

WEBVTT

1 00:00:00.000 --> 00:00:02.810 Yale podcast network.

2 00:00:02.810 --> 00:00:05.269

3 00:00:05.269 --> 00:00:09.400 Hi all welcome to a special episode of the Yale Journal Biology and medicine.

4 00:00:09.400 --> 00:00:11.731 This episode is focused on Refugee Health.

5 00:00:11.731 --> 00:00:14.061 The Yale Journal of Biology and Medicine is a pub.

6 00:00:14.061 --> 00:00:22.431 Med indexed quarterly Journal edited by the Yale medical graduate and professional students and peer reviewed by experts in the field of biology and medicine.

7 00:00:22.431 --> 00:00:29.422 I'm Wei, A third year graduate student in Microbiology and I'm your Cohost Kartiga second year graduate student Biomedical Engineering,

8 00:00:29.422 --> 00:00:33.182 joining us today. Are 2 experts in the field of refugee health doctor,

9 00:00:33.182 --> 00:00:35.460 Camille Brown and doctor Annamalai.

10 00:00:35.460 --> 00:00:39.304 Doctor Camille Brown is the director of the Yale Pediatric refugee clinic.

11 00:00:39.304 --> 00:00:42.689 In addition, she's an assistant clinical professor of Pediatrics,

12 00:00:42.689 --> 00:00:50.942 at the Yale School of Medicine Dr Annamalai is the director of Yale Adult Refugee Clinic as well as an associate professor of psychiatry sort of start can you each

13 00:00:50.942 --> 00:00:59.899 talk a bit about your career path and what your experiences are that informed your decision to work in your respective fields and with refugee populations.

14 00:00:59.899 --> 00:01:07.590 So I Did not actually aspire to treat refugees that was not how I started my career path.

15 00:01:07.590 --> 00:01:10.858 It was serendipitous and I sort of fell into it.

16 00:01:10.858 --> 00:01:23.064 When I came here to work at Yale after finishing my training in primary care and psychiatry very enterprising resident in the residency program in internal medicine was just starting.

17 00:01:23.064 --> 00:01:28.334 This clinic and then we've developed it and it has grown a lot over the years,

18 00:01:28.334 --> 00:01:32.269 but when it first started I was just starting to work here.

19 00:01:32.269 --> 00:01:35.052 And I was asked if I was interested in it,
20 00:01:35.052 --> 00:01:46.635 and I jumped at the idea because I've always
wanted to work with sort of underserved indigent populations and also being
very interested in some of the cultural manifestations of
21 00:01:46.635 --> 00:01:51.165 how people think about illnesses and how they
present with illnesses.
22 00:01:51.165 --> 00:01:54.141 And why you see some things more than others.
23 00:01:54.141 --> 00:02:02.489 In some countries and in some cultures and
that's always been one of my interests or this fit in neatly but why I mentioned
that.
24 00:02:02.489 --> 00:02:06.870 It was happens chances you know.
25 00:02:06.870 --> 00:02:14.456 This can happen to anyone and you know you
don't necessarily have to start out being an expert refugee provider.
26 00:02:14.456 --> 00:02:18.350 I mean, you can do this sort of any stage in
your career.
27 00:02:18.350 --> 00:02:19.962 But since I started it.
28 00:02:19.962 --> 00:02:25.599 I've been running this clinic for at this point
10 years.
29 00:02:25.599 --> 00:02:28.665 So I guess I also fell into it.
30 00:02:28.665 --> 00:02:39.110 I have always been a primary care doctor and
similarly had always had an interest in underserved populations.
31 00:02:39.110 --> 00:02:47.628 I was living with my family in California walk-
ing in primary care and then when we moved back from my husband's job here
at Yale.
32 00:02:47.628 --> 00:02:58.507 I was interested in coming back into the aca-
demic world in working within a pediatric residency program to be able to do
some more teaching with pediatric residents.
33 00:02:58.507 --> 00:03:02.897 So started working at the Yale Primary Care
Center for Pediatrics,
34 00:03:02.897 --> 00:03:08.401 and through the connection between IRS in
the primary care center in a similar way,
35 00:03:08.401 --> 00:03:11.219 the pediatric refugee clinic had developed.
36 00:03:11.219 --> 00:03:17.975 To support the health care needs of the clients
of IRS and the former director of the program doctor,
37 00:03:17.975 --> 00:03:22.281 Schumacher was leaving and I said yes and
stepped into the role.

38 00:03:22.281 --> 00:03:26.917 So it was a learning process coming through that and so the same way.

39 00:03:26.917 --> 00:03:36.786 I didn't expect it but it has been a fabulous opportunity and a lot of learning could you maybe for the audience who might not know tell us a little

40 00:03:36.786 --> 00:03:42.349 bit about what who are refugees and how are they different from maybe asylum seeker?

41 00:03:42.349 --> 00:03:57.737 Seekers and migrants. So very briefly refugees are different from asylum seekers in the sense that they have already fled their area of persecution and have been registered by the

42 00:03:57.737 --> 00:04:01.911 United Nations health commissioner for Refugees,

43 00:04:01.911 --> 00:04:08.811 which is the UNHCR and they have then been potentially resettled in 1/3 country,

44 00:04:08.811 --> 00:04:12.030 which is how we see them.

45 00:04:12.030 --> 00:04:24.665 Asylum seekers have usually come to the US or any other country as a student or for a job or as a tourist and then they're seeking asylum because there

46 00:04:24.665 --> 00:04:34.891 afraid to go back, but the basic premise behind both groups is that they are fleeing some type of persecution and Because,

47 00:04:34.891 --> 00:04:39.129 They have a well founded fear of this persecution,

48 00:04:39.129 --> 00:04:42.040 turning into serious harm for them.

49 00:04:42.040 --> 00:04:52.000 They are qualified to be registered as refugees or asylum seekers.

50 00:04:52.000 --> 00:04:55.113 So, just for a little bit of background for audience,

51 00:04:55.113 --> 00:04:57.651 according to the World Health Organization.

52 00:04:57.651 --> 00:05:03.129 There are currently about 68,000,000 people who have been forcibly displaced from their homes.

53 00:05:03.129 --> 00:05:10.509 Historically, the US government selection invites about 70,000 to resettle and this has decreased significantly in recent years.

54 00:05:10.509 --> 00:05:12.026 And so currently in 2019.

55 00:05:12.026 --> 00:05:16.983 This is capped at 30,000 and it decreased again in 2020 and is now capped at 18,000,

56 00:05:16.983 --> 00:05:26.709 So what are some of your thoughts on this and has it had any effects on your perspective as a health care provider and as an advocate of refugees.

57 00:05:26.709 --> 00:05:33.951 Sure, um as you just said the cap has been steadily decreasing in the last 2 or 3 years,

58 00:05:33.951 --> 00:05:46.980 but it was actually increasing prior to that where we had gone up to a total of 110,000 every year but that was before the central administration changed.

59 00:05:46.980 --> 00:05:57.786 So we have to see how the future year goes but this is the lowest it has ever been since the US formally started a refugee resettlement program in 1980

60 00:05:57.786 --> 00:06:01.697 as healthcare providers living in the US we of course,

61 00:06:01.697 --> 00:06:05.252 see the people who already come here as refugees.

62 00:06:05.252 --> 00:06:16.485 But we do know both anecdotally and from reports from other places that there are many refugees in Limbo who are waiting at camps or in other places that they

63 00:06:16.485 --> 00:06:21.019 have fled to. Seeking medical care so from a health point of view,

64 00:06:21.019 --> 00:06:27.461 definitely that's a barrier to them seeking health if they're not able to be resettled keep in mind,

65 00:06:27.461 --> 00:06:31.860 though, that even when we were at our highest point of resettlement.

66 00:06:31.860 --> 00:06:36.706 That's still a fraction like a set of the 70 million refugees in the world.

67 00:06:36.706 --> 00:06:40.788 That's always something we should keep in the back of our mind,

68 00:06:40.788 --> 00:06:49.269 but I think what has happened in recent years from an advocacy perspective is the USI think has lost its place as the world's leader.

69 00:06:49.269 --> 00:06:53.560 In refugee resettlement because of the rapid decline in numbers.

70 00:06:53.560 --> 00:06:57.360 In the past, we had the.

