voluntary resettlement agencies work collaboratively to assist in the resettlement and integration of the refugees.

Applicants seeking sanctuary outside of their native country must first flee their country of origin and apply for refugee status from within another country. The application is processed through the Office of the United Nations High Commissioner for Refugees, which is a UN Refugee Agency. The application is then forwarded to the U.S. Department of Homeland Security for review. If approved, the applicant is granted refugee status. Those approved are then brought to this country by the U.S. Department of State.

Prior to arrival in the U.S., refugees are medically screened for chronic medical conditions. They are also assessed for infectious diseases, such as HIV/AIDS, tuberculosis and syphilis. An overseas medical report is generated and reviewed prior to arrival in the U.S.

For communicable diseases, such as tuberculosis, patients are evaluated with a chest X-ray. If there is a possibility of active and infectious tuberculosis, the refugee will not be allowed to resettle in the U.S. until he or she is started on treatment and the sputum smears are negative.

For syphilis, if an RPR is reactive, the patient will receive syphilis treatment with documentation prior to arrival in the U.S. Refugees with HIV/AIDS are not prevented from entering the U.S. and usually arrive with inadequate antiretroviral treatment. These patients are to be referred to county facilities or to other clinics that provide HIV care.

Once on U.S. soil, the refugees are assisted in resettling by voluntary agencies, such as the Catholic Charities of Los Angeles Resettlement, Church World Services, World Relief, Jewish Family Services of L.A. Immigration and Resettlement, and African Community Resource Council. The agencies' operations are overseen by the U.S. HHS Office of Refugee Resettlement. The ORR also assists refugees by providing grants and funds to the state and local government and voluntary resettlement agencies.

Refugees are eligible for ORR benefits and services on their first day of arrival in the U.S. The benefits include cash and assistance from multiple programs, such as these:

- Medical Assistance Program (up to 8 months from arrival to U.S.)
- Refugee Social Services Program (60 months since arrival to U.S.). Offers employability services, social adjustment services, interpretation, translation, daycare for children, citizenship and naturalization services
- Refugee School Impact Program
- Services to Older Refugees Program. Those with children qualify for services for a longer period of time.

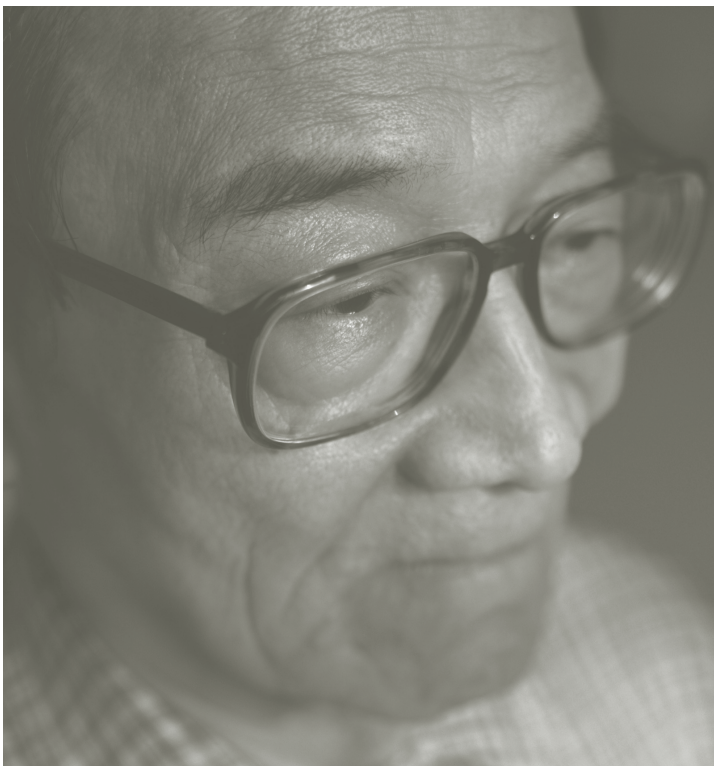
There are also grant funds to state and local governments for refugee health assessment (e.g., the Refugee Health Assessment Program for comprehensive health exams).

Many counties only accept applicants who have a family or sponsor living in the U.S. If the applicant has family members, the family can apply for "Family Reunification" through a resettlement/voluntary agency and file an "Affidavit of Relationship." If the refugee does not have family members or a sponsor, he or she is then processed as a "Free Case." Free cases can be sponsored by the resettlement agency. Most counties in California, including Los Angeles County, only accept refugees for Family Reunification. An exception is San Diego County, which accepts free cases.

