



October 22nd & 23rd, 2021, 9:30 - 5:30 PM PDT
UC San Diego Global Health Institute

A CHALLENGE TO DIGNITY

A Conference on the Health and Well-Being of Refugees,
Asylum Seekers, & Forcibly Displaced People



A Challenge to Dignity Conference

Friday, October 22nd, 2021

9:30 - 9:45

Opening Greeting

Carol Padden, Dean of UCSD Social Sciences
Thomas Csordas, UC San Diego Global Health Institute

Session A: Physicians and Health Care Providers

Moderator: Thomas Csordas

9:45 - 10:05

Understanding the Health of Asylum Seekers, Refugees, and Migrants Through the Lens of Student Interns at a Student-Run Free Clinic on the US-Mexico Border

Jose Luis Burgos and Victoria Ojeda, UC San Diego

10:05 - 10:15

Q & A

10:15 - 10:35

Pathways Toward Medical Licensure for Refugee and Asylee International Medical Graduates Living in the US

Lillian Walkover, UC San Diego and Susan Bell, Drexel University

10:35 - 10:45

Q & A

10:45 - 11:05

An Ethnography of Care: Physicians and Asylum Seekers on the US-Mexico Border

Thomas Csordas, UC San Diego
Brenda Wilson, UC San Diego
Alexis Burnstan, UC San Diego

11:05 - 11:15

Q & A

11:15 - 11:30

Break

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11:30 - 11:50 **Global Health is also Investing in Political Change of the Systems that Drive the Harms we are made to Chase**

Dona Murphey, Doctors in Politics

11:50 - 12:00 **Q & A**

Session B: Community and Collaboration

Moderator: Brenda Wilson

12:00 - 12:20 **Models of Inclusive Programming: Resilience Humanitarianism, Social Entrepreneurship, and Social Justice**

Catherine Panter-Brick, Yale University

12:20 - 12:30 **Q & A**

12:30 - 12:50 **New Horizons of Refugee Health and Wellbeing: Promoting Dignity Through Partnership and Social Inclusion**

Charles Watters, University of Sussex

12:50 - 1:00 **Q & A**

1:00 - 2:00 **Luncheon**

2:00 - 2:20 **Affective Acts of Welcome: Volunteer Solidarians and US Asylum Seeker Resettlement**

Kristin Yarris, University of Oregon

2:20 - 2:30 **Q & A**

2:30 - 2:50 **Refugee Collaboration and Self-Determination in San Diego**

Christiane Assefa, Andrew Blank, Reem Zubeida, Amina Sheik Mohamed, Valerie Nash, UC San Diego

2:50 - 3:00 **Q & A**

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Session C: Health Status of Refugees and Asylum Seekers

Moderator: Brenda Wilson

3:00 - 3:20 Prevalence of SARS-CoV-2 Antibodies in Migrant Populations in Tijuana

Ietza Bojorquez, El Colegio de la Frontera Norte
Jaime Sepulveda, UC San Francisco
Steffanie Strathdee, UC San Diego

3:20 - 3:30 Q & A

3:30 - 3:45 Break

3:45 - 4:05 Infectious and Chronic Illness among Refugees and Asylum Seekers

Christine Murto, CA Department of Public Health & Blain Mamo, Minnesota
Department of Health

4:05 - 4:15 Q & A

4:15 - 4:35 Asylum Seekers at the Southern Border: The Effects of Federal Policies on Physical and Mental Health

Linda Hill, UC San Diego

4:35 - 4:45 Q & A

4:45 - 5:05 Nowhere Near Enough: Deadly Labor in a Congolese Refugee Camp

Emily Lynch, University of Texas

5:05 - 5:15 Q & A

5:15 - 5:30 Closing Remarks

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Session D) Women, Families, and Reproductive Health

Moderator: Steffanie Strathdee

- 9:30 - 9:50** **Sexual Violence Across Borders: Gender, Health, and Trauma among Rohingya Refugee Women**
Farhana Rahman, Harvard University Asia Center
- 9:50 - 10:00** **Q & A**
- 10:00 - 10:20** **America's Wars and Iraqis' Lives: Toxic Legacies, Reproductive Vulnerabilities, and Regimes of Exclusion in the United States**
Marcia Inhorn, Yale University
- 10:20 - 10:30** **Q & A**
- 10:30 - 10:50** **Abortion in humanitarian settings: Challenges and opportunities for expanding safe services**
Angel Foster, University of Ottawa
- 10:50 - 11:00** **Q & A**
- 11:00 - 11:15** **Break**
- 11:15 - 11:35** **Refugee Reproductive Health: A Comparative Ethnography of Syrians' Experiences at Sites of First-Asylum and Resettlement**
Morgen Chalmiers, UC San Diego
- 11:35 - 11:45** **Q & A**
- 11:45 - 12:05** **Arab Refugee Attitudes and Behaviors Toward Domestic Violence: A Legal and Public Health Challenge**
Maysa Hamza, UC Davis
Patrick Marius Koga, UC Davis
- 12:05 - 12:15** **Q & A**

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12:15 - 12:35 **Family-Based Mental Health Promotion for Somali Bantu and Bhutanese Refugees Resettled in the US: Results of and Implementation/Effectiveness Randomized Controlled Trial**

Theresa Betancourt, Boston College School of Social Work

12:35 - 12:45 **Q & A**

12:45 - 1:45 **Luncheon**

Session E) Trauma and Treatment

Moderator: Bonnie Kaiser

1:45 - 2:05 **Does Humanitarian Mental Health Care Amount to Epistemic Violence or Is It a Matter of Saving Lives and Addressing Social Injustice?**

Peter Ventevogel, United Nations High Commissioner for Refugees

2:05 - 2:15 **Q & A**

2:15 - 2:35 **Adapting to Mass Trauma and Displacement: Testing and Implementing the Adapt Model**

Derrick Silove, University of New South Wales

2:35 - 2:45 **Q & A**

2:45 - 3:05 **“I’m Afraid I’ll Die before I See You Again”:
Bureaucratic Violence and Ambiguous Loss among
Refugees in the US**