71 00:06:57.360 --> 00:07:08.120 We we could probably say that we were resettling more refugees than all other countries combined and we no longer can say that.

72 00:07:08.120 --> 00:07:10.990 So you touched a little bit about this,

73 00:07:10.990 --> 00:07:13.288 but regardless of this decline.

74 00:07:13.288 --> 00:07:16.519 What is providing as a health care provider?

75 00:07:16.519 --> 00:07:21.970 What does resettlement look like from that standpoint for a refugee?

76 00:07:21.970 --> 00:07:28.992 So resettlement is essentially offered to those refugees as a method of last resort,

77 00:07:28.992 --> 00:07:33.947 so of all the people who have fled their countries borders,

78 00:07:33.947 --> 00:07:47.826 which is technically necessary for a legal definition of a refugee after fleeing the first objective of the United Nations is to repatriate them to their home country.

79 00:07:47.826 --> 00:07:52.220 If the conflict is over and if it is safe to do so.

80 00:07:52.220 --> 00:07:57.137 If not the second option is to then integrate them into their local community.

81 00:07:57.137 --> 00:07:59.004 For example, in recent years,

82 00:07:59.004 --> 00:08:01.867 many Syrians have come to Jordan and Lebanon,

83 00:08:01.867 --> 00:08:07.283 an the goal is if they cannot go back then to integrate them into the local community.

84 00:08:07.283 --> 00:08:11.826 So resentment is really offered to people for whom neither is an option.

85 00:08:11.826 --> 00:08:21.473 So it really applies to people who are the most persecuted or at least for whom there is most fear in staying or going back and what resettlement means is

86 00:08:21.473 --> 00:08:24.959 then they're basically invited by this third country an?

87 00:08:24.959 --> 00:08:28.310 Over 60 countries participate in the resettlement program,

88 00:08:28.310 --> 00:08:31.095 though some countries take in very few refugees.

89 00:08:31.095 --> 00:08:40.297 But what it means for the refugees than they are moved to this new host country and they are accepted as eventually permanent residents of that country and so of

90 00:08:40.297 --> 00:08:44.614 course, along with health. There are a lot of other things that go into it.

91 00:08:44.614 --> 00:08:47.509 Like finding them housing, helping them find jobs,

92 00:08:47.509 --> 00:08:55.879 education, etc. So there's a lot of social things that go into a country deciding to do this and each country is different in terms of how many.

93 00:08:55.879 --> 00:08:59.659 If it is it takes and what types of supported offers.

94 00:08:59.659 --> 00:09:11.004 From the health standpoint what are some kind of post resettlement stresses or what is the impact on the mental health of refugee populations so I'll speak to the adults

95 00:09:11.004 --> 00:09:16.942 on doctor Brown can then speak about the kids so there are multiple levels of migration.

96 00:09:16.942 --> 00:09:21.080 So we traditionally have divided them into the pre migration.

97 00:09:21.080 --> 00:09:30.889 Phase the phase of actual migration and travel which for some refugees can be 10 or 15 years in a camp but for some rich refugees it might just be

98 00:09:30.889 --> 00:09:34.306 a year or 2. And then there's The Post Migration Phase,

99 00:09:34.306 --> 00:09:44.052 which is when they're trying to adjust to the new country so the stressors start accumulating from the beginning of the conflict through all these faces and traditionally,

100 00:09:44.052 --> 00:09:46.261 though we talk a lot about the trauma,

101 00:09:46.261 --> 00:09:49.434 the experience. That's only a part of the whole stress.

102 00:09:49.434 --> 00:09:51.813 I mean, Doctor Brown and I both see many,

103 00:09:51.813 --> 00:09:54.421 many, many stressors related to resettlement,

104 00:09:54.421 --> 00:10:01.332 which is because. You're adjusting to a host country that may be completely new that may not necessarily be the country,

105 00:10:01.332 --> 00:10:09.750 you chose. You may be completely unfamiliar with the system in the country and with the language used in that country.

106 00:10:09.750 --> 00:10:16.350 So I would broadly categorize the sources of stress for refugees as the prior trauma,

107 00:10:16.350 --> 00:10:21.875 which if present can definitely exacerbate the post migration stresses,

108 00:10:21.875 --> 00:10:26.173 but then also a huge part is the post migration stress,

109 00:10:26.173 --> 00:10:32.313 so traditionally. We talk a lot about post traumatic stress disorder in adults,

110 00:10:32.313 --> 00:10:34.549 but there are I think not.

111 00:10:34.549 --> 00:10:39.855 Majority of the refugees actually don't necessarily have that as a diagnosis,

112 00:10:39.855 --> 00:10:44.818 but they have a lot of other stressors related to these social problems,

113 00:10:44.818 --> 00:10:54.340 including for many people starting completely from scratch with no money and completely not being able to use their prior educational level.

114 00:10:54.340 --> 00:10:59.309 To work in this country and they have to work at basically much lower skill levels.

115 00:10:59.309 --> 00:11:05.225 I mean, these are just a couple examples of the stresses but how it manifests is not just Pete ESD,

116 00:11:05.225 --> 00:11:11.320 but various types of depressive anxiety disorders and sometimes it might not be a full blown disorder,

117 00:11:11.320 --> 00:11:16.350 but just several symptoms of distress that we routinely say.

118 00:11:16.350 --> 00:11:23.042 And I think you are unique to children can be the added stresses of learning,

119 00:11:23.042 --> 00:11:27.159 a new culture and integrating a new culture and.

120 00:11:27.159 --> 00:11:31.456 Being stuck a little bit between the culture of that family,

121 00:11:31.456 --> 00:11:38.287 where they came from and their expectations of integrating and becoming a part of a new culture.

122 00:11:38.287 --> 00:11:44.201 Some of this we see is with language acquisition that children will learn to speak.

123 00:11:44.201 --> 00:11:57.230 The language before their parents and can get the put in the role is becoming the translator for the families in taking care of adult business interactions or interpreting interactions.

124 00:11:57.230 --> 00:12:02.945 And putting them in a stressful relationship with their parents of still being the child,

125 00:12:02.945 --> 00:12:05.104 but then actually having to play.

126 00:12:05.104 --> 00:12:15.836 Some adult roles, it can also be a struggle for children as they adjust trying to assimilate into the new American culture and then also having the expectations at home

127 00:12:15.836 --> 00:12:27.075 of continuing the roles of the culture from kind of the cultural and their family norms from their country of origin and especially as our children go through adolescence there

128 00:12:27.075 --> 00:12:31.739 can be. Simple and difficulties with that and then for children.

129 00:12:31.739 --> 00:12:39.510 It's assimilation into a new school getting the support that they need for English as a second language.

130 00:12:39.510 --> 00:12:52.094 Uh a lot of our children have come with interruptions with their schooling and so also some of the pre resettlement stresses may have affected that developmental levels.

131 00:12:52.094 --> 00:13:02.529 And so needing to have extra supports at school and then some of the underlying discrimination or bias or bullying at the school can also be.

132 00:13:02.529 --> 00:13:05.587 The potential source of added stresses.

133 00:13:05.587 --> 00:13:16.366 I also point out that there's a lot of these families will be very isolated here and that can be a stress and also they will have many times.

134 00:13:16.366 --> 00:13:28.446 Family members that they're worried about who may still be in the country in origin or their country of Displacement and so there can be a lot of worries for

135 00:13:28.446 --> 00:13:34.179 these families about their family members who are still in areas of danger.

136 00:13:34.179 --> 00:13:42.530 Or have been resettled in different countries around the world and kind of some of the support systems for these children aren't actually hear directly with them,

137 00:13:42.530 --> 00:13:46.639 but there are scattered around around the globe.

138 00:13:46.639 --> 00:13:56.528 So I can imagine that with all these stressors from a mental health standpoint of physical health standpoint and a social standpoint refugees face unique stressors.

139 00:13:56.528 --> 00:14:06.178 Once they migrate? What sort of resources are in place in order to help mitigate some of these challenges in terms of organizations and community organizations.

140 00:14:06.178 --> 00:14:15.100 Government organizations translators, even what are some of the most commonly utilized resources for mitigating these challenges?

141 00:14:15.100 --> 00:14:20.188 I think community resources can really kind of show some of the differences.

