



## ORR State Letter

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# 07 -06

Date: February 27, 2007

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**TO:** STATE REFUGEE COORDINATORS  
REFUGEE HEALTH COORDINATORS  
NATIONAL VOLUNTARY AGENCIES  
OTHER INTERESTED PARTIES

**FROM:** Martha Newton  
Director *for M. Newton*  
Office of Refugee Resettlement

**SUBJECT:** Federal Refugee Health Partners Roles and Responsibilities

This State Letter conveys in the attached document the delineation of roles and responsibilities among the four offices within the Federal Department of Health and Human Services (HHS) which address issues related to refugee health and mental health. These offices are the Centers for Disease Control and Prevention (CDC), Office of Global Health Affairs (OGHA), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of Refugee Resettlement (ORR). These offices comprise the Federal Refugee Health Partners Team that provides technical assistance and consultation to the refugee resettlement network. The Federal Refugee Health Partners Team meets monthly to coordinate our work and to discuss emerging refugee health needs and issues in medical screening and refugee health programs.

I am confident that this document will assist you in knowing which of these Federal offices to contact on behalf of refugee clients resettled in your area. Specific contact information is included in the description of each Federal office. Please do not hesitate to call Ms. Marta Brenden (202-205-3589) for more information regarding refugee health.

Attachment



## PROFILES OF FEDERAL PARTNERS ROLES and RESPONSIBILITIES for REFUGEE HEALTH/MEDICAL SCREENING

*This document provides descriptive overviews and contact information for each of these agencies. Refugee resettlement, State and private sector partners may find this document useful for accessing Federal guidance, consultation or technical assistance on refugee health issues.*

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### **Office of Refugee Resettlement**

Refugees come to the United States for protection from persecution and in search of freedom, peace, and opportunity for themselves and their families. The mission of the Office of Refugee Resettlement is to help refugees, Cuban/Haitian entrants, asylees, and other beneficiaries of our program to establish a new life that is founded on the dignity of economic self-support and encompasses full participation in opportunities, which Americans enjoy. The challenge for this office is to use the funds it administers to best fulfill that mission in a manner that supports and builds upon refugees' aspirations.

### **Roles and Responsibilities**

- Provide funding and guidance for the Refugee Medical Assistance (RMA) Program to cover the costs of refugee medical services and medical screenings at State request and with ORR Director's approval.
- Provide funding for the Refugee Preventive Health discretionary grant program to augment funding for refugee medical screening and provide health education and health promotion for refugee populations. Disseminate information about public health issues affecting arriving refugee populations to state and local health departments, clinicians, voluntary agencies and federal agencies.
- Assure appropriate domestic follow-up and timely treatment of individual refugees with health conditions affecting public health and requiring treatment (*INA section 412 (8 USC 1522)(b)(4) (B)*).

### **Statutory and Regulatory Authority for Refugee Resettlement Program and Office of Refugee Resettlement**

The Refugee Act of 1980, Pub. L. No. 96-212, 94 Stat. 102 (1980) codified the definition of "Refugee", found in the Immigration and Nationality Act (INA) at Section 101 (a) (42), 8 USC § 1101(a)(42). The Refugee Act of 1980 created the Federal Refugee Resettlement Program, to provide for effective resettlement of refugees and to assist refugees to achieve economic self-sufficiency as soon as possible after their arrival in the United States.

Title IV, Chapter 2 of the INA contains the provisions (in bold) of the Refugee Act that create, and define the mission of the Office of Refugee Resettlement:

### **INA: ACT 411 - OFFICE OF REFUGEE RESETTLEMENT**

**Sec. 411. [8 U.S.C. 1521] (a) There is established, within the Department of Health and Human Services, an**

**office to be known as the Office of Refugee Resettlement (hereinafter in this chapter referred to as the "Office"). The head of the Office shall be a Director (hereinafter in this chapter referred to as the "Director"), to be appointed by the Secretary of Health and Human Services (...the "Secretary").**  
**(b) The function of the Office and its Director is to fund and administer (directly or through arrangements with other Federal agencies), in consultation with the Secretary of State,<sup>1</sup> programs of the Federal Government under this chapter.**

Section 412 (a) of the INA, 8 USC Chapter 12, Subchapter IV, Sec. 1522 (a) authorizes programs for domestic resettlement and assistance to refugees. Section 412 (a) (9) of the INA authorizes the Secretaries of Health and Human Services, Education, and State, and the Attorney General to issue such regulations as each deems appropriate to carry out the Refugee Act. ORR regulations are found in 45 Code of Federal Regulations Part 400, and 45 CFR Part 401.