Bridget Haas, Case Western Reserve University

3:05 - 3:15 **Q & A**

3:15 - 3:30 **Break**

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- 3:30 - 3:50** **The Use of Waiting as a Deterrent to Migration, and Its Effect on the Well-being of Asylum Seekers**
Olga Odgers Ortiz, El Colegio de la Frontera Norte
Olga Olivas Hernandez, UC San Diego
- 3:50 - 4:00** **Q & A**
- 4:00 - 4:20** **Trauma Loops: US Immigration Detention and Reverse Causality in PTSD**
Hans Reihling, The Chicago School of Professional Psychology
- 4:20 - 4:30** **Q & A**
- 4:30 - 4:50** **Refugees On the move: Health along the migratory route between Syria and California**
Tala Al-Rousan, Assistant Professor and founding Faculty at the Herbert Wertheim School of Public Health at UC San Diego
- 4:50 - 5:00** **Q & A**
- 5:00 - 5:15** **Closing Remarks**

Session A) Physicians and Health Care Providers

Understanding the Health of Asylum Seekers, Refugees, and Migrants through the lens of student interns at a Student-Run Free Clinic on the US-Mexico Border (Victoria Ojeda and Jose Burgos)

Between 2016-2020, Tijuana, Mexico a metropolis that borders California, USA, received the bulk of the migrant, refugee, and asylum seekers who emigrated from Haiti, African, Eastern Europe and the Central American caravan. Having traveled thousands of miles, these communities often arrived not only with diverse pre-migration health profiles but also with health and social needs that emerged during the migration trajectory and following their arrival to Tijuana. These communities are often challenged from accessing governmentally-funded health care services and thus, non-profit organizations have emerged as providers addressing basic, social service, economic and health care needs. The Health Frontiers in Tijuana (HFIT) clinic is a non-profit student run free clinic that has provided medical care and social service linkage support to these migrants. The goal of this qualitative study is to describe the impact of participating in the HFIT clinic on students' understanding of the health of this diverse migrant population that includes refugees, asylum seekers and deportees and to describe contributions of this field experience to students' professional development.

Pathways Towards Medical Licensure for Refugee and Asylee International Medical Graduates Living in the US (Lillian Walkover and Susan E. Bell)

International Medical Graduates (IMGs) make up one quarter of physicians in the US; this includes US citizens (USIMGs) and non-US citizens (non-USIMGs). This study focuses on non-USIMGs who start the pathway toward US medical licensure after arriving in the US as refugees and asylum seekers and presents the first census of non-profit physician career assistance programs serving them. This population has the potential to provide culturally and linguistically competent care for diverse patient populations and relieve the physician shortage, especially in underserved areas. Compared to other non-USIMGs, the forced migration experiences of physicians who start the pathway toward US medical licensure after arriving in the US make it less likely they will practice medicine in the US. During the past 20 years, a small number of programs have been established that support non-USIMGs already living in the US on the path towards US medical licensure.

Abstracts

An Ethnography of Care: Physicians and Asylum Seekers on the US-Mexico Border (Thomas Csordas, Brenda Wilson, and Alexis Burnstan)

Our ethnography of care seeks to better understand the health and psychosocial wellbeing of forcibly displaced migrants that seek refuge at the US-Mexico border. Analyzing the wellbeing and lived experience of providers of services for asylum seekers at various locations and stages throughout transit and resettlement highlights the constant flux of policies and practices causing an increase in desperation and decrease in wellbeing among this vulnerable population. Forcibly displaced migrants and the transborder networks of care have shown resilience and adaptability during a crisis within a crisis (the humanitarian crisis at the US-Mexico border during the pandemic). We aim to gain a better understanding of asylum seekers' trajectories and contribute to the development of sustained local, binational partnerships that can provide an assessment of mental health needs and facilitate access to ethical, person-centered care for all as pressing matters of human rights and social justice occurring in one of the world's most trafficked border regions.

Global Health is also Investing in Political Change of the Systems that Drive the Harms we are made to Chase (Dona Murphey)

As we witness continued scapegoating of immigrants during this pandemic, we see also a glaring failure of leadership to connect the dots between the incarceration of immigrants, medical neglect and abuse, and displays of resistance, the cause and consequence for poor health outcomes of an exceptionally vulnerable group. Physicians involved in the work of caring for these individuals respond reactively out of necessity and often with great futility, given the overwhelming structural challenges. As our political consciousness grows for the issues that plague our patients, we realize that we have a responsibility to step up as changemakers of the systems that generate the harms we are then made to chase. One important vehicle for that change is Doctors In Politics, a patient-centered, justice and equity oriented political action committee that recruits, trains, and supports doctors to run for office to advance the idea that all policy is health policy and to upend the narrative that physicians are / should be apolitical.

Session B) Community and Collaboration

Models of Inclusive Programming: Resilience Humanitarianism, Social Entrepreneurship, and Social Justice (Catherine Panter-Brick)

In recent years, new forms of humanitarian action have championed a whole-of-society approach to work with refugees in war-affected areas. Civil society actors are often a catalyst for change, acting in solidarity with refugees to improve wellbeing, foster social inclusion, create opportunity, and sustain dignity. In this paper, I give two examples of successful and innovative models of inclusive programming, one rooted in resilience humanitarianism, the other in social entrepreneurship; both aim to change mindsets and transform frameworks of humanitarian and development assistance. When calls for collective action and human dignity come to the fore, the former is working with a global agenda to partner with local communities, while the second is catalyzing a local approach onto the global stage. The first model is espoused by Mercy Corps, a large international nongovernmental organization which has adopted an explicit focus on resilience in complex crises to “partner with local people to put bold ideas into action.” Specifically, Mercy Corps implements individual and community-level interventions for Syrian refugees and host populations, to improve mental health, build social cohesion, and promote livelihoods. The second model is exemplified by Taghyeer, an organization that fosters learning and social empowerment through people-driven change, skill-sharing, and confidence-building. Implemented in Jordan in response to the Syrian refugee crisis, it grew from a local initiative to an award-winning foundation with worldwide reach. Both are examples of ways to change the architecture of humanitarian systems, such that responses to crises are transformative and sustained, through joining forces with communities, business, government, academia, and media. These models stand alongside other intervention approaches, ones that fight more explicitly for human wellbeing and social justice through embracing political struggles or faith-based solidarities. In examining these different approaches to collective action, evaluation research by interdisciplinary scholars has helped to understand how systems- and people-focused approaches help to build trust, agency, and social inclusion, as well as promote refugee health and wellbeing.

