

# Health Guide For Refugees In Minnesota



Minnesota Department of Health  
**Refugee Health Program**  
Division of Disease Prevention and Control

P.O. Box 64975 • Saint Paul MN 55164-0975

Phone: 651-201-5414

Minnesota Relay Service TDD/TTY: 651-201-5797

If you ask, you can get this guidebook in  
large print, Braille, or on cassette tape.

*Printed on recycled paper, with a minimum of 10 percent postconsumer materials.*

# Understanding Minnesota Health Care

We have written this health care guidebook to help refugees in the state of Minnesota. We hope that this book will answer many of your questions about Minnesota health care. We understand that any book may not have all the information you need. If you do not find what you need in this book, call, write, or go to your local health department (see appendix A) for more help.

Many health care words can be difficult to understand. We have used words in this book such as “health care provider” and “refugee health assessment” that you may hear when you receive health care in Minnesota. To help you better understand these words, at the end of the book you will find a glossary with explanations for many of the words. The words that are in the glossary will be in **heavy type** the first time they appear in each chapter.

The English language edition of this book will be used to produce translated editions of this book in the many languages of refugees in Minnesota.

We hope this book will be help you understand Minnesota health care.

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# Welcome to Minnesota

*As you begin your new life in Minnesota, this book will help you and your family understand and learn more about the Minnesota health care system. Health care in Minnesota may be different than health care in your native country, so it may be confusing.*

*This book will give you helpful information on the different health programs available in Minnesota and where you can call or go to for help. There is information to help you when you visit a **health care provider**, (**doctor, nurse**, or other) and lists of different health care needs you might have. We will also let you know the rights and responsibilities you have for your health care.*

*As you read this book, write down any questions you may have about your health care or the Minnesota health care system. You can talk to your resettlement agency, mutual assistance association, county public health agency, or health care provider to help find answers to your questions.*





# Refugee Health in Minnesota



*All refugees  
who come to  
Minnesota  
should have  
a domestic  
refugee health  
assessment  
within 30  
to 90 days.*

1

*Chapter*

## Domestic Refugee Health Assessment

The **domestic refugee health assessment** is the first step to health care in the United States (US). It is a medical exam that you should have within 30 to 90 days after you arrive in Minnesota. It is different from your overseas exam because it is more complete. It is a time to find any health issues you may have that could prevent you from getting a job or going to school. The health assessment will help you with your new life in the US.

Your domestic refugee health assessment includes the following:

- Review of your overseas medical exam
- Review of your health history
- A complete medical exam
- Tests for different infections
- **Immunizations**, or shots, to stop you from getting some diseases
- A skin test to see if you may have **tuberculosis** infection (**TB**)

All refugees who come to Minnesota should have a domestic refugee health assessment. Those seeking **asylum** and **parolees**, such as people fleeing from Cuba and Haiti, should also have a health assessment.

You can get this health assessment from your local public health agency (see appendix A) or the clinic or main person who takes care of your health, your **primary care provider**.

You should bring the following things to your health assessment if you have them:

- Overseas medical records and **X rays**
- Immunization records
- Other medical records
- Medications you may use

If you need someone who speaks your language, an **interpreter**, to help you talk with the **health care provider** (**doctor, nurse**, or other) at your medical appointment, arrangements can be made (see chapter 10).





Minnesota Health Care Programs (see chapter 2) can pay for the cost of the exam.

You will need a medical card so call or go see your county public health agency about getting a medical card (see appendix A). If you are a refugee, do not have medical coverage, and have lived in the US for fewer than 90 days, your clinic may receive payment for the health assessment from the Minnesota Department of Health (MDH). Tell your clinic to call MDH at 651-201-5414 for more information.

If a problem is found during your health assessment, you may be referred to a special clinic for more care. For example, if you are sick with tuberculosis (TB), you may be referred to a TB clinic for more help.

The Minnesota Department of Health is the main place that keeps track of when new refugees (and certain other immigrants) come to Minnesota. County public health agencies arrange for the health assessment and then give the finished paperwork back to the MDH.





# Paying for Health Care in Minnesota



*Some persons  
may get help  
from the  
government  
to pay for  
health care  
while others  
have health  
insurance  
to help  
them pay.*

## 2

*Chapter*

In the US, paying for health care can be very complicated. Some persons may get help from the government to pay for health care while others have health insurance to help them pay. Each person or family must pay for some part of their health care including medical, dental, eye, mental health, and other health care. There are different words explaining the different ways people pay for health insurance:

- **Co-payment**
- **Deductible**
- **Premium**

If you cannot get health insurance from your job, there are some programs the government has that can help you pay for health care.

### **Government Programs**

Many different programs in Minnesota help people get and pay for health care. Each program has different rules for who can use it. There are four programs that refugees can use:

- Medical Assistance (MA)
- General Assistance Medical Care (General Assistance or GAMC)
- Refugee Medical Assistance (RMA)
- MinnesotaCare (MNCare)

### *Getting Health Care*

To apply for medical help call, write, or go to your county human services agency for an application form (see chapter 3). When the county receives your form, they will look at the information on it and compare it to the rules about who can use the county programs. After the county has looked at the information, they tell the state and the state will send you a letter about whether you can use these medical programs. If you are allowed, you will receive a Minnesota Health Care Programs medical card that you must take with you every time you go to the **health care provider, (doctor, nurse, or other).**

If you are not allowed to use these medical programs, there may be other programs in your area offered by public health, community health, and privately funded programs. For a list of these programs in your area, call, write to, or go see your county human services agency (see chapter 3).

### *Medical Assistance*

Medical Assistance (MA) is a program designed to help certain people pay for current and future medical bills. You must not make more money than their limit and must be in one of the following groups:

- Over age 65
- Blind
- Disabled
- With children under age 21
- Pregnant

If you do not make more money than the MA program's limit and do not own lots of things, you may be able to use Medical Assistance. If that is true for you and you are in one of the groups listed above call, write to, or go to your county human services agency for an application.

### *General Assistance Medical Care*

General Assistance Medical Care (General Assistance or GAMC) is a program to help people who are not allowed to use other state or federal programs. If you are allowed to use General Assistance, it will pay for your current and future medical bills. You may get General Assistance if you are in all of the following groups:

- A resident of Minnesota
- Not allowed to get Medical Assistance
- Do not own more things than General Assistance allows
- Do not make more money than General Assistance allows



If you think you are in all of these groups and should be allowed to use General Assistance call, write to, or go to your county human services agency for an application.

### *Refugee Medical Assistance*

Refugee Medical Assistance (RMA) is a medical program the US government has for refugees. To be allowed to use RMA you must do all of the following things:

- Be in the United States eight or fewer months
- Not make more money or own more things than allowed
- Be admitted as a refugee, a person wanting asylum, or an Amerasian
- Provide the name of your resettlement agency to the county human services agency
- Not be a full-time student in an institution of higher learning (a college, university, or school like those) unless it is allowed as part of your state plan
- Follow the work and training rules of Refugee Cash Assistance

Refugees who meet these requirements are eligible for RMA for eight months from their date of entry to the US. If you think you meet the requirements for RMA call, write to, or go to your county human services agency for an application.

