2024

Refugee Health Program

Guidelines Manual

GEORGIA DEPARTMENT OF PUBLIC HEALTH

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PREFACE

The Refugee Act of 1980 defines a refugee as "a person who is outside their home country and unable or unwilling to return due to persecution or a well-founded fear of persecution based on race, religion, nationality, membership in a particular social group, or political opinion."[1] Asylees, parolees, and certified victims of severe human trafficking by the Office of Refugee Resettlement (ORR) are also entitled to services provided to refugees. Refugees are often considered the most vulnerable population, facing significant physical, social, and psychological challenges. Many are forced to flee their homes abruptly, endure torture or traumatic experiences, and spend years in overcrowded camps with little to no access to health care. When they arrive in Georgia, many bring with them untreated physical and mental health conditions.

The mission of the State Refugee Health Program (SRHP) is to support the physical, mental, and social well-being of all newly arriving ORR Eligible populations in Georgia. Since 1981, the state has resettled over 751,000 refugees. The program collaborates with voluntary local resettlement agencies, county health departments, federally qualified health centers (FQHCs), and family sponsors to ensure these individuals receive an initial domestic health screening. Data gathered highlights the growing need to address the ongoing health requirements of refugees as well as the communities into which they are resettled.

Refugees often face preventable health problems that are exacerbated by factors such as poverty, civil unrest, poor infrastructure, and limited access to health services. Many come from regions where formal healthcare systems are either nonexistent or vastly different from those in the United States. Cultural, language, and systemic barriers make seeking health assessments and follow-up care difficult. Additionally, some refugees with communicable diseases may hesitate to seek help due to fears of deportation. Many newly arrived refugees are unfamiliar with the U.S. healthcare system and may suffer from a wide range of health issues, from acute conditions to untreated chronic illnesses. It is crucial to link newly arrived refugees with comprehensive primary care services and provide culturally relevant health education.

[1] USCIS, "Definition of Refugee from the Immigration & Nationality Act," Section 101(a)(42)

SECTION 1: INTRODUCTION & SUMMARY

This guide aims to offer general information to help healthcare providers successfully conduct the initial domestic health screening for all newly arriving ORR-eligible populations. This screening process requires active collaboration and involvement from health care providers, local health departments, local resettlement agencies (LRAs), and the Georgia Department of Public Health to ensure that refugees receive the highest quality of services.

This guide provides resources to assist with navigating different aspects of the health screening process and explanations from the Centers for Disease Control and Prevention (CDC) on common health screening challenges.

What is the Refugee Health Screening?

The refugee health screening, also known as the initial domestic refugee health assessment, is ideally conducted in the state where ORR Eligible populations arrive in the United States. This screening has four key objectives: (1) to identify and reduce health-related barriers to successful resettlement, (2) to safeguard the health of local, state, and national populations, (3) to identify health conditions that may require ongoing care beyond the scope of public health, and (4) to ensure the refugee maximizes their Medicaid benefits during the 12-month eligibility period mandated by the Federal Office of Refugee Resettlement (ORR).

The Federal Refugee Act of 1980 mandates that every state offer a health examination to newly arrived refugees; however, participation in the assessment by the client is not mandatory. In Georgia, ORR Eligible populations are eligible for medical assistance during their first 12 months in the U.S., and all exam components can be billed through this coverage.

Overseas Exam vs. Domestic Exam

The Georgia Refugee Initial Domestic Health Screening Assessment differs significantly from the purpose and scope of the overseas medical examination. The overseas exam primarily focuses on identifying medical conditions that could prevent a person from entering the U.S. In contrast, the domestic health assessment aims to reduce health-related barriers to successful resettlement while safeguarding the health of Georgia residents and the U.S. population.

Since the overseas exam is valid for up to one year, there can be a significant gap between medical clearance and the refugee's arrival in Georgia. During this time, individuals may develop conditions, such as active tuberculosis, that were not present or detectable during the overseas exam. The domestic health assessment is essential for identifying emerging health issues and ensuring appropriate public health responses.

Why is the Health Screening Important?

The health screening for newly arrived refugees plays a crucial role in ensuring successful resettlement in the United States for several key reasons.

Many ORR Eligible populations may have had limited or no access to medical care for years prior to resettlement. Depending on their country of origin, refugees are at risk for infectious diseases that can have long latency periods and may seriously affect their health if left untreated. Some of the health concerns include:

- Tuberculosis
- Hepatitis B & C
- Intestinal parasites
- Sexually transmitted infections (STIs):
- HIV
- Syphilis
- Gonorrhea
- Chlamydia
- Immunization assessment
- Lead screening (for individuals aged 16 and under)
- Assessment and referral for other health issues
- Completion of the Refugee Health Assessment

The initial health screening should be scheduled within 90 days of arrival. Promptly conducting screenings and necessary follow-ups is critical to ensuring that the client can fully utilize their Medicaid benefits during their 12-month eligibility period. The goals of the health screening are to:

- Identify and treat any communicable diseases
- Create a list of health issues for referral to a primary care provider
- Initiate preventive health care
- Assess and begin immunizations
- Refer clients to primary care for ongoing healthcare

Both the diagnosis and treatment provided should be cost-effective. Even if the 90-day window is missed, all ORR Eligible populations should receive their initial health assessment, and the results should be reported to the Georgia Refugee Health Program.

Submission of the Georgia Domestic Refugee Health Assessment Form

After completing the assessment form, send an encrypted email with a copy of the form, along with the I-94 and/or passport information, to:

State Refugee Health Program
Catrice.Ricks@dph.ga.gov and Antoine.Anzele@dph.ga.gov

SECTION 2: IMMIGRANT STATUS ELIGIBILITY FOR ORR ELIGIBLE SERVICES

The Department of Homeland Security determines refugee status before a person is eligible for resettlement in the United States. Refugees are a category of immigrants, as defined by the Refugee Act of 1980, as a person who is outside of and unable or unwilling to avail himself/herself of the protection of their home country because of persecution or fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion."[2] They are entitled to all of the rights and responsibilities of legal residents.