New Horizons of Refugee Health and Wellbeing: Promoting Dignity Through Partnership and Social Inclusion (Charles Watters)

Following the World Health Assembly global action plan 2019-23 to address the health needs of refugees and migrants, this presentation will address key issues such as access to healthcare, social determinants of health, the promotion of social inclusion and a ‘whole-of-society’ orientation that emphasises partnership working. Specifically, the presentation will focus on tangible interagency and international initiatives that draw together insights and interventions realised through partnerships between research and service communities. Charles Watters will share findings from two recent initiatives: a major European research project aimed at enhancing the wellbeing of migrant and refugee children in schools through the promotion of peer understanding and interaction, and an international study of the importance of ‘place-making’ in migrant and refugee health and wellbeing. In drawing on examples from his recent and ongoing research collaborations in the UK, Finland, India, Sweden and Norway, Watters will propose a new global agenda to enhance refugee health and wellbeing through partnership and social inclusion.

Abstracts

Affective Acts of Welcome: Volunteer Solidarians and US Asylum Seeker Resettlement (Kristin Yarris)

In this presentation, I describe the contested dynamics of fostering welcome for asylum seekers during a politically-hostile era in the U.S. Drawing on ongoing ethnographic engagement with a network of asylum seeker resettlement volunteers in the state of Oregon across 2016-2020, I show how affective politics shape early efforts to support asylum seeker inclusion through cross-border solidarity mobilizations, but how, over time, these affective politics of welcome shift, focusing more on accommodation to, rather than contestation over, existing legal infrastructures and exclusionary policies. I trace these contestations over inclusion and deservingness as they play out specifically vis-à-vis legal assistance for asylum seekers and an effort at establishing a bond fund to support de-carceral responses to immigration. I also discuss the state of Oregon's attempts to include asylum seekers and other undocumented communities through the state Medicaid program, but how healthcare coverage is nonetheless limited, especially during the coronavirus pandemic.

Refugee Collaboration and Self-Determination in San Diego (Christine Assefa, Andrew Blank, Reem Zubeida, Amina Sheik Mohamed, Valerie Nash)

Centering the oral histories of refugee leaders and members of the San Diego Refugee Communities Coalition (SDRCC), this paper documents the emergence of the coalition and the significance of their model as a refugee-led coalition made up of ethnic based community organizations. Focusing on coalition building and grassroots community health work during the time of COVID-19, this paper demonstrates how refugees in San Diego strategically employ collaboration and self determination to serve their communities. This paper engages critical refugee studies and feminist theories of coalition building to archive the work of the SDRCC and capture their model as one that re-defines community health.

Session C) Health Status of Refugees and Asylum Seekers

Prevalence of SARS-CoV-2 Antibodies in Migrant Populations in Tijuana (Ietza Bojorquez, Jaime Sepulveda, Steffanie Strathdee, Richard Garfein, Constance Benson, Antoine Challon, Alicia Vera, & Martha Alicia Rios Obregon)

Objective: To determine the prevalence of SARS-CoV2 antibody among migrants in Tijuana.

Methods: In November-December, 2020, migrants in Tijuana were invited to undergo interviewer-administered surveys and blood sample collection at migrant shelters and through street outreach. Participants were either internally displaced or deported Mexicans, or citizens from other countries in Latin American or the Caribbean, who had been living in Tijuana for ≤ 1 year (Mexicans) or ≤ 5 years (Non-Mexicans). SARS-CoV2 antibody testing was conducted by Genalyte (San Diego, CA).

Results: As of March 10, 2021 data were available from 88 migrants. Median age was 33 years, and 52% were female. Country of origin was 40% Honduras, 20% Mexico, and 40% other Latin American or Caribbean countries.

We found a prevalence of 43% for SARS-CoV-2 antibodies, almost double what has been reported by a national survey in Mexico.

Conclusions: Our preliminary results suggest that migrants and asylum seekers are an at-risk population for SARS-CoV-2 infection. Their access to health care and living conditions must be improved.

Infectious and Chronic Illness among Refugees and Asylum Seekers (Christine Murto and Blain Mamo)

Refugees and asylees arrive to the US from countries with poor health infrastructure. These groups may have different health outcomes on arrival due to country of origin living conditions and circumstances during transit, which may increase the risk for infectious disease and delay healthcare for chronic conditions. A retrospective analysis of health surveillance data from the Refugee Health Electronic Information System (RHEIS) collected between 2015 and 2020 was conducted. Prevalence of infectious and chronic conditions was calculated, and bivariate Poisson regression measured differences in health outcomes between refugees and asylees. The prevalence of health outcomes for asylees for Hepatitis B virus (HBV), Hepatitis C (HCV), Latent Tuberculosis Infection (LTBI), and diabetes were significantly higher than refugees, while prevalence was significantly lower for intestinal parasites and elevated lead. There was no difference in hypertension between the two groups. Understanding immigration and regional variations in health outcomes is a valuable tool for physicians providing healthcare for new arrivals, and supports public health efforts to prevent, detect, and control infectious diseases.

Abstracts

Asylum Seekers at the Southern Border: The Effects of Federal Policies on Physical and Mental Health (Linda Hill)

Individuals seeking asylum in the United States have presented to Customs and Border Protection for decades, in accordance with US federal law. Although U.S. law states that those seeking asylum can remain in the U.S. while awaiting their court date, the Trump Administration interpreted the law to argue that individuals can be detained during this time, and imposed restriction to force individuals wait for their asylum hearing in “safe” third countries, a program ironically named ‘Migrant Protection Program’ (MPP). For many asylum seekers, waiting in Mexico put their lives in peril, with documentation of kidnapping, sexual assault and murder, and those surviving are suffering from mental health conditions. Even more egregious was their policy of separating children from their parents, beginning in 2017. In January of 2021, the Biden administration began the reversal of these inhumane policies of the Trump administration, and asylum seekers waiting in Mexico as a result of MPP are entering the country to await their court dates in the US. This presentation will discuss the physical and mental health conditions of asylum seekers from late 2018 to present.

