Finding ways to utilize health resources that resettled refugees receive in New York City, USA.

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Abstract

Refugee resettlement to the United States has decreased tremendously since 2017. This study investigates whether, and how, resettlement and health organization in New York are facilitating the distribution of health resources and how they are integrating refugees into becoming self-sufficient in the United States. Refugees have a right to many resources upon arrival in the United Stated especially health resources. Through case studies, this thesis examines two organizations contribution to changing the health status of refugees and the strategies that they implement to help refugees. Findings show that both organizations examined contribute to assist refugees to improve access to the health care. Findings also reveal many strategies for the facilitation of integration, the most prominent factor being interaction between organizations and refugees upon resettlement.

Preface

First of all, I would like to thank my supervisor Lisbeth Larsson Lidén, who has carried out many discussions with me on the interesting subject of health of refugees and resettlement in the United States. She has provided me with great support throughout the writing of this thesis, I am so grateful for endless support and input.

I would also like to thank the participants of the two organizations investigated in this study; Catholic Charities Community Services and the New York State Department of Health. These organizations have inspired me and provided me with great insight. My interaction with Catholic Charities has taught me about how resettlement agencies and the many resources that they provide to refugees help refugees become self-sufficient. New York State Department of Health helps all of the people of New York improve their health. They connect and provide people with health resources in New York. They provide medical screenings to refugees after arrival in New York and play a big part in the way that refugees are treated in their new environment.

The thesis was inspired by my father, a Palestinian refugee. He was forced to flee his home due to the ongoing wars in Palestine. The resources that he was given by resettlement organizations in the new country helped him in a minimal way to start a new life but they could have done a lot more to ensure that his health was taken care of. Refugees deserve a self-sufficient and prosperous life in their new country that they are resettled in. I hope that the research presented in this thesis will have some impact and change on the way that refugees receive resources and are treated post resettlement. The research has shown me firsthand the profound positive impact that humanitarian action can have. It also exemplified the role that humanitarian organizations play in the lives of refugees after they are resettled in the United States.

Thank you to my wonderful classmates and teachers for all the feedback and contribution to this thesis. Lastly, I want to thank my friends and my wonderful family especially my mom for always believing in me.

TABLE OF CONTENTS

1. Introduction

"He who has health has hope and he who has hope has everything." –Arabic Proverb

"In health there is freedom, health is the first of all liberties." –Henri Frederic Amiel

'A refugee is defined as someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well–founded fear of persecution for reasons of race, religion, nationality, political opinion or membership of a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading cause of refugee fleeing their countries' (UNHCR, 2018).

During the resettlement of a refugee and after they have been relocated to a new area it is essential for refugees to have access to adequate health resources in order to have a successful resettlement. Health resources are crucial for a refugee's survival, cultural adaptation, healthy living and integration into a new society. Refugee health can make resettlement in a new country positive, productive and help them to become self-sufficient.

Health is the determining factor for a successful integration into a new society for refugees. Health is defined by the World Health Organization (WHO) as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" (WHO, 1948).

Background information has shown that the United States of America is a country that has been welcoming of refugees for decades and the top resettlement country (Refugees, 2018).

Since the passing of the Refugee Act of 1980 by congress in the United States of America, around 3 million refugees have been resettled in the United States. Once a person has been determined to be a refugee, one way to save the refugees from persecution and violence is through resettlement in a new country (Refugees, 2018).

Resettlement is defined as the transfer of refugees from an asylum country to another state that has agreed to admit refugees and eventually grant them permanent settlement (Refugees, 2018). Only a small number of refugees are resettled due to the minimal number of states that take part in the UNHCR's resettlement program. The United States is one of the world's top resettlement countries as well as Canada, Australia and Scandinavian

countries. Upon resettlement, refugees are faced with many different barriers such as health care accessibility, language barriers and cultural adaptation. The populations of refugees arriving in the country face unique challenges that require adequate support to ease their transition. Resettlement agencies located all over the United States help ease the transition of refugees by supplying them with help and connecting refugees to available resources in the area of resettlement (Brown and Scribner, 2014). In New York there are many organizations and headquarters located there that dedicate all their resources to helping refugees and asylum seekers transition and adapt. This thesis will focus on health resources accessibility for refugees in New York and the importance of a refugee's health after they are resettled. This thesis aims to investigate how health resources distributed and a positive health status for refugees in New York post resettlement can make a refugee have a successful integration into a new community.

1.1 Research Problems

In order to explore the connection between the distribution of health assistance and resettlement of refugees in the United States, specifically New York City, this thesis draws on structured interviews with resettlement organizations and health organizations that provide refugee health screening and health promotion resources to refugees in New York City. Before analyzing the interviews, it is important to convey information on the resettlement process and different cases of refugees. Information will also be conveyed on how they have received and gain access to health resources in New York. There will also be information on what health disease affect majority of refuges after resettlement in New York. Information that is collected and analyzed will provide refugee resettlement organizations with useful information to help reach more refugees and figure out the best way to provide refugees with essential health resources.

Health resource accessibility is one of the most important aspects for successful resettlement of a refugee. Physical and emotional wellness, as well as access to healthcare are pertinent to a successful resettlement process. The Refugee Act established the Federal Refugee Resettlement Program to "provide for the effective resettlement of refugees and to assist them in achieving economic self-sufficiency as quickly as possible after arrival in the

United States ” (Agrawal and Venkatesh, 2016). Refugees are provided with resources upon arrival in the United States. They are given interim cash and medical assistance. Refugees are also given accessibility to employment services, English as second language courses (ESL), and medical screening (Refugees, 2018). The Refugee Act states that the U.S. Government will be responsible for providing the necessary health and mental health services and resources for refugees resettling in the United States. In New York there are programs available for refugees to help with the resettlement to New York.

New York Refugee Health Programs

The programs listed are Making A Connection Program (MAC), this is an employment preparatory academy for newly arriving refugees ages 16 through 21. The program provides activities to connect refugee youth and young adults to the world of work (Assistance, 2018). The New York State Enhanced Services to Refugees Program (NYSESRP) provides services to newly arrived refugees in the U.S. such as English as a second language courses, employment and training services and help for refugees post-employment to attain economic and social self-sufficiency and to help integrate into US society.

There are two major health programs for refugees in New York, they are Refugee Health Promotion (RHP) and Refugee Health Screenings (RHS). Refugee health promotions provides funds to part-time Health Access Coordinators (HAC) at resettlement agencies. The Heath Access Coordinators develop culturally and easy to understand health orientation classes designed to increase refugee’s health literacy and reduce gaps in services and increase access for refugees to public and private health insurance. Refugee Health Screening (RHS) is a program that provides the initial medical screening and immunizations to newly arriving refugees and other eligible person within 90 days of their date of arrival or date of immigration status granted (Assistance, 2018).

Based off of the research collected above, the author of the thesis found that a program should be added to help refugees with their health. The program should focus on diseases that refugees are at risk of when they come to New York. There should also be a focal area on diet that refugees will have and how this could affect their weight. If refugees increase in weight and have a poor diet, this will increase their risk of refugees being diagnosed with

diabetes or obesity and non-communicable diseases. Within the program there should be activities and resources available and information available about ways to combat and counteract the non-communicable diseases. Non Communicable Disease (NDC) is a medical condition or disease that is not caused by infectious agents. NDC can be chronic diseases that last longer and progress slowly. Examples of NDC's are autoimmune disease, heart disease, cancers, diabetes, and chronic kidney disease. Being overweight and having an unhealthy diet contribute to these diseases and are risk factors for NDC's (WHO, 2017).

An article written about resettlement states that since the 1980 refugee act, there are around three million refugees that have arrived in the United States. There are approximately 65,000 refugees that originate from 65 different countries that are being resettled in the United States every year (Agrawal and Venkatesh, 2016). In 2017 there were exactly 53,716 refugees resettled in the USA. The majority of refugee that were resettled to the United States originated from Africa, Near East and South Asia. Other continents that refugees originate from were mostly Asia and Europe. Over the years resettlement of refugees to the United States has steadily declined. The decline in the number of refugees resettled is mainly due to many different barriers and the strict screening process. The United States resettlement process is strenuous for the refugee (Refugees, 2018). Recently the current president of the United States Donald Trump initiated an executive order which suspended the United Stated Refugees Admission Programs (USRAP). The executive order also cut off funding to the resettlement organizations and the executive order strengthened the vetting process for the USRAP for around 120 days. This decreased refugee arrivals by more than half. The amount of money that is allocated to the Resettlement program for refugees in the United States has also declined steadily since the executive orders were put into place (The White House, 2018). Refugees are no longer welcomed as freely and openly as they once were to the United States (International rescue Committee (IRC), 2018).

In 2017 the UNHCR stated that the number of refugees resettled worldwide dropped by over 50% when compared to the previous year in 2016. Less that 1% of the worlds refugee population is ever resettled, the need for resettlement is imminent amongst many refugees

(Refugees, 2018). Within the United States there are 50 different states that refugees could be resettled in. The top ten states in the U.S. that refugees resettle in are California, Texas, New York, Washington, Ohio, Michigan, Arizona, Pennsylvania, North Carolina and Georgia. The different states provide resources to refugees, the resources are pertinent for the survival of refugees (Brown and Scribner, 2014).

1.2 Aim and objectives

Although there are a lot of organizations that provide resources to refugees all over the world a lot of the headquarters for these organizations are located in New York. As a researcher currently located in New York this allows access to organizations and headquarters for refugee resettlement in the United States. The headquarters that are in charge of distribution of aid to refugees and the organizations that connect refugees with resources after they are resettled are located in New York City such as International Rescue Committee, Hebrew Immigrant Aid Society (HIAS) and Catholic Charities Community Services. These organizations also connect with refugees before they are resettled to ensure a safe journey and resettlement in the United States.

1.3 Research Process and Questions

After resettlement, refugees receive resources in the new country of resettlement. In the United States refugees are connected with different Non-governmental Organizations (NGO's) and partner organizations that help refugees find work through a Match program, integrate into society through language courses and cash assistance which help adjust to their new life. Even after recognition of refugee status in the United States they still face barriers in access to basic needs such as health care. Seeing the earlier research on refugee health, the study wishes to uncover information on the health resources in the United States. The information collected will also be analyzed and utilized to try to discover how organizations that administer resources are helping refugees and how they are working to make refugees life easier after resettlement. Health is a huge factor that determines refugees successfully rebuilding a life in the United States. NGO's and organizations in the United

States, specifically in New York are a main connector that determines the refugees' health status. In terms of this, this study aims to answer the following research questions:

How can health organizations in New York improve the health of refugees upon resettlement?