After one to nine months in the U.S., applicants can present to the U.S. Citizenship and Immigration Services (USCIS) to apply, and have their applications processed, for permanent residency. The U.S. Department of Homeland Security oversees USCIS. The agency's offices are located throughout the nation. To find the closest office, log on to [www.uscis.gov](http://www.uscis.gov) or call (800) 375-5283. In addition to processing applications for permanent residency, the USCIS adjudicates asylum and refugee applications and naturalization petitions.

## Refugee Health Section, in California

The California Department of Public Health, Refugee Health Section, receives funding from the U.S. HHS Office of Refugee Resettlement. It then provides grants for county



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## Refugee Health Care...from page 7



From left: Hyejoo Lee, RN, supervising clinic nurse, discusses chest X-ray forms with Celeste Arauz, RN, Melissa Chung, NP, and Esther Lemus, LVN, nursing staff at the Los Angeles County Refugee Health Assessment Program in downtown Los Angeles.

refugee programs, such as the LA County Department of Public Health, Refugee Health Assessment Program. Up-to-date information on California's refugee programs, part of the California Department of Social Services, can be accessed at <http://www.dss.cahwnet.gov/RefugeeProgram/>.

### Refugee Health Assessment Program, in LA County

The LA County Department of Public Health, Refugee Health Assessment Program (RHAP) is under the direction of Community Health Services (CHS). Since the early 1980s, it has provided comprehensive health services for refugee patients, such as health assessments and screenings. Los Angeles County's RHAP program is unique in providing services not only to refugees, but also asylees, parolees, and victims of trafficking.

The refugee program consists of CHS administration staff, nursing staff, (clinic as well as nurse practitioners), community workers, clerical staff, and a student worker.

There are two RHAP clinics, one in Glendale and the other in downtown Los Angeles. Services include tuberculin skin testing, chest X-rays, laboratory analysis, immunizations, physical examinations, and health education. The clinic also offers referrals to primary care providers, emergency rooms, and mental health care, as needed.

During the 2008 Federal Fiscal Year (10/1/07 to 9/30/08), LA County received 4,389 arrivals (3,908 refugees, 349 asylees, and 132 parolees). Of these arrivals, 61% were Armenians, mainly from Iran. Nationally, the greatest number of arrivals in the U.S. for the past several years has been Cuban parolees resettling in Florida.

### Voluntary Resettlement Agencies

Voluntary resettlement agencies (volags) are one of the key partners in the refugee resettlement process. They maintain cooperative and consultative relationships with other entities in the refugee resettlement process, such as federal, state, and local governments, mutual assistance associations, and other service providers.

As collaborative partners with the California Department of Social Services, the agencies assist refugees in receiving free health services and referrals. Some agencies are able to assist refugees in their transition for up to 60 months from their date of arrival. (See box on next page.)

### Refugee Health Disparities

Like many populations in the U.S., refugees suffer from health care disparities. They are plagued with acute and chronic medical conditions.

Among this group of patients, hypertension, diabetes, cardiovascular heart disease, and depression remain the highest health disparities, according to the California Refugee Health Assessment Program and the Centers for Disease Control and Prevention. Other health problems include smoking, excessive alcohol use, poor oral hygiene and visual health, and hearing issues. Unrecognized infectious diseases are also an important medical problem.

Due to the extreme situations from which they fled, they may have run out of their cardiac or psychotropic medications and may not have received care for extended periods of time prior to arrival. In fact, some refugees require immediate hospitalization upon arrival in the U.S.

Many refugees who are waiting to be granted refugee status have lost their homes and most of their possessions.



## Refugee Health Care

They may have been waiting in refugee camps or nearby foreign countries for months to over a decade for the opportunity to resettle in the U.S. They may not speak English, adding to the difficulty they have resettling in a new land. Finally, there are cultural barriers.

The LA County Refugee Health Assessment Program works collaboratively with voluntary resettlement agencies to ensure these patients receive a health screening prior to receiving Medi-Cal or seeing their primary care physician. However, patient time constraints, limited transportation, and tight clinic schedules all impede the patient's attempts at accessing timely medical care.