### *MinnesotaCare*

MinnesotaCare (MNCare) is a state program that helps pay for health care for people who live in Minnesota and do not have health insurance. People who are allowed to use MNCare pay a certain amount every month for their health care. It is based on how much money they make and how many people are in their family. To be allowed to use MNCare you must do all of the following things:

- Be a Minnesota resident
- Have no health insurance
- Have no way to get the people or company you work for to pay for your health insurance
- Not make more money or own more things than allowed

If you think you meet the requirements for MNCare call, write to, or go to your county human services agency for an application.

## **Other Programs**

### *Prepaid Managed Health Care Programs*

Most persons who are allowed to use MA or GAMC and all persons using MNCare must choose a **health plan**.

In a health plan, there are certain health care providers, such as doctors, dentists, pharmacists, therapists, chiropractors, other health professionals, and hospitals. This group of people takes care of the health of all members in that health plan.

Your bills will be paid by your health plan only if you go to the health care providers (medical, dental, eye, pharmacy, or others) your plan allows you to go see. If you use health care providers who are not in your health plan, you may have to pay the bills yourself.

For MA or GAMC there is no extra money to pay—no premiums, deductibles or co-payments. There are premiums, some deductibles, and co-payments for persons on MNCare.

There are several health plans you can choose from. Your financial worker will tell you which health plans are available in your county. You will get written papers about each of the health plans. Talk with your Voluntary Agency, human services agency, ethnic organization, sponsor, or financial worker about which plan is best for you.

Once you have joined a health plan, the plan will send you a health plan membership card and some information about them. You should take the membership card with you when you visit your health care provider.



### *Emergency Medical Assistance*

Emergency Medical Assistance (EMA) is a program that provides MA to persons who are not citizens of the US and may not be eligible for other types of MA. Undocumented and nonimmigrant persons who do not meet the citizenship requirements for MA or GAMC may receive EMA or Emergency General Assistance Medical Care (EGAMC).

EMA or EGAMC can be used when medical care is needed for the sudden physical or mental problems that cause very bad pain, disability, or death. EMA also covers the cost of having a baby in the hospital.

If you have an urgent medical need and do not have medical insurance, please call, write to, or go see your health care provider for an application for EMA or EGAMC. You will need the following information:

- Something official to prove who you are, like your passport
- Something to show how much money you make
- Something to show if you own lots of things worth lots of money or have lots of money in the bank
- Proof of your pregnancy if asking for help with the costs of having a baby in the hospital

You will not need proof of your immigration or citizenship status. If you think you should be allowed to use EMA or EGAMC call, write, or go to your county human services agency.



# Resources in Minnesota



*There are many resources in Minnesota that help refugees. This is a list of some of them. They can give you information on finding others.*

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*Chapter*

## Chapter Three

### ***Voluntary Agencies (Volags)***

*These agencies sponsor refugees and help them get settled in their new life in Minnesota*

### **Catholic Charities, Minneapolis & St. Paul (USCCB)**

1200 2nd Ave. S.  
Minneapolis, MN 55403  
(612) 204-8500

### **Catholic Charities, Winona (USCCB)**

903 W. Center St.  
Rochester, MN 55902  
(507) 287-2047

### **International Institute of Minnesota**

1694 Como Ave.  
St. Paul, MN 55108  
(651) 647-0191

### **Jewish Family & Children's Service**

13100 Wayzata Blvd., Suite 400  
Minnetonka, MN 55305  
(952) 542-4844

### **Lutheran Social Service of Minnesota**

2414 Park Ave. S.  
Minneapolis, MN 55404  
(612) 879-5258

### **Lutheran Social Services of Pelican Rapids (LIRS)**

30 West Mill  
P.O. Box 867  
Pelican Rapids, MN 56572  
(218) 863-2252

### **Lutheran Social Services Stearns County**

22 Wilson Ave. N.E.  
P.O. Box 6069  
St. Cloud, MN 56303  
(320) 251-7700

### **Minnesota Council of Churches Refugee Services**

122 Franklin Ave. W. #100  
Minneapolis, MN 55404  
(612) 870-3600

### **World Relief Minnesota**

1515 E. 66th St.  
Richfield, MN 55423  
(612) 243-2946

### ***Mutual Assistance Associations (MAAs)***

*Refugees from many countries have programs for their own people. The following is a list of a few of these programs that get some of their money from the Minnesota Department of Human Services. Talk with your Volags or ask people you know about other MAAs in your area.*

### **CAPI**

3702 E. Lake St., Suite 200  
Minneapolis, MN 55406  
(612) 721-0122



## Resources in Minnesota

### **Confederation of Somali Community in Minnesota**

**Brian Coyle Center c/o Pillsbury**

**United Communities**

420 S. 15th Ave.

Minneapolis, MN 55454

(612) 338-8421

### **Ethiopian Community of Minnesota**

1821 University Ave., Suite 229

St. Paul, MN 55104

(651) 645-9668

### **Hmong American Partnership**

1075 Arcade St.

St. Paul, MN 55106

(651) 495-9160

### **Lao Family Community of Minnesota**

320 University Ave. W.

St. Paul, MN 55103

(651) 221-0069

### **Neighborhood House**

179 E. Robie St.

St. Paul, MN 55107

(651) 789-2500

### **Organization of Liberians in Minnesota**

7001 78th Ave. N., Suite 200

Brooklyn Park, MN 55445

(763) 208-5739

### **Oromo Community of Minnesota**

**Brian Coyle Center c/o Pillsbury**

**United Communities**

465 Mackubin St.

St. Paul, MN 55103

(651) 757-3040

### **Other Resources**

*There are other agencies that can help you find help for different things in Minnesota.*

### **Minnesota Department of Human Services**

444 Lafayette Rd.

St. Paul, MN 55101

Information Desk: (651) 431-2000

Toll-free outside metro: (800) 627-3529

Every county in Minnesota has a Department of Human Services whose phone number and address can be found by calling your county public health agency (see appendix A).

### **State of Minnesota Office of Ombudsperson for Managed Health Care**

540 Cedar St.

St. Paul, MN 55164

(651) 431-2660

Toll-free outside metro: (800) 657-3729

The Ombudsperson office is for health care complaints about managed health care programs only.

## Chapter Three

### **Minnesota Department of Health**

Freeman Building  
625 Robert St. N.  
St. Paul MN 55164  
(651) 201-5414

Every county in Minnesota has a Department of Public Health whose phone number and address can be found in appendix A. They can give you more information about the resources available for refugees.

Information for additional organizations serving refugees in Minnesota can be found in the *MAA-CBO Directory* at [www.health.state.mn.us/divs/idepc/refugee/refugeepub.html](http://www.health.state.mn.us/divs/idepc/refugee/refugeepub.html).

