

# WELCOME

You are attending the  
Webinar on HIV and Refugee  
Resettlement

*presentation will begin shortly*

Dial-in

**TOLL-FREE: 1 (877) 739-5903**

**-- OR --**

**TOLL: 1 (714) 551-0010**

**ACCESS CODE: 246-321-579**

**For assistance please email:**

**[REFUGEEHEALTHTA@JSI.COM](mailto:REFUGEEHEALTHTA@JSI.COM)**

# PURPOSE OF THE CALL

- Provide information related to:
  - HIV counseling, testing and treatment
- Opportunity to share
  - Examples of partnerships, resources and services
  - Comment on successes and challenges as a result of HIV Final Rule change

# HOUSEKEEPING

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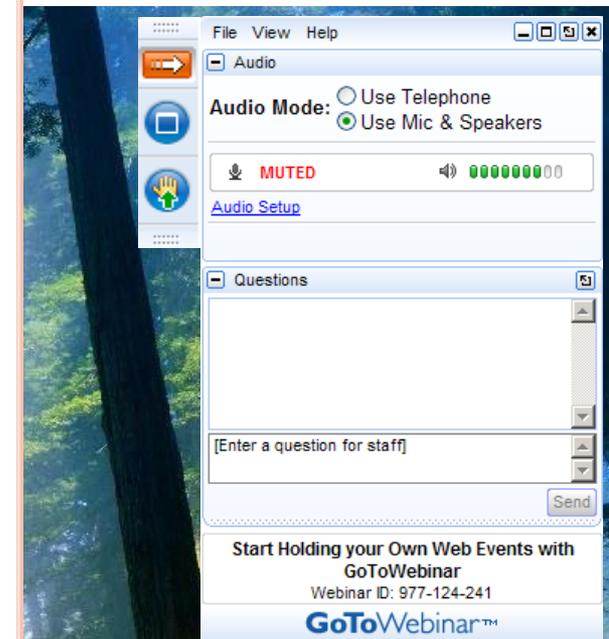
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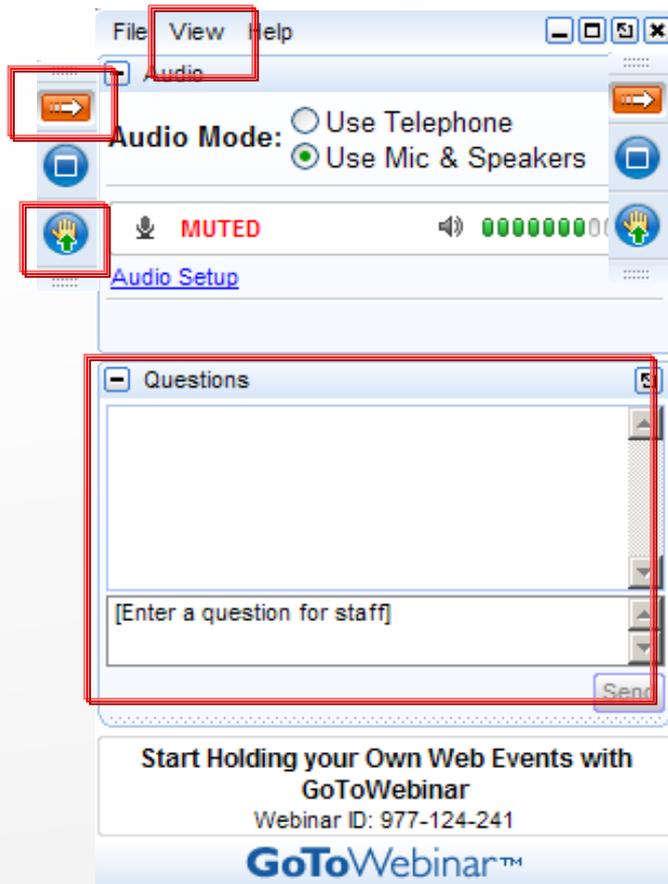
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# HOW TO PARTICIPATE TODAY