The following groups are eligible for refugee programs and benefits:

- Refugees
- Asylees
- Cuban and Haitian Entrants
- Iraqi and Afghan Special Immigrants
- Amerasians
- Victims of Human Trafficking
- Afghan Humanitarian Parolees
- Ukrainian Humanitarian Parolees

To access refugee resettlement program benefits, individuals must provide acceptable documentation of one of the statuses eligible for Office of Refugee Resettlement benefits and services.

This link provides information on proof of these statuses: Documentation requirements.

These documents may or may not provide proof of identity, nationality, or entry date.

[2] U.S. Citizenship and Immigration Services. Definition of Refugee from the Immigration and Nationality Act, Sec. 101(a)(42)

SECTION 3: REFUGEE HEALTH SCREENING PROTOCOL

The Georgia Refugee Health Program, in partnership with county health departments (CHDs), federally qualified health centers (FQHCs), and LRAs, ensures that newly arriving refugees in the state receive appropriate health screenings. Refugees undergo an overseas medical exam up to twelve months before entering the United States, but during this period, they remain at high risk for communicable diseases. To support a healthy transition for both refugees and the communities where they resettle, it is essential that each refugee receives a timely health screening. (CDC guidelines for refugee health screenings are included at the end of this manual for reference.)

Health screenings should be initiated within 90 days of the ORR Eligible population's arrival (within 7 days for those who are HIV positive). Some individuals may arrive with Class B conditions that require immediate follow-up. LRAs should advise refugees to bring a copy of their overseas exam results to their initial health screening at the county health department. LRAs must coordinate with screening sites to schedule appointments, ensuring that refugees are screened within 90 days of their arrival date.

The Refugee Domestic Health Assessment Form/Invoice

- Refugee Domestic Health Screening Form/Invoice should be emailed to the Refugee Health Program by the 10th of the month for reimbursement.

Screening Protocol

The following protocol should be followed when a client visits your facility for a health screening.

- Verify the client's proof of status by reviewing their Documentation requirements.
- Perform the tests indicated on the Domestic Health Screening Form/Invoice.
  - Please indicate if you were unable to perform a test because of the client's age.
- Complete the invoice, sign it, and provide the date. Behind each invoice, attach:
  - A copy of proof of status (I-94 Card or ACVA).
  - Complete the Refugee Health Referral Form indicating test results and follow-up information, if applicable.
- Submit invoices to the SRHP for reimbursement to Catrice.Ricks@dph.ga.gov and Antoine.Anzele@dph.ga.gov
- Invoices must be in the SRHP office by the **10th day** of the following month. Invoices submitted after the **10th-day deadline** will be added to the next month's processing.
- Children (0-20 years) should be billed to Medicaid.
- You have 90 days from the date of arrival to submit the health invoices. The program **will not** reimburse any invoices that are over 90 days and will need to be billed to the client's Medicaid.
- The Refugee Health Program staff then enters the invoices for payment.
- A reimbursement report, if requested, will be sent to the clinic indicating the refugees you are being reimbursed for and the amount for your records

For questions, comments, or concerns regarding billing, please call 470-763-7986 or email Catrice.Ricks@dph.ga.gov.

SECTION 4: REIMBURSEMENT FOR SERVICES

Reimbursements by the State Refugee Health Program are for services only for ORR Eligible populations aged 21 years and older. Children ages -20 years should be covered by Medicaid.

The SRHP will reimburse CHDs for services provided during the initial health screening and follow-up, including the first doses of applicable vaccines, within **90 days of arrival**. If additional vaccination doses are needed after 90 days to complete immunization, Refugee Medical Assistance (RMA) will not cover the cost. County health departments will have **60 days** from the date of arrival to claim additional reimbursements for pending laboratory tests**. If pending laboratory tests are submitted after 60 days from the date of arrival, RMA will not cover the cost.** Listed below are the maximum amounts you can claim for each test.

Tests	Reimbursement Claim
Tuberculosis: • **IGRA/QFT/T-Spot** • **TST** • **Chest X-Ray**	 **$80.00** **$ 9.00** **$24.00**
Hepatitis B	**$43.00**
Hepatitis C	**$20.00**
Stool/Ova	**$15.00**
STD • **Syphilis** • **Chlamydia/Gonorrhea**	 **$ 6.23** **$17.00**
Physical Assessments (based on age) • **21-39 years** • **40-64 years** • **65 years and older**	 **$128.00** **$149.00** **$161.00**
Complete Blood Count	**$ 11.00**
Urinalysis	**$ 4.00**
Cholesterol • **Total** **HDL**	 **$ 6.00** **$ 11.00**
Pregnancy	**$ 9.00**
HIV	**$ 20.00**
Hgb A1C	**Reimbursed under Physical Assessments**

Immunizations	Reimbursement Claim
TD	**$ 30.00**
Tdap	**$ 43.00**
MMR	**$ 63.00**
Hepatitis A & B/ or Twinrix	**$ 93.00**
Pneumococcal	**$ 79.00**
Varicella	**$108.00**

The SRHP will **only** reimburse county health departments for the initial dose of immunizations for adult refugees. Medicaid will cover additional and subsequent doses.

Children aged 0 through 18 who are in "refugee" status and meet VFC eligibility criteria are considered VFC eligible. Medicaid should be billed for the administration fee only for vaccines given to refugees in the 19–20-year-old age group. *(Note: U.S. citizenship is not required to receive any federal or state-supplied vaccine.)*

Effective December 14, 2009, vaccination requirements for U.S. immigration were revised. CDC will use these vaccine criteria recommended by the Advisory Committee on Immunization Practices (ACIP) to decide which vaccines will be required for U.S. immigration. The criteria will be used at regular periods, as needed, by CDC. The new vaccination criteria are:

- The vaccine must be age-appropriate for the immigrant applicant
- The vaccine must protect against a disease that has the potential to cause an outbreak
- The vaccine must protect against a disease that has been eliminated or is in the process of being eliminated in the United States

ACIP recommends vaccines for a certain age range in the general U.S. public. These ACIP recommendations will be used to decide which vaccines are age-appropriate for the general immigrant population.