Section 412(b)(5) of the INA, 8 U.S.C. 1522(b)(5) authorizes the Director of the Office of Refugee Resettlement to make grants to , and enter into contracts with, State and local health agencies for payments to meet their costs of providing medical screening and initial medical treatment to refugees. The regulatory authority in 45 CFR 400.90 – 400.107, Subpart G “Refugee Medical Assistance” describes Refugee Medical Assistance and its provision, and determination of eligibility for such assistance.

The Office of Refugee Resettlement Preventive Health Program is designed to assist States and localities in providing medical screenings, as suggested in the ORR State Letter # 95-37, November 21, 1995, “*Medical Screening Protocol for Newly Arriving Refugees*” and follow-up activities to newly arriving refugees for problems of public health concern.

### **Contact**

Marta Brenden  
Department of Health and Human Services  
Administration for Children and Families  
Office of Refugee Resettlement  
370 L’Enfant Promenade SW  
Washington, DC 20447  
202-205-3589  
202-692-0700 (Fax)  
E-mail [Marta.Brenden@hhs.acf.gov](mailto:Marta.Brenden@hhs.acf.gov)  
Website: <http://www.acf.hhs.gov/programs/orr/>

## **Centers for Disease Control and Prevention, Division of Global Migration and Quarantine (CDC/DGMO)**

Has statutory responsibility to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States. **Immigrant, Refugee, and Migrant Health Branch (IRMH)** Promotes the improvement of health among immigrants, refugees, and migrants and prevents the importation of infectious diseases and other conditions of public health significance into the United States by these groups.

### **Roles and Responsibilities**

- Provides overseas identification of refugees with medical conditions affecting the public health and requiring treatment.
- Provides the Technical Instructions and guidance to overseas panel of physicians providing medical assessments.
- Provides technical guidance to state and local health departments and clinicians and to federal agencies (ORR, OGHA, SAMHSA).
- Provides technical review of HIV and mental health waivers.
- Reviews medical records at ports of entry (Quarantine Stations) and provides for the identification of refugees with medical conditions affecting the public health and requiring treatment. May detain, isolate, or place under surveillance any refugee or immigrant with or exposed to any of the communicable diseases listed in Public Health Service Act (42 U.S.C. 361(b)).
- Provides technical assistance to ORR on medical screening of refugees resettled in the United States.
- Develops and implements methods for monitoring and assessing the quality of medical screening and related health services provided to refugees awaiting U.S. resettlement (Quality Assurance Program).
- Assures that State and/or local health officials at resettlement destination are promptly notified of arrival information and provided with all applicable medical records.
- Assures appropriate domestic follow-up and timely treatment of individual refugees with health conditions affecting public health and requiring treatment.
- Conducts surveillance and epidemiologic investigations/projects overseas and provides guidance to State and local health departments on surveillance and epidemiologic investigations related to refugee health conditions of public health concern brought from overseas.
- Conducts outbreak investigations and provides recommendations to control and prevent importation of conditions of public health significance.
- Disseminates information about public health issues affecting arriving refugee and immigrant populations to State and local health departments, clinicians and other federal agencies.

**INA (or Refugee Act of 1980) Section 412. (8 U.S.C. 1522)(b)(4)**

The Secretary (this function has been delegated to the Division of Global Migration and Quarantine of the Centers for Disease Control and Prevention) shall—

“(A) assure that an adequate number of trained staff are available at the location at which the refugees enter the United States to assure that all necessary medical records are available and in proper order; “(B) provide for the identification of refugees who have been determined to have medical conditions affecting the public health and requiring treatment; “(C) assure that State or local health officials at the resettlement destination within the United States of each refugee are promptly notified of the refugee’s arrival and provided with all applicable medical records; and “(D) provide for such monitoring of refugees identified under subparagraph (B) as will ensure that they receive appropriate and timely treatment.