142 00:14:20.188 --> 00:14:31.690 When we were talking about the definition of refugee and how we apply that for our patients who come through the refugee clinic have been designated in given refugee status.

143 00:14:31.690 --> 00:14:43.389 They come to the United States with a connection to a local resettlement agency they come with the support of getting medical medical insurance for adults 8 months for children

144 00:14:43.389 --> 00:14:45.570 in Connecticut, they get to have.

145 00:14:45.570 --> 00:14:50.395 Husky insurance and so they have some support systems.

146 00:14:50.395 --> 00:15:02.240 This can be very different for children who are in families were coming in as immigrants or asylum seekers who have not been given the?

147 00:15:02.240 --> 00:15:12.649 I guess the have not got their support of being an asylum seeker yet and they will not have the same type of support systems as our families that are

148 00:15:12.649 --> 00:15:16.051 coming through the refugee resettlement program.

149 00:15:16.051 --> 00:15:20.214 If you are coming through the refugee resettlement program.

150 00:15:20.214 --> 00:15:27.153 The families are connected with the refugee resettlement agency and coming into our refugee clinic.

151 00:15:27.153 --> 00:15:32.289 It tends to be multidisciplinary clinic and So what that means is through.

152 00:15:32.289 --> 00:15:37.009 Iris which is integrated refugee and Immigration Services are local.

153 00:15:37.009 --> 00:15:43.715 New Haven resettlement agency they will come with a connection through a health care coordinator,

154 00:15:43.715 --> 00:15:50.009 who will help them with setting up their first appointments in some of the health literacy.

155 00:15:50.009 --> 00:15:54.456 Education learning than you healthcare system within our clinic.

156 00:15:54.456 --> 00:16:05.580 We have designated pediatric providers who will see the patients designated nurses who will help with our families and also really help with the health literacy.

157 00:16:05.580 --> 00:16:18.625 We have connection with the Yale Child Study Center to have a pediatric psychiatrist see the patients and we also have connection with a neuropsychologist who can help do some

158 00:16:18.625 --> 00:16:23.442 evaluations with children that we worried about so it really is.

159 00:16:23.442 --> 00:16:29.149 As I said a multidisciplinary team to be able to help support these families.

160 00:16:29.149 --> 00:16:34.580 If for families that we see in clinic who.

161 00:16:34.580 --> 00:16:37.600 Similar fleeing from a refugee situation,

162 00:16:37.600 --> 00:16:41.409 but do not come into our clinic with refugee status.

163 00:16:41.409 --> 00:16:47.879 It is harder to find some of the community supports but within within the New Haven area.

164 00:16:47.879 --> 00:16:54.998 There's different different community supports into different programs and also within our clinic.

165 00:16:54.998 --> 00:17:02.460 We have support from amazing social worker in case managers to help support these families.

166 00:17:02.460 --> 00:17:04.333 So I just want to add 2.

167 00:17:04.333 --> 00:17:07.403 Watt, doctor, Brown summarize very well.

168 00:17:07.403 --> 00:17:10.101 The healthcare part of the payment.

169 00:17:10.101 --> 00:17:16.094 Excuse me for the health care comes from a federally funded source like doctor,

170 00:17:16.094 --> 00:17:20.888 Brown said. When they come as part of the resettlement program.

171 00:17:20.888 --> 00:17:29.952 They do get some sort of medical assistance for the first eight months of their stay in this country and in most states.

172 00:17:29.952 --> 00:17:33.289 It takes the form of the local Medicaid.

173 00:17:33.289 --> 00:17:38.978 So that is at least one source of care which asylum seekers do not have as doctor.

174 00:17:38.978 --> 00:17:49.326 Brown mentioned and I also wanna say that even though the refugee resettlement program is federally funded the money for refugees actually very small.

175 00:17:49.326 --> 00:17:52.615 The idea is in the spirit of what this country,

176 00:17:52.615 --> 00:17:57.892 usually stands for that. The refugees would become independent very quickly.

177 00:17:57.892 --> 00:18:05.430 Unfortunately, that's not reality and that's why sometimes the success of resettlement depends heavily on the.

178 00:18:05.430 --> 00:18:08.758 Local agency and our local agency that doctor,

179 00:18:08.758 --> 00:18:22.423 Brown mentioned iris has been quite successful and entrepreneurial in finding different agencies and funding sources an so they're able to support the refugees much more than many other result

180 00:18:22.423 --> 00:18:24.902 meant agencies across the country.

181 00:18:24.902 --> 00:18:30.890 But the point also sort of I wanted to emphasize from what both of us are saying is.

182 00:18:30.890 --> 00:18:36.163 You know a lot of it is really like social services,

183 00:18:36.163 --> 00:18:41.779 even for health that we really need an some of it.

184 00:18:41.779 --> 00:18:45.230 You know, we can do with the federal assistance.

185 00:18:45.230 --> 00:18:46.426 But a lot of it.

186 00:18:46.426 --> 00:18:50.087 We need outside support. So just going off of that?

187 00:18:50.087 --> 00:19:00.059 How are you able to ensure that these social services or even the health care that is provided is culturally appropriate and also.

188 00:19:00.059 --> 00:19:11.819 Is there a good reception towards the health care that is being provided in the states for people that are coming from other cultures and other countries.

189 00:19:11.819 --> 00:19:16.792 So I think uh it depends again heavily on where the result meant occurs.

190 00:19:16.792 --> 00:19:21.561 I think we're fairly lucky to be living in Connecticut and New Haven,

191 00:19:21.561 --> 00:19:33.824 which in many ways, is quite receptive to immigrants and refugees compared to many other parts of the country in terms of providing culturally appropriate care again from a health

192 00:19:33.824 --> 00:19:38.500 perspective. I mean that often need some additional training.

193 00:19:38.500 --> 00:19:47.028 Which is why doctor Brown and Ivy train residents and students in the clinic to learn this as their training and you know,

194 00:19:47.028 --> 00:19:53.474 we could do more development of Physicians and other faculty attendings to make this happen,

195 00:19:53.474 --> 00:20:01.378 but cultural appropriateness is something that is becoming a bigger part of Madison even outside of refugee care.

196 00:20:01.378 --> 00:20:06.289 So I think people are a little bit more sensitive to that.

197 00:20:06.289 --> 00:20:15.960 Uh the Biggest practical barrier that we find is just finding interpreter resources because to be truly culturally appropriate.

198 00:20:15.960 --> 00:20:24.060 You have to be able to communicate effectively with the person sitting across from you and interpreter services are not.

199 00:20:24.060 --> 00:20:29.482 Unfortunately something that's particularly well funded legally in this country.

200 00:20:29.482 --> 00:20:33.231 If you receive any federal assistance in your programs.

201 00:20:33.231 --> 00:20:36.377 You are required to provide language services,

202 00:20:36.377 --> 00:20:39.190 but when that's translated into practical.

203 00:20:39.190 --> 00:20:45.711 Utilitarian terms, it means that the clinics cannot turn somebody away because of language reasons,

204 00:20:45.711 --> 00:20:53.145 but they're not necessarily giving the providers and extra time with the interpreter or even providing necessary.

205 00:20:53.145 --> 00:21:05.013 A good qualified interpreter. It may just be some minimal interpreting service to fulfill requirements and in general in my experience I've found that nobody is says they don't want

206 00:21:05.013 --> 00:21:09.839 to care for Refugees. But I think most people mean well and want to do it.

207 00:21:09.839 --> 00:21:14.352 But again, it's hard for them to pay out of pocket for an interpreter service.

208 00:21:14.352 --> 00:21:18.521 If there are private agency or even if there are public agency you know,

209 00:21:18.521 --> 00:21:28.299 finding that extra time to accommodate people when there is already so much scarcity and need for health in the population of New Haven outside of the refugees.

210 00:21:28.299 --> 00:21:30.363 Could you guys give some examples of?

211 00:21:30.363 --> 00:21:34.490 What culturally appropriate care looks like maybe from your own experience?

212 00:21:34.490 --> 00:21:41.059 What do you try to emphasize when you train residents and and like future physicians in working with refugee populations.

213 00:21:41.059 --> 00:21:43.329

214 00:21:43.329 --> 00:21:50.577 One of the practical things of which I alluded to earlier is how to use interpreters effectively.

215 00:21:50.577 --> 00:21:55.460 I mean that in itself is a skill if you've never done that before.