# Health Care Providers



*In Minnesota, health care services are offered in many different places and in many different ways.*

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*Chapter*

Most communities offer medical services in the following ways:

### **Primary Care**

Primary care means going to one regular clinic or **doctor** who takes care of your regular health care needs and if necessary, sends you to a different doctor or other **health care provider** (doctor, **nurse**, or other) with special training, a specialist. Primary care should meet almost all of your physical health care needs. Primary care may include shots or treatment for a problem when you are sick. It is a good idea to visit your primary care provider at least once a year. This visit is important to check on your health and keep you healthy, for example, with immunizations.

### **Specialty Care**

Specialty care is seeing a health care provider (a “**specialist**”) who has special medical training to focus on helping people with a specific problem. For example, sometimes a child with many bad ear infections may need to see a doctor who has extra training in the ear. Often your **primary care provider** can help and you do not need this specialty care. This is why your primary care provider usually must say it is OK for you to see a specialist. Specialty care may be completed at a different place than your usual clinic.

### **Public Health Departments**

Some county public health departments provide health services, such as **immunizations** (shots) to prevent disease and treatment for certain diseases like **tuberculosis**. All children starting school must show that they have been immunized or gotten their shots (see chapter 5). These services are free or cheap. Parents should check with their county public health department about immunizations for their children (see appendix A for a list of phone numbers of county public health departments) if they do not have primary care.

### **Private Clinics**

Private clinics often can be found in your neighborhood. Health care providers work by themselves in their own offices or are part of a group of other health care providers in a larger clinic. Most private clinics make you show that you can pay for their help when you first go there. Patients may pay for services through an insurance plan, MA, with cash, or a credit card (see chapter 2).

## **Urgent Care**

Urgent care is care for when your health care provider's office is closed or they cannot see you. Each health plan has its own place to go for urgent care. Look at your health plan's membership directory for where you should go for urgent care.

## **In-Patient and Out-Patient Care**

In-patient care is when a patient has to stay in the hospital overnight. Out-patient care is when a patient gets care at a hospital or hospital clinic without having to stay overnight.

## **Hospitals**

People who need surgery or have very bad illnesses may be treated at hospitals. Health care providers also can send patients with special problems to hospitals for tests or to be watched for health problems. Babies are usually born in hospitals. Some hospitals may make you show how you can pay for their services. For example, you may be asked to show an insurance card. Depending on your illness, you may be sent by your primary care provider to in-patient or out-patient care at the hospital.

## **Emergency Rooms**

Emergency rooms are found inside hospitals. These places are for sudden and extreme health problems that need to be treated right away or problems that might make a person die if he or she does not get treatment soon. You should not go to the emergency room for health problems such as a cold or the flu. You do not need to make an appointment for emergency room help, but you may have to wait a long time after arriving there (see chapter 4).

## **Dental Care**

Dental care is health care for your teeth and gums. A dentist, someone who cares for teeth, gives this care. It may include regular check-ups, cleaning of your teeth, treatment of a toothache or **cavity**, and other dental care services (see chapter 8).



## **Pharmacy**

The pharmacy is a place where you can get the medicine a doctor or dentist prescribed. Sometimes a pharmacy is located inside a hospital or clinic and sometimes they are located in neighborhood stores such as Walgreen's, Wal-Mart, Target, Snyders, and so forth. Some pharmacies will deliver your prescription for a small fee or sometimes for no charge.

## **Public Health Nurses**

A public health nurse is a trained nurse who comes to your home to help you get medical care and understand the health care system in the US. A public health nurse can help explain the importance of immunizations and how to protect yourself from becoming sick. A public health nurse can talk to you about having or caring for a baby, caring for sick children, things in your home or environment that may be a health problem, safety, and other things about your health.

## **School Nurses**

A school nurse is a trained nurse who works in a school. He or she may ask you about your child's immunizations or any health problems. They focus on your child's or children's health for going to or getting ready for school.



# Health Care Visits



*Getting the right care starts with understanding the difference between urgent medical problems and a medical emergency.*

# 5

*Chapter*

## When to Visit the Health Care Provider

In order to get the right medical care, you should understand the difference between *urgent* medical problems and a *medical emergency*.

### Recognizing Urgent Medical Problems

There are many medical problems that need quick medical help even though they are not bad enough to cause you to die. If you have a medical problem like this, you should call your **primary care provider** (the **doctor, nurse**, or clinic that you see for regular care, not the health care provider in the emergency department of the hospital). If you do not have a primary care provider, you should call a hospital emergency department and ask to speak to a nurse.

Urgent medical problems are not emergencies that could cause you to die, but they are serious problems that should not wait. If you have any of the following problems, you should get medical help fast:

- **Fever** (a fever is a temperature higher than 100.4 F or 38 C)
- Ear pain
- **Vomiting, diarrhea**, or stomach pain that will not stop, especially in young or old persons. This can make your body lose fluid or dehydrate, which can lead to worse health problems.
- A cough that will not go away
- Vomiting or coughing up blood
- Pain in your chest, stomach (abdomen), or head that will not go away and suddenly gets worse
- Very bad headaches
- Sudden change in your ability to see, such as seeing two of everything, or losing sight in one eye
- Swelling of legs or arms
- Very fast weight gain or loss
- Not ever being hungry or eating less than usual for a long time
- Blood in your bowel movement or stool
- Pain when using the toilet or urinating
- Any health problem that becomes much worse

Children can also have urgent medical problems. Call a health care provider right away if you see any of the above symptoms or the following problems:

- Fever lasting more than two days
- Ear pain
- Crying, unable to be consoled
- Pulling on an ear or ears
- Very tired, unable to be awakened

These are examples of medical problems that should have help right away. If your problem is not on this list and you do not know if it is urgent, call your health care provider.

### **Recognizing Medical Emergencies**

A medical emergency is a sudden illness or injury that needs care right away. This happens when a person's health problem may cause him or her to die or lose a limb like a finger, arm, leg, or something else. If they do not get help, they could have very bad problems or die. The following are examples of medical emergencies:

- Chest pain or pressure with sweating and shortness of breath
- **Loss of consciousness**, fainting
- Difficulty breathing
- A person may have eaten something poisonous or had too much medicine
- Bleeding that does not stop
- Bad injuries from a fall or accident
- Rape (sexual assault)
- Being beaten by someone
- When someone tries to kill him or herself, a suicide
- The start of **seizures** or **convulsions** or ones that do not stop
- A sudden **asthma** attack that does not stop
- Sudden numbness of or not being able to move (**paralysis**) an arm, leg, or one side of the body
- Loss of vision, not being able to see
- A sudden very bad headache, especially with neck pain or change in consciousness
- A change in mental ability, such as not knowing where you are or who your friends, family, or coworkers are
- When a woman starts to have a baby too soon



In any of these situations, you can get medical help from the emergency medical system.

In most places you can reach the emergency medical system by calling **911** from any phone. Stay calm, speak slowly and clearly, and explain your problem to the emergency person who answers the phone.