- Open and close your panel
- Submit text questions
- Raise your hand
- Q&A addressed at the end of today's session
- Mute your phone and computer
- Evaluation questions at end



*U.S. Department of Health and Human Services*

Administration for Children & Families  
OFFICE OF REFUGEE RESETTLEMENT

# HIV WEBINAR SERIES INTRODUCTION

Ron Munia

Director, Division of Community Resettlement  
Office of Refugee Resettlement

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# PARTNERS

- **Association of Refugee Health Coordinators (ARHC): Jennifer Cochran**
- **CDC/Division of Global Migration & Quarantine: Deborah Lee and Michael Z. Guterbock**
- **Refugee Health Technical Assistance Center: Jennifer Cochran and Charlot Lucien**
- **Office of Refugee Resettlement: Ron Munia**
- **Refugee Council USA (RCUSA): Leslie Miller**

# TARGET AUDIENCES

- Resettlement Agencies Affiliates
- Refugee Health Coordinators

# EXPECTED OUTCOMES

- Understanding removal of HIV ban
- Federal and state resources
- Partnerships in serving refugees
- Principles of Confidentiality
- Troubleshooting Contact: Where to call when help is needed

# RESOURCES

- Lists of State and Local HIV/AIDS programs
- Local Resources specific to Refugees (to be created for each State)
- Website Resources/Key Organizations
- Contacts after the training when difficulties arise

# END OF THE HIV ENTRY BAN

History, human rights and change

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# HIV ENTRY BAN: ORIGINS

- **Context: HIV/AIDS in the 1980's**
  - Emerging understanding of science and public health response
  - Stigma
  - Politicized environment
- **Action: Prevent HIV+ non-US citizens from traveling or immigrating to US**
  - 1987 Amendment to 42 CFR Part 34 (Medical examination of aliens):
    - CDC/HHS classified HIV as “communicable disease of public health significance” – forbids entry without approved waiver
  - 1993 Codified into law

# WHO WAS AFFECTED BY THE BAN?

## Non-US Citizens

- Immigrants
- Refugees
- Asylees
- Parolees
- Non-immigrants (tourists, visitors, business persons, workers)
  - Overseas arrivals or persons in US adjusting status to permanent resident

# WAIVER APPLICATION

- Some – not all – categories of immigrant visa applicants eligible to apply for waiver
- HIV+ individual must establish that, if admitted:
  - The danger to the public health of the US would be minimal
  - The possibility of the spread of disease would be minimal
  - There would be no cost incurred by any level of government agency in the US without the prior consent of that agency

# HUMAN RIGHTS FRAMEWORK

- **UN High Commission for Human Rights and UNAIDS: International Guidelines on HIV/AIDS and Human Rights [see [http://data.unaids.org/Publications/IRC-pub07/jc1252-internguidelines\\_en.pdf](http://data.unaids.org/Publications/IRC-pub07/jc1252-internguidelines_en.pdf)]**
  - Public health legislation should prohibit mandatory HIV-testing of targeted groups, including vulnerable groups
  - Mandatory testing invades individual privacy
    - Loss of privacy and disclosure associated with stigma and discrimination
  - Mandatory testing infringes on principle of non-discrimination when HIV status is used as the basis for differential treatment with regard to access to...travel..and asylum.
  - Travel restrictions have no public health justification
- **US was among only 12 countries\* that denied entry to HIV+ individuals**
- **Advocacy groups campaigned for the US to remove the ban**
  - Violation of human rights, international laws and conventions

# REFUGEE ADMISSIONS CHANGE

- Advocacy: Humanitarian nature of Refugee Program inconsistent with ban
- US Surgeon General letter (1999)
  - HIV care and treatment is available through publicly funded programs – provides adequate support to HIV+ refugees
  - Refugees do not have to meet the public charge clause to enter
- Waiver application and approval still required, but less burdensome

# LIFTING THE BAN: KNOWLEDGE

- HIV+ immigrants and refugees do not pose a risk to the public's health in the US because
  - HIV is preventable
  - HIV is not spread through casual contact, through the air or from food or water
  - 2009 prevalence (percentage of refugees infected with HIV) was <0.5%
- Risk of HIV infection is not due to nationality, but to specific risk behaviors (unprotected sex or needle sharing)
- HIV is not a new virus in the US:
  - More than 1 million Americans are living with HIV
  - Prevalence (percentage of population infected with HIV) is estimated 0.4%