216 00:21:55.460 --> 00:22:06.118 Sort of knowing very practical things like you're still talking to the patient and not the interpreter and you're talking directly to the patient use using first person terms and

217 00:22:06.118 --> 00:22:08.619 not for example, telling the interpreter.

218 00:22:08.619 --> 00:22:17.314 Can you tell the patient there's no you're telling the patient XYZ and the interpreter is just interpreting that so very simple things like that,

219 00:22:17.314 --> 00:22:18.742 if you haven't done it.

220 00:22:18.742 --> 00:22:21.481 You may not know so we train them to do that.

221 00:22:21.481 --> 00:22:25.650 And there are other parts of interpreting that's part of the training.

222 00:22:25.650 --> 00:22:27.476 And then also you know,

223 00:22:27.476 --> 00:22:36.319 we teach trainees that communication styles are very different in different countries and ethnic backgrounds.

224 00:22:36.319 --> 00:22:46.541 And you cannot be culturally quote Unquote competent in everything because we see people from so many different parts of the world.

225 00:22:46.541 --> 00:22:55.180 It's more being culturally sensitive and be open and attuned to responding to their needs for example.

226 00:22:55.180 --> 00:23:04.740 You know, we see many people from Afghanistan recently we've been seeing a lot of them and there is again you can never generalize but frequently we find that the

227 00:23:04.740 --> 00:23:09.375 female at least the adult females frequently prefer you know female providers.

228 00:23:09.375 --> 00:23:19.288 We can't always accommodate that but we try to and their way of greeting often we don't necessarily handshake with them because that's also an alien concept to them and

229 00:23:19.288 --> 00:23:21.692 sometimes depending on the person again.

230 00:23:21.692 --> 00:23:25.740 It's very variable even within a country and within a background but.

231 00:23:25.740 --> 00:23:35.866 Sometimes they don't even make eye contact so you just have to be aware that those things might happen and because they don't make eye contact doesn't mean that the

232 00:23:35.866 --> 00:23:40.409 depressed or hostile but that's just how they communicate with the world.

233 00:23:40.409 --> 00:23:44.460 Those are just a couple examples an one other thing that comes up.

234 00:23:44.460 --> 00:23:50.442 With adults is preventive care in terms of a lot of immunizations and cancers doctor.

235 00:23:50.442 --> 00:23:52.946 Brown can speak to the kids better,

236 00:23:52.946 --> 00:23:55.032 but I think for in some ways,

237 00:23:55.032 --> 00:24:00.250 the kids many things are mandated an it may be easier to convince parents.

238 00:24:00.250 --> 00:24:07.207 But for the adults. They often don't necessarily there very new to the idea of getting health care.

239 00:24:07.207 --> 00:24:14.700 When they're not actually sick so that's something also we try to tell trainees to effectively communicate.

240 00:24:14.700 --> 00:24:17.527 That doesn't mean we're going to refuse care.

241 00:24:17.527 --> 00:24:20.106 BIH cause they don't want certain things,

242 00:24:20.106 --> 00:24:25.670 but just remembering that they view health-care very differently.

243 00:24:25.670 --> 00:24:30.660 I absolutely agree with doctor Anna Molly I.

244 00:24:30.660 --> 00:24:36.730 I look at it up with the with the trainees a little bit about kind of learning learning.

245 00:24:36.730 --> 00:24:38.709 The culture, the whole time,

246 00:24:38.709 --> 00:24:42.392 so we never as she said were never experts as doctor,

247 00:24:42.392 --> 00:24:45.393 Emily I said, and really cultural humility,

248 00:24:45.393 --> 00:24:49.076 so part of it is that we are learning the whole time,

249 00:24:49.076 --> 00:24:53.238 we do see families and populations from across the Globe in.

250 00:24:53.238 --> 00:24:58.422 I think you can as you see more and more families from a different culture,

251 00:24:58.422 --> 00:25:01.170 you will learn more about their culture.

252 00:25:01.170 --> 00:25:10.048 But I also think it's really important to understand that every individual every family is unique every families traditions and norms are different,

253 00:25:10.048 --> 00:25:14.933 and their kind of their interpretation of their cultural values can be different,

254 00:25:14.933 --> 00:25:24.586 too, so never going in my training is never going in thinking that you know what they're thinking and what the expectations are is really trying to listen to the

255 00:25:24.586 --> 00:25:26.910 family and finding out from the family.

256 00:25:26.910 --> 00:25:30.112 Having worked with amazing interpreters,

257 00:25:30.112 --> 00:25:40.106 some of our in person interpreters through through Yale Hospital has really given me and my trainees and understanding of Watt,

258 00:25:40.106 --> 00:25:52.992 a good interpreter is like and I think that then gives us the ability to excuse me understand when we have poor interpreting going on and helping us actually either

259 00:25:52.992 --> 00:25:57.599 kind of change to a different interpreter or being able to.

260 00:25:57.599 --> 00:26:03.390 Help lead an interpreter to help us interpret better.

261 00:26:03.390 --> 00:26:15.240 I think things we can run into in different different cultures is the words that were using as doctors is some of the lingo we use cannot be translated.

262 00:26:15.240 --> 00:26:26.647 Correctly, or interpreted correctly. I think it teaches us to really learn what we're saying on what we're trying to say to be able to use less words.

263 00:26:26.647 --> 00:26:36.165 An more basic words and so we become more descriptive and what we're trying to say rather than just throwing out a diagnosis.

264 00:26:36.165 --> 00:26:43.599 So it actually makes us become better communicators learning how to work with with an interpreter.

265 00:26:43.599 --> 00:26:46.500 Uh depending on on the cultural norms.

266 00:26:46.500 --> 00:26:57.881 I once again agree a lot with kind of gender roles and understanding that and we also try if we can have similar genders between providers and patients,

267 00:26:57.881 --> 00:27:00.633 but that often is is very difficult.

268 00:27:00.633 --> 00:27:07.029 It's we can't we can't change around schedules to always be able to comply with that.

269 00:27:07.029 --> 00:27:14.170 But I think his understanding that and being able to work with the patient to make them feel as.

270 00:27:14.170 --> 00:27:17.731 The most comfortable and I also think is you know,

271 00:27:17.731 --> 00:27:24.438 we should be curious is finding out a little bit about the expectations that the families have?

272 00:27:24.438 --> 00:27:28.000 What that understanding is a lot of it is a lot of.

273 00:27:28.000 --> 00:27:30.663 To be education for ourselves as providers,

274 00:27:30.663 --> 00:27:32.601 but also we do a lot of Health,

275 00:27:32.601 --> 00:27:42.832 Education, for our families. It's a brand new healthcare system that they are navigating an it is really our role to continue to educate and repeat things and help them

276 00:27:42.832 --> 00:27:47.978 with their learning so they can be actually successful within the healthcare system.

277 00:27:47.978 --> 00:27:52.170 And so we definitely become educators as well as providers.

278 00:27:52.170 --> 00:27:56.045 Doctor anomaly you talked about how in adult populations.

279 00:27:56.045 --> 00:27:58.651 You see that there's in some cultures.

280 00:27:58.651 --> 00:28:09.673 You don't go to the doctor unless you're sick or you see something that's evident in terms of mental health and we covered some of the mental health challenges that

281 00:28:09.673 --> 00:28:15.420 are evident and this is very common in many communities not just refugee populations.

282 00:28:15.420 --> 00:28:23.170 It's not really considered a disease or something you seek help for specifically for refugee adults do you see this?

283 00:28:23.170 --> 00:28:32.759 A similar situation how do you kind of educate them that this is or maybe a serious problem and how they can find help and get services for that.

284 00:28:32.759 --> 00:28:37.063 So I get asked that question and different people call it different things.

285 00:28:37.063 --> 00:28:40.346 And it's often couched under stigma and whether you know,

286 00:28:40.346 --> 00:28:44.920 people from other countries have more stigma than what we see here.

287 00:28:44.920 --> 00:28:48.313 And in my experience I mean that's definitely true.

288 00:28:48.313 --> 00:28:55.920 I think they're more reluctant to call something like a mental health thing or a mental health disorder.