Nowhere Near Enough: Deadly Labor in a Congolese Refugee Camp (Emily Lynch)

In Rwanda, the site of multiple refugee camps, more than 60,000 Tutsi Congolese have waited since 1997 to return to their homes in eastern Congo. North Kivu, their home, has been an area of instability for more than a decade, leaving refugees unable to return and not welcome to remain in Rwanda. In the camp, refugees often lack sufficient basic materials, such as food and medicine and the funds necessary to supplement their needs. Although refugees are legally allowed to seek employment by the UN High Commission for Refugees (UNHCR), the barriers to securing work are extensive. Refugees experience discrimination in the local economy and are seen as “begging” for jobs, despite their qualifications in mechanics, business, cattle herding and cultivation. This paper is concerned with the paradox involved in the UNHCR allocation of work that asks refugees to be self-sufficient, at the same time it sees them as needy and unable to acquire jobs. This often prompts refugees to take up dangerous forms of employment to survive, witnessed when men are buried alive digging pit latrines and women are forced to sell their bodies. Based on fieldwork with refugees, who discuss their frustration about work opportunities facilitated by the UNHCR, I explore how the structures serving refugees further immobilize and confine them to the camp, by excluding their qualifications and desires to work. Instead, the camp structure capitalizes on refugees’ desperation to find employment and supplement the inadequate provisions awarded them, work that often puts them in greater danger.

Session D) Women, Families, and Reproductive Health

Sexual Violence Across Borders: Gender, Health, and Trauma among Rohingya Refugee Women (Farhana Rahman)

A fresh wave of deadly anti-Muslim violence in 2017 in Myanmar's Rakhine state by Burmese Buddhists resulted in increased displacement of the Rohingya into inhumane settlements and camps. Facing the possibility of violence at the hands of the Myanmar army, many Rohingyas also left their homeland in the hopes of finding safety in neighbouring countries. Much of the exodus resulted in prolonged and dangerous rickety boat journeys across the border into Bangladesh. Until recently, Rohingyas from Myanmar making these perilous migrations were predominantly male. The 2017 attacks in Rakhine state however, resulted in a drastic increase in women and girls also undertaking the dangerous boat journeys to escape intense violence – including mass sexual violence – targeted against the Rohingya minority. The journeys of these women to Bangladesh entailed not only violence and hardship, but also regular incidents of trafficking, rape, and forced marriage. Based on first-hand interviews with Rohingya refugee women living in the Kutupalong/Balukhali refugee camps in Cox's Bazar, Bangladesh, this paper traces Rohingya women's experiences of violence and conflict during and after forced migration on their everyday lives and subjectivities. It reveals a nuanced lens on the gendered impacts of forced migration, and the ways in which Rohingya women – as targets of abuse, exploitation, and sexual violence during conflict – learn to negotiate and navigate new environments by employing strategies of survival. Rohingya refugee women's narratives reveal the construction of new gendered identities in displacement, and evidence women's incredible resilience in spite of profound trauma and suffering.

America's Wars and Iraqis' Lives: Toxic Legacies, Reproductive Vulnerabilities, and Regimes of Exclusion in the United States (Marcia Inhorn)

In the United States, few people connect the current Middle East refugee crisis to US military intervention in Iraq. In the US, memories of war have faded, and the refugee crisis seems far away. Thus, the goal of this presentation is to rekindle the moribund history of America's two wars in Iraq and to document their toxic legacies. Based on a five-year ethnographic study in "Arab Detroit," Michigan—North America's largest Arab ethnic enclave—the presentation outlines some of the embodied consequences and reproductive vulnerabilities faced by Iraqi refugees who have made their way to the US. The presentation concludes by arguing that America has failed in its moral duty to assist those whose lives it has destroyed through its own wars in the Middle East.

Abstracts

Abortion in humanitarian settings: Challenges and opportunities for expanding safe services (Angel Foster)

Although abortion is widely recognized as an essential health service, legal, political, regulatory, and health systems restrictions create barriers to access. In this presentation I will discuss the state of abortion provision in humanitarian settings with a specific focus on the global mechanisms that support incorporation of abortion care into broader sexual and reproductive health and maternal and newborn health standards of care. In drawing from original research conducted in multiple contexts, I will also showcase innovative strategies for expanding access in different phases of complex emergencies.

Refugee Reproductive Health: A Comparative Ethnography of Syrians' Experiences at Sites of First-Asylum and Resettlement (Morgen Chalmiers)

Displaced women frequently face significant access barriers to respectful, high-quality sexual and reproductive health (SRH) services. Moreover, the existential processes of displacement and resettlement themselves may transform the gendered norms that structure reproductive life and thus come to reshape fertility preferences. Drawing upon 36 months of fieldwork with Syrian refugee women in San Diego, California and urban settings in Jordan, this paper illustrates how distinct structural barriers in each respective context impact SRH and highlights the creative strategies women employ as they strive to create meaning in disrupted lives through reproduction. By foregrounding ethnographic detail, the study illuminates aspects of reproductive life often overlooked by needs-assessments and survey data, offering crucial insight into the lived experiences of reproduction after displacement.

Abstracts

Arab refugee attitudes and behaviors towards domestic violence: a legal and public health challenge (Maysa Hamza and Patrick Koga)

Western cultures view domestic violence (DV) differently than Arab cultures and this makes data collection, assessment, reporting, and interventions difficult even after refugees have resettled and acculturated to the host country. Building on the findings of two recent surveys and two scoping reviews, we will take an exploratory look at eight interrelated key themes affecting the perpetuation of DV in resettled Arab refugees: 1) traditional gender role attitudes, 2) family integrity and honor, 3) cultural and religious norms, 4) women's social isolation in host societies, 5) alienation and enclavization, 6) everyday life hardship (unemployment, poverty, dependence on social assistance, living in crime-ridden, dangerous neighborhoods, loss of social capital, loss of support systems, social distancing imposed by the covid-19 pandemic), 7) intergenerational acculturation gaps and conflicts, and 8) cultural incongruence between victim and evaluator. The limitations of current instruments used to assess attitudes and behaviors towards DV will also be reviewed.