Instructions for the Domestic Health Screening Form/Invoice

A. Refugee Demographic Information

In preparation for the domestic RHA, staff often assists refugees in completing the demographics part of the RHA form, or a sticker may be placed, as described below:

Table 1. Refugee Demographic Information

ITEM	DEFINITION	HOW TO FILL OUT THIS FIELD
County	County of resettlement	County Name
Alien #:	Unique identification number assigned overseas to U.S. entrants. (Asylees and other entrants may have "Alien numbers" ("A#") assigned when they are granted asylum). This number may be found on overseas medical examination records, and sometimes on visas or other official U.S. documentation.	XXX-XXX-XXX
Date of Health Assessment	Date the ***initial health assessment was performed***. This is ***not*** the date when blood work or laboratory tests were initiated, or when a PPD was first placed.	MM/DD/YYYY
Patient Name	This may be found on overseas medical examination records, and on visas or other official U.S. documentation. Please check overseas documentation for correct name order.	Name
Sex:	Male or female. This may be found on overseas medical examination records, and sometimes on visas or other official U.S. documentation. Connecticut does not yet have an "Other" sex category.	Check M or F
Date of Birth	This may be found on overseas medical examination records, and sometimes on visas or other official U.S. documentation.	MM/DD/YYYY
Street Address, City, State, Zip	Current address in the U.S. This may either be the address of initial resettlement, or the RRA/sponsor's address.	Fill out with currently known address, or RRA address if necessary.
Home Telephone #	Current telephone number in the U.S. This may either be the phone number of initial resettlement, or the RRA/sponsor's phone number.	Fill out with currently known phone #, or RRA phone # if necessary.
I-94 Status	Check the client's I-94 Status Box as indicated on their eligibility documentation information.	Check I-94 Box

Country of Birth	Country of birth, rather than country of citizenship or last residence, is important for public health purposes. This may be found on overseas medical examination records, and sometimes on visas or other official U.S. documentation.	Country of birth. Check against overseas records.
Sponsor	Sponsors are considered local voluntary agencies, or family members. If the client has a family member, it is usually represented by "no local resettlement agency."	Check Appropriate box for Sponsor
Date of Arrival	This is the official U.S. Port Health Station date, or other official U.S. entry date, not the date that a LRA or provider was notified of U.S. entry. This may be found on overseas medical examination records, and sometimes on visas or other official U.S. documentation.	MM/DD/YYYY
Language needs	This may be found on overseas medical examination records. Determine if an interpreter is needed or not. If an interpreter is used, please indicate if it was a County, State, or Language Line Interpreter.	1. Interpretation needed: Check yes or no. 2. Check who provided the interpretation: County, State, or Language Line
Overseas Class A, B1, B2 Status:	This classification indicates that overseas physicians have noted possible infection or exposure to certain diseases. The most common overseas classification will be "B1 (or B2) Tuberculosis". These persons should be evaluated as soon as possible to rule out or treat active TB disease, or latent TB infection (LTBI). This classification may be found on overseas medical examination records.	Mark down "B1", "B2", "B3", or "A" classification for TB or other diseases - only if shown on the overseas documents.

B. Screening/Test Results

A domestic refugee health assessment aims to screen for communicable diseases of public health importance, review overseas medical documentation for potential health issues, and diagnose and treat those and other health concerns so that refugees may more easily resettle in the U.S.

While full clinical information will generally remain in patients' medical records at their primary care provider's institution, the RHA form reflects the public health mission of the federal CDC and ORR refugee and immigrant health programs. Table 2 describes how to fill out the RHA form for each screening requested in the order they appear on the form.

Table 2. Screenings and Test Results for Refugee Health Assessment

ITEM	DEFINITION	HOW TO FILL OUT THIS FIELD
Immunizations	Immunization records from overseas medical examinations should be found in overseas documentation. Refugees, unlike most immigrant populations, are not required to have any vaccinations before arrival in the United States, therefore, most refugees, including adults, will not have had complete Advisory Committee on Immunization Practices (ACIP)- recommended vaccinations when they arrive in the United States. See the CDC guidelines for more information: Immunization	Review overseas records, test for immunity if appropriate. Enter dates and types of vaccinations given or referrals as appropriate. Note if begun on immunization catch-up schedule.
Tuberculosis Screening (TB screening must be done for all refugees *regardless of BCG history*.)	While TB screening has usually been done during the refugees' overseas examinations, often there is a time lag of several months between those tests and U.S. entry. In addition, it is sometimes the case that refugees are unable to have the TB screenings overseas. For this reason, domestic TB screening must be done for all refugees. See the CDC guidelines for more information: Tuberculosis	Screen and record date and type of test, and record test results.
Tuberculosis Diagnosis (MUST CHECK ONE)	See above, and see the CDC guidelines for more information https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/tuberculosis.html	Record diagnosis as appropriate. Record treatment information as known.
Hepatitis B Screening	All refugees originating from countries where hepatitis is intermediately or highly endemic (hepatitis B virus surface antigen prevalence >2%), as well as those who are at risk for hepatitis B infection should be tested for hepatitis B virus infection and existing	Enter screening results and referrals as appropriate. If hepatitis B screening not done, indicate reason why.

	immunity. **Providers should review and document past overseas screening and immunizations for evidence of immunity and surface antigen-positives.** See the CDC guidelines for more information: Hepatitis B	
Hepatitis C Screening	Screen ONLY refugees in high-risk groups: (e.g., IDUs, HIV+; body piercings/tattoos, etc.). See the CDC guidelines for more information: Hepatitis C	Enter screening results and referrals as appropriate.
HIV	Since January 4, 2010, refugees and immigrants are no longer tested overseas for HIV before U.S. entry. Therefore, the CDC recommends domestic HIV "screening of all refugees 13-64 years of age…[and]… screening of all refugees on arrival, including those ≤12 years and ≥64 years of age, is also encouraged." See the CDC guidelines for more information: HIV Infection	Enter screening results and referrals as appropriate.
Syphilis	All refugees aged 18 years to those aged less than 45 years, if no overseas results are available. Refugees 45 years and older, if there is reason to suspect infection. Refugees younger than 18 years of age who are at risk for congenital syphilis (i.e., mother who tests positive for syphilis, if the mother's syphilis results are not available, or the child is unaccompanied), who disclose sexual activity, or have been sexually assaulted should be evaluated according to the CDC Sexually Transmitted Diseases Treatment Guidelines, 2021. See the CDC guidelines for more information: Syphilis	Screen and enter results, follow-up and/or treatment.