289 00:28:55.920 --> 00:28:57.367 But on the other hand,

290 00:28:57.367 --> 00:29:06.435 I think some of it is actually sort of a matter of Semantics and really what you call it so when I talk to people and that applies sometimes to

291 00:29:06.435 --> 00:29:11.851 people here, too, depending on their background and their general approach to health.

292 00:29:11.851 --> 00:29:21.737 I will say something like you know it seems like you're really struggling to cope with some of the things that you've gone through or it seems like after we

293 00:29:21.737 --> 00:29:29.984 moved here sleep has been a big issue for you and then I would sort of plan the treatment around that I would not necessarily say,

294 00:29:29.984 --> 00:29:38.496 Oh, by the way. Do you have PT SD or you have depression I might say something like we see a lot of people in your similar situation who go

295 00:29:38.496 --> 00:29:43.256 through similar things but I wouldn't necessarily give it a name in that way.

296 00:29:43.256 --> 00:29:52.451 But. In spite of that some refugees are extremely sensitive to this and because I practice both a primary care and psychiatry.

297 00:29:52.451 --> 00:29:54.642 I definitely I had one patient.

298 00:29:54.642 --> 00:29:59.502 I remember who was seeing me as a primary care provider in the clinic,

299 00:29:59.502 --> 00:30:03.541 which is why he was even willing to come in the 1st place.

300 00:30:03.541 --> 00:30:09.859 But he was extremely resistant to answering anything I was asking about his emotional state.

301 00:30:09.859 --> 00:30:17.192 And he would not have even come to see me if I had seen him as part of a psychiatry visit so we do have extremes like that,

302 00:30:17.192 --> 00:30:25.233 but we also have people who may have had significant mental health problems before they came even low levels of psychosis are low mode,

303 00:30:25.233 --> 00:30:33.156 which was significant enough that they were in treatment before and they are actually quite open because I've already experienced it.

304 00:30:33.156 --> 00:30:41.539 They've already gotten some sort of treatment and they're OK with that and then there's sort of a large group of people in between who.

305 00:30:41.539 --> 00:30:43.948 Are OK about talking about their stress?

306 00:30:43.948 --> 00:30:47.060 I mean stress? Is a very loosely commonly used word?

307 00:30:47.060 --> 00:30:55.106 Which works well in a lot of situations and they may be very acknowledging of the fact that they do have stress and that they need help.

308 00:30:55.106 --> 00:31:04.503 They don't necessarily want to call it mental health or want to take psychotropic medications but they're willing to talk to you and receive some sort of help.

309 00:31:04.503 --> 00:31:09.880 So you negotiate with them as to what might work and what they're willing for but.

310 00:31:09.880 --> 00:31:16.916 In my Personal opinion stigma as we see it as less of a problem than really access to Resources,

311 00:31:16.916 --> 00:31:21.049 which is more of a problem when it comes to treating them.

312 00:31:21.049 --> 00:31:33.494 And do you see something similar in working with children especially kind of communicating that there might be some underlying mental health disorders in the children with the parents of

313 00:31:33.494 --> 00:31:35.424 the children as well doctor.

314 00:31:35.424 --> 00:31:38.019 Brown absolutely and I think children.

315 00:31:38.019 --> 00:31:42.679 We also then have to see see them in the context of the whole family.

316 00:31:42.679 --> 00:31:49.650 So parental mental health is also very important to children's mental health well being and development.

317 00:31:49.650 --> 00:32:04.450 We know that there's a high prevalence of mental health developmental issues with children who come to us as refugees and it can be complicated with children because.

318 00:32:04.450 --> 00:32:16.227 It's hard to tease out whether this is just an acute adjustments situation whether it's more of a chronic disorder whether it's a developmental or in English as a second

319 00:32:16.227 --> 00:32:27.796 language issue with with kind of their behaviors whether this is due to a delay in development or whether it is a behavioral issue because of maybe some mental health

320 00:32:27.796 --> 00:32:29.319 or some well being so.

321 00:32:29.319 --> 00:32:40.089 We often have to try to tease out a little bit about what is causing these behaviors but very similarly.

322 00:32:40.089 --> 00:32:43.717 Kind of talking about stress and adjustment,

323 00:32:43.717 --> 00:32:50.243 sometimes will use anxiety, but how the body responds to the stress in children.

324 00:32:50.243 --> 00:32:58.867 We can see some summarisation where will have children coming in with chronic abdominal pain or headaches,

325 00:32:58.867 --> 00:33:11.450 or sleep problems tend to be common and trying to workout medical versus this is more of a behavioral manifestation of behavioral or mental health disorder.

326 00:33:11.450 --> 00:33:17.539 And so we talk a lot about stress and stress affect on the bodies.

327 00:33:17.539 --> 00:33:23.335 I also think it depends a little bit on what type of timing in the resettlement process.

328 00:33:23.335 --> 00:33:32.060 The beginning is a huge time of adjustments and that can cause a lot of disruption to to kind of behavior and well being of children.

329 00:33:32.060 --> 00:33:41.242 So we spend a lot of time at the beginning really trying to support the families within the resettlement so safe housing financial security,

330 00:33:41.242 --> 00:33:47.232 helping them making sure that they feel comfortable that they're sleeping they eating well,

331 00:33:47.232 --> 00:33:53.998 getting kids. Into into school trying to get the family connected within the community.

332 00:33:53.998 --> 00:34:06.634 The kids connected and so we may not be initially jumping down the road to what we would think of about as treatment for a mental health or behavioral health

333 00:34:06.634 --> 00:34:18.630 disorder as therapy. Instead, it's really trying to work on successful resettlement because a lot of times as the resettlement continues the families.

334 00:34:18.630 --> 00:34:24.148 Become more financially stable and the stress goes down within the whole family.

335 00:34:24.148 --> 00:34:31.119 Some sometimes we can see that all the behavior mental health concerns improve.

336 00:34:31.119 --> 00:34:36.032 So you mentioned previously that mental health stressors could manifest us physical symptoms.

337 00:34:36.032 --> 00:34:43.750 Are there ways that mental and physical health treatment are integrated at the clinic and what does that sort of look like?

338 00:34:43.750 --> 00:34:47.016 Um so I'm being a little facetious when I say this.

339 00:34:47.016 --> 00:34:54.159 But I'm trained both the subprime Medicare
darken it psychiatrist so I'm kind of an integrated provider.

340 00:34:54.159 --> 00:34:58.237 Uhm but that's not a sustainable model be-
cause you know,

341 00:34:58.237 --> 00:35:04.532 there's only so many people that are actually
trained in these 2 different disciplines,

342 00:35:04.532 --> 00:35:08.967 So what we do try to do in clinic is we do
have primary care.

343 00:35:08.967 --> 00:35:18.030 Residents who come and see the patients to
the initial health assessments and then follow them longitudinally overtime.

344 00:35:18.030 --> 00:35:20.262 But then we also have a psychiatry.

345 00:35:20.262 --> 00:35:22.432 Fellows are residents in training.

346 00:35:22.432 --> 00:35:25.596 Sometimes, who are in the clinic at the same
time,

347 00:35:25.596 --> 00:35:36.326 and who are basically sort of consulting with
the primary care residents when there's a potential issue that comes up that the
primary care restaurant does not know what to

348 00:35:36.326 --> 00:35:42.838 do with and then the psychiatry training is
there to like talk through it with them and then see if any,

349 00:35:42.838 --> 00:35:48.420 additional assessments are needed, and then
also to see potentially where they need to be.

350 00:35:48.420 --> 00:35:54.789 Triaged out too, and where they could go for
lanja tude inal care if they do need such care.

351 00:35:54.789 --> 00:36:01.148 Um in doctor, Brown can in a minute speak
to what they do in the pediatric clinic.

352 00:36:01.148 --> 00:36:06.666 But oftentimes as I was saying earlier in terms
of access to resources.

353 00:36:06.666 --> 00:36:09.347 We don't always have the capacity.

354 00:36:09.347 --> 00:36:16.590 But we have enough training is interested that
we managed to have some sort of combined.

355 00:36:16.590 --> 00:36:20.987 Method of assessment and treatment planning
in the clinic in general.

356 00:36:20.987 --> 00:36:23.561 I don't think in the refugee literature,

357 00:36:23.561 --> 00:36:26.074 an in other clinics across the country.

358 00:36:26.074 --> 00:36:30.094 People have necessarily tried to make this an
integrated model.

