

## **DHEC Responsibilities Related to Refugees**

Dr. Linda Bell, State Epidemiologist with the South Carolina Department of Health and Environmental Control (DHEC), serves as the S.C. Refugee Health Coordinator. Her role is to be a reliable contact to Dorothy Addison ([Dorothy.Addison@dss.sc.gov](mailto:Dorothy.Addison@dss.sc.gov)) at the Department of Social Services (DSS) and coordinate with DHEC staff to meet DSS's needs for refugee health. Dr. Bell attends the Refugee Consultation/Stakeholders meeting on a quarterly basis. Ms. Addison or Bedrija Jazic, director of Lutheran Family Health Services (LFHS) (one of the state's resettlement organizations), coordinates these meetings. They are held at DSS or LFHS. Ms. Addison communicates with Dr. Bell if there are issues for discussion or questions that need to be answered.

Dr. Bell periodically reviews reports of refugees/immigrants. The resettlement organizations keep data on all incoming cases and their health records. They provide general health case management for every refugee that resettles in South Carolina (initial health screening, immunization appointments, etc.). Should data be needed, the resettlement organizations can provide it.

Dr. Bell reviews the Annual State Plan; DSS contacts her each year when this plan needs to be reviewed and resubmitted.

Additionally, there are times when refugees that arrive in South Carolina relocate to a different state to be with family or friends. When this happens, the refugee health coordinator in that state will contact Dr. Bell, who would facilitate the transfer of the refugee's contact information from South Carolina to the new state. This involves providing the refugee's name or alien number to perform a search and the refugee's new address in their new state.

**Tuberculosis (TB):** DHEC's TB Control Program evaluates refugees referred by the U.S. Department of State (DOS) and/or Administration for Children and Families Office of Refugee Resettlement (ORR) for TB disease or infection. The S.C. TB controller, who is a member of DHEC's staff, is first notified by email that a fax notification is being sent regarding a patient(s). Staff in DHEC's central office TB Control program forwards the fax to staff in the appropriate health region for TB evaluation and follow-up. Post evaluation, the region reports back to the central office TB Control program regarding case findings, need for follow-up, medication, contact investigation, etc. This is explained in more detail in the Evaluation of a Refugee or an Immigrant for Tuberculosis (TB) Policy. (*Please see attached*).

**Immunizations:** All public health physicians are authorized civil surgeons. As authorized civil surgeons, DHEC's Dr. Gill Potter and Dr. Melissa Overman assist with refugee services by providing final sign-off on federally required immunizations.

DHEC has provided vaccine products for refugees in the Midlands. We are re-evaluating the need for DHEC to secure vaccines for the Midlands area based on efficiency and changing guidance, but our physicians will still need to sign off on immunization certificates.

**Program Considerations:** Two federally-funded programs – Women, Infants and Children (WIC) and Family Planning – implemented at health departments statewide have guidelines that do not include inquiring about refugee status before delivering service. To meet federal mandates, refugees should not be excluded from receiving those services. For these programs, refugee status is irrelevant, and therefore, asking about it and then excluding refugees could jeopardize South Carolina’s federal Title X funds of \$7,430,498 yearly and WIC funds of \$92,138,979 yearly. These services would not be available to the population that needs to receive them and many jobs would be lost.

From a public health standpoint, this bill would also impact population-based disease investigations, associated treatment to prevent spread of disease, and follow-up on high lead levels in refugee children.