Chlamydia	All refugees aged 18 to 24 years who do not have documented pre-departure testing All refugees aged less than 18 years or greater than 24 years must be tested if there is a reason to suspect infection, or if there are risk factors, such as a new sex partner or multiple sex partners, sex partner with concurrent partners, or sex partner who has a sexually transmitted infection. Female refugees with abnormal vaginal or rectal discharge, intermenstrual vaginal bleeding, or lower abdominal or pelvic pain. Male refugees with urethral discharge, dysuria, or rectal pain or discharge. See the CDC guidelines for more information: Chlamydia	Enter screening results and referrals as appropriate.
Gonorrhea	Same guidelines as for Chlamydia (see above). See the CDC guidelines for more information: Gonorrhea	Enter screening results and referrals as appropriate.
Laboratory Tests	Urinalysis, serum chemistry, Hgb A1C, and cholesterol testing as per CDC and ORR guidelines. See CDC guidelines for more information: Laboratory Testing	Test and record results as appropriate.

Lead Screening **(For all refugee children 6 mos. to 16 years old)**	Refugee children are at risk for elevated blood lead levels due to the circumstances surrounding their relocation, and they are not tested for lead before U.S. arrival. All refugee infants and children ≤ 16 years of age. Refugee adolescents > 16 years of age if there is a high index of suspicion, or clinical signs/symptoms of lead exposure. All pregnant and lactating women and girls. • All newly arrived pregnant or breastfeeding women should be prescribed a prenatal or multivitamin with adequate iron and calcium. Referral to a healthcare provider with expertise in high-risk lead exposure treatment and management may be indicated for blood lead levels (BLLs) at or above 3.5 ug/dL. See the CDC guidelines for more information: Lead Screening	Enter screening results and referrals as appropriate. If lead screening not done, indicate reason why.
CBC with Differential	A complete blood count with differential should be done for all refugees as part of the refugee health screening. See the CDC guidelines for more information: Laboratory Testing	Record results as appropriate.
Intestinal Parasites Screening	Many refugees resettle in the U.S. from areas of the world where intestinal parasites are endemic. Many refugees may have been treated at the pre-departure medical examination with an anthelminthic drug. If given, treatment should be indicated on the refugees' overseas medical documents.	Review overseas records for pre-departure presumptive treatment and enter results. Enter presumptive treatment or serology or stool specimens, as appropriate. Refer as appropriate.

	See the CDC guidelines for more information: Intestinal Parasites	
Malaria Screening	Many refugees resettle in the U.S. from areas of the world where malaria is endemic. See the CDC guidelines for more information: Malaria	Enter screening results and referrals as appropriate.
Mental Health Screening	Many refugees have suffered trauma, torture, and social and physical dislocation during their flight and resettlement. In addition, mental health issues may manifest as pain or other somatic complaints. See the CDC guidelines for more information: Mental Health	Review overseas documents for mental health issues. Perform mental health screening and enter results and referrals as necessary. Enter as appropriate. RHS-15
Other Screenings Conducted	These screenings should be conducted for all refugees. These include dental, hearing, vision, nutrition/vitamin levels (e.g. B-12, Vitamin D-levels, etc.), and pregnancy. Please indicate if screened, treated, and/or referred.	Enter screening results and referrals as appropriate.
Other Referrals	Please indicate any referrals made. The most common include primary care, infectious diseases; HIV/STI/STD, women's health, prenatal health, newborn screening, nutrition/vitamins, hypertension, diabetes, health education, parasitology, pain. Space is provided for other referrals made.	Enter as appropriate.
Comments	Further concerns or actions taken for RHA.	Please fill in as necessary.
Other Screenings Conducted	These screenings should be conducted for all refugees. These include dental, hearing, vision, nutrition/vitamin levels (e.g. B-12, Vitamin D-levels, etc.), and pregnancy. Please indicate if screened, treated,	Enter screening results and referrals as appropriate.

	and/or referred.	
Mental Health/Substance Abuse	Alcohol and substance abuse that are culturally specific stimulatory substances.	Enter as appropriate. RHS-15
Other Referrals	Please indicate any referrals made. The most common include primary care, infectious diseases; HIV/STI/STD, women's health, prenatal health, newborn screening, nutrition/vitamins, hypertension, diabetes, health education, parasitology, pain. Space is provided for other referrals made.	Enter as appropriate.
Comments	Further concerns or actions taken for RHA.	Please fill in as necessary.

C. Provider Information

Table 3. Refugee Health Assessment Provider Information

Name	Name of provider (Required to be signed by a Nurse or Physician) who conducted the initial health assessment.	Signature of Name
Facility Name	Name of provider's practice or health care facility.	Write clearly, or a stamp may be used.

Additional Considerations:

Mental Health – Required for refugees 14 years of age. Programs should make every effort to utilize the RHS-15. If you are unable to use the RHS-15, use the abbreviated assessment questions below:

- How are you coping with the changes since arriving in the U.S.?
- Are you being helped by a sponsor, family member(s), or friends?
- Is there anything causing stress or worry for you or your family?
- Are you having any difficulties sleeping?
- Are you having difficulties with memory/concentration?
- Do you have any past mental health programs and/or treatment?
- How would you say you are feeling today?

