Challenges and Resilience in The Lives of Refugees Now Residing In The United States: A Health and Well-Being Perspective

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ABSTRACT

The United Nations High Commissioner for Refugees (UNHCR) defines refugees as individuals who have been compelled to leave their home countries due to persecution, violence, or war. The United States currently hosts a substantial number of refugees and asylum seekers, with over 363,000 refugees and nearly 1.8 million asylum seekers, and these numbers have been on the rise. Refugee populations originate from diverse regions worldwide, including Iraq, Mexico, Nigeria, Yemen, Syria, Ukraine, and Afghanistan.

With the significant numbers of refugees worldwide, attention should be paid to their considerable challenges. This article explores the health-related challenges for refugees residing in the United States and highlights strategies for building resilience in this vulnerable population. Relocation to the United States presents many challenges, including language barriers, access to quality education, discrimination based on cultural and religious differences, and inadequate healthcare access. Child refugees, constituting a significant portion of the refugee population, face distinct challenges compared to

In summary, refugees face many challenges when transitioning to a new country, including losing community, familial support, safety, and cultural norms. To address these challenges in the United States, advocates and public health advisors must actively engage with refugees to assess their needs and build resilient communities. Proactive outreach tailored to refugees' vulnerabilities is crucial to ensuring their well-being and successful integration into their new homes.

CHALLENGE #1: Access to Healthcare

- Difficulties navigating and understanding a new healthcare system.
- Increased vulnerability due to exposure to new diseases and environment.

adults. Many refugees grapple with psychological trauma and access to proper healthcare.

- Undiagnosed or undertreated health conditions present before immigration.
- Mistrust in the medical establishment.
- Difference in expression of symptoms about common diseases.

CHALLENGE #2: Loss of Identity and Professional Development

- Not being able to practice as previous professional identity due to lack of licensing or educational reciprocity.
- Language barriers make it challenging to communicate or validate skills.
- Culturally practiced gender roles may no longer be feasibly followed, as women may now need to work outside of the home to help support their families.
- There may be feelings of guilt adjusting to the new roles. Loss of identity and professional development can lead to feelings of isolation and fear.

CHALLENGE #3: Difficulty Integration into Society

- Refugees must balance assimilation with maintaining their cultural and religious identity.
- They face challenges due to language, culture, and religious practices.
- A lack of knowledge about the current community can lead to misunderstanding.
- The host community's lack of knowledge of the refugee's culture can lead to harmful stereotypes and discrimination.
- Language barriers make finding employment and other community engagement difficult and impede the ability to comprehend and adapt to societal norms, customs, and values, leading to discrimination and social isolation.

Challenge #4: Difficulty Integrating into Schools

• Unfamiliarity with traditional school practices in the United States, such as signing permission slips or looking for announcements in children's backpacks, can increase stress or confusion.



- Some children have interruptions in education prior to immigration.
- Refugee children who are from war-torn countries may need a structured and personalized educational program.
- Children arrive in the US from around the world with diverse linguistic backgrounds, and many have limited knowledge of English.

CHALLENGE #5: Loss of Childhood

- Refugee children having to move or adapt to new environments leads to not having a traditional childhood experience.
- Some of these children did not have access to education and interactions with their peers due to safety concerns, lack of access or need to provide income.

CHALLENGE #6: Family Separation

- Fragmentation of the family unit and living with extended family does not replace parents.
- Refugees may be separated from family members who could not get visas into the United States, thus leaving young adults to live with extended family members.
- Culturally, family units consist of immediate and extended family members.

 Generations often live together under one roof, which may change when seeking asylum., etc.



CONCLUSION

Refugees face many challenges as they leave their country. Migrating to another country presents some obstacles that can be mitigated and others that can never be replaced. Sense of community, familial support, safety, and cultural customs and norms are a few of the loss's refugees face. A health and well-being advocate to support them will allow refugees to comfortably seek and access care, decreasing the impact of the many hurdles they face. The status of refugees is particularly vulnerable, and community engagement is vital for their well-being and assimilation.

Societal inclusion of refugees is critical for their safety, well-being, and overall mental health. Advocates and public health advisors must engage refugees once they have settled in their new community to conduct a needs assessment and identify factors affecting their livelihood. Efforts made to help assimilate refugees into the community will improve their chances of succeeding and create a culture of inclusivity and caring to promote their resilience.

Communities must provide supportive and accepting environments so children, most significantly, can grow up and thrive. The familial pressure on children growing up in a new country can be challenging, especially as they incorporate their traditional customs into their new societal norms.