Although refugees are granted Medi-Cal benefits, there may be delays. An application can take up to 30 days to process. While waiting for Medi-Cal, some patients may see RHAP providers only. Many of these patients can be given referrals, but this still delays care.

Most LA County hospitals, such as Olive View Medical Center, and comprehensive health centers, such as H. Claude Hudson, will see patients who are waiting for their Medi-Cal cards. For refugees who suffer an emergency but who have not applied for Medi-Cal during their first eight months in the U.S., an application can be completed on the spot at the county facility.

### Health Beliefs and Practices

Displaced persons bring their cultural beliefs regarding medicine and healing with them. Health care providers should gain an understanding of these beliefs, which may not be based on empirical evidence, to best care for these patients.

Many refugees seen in Los Angeles County are from the Middle East. Middle Eastern cultures are traditionally family- and religion-centric. Related cultural practices have an important influence on health beliefs. Women may resist or refuse examination or treatment by a male, and a dying patient will likely not want to be told of his or her fate.

Local and folk remedies are often relied upon. For example, fever is treated with warm blankets and covers; abdominal pain may be treated with mint tea; joint dislocations are treated with egg yolk and flour. Health issues in this population include inactivity, excessive drinking and smoking, and diets high in fat.

The Burmese culture is traditionally family- and religion-oriented as well. Health is considered to be related to harmony in and among the body, mind, soul, and the universe—with the latter encompassing everyday life, socioeconomic conditions, and spiritual circumstances. The idea of harmony is most commonly expressed as a balance of “hot” and “cold” elements, or stated so that illnesses or states of health may be seen as hot or cold. Treatment then consists of opposite medicines or foods. The postpartum period, for example, is a cold state, hence hot foods or medicines would be used.

Despite common assertions that hot and cold states are not related to temperature, most Burmese and other Southeast Asians avoid cold drinks when in a cold state. Changes in diet

## Voluntary Resettlement Agencies

### Church World Services

<http://www.churchworldservice.org/Immigration/index.htm>

### Episcopal Migration Ministries

<http://www.episcopalchurch.org/emm.htm>

### Ethiopian Community Development Council, Inc.

<http://www.ecdcinternational.org>

### Hebrew Immigrant Aid Society

<http://www.hias.org/>

### Immigration and Refugee Services of America

<http://www.refugees.org/>

### International Rescue Committee

<http://www.theIRC.org/whatwedo/resettle>

### Iowa Bureau of Refugee Services

<http://www.dhs.state.ia.us/refugee/resettlement/>

### Lutheran Immigration and Refugee Services

<http://www.lirs.org>

### United States Catholic Conference/Migration and Refugee Services

<http://www.usccb.org/mrs/>

### World Relief

<http://www.wr.org>

are commonly used to treat illness. Depending on the illness, an increase in or reduction of one or more of the six Burmese tastes (sweet, sour, hot, cold, salty, bitter) may be indicated.

Yesah is an herbal cure-all used by many Burmese patients. Culture-bound illnesses among Burmese include spirit possession by a Nat or an ancestor, and Koro. Koro is the intense fear that the genitalia will recede into the body, and that if the genitalia recede completely, death will occur. Among women, menstrual flow is thought to be critical to health and, depending on the flow, an indication of good or poor physical and mental health.

### General Approach and Resources

Many refugees who resettle in the U.S. arrive with pre-existing medical conditions, as previously mentioned. It is important to note that many of the refugees from war-torn countries suffer from post-traumatic stress due to bombings, loss of family and property, loss of dignity, rape, and many other traumatic events.

Providers must be sensitive to what these patients have experienced. Further, providers must remain aware of the patient's cultural beliefs on health, and be prepared to assess possible barriers to evaluation, especially if the patient is noncompliant.