In order to answer this question, qualitative research on the organizations in New York that administer health resources to refugees is needed to map out improvements that could be made as an organization to help change the health status of refugees and how they perceive the health care system in the United States. Sub questions are needed to determine the public health diseases that affect refugees and how this may be a changing factor for the specific health resources that are administered to refugees. There also needs to be clarification on the pertinence of health amongst refugees and if refugees are receiving enough health coverage. There also needs to be an establishment of health promotion activities that will help refugees after they have resettled in New York.

The sub questions are:

1. What barriers affect refugees' accessibility to health resources in New York?
2. What health disease affect refugees after they are resettled in New York?
3. What specific health resources do organizations provide to refugees after resettlement and how does this affect their health status?
4. What health promotion activities would be beneficial for refugees after resettlement?

In this research, there is an analysis on the health organizations, health ailments that affect refugees and barriers that refugees face in accessing health resources. The analysis is conducted by looking at the way the organizations and NGO's in New York are providing for refugees and asking the organizations that perform health screenings in New York. However, in this research the perception of the organizations in how they perceive their success of administering health resources to refugees will be taken into account. More

detailed explanations on the organizations perceptions will be provided in chapter three and chapter four.

1.4 Previous research

There is also previous research conducted on refugee resettlement in the United States. However, there is not adequate research that focuses on the health resources provided to refugees and changing the health status of refugees. Within the Journal on News Services of Immigration and Refugee Services of America, there are different Refugee reports on refugee health. One article in the journal by Ariel Burgess (Burgess, 2004) focuses on the health challenges for refugees and immigrants. The research collected within the article helped to shape this thesis and contribute to the generating of new research (Burgess, 2004). Another area of research being conducted focuses on inadequate mental health resources distribution to refugees after they are resettled and utilization of this resource will make for a successful integration into a new society.

An article written by Marshall et al. conducted a study on Cambodian refugees two decades after resettlement in the United States. The researchers focused on the mental health of the study participants and interviews were conducted to assess the mental health status of these refugees. This is just one example of how a large portion of current research on refugees is solely focusing on the mental health status of the refugee post resettlement, there is not enough research on health conditions affecting refugees post resettlement and how the barriers that affect them post resettlement affect their health status and their integration into a new community (Marshall et al., 2005).

There is also research on how resettlement organizations provide resources to refugees in order to help them become self-sufficient after resettlement. Current research in the field of refugee resettlement to the United States has been hindered, due to the decrease in the number of refugees that are able to come into United States. The main aim of the study is to describe the current distribution of health resources to refugees. This with the objective to gain insight about health promotion activities that could be conducted to better the health of refugees after resettlement.

1.5 Relevance to humanitarian action

The health of refugees after resettlement is pertinent for the survival of refugee and their acclimation into their new community. Health is essential for the survival of refugees and ensuring that they can adequately receive the other resources that they are provided upon arrival. Immigrants such as refugees face health problems and health disparities and bear a greater burden of infectious diseases than the general population (Ali, McDermott, & Gravel, 2004). In an article written about the health service for refugees in the United States, it talks about the Center for Disease Control (CDC) medical screening procedure and how they mainly focus on infectious disease and acute conditions. The CDC needs to ensure that there is necessary coverage and testing of chronic conditions and to provide repeated testing of infectious disease, after the initial 30-90 day screening. Refugee health post resettlement has a lack of follow-up with subsequent care and testing of different chronic disease such as obesity, and diabetes. Chronic disease and mental health issues are prominent in New York and United States because refugees are more susceptible to developing these diseases because of lack of knowledge on the diseases themselves and the US health care system and how to receive adequate care and accessibility to the resources that organizations provide to them.

Performing this research and conducting interviews from the health organizations that provide health resources to refugees and interviewing the resettlement organizations in NYC; aims to generate a clear understanding of the success of the organizations. The thesis will also strive to inform organizations what more can be done to adequately adhere to the health needs of refugees and make sure that health becomes the most important priority for newly resettled refugees in the United States.

There has been some research on diseases that affect refugees post resettlement and what is provided to refugees after resettlement. However, some information is lacking on how the success of the health resources that are provided to refugees manifests itself and affect that the resources have on refugees. The research will provide information on the what can be done to help refugees better understand the US health care system and prevent this barrier from hindering refugees health. The information collected from health organizations in New York will uncover the perspective of the organizations and how they feel and perceive

themselves. Information will be collected on how they are adequately providing resources to refugees and look at how they are analyzing their own organizations to figure out what more can be done by them to help make the refugee health after resettlement in the United States a success. There is also a lack of research on how refugees are treated as outsiders or seen as others and if this contributes to refugees successfully receiving health resources. There is also a lack of research on the health status of refugees and how processes of 'othering' of refugees affects the resettlement and integration of refugees into the new society and community. The "othering" of refugees is a concept used by authors and researchers to explain processes of exclusion (Powell and Menendian, n.d.). This thesis will help uncover information on what organizations are doing to change the health status of refugees and have the organization analyze how they can improve the health resources provided to refugees to help them live healthier and more substantial lives after resettlement in New York.

1.6 Methodology

Methods for Data Collection

This study is based on qualitative research implemented through interviews and a multiple case study design. Qualitative research is when non-numerical data is collected. The cases that were analyzed were organizations in New York that perform health screenings on refugees and resettlement agencies in New York that refer refugees to the health screening organizations and provide them with resources to help them resettle. The first case, Catholic Charities Community Services, which is a resettlement agency in New York City. The second case, is the New York Department of health. More detailed information about the organizations that were interviewed will be provided in chapter 4.

Sampling of the cases

The cases described above were chosen based off of the organizations relevance to the research questions and answering those questions. The organizations each have strengths that target the resettlement of refugees and supplying refugees with health resources. All of the organizations targeted focus on the different dimensions of integration and othering. The organizations have different ways of working and different structures. All of the

organizations interviewed are valuable because they provide different perspectives and show how organizations can facilitate integration and help facilitate health of refugees. The case studies are a comparative design, the study compares the cases that use similar methods to help refugees. The choice to use case studies help to uncover a detailed and extensive examination of cases which is the reason that the method was chosen.

To answer the research questions; 1. How can health organizations in New York improve the health of refugees upon resettlement? and 2. What barriers affect refugees' accessibility to health resources in New York?, 3. What specific health resources do organizations provide to refugees after resettlement and how does this affect their health status? 4. What health promotion activities would be beneficial for refugees after resettlement? interviews and document reviews were carried out.

The Interviews

The interviews were held with health care workers and case workers working at resettlement and health screening organizations. The interviews lasted on average around 20-30minutes. In almost all cases, the interviews were audio recorded. There was one to two cases where the respondents did not feel comfortable being recorded, which resulted in writing the replies to the interview questions instead. The interviews were semi-structured with included both open and closed questions, that follow an interview guide, see appendix 3 and 4. Utilizing the interview guide entails a list of questions or topics that is to be followed by the researcher, but the researcher is also free to change the order of the questions asked and ask follow-up questions if they feel it is relevant (Bryman, 2012). This allows researchers to follow-up on things that could be relevant for the study, even if it is not considered relevant at the start, which is why the semi structured interviews are conducted in this study.

The participants selected for this study were based on a convenience sample. This was due to time constraint and lack of access to the resettlement organizations and their unwillingness to be interviewed. For Catholic Charities Community Services, the participants were selected based on their job status. One participant was a case worker, another was the director of refugee resettlement in NYC and another interviewee was in charge of the distribution of health resources to refugees. The questions that were asked to

the participants varied based off of the positons that they held and the knowledge that they have within the field of resettlement of refugees. Interviews with three female participants took place on different days. The interview with the director of refugee resettlement took place on August 09, 2017. The other two interviews were held at the Catholic Charities office on 80 Maiden Lane in Manhattan, NYC on April 20th, 2017. Interviews with one male and two females from the New York State department of Health were held on April 27th, 2018. All the interviews with New York State Department of Health had to be held over the phone due to the limited window to conduct a face to face interview. All the interviews were done separately.

The questions were formed based on the research that was conducted on the health resources that refugees receive after resettlement in New York City. The questions were also based off of the concept of othering and ensuring that refugees are adequately integrated into a new society that is outlined in chapter 3. Below will be described the questions that were included as semi structured interview questions. The interview guides, used were formulated for persons working at the resettlement agencies and one was formulated for the health organizations that provide health resources to refugees including health screenings. The questions directed towards the health organizations focused more on the health diseases that affect refugees. The questions directed towards the resettlement agencies focused more on the effectiveness of the health resources that are provided to refugees and what more can be done by resettlement agencies to provide for their health post resettlement.

The document reviews

In this section the documents, information on the web sites, brochures and published reports will be scrutinized. The documentation reviews for the organizations will identify areas of improvement for organizations. All of the organizations had web pages that provided information on refugees health resources that were available to refugees. The review was carried out to identify signs that could support the organizations and contributions and what they offered to refugees upon resettlement. The review was also utilized to analyze the health resources and the impact that the organizations have on the health status of refugees post resettlement. By looking into different sources such as web

sites, brochures and published reports, I could gain an understanding of the organizations and find answers to the research questions.

Methods for Data Analysis

Analysis of data collected through the interviews was made possible by the use of transcriptions of the audio recording, followed by an analysis of the transcripts from the transcripts. In the analysis, themes were identified and analyzed from the transcripts of the different organizations. The transcripts from the different interviews were used to facilitate the thematic analysis and was incorporated as to easily compare the replies from the various questions from the interview guide. Document review data was analyzed by identifying signs that support organizational respondents replies regarding the organizations and the various integration and resettlement dimensions. The analysis of the information collected through the document review was used to answer research questions and analyze the success of the organizations that were interviewed.

Methodological Limitations

There are limitations with purposive sampling, which was used when determining which organizations to interview, and convenience sampling, which was used for the selection of respondent for one organization the New York State Department of Health. The above sampling procedures do not make it possible to generalize the conclusion to a larger population. This was not the overall goal of the study, but to investigate and discover how the organizations are working to help refugees health post resettlement and what more they could do as an organization to improve health of refugees. This method can however contribute to useful information and strategies on how organization can better provide for refugees.

Study Limitations

Some limitations were identified regarding the interviews. First the interviews carried out with catholic charities, all of the respondents were females. This created an imbalance of gender responses. The reason for this was that respondents that worked in those positions,

and who were needed for the interview were all female. The most pertinent limitation of the study was the minimal amount of time that was able to be dedicated to the study.

Another important limitation is that the authors analysis is mostly descriptive and has only minimal scientific evaluations included on refugee health. There was also a limitation in the amount of interviews that were conducted with NYSDOH and Catholic Charities. The study was unable to conduct interviews with refugees. The lack of interviews with refugees could also be seen as being biased in the sense that no refugees have been interviewed in the study and we were unable to hear the perspective from refugees.