359 00:36:30.094 --> 00:36:37.255 But there is clear recognition that there is a need to integrate mental health better into primary care services,

360 00:36:37.255 --> 00:36:42.532 especially for refugees even though that's true for the general population as well,

361 00:36:42.532 --> 00:36:45.422 and people are really trying to work on that,

362 00:36:45.422 --> 00:36:47.619 but I don't think there's any like.

363 00:36:47.619 --> 00:36:52.322 Established models per say that you know,

364 00:36:52.322 --> 00:36:58.420 we could portray and find consistent funding for.

365 00:36:58.420 --> 00:37:01.175 I think in regards to children,

366 00:37:01.175 --> 00:37:16.329 especially school, aged children. We need more resources within the schooling system to be able to bring some more mental health resources within actually the schooling system.

367 00:37:16.329 --> 00:37:21.820 And to give them the supports where they're spending a majority majority of their day.

368 00:37:21.820 --> 00:37:32.766 Ultimately, they to be able to have social workers or trained mental health providers within the schools would be fantastic.

369 00:37:32.766 --> 00:37:37.759 We run into problems with interpretation within schools.

370 00:37:37.759 --> 00:37:40.210 So it may be that children.

371 00:37:40.210 --> 00:37:47.480 Once they have strong enough or acquired enough English will start expressing some.

372 00:37:47.480 --> 00:37:57.358 You know, kind of some thoughts or some feelings or some memories and experiences that will be picked up at school and then they will be able to access the

373 00:37:57.358 --> 00:38:01.789 mental health resources or the behavioral health resources at school.

374 00:38:01.789 --> 00:38:06.603 However, at the beginning. The access to appropriate interpreting services.

375 00:38:06.603 --> 00:38:13.378 Not there within the school Department so that is definitely an area of high need for all of our children.

376 00:38:13.378 --> 00:38:16.353 Coming here with English as a second language,

377 00:38:16.353 --> 00:38:19.519 who've had having adjustment or having had passed.

378 00:38:19.519 --> 00:38:23.125 Traumatic experiences with in our clinic.

379 00:38:23.125 --> 00:38:30.592 I think for children taking care of that development and well being is very important.

380 00:38:30.592 --> 00:38:44.585 So we will try to talk a lot about healthy nutrition and exercise and sleep and routines and another part that we struggle with with in more isolated and

381 00:38:44.585 --> 00:38:49.650 displaced populations is some of the parent child dynamics.

382 00:38:49.650 --> 00:38:53.150 Things that we would kind of define as discipline.

383 00:38:53.150 --> 00:38:55.898 Indiana Pediatrics that a lot of times.

384 00:38:55.898 --> 00:39:07.775 These families had been separated from that their sources of support and a lot of times parenting skills will be learned from their family members from their mother in laws

385 00:39:07.775 --> 00:39:19.239 or their mothers and these families have been displaced away from these areas of Education and support and so another thing we struggle with is is parental education,

386 00:39:19.239 --> 00:39:24.750 especially for. Children under under under school age.

387 00:39:24.750 --> 00:39:28.302 I'm trying to integrate that a little bit into our clinic,

388 00:39:28.302 --> 00:39:35.769 but timing is we do not have enough time to do all of this with in our clinic and so we have short short appointment times.

389 00:39:35.769 --> 00:39:42.936 And so being able to integrate kind of Education and therapy into our clinic is Unfortunately we do as much as we can,

390 00:39:42.936 --> 00:39:44.621 but not possible right now,

391 00:39:44.621 --> 00:39:50.449 so that's really relying as best as we can about community with community resources.

392 00:39:50.449 --> 00:40:00.797 And are you are do you see that in terms of lanja tude inal care that people that need it or actually coming back and like getting more comfortable with

393 00:40:00.797 --> 00:40:03.840 the system and seeking more lanja tude inal.

394 00:40:03.840 --> 00:40:09.139 Karen like continuity of care and things like that.

395 00:40:09.139 --> 00:40:11.686 I think it's a process it is.

396 00:40:11.686 --> 00:40:15.083 It is very new as doctor automatically.

397 00:40:15.083 --> 00:40:21.534 I had mentioned before is accessing health when your health or health care.

398 00:40:21.534 --> 00:40:35.117 When you're healthy is often a very novel experience for our families and so the understanding that we actually see you back on a routine basis is very is very

399 00:40:35.117 --> 00:40:41.570 new and so it will take time to educate them on this and also when families.

400 00:40:41.570 --> 00:40:43.989 Do not show up for appointments.

401 00:40:43.989 --> 00:40:53.760 It's our job, then to reschedule and to bring them bring them back in so I think having a lot more oversight on their care.

402 00:40:53.760 --> 00:40:58.500 You know with children we do have we do have immunizations that are required.

403 00:40:58.500 --> 00:41:00.505 So we have set set touch points.

404 00:41:00.505 --> 00:41:09.440 When we are seeing them in the clinic to be able to give them that immunizations and be able to do reminders about that and then at the same time,

405 00:41:09.440 --> 00:41:14.969 we're doing a complete evaluation looking at their development and their their adjustments.

406 00:41:14.969 --> 00:41:24.614 But having an appointment that is scheduled 3 months ahead of time or 6 months ahead of time is very unusual for these families and so I think clinics that

407 00:41:24.614 --> 00:41:35.079 are following these families need to workout a system to be able to remind these families or just being able to help support bringing them bringing them back in.

408 00:41:35.079 --> 00:41:38.570 2. If they if they don't show up for for their visits.

409 00:41:38.570 --> 00:41:40.590

410 00:41:40.590 --> 00:41:42.778 I think what adults do I mean,

411 00:41:42.778 --> 00:41:45.730 it's a process doctor, Brown said.

412 00:41:45.730 --> 00:41:52.570 Overtime I mean, once the acute stressors of resettlement calm down like maybe they find a job.

413 00:41:52.570 --> 00:41:56.204 Even if it's not to their full potential at least,

414 00:41:56.204 --> 00:42:00.976 there able to financially sustain their families or you know kids.

415 00:42:00.976 --> 00:42:03.614 Of course, school would be an issue,

416 00:42:03.614 --> 00:42:08.110 but regardless of what the resettlement is once they?

417 00:42:08.110 --> 00:42:11.030 Settle down and learn the system.

418 00:42:11.030 --> 00:42:19.092 Little bit they are little bit more willing to think about their health and more willing to come for appointments.

419 00:42:19.092 --> 00:42:22.599 An you know talk about some of the health issues.

420 00:42:22.599 --> 00:42:26.103 We want to discuss with them and also in general.

421 00:42:26.103 --> 00:42:31.853 We know that overall mental distress does reduce overtime over a period of years.

422 00:42:31.853 --> 00:42:37.041 It's not just over a period of days to weeks and that also helps in them,

423 00:42:37.041 --> 00:42:41.949 taking a different approach to their health and not necessarily think.

424 00:42:41.949 --> 00:42:46.170 Looking at everything through the lens of their internal distress.

425 00:42:46.170 --> 00:42:50.643 So I guess sort of the summary answer to what you're asking is I mean,

426 00:42:50.643 --> 00:42:56.840 I think overtime. It does improve as they integrate more and more into the system.

427 00:42:56.840 --> 00:43:04.163 And you'd mentioned previously that the government provides resources for refugees to access health care in the first eight months that they're here,

428 00:43:04.163 --> 00:43:08.420 but what does access to healthcare following those 8 months look like?

429 00:43:08.420 --> 00:43:15.172 Uhm it's variable the idea is that they become financially independent and pay for their own health care,

430 00:43:15.172 --> 00:43:17.338 which absolutely does not happen.

431 00:43:17.338 --> 00:43:24.369 It very, very rare cases that refugees find jobs that actually then they get employed sponsored insurance.

432 00:43:24.369 --> 00:43:29.282 Some of them go through the Affordable Care Act Marketplace.

433 00:43:29.282 --> 00:43:43.534 The resolve and agency staff workers help them navigate that and actually get healthcare as somebody who has no income and who is not getting any insurance and also Connecticut

434 00:43:43.534 --> 00:43:50.211 at least. Compared to other states is actually quite generous in who it gives its Medicaid benefits too.

435 00:43:50.211 --> 00:43:53.282 So a lot of the refugees who come with children.