Refer as appropriate based on responses and document referral. Do not ask leading questions and be sure to ask questions individually.

Female Genital Cutting (FGC) - Female genital cutting (also known as female circumcision, female genital mutilation, and female genital excision) refers to all procedures involving partial or total removal of female genitalia or other injury to female genital organs for any cultural, religious, or otherwise nontherapeutic

reasons. This practice, although pervasive throughout the world, is common in many refugee populations, particularly those from East Africa (e.g., Somalia, Ethiopia, and Sudan). This controversial practice is considered a human rights violation by many and is illegal in the U.S. for females under 18 years of age. The World Health Organization (WHO) has condemned the practice and is trying to end it. The practice poses adverse medical consequences, including direct complications from the procedure (anesthesia or sedation complications, bleeding, acute infection), increased risk of death for both mother and infant in subsequent pregnancies, post-traumatic stress disorder, and urinary tract infections, among others. In addition, there may be adverse consequences for the woman's sexual well-being.

An external genital examination will reveal whether a girl or woman has undergone this procedure. Although this examination is required for overseas medical examinations, it may not have been performed. As such, the refugee health assessment presents an opportunity to identify women who have had the procedure. The exam may also provide opportunities to interrupt the practice in future family and/or population generations. When the practice is identified, the health care provider should record the procedure type (see table below). Culturally sensitive counseling and educational materials should be offered, and, when necessary, referrals should be provided (e.g., for complications or posttraumatic stress disorder). The refugee should be informed that the procedure is illegal in the U.S.

World Health Organization Categorization of Female Genital Cutting	
Type I	Partial or total removal of the clitoris (clitorectomy).
Type II	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
Type III	Narrowing of the vaginal orifice with creation of a covering seal by cutting and positioning the labia minora and/or majora (infibulation), with or without excision of the clitoris.
Type IV	All other harmful procedures to the female genitalia for nonmedical purposes (e.g., piercing, incising, pricking, scraping, and cauterization).

In providing care for clients affected by FGC, healthcare professionals should start by examining their attitudes toward the practice. For example, they may regard FGC as an oppression of women, but all circumcised women who see FGC as part of their 'honor' and self-identity do not share this view. Also, healthcare professionals need to be aware that in many cultures, FGC is carried out with the best interest of young girls at heart, however harmful it may seem from a Western viewpoint.

- It is sanctioned by the community and endorsed by loving parents in the belief that it will ensure their daughter's health, chastity, hygiene, fertility, honor, and eligibility for marriage.
- It is seen as 'normal' to the women affected by it.

An appropriate approach to FGC should include:

- Use appropriate, non-judgmental terminology when referring to FGC (consider refraining from using the Western term 'female genital mutilation'; ask for the client's terminology for FGC or use such words as 'cutting' or 'female circumcision').
- Being sensitive to the possibility that the woman may wish to discuss issues associated with FGC; however, avoid raising the subject when there is no apparent reason to do so.
- Consider a referral to a female doctor.
- Reassure women that any questions relating to FGC have to do with health care, not U.S. laws.

- Avoid discussing FGC in a family consultation; discussing the topic around family members is not customary.
- Be aware that the client may never have had a gynecological examination.
- Be aware that the pelvic examination may be difficult, painful, or impossible and should not be continued if it is unduly uncomfortable for the client.
- Document findings in detail to minimize the need for repeat examinations so that future needs can be anticipated and arranged.
- Recognize that a woman may regard her genitalia as normal; she may be unaware that she has undergone FGC or may even deny that this is the case.
- Recognize that women may be unaware of medical complications associated with FGC.

Information/Resource	Link
U.S. Department of Health and Human Services, Office of Women's Health – Female Genital Cutting	https://www.womenshealth.gov/a-z-topics/female-genital-cutting
World Health Organization – Female Genital Mutilation	http://www.who.int/mediacentre/factsheets/fs241/en/
Ethnomed-Dysuria, Symptoms in Somalia Girls and Women	https://ethnomed.org/resource/dysuria-symptoms-in-somali-girls-and-women/
CDC Guidelines for Clinicians for FGM	https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/sexual-and-reproductive-health.html

Send the original completed referral form by encrypted email to:

State Refugee Health Program: Joan.Foderingham@dph.ga.gov

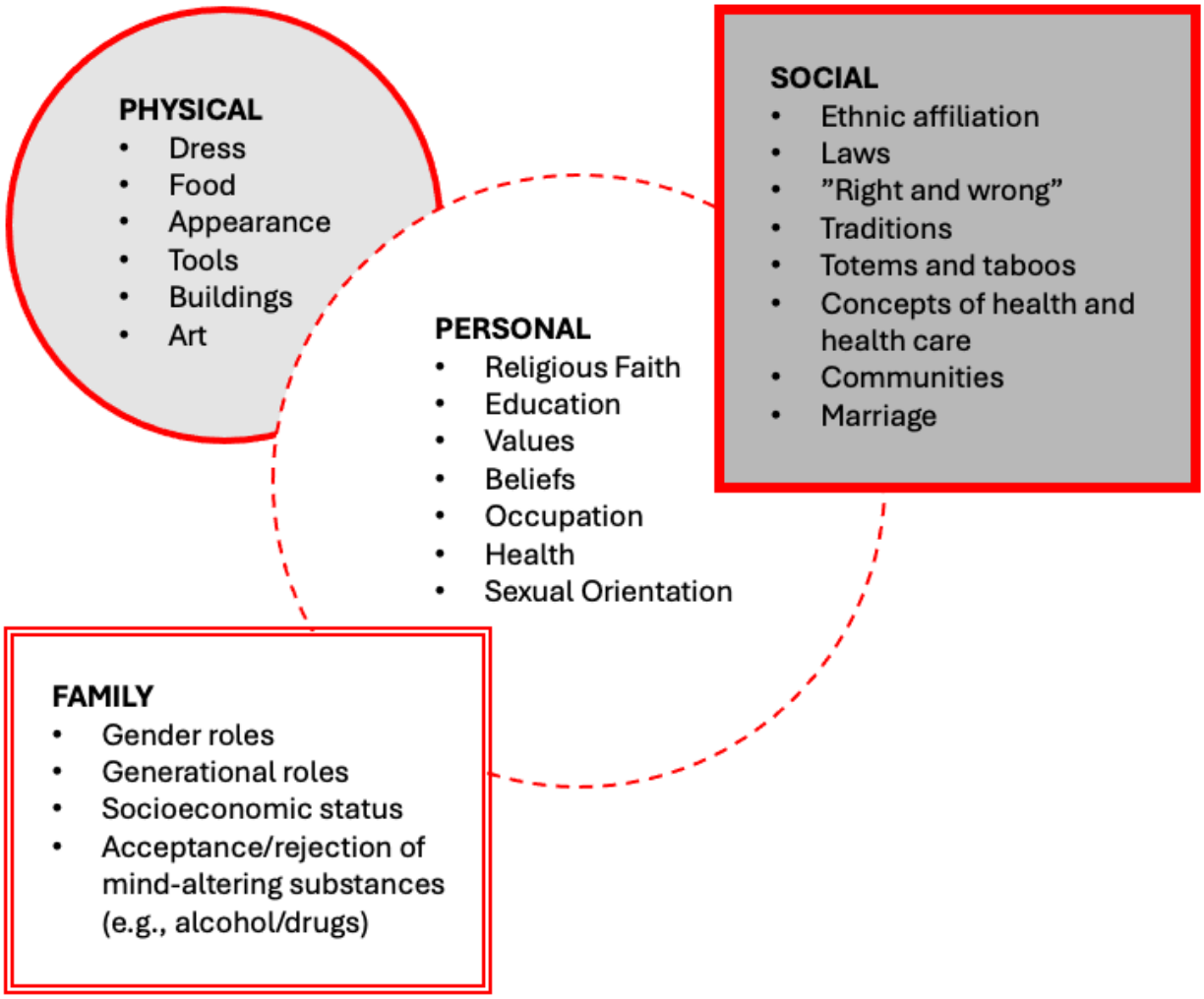
SECTION 5: REPORTING

Reportable Diagnosis

Georgia law requires that physicians, healthcare facilities, and laboratories report certain diseases to the Georgia Department of Public Health. A copy of this law, the requirements for reporting, and the form used to report are included at the end of this guide. For more information about mandatory reporting or to report a case, please call the Georgia Department of Public Health at 1-800-PUBH-HLTH (1-866-782-4582).

SECTION 6: COMMUNICATING WITH ORR ELIGIBLE POPULATIONS

Effective communication is essential to quality health care, as language and cultural barriers can lead to serious complications and adverse outcomes. In addition to the effect the inability to communicate can have on client outcomes, cultural and linguistic barriers can also influence costs by increasing inefficiencies and unnecessary testing. Cultural competence goes beyond cultural awareness or cultural sensitivity. The U.S. Office of Minority Health (2001) defines cultural competence as the "ability by health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter." Many factors influence our feelings about various cultures:



Culture, Belief, and Health-Related Needs

There are no magic recipes for approaching patients from another culture. Each patient is unique. Each culture is a filter, not a lens. We all look at the world through the filter of our culture but also with our own eyes. There are sensitive issues that all healthcare providers and volunteers who work with people from other cultures should know:

- Patient autonomy and decision-making are perceived as misguided concepts in some cultures. Sometimes, the individual or the family makes the decisions; at other times, they want the doctor to decide.
- The funnel for medical information is not always the patient, but in many cases, a designated family member, which can confuse healthcare workers and volunteers and interfere with health-related laws, such as the Health Insurance Portability and Accountability Act (HIPAA).
- Refugees often arrive from war-torn countries. A startling percentage of refugee women were raped abroad. Most suffer some degree of trauma, and many have no experience with medical exams.
- Refugees need sensitive services from interpreters. A high percentage of them suffer from post-traumatic stress disorder, depression, substance abuse, and histories of sexual assault, starvation, deprivation, and/or ill health in refugee camps.

Other important issues that cut across many cultures:

- Many refugees are not literate in their language.
- Refugees may be suspicious of the U.S. healthcare system. It can bewilder them.
- Folk healers are common, even among refugees who seek formal health care.
- Compliance and follow-up are often poor due to language and cultural barriers.
- In many cultures, it is not considered appropriate to display emotions, while in other cultures, it may be considered obligatory to show strong emotion about serious illness, even in a clinical setting where they may disturb other clients.
- Pain medication is often poorly understood.
- In some cultures, patients are expected to be stoic about pain and may not be honest when communicating about the pain they feel. They may have withdrawn or refused access to pain medication for immediate family members.
- Confidentiality is critical yet misunderstood. For this reason, it is vital to stress to the patient and family that all healthcare workers and volunteers must respect confidentiality (and why).

Special Considerations: Children and Cultural Differences

When performing a history and physical exam on refugee children, it is important to remember that they will have the same level of fear and anxiety encountered in U.S. children of the same ages. Attention should be paid to reassuring and calming the child as best as possible during the exam. In addition, because refugee children are at high risk for developmental delay and behavioral issues, the provider should incorporate an assessment of the child's developmental stage using standardized historical and exam milestones whenever possible.
Lastly, it is known that refugee children have a high prevalence of malnutrition and growth retardation. Providers should use standardized growth charts and refer families to WIC and other nutritional support programs as needed.

During the exam, providers should consider refugees' cultural and religious beliefs and accommodate them as much as possible. For example, an Islamic woman may not wish to be examined by a male physician. If using interpreters, bear in mind that the gender of the interpreter should similarly be considered. Interpreters

of the opposite gender from the patient may need to stand behind a curtain or screen, and in some instances, the patient may not speak freely in front of an interpreter of a different gender.

