

A Healthcare Provider's Guide to the Asylum Seeker in the US

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Introduction

Asylum seekers are those who have fled their home country and apply for protection in the United States after arriving in the United States.¹ This is what distinguishes asylum seekers from refugees, who seek protection from the United States prior to arrival. Asylum seekers face many unique challenges when they enter the United States, including a lack of government or structural support and a pervasive fear of deportation or detention. This is in addition to the mental and physical health effects of detention if the asylee has been detained, as well as the mental and physical health effects of the situation that caused the asylee to leave their home country in the first place. This paper will attempt to outline these challenges in greater detail so that healthcare providers are attuned to the specific needs of this population. It will also attempt to provide several ways in which healthcare providers can better serve this unique group.

What is different about this group compared to refugees?

Asylum seekers arrive in the United States via multiple routes. Some cross into the United States via the southern border with Mexico or the northern border with Canada while others arrive in the country by air, on a visitor's visa or other form of visa. Upon arrival to the United States, an individual who wishes to apply for asylum must apply within one year in order to be eligible.¹ Prior to submitting an asylum application, these individuals are considered undocumented immigrants. To be granted asylum, the individual must complete a form I-589 which should demonstrate that he or she meets the same criteria one must meet in order to qualify as a refugee.¹ It should be noted that there are many people who attempt to register abroad as a refugee or seek asylum in the United States who will be unable to qualify based on the current definition of a refugee. This is because the definition of a persecuted "social group" to which one

belongs has become increasingly narrow and exclusive.² For example, individuals often do not qualify as refugees or asylum seekers if they have been subjected to gang violence, as this does not neatly fall into one of the U.S. Citizenship and Immigration Services (USCIS) categories. Finally, prior to being granted asylum, asylum seekers have no official status in the United States in the same way that a refugee does. That is, they were not brought into the country by a resettlement agency and therefore have no official ID and no guarantee that they will be able to stay in the country.

Unique health challenges

Lack of support, including governmental and community support, was identified as one of the main barriers faced by asylum seekers in a qualitative study conducted by Asgary and Seger.³ This study involved categorizing information obtained from focus groups of asylum seekers who had convened to discuss barriers to healthcare in the United States. This study found that predictably, those with a lack of community support had greater difficulty accessing healthcare services.³ He writes, “Although we might attribute this difficulty

to problems with language, communication, and education, it also related to the complexity of the system and lack of community support, which varies widely based on resettlement patterns.”³ This makes sense, as those who are not integrated into a larger community of resettled people will have difficulty learning ways to access affordable healthcare and the other work-arounds that a larger group with pooled knowledge has often been able to find.

Another large barrier for asylum seekers trying to access healthcare is cost.³ Unlike refugees who are provided with Medicaid upon arrival to the United States, asylum seekers have no source of health insurance. Upon filing for asylum, it is possible to apply for Medicaid. However, most will not because of the detrimental effect receiving public benefits may have on a later application for permanent residence, also called a green card. This leaves most asylum seekers without health insurance. In addition to a lack of health insurance, many asylum seekers have no means of securing a living whatsoever, often relying on community groups and groups of faith for financial support.² After submitting an

asylum application, the individual has to wait 150 days before they can apply for work authorization, commonly called a work permit.¹ This is a period of almost five months in which one has no means of legal work.

Another factor relevant to caring for the asylum seeker population, like the refugee population, is the prevalence of a history of trauma and torture. Many asylees have a history of torture in their home country, which is often central to their claims for asylum. In a retrospective chart review of 134 consecutive asylum seekers (65.7% female) who sought help at the International Mental Health program at the Boston Center for Refugee Health and Human Rights, Piwowarczyk found that over 80% of these individuals had experienced torture and over half had been raped.⁴ She adds that in her experience, sexual violence was the most difficult for individuals to discuss, and this causes problems if that violence is central to their claim for asylum. It is difficult to precisely identify the percentage of asylum seekers who have experienced torture. One study at an ambulatory care center in Boston attempted to estimate the prevalence of

torture in all foreign-born patients who presented to the clinic. These were not necessarily refugees or asylum seekers, but rather anyone who was born in a country other than the United States. Even in this generalized group of people, it was found that 1 in 9 had been tortured in their home country.⁵ Though not recorded in this study, it is not hard to imagine that in the subset of this group who were asylum seekers, the rate was even higher.