436 00:43:53.282 --> 00:43:56.916 The parents also as long as they have dependent children.

437 00:43:56.916 --> 00:44:05.373 The adults also continued to receive the Medicaid benefits and that's a little bit unfair for the refugees that come without children.

438 00:44:05.373 --> 00:44:14.340 But a large number of refugees do come with families and so they end up having that insurance for much longer while their kids are growing up.

439 00:44:14.340 --> 00:44:18.931 So those are probably the major outcomes and then also the local hospital,

440 00:44:18.931 --> 00:44:22.603 which is yellow, even health does have a free care program.

441 00:44:22.603 --> 00:44:24.563 That's not geared for Refugees.

442 00:44:24.563 --> 00:44:28.603 That's for any indigent person who does not qualify for Medicaid,

443 00:44:28.603 --> 00:44:38.398 but at the same time cannot pay for their own health care and some of the refugees are older refugees who didn't have dependent children have signed up for the

444 00:44:38.398 --> 00:44:40.940 free care program.

445 00:44:40.940 --> 00:44:43.085 And in terms of social services?

446 00:44:43.085 --> 00:44:47.010 What is access to those look like after 8 months.

447 00:44:47.010 --> 00:44:51.269 Or I guess as as the refugees stay here for longer and longer.

448 00:44:51.269 --> 00:44:54.813 Um so a lot of the social services.

449 00:44:54.813 --> 00:44:59.932 I think are awful like often excuse me like doctor,

450 00:44:59.932 --> 00:45:04.559 Brown said community based an volunteer anyway.

451 00:45:04.559 --> 00:45:10.195 An actually uhm doctor, Brown can speak to the resources available for Kids,

452 00:45:10.195 --> 00:45:13.927 a little bit more because in general like clinics.

453 00:45:13.927 --> 00:45:23.514 Pediatric clinics are better staffed with social work assistance and adult clinics are not so we actually don't get a lot of help.

454 00:45:23.514 --> 00:45:28.489 Even initially we the Medicaid pays for the direct health services.

455 00:45:28.489 --> 00:45:33.173 But for a lot of the other stuff that even stuff like you know,

456 00:45:33.173 --> 00:45:42.344 maybe transportation or. Transportation actually is a little bit different in this state Medicaid recipients do get some assistance.

457 00:45:42.344 --> 00:45:49.737 But a lot of the other social services that are people need to access like housing services or legal services.

458 00:45:49.737 --> 00:45:57.530 There's not a lot. Even in the beginning and we basically go to people who do this as a volunteer effort or pro bono.

459 00:45:57.530 --> 00:45:59.521 And we sort of keep doing that,

460 00:45:59.521 --> 00:46:08.237 after the initial phase of resentment is over and likely mention earlier eras has some intensive case management services in the beginning,

461 00:46:08.237 --> 00:46:11.786 but they're also not able to continue that indefinitely.

462 00:46:11.786 --> 00:46:15.646 An Unfortunately we do lose a lot of those services overtime.

463 00:46:15.646 --> 00:46:21.809 Many refugees are at least integrated enough that they're able to take on some of that themselves.

464 00:46:21.809 --> 00:46:28.159 But some do not, and then it's just various combination combination and a mixture of volunteer effort.

465 00:46:28.159 --> 00:46:37.559 And there are features becoming more independent and some refugees not receiving the optimal services that they need.

466 00:46:37.559 --> 00:46:47.009 Thanks specifically for children they are able to get on the Connecticut specific Medicaid Husky insurance through the age of 18.

467 00:46:47.009 --> 00:46:52.097 So we do not have the children losing their insurance after 8 months.

468 00:46:52.097 --> 00:46:54.931 They're eligible for the WIC Services,

469 00:46:54.931 --> 00:47:00.019 which is the supplemental nutrition services from birth through age 5.

470 00:47:00.019 --> 00:47:10.373 And then after that through the school there eligible for schooling and free lunch at the schooling or at their schools.

471 00:47:10.373 --> 00:47:18.333 We try to support the families as much as possible to utilize different community resources,

472 00:47:18.333 --> 00:47:21.242 so accessing food banks, however,

473 00:47:21.242 --> 00:47:26.960 talking a little bit about cultural sensitivity is trying to find.

474 00:47:26.960 --> 00:47:32.929 You know feedback they're going to supply the type of foods that they will they will be using in that cooking?

475 00:47:32.929 --> 00:47:36.023 There are some there's a diaper bank.

476 00:47:36.023 --> 00:47:38.547 Some supports for for diapers,

477 00:47:38.547 --> 00:47:44.980 which are very, very expensive for you know for all families to be able to buy.

478 00:47:44.980 --> 00:47:47.849 And a lot of a lot of these services.

479 00:47:47.849 --> 00:47:56.005 The case manager through iris will help them to get in contact with these services and then a lot of times.

480 00:47:56.005 --> 00:48:07.632 We step in after the support from iris has started to decrease to help once again have the families become more self sufficient to be able to know how to

481 00:48:07.632 --> 00:48:17.099 use these services services on these on their own and be able to how to apply or or get the services.

482 00:48:17.099 --> 00:48:24.333 So one thing that I think is kind of clear from everything you've shared is that we need more volunteers.

483 00:48:24.333 --> 00:48:28.360 Social services an funding to support refugee populations,

484 00:48:28.360 --> 00:48:35.797 so could you speak a little bit about what some current efforts are in refugee advocacy and in your opinion?

485 00:48:35.797 --> 00:48:41.769 What do you think is really important to prioritize in terms of advocacy?

486 00:48:41.769 --> 00:48:49.179 I think one of the advocacy efforts that I see more of lately and just because of.

487 00:48:49.179 --> 00:48:58.679 Sort of changes politically as people have been arguing for bringing more refugees an and you know have been advocating at that level.

488 00:48:58.679 --> 00:49:02.311 Uhm I think more locally you know doctor Brown eyes.

489 00:49:02.311 --> 00:49:04.708 Sort of almost advocate every day.

490 00:49:04.708 --> 00:49:08.545 Even if it doesn't come under the umbrella of advocacy.

491 00:49:08.545 --> 00:49:20.742 I mean, we're often like talking to the head of the interpreter service at the hospital like pleading for more in person interpreted time or continuing the interpreter time that

492 00:49:20.742 --> 00:49:24.304 we do have which sometimes at risk of being cutoff.

493 00:49:24.304 --> 00:49:29.460 I mean that's sort of an advocacy in itself and at one point we try to.

494 00:49:29.460 --> 00:49:41.150 Contact actually one of mice medical students in the clinic try to contact sort of other local corporations who might be willing to pay just for interpreted time for those

495 00:49:41.150 --> 00:49:45.230 providers in the community who are willing to see patients.

496 00:49:45.230 --> 00:49:48.356 But just don't have the interpreter services.

497 00:49:48.356 --> 00:49:50.804 There's sort of nothing came of it,

498 00:49:50.804 --> 00:49:55.289 but that was something we tried for to make happen a little while.

499 00:49:55.289 --> 00:50:06.045 And then you know, we're often times we like talking to pharmacists trying to advocate for having a language interpreter in the pharmacy and actually legally.

500 00:50:06.045 --> 00:50:13.420 They are required to but many pharmacies do not follow that so we have some friendly pharmacies that we use,

501 00:50:13.420 --> 00:50:19.103 but and we try to interface with the pharmacist in our hospital who are interested.

502 00:50:19.103 --> 00:50:22.146 A little bit and refugee Karen through them.

503 00:50:22.146 --> 00:50:26.409 We try to get more volunteer pharmacy trainees to our clinics,

504 00:50:26.409 --> 00:50:28.355 too. Help educate the refugees,

505 00:50:28.355 --> 00:50:38.217 but we still have to then work with external pharmacies who are not part of our health system who may not be providing the services that need in the language.

506 00:50:38.217 --> 00:50:42.760 They need so that's something we sort of do on a continual basis.

507 00:50:42.760 --> 00:50:48.130 Uhm and then there are other.

508 00:50:48.130 --> 00:50:52.500 You know community advocacy efforts.

509 00:50:52.500 --> 00:50:58.318 Doctor Brown can probably talk a little bit about the what we call the sanctuary kitchen.

510 00:50:58.318 --> 00:51:02.067 That's a local program. You know by community volunteers,

511 00:51:02.067 --> 00:51:04.911 but I'll just mention that some clinicians.