The National Culturally and Linguistic Appropriate Services (CLAS) Standards in Health Care Delivery # 4-7:

National Standards for Culturally and Linguistically Appropriate Services in Health Care promulgated by Think Cultural Health (2024):

- √ **Standard 4.** Healthcare organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, promptly during all hours of operation.

- √ **Standard 5.** Healthcare organizations must provide patients/consumers in their preferred language with verbal offers and written notices informing them of their right to receive language assistance services.

- √ **Standard 6.** Healthcare organizations must ensure the competence of language assistance provided to limited English-proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

- √ **Standard 7.** Healthcare organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Folk Medicine and Remedies

Some folk remedies can lead to cultural misunderstanding and possible charges of child neglect or abuse. Healthcare professionals must take special care to ascertain if practices such as coining and cupping are used before child protective services are notified. For more information on folk medicine and remedies, please see the Internet Resources on the following page.

Strategies

- Take your time! For many cultures, a first clinical meeting ideally begins with a pleasant conversation. It can include questions about neutral subjects to put the client at ease. The goal is to establish a relationship of warmth and trust. Only then is it helpful to proceed to some delicate healthcare questions.
- Ask your interpreters and bilingual staff how to greet clients. Your interpreter and bilingual staff have a wealth of cultural knowledge. You can also consult a local ethnic group or resettlement agency. Acquiring cultural information can help put your clients at ease.
- Hire bilingual/bicultural staff. Hiring qualified staff from your clients' cultures provides the greatest reassurance that your organization understands and respects the cultural issues around health care. Acquiring such staff members also promotes trust.

Cultural Competence in Health Care: Internet Resources

Cultural and ethnic health profiles are valuable tools for staff and volunteers. Most are brief (a few pages or less) and free of charge. They provide information about the culture, language, and/or important health issues that affect the population. Such documents can be used as a tool to stimulate informal discussions among staff, volunteers, and interpreters on these complex issues.

Cultural profiles and other information on cultural competence and overcoming linguistic and cultural barriers can be accessed through the websites listed below.

Information/Resource	Link
Refugee Backgrounders and Profiles	http://www.culturalorientation.net/learning/backgrounders
CDC Health Education and Resources	https://www.cdc.gov/immigrant-refugee-health/communication-resources/index.html
Refugee Health & Mental Health	https://www.switchboardta.org/resources/mental-health-and-wellness/

Medical Interpretation

It is not the primary responsibility of the SRHP to provide interpretation or translation services for your facility. Under Title VI of the Civil Rights Act, you must offer these services to all Limited English Proficient (LEP) individuals who visit your facility. Therefore, if an SRHP Health Service Representative is unavailable, you must secure appropriate interpretation and translation services.

Face-to-Face

The Georgia Department of Public Health is dedicated to ensuring that individuals with limited English proficiency (LEP) and sensory impairments (SI) have meaningful access to all programs and activities offered or supported by the department. This includes services provided directly by the department and its offices and those funded through grant-in-aid resources to county, regional, and local offices. Additionally, all entities contracting with the department for service provision are required to ensure meaningful language access.

SECTION 7: ADJUSTMENT OF STATUS & CIVIL SURGEONS

Adjustment of status (AoS) refers to the process by which certain aliens are allowed to apply for LPR status while in the U.S. It is a separate process from the RHA. AoS applications are made to USCIS, and most applicants are required to have a medical examination. The medical examination must be conducted by a physician designated as a civil surgeon by USCIS, and the exam results must be submitted to USCIS on Form I-693, Report of Medical Examination and Vaccination Record.

Note: Persons admitted to the U.S. with refugee or asylee dependent status and applying for AoS do not need the full medical examination if there were no medical grounds of inadmissibility (Class A conditions) identified during their overseas medical examination. Refugees and asylee dependents do, however, need to comply with the vaccination requirements. LHD physicians providing only the vaccination sign-off for refugees do not need to apply to USCIS for civil surgeon status. The time limit for I-693 is one year; greater than 1 year, the client will have to redo services.

SECTION 8: REFUGEE HEALTH PARTNERS

The Refugee Health Program works with refugee resettlement agencies, state programs, and medical and social service providers to ensure that refugees receive coordinated and comprehensive health care services. The Refugee Health Program also provides training and technical assistance to refugee providers. Providers may contact the Refugee Health Program to request technical assistance at Monica.Vargas@dph.ga.gov or Bereket.Beraki@dph.ga.gov to schedule a session.

GLOSSARY

Alien
A person who is not a citizen or national of the United States.

Amerasian
A person fathered abroad by U.S. servicemen to women of Asian nationalities.

Asylee
An immigrant who flees his or her country in fear of persecution or with a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group and is already present in the United States when he/she obtained asylum. One seeks asylum from the United States Citizenship and Information Services (USCIS).

Centers for Disease Control and Prevention (CDC)
The CDC of the U.S. Public Health Service (USPHS) is responsible for ensuring that immigrants entering the U.S. do not pose a threat to public health. CDC monitors the overseas medical screening of immigrants, inspects the medical records of immigrants at U.S. ports of entry, and notifies state health departments of each arriving refugee and some categories of other immigrants.

Civil Surgeon
A physician approved by the United States Citizenship and Information Services (USCIS) to conduct the medical examination of applicants seeking to adjust their immigration status.

Class A Condition
An excludable medical condition (e.g., infectious tuberculosis, HIV infection, physical or mental disorder that may pose a threat, drug abuse, or addiction) diagnosed in a refugee during the overseas medical examination. Class A conditions require approved waivers for United States entry and immediate follow-up upon arrival by appropriate medical personnel.

Class B Condition
A physical or mental abnormality, disease, or disability serious in degree or permanent amounting to a substantial departure from normal well-being diagnosed during the overseas medical examination. Class B designations indicate a need for follow-up by appropriate medical personnel soon after arrival in the United States.