# LIFTING THE BAN: ACTION

- 2008: Pres. George W. Bush proposes lifting the ban
  - Congress passes as part of PEPFAR reauthorization
- July 2009: CDC/HHS publishes revised proposed rule
- October 30 2009: Pres. Obama announces the end of the ban as part of the signing of the Ryan White HIV/AIDS Treatment Extension Act
- January 4 2010: Rule takes effect



Daily News Washington Bureau /October 30th 2009–  
Samad/Getty Pictures

# TODAY

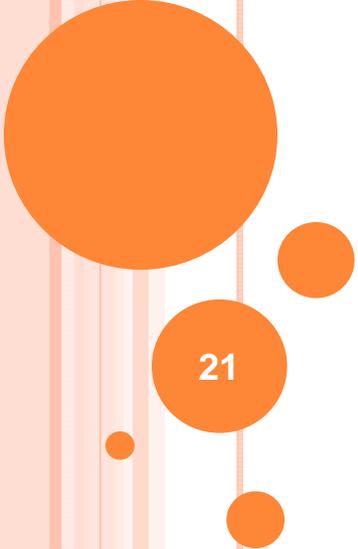
- HIV infection does not prevent a person from entering the US
- HIV testing is not part of the US immigration medical screening process
  - A waiver is not required for HIV+ individuals to travel to the US if HIV status is disclosed
- More families are reunited – some family members could not travel previously
- HIV+ individuals have improved access to care

# GLOBAL CONTEXT: HIV TESTING AND TREATMENT

- Increased resources and commitment for
  - Testing
  - Care, Support and Treatment
  - Prevention
- Commitment to include refugees into host country government HIV policies and activities pursued jointly with UNAIDS, UNHCR and host countries
  - Campaigns and services reach refugees – increase normalcy surrounding testing and treatment

# MEETING REFUGEE NEEDS

- **Educate** medical personnel, advocates, and other key stakeholders working with immigrants and refugees
- **Review** training curriculum and protocols to incorporate information about HIV testing
- **Identify** information, education, care resources for refugees testing positive



# HIV/AIDS & REFUGEE COMMUNITIES

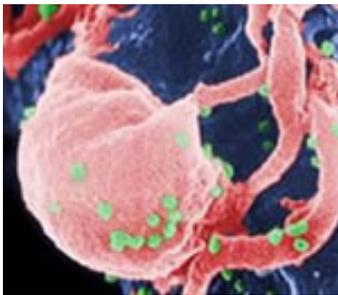
Healthcare and Partnership

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# HIV/AIDS FACTS

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- HIV is the Human Immunodeficiency Virus, the virus that causes AIDS.
- AIDS is the Acquired Immunodeficiency Syndrome.
- In July 2010 The government released The National HIV/AIDS Strategy to strengthen our response to the HIV/AIDS epidemic in the US.



Electron microscope image of HIV, seen as small spheres on the surface of white blood cells.

# ADDRESSING HIV/AIDS IN REFUGEES

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Refugee Health Programs and Social Workers should:

- **Refer HIV negative refugees and refugees with unknown HIV status to test at initial health assessment and refer those at risk to local HIV prevention services and testing resources.**
- **Link HIV positive refugees to medical care and treatment social support services, and other services as needed.**
- **Protect the confidentiality of individuals, families, and communities; while addressing discrimination, stigma, and disparities.**

# ADDRESSING HIV/AIDS IN REFUGEES

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Refugee Health Programs and Social Workers should:

- **Understand the HIV/AIDS epidemic and available resources at the federal, state, and local level.**
- **Collaborate with local governmental and community agencies working in HIV/AIDS.**
- **Access funding resources that may be available for community-based organizations serving refugees.**