That person, the emergency operator, will send an **ambulance**, fire truck, or a special group of people trained for emergencies. As soon as the people arrive they will begin helping the sick or hurt person and will keep helping this person all the way to the hospital.

### **The 911 System**

When you call 911 on a phone, you talk to a special emergency operator who will ask you about your problem. You should remain calm and speak as clearly as possible.

This is an example of how a call to 911 may go:

**Operator:** Hello, 911.

**Refugee:** My name is \_\_\_\_\_. My address is \_\_\_\_\_. I speak \_\_\_\_\_.

**Operator:** What is the problem?

**Refugee:** (Tell what is happening.) There is a medical emergency. Someone is \_\_\_\_\_. We need an ambulance.

If an **interpreter** is available, the 911 operator will get him or her to help you. Make sure you speak clearly into the phone, give the operator your name and address. If you do not speak English, tell the operator what language you do speak. Tell the operator what the problem is and if you need the police, fire truck, or ambulance. Do not hang up until the 911 operator tells you to do so.

The operator will send help to you as soon as possible. 911 is a free call from any phone and should only be used for emergencies.

## **Ambulance Services**

Ambulances provide two types of services for you:

- The people in ambulances have special training in caring for people with medical problems.
- They provide safe transportation to the hospital for people with medical problems.

When you call 911 and tell the operator that you have a medical problem, an ambulance will be sent to where you are as soon as possible.

It is important to remember that ambulances should only be used when their services are needed for an emergency. Ambulance services charge you money that you pay after they drive you to the hospital. Ambulances do not give free rides to clinics or health care provider's offices. Ambulances should be used when there is no other safe way to transport the sick person to the hospital.

## **Emergency Room Visits**

If you go to a hospital emergency room to be seen for your medical problem, there are many things that may happen to you while you are there:

- A nurse at the front desk will ask you about your problem.
- You will have your **temperature, pulse,** and blood pressure taken.
- You will be seen right away by a health care provider if you have a very bad problem that cannot wait.

You may have to wait if your problem is not very bad. Emergency departments do not take appointments, and sometimes you may have to wait if other patients come in with a problem that is more serious than yours is.



## C h a p t e r F i v e

Once you are taken in to see a health care provider, you will be given a special piece of clothing (a gown) to change into, if necessary. Usually, a nurse will see you first to ask you about your problem. Then a doctor will see you.

After you have been examined, more tests, such as blood samples or X rays, may be needed. Once these tests are finished, you will be told what they learned from the tests and how to care for your medical problem.



# Preventative Health Care



*During  
your health  
screening  
you will be  
tested for  
communicable  
diseases  
such as TB,  
hepatitis B,  
and intestinal  
parasites.*

# 6

*Chapter*

## Communicable Diseases

Communicable diseases are sicknesses that can pass from one person to another. Communicable diseases can be spread in many ways. Here are a few examples:

- Diseases that pass through the air, called airborne diseases. **Tuberculosis (TB)** is an example.
- Diseases that pass when you have sex with an infected man or woman. These are called **sexually transmitted infections (STIs)**. **Syphilis** and **HIV** are examples.
- Diseases that pass through food that is under-cooked, raw, or has infection. The symptoms may be **diarrhea** or **vomiting**.
- Diseases that pass through water that has unhealthy germs in it.
- Diseases that pass through insects such as mosquitoes or ticks.

During your **domestic refugee health assessment** you will be tested for communicable diseases such as TB, **hepatitis B**, and intestinal **parasites**. If a **health care provider (doctor, nurse, or other)** discovers that you have one of these diseases, or that you might have one, you will need more medical care.

The following are some communicable diseases that are more common to refugees. This information explains the diseases and tells simple ways we can stop them from spreading.

### **Tuberculosis (TB)**

Many refugees come from countries where TB is common. TB can be in your body as **tuberculosis infection** or **tuberculosis disease**. Both of these are treatable and preventable. The domestic refugee health assessment will screen you for TB infection.

If you have had a BCG vaccination for TB disease, tell your health care provider right away. A BCG vaccination may affect your response to the TB skin test.

If you have had a BCG vaccination in the past, you will still need to be tested for TB in the US.



These are the ways health care providers can test you for TB:

- **Mantoux Skin Test**—A very small amount of liquid is put in your arm under your skin with a needle. After two days, you return to the clinic and the health care provider will look at your arm to decide if the Mantoux skin test is positive. (A positive test means that you may have TB bacteria in your body. This is called TB infection.) You will need more tests if your Mantoux test is positive.
- **Chest X ray**—You may need a chest X ray to determine if TB bacteria in your body are causing TB disease in your lungs.
- **Sputum Culture**—You may need to cough **sputum** from your lungs into a cup for testing to see if there is TB bacteria in your lungs.

If tuberculosis disease in your body is not found and treated, you can spread it to other people or cause yourself serious health problems.

### *Preventive Medicine for TB*

If your skin test for TB is positive, it is important to rule out TB disease. Your health care provider may recommend a chest X ray to see if you have TB disease in your lungs. If your x-ray is normal, your health care provider may start you on preventive therapy medicine. The medicine helps to prevent the TB bacteria in your body from becoming active and making you sick with TB disease. It is very important to finish all of this medicine. This can lower your chance of getting TB disease in the future. You will have to take your medicine for six to 12 months, depending on your diagnosis and age. If you develop any problems from taking the medicine, talk to your health care provider right away.



### *Preventing the Spread of TB*

Here are simple ways we can stop TB from spreading:

- Know the following signs and symptoms which might indicate TB: generally not feeling well, coughing, sweating at night, chills, fever, being tired, not wanting to eat, or losing weight.
- If you have any of the TB signs or symptoms in you, go to your health care provider right away.
- If you see any of the TB signs or symptoms in those around you, have them go to a health care provider right away.

If you are told you have active TB, be careful not to pass it to people around you. You can do the following things:

- Keep away from other people until you have been taking medicine long enough so you cannot spread the disease. (Ask your health care provider how long this is.)
- Cover your mouth with a tissue when coughing.

### **Immunizations**

**Immunizations**, or **vaccines**, are an important part of the refugee health assessment. If you have not had immunizations, you may get diseases you do not have to. Immunizations are for children and adults. They protect you from getting diseases. Be sure to ask your health care provider about what vaccines you may need. You will need to get the appropriate shots before you can get your green card.

The following are some diseases for which we have vaccines.

### *Diphtheria, Tetanus, and Pertussis (DTaP)*

Diphtheria, tetanus, and pertussis are deadly diseases. Symptoms of diphtheria include **fever** and difficulty breathing, which can cause death. Tetanus, or lockjaw, goes into the body through a wound and attacks the nervous system. Pertussis, or whooping cough, can cause pneumonia, severe coughing, and brain damage.



### *Haemophilus Influenzae Type B (Hib)*

Hib is a bacteria that causes many diseases from which people can die. Meningitis and epiglottitis, a swelling of the windpipe, are caused by Hib. These diseases can spread fast.