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### Refugee Immunization Tips and Resources

- Refugees are encouraged to receive recommended immunizations before they arrive in the United States. However, they may be behind schedule due to the circumstances of their departure from their country of origin, differing immunization recommendations outside of the U.S., and health access issues.
- Refugees are not required to show proof of immunization status to enter the country, but immunizations are required to enroll in school, receive a “Permanent Residence Card,” and apply for a “Change of Status”— from refugee to resident alien.
- Vaccine information statements are translated in 37 languages and are available on [www.immunize.org/vis/](http://www.immunize.org/vis/).
- Non-U.S. records may include different vaccine products and date transpositions. Aids for translating foreign immunization records are posted at [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf).
- Refugees without a regular health care provider or insurance coverage may be eligible for reduced-cost or no-cost vaccines, although coverage for adult vaccines is limited. For referrals, call 2-1-1 or visit [www.publichealth.lacounty.gov/ip](http://www.publichealth.lacounty.gov/ip).
- Two useful resources on refugee immunizations are available for download:
  - “Welcome to California: A Health Guide for Refugees, Asylees and Victims of Trafficking”: [www.rhin.org/document\\_properties.aspx?id=2118&format=Document&type=Document&language=](http://www.rhin.org/document_properties.aspx?id=2118&format=Document&type=Document&language=)
  - The CDC’s “Adjustment of Status for U.S. Permanent Residence Requirements: Technical Instructions for Vaccination 2008”: [www.cdc.gov/ncidod/dq/civil\\_ti\\_vacc.htm](http://www.cdc.gov/ncidod/dq/civil_ti_vacc.htm)

The high cost of living, looking for employment, and attending school to learn a new language make it very difficult for many refugees to access health care. As providers, it is important to be sensitive to the refugees’ many new challenges and understand that it may take more time to evaluate these patients and provide services for them.

There are several resources to assist physicians in evaluating these patients, including the following:

- American Family Physician (March 15, 1998): “Medicine and Society, Cultural Aspects of Caring for Refugees”; <http://www.aafp.org/afp/980315ap/medsoc.html>
- Cultural Competence Resources for Health Care Providers, U.S. Department of Health and Human Services; <http://www.hrsa.gov/culturalcompetence/curriculumguide/>
- EthnoMed website contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants and refugees in the U.S; <http://ethnomed.org/>
- American Medical Association offers information on culturally effective health care; <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/minority-affairs-consortium/news-resources/amnews-articles-culturally-effective-health-care.shtml>.
- The Office of Minority Health, part of the U.S. Department of Health and Human Services, offers a cultural competency curriculum titled, “A Physician’s Practical Guide to Culturally Competent Care”; <http://www.omhrc.gov/templates/content.aspx?ID=2805>
- The Office of Refugee Resettlement provides in-depth information regarding refugees; <http://www.acf.hhs.gov/programs/orr/>.

### Using Interpreters

As communication is a key aspect of the patient-provider relationship, it is crucial to first inquire what language the patient prefers. It will also be helpful to assess the patient’s literacy or education level prior to providing educational information and materials. Do not use family members as interpreters because they are not trained, cannot be objective, and may miss important details of patient history. It is also a violation of a patient’s civil rights. When working with interpreters, it is helpful to use medical interpreters versus interpreters trained in other areas. This is especially important when relating information to patients regarding sexually transmitted diseases or communicable diseases.

When using telephonic interpreter services, it is important to introduce yourself to the interpreter on the phone and explain the nature of your call. Inform the interpreter of how much time you anticipate needing interpretation services so he or she will be available for the entire evaluation. The LA County Department of Public Health utilizes AT&T Language Line Services. At times, interpreters may ask to

## Refugee Health Care

interject and share important cultural information. This can be extremely useful and should be allowed.

The Office of Diversity within the Los Angeles County Department of Health Services offers medical interpreter training courses and information regarding cultural diversity. To arrange for staff to be trained as medical interpreters, providers may contact Ms. María Elena Gaitán at (213) 240-7938 or [mgaitan@ladhs.org](mailto:mgaitan@ladhs.org).

### Patient Education and Resources

#### Los Angeles County Information Line

The Info Line's trained specialists are on duty around the clock to provide information and referral to community agencies that can help with family problems, emergency shelters, health services, disability, child care, substance abuse, money management, counseling, family planning, consumer assistance, welfare, emergency food, legal referrals, youth programs, senior services, education, rehabilitation, transportation, and mental health. Info Line service is free and confidential. Call 2-1-1 or visit [www.211.lacounty.org](http://www.211.lacounty.org).

#### Refugee Health Information Network

The Refugee Health Information Network (RHIN®), is a national collaborative partnership managed by refugee health professionals whose objective is to provide quality multilingual, health information resources for those providing care to resettled refugees and asylees. Visit [www.rhin.org](http://www.rhin.org).