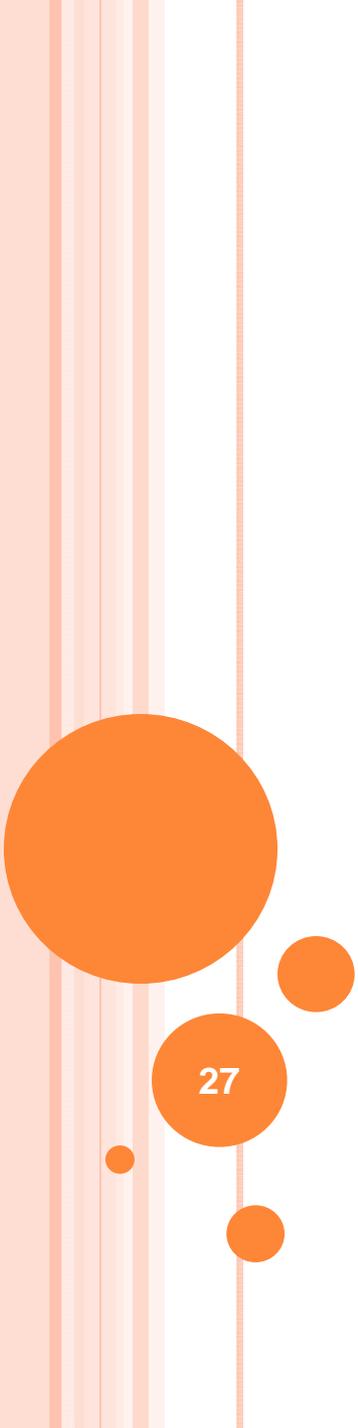
# HIV TESTING DEFINITIONS

- **HIV screening** is recommended for patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Persons at high risk for HIV infection should be screened for HIV at least annually.
- **HIV Prevention Counseling:** An interactive process of assessing risk, recognizing specific behaviors that increase the risk for acquiring or transmitting HIV, and developing a plan to take specific steps to assist client in reducing risks.

# HIV TESTING DEFINITIONS

- **Partner Services:** The newly identified HIV-positive person is informed about a broad array of services available to him/her and their partners and referred to the health department for services. Identifying partners and notifying them of their exposure (i.e., partner notification) are two critical elements of these services.
- **Confidentiality:** Confidentiality is protected by laws of the United States of America. The safeguards are a right to informational privacy under the Fifth and Fourteenth Amendments to the Constitution, and federal assurance of confidentiality (under § 308(d) of the Public Health Service Act and various state and local protections).

# HIV/AIDS AT THE FEDERAL LEVEL



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# US NATIONAL HIV/AIDS STRATEGY

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- Reducing HIV infections;
- Increasing access to care and improving health outcomes for people living with HIV;
- Reducing HIV related disparities and health inequities.; and
- Advancing a more coordinated national response to the HIV epidemic.

# THE HIV PREVENTION PROGRAM AT CDC

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- **Supports state and local health departments in conducting comprehensive HIV prevention programs including expanded HIV testing for disproportionately affected communities;**
- **Supports community-based organizations in developing and implementing HIV prevention programs including risk reduction interventions and HIV testing; and**
- **Supports community based organizations in developing and implementing HIV prevention programs targeting young men of color who have sex with men and/or young transgender persons of color.**

# HIV/AIDS AT THE STATE, LOCAL & COMMUNITY LEVEL

Kentucky Local Resources

# UNDERSTANDING THE EPIDEMIC AT THE LOCAL LEVEL

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- To effectively address HIV/AIDS at the local level, Refugee Health Coordinators and Social Workers should first understand the epidemic:

<http://www.cdc.gov/nchhstp/stateprofiles/usmap.htm>

# UNDERSTANDING THE EPIDEMIC AT THE LOCAL LEVEL

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- **Refugee Health Coordinators and Social Workers should understand the HIV/AIDS Resources in the jurisdiction.**
- **A good place to start is to identify the HIV/AIDS Program in the jurisdiction and the Community Planning Group.**
- **These resources can be found by using an Internet search engine (Google) and typing key words: HIV KY Resources.**
- **For Kentucky:**  
<http://chfs.ky.gov/dph/epi/HIVAIDS/default.htm>

# UNDERSTANDING LOCAL HIV FUNDING RESOURCES

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- There may be funding opportunities at the local level, and federal level to support HIV prevention programs.
- Local funding may be found at the department of health website.