512 00:51:04.911 --> 00:51:07.561 In addition to provide clinical service.

513 00:51:07.561 --> 00:51:15.769 Also like sort of right in the media and in the public domain just talking about personal experience treating refugees and how.

514 00:51:15.769 --> 00:51:19.376 You know, we sort of need to be having more services.

515 00:51:19.376 --> 00:51:24.510 That's another way, sometimes clinicians also advocate.

516 00:51:24.510 --> 00:51:34.969 I agree I think one thing we do from our clinic is is going to be advocacy for our families within the schooling Department getting the supports the learning supports

517 00:51:34.969 --> 00:51:39.603 that our children who are in the refugee families are getting at schools,

518 00:51:39.603 --> 00:51:41.420 reaching out to the schools,

519 00:51:41.420 --> 00:51:53.068 being present at their individual education plans or trying to get them educational plans through the through the schooling and that can that often needs more support than just families

520 00:51:53.068 --> 00:51:59.519 who don't speak English. Being able to work with the schools and educating families that they are able.

521 00:51:59.519 --> 00:52:01.489 To meet with the schools,

522 00:52:01.489 --> 00:52:06.789 so I think there's a lot of outreach that we will do with the schools.

523 00:52:06.789 --> 00:52:11.389 Once again, I think kind of working with the you know,

524 00:52:11.389 --> 00:52:20.590 kind of local government national government with adequacy about about supporting bringing in all immigrants,

525 00:52:20.590 --> 00:52:31.130 including refugees asylum seekers and kind of our undocumented children crossing the border and coming up to America as well.

526 00:52:31.130 --> 00:52:37.570 So it's the advocacy really spreads out to all type of immigrants coming too.

527 00:52:37.570 --> 00:52:40.340 To America and I really think you know,

528 00:52:40.340 --> 00:52:42.418 kind of building up you know,

529 00:52:42.418 --> 00:52:50.538 some of the OR trying to Educate the public and everyone around us,

530 00:52:50.538 --> 00:52:55.179 either by. Just the work that we do,

531 00:52:55.179 --> 00:53:08.688 or or writing about. The positive stories and how amazing all of our immigrants are that they're not a danger to society that they actually become productive.

532 00:53:08.688 --> 00:53:13.760 Members of society and so really helping to to promote promote.

533 00:53:13.760 --> 00:53:21.050 Keeping our doors open and in America and actually being a welcoming a welcoming community for refugees.

534 00:53:21.050 --> 00:53:22.655 Yeah, so within our audience.

535 00:53:22.655 --> 00:53:31.918 We have both future clinicians as well as basic scientists and what you guys have said is certainly relevant to other people who are working within healthcare in outside of

536 00:53:31.918 --> 00:53:41.072 healthcare, but do you have any advice for students who are looking specifically to pursue serve your line of work and to work to help alleviate some of these disparities

537 00:53:41.072 --> 00:53:46.789 that we see between refugee populations and people who were born here.

538 00:53:46.789 --> 00:53:54.820 I think there's sort of multiple levels sort of building off on what we said about advocacy like you know,

539 00:53:54.820 --> 00:54:01.349 I mean, you the students and future leaders of society can do this at multiple levels.

540 00:54:01.349 --> 00:54:04.876 I mean, I briefly mentioned sanctuary kitchen,

541 00:54:04.876 --> 00:54:14.407 which is basically a group of committee members who are helping refugees you know have their own kitchen and catering service,

542 00:54:14.407 --> 00:54:17.784 which is you know in some sense empowerment,

543 00:54:17.784 --> 00:54:29.579 but also advocacy so. Just community member you don't need any special training for this you're basically build bringing together a group of these people and helping them find employment

544 00:54:29.579 --> 00:54:31.623 and you know the legal services.

545 00:54:31.623 --> 00:54:35.833 One thing I mean, depending on what training the student isn't now.

546 00:54:35.833 --> 00:54:38.869 You may or may not be going into the legal line.

547 00:54:38.869 --> 00:54:45.744 But that's where all so you can really like help not just bring more people in but try to buy changing policy,

548 00:54:45.744 --> 00:54:49.150 have more resources available that's an important area.

549 00:54:49.150 --> 00:54:51.592 If you're a health care provider again,

550 00:54:51.592 --> 00:54:56.112 you know you could depending on where you live which part of the country.

551 00:54:56.112 --> 00:55:02.954 You're going to be in you could volunteer services to local organizations if your entrepreneurial and you have.

552 00:55:02.954 --> 00:55:05.336 You know organization building skills.

553 00:55:05.336 --> 00:55:08.146 You could build your own clinic for Refugees.

554 00:55:08.146 --> 00:55:18.224 You know we have student run free clinics here and you could have student run free clinics for refugees to that requires a different type of skill set but depending

555 00:55:18.224 --> 00:55:21.096 on sort of your inclination you could do that,

556 00:55:21.096 --> 00:55:25.695 too. For those who are currently sort of undergraduates or graduate students.

557 00:55:25.695 --> 00:55:28.139 We get a lot of requests for volunteers.

558 00:55:28.139 --> 00:55:33.849 It's sometimes difficult to know how to place them within a healthcare setting because.

559 00:55:33.849 --> 00:55:43.085 As has been obvious I think in the last hour like we need a lot of external service is not necessarily the direct health care services so anything you can

560 00:55:43.085 --> 00:55:49.164 do to you know, maybe bring more interpreter services together or organize other events for refugees.

561 00:55:49.164 --> 00:55:55.003 I know the undergraduate school has some programs to help refugees and I believe a group of them,

562 00:55:55.003 --> 00:55:59.115 actually do some one on one tutoring for refugee children in school,

563 00:55:59.115 --> 00:56:00.963 you know that's another thing.

564 00:56:00.963 --> 00:56:03.643 If you're still a student that you could do.

565 00:56:03.643 --> 00:56:07.320 I've even had high school students asking to volunteer and?

566 00:56:07.320 --> 00:56:10.637 I've sort of told them You know more to do.

567 00:56:10.637 --> 00:56:13.123 Maybe in the fund raising range.

568 00:56:13.123 --> 00:56:15.989 You know that sort of level of skill,

569 00:56:15.989 --> 00:56:20.661 and age. Maybe that's where you could really contribute more.

570 00:56:20.661 --> 00:56:34.380 So I think there's many different ways to help this population and it can range from just individual like community volunteering to like advocating at the government level there's a

571 00:56:34.380 --> 00:56:35.210 wide range.

572 00:56:35.210 --> 00:56:38.039

573 00:56:38.039 --> 00:56:45.672 Doctor Brown would you like to add to that I think that really encompassed in most most things I think you know,

574 00:56:45.672 --> 00:56:49.050 kind of volunteering without within the community.

575 00:56:49.050 --> 00:56:53.226 Specifically, for children's summer programs for children.

576 00:56:53.226 --> 00:56:58.958 We I know that the IRS are local resettlement agency will have a summer program.

577 00:56:58.958 --> 00:57:02.710 It's important that the children continue with their.

578 00:57:02.710 --> 00:57:17.414 English, as a second language education and also getting involved in community activities is really beneficial for the adjustment in the resettlement process so organizing and working with soccer teams.

579 00:57:17.414 --> 00:57:20.456 I think the I think the tutoring is very,

580 00:57:20.456 --> 00:57:26.719 very important both for the adult and for end for the young adults and children.

581 00:57:26.719 --> 00:57:32.329 And so there's there's many options within within the community.

582 00:57:32.329 --> 00:57:34.429

583 00:57:34.429 --> 00:57:38.163 With that, um it's about time to wrap up I'd like to think doctor,

584 00:57:38.163 --> 00:57:44.958 Brown and doctor Annamalai once again for taking your time to come speak with us and sharing your experience and knowledge.

585 00:57:44.958 --> 00:57:49.639 I can definitely say I learned a lot from this one conversation and to the audience.

586 00:57:49.639 --> 00:57:54.764 Thank you for tuning into this episode of the Yale Journal of biology and medicine podcast.

587 00:57:54.764 --> 00:57:59.610 Thank you to the Yale School of Medicine for being a home for YJBM and the podcast.

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589 00:58:08.190 --> 00:58:10.777 Effort the editors in chief of YJBM

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