Family-Based Mental Health Promotion for Somali Bantu and Bhutanese Refugees Resettled in the US: Results of an Implementation/Effectiveness Randomized Controlled Trial (Theresa Betancourt)

In this presentation, Dr. Theresa S. Betancourt, Salem professor in Global Practice at the Boston College School of Social Work and Director of the Research Program on Children and Adversity (RPCA) will share findings from a randomized controlled trial testing the implementation and effectiveness of a family-based home-visiting intervention, the Family Strengthening Intervention (FSI), delivered by community health workers with Somali Bantu and Bhutanese refugee families resettled in the United States. The presentation will discuss the importance of community based participatory research (CBPR), evidence-based mental health interventions, and implementation science.

Abstracts

Session E) Trauma and Treatment

Does humanitarian mental health care amount to epistemic violence or is it a matter of saving lives and addressing social injustice? (*Peter Ventevogel*)

Humanitarian responses increasingly incorporate attention to the mental health of forcibly displaced people.¹ Normative guidance recommends multi-layered interventions consisting of i) activities to strengthen social support and foster community-led initiatives to alleviate distress, ii) scalable psychological interventions by trained and supervised non-specialists, and iii) clinical mental health care.²⁻⁴ In humanitarian practice, the urge to rapidly deliver results may go at the expense of community-engagement and cultural and contextual adaptation.

This presentation will examine current efforts to roll-out and 'scale up' of pre-defined interventions by training health care workers to identify and manage mental health conditions ('mhGAP')^{5,6} and introducing scalable psychological interventions.⁷⁻⁹ As a global mental health professional I am deeply invested in the field of humanitarian refugee mental health and endorse its rationale of addressing unjustifiable inequities in access to mental health services. Humanitarian mental health care is a form of social justice to alleviate the suffering of marginalized people. As a medical anthropologist, I worry about the shrinking space for dialogue and engagement with forcibly displaced communities about ways to improve their mental health and wellbeing. To what extent could the rise of humanitarian mental health care amount to 'epistemic violence' and silencing of alternative ways of explaining and healing?

Adapting to Mass Trauma and Displacement: Testing and Implementing the ADAPT Model (*Derrick Silove*)

The ADAPT model offers a conceptual framework for understanding the experiences and psychosocial responses of refugees and other populations exposed to mass conflict. ADAPT is particularly suited to the complexities of the contemporary world in which mass conflict and persecution, economic inequality and deprivation, and the global ecological crisis interact to generate conditions of increasing human insecurity and displacement pressures. Although each conflict-affected society is distinct in history, culture and living context, all share universal threats: to Safety/Security; Attachments, Bonds and Networks; Justice; Roles and Identities; and systems of Meaning and Purpose, the five psychosocial pillars of the ADAPT model. This paper reviews some of the key assumptions and principles of ADAPT; relevant recent research testing its precepts; and the formulation and testing of Integrative ADAPT Therapy (IAT) amongst refugees from Myanmar. Brief mention is made of a growing consortium aimed at expanding and implementing the ADAPT model.

Abstracts

“I’m afraid I’ll die before I see you again”: Bureaucratic violence and ambiguous loss among refugees in the US (Bridget Haas)

In this presentation, I draw on the concept of ambiguous loss (Boss 2006) to explore the subjective experiences of prolonged family separation among two different populations: Congolese refugees and Cameroonian asylees in the United States. More specifically, I engage ethnographic evidence to illustrate how the psychological presence but physical absence of loved ones, particularly one’s children, impacts refugees’ wellbeing and circumscribes their perceived ability to heal or flourish. Throughout my analyses, rather than frame protracted family separation as inherent to the process of displacement, I instead trace the bureaucratic policies and procedures that contribute to its production. I thus understand refugees’ experiences of uncertainty regarding when—and even *if*—they will be reunited with loved ones as an effect of institutional and state power.

The use of waiting as a deterrent to migration, and its effect on the well-being of asylum seekers (Olga Odgers- Ortiz and Olga Olivas)

The combined effect of migration policies of different States has the effect of trapping migrants and asylum seekers in border regions and cities where they must wait for long periods (Hess, 2012; Odgers and Campos, 2014, Odgers and Olivas, 2019). Far from being an unwanted effect of migration policies, the imposition of waiting times has become an instrument to dissuade migrants and asylum seekers, in what seems to follow the logic of the “transnational management of the undesirables” (Agier, 2008).

The uncertainty associated with waiting, directly erodes the emotional health of those who remain “stuck in mobility”, with pending migration projects.

In this presentation, we analyze the impact of the use of waiting as a deterrent to migration, focusing on the case of migrants and asylum seekers from Africa, Central America, South America and the Caribbean, who are trapped in mobility in the border of Baja California (Mexico).

Trauma Loops: U.S. Immigration Detention and Reverse Causality in PTSD (Hans Reihling)

Post-Traumatic Stress Disorder (PTSD) diagnosis establishes a causal link between an individual’s experience of a traumatic event in the past and symptoms of mental illness in the present. It may thus support an asylum case at immigration court. However, this paper argues that it is impossible to determine whether symptoms of PTSD among detained torture survivors who seek asylum in the U.S. result from the experience of torture in the past or current immigration detention. Survivors forced to remain in private detention facilities commonly face reminders that elicit or exacerbate traumatic stress and make them vulnerable to economic exploitation. Asylum-seeking survivors with PTSD who lack adequate support services are willing to work virtually for free to avoid difficult emotions. The findings are based on a review of 40 forensic mental health evaluations conducted with detainees at a private detention center in California.

Abstracts

Refugees On the move: Health along the migratory route between Syria and California (Tala Al-Rousan)

Syrians, Iraqis and Somalis have mostly arrived in San Diego as refugees and are among the fastest growing foreign-born populations in San Diego. These communities have suffered a large amount of trauma due to armed conflict pre-resettlement as well as post resettlement challenges including the Muslim ban that prevented the reunification of family members and introduced additional challenges to their health and wellbeing. As a physician and epidemiologist working with these refugees along the migratory route in multiple countries where they stop, I will discuss these challenges in the context of the COVID-19 pandemic and the opportunities that lay in front of researchers and healthcare providers as they navigate working with the refugee population. I will present findings from our research on the mental health of refugees during the COVID-19 pandemic, chronic disease management and access to healthcare, and public health intervention to deal with perceived discrimination and mistrust that interfere with multiple health outcomes in refugees.