One last limitation of the study that should be mentioned is regarding the document review. Most of the information of the site was not useful for refugees but for other visitors of the site wanting to learn about the work that the organizations conduct. I argue that the reviewed documentation did provide extensive information of the resources and help that they provide to refugee but there were limitations on the way the site could be utilized to help refugees understand the health resources that are provided to them. The documentation review would probably have generated more reliable findings if it was based more primarily on organizations published documentation.

1.7 Limitations and ethical dilemma's

Limitations that were established by organizations were that there is a limited amount of refugees that are resettled in New York due to the cost of living (Catholic Charities, n.d). Other limitations to the thesis were that organizations were not as willing to have a researcher come in and conduct interviews with their staff.

Lack of funding to resettlement organization causes there to be a lack of follow up on refugees health and if they have received adequate health coverage and been seen for diseases and ailments that they might suffer from. Catholic Charities stated that there was a large limitation in funding and the affect that the lack of money allocated to refugees hindered the focus on refugee health and the affect that refugee resources has on the health of refugees.

There are four main areas of ethical principles that Bryman (2012) describes. The ethical principles include 1) that no harm should come to participants, 2) that participants should express consent to the study, 3) that participants shouldn't be exposed to invasion of privacy, and 4) that participants shouldn't be deceived. This study will be guided the ethical guidelines mentioned above.

When a face to face interview is conducted, an information sheet about the study and information about the reason for the study will be distributed to all the participants. The outline of the study as well as what participating in the study entail and how the information collected will be used. The information sheet also states that participants will remain anonymous. A consent form based on a form outlined in Social Research Methods by Bryman (2012) was given to participants when the information sheet was provided to them. The information sheet and consent form is included in Appendix 2. When face to face interviews were unable to be conducted and telephone interviews were conducted instead, consent form and information about the study was explained to them and oral consent was received instead.

1.8 Thesis outline

This thesis is organized into six chapters. The **first chapter** will begin with the introduction to the topic of health and refugee resettlement in the United States specifically New York. Afterwards this chapter continues with a description of the research process. The first chapter then describes the aim and main topic of the study, briefly discusses the relevance and importance of the research to the humanitarian fields and presents the methodology. The chapter concludes with the discussion of the ethical dilemmas that were encountered throughout the study.

The **second chapter** explains essential background information on refugee resettlement process to the United States. A brief history of refugees and what countries the Unites States accepts majority of refugees from. The chapter will also explain what public health disease are most prominent amongst refugees in New York. Lastly this chapter will explain how refugees get access to health resources and other benefits in the United States specifically New York.

Chapter three encompasses the theoretical framework. The first part of the chapter talks about the relevant literature on refugees, public health and resettlement of refugees to the USA. This portion of the chapter will also discuss the definitions of refugee and health and how they coincide with one another and explain these two concepts. The second part of chapter three discusses the othering theory and explain how it relates to the study.

In **chapter four** the research findings will be discussed and explain the main barriers to refugee's access to health. In this chapter, the research findings will be connected to the theoretical insights and analysis.

Chapter five will consist of presenting possible solutions to improve the health of refugees upon resettlement.

In the **final chapter** of the thesis, chapter six, the conclusion of the study will be drawn and discussed. The main research questions and sub questions will be answered and the research process and findings will be explained. At last recommendations drawn from the research will be given, and recommendations on how to further the research will be given.

2. Background Information

Different studies and research has been conducted on refugee resettlement to the United States. The prominent amount of research within the refugees' resettlement field is on the barriers to health care accessibility in the United States that refugees face. The research in this field is lacking information on resettlement in New York and the importance that health has on the resettlement of refugees. This thesis focuses on the importance of refugee health in New York. This chapter will begin by relaying information on the refugee resettlement process for a refugee to the United States. The chapter will then focus on previous research and background information and then it will talk about the US health screening process for refugees.

2.1 Resettlement Process to the United States

The resettlement process begins with a referral from the United Nations High Commissioner for Refugees (UNHCR) (Refugees, 2018). UNHCR refers refugees to be considered for resettlement. There is a detailed collection of biographical and biometric data such as fingerprints, iris scan, and facial scans on each refugee as a part of the security clearance. UNHCR goes to the country of origin for the refugees and figure out the direst cases and people in most need that will be resettled in the United States. The U.S. government screen the refugees and then decide whether to admit refugees to the U.S. for resettlement. This part of the process includes refugees meeting with eight U.S. Government agencies. They then have five background checks performed on them, and six separate security databases and three in-person interviews. (International rescue Committee (IRC), 2018)

Once the United Nations and U.S. embassies refer refugee cases for resettlement consideration to the U.S. Citizenship and Immigrant Services officers. Then the Department of Homeland Security conduct individual interviews and clearance, and are the final determinant for admission to the United States.

The Refugee Act of 1980 established three main organizations that are responsible for working together to uphold Americas humanitarian response to refugees and help them to resettle in the U.S. The three organizations are Department of homeland security: the U.S. Citizen and Immigration Services, State department: Bureau for population, Refugees and Migration, and the Department of Health and Human Services: Office of Refugee Resettlement. They are divided into three categories: Security, Placement and Transition. The department of Homeland Security: U.S. Citizen and Immigration Services is in charge of the security screening portion of the resettlement process. The State Department: Bureau for Population, Refugees & Migration control the placement of refugees after the security clearance portion has been completed. This is the placement portion of the resettlement process (Suurmond et al., 2013). The State Department, coordinates admission to specific cities and resettlement agencies, in conjunction with nine voluntary agencies that oversee a network of some 250 affiliates in 49 states. VOLAGS (Voluntary agencies) that are based in NY and Washington D.C. help refugees to resettle in the United States. The nine organizations that help refugees upon resettlement are Church World Services, Ethiopian Community Development Council, Episcopal Migration Ministries, Hebrew Immigrant Aid Society, International Rescue Committee, Lutheran Immigration and Refugee Service, U.S. Committee for Refugees and Immigrants, United States Conference of Catholic Bishops/Migration and Refugee Services, and World Relief (Hong et al., 2017).

These nine organizations are complemented by smaller local resettlement agencies and work with one another to provide assistance to refugees. The overall goal of resettling refugees is the concept of 'rapid self-sufficiency'. Refugees work closely with organizations to achieve the goal of self-sufficiency. Organizations play an essential role in the reception and the resettlement experience of refugees in the United States. Each one of these organizations provides resources to refugees upon arrival. Most of the organizations organize a reception at the airport and greet them upon arrival in the state that they are being resettled in. The organizations then help facilitate a successful transition by helping refugees to attain access to foreign language classes, job readiness, employment services, as well as medical and public health resources in order to gain self-sufficiency. Refugees receive support for the first eight months after arrival in the United States.

During the first eight months of resettlement, refugees are eligible for Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) by the Office of Refugee Resettlement (ORR). ORR is the organization that provides time limited cash and medical assistance and English as a foreign language class and job readiness and employment services. Despite many financial limitations by the resettlement agencies they still manage to provide comprehensive guidance, resources and care to refugees. Refugees do benefit from the services provided by the organizations (Mirza, et al., 2013). The medical assistance that the refugees receive is limited. Refugee health resources are divided into pre-and post-departure. These are the two major categories of refugee health. Pre departure: before arrival in the United States there is an overseas medical screening guideline (Brown et al., 2014). The pre departure screening consists of a physician panel for overseas pre-departure presumptive treatments for malaria and intestinal parasites. The pre-departure screenings are conducted a few days or weeks before the refugee departs from his or her country of asylum.

The first 90 days after resettlement of refugees are important to a successful integration into a new community in the United States. Post Departure: Once refugees have departed and arrived in the United States there is a domestic medical screening guideline and which entails a health screening in the first 90 days.

2.2 Post Departure medical screening

These resources that are provided to refugees are used to help facilitate a successful transition to life in the United States and help refugees to obtain self-sufficiency. The most important resource for resettlement of refugees is the health screenings and the health resources that are provided to refugees. (ORR) The resources give refugees information on what health ailments they have and what follow-up procedures need to be taken for them. To help facilitate that medical screenings and supply health resources to refugees there are Voluntary Agency's (VOLAGS). The VOLAG's and Non-governmental organizations (NGO's) that are present in New York, work together to make the resettlement of refugees successful and make the health of refugees a priority (Singer and Wilson, 2006). The nine resettlement agencies work with community organizations to help new arrivals settle into

their new society. Catholic Charities Community Services is a leading organization that works to successfully resettle refugees and they partner with VOLAG's and other NGO's to help make the resettlement a success. They partner with refugee organizations that administer the post departure screenings and they also work with refugees to create a health plan and ensure that they are healthy after resettlement. The medical Screening is conducted by health organizations that refugees are referred to by resettlement organizations in New York within the first 90 days after the resettlement organizations receive the refugees´ case in New York (Cdc.gov, n.d.).

The refugee health screening organizations follow a checklist for Domestic Medical Examination for Newly Arrived Refugees. The checklist is utilized when refugees are resettled in the United States and in New York. The testing is laid out into 13 sections. The examination begins with general medical examination which consists of nutrition and growth information, history and physical examination, and immunizations. The next section is mental health screening, only conducted depending on available services. General Laboratory testing is a crucial section of the test. This section also includes disease-specific laboratory testing. The Disease specific testing consists of testing for tuberculosis, lead testing, malaria, sexually transmitted diseases, HIV and Intestinal and tissue invasive parasites. The Intestinal and tissue invasive parasites screening that is conducted depends on the region of departure and pre-departure presumptive therapy received. The author conducting the research found that the medical screening was an essential tool to utilize and figure out what diseases and ailments affect refugees most prominently and how this knowledge can be used to help find solutions on how to best help refugees after resettlement (Cdc.gov, n.d.).

An article written about barriers that refugees face and their struggle with accessing health care, focused on the United States specifically the Midwest states. Midwest states is the name for the north central states of the United States, the Midwest states include Illinois, Indiana, Kansas, Ohio, Michigan, Wisconsin, North and South Dakota, Missouri, Minnesota and Nebraska. The main aspect of the study was conducting interviews that involved eighteen refugees to learn about the main barriers that refugees face. The

interviews were intended to find an understanding and provide perspectives on health care access barriers and different unmet health-related needs that are present among refugees that have chronic health conditions and disabilities. The interviews provided researchers that were conducting the study with information on the three main barriers that refugees face in the US Midwest. Those three barriers were language and communication barriers, Inadequate health insurance, and a complex maze of service systems. The barriers were present at each level in the systems, providers and individual levels. The study also found that refugees that are resettled are highly likely to have preexisting health problems that stem from their country of origin. When researching a refugee they have found that there are knowledge gaps in the field of refugee health. The knowledge gaps stem from lack of information on the refugees´ health in their home country and other factors and barriers such as language barriers which make it challenging for doctors to understand what the health status of the refugee is. Contribution to the barriers that refugees face stem from the lack of funding, support to meet the lack of language and cultural needs of refugee patients, and there is uncertainty about continuity of care that refugees do not understand (Mirza, et al., 2013). This uncertainty and knowledge gaps in the health of refugees is the main reason for this thesis, to try and uncover ways to help refugees health improve by counteracting the barriers that they face.