Division of Global Migration Health (DGMH/CDC)
The CDC Division of Global Migration Health is committed to reducing morbidity and mortality from infectious diseases among immigrants, refugees, international travelers, and other mobile populations crossing international borders. In addition, the Division of Global Migration Health is committed to promoting border health and preventing the introduction of infectious agents into the United States.

DS-2053
Department of State form, Medical Examination for Immigrant or Refugee Applicant. This form is required for immigration. It is the summary of three worksheets, plus it contains the results of the required laboratory

tests for any applicant (immigrant and refugee) older than 14 years of age. This form is in the immigrants' and refugees' IOM Bags.

Health Assessment
The comprehensive assessment of newly arrived refugees, including

- Follow-up of conditions identified overseas
- Evaluation and diagnostic services to determine health status and identify health problems
- Referral for follow-up of identified health problems
- Education/orientation to local healthcare services
- Linkage with primary healthcare services

I-693
The USCIS form is called the Report of Medical Examination and Vaccination Record. This is the form used to document the medical aspects of the Adjustment of Status application.

I-94
USCIS document that records each alien's arrival and departure from the United States. It identifies the period for which the alien is admitted and their immigrant status.

Immigrant
A person who is not a U.S. citizen or national who enters the United States as an actual or prospective permanent resident with the intent to remain for an indefinite time.

Immigration Status
The legal or illegal character or condition under which an immigrant has entered the United States. All refugees are legal immigrants.

International Organization for Migration (IOM)
IOM works to help ensure the orderly and humane management of migration, promote international cooperation on migration issues, assist in the search for practical solutions to migration problems, and provide humanitarian assistance to migrants in need, including refugees and internally displaced people. IOM arranges refugee travel and travel loans to refugees migrating to the United States. It provides cultural orientation briefings and/or medical screenings in some locations.

IOM Bag
The large white bag was issued to refugees at the time of travel to carry medical and other documents, including the results of the overseas medical exam, immunization records, and overseas chest X-rays.

Local Resettlement Agency (LRA)
A national or local non-profit voluntary agency. LRAs are responsible for initial refugee resettlement processing under a contract with the Department of State. The National Resettlement Agency assigns continuing responsibility for the refugee to a local affiliated LRA or sponsor. During the initial resettlement process, the LRA or sponsor assists the refugee in seeking healthcare, employment, and/or schooling and housing.

Office of Refugee Resettlement (ORR)
Advises the U.S. Assistant Secretary for Children and Families and the Secretary of Health and Human Services on policies and programs regarding refugee resettlement, immigration, and repatriation matters. ORR plans, develops, and directs implementation of a comprehensive program for domestic refugee and

entrant resettlement assistance. ORR also provides direction and technical guidance to the nationwide administration of resettlement and repatriation programs.

Overseas Medical Exam (see Visa Medical Examination)

Parolee
A foreign-born person, or alien, who appears inadmissible to the inspecting USCIS officer is allowed to enter the United States under emergency (humanitarian) conditions or when that individual's entry is in the public interest.

Primary Refugee
A refugee residing in the state is listed as the initial destination point by USCIS. Refugees are free to move from state to state, but sponsors, LRAs, and state health departments are designed to serve only newly arrived primary refugees in the state.

Port Health Stations
The station at a major port of entry is charged with preventing the importation and spread of communicable diseases into the United States. Port Health Station officers inspect arriving aliens and their medical documents and forward copies of documents to appropriate health authorities in the resettlement location. Refugee arrivals are limited to the eight ports of entry where the CDC has staff (New York City, Chicago, Miami, Los Angeles, San Francisco, Atlanta, Seattle, and Newark).

Reception and Placement (R&P)
The initial resettlement process and period (generally 30 days) during which an LRA or other sponsor under an agreement with the United States Department of State is responsible for assisting the refugee.

Refugee
A foreign-born resident who is not a United States citizen and who cannot return to his or her country of origin or last residence because of persecution or the well-founded fear of persecution because of race, religion, nationality, membership in a particular social group, or political opinion, as determined by the State Department or United States Citizenship and Immigration Services (USCIS). A refugee receives this status prior to entering the United States. (For the State Refugee Health Program, "refugee" encompasses asylees and parolees.)

Refugee Medical Assistance (RMA)
Available as cash or medical assistance to needy refugees who arrive in the U.S. with no financial resources and are not eligible for other assistance programs such as Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), or Medicaid. This refugee assistance, if needed, is paid entirely from federal funds and is available only for a limited number of months following arrival in the U.S.

Secondary Refugee/Migration
A refugee initially settles in one state and subsequently moves to another outside the jurisdiction of the agency responsible for his or her initial resettlement.

Sponsor
A person who signs an affidavit of support for a person applying to emigrate to the United States as a resident. A sponsor must be a U.S. citizen, national, or legal permanent resident who is 18 years of age or older, has been domiciled in the United States, and meets certain income/assets requirements.

United States Citizenship and Immigration Service (USCIS)
Formerly known as the INS. An agency within the Department of Homeland Security that oversees the implementation of federal immigration and naturalization laws, including the immigration, exclusion, deportation, expulsion, or removal of immigrants.

Victim of Human Trafficking
Human trafficking is a modern-day form of slavery. Victims of human trafficking are trafficked across international borders and subjected to force, fraud, or coercion for the purpose of sexual exploitation or forced labor. Victims are young children, teenagers, men, and women.

> *Sex trafficking* – the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion, or in which the person is forced to perform such an act is under the age of 18 years
>
> *Labor/Domestic trafficking* – the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. In both forms, the victim is an unwilling participant due to force, fraud, or coercion.

Visa Medical Examination or Overseas Medical Examination
The physical and mental examination of the immigrants and refugees coming to the United States is completed as part of the visa application process. The visa medical examination aims to identify the presence or absence of certain disorders that could result in exclusion from the United States under provisions of the Immigration and Nationality Act.

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Visit our website for more resources and updates:
Georgia Department of Public Health, Refugee Health Program


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