Biographical Sketches

Tala Al-Rousan, MD, A behavioral medicine epidemiologist conducting clinical trials and public health interventions to improve the health of refugees from the Middle East and Afghanistan. She is a volunteer physician with “Doctors Without Borders” and the “Syrian American Medical Society”. Her current research focuses on hypertension self-management, cognitive decline, and mental health of refugees living in refugee camps and in community settings.

Christiane Assefa, is a PhD student in the Ethnic Studies department at UC San Diego. Her project is informed by her grassroots organizing work, experience as a child of refugees, and commitment to the stories the women in her community share. Christiane’s research interests engage the topics of oral history, feminist epistemologies, the archive, East Africa, and displacement.

Susan E. Bell, PhD, is a Professor of Sociology and her research specialty is sociology of health and illness. Her research examines patient cultures, embodied health movements, visual and performative ways of understanding illness, and transnational and global health. Currently, she is investigating the global flow of biomedical knowledge and spatial permeability by observing interactions between immigrant patient populations and staff in U.S. hospital outpatient clinics.

Theresa Betancourt, ScD, Dr. Betancourt leads transdisciplinary research focused on understanding the trajectories of risk and resilience in children facing multiple forms of adversity, including poverty, conflict, and infectious disease. Her current research portfolio includes projects in Sierra Leone, Rwanda, and The United States, where Dr. Betancourt collaborates with local partners to develop evidence-based, transdiagnostic interventions that are feasible and effective to support positive developmental outcomes for children and families.

Andrew Blank, MPH, is an intern at the UC San Diego Refugee Health Unit in the City Heights neighborhood of San Diego, CA. Andrew appreciates the opportunity to learn from and work with Refugee Health Unit and its partners. He subscribes to the social determinants of health model, and advocates for transdisciplinary interventions rooted in evidence, theory, strengths, and cultural competence. His research interests include armed conflict and mental health; harm reduction strategies for people who inject drugs; water, sanitation, and hygiene in humanitarian emergencies; leadership in crisis; and the intersection of faith, culture, human rights, public policy, and health for all.

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Jose Luis Burgos, MD, is an assistant professor in the Division of Global Public Health at the UC San Diego Department of Medicine. He earned an M.D. from Universidad Autónoma de Baja California (UABC) and holds a master's in public health through the Training Internships Exchanges and Scholarships Initiative, a partnership among UC San Diego, San Diego State University, El Colegio de la Frontera Norte and UABC that is funded by the U.S. Agency for International Development. Burgos is a physician trained in preventive medicine, clinical epidemiology and health economics. He has studied infectious disease since 2002 and completed graduate courses on economic evaluation at UC San Francisco. Currently, he specializes in global health and development with emphasis on cost effectiveness analysis of HIV and tuberculosis intervention programs in resource-limited settings. As part of his fellowship, Burgos is leveraging his co-directorship of the student-run, free clinic Health Frontiers in Tijuana to collaborate with USMEX's Mexican Migration Field Research Program and Training Program.

Alexis Burnstan, BA, is the coordinator for the UC San Diego Global Health Institute and the Tracing Asylum Seekers Experience and Trajectory (TASET) project. Her current research focuses on the refugee humanitarian response along the U.S.-Mexico border and the wellbeing of service providers within border health networks. Alexis' research interests include adolescent mental health, adolescent psychiatry, border health, refugee health, climate effects on health, prenatal health, and lived experiences of healthcare providers.

Ietza Bojorquez, MD, is a professor-researcher at El Colegio de la Frontera Norte. Her main research interest is on the social determinants of health. She recently completed epidemiological studies of COVID-19 among migrant and non-migrant populations, and is conducting studies on the response of the Mexican health system to migrant health during the COVID-19 pandemic, and access to mental health care for migrants.

Morgen A. Chalmiers, is an MD/PhD Candidate in Psychological & Medical Anthropology at UC San Diego. Her dissertation project explores reproductive decision-making and access to care among Syrian refugees in Jordan using the tools and theoretical lens of psychological anthropology. Her fieldwork and clinical practice are informed by the paradigm of reproductive justice and a commitment to addressing health disparities through an intersectional framework. She is passionate about integrating anthropological insights into clinical practice and health policy through interdisciplinary collaboration.

Thomas Csordas, PhD, is Distinguished Professor of Anthropology at UCSD, where he holds the Dr. James Y. Chan Presidential Chair in Global Health. He is Founding Director of the Global Health Program and Director of the UCSD Global Health Institute. He has conducted ethnographic research in psychological and medical anthropology among Charismatic Catholics, in the Navajo Nation, with adolescents in New Mexico, among Catholic exorcists in the US and Italy, and on refugee health at the southern US border. His most recent book is *Troubled in the Land of Enchantment: Adolescent Experience of Psychiatric Treatment* (with Janis H. Jenkins, 2020).

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Bridget M. Haas, PhD, is visiting assistant professor of Anthropology at Case Western Reserve University, and a previous NIH-funded postdoctoral fellow in the CWRU School of Medicine. Dr. Haas' longitudinal ethnographic work has explored the emotional, psychological, and social effects of immigration policies on asylum applicants in the US. Her current research focuses on the intersection of trauma and family dynamics in the context of resettlement among refugees in Cleveland, Ohio.

Maysa Hamza, Ed.D., is Clinical Psychologist, an Instructor, Stepping Stones to Success (SSTS) program/ R&DE at Stanford University, and a Visiting Professor in the Dept. of Public Health Sciences at UC Davis School of Medicine. Maysa has an extensive experience in case management and counseling services in Arabic and English to refugees and immigrants from the Middle East both abroad (Egypt; UAE) and in the USA (Sacramento County Dept. of Health and Human Services, county agencies, and NGOs). In the past +20 years, her clinical and research work has centered on war trauma, violence against women, and domestic violence in refugee families. She is an educator at Stanford and also lectures at UC Davis to medical and public health MPH and PhD students, and to Psychiatry residents on Arab explanatory models for mental health and illness, idioms of distress, help-seeking behaviors, and cultural adaptation and validation of assessment instruments. Prior to UC Davis and Stanford, Dr. Hamza has taught psychology at the American University of Sharjah, United Arab Emirates, American University of Cairo, Egypt, and at Bergen College in New Jersey. She is a member of the American Psychological Association (APA), the American Academy of Experts in Traumatic Stress (AAETS), and of the World Federation on Mental Health (WFMH). Email: mshamza@ucdavis.edu

Linda Hill, MD, is a Professor and Interim Assistant Dean in the Herbert Wertheim School of Public Health at UC San Diego. She is Director of the UCSD/SDSU General Preventive Medicine Residency, and Senior Staff Physician at San Diego Family Care. She is the Executive Director of the Asylum Seeker Health Program. She co-directs the Center for Human and Urban Mobility. Dr. Hill's research focuses on displaced populations and transportation safety.