An article written by Morris (2009) also discusses the health care barriers of refugees' post-resettlement. This study is a qualitative study done on resettling refugees to explore health care access of refugees after the government assistance has ended in the United States. The researchers were able to perform 40 in-depth interviews with a targeted sample of health care practitioners, employees or refugee serving organizations, and some recent refugee arrivals. The interviews found that the majority of refugees do not regularly access health services. They also struggled with language and communication at all stages of health care, as well as struggling with filling out prescriptions and making appointments. Barriers that refugees faced were also based on cultural beliefs about health care that directly affected refugees' expectation of care. All of the barriers contributed to delayed care and influence refugee short and long-term health (Morris et al., 2009). The research collected in this article explained how refugees struggle upon arrival in a new country and the barriers that they face can affect their livelihood immensely. The information collected in this article

contributed to the research for this thesis, the article explained that refugees need help counteracting the barriers that they face in regards to their health and accessing health services. This is the main reason for this thesis to try and establish way to change the health status of refugees in the United States after they are resettled and change the way refugees are seen and treated in the new country of resettlement.

According to an article written about African Refugees after resettlement in the United States, researchers tracked refugees and discovered how refugees developed obesity and other related disease after they are resettled. The article explains a correlation between the amount of time that refugees spend in the United States to an increase in their body mass index. The screenings that refugees receive 30-90 days after arrival in the United States allow doctors to examine refugees and assess their health status but these screenings are not an ideal setting for refugees to discuss regular exercise habits and a healthy diet. The eating habits and exercise habits of refugees is so important to prevent the public health diseases from occurring (Rhodes et al., 2015). Being informed and aware of different public health diseases that can affect refugees upon resettlement in the United States and accessibility to the health resources provided by NGO's in New York is essential. In the article, the researchers in the article were provided a comprehensive list of refugees who were in the Rhode Island Department of Health and compared it to a selected number of people in the regular population in Rhode Island. The participants were assessed after one year into the study and five years into the study. An increase in BMI and weight was tracked at the first year and the fifth year into the study. The results of the study were that the BMI and weight of the refugees after each check-up had increases and their diet and risk of diabetes and obesity had increased. This study shows how pertinent knowledge and being educated on health resources and providing them with an adequate diet to follow when they are being resettled in the United States is necessary. Refugees need to be better informed about the chronic diseases that they face and are at risk of in the United States.

2.3 US Health Care Process

After arrival in the United States a health assessment is performed on the refugees and they are screened for communicable and non-communicable diseases. Refugees are also provided with preventative service such as immunizations and treatment for diseases such a latent tuberculosis. They gain access to individual counseling for mental health and are given nutritional guidelines and counseling if they want it. One challenging aspect of receiving health care in the United States is learning and becoming oriented to the US health care system. Refugees struggle with understanding the system and health professional find it challenging to provide comprehensive health assessments on refugees due to the lack of familiarity and understanding of the system and not knowing the procedure of the CDC screening and following the recommendations that are given after the meeting (Cdc.gov, 2018). Refugees have other priorities that relate to the new environment that they are resettled in such as school, housing, work and English classes that take precedence over their health. The International Rescue committee and Catholic Charities are two main organizations in New York that support refugees throughout the first ninety days (International Rescue Committee (IRC),2018). These two main organizations and other resettlement agencies are expected to provide basic services that includes an extensive list of around 25 items. These include: "(1) appropriate food and food allowances, (3) decent, safe and affordable housing, (7) Transportation to job interviews and job training, (10) enrollment in English as a Second Language instruction, (14) assistance in obtaining health screening and mental health services, (16) Airport pick-up, (18) general case management, (19) development and implementation of a resettlement plan" (U.S. Together, N.d.). In New York there are many organizations that provide resources to refugees. The International Rescue Committee, Hebrew Immigrant Aid Society (HIAS), New York state department of health, and Catholic Charities Community Services are a few of the main organizations that have headquarters in New York. These organizations help Refugees and provide them with many resources especially health resources in New York.

3. Theoretical Framework

3.1 Introduction

Theoretical framework is considered the most important aspects in the research process and is also considered as a basis of academic research (Grant and Osanloo, n.d). This chapter of the thesis will begin by explaining and defining what a theory is. The theoretical framework chapter will then discuss the 'other' theory and the concept of integration and how it pertains to refugees. Grant and Osanloo explains that a theoretical framework is the 'blueprint' for the entire dissertation. The framework serves as a guide and provides a structure to build and support the study that is being conducted. 'Theoretical framework has also been defined as structuring and guiding research by relying on formal theory constructed by using an established, coherent explanation of certain phenomena and relationships' (Grant and Osanloo, n.d. pg. 13). A theory-based practice is the best way to portray information since it constitutes knowledge gained from former experience.

The chapter presents a theoretical framework for the 'other' theory and relates the resettlement of refugees to the concept of integration. In order to gain a full understanding of the other theory, there will be a description portion of the 'other theory'. Then the chapter will discuss how the 'other' theory is present in this research and throughout the life of refugees. The 'other' theory serves as the theoretical base of the thesis.

3.2 Othering

The concept of the 'other has its roots in philosophy and psychology. The concept originated with the ability to define oneself as dependent on reference to an 'other' who embodies characteristics held to be in opposition to those of the self. The other is viewed as the formation and maintenance of group identity.

There is a discussion on the role of the public and how refugees are perceived as not belonging, different and an 'other'. 'Othering' is a process that, 'serves to mark and

name those thought to be different from oneself (N.j. Grove and A.B. Zwi, 2006, p. 1933).

This thesis adopts a framework of 'othering' to study and explore how refugees as a group are seen and constructed in their new place of resettlement (N.j. Grove and A.B. Zwi, 2006). It also looks at how refugees are not fully integrated into mainstream communities. Refugees have been portrayed as 'others' after they arrive in the country of resettlement. They are characterized as an 'other' even before they arrive in the country. People have established opinions and stereotyped refugees even before they have arrived. The word refugee is used so frequently in conjunction with the word threat, invasion, and contagion. These words that are used so frequently when mentioning refugees have helped to shape people's definitions and opinions of refugees and help portray them as an 'other' to people. People all over the world still interact with refugees but will enter the interaction with refugees from a point of defense. There are many barriers and screenings in place that keep the perception of refugees as an 'other' an outsider and an invader (Powell and Menendian, n.d.). These words and perceptions about refugees affect the health of refugees upon resettlement.

The main article where the information on the 'other' theory was collected for this thesis was from an academic article written by Grove and Zwi (2006). The academic resource helps explain the refugees and how the portrayal of refugees as 'other' has an effect on the health of refugees. This portion of the article was utilized in the thesis. Refugees are hardly ever portrayed as an individual with agency or skill or that they have the capacity to contribute and be an asset to their new communities. They are more often seen as burden rather than an asset to the community where they are resettled (Haynes, Devereux and Breen, n.d.).

The resettlement of refugees to the United States establishes an expectation that any refugee will willingly comply with the states application procedures. They will not question it regardless of how unfair or inefficient the process may be. The othering occurs through the resettlement process. Refugees are foreseen as helpless and seen as constantly taking rather than receiving resources and help that they are entitled to and

there should be no question as to what they should receive in the country of resettlement.

Refugees are trapped in the process, they are demanded to graciously accept what is given to them during the resettlement process or they are at risk of being discredited if they do question it. The state responds with repression (N.j. Grove and A.B. Zwi, 2006).

3.3 Integration

The concept of Integration is seen a crucial and central mechanism for society unity. Integration is used with many different meanings it is especially related to the resettlement of refugees and other migrants. (Ager & Strang, 2008) How does one determine when a person is integrated in a new country? Is it when he or she has gained knowledge of cultures and norms of the society, has acquired skills of language, has a proper understanding of the US health care system. Or it could be when he or she has obtained employment? When they gain citizenship? Researchers and scholars have found it challenging to define what it really means to be fully integrated into a new society. Scholars believe that integration is a one- way or two- way process.

3.4 One Way Integration Process

The more common view of integration is that it is a one-way process (Da Lomba, 2010). The one-way approach supports the reasoning that refugees and immigrant should just fully adapt to the new society that they are resettled in but the resettlement country doesn't need to adapt to the refugees. There are also arguments and research on the one-way process that place all the burden and the responsibility of the integration on the refugees that are coming into the country (Da Lomba, 2010). The one-way approach to integration is similar to the concept of 'othering'. The 'othering' theory portrays the refugee as an outsider and as if they are taking from the host community. The one-way approach to integration is same in the sense that refugees should be able to integrate on their own and a burden if they are taking from the new community.

3.5 Two-way Integration Process

Researchers and scholars also view the integration process as a two-way approach, refugees and the members of the new established community are focused on supporting one another and creating accommodation for refugees instead of problematizing them (Ager and Strang (2010). Da Lomba (2010) explains the two-way process of integration in a way that the new resettlement community has a responsibility to help refugees have accessibility to integration resources. Resources such as education, employment, health and that they are accepted in their new environment.

3.6 Four Key areas of Integration

Scholars have divided integration into four key areas. The four areas are: "1. achievement and access across the sectors of employment, housing, education and health; 2. assumptions and practice regarding citizenship and rights; 3. Processes of social connection within and between groups within the community; and 4. Structural barriers to such connection related to language, culture and the local environment" (Ager & Strang, 2008 p. 166). Once achievement has been achieved within the above key areas, integration has been successful.

Integration of refugees in the United States is primarily focused on employment and ensuring that refugees move quickly into the labor force to help make refugees self-sufficient as soon as possible (Kallick & Mathema, 2016). Self-sufficiency has been deemed so important because it leads to empowerment of refugees. The importance of health during integration of refugee is essential in the process. Integration programs need to aim to reverse the exclusion on certain programs and instead include all field of society in the integration. Health is a small portion of the four key areas of integration and there needs to be more of a focus on this area of integration because it will help refugees to obtain self-sufficiency.

3.7 Health and 'othering' of refugees

Refugees coming to the United States specifically New York and are given health resources. A lot of the refugees have fled developing and poor countries where there is

limited access to health care. The othering of refugees appears upon arrival and throughout the resettlement of refugees.

Grove and Zwi (2006) explain how the words disease carriers is linked with refugees when they are being screened and resettled. Within the first month after arrival in the United States the refugees are screened for diseases. These screenings help provide information to refugees as to what health ailments they might have and what follow up treatment should be used.

Refugees are seen as a burden to society in their potential to overload services or positioning them to be quarantined and further the othering theory. The country that is receiving the refugees is seen to be under threat and taking on a burden. This is what is portrayed as a threat and burden rather than attending to the health needs of the refugees and trying to figure out ways in which to help refugees utilize the health services. There needs to be a change, people and organizations need to try to change the health status of individuals and help refugees to thrive in their new environment (N.j. Grove and A.B. Zwi, 2006).