### *Hepatitis B (Hep B)*

The disease is spread by blood or through having sex. This illness can lead to cirrhosis and liver cancer, both of which people can die from.

### *Measles, Mumps, and Rubella (MMR)*

Measles, mumps, and rubella diseases can be relatively mild in childhood, but in rare cases can cause people to die. Measles causes a rash and cold-like symptoms, but can cause blindness, pneumonia, encephalitis, and death. Mumps causes fever, swollen glands, and occasionally meningitis and deafness. Rubella, or German measles, results in a rash and fever. In pregnant women, rubella can lead to serious problems for the baby.

### *Polio*

Polio is a virus that causes muscle pain, difficulty breathing, and occasionally paralysis. Because of the vaccine, there is almost no polio in the US.

### *Varicella (Chicken Pox)*

Chicken pox is a very easy-to-spread sickness with an itchy, blistering rash. It is usually not dangerous, but can lead to pneumonia, encephalitis, or infection in open sores.

## **Hepatitis B**

This can harm the liver. Some people have hepatitis B for many years without any symptoms. People can contract the hepatitis B virus in many ways:

- From their mothers when they are being born
- Through sex
- By touching the blood or open wounds of someone with it
- Being close to someone in your home who has it
- Using unsterilized needles in things such as acupuncture, tattooing, ear-piercing, and illegal drug use



### *Prevention of Hepatitis B*

Your health care provider can test your blood to find out if you have hepatitis B. If you or a family member has it, other family members need to be tested. Your health care provider may recommend a vaccine to protect people who have never had the virus.

You can prevent getting hepatitis B by doing the following:

- Use a condom every time you have sex.
- Do not share needles or body-piercing or injecting instruments when blood will be present.
- Get the hepatitis B vaccine.

### **Intestinal Parasites**

If the refugee health assessment tests find intestinal parasites in your stool, or bowel movement, medical care may be required. You should take all of the medicine until it is gone even if you feel better.

### *Prevention of Parasitic Infections*

You can prevent getting intestinal parasites by doing the following:

- Washing fresh fruits and vegetables before eating
- Cooking foods thoroughly

### **Sexually Transmitted Infections**

Sexually transmitted infections (STIs) are infections that can be passed during sex with another person. STIs may not have any signs or symptoms. You can pass a disease to another person because you do not know you have an infection. If the infection is not treated, you can have bad problems later. To find out if you have an STI, talk to your health care provider about tests.

If you or your partner have had sex with more than one person, you should be tested for STIs such as HIV infection, syphilis, **gonorrhea**, **chlamydia**, and viral infections. These may cause very bad health problems if they are not treated.

### *Prevention of STIs*

To stop spreading STIs, you can do the following simple things:

- Do not have sex.
- If you have sex, have sex with only one person.
- Use a latex condom each time you have sex.
- Use spermicide, creams, or jellies containing nonoxynol-9 along with a condom.

### **Human Immunodeficiency Virus (HIV)**

HIV is the virus that gives people acquired immunodeficiency syndrome (**AIDS**). This virus weakens the immune system. Many HIV-infected persons don't have symptoms, but can pass the virus on. HIV is a sexually transmitted infection and is spread when infected blood, semen, or vaginal fluids enter the body, or by sharing needles for injecting drugs. HIV is not transmitted through donating blood, kissing, holding hands, or being near a person who has HIV.

A person with HIV infection may have no symptoms for months or years. As the immune system weakens, symptoms of HIV will begin to appear. The following are some symptoms which may indicate HIV:

- Swollen lymph glands
- Fever
- Night sweats
- Severe fatigue
- Weight loss

If you have symptoms of HIV infection, see a health care provider right away. There is no cure for HIV infection or AIDS, but there are medical treatments and drugs that can make you feel better and may help you from becoming ill. Infected, pregnant women can also take medicine to reduce the chance of infection in their newborn babies.



### *Prevention of HIV*

Here are some things you can do so you are less likely to get HIV:

- Do not have sex or abstain. This is the only sure way of not getting the HIV infection that is passed by having sex.
- Use latex condoms along with a spermicide containing nonoxynol-9.
- Do not share needles for injecting drugs.

### **Chronic Diseases**

Diseases such as diabetes, heart disease, **asthma**, and **cancer** require ongoing care and are called chronic diseases. Your health care provider can help you live with a chronic disease by giving you help with medicine and food choices and seeing you more often. Some common chronic diseases are listed below.

#### *Diabetes*

Diabetes happens when the body is not able to take in and use glucose, a type of sugar.

#### *High Blood Pressure*

High blood pressure, or hypertension, may cause a stroke or heart attack in people who feel healthy.

#### *Prevention of Chronic Disease*

Many chronic diseases can be prevented by exercising regularly and keeping your weight at the right level for your height. It is very important to have regular visits with your provider who can test you for chronic diseases.

## **Injury**

Injuries can happen any time to you or a family member. Many injuries in the US are due to the following reasons:

- Car crashes
- Motorcycle or bike injuries
- Domestic violence, being beaten or hurt by someone you live with
- Guns
- Electrical shock
- Fire
- Choking
- Suffocation
- Drowning

### *Prevention of Injuries*

You can help prevent injuries by doing the following things:

- Always wear a seat belt when driving or riding in a car; children should be in special car seats.
- Always wear a helmet when riding a motorcycle or bike.
- Tell the police when someone in your home beats or hurts you. This is called domestic violence and it is against the law in the US.
- Remove guns from the house, store bullets and guns in separate places, and keep bullets and guns locked away from children.
- Do not use electrical appliances near water and replace frayed or worn electrical appliances.
- Do not smoke near things that can catch fire easily.
- Remove all things that children may suffocate or choke on.
- Do not leave children alone in bathtubs or swimming pools even for a second.







# Pregnancy: Having a Baby



*Your health care provider will tell you about classes where you will learn what do to and what to expect when you go to the hospital to have the baby.*

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## Prenatal Care

There is medical care for you when you are having a baby. If you miss a **menstrual period**, your monthly bleeding, you may be pregnant, or going to have a baby. You need to go to a **health care provider (doctor, nurse, or other)** or clinic.

This care for you and your baby is called **prenatal care**. You will see your health care provider nine to 13 times before your baby is born. This care is very important. These visits help keep you and your baby healthy. Plan your medical care as soon as you know you are pregnant. Your health care provider will talk to you about how your body is changing and how your baby is growing. Tell them how you are feeling. Ask them any questions you may have. A painless test called an **ultrasound** is sometimes necessary to make sure your baby is healthy.

If this is an unplanned pregnancy, there are choices you can make. These choices can be talked about with your health care provider.

If you do not have health insurance, you may need to apply for Medical Assistance. There may be other programs such as **Women, Infants & Children (WIC)** or food stamps that can help you get healthy food for you and your baby. Call, write to, or go see your county health department to learn more.