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Marcia Inhorn, PhD, Professor Inhorn is the William K. Lanman Jr. Professor of Anthropology and International Affairs and Chair of the Council on Middle East Studies (CMES) in the MacMillan Center for International and Area Studies. As Past-President of the Society for Medical Anthropology (SMA) of the American Anthropological Association, Inhorn hosted the first international SMA conference on “Medical Anthropology at the Intersections: Celebrating 50 Years of Interdisciplinarity,” which was held at Yale University. She has also received the SMA’s Medical Anthropology Student Association (MASA) Graduate Student Mentor Award.

Patrick Marius Koga, MD, is an Associate Professor and Director of Refugee Health Research in the Dept. of Public Health Sciences at UC Davis School of Medicine. In the past +25 years his work has centered on traumatized war refugees, including transcultural psychiatry research, and evaluations of newly arriving Afghans, Iraqis, Iranians, Syrians, Burmese, and Congolese at Sacramento County Refugee Health Clinic. Marius has a first-hand experience of oppression, political imprisonment, and torture having lived in Ceausescu’s communist dictatorship of Romania before he made it to UNHCR Refugee Camp in Belgrade in 1988. A former Dean of International Medicine at Cambridge Overseas Medical Training Programme in UK, and Associate Clinical Professor of Psychiatry at Tulane School of Medicine, Dr. Koga’s work spans wide geographical areas from Kyrgyzstan, Uzbekistan, Afghanistan, Russia, and Iran, to Turkey, Nigeria, and the Arab Region (Lebanon, Iraq, Syria, Egypt, Palestine). Research range: cultural, religious, and spiritual modulators of trauma resilience, Ulysses Syndrome, idioms of distress, postresettlement impacts on refugee mental health, refugee domestic violence, cultural adaptations of mobile mental health screenings, legal-mental health intersectionality in asylum adjudication, and the medicalization and commodification of refugee suffering. Dr. Koga is member of the World Psychiatric Association, (WPA) / Transcultural Psychiatry Section, the Athena Network, UCGHI, UCD Global Migration Center, and a Fellow of the Royal Society for Public Health, London, UK. At UC Davis, Dr. Koga co-directs the Ulysses Refugee Project in partnership with University of Barcelona, Spain, California State University East Bay, Hayward, and Loma Linda University. Email: pmkoga@ucdavis.edu

Emily A. Lynch, PhD, Cultural Anthropologist

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Dona Murphy, MD, PhD, is a neurologist, neuroscientist, historian of science, and community organizer. She organizes at the intersections of race, poverty, immigration, and health. Understanding the intimate relationship between the health of individuals, the health of our communities, and the health of our democracy, she ran for her local school board in Pearland, Texas in 2019 and co-founded the patient-centered, justice and equity-oriented political action committee, Doctors In Politics.

Christine Murto, PhD, is the Chief for the California Office of Refugee Health in the California Department of Public Health (CDPH). Dr. Murto has worked in migrant and refugee health for more than 25 years, primarily in infectious disease research, prevention and intervention programs (HIV, leprosy, leishmaniasis, tuberculosis). She has worked with migrating populations in Mexico, Central America, Peru and Brazil, and refugees and migrant populations in California. Dr. Murto also teaches social epidemiology at the University of California, San Diego Global Health Program for the next generation of public health professionals.

Olga Odgers, PhD, is a sociologist whose principal research interests are in the crossroads of migration, religion, and health, focusing on the experience of migrants trapped in mobility in the US-Mx Border, subjectivity, and alternative healing. She has been Principal Investigator for Range of Therapies provided by Evangelical Rehabilitation Centers for Drug Addicts in Baja California Border Region (Conacyt). Currently is Co-PI for Tracing Mobility and Care Trajectories: Migrants and Asylum Seekers' Experiences in the US-Mx Border (PIMSA).

Victoria Ojeda, PhD, is a Professor in the Herbert Wertheim School of Public Health at the University of California, San Diego and in the Department of Medicine at the UCSD School of Medicine. Her research focuses on the health of Latino migrants, justice-involved persons, and persons living with mental illness or at risk of or living with HIV. Dr. Ojeda is PI of the National Institute of Health grant: "Impact of Peer Support on Health Service and Social Disparities Among Minority Youth with SMI," (NIH Grants: R01MD011528 and # R01MD011528-S1) and the UCSD RE-LINK program (CA. Board of State and Community Corrections), and she also Co-Directs the Health Frontiers in Tijuana Free Clinic in collaboration with Dr. Jose Luis Burgos.

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Olga L. Olivas-Hernández, PhD, is anthropologist with research expertise on new spiritualities, mental health and migration, substance use/abuse, and healing systems in the cultural context. She is currently a researcher at the Social Studies Department in El Colegio de la Frontera Norte and holds a Ph.D. in Social Sciences with an emphasis in Social Anthropology from CIESAS. Recent projects include Embodiment and Subjectivity in Religious Treatments for drug abuse; Life trajectories and substance abuse among Mexican Migrants in the U.S.-Mexico Border; and Cultural Perceptions of Emotional Wellbeing and Patterns of Help-Seeking in Tijuana, Mexico. Currently, she is researching Health and Migration Trajectories among asylum seekers stranded within their mobility in Northern Mexico.

Catherine Panter-Brick, PhD, is a medical anthropologist, Panter-Brick works in the context of humanitarian crises. She leads research initiatives to develop strong, equitable partnerships across academic, community, and policy networks. Her work with Syrian refugees is an example of research evaluating impacts of stress, resilience, and social cohesion in war-affected communities. She received the Lucy Mair Medal, awarded by the Royal Anthropology Institute to honor excellence in the application of anthropology to the active recognition of human dignity.