#### Program for Tortured Victims

Medical and psychological services are offered to clients, leverage existing community resources to meet their immediate and basic needs, and lend support for social and cultural adjustment. Call (213) 747-4944 or visit [www.ptvla.org/](http://www.ptvla.org/).

#### Legal Aid Foundation of Los Angeles

LAFLA offers free civil legal services, advocacy, and representation to low-income people in LA. Call (800) 399-4529 or visit [www.lafla.org/](http://www.lafla.org/).

#### Immunization Action Coalition

Vaccine information sheets are available in multiple languages. Visit <http://www.immunize.org/vis/>.

#### The Office of the United Nations High Commissioner for Refugees

Has information available on refugees worldwide. Visit [www.unhcr.org](http://www.unhcr.org).

#### Medline Plus: Health Information in Multiple Languages Health information in multiple languages

Visit <http://www.nlm.nih.gov/medlineplus/languages/languages.html>.



The Los Angeles County Department of Mental Health (DMH) provides psychiatric services for refugees with psychiatric conditions. Its phone number may be obtained through the LA County Information Line (2-1-1). If there are domestic violence or elder abuse concerns, the 2-1-1 Info Line may be used for reporting as well as to locate available resources.

Other useful resources are [www.thinkculturalhealth.org](http://www.thinkculturalhealth.org) (cultural competency educational programs); [www.crosshealth.com](http://www.crosshealth.com) (integrates the role of culture in improving health); and [www.diversityrx.org](http://www.diversityrx.org) (promoting language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities).

### Conclusion

The United States is one of many countries available as a refuge to those fleeing persecution from their country of origin. As the refugees resettle, they require quality health care that is sensitive to their needs. All health care providers who serve refugee populations must remain sensitive to the unique needs of this population and be knowledgeable about the diseases that affect them.

Remaining sensitive to the cultural diversity that exists and aware of the resources available is crucial. In doing so, providers can be assured that they are providing quality care and empowering this population to live a good quality of life in this country.

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**Farida Faal, RN, MSN, FNP**

Refugee Health Assessment Program

Los Angeles County Department of Public Health

# Physician Registry

## Become a Member of the Health Alert Network

The Los Angeles County Department of Public Health urges all local physicians to register with the Health Alert Network (HAN). By joining, you will receive periodic email updates alerting you to the latest significant local public health information including emerging threats such as pandemic influenza. Membership is free. All physician information remains private and will not be distributed or used for commercial purposes.

Registration can be completed online at [www.lahealthalert.org](http://www.lahealthalert.org) or by calling (323) 890-8377.

**Be aware of public health emergencies! Enroll now!**

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# THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County



COUNTY OF LOS ANGELES

**Public Health**

313 North Figueroa Street, Room 806  
Los Angeles, CA 90012

## Selected Reportable Diseases (Cases)<sup>1</sup> — January 2009

Disease	THIS PERIOD JAN 2009	SAME PERIOD LAST YEAR JAN 2008	YEAR-END TOTALS				
			2008	2007	2006	2005	2004
AIDS	251	84	1,706	1,398	1,317	1,489	2,199
Amebiasis	8	13	110	122	94	114	114
Campylobacteriosis	68	72	1,056	827	775	725	884
Chlamydial Infections	3,674	3,756	43,366	40,952	39,670	37,978	37,644
Encephalitis	0	3	66	65	46	72	133
Gonorrhea	744	756	8,002	9,085	9,909	9,833	9,150
Hepatitis Type A	5	5	80	78	364	480	321
Hepatitis Type B, acute	4	1	64	55	62	57	72
Hepatitis Type C, acute	0	0	3	3	4	3	5
Measles	0	0	1	0	1	0	1
Meningitis, viral/aseptic	31	14	595	395	373	527	807
Meningococcal Infections	1	5	30	24	46	37	28
Mumps	0	2	7	5	10	10	5
Pertussis	5	6	79	69	150	439	156
Rubella	0	0	1	0	0	1	0
Salmonellosis	69	52	1,596	1,081	1,217	1,085	1,205
Shigellosis	18	17	493	463	524	710	625
Syphilis (prim. and sec.)	61	59	703	824	755	646	455
Syphilis latent	72	84	760	790	729	565	398
Tuberculosis	0	0	792	812	885	906	930
Typhoid fever, acute	0	1	15	17	17	12	13

1. Case totals are provisional and may vary following periodic updates of the database.