N.J Grove (2006) gives an example in the journal of when AIDS became associated with being gay, gay men were positioned as 'at risk' and as posing a risk to the community they were living in. Gay men were seen as a group of 'others' and blame was distributed and responsibility for the spread of HIV/AIDS was put on them. There are many similarities between the way that gay men were perceived and how refugees are seen. Gay men received blame for a disease that was not just from them, refugees also receive blame for being a burden and bringing terrorist to the United States and causing more money to be spend on the health care system due to the strain that refugees place on the US health care system. Refugees health is an 'other'. Barriers are faced when refugees try to access health care and assessing their health status.

3.8 Conclusion

The main theoretical findings on the concept of the 'other' theory and how it relates to the health of refugees and the resettlement of refugees was presented in this chapter. The integration process of refugees was also discussed. The findings were derived from previous research conducted on the 'other' theory and integration process and

explained how it correlates with how the world portray refugees and how this affects their health status after resettlement. The integration process section of this chapter described how the new community and refugees can work with one another to create a successful integration. The following chapter will explain further how to successfully help refugees receive the necessary health resources and how-to organizations and society can avoid the 'othering' affect that may occur when it comes to refugee resettlement and strengthen the integration process to help refugees succeed post resettlement.

4. Research Findings

In this chapter, I will present my personal experiences regarding the interviews with the organizations that resettle refugees and their contributions to a refugees successful resettlement in the United States. The results and findings will be presented in the following order; description of the organization, findings from the interviews, and then document review from the case of Catholic Charities. Then I will present the description of the organization, findings from the interviews, and document review from the case of the New York state department of health (New York State, n.d.). The chapter will begin by describing the interview guide that was utilized at the interviews with the different cases.

The theoretical perspective described in chapter 3 supports the analysis of 'othering' of refugees and integration process in the previous part. The analysis has allowed me to look at the support and limitation that resettlement organizations and health screening organizations provide to refugees and to understand how these factors affect the lives over refugees after they are resettled in the U.S. Thus, in this part of the thesis, I will attempt to describe the information collected and existing perspective on refugee health post resettlement. In order to collect research findings a semi structured interview guide was constructed and utilized during interviews with resettlement organizations in New York.

Two interview guides were created. One interview guide was utilized when conducting interviews with resettlement agencies that provide resources to refugees. The other interview guide was distributed to refugee health screening organizations in New York.

The interview guide consists of questions that ask organizations about statistics on refugees and how many refugees receive screenings each year at particular health screening organizations in New York. The second set of questions asks what resources refugees receive and also what specific health resources they receive. There is a question that asks about, what resettlement organizations partner with. There is a question about barriers that refugees face when accessing health care and screenings. There are certain questions that were asked to resettlement organizations and certain

questions that were asked to the health organizations in New York. The interview questions that were conducted on health organizations in New York focused more on the disease that refugees were screened for during the medical examination that is done 30-90 days after resettlement. There are also questions that ask the organizations about barriers that refugees face when they come in for screenings and how their organization counteracts those barriers. The last two questions of the interview guide ask how health affects a refugee's resettlement? And Do you feel like your organization could do more to help refugees in regards to health?

4.1. Description of Catholic Charities

Catholic Charities Community Services: Refugee Resettlement Department

Catholic Charities has been around since 1917 in New York and has been supporting New Yorkers in need. This organization works to protect and nurture children. They also support the physically and emotionally challenged and integrate immigrants and refugee to New York (Catholic Charities, n.d.). Catholic Charities helps immigrants reunite legally with their families, learn English, prepare to pass citizenship exams and connect refugees to health resources and health screenings in New York. There were three interviews conducted from Catholic Charities. Interviewee no. 1 was in charge of health resource connection and distribution to refugees. Interviewee no. 2 was a case worker and the resettlement manager. Interviewee no. 3 was the supervisor and leader of the resettlement department of the organization. The interviewees explained how their organizations helps refugees health post resettlement and the health resources that refugees receive and they also spoke about the struggles and barriers that refugees face upon resettlement in New York.

4.1.1 Interview Findings

"What health resources does your organization provide?"

Interviewee no. 1 and 3 all of them participants of the organization answered that the organization provides access to health screenings. They also provide information stating that the organization provides information and educational courses on health

insurance upon arrival and understanding US health care system. They also offer refugee preventative health programs and what is available to refugees.

"Catholic charities offer many health resources and offers weekly courses on different health subjects such as meditation classes and health education programs." (interviewee no.1, see appendix, p. 64)

"This organization is wonderful! And is constantly trying to connect refugees with health resources throughout New York." (interviewee no. 2, see appendix, p. 64)

Interviewee no. 2, the resettlement manager interviewed at Catholic Charities spoke about the many resources that the organization provides and was not as familiar with the health resources. She spoke about the organizations resettlement resources that are available post resettlement. She did mention that the organization has monthly meetings and the discussion of adding more health resources is brought up during about every meeting. One struggle that she brought up after this question was the lack of attendance of refugees at the health promotional meetings that are put on by the organization.

What public health diseases have you found to be most prevalent amongst refugees after resettlement?

Interviewee no. 1 answered that she the most health organizations focus on diseases such as tuberculosis that are infectious disease and their needs to be more focus on public health diseases such as obesity and diabetes which are chronic diseases. Interviewee no.2 did not have an opinion on the matter.

"There needs to be more follow-up care for the refugees to learn what public heath diseases may develop over time." (Interviewee no. 3 see appendix, p. 64)

"I don't know too much on this area of refugee resettlement, so I cannot say but maybe diseases like Chronic Obstructive Pulmonary Disorder (COPD) because it is common amongst all people in the United States." (Interviewee no. 2 see appendix, p. 64)

Interviewee no. 3 stated that she believes that most refugees in New York post resettlement suffer from mental health issues but she also felt that there was not

adequate information on the public health diseases that affect refugees post resettlement because there is lack of follow up.

Do you feel like refugees are adequately taken care of, how many refugees does your organization care for each month/year?

All the interviewees were in an agreement that refugees are taken care of by their organizations but of course more can be done. They all felt that if there was more funding to resettlement organizations they would be able to better serve the refugees. Interviewee no. 3 the leader of refugee services also stated that they serve around 30-40 refugees every year.

"There has been a nationwide cap on refugee resettle din the United States. Since president trump has been in office there has been a drastic decline in the number of refugees resettled." (Interviewee no. 2 see appendix, p. 64)

"Resettlement has been challenging for refugees due to the decline in refugees able to be resettled. The number has decline from 110,000 when President Obama was in office to around 45,000 since President Trump took office." (Interviewee no. 3 see appendix, p. 64)

Interviewee no. 2 was very knowledgeable in this area. She spoke extensively about what their organization offers such as language courses, health courses, and helping refugees find employment.

What health promotion activities are offered to refugees?

Interviewee no.1 was able to give the most information during this question of the interview. Interviewee no. 1 is in charge of the health of refugee at this organization. Based on the information that she stated, she discovered that they could do more but are currently offering a lot of different programs for refugees. Interviewee no. 2 and 3 stated that their organization offers courses on how to navigate the US health care system, diet and wellness courses, meditation classes, English language courses, courses on medication and understanding them, and pharmacy pick up information.

"We have created health programs and health resources for refugees but there is a lack of attendance at the different meetings and health promotional courses that are available to them. "

What is done if refugees face chronic diseases such as diabetes, obesity etc.?

All of the respondents were not sure how to respond to this. All of the interviewees said that their organization does not directly administer health services, they refer refugees to medical providers but they do not directly administer health services. Interviewee no. 1 did have a response and said that the organization connects refugees with health screening and health providers in the New York area. Interviewee no.2 said that the health providers and health screening organizations that they send refugees to within the first 30-90 days of resettlement would know the answers to this question.

"This is a really good question, we try and help in any way that we can when we see that refugees have health problems but the main thing that we do is connect refugees to the health providers that we partner with." (Interviewee no., 3 see appendix, p. 64)

What barriers do refugees face when accessing health care in the United States? How do you solve these barriers?

All of the respondents had a lot of information to contribute during portion of the interview question. Interviewee no. 1 thought that the organization faced many barriers when refugees access health in the United States. Refugees face language barriers when visiting the health providers.

"The language barrier is so challenging for refugees, the medical terms are especially hard and ensuring that refugees understand their diagnosis completely and the follow-up care." (interviewee no. 2 see appendix, p. 64)

The leader of the organization, interviewee no. 3 talked about the main barrier that she has seen over time has been cultural adaptation was a barrier that hindered refugees from the health accessing health care post resettlement.

How does health affect a refugees resettlement?

All of the respondents were in an agreement and felt that health is essential for a refugees resettlement. Interviewee no. 1 was especially passionate when it came to this question.

"Health determines whether or not a refugee will be self-sufficient or not in the United States post resettlement." (Interviewee no.3 see appendix, p. 64)

"If a refugee is sick and does not understand the US health care system and how to properly get help then this will only exacerbate their illness." (Interviewee no. 2 see appendix, p. 64)

"Health changes how refugees are treated and taken care of after resettlement: If a refugee is ill then society may see them as a burden on the health care system and if they have a clean bill of health then refugees are able to more easily become self-sufficient and find employment and create a new life for themselves." (Interviewee no. 1 see appendix, p. 64)

Interviewee 1, the employee in charge of health at the organization, expressed that health is included in the plan to make a refugee self-sufficient, but their needs to be a greater emphasis on understanding of western medicine. She also spoke about proper integration and connecting refugees to the medical providers and health resources will create a positive resettlement experience. As previously mentioned, the documentation that has been reviewed consists of the organizations website, see below.

What do you feel your organization could do more of to help improve refugees health?

Interviewee no. 3 had the most to say when asked this question. Collaborating with their providers more often would help create more unity amongst the organizations. Having a round circle type meeting where organizations come together to talk about health of refugees and what more can be done and what has been successful and unsuccessful in the past.

"We as an organization need to have more information available to refugees on diseases that they are at risk of post resettlement." (Interviewee no. 3 see appendix, p. 64)

"Our organization does a lot to help refugees but we need to work on helping refugees to better understand the US health care system" (Interviewee no. 2 see appendix, p. 64)

Interviewee no.1 states that their organization could potentially try and create a video that could be translated to different languages that helps refugees to understand the US health care system. By doing tis it would help organizations to better counteract the cultural barrier that refugees face and help them to better utilize the health care system and health resources that they receive.