Your health care provider will ask you to stop doing certain things when you are pregnant that can hurt your baby. For example, when you are going to have a baby, you should not do these things:

- Smoke
- Drink alcohol
- Use street drugs (illegal drugs)
- Take any medicine, herbs, or plant material without talking to your health care provider

Call your clinic about any health problems like these listed that may mean something is wrong with you:

- Blood coming from the area the baby comes out (called vaginal bleeding)
- A very bad headache

- A painful or sore stomach
- **Vomiting**
- Swelling of your hands and feet (called edema)
- A flu or cold close to the time your baby is supposed to be born

Your health care provider will tell you about classes where you will learn what do to and what to expect when you go to the hospital to have the baby. These are called childbirth classes. At these classes, they will talk about where in the hospital you will have the baby; keeping the baby in the room with you once he or she is born, called **rooming in**; who is allowed to visit and hold your baby; and how soon after you have the baby you can begin feeding the baby milk from your breast or **breastfeeding**. If you have a boy, your health care provider will ask you if you want him to have a **circumcision**.

### **The Birth of Your Baby**

Most women try to have their babies at the hospital. There are signs that tell you it is time for the baby to come out or that your **labor** has begun:

- You have water coming from the place your baby will come out, your vagina. The baby lives in a special sac inside of you when you are pregnant. When your “water breaks” you must call your health care provider right away.
- You feel like your stomach is being squeezed very tight, over and over. This may hurt. These are called **contractions**. They may happen every 15 minutes to every three or four minutes. You must call your health care provider when these pains start.

When you have your baby, you may stay in the hospital one to five days.

### **Breastfeeding**

Breastfeeding is the best way to feed a baby. It is very healthy for the baby, and it helps a new mother and baby become closer to each other. New mothers should eat many different healthy foods and drink six to eight glasses of water each day. The new mother and the baby need this food to stay strong and healthy while breastfeeding. A new mother needs to sleep. Make sure you try to sleep when the baby sleeps. If you are having a hard time trying to breastfeed your baby, ask your health care provider for help.



A new mother can get pregnant while breastfeeding. Her body may not be ready for another pregnancy now. Talk to your health care provider about how to not get pregnant.

### **After Your Baby Is Born, Postpartum**

A new baby needs to see a health care provider one to two weeks after he or she is born. This is called a **well-baby visit**. The new mother needs to see her health care provider two to four weeks after the baby is born. It is called a **postpartum visit**. You will need to make an appointment for these two medical examinations.

### **Postpartum Depression**

Many new mothers feel sad or depressed, cry easily, or are very tired. These feelings are because the new mother is not getting much sleep. It does not mean you do not love your baby. If you have some of these feelings, you may want to talk to the baby's father, your family, a friend, or your health care provider. These feelings are common among many new mothers.

### **Frequently Heard Pregnancy Terms**

New mothers spend lots of time with health care providers. There are many different words used by health care providers when a woman is pregnant and having her baby at the hospital. Some of these terms are explained at the end of this book in the section called the glossary. Here are a few examples:

- **Due date**
- **Cesarean delivery** or **c-section**
- Circumcision
- **Placenta/afterbirth**
- **Umbilical cord**
- **Uterus**

If your health care provider uses words you do not understand, do not be afraid to ask him or her what a word means.

# Dental and Eye Care

*Keeping  
your teeth  
and eyes  
healthy  
is very  
important.*



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## Dental Care

Keeping your teeth healthy is very important. If you do not brush and clean your teeth, they will become unhealthy and may fall out. All children and adults should take care of their teeth. In the US, you may be able to keep your teeth your whole life if you take good care of them.

There are many things that you can do to keep your teeth healthy:

- Brush your teeth several times a day with a soft toothbrush that has good bristles.
- Buy and use toothpaste that has **fluoride** in it. Fluoride can help keep your teeth healthy.
- Use dental floss on your teeth regularly.
- Get regular dental examinations.

### *Dental Examinations*

You should have your teeth cleaned and a dental examination every six months. You will need an appointment. During the dental cleaning and examination, you will be taken care of by a dental hygienist and a dentist. Dental hygienists take X rays of your teeth, clean and floss your teeth, and help teach you the right way to brush and take care of your teeth. Dentists are doctors who take care of teeth. Children and adults should have their teeth cleaned and have dental examinations.

The dentist will look carefully at your teeth after the dental hygienist has cleaned them. The dentist will check for things like **plaque, cavities, toothaches, and gum disease.**

Sometimes our teeth do not grow straight or we have too many teeth. There are many ways your dentist can help fix and straighten your teeth. Talk to your dentist about this kind of help.

### *Preventing Tooth Decay*

Adults and children can have their teeth go bad. This is called tooth decay. It happens when bacteria grow and destroy your teeth. You can prevent tooth decay by brushing your teeth several times a day and flossing once a day.

### *Baby Bottle Tooth Decay*

Parents sometimes put children to bed with a bottle of milk or juice. This can help bacteria to grow in the mouth and decay teeth. It is important to make sure your child has a clean mouth at bedtime. These are some things you can do instead of giving your child a bottle at bedtime:

- Give your child a pacifier (also called a soother or Nuk)
- Tell your child a story
- Sing to your child
- Give your child his or her favorite blanket or toy

If your child must have a bottle, you can add water to the milk. Each night for one week, you should add more water and less milk. By the end of the week, the bottle will be only water. Water will not hurt your child's teeth at night.

Talk to your dentist for ways to get your child to stop using a bottle at bedtime.

Adapted from the script of “*Baby-Bottle Tooth Decay in Hmong Children*,” CUHCC, 1997.

### **Eye Examinations**

You should have an eye doctor look at your eyes every two years to help stop eye disease from starting. People who are sick with diseases such as diabetes and high blood pressure may need to have eye examinations more often. Children also can have eye problems and should have eye examinations before starting school.

During your eye examinations, the eye doctor will check your eyes and to see if you need glasses. The eye doctor may place medicine in your eyes to check for several eye diseases including **glaucoma**, **cataracts**, and problems with the part of your eye called the **retina**.

Two kinds of eye doctors, called **optometrists** and **ophthalmologists** (medically trained eye doctors) can do your eye examinations. Optometrists work in stores that sell glasses and private clinics. They can tell by examining your eyes if you need glasses or have any eye diseases. If an eye disease is found, they can send you to an ophthalmologist for more help.



### *Glasses and Contact Lenses*

If you need glasses, you will need to go to a store that sells glasses, called an optical store. Some large stores that sell many things, called department stores, also have optical departments. At an optical store or department store optical department, you can pick out glasses and have the lenses made specially for your eyes. If you want contact lenses (special lenses that go right on your eyeball to fix your vision), you also can get them at these stores or at an ophthalmologist's office. Some health insurances only pay for glasses and not for contact lenses.

Here are some suggestions for keeping your eyes healthy:

- Have an eye examination every two years.
- Wear protective glasses to keep your eyes safe when you need to at work.
- Use any eye drops that your eye doctor gives you.
- Wear sunglasses with special protection from the sun, called **ultraviolet protection**.
- If you have diabetes or high blood pressure, see your **health care provider**, (**doctor, nurse**, or other) and follow his or her advice about taking your medicine.
- Do not wear someone else's glasses.