A unique factor affecting the health of asylum seekers, which has been well-publicized in the news media lately, is the detainment of asylum seekers in detention centers. Most recently, our national focus has been on the large detention facilities located at the southern border of the United States. But even prior to this, asylees have been detained. The number of asylees in detention has been on the rise ever since the passage of the Illegal Immigration Reform and Responsibility Act of 1996 that resulted in asylees being detained for improper documentation among other things.⁶ In 2003, it was estimated that over 5,000 asylum seekers were held in detention.⁶ We know that this number has increased since that time, with an

Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations Report from 2018 documenting over 396,000 new bookings to ICE detention centers by ICE and Customs and Border Control (CBP) combined, with approximately 52,000 held in ICE detention at the end of 2018.⁷ This number does not include those detained in the CBP detention centers at the southern border. The results of the first systematic study that looked at the health of detained asylum seekers were released in 2003, in a detailed report entitled "From Persecution to Prison: The Health Consequences of Detention for Asylum Seekers". This study found that detention worsened the already poor psychological health of asylum seekers, triggering feelings of social isolation, imprisonment, and hopelessness.⁸ In fact, the levels of anxiety, depression, and PTSD found in this study were substantially higher than documented of previous studies of refugees living in refugee camps.⁶

Finally, a pervasive fear of detainment, deportation, and the possibility of not being granted asylum is present in the asylum seeker population.

Unfortunately, the fear of not being granted

asylum is real, with estimates that between 11-40% of all asylum cases are accepted. Studies have shown that grant rates of asylum are wildly divergent between judges and asylum officers and are more closely tied to economic and security concerns rather than to the asylee's claims.⁹ Asylum seekers therefore have reasonable fear for their future livelihood. This fear leads many asylum seekers to also be wary of accessing healthcare. In his focus group study of asylum seekers, Asgary and Seger found that many asylees confuse the medical system with the legal system.³ One of the asylum seekers in this study said, "The political situation here is such that anyone in my position would be afraid to go to a government official for something like a cold, headache, or pain..." demonstrating the common misconception among this group that all healthcare providers work for the government. Many believed that accruing a hospital bill would result in their immediate deportation.³ Demographic questions regarding citizenship or migration status, even if not mandatory aspects of hospital paperwork, cause fear and mistrust of the healthcare system.

Tips for Healthcare Providers

The simplest way to build a trusting relationship with a patient who does not have an official status in the United States, that being someone who has not yet submitted their asylum application or who is awaiting the result of their case, is to reinforce the confidential nature of your interaction. If possible, it is also helpful to spend time teaching the patient that questions regarding immigration status or documentation of birth country at hospitals do not have to be answered.

There are several ways in which the barrier of cost can be addressed. Overall, this population appreciates being told about the precise costs of appointments, medications, and procedures if possible. An asylum seeker summed up this desire saying, "If they told me how much it cost then I can say, yes go ahead and do it or not."³ These patients are usually eligible for financial screening programs at hospitals, to which they should be referred. If this is unavailable, patients can be advised to go to a community health center that operates on a sliding scale basis. Many such centers require no documentation of a social security number and are therefore

accessible to undocumented immigrants and asylum seekers.

If seeing a large volume of such patients, getting familiarized with non-governmental community resources in one's area will allow for the provision of additional counsel to patients. This population of people is either ineligible to apply for government benefits such as food stamps, or is unwilling to due to the future impacts it may have on their eligibility for permanent residence. Some communities have resources for free or low-cost legal counsel, food banks, and local organizations created to meet the needs of this population. Local non-governmental organizations that provide help to refugees and asylum seekers are beneficial not only because they can provide them with tangible goods and services, but more importantly can connect them with other members of their community to foster a network of social support.

Finally, providers can become trained in performing medical examinations for medical affidavits in support of asylum cases. In such an exam, careful documentation of a history of torture and persecution is required along with a

performance of a forensic exam documenting signs of abuse and psychological effects of past trauma. In one study, asylum grant rates were much higher among the group of people who had a medical affidavit of this nature performed by Physicians for Human Rights (89% vs. 37.5%).¹⁰ In a series of structured interviews, asylum lawyers revealed that the majority of their asylum cases would benefit from a medical affidavit, but they have difficulty finding physicians who have experience writing such affidavits and will do so on a pro bono basis.¹¹ It is likely that many physicians are not even aware of this need. Guidelines published in the *Journal of Health and Human Rights* in 2019 outline how physicians may make contact with asylum seekers and how to perform and document a satisfactory exam.¹² Physicians do not require any specific certification to perform such an exam, but training such as provided in these guidelines may be helpful.

Conclusion

There are many challenges faced by undocumented immigrants and asylum seekers in the United States. The purpose of

this document is to provide a general overview of what constitutes an asylum seeker and the unique factors that affect their health. There are many areas for improvement in caring for of this group, the first of which may be increasing medical providers' exposure to this population.

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APPENDIX

Resources in Charlottesville, Virginia

- Food Resources
 - Loaves and Fishes
 - Emergency Food Network
- Health and Dental Resources
 - Central Virginia Health Services - for medical services
 - Charlottesville Free Clinic - for dental services
 - University of Virginia Financial Assistance
- Legal Assistance
 - Legal Aid Justice Center
- English Language
 - Adult Learning Center at Thomas Jefferson Adult and Career Education
- Miscellaneous – Including Employment Assistance
 - Sin Barreras - for the Hispanic population
 - International Neighbors