**The Secretary shall develop and implement methods for monitoring and assessing the quality of medical screening and related health services provided to refugees awaiting resettlement in the United States.**

**Title 8, Aliens and Nationality, Title 42, Public Health, Title 8 Code of Federal Regulations (CFR), Part 232.1**

states “the manner in which the physical and mental examination of aliens shall be conducted is set forth in 42 CFR Part 34.” 42 CFR, Part 34 is entitled “Medical Examination of Aliens.” It identifies the groups of immigrants and refugees requiring a medical examination, defines the process for examination and reporting, establishes the scope of the medical examination, and establishes where and by whom the medical examination will be done. In addition, the regulation lists certain disorders that, if identified during the medical examination, (1) are grounds of inadmissibility (Class A) or (2) represent significant health problems (Class B).

**Public Health Service Act (42 U.S.C. 264(b))**

**Section 264 (b).** Regulations to control communicable diseases (b) Apprehension, detention, or conditional release of individuals. Regulations prescribed under this section shall not provide for the apprehension, detention, or conditional release of individuals except for the purpose of preventing the introduction, transmission, or spread of such communicable diseases as may be specified from time to time in Executive Orders of the President upon the recommendation of the Secretary, in consultation with the Surgeon General.

**Public Health Service Act (42 U.S.C. 361(b))**

Section 1. Based upon the recommendation of the Secretary of Health and Human Services (the "Secretary"), in consultation with the Surgeon General, and for the purpose of specifying certain communicable diseases for regulations providing for the apprehension, detention, or conditional release of individuals to prevent the introduction, transmission, or spread of suspected communicable diseases, the following communicable diseases are hereby specified pursuant to section 361(b) of the Public Health Service Act: (a) Cholera; Diphtheria; infectious Tuberculosis; Plague; Smallpox; Yellow Fever; and Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named). (b) Severe Acute Respiratory Syndrome (SARS),

which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences. (c) Influenza with pandemic potential

**42 CFR, Part 71 Foreign Quarantine, states:**

“a) Whenever the Director has reason to believe that any arriving person is infected with or has been exposed to any of the communicable diseases listed in paragraph (b) of this section, he/she may detain, isolate, or place the person under surveillance and may order disinfection or disinfestation as he/she considers necessary to prevent the introduction, transmission, or spread of the listed communicable diseases.”

**Contact**

Annelise Casano-Dickerson	404-639-4442	<a href="mailto:ADickerson@cdc.gov">ADickerson@cdc.gov</a>
Ashley Mauser	404-639-4473	<a href="mailto:AMauser@cdc.gov">AMauser@cdc.gov</a>

Centers for Disease Control and Prevention (CDC)  
Division of Global Migration and Quarantine (DGMQ)  
Immigrant, Refugee, and Migrant Health Branch (IRMH)  
1600 Clifton Road, NE MS E-03  
Atlanta, GA 30333  
404-498-1600  
404-638-5484 (fax)  
Website: <http://www.cdc.gov/ncidod/dq/index.htm>

## **Office of Global Health Affairs (OGHA)**

The Office of Global Health Affairs coordinates refugee health policies and activities in the United States across the Department of Health and Human Services. It liaises with other Departments of the Federal government whose activities concern refugees and with international organizations engaged in health services to refugees. It assists State governments with programs for health assessment and health care of refugees resettled throughout the United States. In general, OGHA promotes the health and well-being of the people of the world by advancing the Department of Health and Human Services' global strategies and partnerships.

### **Roles and Responsibilities**

- Coordinates the collaboration of the development of refugee health policies and activities in the United States across the Department of Health and Human Services.
- Provides guidance, insight, and collaboration with an assortment of Federal government departments/divisions whose activities concern refugee health.
- Coordinates international refugee organizations to advocate for appropriate health -care services.
- Assists State governments with implementation, management, and technical assistance of refugee health programs throughout the United States.

### **Contact**

David B. Smith, Ph.D  
Dina Dajani  
Refugee Health Affairs  
Office of Global Health Affairs  
Office of the Secretary  
Department of Health and Human Services  
5600 Fishers Lane Room 18-105  
Rockville, Maryland 20857  
301 443-1774  
301 443-2825 (fax)  
Website: <http://www.globalhealth.gov>

202-247-7048  
301-443-4012

[davidb.smith@hhs.gov](mailto:davidb.smith@hhs.gov)  
[dina.dajani@hhs.gov](mailto:dina.dajani@hhs.gov)