# Mental Health



*In the US,  
there are  
services for  
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The way people think about **mental health** in the US may be different from what you knew in your homeland. In some countries, people think getting help for mental health reasons means you are “crazy.” In the US, there are services for people with long-term mental illnesses and for people who are feeling bad about difficult times in their lives. These problems are often helped with medicine or being able to talk to someone who knows about these kinds of problems.

If you have had a mental illness and were in a hospital or took medicine for it in the past, tell the **health care provider (doctor, nurse or other)** during your health screening examination. If you have any medicine bottles or health care reports, show them to the health care provider, even if they are not in English. (A trained health care interpreter can help the health care provider understand what the medicine containers say.) It is important to continue your treatment if you have a mental illness.

### **Getting Help for Problems with Feelings**

Since you have come to Minnesota, you have had many changes in your life. You have left your homeland. You may have left family members. You have left a place where you knew the language, customs, and traditions. It is normal for you to have many different feelings about coming to the US as a refugee.

Some refugees come to the US with dreams of a new life that will be easier and safer than the lives they had back home. Moving to a new country though is difficult because of all the changes. This may cause many different feelings: disappointment, sadness, anger, loneliness, fear, confusion, or despair. You may have felt some of these or had other strong feelings. These are normal.

Many refugees have had very bad things happen to them in the past or have seen very bad things done to other people. It is normal that these things can bother you even many years after they have happened.

Sometimes feelings can be uncomfortable or confusing. When they are very strong or difficult to talk about you may not feel healthy, may act different than normal, or have problems doing things you normally do easily. Sometimes people do not want to talk with others about these difficult feelings. You may not want to complain, to make others feel bad, or have someone not understand why you feel so bad. A **mental health professional** is someone who can help you.

Most refugees have never asked for help from a mental health professional before. When they needed help, most people could talk to a close family member, a trusted friend, or a respected community or religious leader. Coming to the US as a refugee often takes you away from these people who helped you in the past.

Everyone has one of the problems listed below at some point. But if you have many of these problems or have even one that gives you trouble and makes it hard to get through the day, tell someone so you can get help.

## **Problems You May Have**

### *Sleep Problems*

- Not being able to fall asleep at night
- Not being able to sleep through the night until morning
- Not being able to go back to sleep after waking up at night
- Being awakened at night by bad dreams or a nightmare
- Wanting to sleep all of the time

### *Appetite Problems*

- Not feeling hungry
- Only eating if someone makes sure you do
- Losing weight, noticing that your clothes are too loose
- Feeling hungry all the time
- Eating more food than you need
- Gaining weight, noticing that your clothes are too tight



*Problems with Your Nerves*

- Feeling shakiness inside
- Having body tremors or shaking
- Sweating a lot
- Your heart pounding so you can feel it in your chest
- Tightness or heavy feeling in your chest
- Feeling as if you are choking
- Feeling as if you cannot get enough air to breathe
- Feeling as if there is something crawling on your skin
- Feeling as if you are going to die

*Problems with Your Mood*

- Feeling sad all the time
- Crying a lot
- Feeling irritable, feeling angry about things that did not bother you before
- Arguing and yelling more with the people you see every day
- Wanting to be alone more than you used to
- Avoiding others more than you used to
- Sighing a lot
- Feeling numb, as if you do not have any feelings anymore
- Feeling hopeless, as if there is nothing you or anyone can do to help your life get better
- Wishing that you would die and thinking about ways to end your life
- Not getting out of bed in the morning to do the things you need to do
- Not having the will to do simple daily tasks
- Feeling confused
- Losing interest in sex
- Feeling worthless

*Problems with the Way You Are Thinking or Behaving*

- Being more forgetful than usual
- Feeling like someone is out to get you
- Losing things more than usual
- Forgetting to finish things you start
- Not being able to remember information you should know

## Mental Health

- Not being able to complete simple jobs because you cannot think about or remember what you are doing
- Not being able to read, watch TV, or listen to the radio because you cannot pay attention or sit still
- Not being able to learn and remember new information
- Having thoughts and memories that you cannot control
- Hearing things but when you check, finding no one is there
- Having time go by without knowing how you spent that time

If you or a family member is having some of these problems, talk about them with your health care provider. These feelings are all normal and possible responses to things that happened to you in your homeland, in your travel to the US as a refugee or in getting used to your new life here. In Minnesota, there are programs that help refugees with these kinds of feelings and problems. Mental health care providers have been trained to understand these feelings and problems. Many understand your customs and beliefs. You may have survived a lot of suffering and still feel that suffering. If you are having a hard time getting through the day, let someone know so that you get help to feel better.

### Places to Get Help

Here is a list of some programs in the Minneapolis-St. Paul area that help refugees with these kinds of problems:

#### **Chicanos Latinos Unidos en Servicios (CLUES)**

797 East 7th St.  
St. Paul, MN 55106  
(651) 379-4200

720 East Lake St.,  
Minneapolis, MN 55407  
(612) 747-3500

#### **Community University Health Care Center (CUHCC)**

2001 Bloomington Ave. S.  
Minneapolis, MN 55404  
(612) 638-0700

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### **Hennepin County Medical Center (HCMC)**

701 Park Ave.  
Minneapolis, MN 55415  
(612) 873-3000

### **HealthPartners Center for International Health**

451 North Dunlap St.  
St. Paul, MN 55104  
(651) 647-2100

### **Wilder Foundation**

451 Lexington Parkway N.  
St. Paul, MN 55104  
(651) 280-2000

### **The Center for Victims of Torture**

649 Dayton Ave.  
St. Paul, MN 55104  
(612) 436-4800

# Health Care Interpreters



*The interpreter's job is to say everything just as you said it to your health care provider and then say everything the health care provider said back to you.*

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If English is not the language you grew up speaking, you may need someone to help you talk to your **health care provider (doctor, nurse, or other)**. Someone who does this is called an **interpreter**. He or she speaks English and your language very well and may have special training in health care interpreting (explaining what is being said between two people who speak different languages). The interpreter's job is to say everything just as you said it to your health care provider and then say everything the health care provider said back to you. People who interpret in health care settings are trained in medical terms, keeping things private, and giving good service to you and your health care provider.

Professional interpreters must keep all information private. They cannot speak to anyone about your health, medical treatment, or medical appointments. Interpreters must not share their own thoughts, beliefs, advice, or answers about your health. It is your job, not your interpreter's, to ask your health care provider questions about your health if there is something you do not understand. The interpreter can help schedule future appointments. You should not ask your health care interpreter to help you with other needs such as transportation or finances.

## **Tips to Help You Communicate Better When Using an Interpreter**

### *Asking for an Interpreter*

The person who makes an appointment for you should always tell the person who answers the phone at the health care provider's office that you will need an interpreter and what language you speak. If an interpreter is not asked for when the appointment is scheduled, when you get to the health care provider's office or clinic you may have to make a different appointment for a later date. You can also ask for an interpreter by calling your health plan's member services.



