

October 10, 2022

The Honorable Alejandro Mayorkas
Secretary
U.S. Department of Homeland Security
2707 Martin L. King Avenue, SE
Washington, DC 20528

The Honorable Xavier Becerra
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretaries Mayorkas and Becerra:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to urge the Administration to increase research and patient-centered mental health treatment for refugee and migrant populations. Additionally, I urge you to provide for safer medical practices and protections for migrant women.

Migration is a complex process that brings with it many risk factors that can contribute to poor mental health. For example, migration can lead to poor medical care, separation of family and children, homelessness, lack of food and water, xenophobic attacks, poor education, perceived and experienced discrimination, and a high risk of death and injury.¹ “Furthermore, social factors, including cultural bereavement, culture shock, social defeat, as well as a discrepancy between expectations and achievement, and acceptance by the new nation, can all affect adjustment.”² Migrants and refugees are therefore often subject to extreme mental pressure and stress, which has led to an increased prevalence of depression, anxiety, post-traumatic stress disorder (PTSD), and other mental disorders within this population.³ In addition, many migrants and refugees do not receive proper mental health care due to a scarcity of services, barriers to accessing services, and a stigma against mental health care.⁴ On average, one out of three asylum seekers and refugees have depression, anxiety, or PTSD.⁵ Despite this, only about three percent of refugees are referred to mental health services following screening, highlighting a barrier to care for this population.⁶ As such, additional research funding should be designated to create rapid, accessible, and patient centered mental health screening tools and to evaluate the validity, efficacy, and implementation challenges of existing mental health screening tools for refugee and migrant populations to help ensure that proper resources are available for this population. Once the research is complete, there should be additional funding provided for increased numbers of trained mental health professionals who provide evidence-based mental health services for refugees and migrant populations that include

¹ https://journals.lww.com/indianjpsychiatry/Fulltext/2020/62030/Mental_health_of_migrants.3.aspx.

² https://journals.lww.com/indianjpsychiatry/Fulltext/2020/62030/Mental_health_of_migrants.3.aspx.

³ <https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement>.

⁴ <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Refugees.pdf>.

⁵ <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Refugees.pdf>.

⁶ <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Refugees.pdf>.

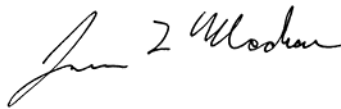
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consideration of the sex and gender factors that could increase the risk for mental disorders in refugee women and girls who experience sexual violence.⁷

The AMA also strongly opposes the performance of nonconsensual, invasive medical procedures, including forced sterilizations of any kind. Informed consent to medical treatment is fundamental in both ethics and law. It is the duty of Department of Homeland Security (DHS) and Department of Health & Human Services (HHS) to ensure the bodily integrity of those individuals within its detention facilities and generally under their purview. In addition, HHS and DHS must ensure that immigrants, including migrants and asylum seekers, do not have medical procedures performed on them without their properly obtained, informed consent. The process of non-coercive, informed consent occurs when communication between a patient and physician results in the patient's authorization or agreement to undergo a specific medical intervention. This includes ensuring that the patient understands the information provided by the physician, especially if there is a language barrier. Moreover, the physician must assess the patient's ability to understand relevant medical information and the implications of treatment alternatives, as well as information about the diagnosis, the nature and purpose of recommended interventions, and the burdens, risks, and expected benefits of all options, including forgoing treatment. The physician must also document the informed consent conversation and the patient's decision in the medical record. As such, we urge HHS and DHS to ensure the medical standards governing the conditions of confinement at its detention facilities meet those set by the National Commission on Correctional Health Care. We also ask HHS and DHS to confirm that it has carefully tracked and fully investigated complaints related to substandard health care, including but not limited to medical, mental health, and dental care, and that appropriate disciplinary action is taken against any individual who is found to be in violation of these standards.

The AMA believes every individual, regardless of immigration status or national origin, deserves timely, accessible, quality health care. As such, we urge HHS and DHS to ensure that proper mental health care is provided to all migrant populations and that when medical procedures are performed, informed consent is obtained first. If you have any questions, please contact Margaret Garikes, Vice President for Federal Affairs, at margaret.garikes@ama-assn.org or by calling 202-789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara".

James L. Madara, MD

⁷ <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html>.