4.1.2. Document Review Findings

In this section I will scrutinize if the reviewed documents and website connected with the organization support findings from interviews, and what strategies can be utilized to identify ways to improve the health of refugees and figure out different programs that can be created for refugees to better understand their health and the health care systems available to them in New York, which is the organizations main way to present information on what work they are currently doing and have done in the past. When visiting the organization, I found that there were many signs posted that talk about programs and resources that their organization offers. There were also pamphlets on display on the front desk as you enter the office. The pamphlets had information about programs that were available to refugees such as Microsoft Office workshops and computer basic skills lab. These classes are in place so refugees can be better prepared to enter the work force and find jobs a lot easier. These classes were successful for the refugees that attended the meetings but attendance at each meeting was very low. There were flyers for all sorts of programs that work to help refugees become self-sufficient, one flyer that stood out to me was on describing a course that they are offering on writing cover letters and resumes for jobs. Walking through the office the majority of flyers were on ways to secure employment and making sure that they apply to cash assistance programs and job readiness courses. Another flyer was talking about the US health care system, the flyers were somewhat informative. The flyer also discussed the programs that were already in place. I learned about a program that was offered once a month in the past where refugees are able to talk to someone face to face about the US health care system and get a better understanding of it. The

lack of attendance to this course and the lack of buzz that came from the distribution of the flyer made the organization postpone the course for a time. The organization Catholic Charities should work to try and increase attendance to these meeting and reinitiate the informative course on the US health care system and the health resources that are available to refugees. The courses that are offered are so beneficial to refugees so they need to work and strategize as an organization on ways to increase attendance at the meetings and have refugees attend the courses. Other flyers and pamphlets that were available to refugees and people that came into the office were on Catholic Charities and how they help refugees.

4.2 New York State Department of Health

Refugee Services (Tuberculosis Center)

The New York Department of Health (NYSDOH) ensures that high quality appropriate health services are available to all New York State residents at a low and reasonable cost. NYSDOH are responsible for promoting and supervising public health activities throughout New York State. The state department ensures that high quality medical care is accessible in a cost-effective manner for all residents. A large part of the New York state department is screening for diseases and reducing infectious diseases such as food and waterborne illnesses, hepatitis, HIV, meningitis, sexually transmitted diseases, tuberculosis and vaccine preventable diseases. There is also a focus on chronic disabling illnesses such as heart disease, cancer, stroke, and respiratory diseases. The NYSDOH works with states health care community and local health organizations to ensure adequate response to health threats that may occur. There were three interviews conducted from the New York State Department of Health. Interviewee no. 4 was the refugee health coordinator for refugees in New York. Interviewee no.5 was an employee at the organization that was apart of the Tuberculosis sector of the organization. Interviewee no. 6 was an employee that worked in the refugee health sector. The interviewees explained how their health organization try to help improve refugees health post resettlement. The interviewees

also spoke about the health resources that refugees receive and the struggles and barriers that refugees face upon resettlement in New York.

4.2.1 Interview Findings

What health resources does your organization provide?

All three of the interviewee were in agreement that NYSDOH refugee health department provides refugees connection to their providers that they work with. Interviewee no. 4 stated that their main resource that they provide to refugee is information. They provide information on diseases that are most prominent in New York. They also provide information based off of the medical screenings that refugees receive 30-90 days after arrival in New York.

"We are an organization that focuses solely on providing health resources to the people of New York and the refugees within New York. I know that one resource we provide is tuberculosis testing upon arrival." (Interviewee no. 4 see appendix, p. 64)

" We work with other organizations, we meet every once in awhile and talk about the current health resources that we provide and try and come up with new and improved health resources." (Interviewee no. 5 see appendix, p. 64)

Interviewee no. 6, expressed that their organizations does a lot of collaborating with other organizations in order to provide an adequate amount of health resources to refugees such as information on nutrition and exercise.

What public health diseases have you found to be most prevalent amongst refugees after resettlement?

Interviewee no.4 stated that the New York State Department of Health refugee departments main focus is on Tuberculosis control. Tuberculosis is an infectious disease that affects mainly the lungs. It is a disease that affects refugees before arrival of refugees it does not affect most refugees post resettlement.

“Chronic diseases are the most prevalent public health diseases that affect refugees after resettlement in New York.” (Interviewee no.4 see appendix, p. 64)

“Refugees face many struggles and a major on is chronic health conditions such as diabetes and weight gain that could lead to obesity. Chronic diseases are more prevalent than infectious diseases.” (Interviewee no.6 see appendix, p. 64)

All the interviewees were spoke very highly of their organizations and the efforts that they are making to treat public health diseases that affect New Yorkers and refugees that come to New York.

Do you feel like refugees are adequately taken care of, how many refugees does your organization care for each month/year?

All respondents were not sure about the second part of this question. They did not know exactly how many refugees they treat or the exact number of refugees that come into the office to seek out help. They guessed that around 30-40 refugees come in every two to three months. Interviewee no. 5 felt that refugees are reasonably taken care of. Refugees are connected with resettlement organizations upon arrival and provided with resources to help them in the initial first stage of resettlement in the United States. This resettlement process is very clerical and not necessarily personalized towards each refugee. Interviewee no.1 was intrigued by this question. This interviewee spent a lot of time contemplating this question. Interviewee no.1 expressed that refugee are taken care of within our organization in regards to their health. Refugees receive the same resources as other New York citizens. They just receive extra help to understand the US health care system and understand the health resources that they receive.

“ Refugees deserve all the help we can give them. I think our organization is doing its best to help ensure that refugees receive necessary information on health resources and what health resources are necessary upon resettlement.” (Interviewee no.6 see appendix, p. 64)

“ Refugees become self-sufficient relatively quickly after arrival in the united States. I feel like our organization recognizes refugees potential to become self-sufficient

quickly and try to supply resources that will help achieve this goal of self-sufficiency as soon as possible." (Interviewee no. 5 see appendix, p. 64)

What health promotion activities are offered to refugees?

Interviewee no. 6 responded and spoke about the courses that they offer to refugees. The main course that they offer is on nutrition and exercise plans that refugees can follow upon resettlement in the United States. Refugees have a hard time culturally adapting to their new environment and finding ways to access health care because it may not have been a common practice in their country of origin. All of the respondents spoke about the information pamphlets that they provide on the US health care system and how to navigate that system. They also spoke about the health promotion courses on health literacy to help refugees understand the information that is given to them at their doctors appointments.

"We offer health promotional activities that help refugees understand how to access health care resources upon arrival and after the initial arrival period." (Interviewee no. 6 see appendix, p. 64)

"We are starting to implement a program that focuses on health and emotional wellness services. There needs to be more of a focus on the mental health of refugees after arrival in the United States." (Interviewee no. 4 see appendix, p. 64)

What is done if refugees face chronic diseases such as diabetes, obesity etc.?

All of the interviewees responded and stated that refugees are connected with doctors and the providers that they work closely with to help refugees if they may be facing chronic diseases.

"We have information on our website and lots of information from our employees and partner organizations on diseases that refugees are at risk of upon resettlement." (Interviewee no.5 see appendix, p. 64)

"Refugees are connected with partner organizations that focus on treating these diseases. Our organization also offers connection to doctors offices that will help

refugees to learn better ways to take care of their health." (Interviewee no. 4 see appendix, p. 64)

What barriers do refugees face when accessing health care in the United States? How do you solve these barriers?

All of the respondents stated that refugees that come into their organization face barriers with cultural adaptability as well as language barriers. Interviewee no. 4 at first answered the question by stating barriers that the organization itself faces when distributing health resources to refugees. They stated that their organization is struggling with lack of funding which in turn hinders and creates barriers for the organization to be able to distribute health and other resources to refugees.

" Language is so challenging for refugees and is a barrier that prevents them from learning and becoming self-sufficient in New York." (Interviewee no. 5 see appendix, p. 64)

"I have seen that it is challenging for health workers to explain information and having to utilize a family member to translate certain information. This causes information to get lost in translation." (Interviewee no. 6 see appendix, p. 64)

The respondents also explained that family members are not allowed to translate during the medical screening appointment that refugees have to attend. There needs to be a translator present to ensure that refugees understand the information. Interviewee no. 6 stated twice that many different health terms can get lost and interpreted in the wrong way.

How does health affect a refugees resettlement?

Interviewee no. 6 responded to this and stated that health is essential for the survival of refugees and progressing in their new community.

"Having a clean bill of health will make refugees more successful in their new community. It will also help them be to healthy and better able find a new job." (Interviewee no. 4 see appendix, p. 64)

"Health affect the success of the refugee post resettlement and whether or not they are able to become self-sufficient." (Interviewee no. 5 see appendix, p. 64)

Health is a guiding principle that changes whether a refugees resettlement is successful or unsuccessful. A successful resettlement entail that's refugees receive a medical screening after 30-90 days post arrival and find employment soon after resettlement. Interviewee no. 4 spoke briefly about when refugees are struggling with an illness then they are unable to find a job or receive all the essential resources that help them resettle in the United States.

What do you feel your organization could do more of to help improve refugees health?

Interviewee no. 4 had the most to say when asked this questions.

All respondents said that they wish they could do more for refugees. One area that Interview no. 4 felt they could do more for was finding time to meet with their providers more frequently. This time would be essential to discuss and find solutions to different problems that refugees face in regards to health.

"We are responsible for the health of refugees post resettlement. We need to make every stride to help change their health status. Working to expand our network and collaborations with other organizations will help make that possible." (Interviewee no.5 see appendix, p. 64)

Interviewee no.4 took some time to respond to this question. Creating way to help refugees learn how to eat a well-balanced and healthy diet in the new environment they are in. Interviewee no.1 stated that refugees may understand what fruits and vegetables are but not fully understand that they need to be consumed daily to ensure that they do not develop chronic diseases such as diabetes that could come from the consumption of a lot of processed foods.

4.2.2. Document Review Findings

In this section I will scrutinize if the reviewed documents and website connected with the organization support findings from interviews, and what strategies can be utilized to identify ways to improve the health of refugees and figure out different programs

that can be created for refugees to better understand their health and the health care systems available to them in New York. This is important when learning about the organizations main way to present information on what work they are currently doing and have done in the past. The pamphlets distributed by the New York State Department of health include information on diseases that could affect all Americans. One pamphlet included an extensive amount of information on Tuberculosis. As mentioned previously, Tuberculosis is an infectious disease that affects the lungs. Another pamphlet describes infectious diseases and chronic diseases and explained the difference and listed examples of both of those diseases. These pamphlets are important for understanding what risks that refugees face in the United States. The pamphlets are informative but they are geared towards Americans that may be seeking out information and help regarding infectious or chronic diseases. The pamphlets could be challenging for refugees to understand and navigate through.

The website that is created for this organization is hard to navigate. There are many tabs and ways to search information. I am unsure who the website is geared for. One way that they could improve the website may be to try and make it easier to understand and adjust the layout so it is easier to locate information on the subjects and diseases that people may be at risk of. After searching the site and looking for information on refugees and how they serve refugees, I found it challenging to find any information on how they serve refugees in the New York. This may be a way that they are counteracting the "othering" of refugees by making all the information geared to every person living in New York rather than singling out a certain population of people. They adhere to all the needs of people in the area.