<http://chfs.ky.gov/dph/epi/HIVAIDS/default.htm>

- Federal funding may be found by searching key words “HIV” on the grant search icon of the website at:

<http://www.grants.gov/>

# QUESTIONS & COMMENTS?

Ricardo R. Beato (404-639-3454; [hwf4@cdc.gov](mailto:hwf4@cdc.gov) )

Stewart Coulter (404-639-5213; [bup7@cdc.gov](mailto:bup7@cdc.gov))

Public Health Analysts  
HIV Prevention Program Branch  
Division of HIV/AIDS Prevention

# SHARING PROMISING PRACTICES

- Experiences engaging refugees and service providers
  - Dipti Shah, Maryland Refugee Health Coordinator
  - Sidnee Dallas, Virginia Refugee Health Coordinator

# RESOURCES

Michael Guterbock  
Centers for Disease Control & Prevention

# RESOURCES TO MEET NEEDS

- **Range of resources and interventions available to address the needs of refugees after removal of the HIV travel ban**
- **Public sector: Federal, state, county and city agencies**
- **Non-profit sector: CBOs, AIDS Service Organizations [ASOs], charitable organizations, refugee resettlement agencies**
- **Others: Entities/Agencies with specific or specialized missions**
- **CDC-DGMQ has just released refugee domestic medical examination guidelines:**  
**<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-hiv-infection-domestic.html>**

# HIV/AIDS Education Materials for Refugees

National Alliance of State and Territorial AIDS Directors:

<http://www.nastad.org/>

UNHCR:

<http://www.unhcr.org/4ba76edf6.html>

AIDS InfoNet:

<http://www.aidsinfonet.org/>

Refugee Health Information Network:

[www.rhin.org](http://www.rhin.org)

United States Committee for Refugees and Immigrants:

<http://www.refugees.org/resources/for-refugees--immigrants/health/healthy-living-toolkit/communicable-diseases.html>

Healthy Roads Media:

<http://healthyroadsmedia.org/topics/aidshiv.htm>

## STATE HIV TESTING LAWS

[http://www.nccc.ucsf.edu/consultation\\_library/state\\_hiv\\_testing\\_laws/](http://www.nccc.ucsf.edu/consultation_library/state_hiv_testing_laws/)

## HIV/AIDS Prevention & Service Providers

<http://locator.aids.gov/>

## OTHER RESOURCES

<http://aidsvu.org/resources>

# DISCUSSION QUESTIONS

- What have been successes and challenges as a result of this rule change?
- What are some innovative best practices in your area?
- What can federal agencies do to help?

# CONTACT INFORMATION

## Federal Partners

Deborah Lee  
Center for Disease Control and  
Prevention  
[dpl2@cdc.gov](mailto:dpl2@cdc.gov)  
404-639-0439

Ron Munia  
Office of Refugee Resettlement  
[Ron.munia@acf.hhs.gov](mailto:Ron.munia@acf.hhs.gov)  
(202-401-4559)

## Association of Refugee Health Coordinators

Jennifer Cochran  
Massachusetts Department of Public  
Health  
[jennifer.cochran@state.ma.us](mailto:jennifer.cochran@state.ma.us)  
617-983-6596

## Refugee Health Technical Assistance Center

Charlot Lucien  
Massachusetts Department of  
Public Health  
[Charlot.Lucien@state.ma.us](mailto:Charlot.Lucien@state.ma.us)  
617-983-6589

## NGO Partner

Leslie Miller  
Refugee Council USA  
[lmiller@rcusa.org](mailto:lmiller@rcusa.org)  
202-319-2102

# Acknowledgments



Refugee Council USA



Office of Refugee Resettlement

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- Division of HIV/AIDS Prevention-Intervention Research & Support
  - Immigrant Refugee and Migrant Health Branch