Farhana Rahman, PhD, is a Fellow at the Harvard University Asia Center. She holds a PhD from the University of Cambridge, Centre for Gender Studies, where her research focused on Rohingya women's everyday lived experiences after forced migration to the refugee camps in Cox's Bazar, Bangladesh. Farhana is also co-founder of Silkpath Relief Organization, a non-profit that provides humanitarian assistance to individuals devastated by calamities – in Afghanistan, and with Rohingya refugees in Bangladesh and Malaysia. Since 2014, she has been a consultant providing technical expertise and trainings for projects in Asia and Africa on gender equality, social policy, and human rights. In 2015, Farhana helped establish the first academic program in gender studies in Afghanistan, based at the American University of Afghanistan in Kabul, where she was also a lecturer. Her peer-reviewed articles are published in various journals, including Journal of Refugee Studies, Feminist Review, and Journal of International Women's Studies.

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Hans Reihling, PhD, is a psychotherapist in private practice and an assistant professor at the Chicago School of Professional Psychology, San Diego. Since 2016, he has been providing mental health services to asylum seekers through Survivors of Torture International. His ethnography “Affective Health and Masculinities in South Africa” compares gendered (in)vulnerability cross-culturally.

Jaime Sepulveda, MD, PhD, the Haile T. Debas Distinguished Professor of Global Health, is the Executive Director of UCSF Institute for Global Health Sciences. A member of the Chancellor’s Executive Cabinet, he leads a team of over 300 faculty and staff engaged in translating UCSF’s scientific leadership into programs that positively impact health and reduce inequities globally. Sepulveda oversees several education and training programs, including the Masters of Science in Global Health Sciences degree program, the first such program in the nation, and the PhD program in Global Health.

Derrick Silove, MD, is Emeritus Professor at the University of New South Wales in Sydney, Australia. He also holds honorary positions at the Universities of Melbourne, Cambridge and Copenhagen. He has worked with refugees, asylum seekers and other social disadvantaged communities for over 40 years in research, clinical work, training and development. He and his team undertook initial work with asylum seekers in detention and living under challenging conditions in Australia in the 1990s when the first policies of so-called “humane deterrence” were introduced. His Adaptation After Persecution and Trauma (ADAPT) model informed much of this work and has been applied as a conceptual model and now a therapeutic method (Integrative ADAPT Therapy or IAT) amongst displaced populations worldwide.

Steffanie Strathdee, PhD, Associate Dean of Global Health Sciences and Harold Simon Distinguished Professor of Medicine at UCSD. She co-directs the Center for Innovative Phage Applications and Therapeutics (IPATH) and is Associate Director of the Global Health Institute. Her focus is on HIV prevention in marginalized populations and she has published over 600 peer-reviewed publications. She leads a multidisciplinary research project on HIV and COVID-19 risk behaviors among drug users on the Mexico-US border.

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Peter Ventevogel, MD, is a psychiatrist and a medical anthropologist. Since October of 2013 he is the Senior Mental Health Expert with UNHCR, the refugee agency of the United Nations. From 2008-2013 he was the editor-in-chief of *Intervention, Journal for Mental Health and Psychosocial Support in Conflict Affected Areas*, published by the War Trauma Foundation. He worked with the NGO HealthNet TPO in mental health projects in Afghanistan (2002 – 2005) and Burundi (2005-2008) and as their Technical Advisor Mental Health in the head office in Amsterdam (2008-2011). In 2011 and 2012 he also worked as psychiatrist with Arq Foundation, the national trauma expert center in the Netherlands. Peter regularly did consultancies for the World Health Organization and the UNHCR in Egypt, Jordan, Libya, Pakistan, Sudan and Syria. He has been course director of several academic short courses such as the course 'Culture, Psychology and Psychiatry' (Amsterdam Masters of Medical Anthropology), and the 'Practice Oriented Course Mental Health & Psychosocial Support in Post Conflict Setting' (HealthNet TPO, the Netherlands).

Lillian Walkover, PhD, is a critical global health scholar, jointly appointed in the Department of Communication and Global Health Program at UCSD. Her research and teaching interests include the production and movement of global health knowledges, postcolonial science and technology studies, health professions training and migration, and qualitative research methods. She received her PhD in Sociology from UCSF, and her postdoctoral training at Drexel University.

Charles Watters, PhD, Professor of Wellbeing and Social Care (Social Work and Social Care), Professor of Wellbeing and Social Care (Sussex Centre for Migration Research), Director of Doctoral Studies (School of Education and Social Work).

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Brenda Wilson, PhD, is a Postdoctoral Scholar and Lecturer for the Global Health Program at UC-San Diego. Her work focuses on structural violence, with emphasis on the historical, social, ecological, economic, and political determinants of health and inequalities. She brings qualitative methods to bear on the causes, patterns, and consequences of illness among disadvantaged populations (e.g., migrants, racial minorities, working poor). Dr. Wilson has conducted photo-ethnographic fieldwork with Haitian farmworkers in the Dominican Republic (2019) and with migrants in India (2010) to understand how health inequalities are produced and experienced and how they might be mitigated. Her current research examines the health trajectories of forcibly displaced migrants from departure to resettlement, including those who cross the US-Mexico border. Dr. Wilson has a PhD in the Medical/Health Humanities from UT-Medical Branch, MA in Environmental Studies from the University of Manitoba, and BS in Human Biology from Texas State University.

Kristin Yarris, PhD, is Associate Professor of Global Studies at the University of Oregon, where she also directs the Global Health Program. Yarris obtained her PhD in Sociocultural Anthropology from UCLA in 2011, and her MPH in Community Health Sciences and MA in Latin American Studies from UCLA in 2004. Yarris's research interests lie at the intersections of Migration Studies and Global Mental Health. Her first book, *Care across Generations: Solidarity and Sacrifice in Transnational Families* was published by Stanford University Press in 2017. Her work has been published in referred journals including: *Culture, Medicine, and Psychiatry*, *Transcultural Psychiatry*, *The Journal of Refugee Studies* and *Ethos: The Journal of the Society for Psychological Anthropology*. Yarris is a Steering Committee member of the Dreamers Working Group at University of Oregon and a founding member of the Anthropologist Action Network for Immigrants and Refugees.