



Resolution Concerning Health of Displaced Persons

Call for Achieving Health Equity Concerning Refugee, Forced Migrant, Displaced and/or Non-Nationalized Persons in the United States.

Adopted by the SOPHE Board of Trustees

February 13, 2019

Whereas, displaced persons are those forced to migrate out of their native country by force (Columbia University, 2018). Individuals covered under this definition include refugees, stateless persons, political asylum seekers, internally displaced persons, and those displaced by environmental, social, or safety causes (Columbia University, 2018).

Whereas, displaced persons are more likely to have suffered from famine, physical illness, severe mental distress, and short or lifelong trauma before resettling in the United States (Gostin & Roberts, 2015; United Nations High Commissioner for Refugees, 2016).

Whereas, SOPHE recognizes that the health and well-being of displaced persons living in the United States is under-resourced and under-represented (Brolan, Forman, Dagon, Hammonds, Waris, Latif, & Ruano, 2017).

Whereas, the United Nations has recognized and included language concerning displaced persons in their Sustainable Development Goals (United Nations High Commissioner for Refugees, 2016). Further, information concerning health effects of forced migration and the impact of the lack of access to healthcare, socioeconomic status, discrimination, education levels, housing, and trauma has been recognized as limited and in need of further data collection (Brolan et al., 2017; United Nations High Commissioner for Refugees, 2016).

Whereas, displaced persons accounted for 13% of the population in 2016 and are documented as foreign-born persons in the United States; with a 60,000-87,000 person increase each year (Connor, 2017; U.S. Census, 2016).

Whereas, 60-70% of displaced persons live in urban or poor income areas with poor job prospects. Additionally, their families are unable to access health care due to their non-citizenship status (Dryden-Peterson, 2016; UNHCR, 2018; USCRI, 2018).

Whereas, children are disproportionately impacted by displacement and may sustain long-term physical, emotional, and psychological consequences (Fayyad & Joshi, 2015).

Therefore, be it resolved, the Society for Public Health Education. Inc. (SOPHE) shall:

1. Urges congress to:
 - a. Support language in health policies to include displaced persons;
 - b. Support policies to improve the health of persons who identify as refugee or those who are considered non-national migrants.
 - c. Provide programmatic support towards initiatives to identify health risks and concerns of the displaced persons populations within the United States.
2. Encourage and support efforts within public health to:
 - a. Include language defining displaced persons and information concerning the health risks they face.
 - b. Encourage better data collection for displaced populations in the United States to track their health risk and specific concerns.
 - c. Support professional training opportunities for health education and public health professionals that focus on working with displaced persons using culturally inclusive methods.
3. Support Advocacy efforts for:
 - a. Increased funding opportunities for initiatives that help supply health resources and access to displaced persons.

Internal activities:

- A. Include information concerning the health disparities those who are displaced face during resettlement.
- B. Support efforts within public health to encourage and support opportunities for those who are displaced as they would for those of racial and ethnic minorities.

References

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