The website has drop down tabs that focus on healthy lifestyles and how to maintain health and safety in the home. There is also a section of the website dedicated to talking about community health. The section also offers ways to make your community healthier. One important section that refugees should look at is the diseases and conditions section. It is easy to read and understand the diseases and conditions that are most prominent in New York state. The website has set up a way for refugees and people in New York to connect to local health departments in the area that focus on specific health issues that they may have (New York State, n.d.)

4.3 Conclusion

Interviewing health organizations helped uncover information about health diseases that affect refugees upon arrival in the United States, the number of visits that the refugees have and whether they frequently visit the doctor. A barrier that was common amongst both organizations was the efficiency of the translators and how much they rely on them to relay information to refugees that do not speak English. The language barrier in regards to health is what makes a refugees resettlement successful. Also learned about the health promotion activities that are being implemented. The organizations also reflected on what they are doing in the health department for refugees and found ways that they could better serve refugee after resettlement.

Catholic Charities refers refugees to the health care providers. These organizations screen refugees and assess their health status and try to figure out what more can be done to improve their health status. These medical screenings are mandatory but extremely hard for refugees to understand all of the information that is presented to them. These organizations that were interviewed presented ways that they want to improve and also reflected on their strengths and what they are currently doing to help refugees health. Collecting and analyzing the information made it possible for me to draw conclusion on what more can be done to help refugees improve health by having organizations analyze their own work and discussing with them what more can be done.

5. Possible solutions for how to improve health of refugees after resettlement

In this chapter I will analyze and discuss the study's findings. First, there will be a discussion section on the research. Then there will be analysis of the findings in relation to the literature on the topic.

5.1 Discussion Section:

Health needs to be the number one priority for refugees when they have arrived in the United States for resettlement. The United States resettlement programs main stress is that refugees need to become self-sufficient, there needs to be more attention paid to the health status of refugees and not rush the health care process for refugees. In order to achieve this organizations, need to ensure that refugees are provided with all the necessary health resources.

Refugees all have individual experiences that make them unique and separate from other refugees. Which in turn means that each refugee should have an individualized plan of action for their health. Having an individualized plan for refugees health while working with resettlement organizations will ensure that refugees are properly integrated into the new society. Integration is a key concept to follow when helping refugees resettle and ensuring that they are not treated as 'other' or an outsider. Following the two-way integration process will ensure that refugees receive the necessary health resources upon resettlement. It means that refugees work together with the new community and resettlement organizations in order to help them become self-sufficient members of society. The two-way process will also help stop the 'othering' of refugees to occur as the theory of 'other' shows. As mentioned in chapter three, 'othering' is a process that, 'serves to mark and name those thought to be different from oneself. (N.j. Grove and A.B. Zwi, 2006, pg. 1933)

All refugees are human beings of equal value and are entitled to rights. UNHCR states that, (a) "No one shall be subject to arbitrary arrest, detention or exile" (Universal Declaration of Human Rights, article 9); (b) "Everyone has the right to seek and to enjoy in other countries asylum from persecution." (Universal Declaration of Human Rights, article 14); (c)

"Everyone has the right to a nationality" (Universal Declaration of Human Rights, article 15); (d) "Everyone has the right to freedom of movement and residence within the borders of each State" (Universal Declaration of Human rights, article 13; International Covenant on Civil and Political Rights, article 12). The people in the new country of resettlement and the organizations helping them should take into account that refugees are people of equal value and have the same rights as everyone else.

The right to health is a fundamental part of our human rights and dignity. In the 1946 constitution of the World Health Organization (WHO it states that, the right of the enjoyment of the highest attainable standard of physical and mental health, to give it its full name. The preamble also states that 'enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" (ohchr, n.d.)

In the 1948 Universal Declaration of Human Rights health is mentioned as a major part of the right to an adequate standard of living (Yamin, 2005).

The right to health has key aspects to it. The right to health is an inclusive right. Accessibility to health care is associated with right to health. There are also other factors that can help lead to a healthy life. This includes accessibility to safe drinking water, adequate nutrition and housing, health-related education, information, healthy working condition and environmental conditions The right to health also contains freedoms. This includes the right to be free from non-consensual medical treatment. Health rights for refugees also includes entitlements. Refugees have the right to a system of health protection providing of opportunity for everyone to enjoy the highest attainable level of health. Right to health contains entitlement to the right to prevention, treatment and control of diseases and the accessibility to essential medicines. The health resources that they are entitled to are medical screenings upon arrival in the United States (Yamin, 2005).

Society may see this screening as extra money spent on refugees and if they are diagnosed with a disease, they will see it as refugees being carriers of disease and that they shouldn't be bringing diseases into the United States. This is where the concept of 'othering' presents itself at this stage of resettlement.

Being seen as a burden to a society right after resettlement will prevent many refugees from seeking out health resources and other resources upon arrival (Yamin, 2005). This relates back to the concept of 'othering' where refugees are seen as a burden and taking from society instead of being included in society and seen as contributors to the new society. Changing the mindset of the people in the new communities will help refugees tremendously to want to seek out help in regards to their health and other resources that make their integration positive and successful.

Limitations in the current health policies include the lack of accessibility of service to refugees and the current US health care system is challenging to understand. The difficulty in understanding the health care system is a significant obstacle to refugees and ensuring that they utilize the health care system. Language barriers and lack of sufficient health care insurance are only a few of the barriers that refugees face when trying to access health resources upon resettlement. Cultural adaptability is a large factor that affects the health of refugees. In order for refugees to be self-sufficient there needs to be some cultural adaptability and willingness to try and understand the health care system in the United States.

In a study done on health service for Refugees in the United States the researchers found limitations within the health care system for refugees. Refugee health suffers and this creates an unsuccessful integration and resettlement. Mirza et al. (2014) uncovered three main finding for refugee limitations to health. First, refugees still have limited accessibility to service because of the difficulties in understanding the health care system and health care even when they are eligible for the health services. Second, most policies on refugee health focus on the early stage of resettlement, which includes infectious disease screenings. There needs to be a focus on follow-up services for chronic conditions because it is essential to ensure health and well-being of refugees. These chronic conditions from which refugees suffer can have long term health effects. Third, because social factors affect health of refugees, it is necessary to provide service that integrate health and social issues.

5.2 Analysis of the findings in relation to previous research

As mentioned in the introduction to this paper, there will be an analysis of previous research on the health of refugees post resettlement in the United States. There will also be a brief analysis of the research on integration and 'othering of refugees. The organizations explored in this study have shown to facilitate integration i.e. decrease inequalities in three areas employment, education (Catholic Charities) and health (both organizations). Catholic Charities main focus is on employment and helping refugees to become self-sufficient. Employment will then lead to refugees gaining an income which will facilitate housing and education. Health is the most important aspect for New State Department of Health (NYSDOH, n.d.). The research conducted on health and refugee resettlement have focused on the barriers that refugees face when accessing health. There has not been a lot of studies or research on tracking refugees after they have resettled in order to find out if the health resources have been successful. There is also not a lot of research on health programs that refugees have available to them and how affective they are for refugees. Barriers that refugees face prevent them from accessing health resources. Resources are essential for refugees to make the transition into the new environment.

Findings show that Catholic Charities is a resettlement integrating organization that contributes to language training, increased understanding of culture, opportunities for education, possibilities for work related knowledge and personal development, health promotion activities and health resources. Interestingly, New York State Department of Health is not solely focused on employment also contributes to many different factors; medical screenings, connections to health providers, health resources and cultural adaptation to US health care system. Though it is not mentioned in the finding I would argue that both organizations are contributing to counteracting the 'othering' of refugees. They have found ways to counteract and integrate refugees in New York. One way that they are contributing to integration is by involving refugees in the process of resettlement and listening to refugees needs and what resources they need.

6. Conclusion and Recommendations

6.1 Introduction

This study has investigated how affective the health resources distributed by health and resettlement organizations are for refugees after resettlement in the United States. Through case studies, this study has examined two organizations, namely Catholic Charities and New York State Department of Health in New York that contribute to health resources to refugees and identified strategies for contribution to these different dimensions.

6.2 Research question answers

The posed research question was, how can health organizations in New York improve the health of refugees upon resettlement? There were also sub questions that went were built off of the thesis research questions. This sub questions are listed and explained below.

The sub questions are:

What barriers affect refugees' accessibility to health resources in New York?
In regards to research question no. 1, findings show that both organizations contributed to answering this question. Throughout the interviews and the research, information was discovered about the barriers that refugees face. When refugees are resettled to the United States they are immediately given resources to help them become self-sufficient. During the resettlement process refugees are faced with barriers. Both of the organizations that were interviewed mentioned that refugees face language barriers when trying to understand the health care system in New York. Refugees are provided with translators when they are going to their medical screening that helps them to understand what is being said during the appointment. That is one way that organizations counteract this barrier. The medical terminology is still a challenging language to translate. Different terms are lost in translation and this could affect the treatment that is given and the refugees understanding of how to deal with their diagnosis. During the interviews that were conducted with Catholic Charities they mentioned cultural adaptability and cultural integration as a barrier. When conducting the research and reading through articles and journals; similar information was found on the cultural adaptability of refugees after resettlement and how this is a barrier for receiving health. There are areas of the world where refugees come from where they do not feel it is necessary to go to the hospital or to the doctor unless they are

deathly ill and in need of life saving treatment. This mentality can cripple refugees and prevent them from quickly healing from an illness. If the refugee would have visited the doctor sooner and utilized the health resources that were available to them then they could have avoided the disease that they may have. The lack of cultural understanding of the health care system in the United States would prevent them from being able to keep up with the illness that they may have and then in turn it would develop into a detrimental illness. Health and understanding the US health care system are key areas that help counteract barriers to cultural adaptability. They make going to see a doctor and striving to better their own health a priority.

What health disease affect refugees after they are resettled in New York?

Refugees resettling in the United States carry a burden of infectious diseases as a result of exposure in their countries of origin and the circumstances of their migration. Overseas screening is required before entry into the United States, but it incompletely assess infectious diseases. After arrival in the United States refugees are at risk of these health disease that affects all Americans. Chronic disease is what affects majority of the population in America. Diseases such as diabetes, heart disease, cancer and obesity have developed in refugees if they do not adhere to a regular well-balanced diet. The United States consumes a lot more processed food then other countries. The consumption of the processed food puts refugees at a greater risk of developing chronic diseases. Stress is a major factor and disease that affects refugees during and after resettlement. Having high stress will affect the health of a refugee and contribute to the development of different diseases.

What specific health resources do organizations provide to refugees after resettlement and how does this affect their health status?

After refugees are resettled in the United States they are required to go to a medical screening 30-90 days after resettlement. Organizations also offer courses on better understanding the US health care system. Resettlement organizations connect refugees with mental health treatment providers and make these resources available to refugees if they

need it. Organizations stated that refugees are given resources to help them change their health status. Refugees receive many forms and paperwork on health in the United States and how to access health. They receive health insurance when they arrive in the United States, which allows them to be able to visit the doctor. Resettlement organizations provide refugees with cash and medical assistance. Health education courses are provided to refugees as well as health assessments for chronic and other health conditions. The goal of health organizations that provide services and resources to refugees is to reduce the spread of infectious diseases, treat current ailments, and promote preventative health practices.

What health promotion activities would be beneficial for refugees after resettlement?

Health promotion is an aspect of public health. World Health Organization describes health promotion as a process of enabling people to increase control over, and to improve their health (WHO, n.d.). One activity that would benefit refugees would be courses on nutrition and exercises. Refugees could be involved in figuring out the health courses that would best suit them and figuring out the health resources and courses that would best fit them. After the conclusion of the research and the interview findings, conclusions were drawn and stated that health promotion activities would be beneficial for refugees. One specific activity would be organizing events that utilizes the involvement of refugees to help them with the planning of a health fair/event. The health events could incorporate different stores and health care providers coming together to inform and educate refugees on a healthy diet. There could be demonstrations on how to cook the food. There could also be different venues set up by refugees that show cases of the foods that they cook in their home country. The health care providers could show us what refugees need to do in order to be free from illness and thrive in the United States. Other health promotion activities would be to offer refugee courses on the different drugs that they may have to take and what the symptoms and side effects may be and what the drugs are used for and what diseases that are helping to cure. Another health promotion activity that may help refugees would be organizing different gatherings where refugees can meet and talk to one another about mental health problems they may have or talk about the resources that they may need. Health promotion activity that resettlement organization could try and implement would be individual health counseling approach which would be on an individual basis so that each refugee would be

able to talk to a case worker or health worker about health issues that are affecting them and if the health resources are helping each of the refugees. The interviews helped to uncover information on health of refugees and one area that affect refugees in regards to health is refugees health and stress levels. Refugees experience a lot of stress throughout the resettlement process. Health promotion course on stress management can help change the situation of refugees.

6.3 Recommendations

Based off of the interviews and the research collected, there are a few recommendations that could be implemented that could potentially help improve the health of refugees after resettlement. Resettlement organizations have ways to communicate with one another and a lot of the organizations partner with one another and health organizations to help provide for refugees. When reflecting on the research and interviews I came to the conclusion that it might be a good idea to try and create a separate organization that deals only with health of refugees. The organization would provide all the health resources to refugees and also provide the medical screenings and health services. This would allow resettlement agencies to be able to send refugees to one place. This main organization would be able to focus on translators and language barriers that are encountered and help to focus more heavily on refugees properly understanding the health system in the United States. Refugees have to attend a medical screening 30-90 days after arrival in the United States. After the conclusion of the medical screenings organizations could connect with health organizations that could work with one another to provide for refuges all at one area. This organization will help the health resource providers to solve the attendance problem that resettlement organizations are encountering.

The organizations stated that there has been a lack of follow up from the refugees. The interview with the New York State Department of Health stated that it is challenging to follow up with refugees after they have attended their medical screenings. Resettlement agencies have explained that there is a lack of follow up on refugee's health due to lack of funding. The organizations are unable to track refugees to ensure that they are going to follow up doctors' appointments and they are unable to know if refugees properly understand the information that is presented to them at the medical offices. The health of

refugees could suffer because the organizations are not able to track the progress of refugees and ensure that they are being integrated into society and integrated into the health care system in the United States.

Resettlement organizations and health organizations can find a way to better solve the problems that refugees face by working together with one another and finding times to meet with one another to assess what more can be done for refugees regarding health. Based off of the interviews and information collected, these organizations can collaborate with one another and create a round table where ideas can be discussed with one another and generate solutions to problems that they are facing. Having information and opinions from different providers and organizations will help to generate ideas and create a better resettlement experience for refugees.

There is a decent amount of research and information on refugee resettlement to the United States and the health of refugees. There is however a lack of information on the health of Asylum seekers. During the interviews, I discovered that a large majority of the population that the resettlement agencies are currently serving are asylum seekers that have come to New York. Refugee resettlement organizations focus mainly on asylum seekers because of the minimal number of refugees that are being resettle din the United States. I would recommend that the next person conducting research should include information on asylees because there is little data available about health problems that they face after they migrate to the United States. Recommend that medical providers that screen asylees apply the same screening and treatment recommendations as they do for refugees in the CDC Refugee Domestic Guidelines. I want to conclude by bringing the thesis back to the quote that started the thesis.

"He who has health has hope and he who has hope has everything." –Arabic Proverb

"In health there is freedom, health is the first of all liberties." –Henri Frederic Amiel

Health is a right that every person should be provided with. Refugees come from different health backgrounds. Each situation for refugees is individual. This thesis aims to individualize the health of refugees and help them change their situation and make the health of refugees a main priority.

Concluding Notes

Hopefully this study can be informative and add valuable knowledge to organizations, government agencies, resettlement agencies, health organizations and municipalities searching for better ways to support activities that could help refugees health improve upon resettlement. I hope this study was also able to generate ideas to support activities that benefit the integration and prevent the ‘othering of refugees in society. The outcomes of this study have shown ways for organizations to implement programs and activities that would help refugees live a healthy life upon resettlement in the United States.

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Appendix I

Study information sheet

Thank you so much for participating in this study. This information sheet explains the purpose and outline of the study, and clarifies what your participating in the study entails. The purpose of the study is to investigate if and how health and resettlement organizations are contributing to integrating refugees into society and the health resources that organizations provide. The study also seeks to outline good practice and lessons learned from the organizations and their own perspective, something that other similar organizations can learn from. In order to elicit your views of the organization's contribution to make the health of refugee a priority during resettlement, good practice and lessons learned I would like to conduct an interview with you. If you agree to this, the interview will be audio recorded or conducted over the telephone and should take no more than 30[45 minutes. The audio recording will not be shared with anyone outside the study and will only be used in the interpretation of data. The information provided by you in the interview will be used for research purposes. Your words may be quoted in my paper and perhaps also in other research forums, but your name will not be mentioned and you will remain anonymous. Please feel free to take more time to consider your participation in the study if you feel you want to. You can also withdraw from the study at any time and no questions will then be asked about the reason for this. Again, thank you for participating and feel free to ask any questions about the research at any stage.

Stefanie Larsson

Telephone number: +1 614-940-0877

Email: stefanielarsson@yahoo.com

Consent form

[I, the undersigned, have read and understood the Study information sheet provided

[I have been given the opportunity to ask questions about the study

[I understand that taking part in this study will include being interviewed and audio recorded. The audio recording will only be used by Stefanie Larsson in the interpretation of data and not shared with anyone outside the study

[I have been given adequate time to consider my decision and I agree to take part in this study

[I understand that my personal details such as my name will not be revealed to people outside the project

[I understand that my words may be quoted in publications, reports, web pages and other research outputs but my name will not be used

[I understand that I can withdraw from the study at any time and I will not be asked any questions about why I no longer want to take part

Name of participant:

_____

Participant's signature:

_____ Date:

_____

Researcher's signature:

_____ Date:

_____

Interview Guide Resettlement Organization's

Interview Guide- Resettlement Organizations

Questions:

1. What health resources does your organization provide to refugees?

2. What resources besides health resources do you provide to refugees?

3. What public health diseases are most prevalent amongst refugees after resettlement?

4. How many refugees do you deal with each month/year?

5. How many refugees are assigned to one case worker?

6. What organizations do you partner with?

7. How many doctors' visits do refugees have during the first months of resettlement?

8. What health promotion activities are offered to refugees?

9. Do you have ways to help refugees better understand the US health care system?

10. What is the health procedure for refugees?

11. What is done if refugees face chronic diseases such as diabetes, obesity.. etc?
-Is there follow up care?

12. What barriers do refugees face when accessing health care in the United States?
How do you solve these barriers?

13. Has there been a decline in the amount of refugees that are admitted to the USA, if so how has this affected the distribution of health resources to refugees?

14. Do you feel like your organization could do more to help refugees in regards to health?
If so, what can be done?

Interview Guide Health Organizations

Interview Guide- Health Organizations

Questions:

1. How many refugees come in to receive screenings each year?

2. What health resources does your organization provide to refugees?

3. What do you offer to help refugee better understand the US health care system.

4. What specifically are refugees screened for during the domestic medical screening?

5. What barrier do you see when refugees come in for the screening? What do you do to counteract those barriers?

6. Do refugees come in for follow up doctor's appointments? If so how many would you say come in for follow treatment?

7. Do you talk about an adequate nutrition and exercise schedule that refugees should follow?

8. What diseases are most common amongst refugees that come in for screenings?

9. Do you see any development of disease overtime after resettlement in the USA? Such as diabetes, obesity?

10. Do you recommend any health promotion activities for refugees?

11. How does health affect a refugees resettlement?

12. Do you feel like your organization could do more to help refugees in regards to health?
    If so, what can be done?

Appendix II

List of Interviewee

Interviewee Number	**Organization**	**Gender**	**Role in Organization**	**Interview conducted:** place, date and means?
1	Catholic Charities	Female	Health resource coordinator	-New York City -April 20th, 2018 -Face to Face Interview
2	Catholic Charities	Female	Case worker/ Resettlement Manager	New York City -April 20th, 2018 -Face to Face Interview
3	Catholic Charities	Female	Supervisor/ Leader	-New York City -August 09, 2017 -Face to Face Interview
4	New York State Department of Health	Female	Refugee health coordinator	-New York City -April 27th, 2018 -Telephone Interview
5	New York State Department of Health	Female	Employee in the Tuberculosis Sector	-New York City -April 27th, 2018 -Telephone Interview
6	New York State Department of Health	Male	Employee in refugee health sector	-New York City -April 27th, 2018 -Telephone Interview

List of Abbreviations

UNHCR United Nations High Commissioner for Refugees

WHO World Health Organization

MAC Making a Connection Program

NYSESRP New York State Enhanced Services to Refugees Program

RHP Refugee Health Promotion

RHS Refugee Health Screening

NDC Non Communicable Diseases

USRAP United States Refugee Admission Program

IRC International Rescue Committee

HIAS Hebrew Immigrant Aid Society

NGO Non Governmental Organization

CDC Center for Disease Control

NYC New York City

NYSDOH New York State Department of Health

VOLAGS Voluntary agencies

RCA Refugee Cash Assistance

RMA Refugee Medical Assistance

ORR Office of Refugee Resettlement

BMI Body mass Index

US United States