### *Using a Friend or Relative*

Although the law says places providing health care must have interpreters, some do not have them. They may expect you to bring along a family member or a friend as an interpreter. Using family members or friends as interpreters can prevent you from getting good health care because friends and family may not have the special skills and knowledge about medicine that you will need. Friends and family may make mistakes that could cause bad problems. Also, friends or family may find it hard to tell you everything the health care provider says, especially if it is very personal or bad news. Children should never be used as health care interpreters. This is hard for the child and you.

### *Your Rights*

By law you have a right to a trained interpreter provided by the place where you are getting health care. They cannot refuse to care for you because you do not speak English. If the place where you are getting health care says you must bring your own interpreter, you can do many things.

- Remind the place where you are getting health care of your rights and what they are supposed to do.
- Call your resettlement agency or ethnic organization to ask for help talking with the place where you are getting health care about your rights.
- File a complaint with the Federal Office of Civil Rights. Their phone number is 1-312-886-2359. You do not have to give your name to this office and filing a complaint will not cause problems with your future medical care. This office will provide a phone interpreter for you to report your complaint.

Adapted from “*Guidelines for Working with Interpreters*,” Bruce Downing, University of Minnesota.



*Here are some tips to help you communicate better when using an interpreter:*

- Always ask questions if you do not understand something or if the information you heard is unclear.
- Speak directly to the health care provider, not the interpreter.
- Ask the interpreter to write down prescription or treatment instructions for you.
- Do not say anything to the interpreter that you do not want your health care provider to know. The interpreter is required to repeat everything that is said by both you and the health care provider.
- Ask the interpreter medical questions only when the health care provider is present.
- Do not ask the interpreter for his/her opinion. The interpreter cannot give personal advise.
- Do not ask the interpreter to help you make decisions.

# Rights and Responsibilities



*As you learn more about health care in the US, you can help teach about health to members of your own community.*

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In the US it is important to know what your rights are as a person using health care and what you must do or know when getting health care.

### **You Have These Rights**

- To be treated with respect at all times.
- To be able to use the health care services you need 24 hours a day, seven days a week. This includes emergencies.
- To be told about your health problems. There may be times when you will be asked to sign your name on a legal document (give written consent) to have certain medical things done, such as surgery. Your **health care provider**, (**doctor, nurse**, or other) will explain this to you, if it is needed.
- To get information about treatments and how they will help or harm you.
- To say no to a treatment and get information about what might happen if you do say no.
- To know that your health care provider will keep your records private. Everything you tell the health care provider and an **interpreter** is private.
- To file a complaint with your health plan office or the Commissioner of the Minnesota Department of Human Services, or the Department of Health about the care or services you get.
- To a clear explanation of what nursing home and home care services your health plan will pay for.
- To give written instructions about your medical care in the event of life-threatening conditions; this is called a living will.
- To choose where you will get help planning to have or not have a baby.
- To get a second medical opinion for medical, mental health, and **chemical dependency** services.

Besides the information listed above, even if you cannot pay, you also have the following rights:

- To be treated well at all times.
- To bring a family member or friend along to your appointments to serve as an advocate, someone who can speak up for you if you feel confused or overwhelmed.
- To teach health care providers about your traditional health care practices and how you care for yourself; this includes telling them about all the medications you are taking.

- To use the services designed for you, such as interpreters, transportation, and special clinics.
- To speak up about services that do not meet your needs.

### **You Are Responsible to Know These Things**

You must know the following information. Knowing it will help you get the services you need. (Often this information is given to you as part of the member handbook of the health plan that you belong to.)

#### *What If I Have an Emergency?*

- If it is an emergency that may cause you to die or lose part of your body such as an arm or leg, call 911 or go to the nearest emergency room.
- If you can, call your health care provider or clinic and they can help you decide what to do.

#### *What Should I Do If I Get Sick or Hurt When I Am Out of Town?*

- If you get sick or hurt while out of town, go to the nearest clinic or hospital for care.
- If you need to stay in the hospital, ask the hospital to call your health plan to make sure the costs will be paid for.
- If you are going to be out of town for more than a few days, call your health plan about how to get health care.

#### *How Do I Make an Appointment?*

- To make an appointment with your health care provider for any routine care or illness, call the clinic where you usually go. This is called your primary care clinic.
- If you have not yet gone to your primary care clinic, call and make an appointment so that your clinic has a record of you and your health.
- If you are hurt or become sick very fast, try to call your clinic before you go in for help.
- Tell your primary care clinic if you must change or cancel an appointment.
- If more than one family member needs to see the health care provider, make an appointment for each person.
- Your clinic will tell you about medical test results. Call your primary care clinic if you have concerns or questions.



### *Can I Always See My Own Health Care Provider?*

- You will be able to see your own health care provider most of the time, but sometimes he or she may not be available.
- If you have to see a health care provider, and you cannot wait until your own health care provider has time to see you, you may be asked to see another health care provider.
- If you wish to change health care providers, your primary care clinic will help you.
- If you wish to change clinics, your health plan will help you.

### *Making an Appointment to See Your Health Care Provider*

These things will help you to make an appointment to see your health care provider.

#### *Things You Should Do*

- Give your name: “My name is \_\_\_\_\_.”
- Tell the person who answers the phone if you speak little or no English.
- Say why you are calling: “I would like to make an appointment with doctor or nurse \_\_\_\_\_ for \_\_\_\_\_.”
- Tell the person on the phone what you are most sick with. If you are very sick, tell him or her.
- When your appointment has been set up, repeat the date and time of it to the person on the phone to make sure that you have the right information.
- Call the health care provider’s office if you must cancel an appointment or if you are going to be very late.

#### *Things You Should Not Expect*

- Do not expect to speak to the health care provider when you phone for an appointment.
- Do not expect the health care provider to come to your home to see you.
- Do not expect to see the health care provider the day that you phone for an appointment unless you are very sick.

### *What If I Need Help Getting There?*

If you receive Medical Assistance (MA), General Assistance Medical Care (GAMC), or MinnesotaCare (MNCare) you may be able to get help to pay for trips to your health care provider. MNCare will pay for trips to the health care provider for children younger than 21 and women who are going to have a baby. MA and GAMC will pay for trips to the health care provider for persons using these programs.

If you drive your own car or have a friend or relative drive you, the county (MA or General Assistance) or the state (MNCare) will pay for how many miles you have driven and how much it costs to park. You will need to pay first but will get the money paid back to you. Ask your financial worker for the form called “Request for Medical Trip Payment.” Fill out the form, attach any receipts you may have, and return the form to your financial worker. You will not be paid until the human services agency has determined that you are allowed to be paid for parking and how many miles you drove.

If you use MA or GAMC and are in a health plan, the health plan may be able to arrange for your rides to the health care provider.

- You must be a member of one of the health plans.
- You will need to ask for a ride five to seven days before your appointment. Exceptions may be made for same day or **urgent care** appointments.
- The health plan will arrange free nonemergency rides to the health care provider if you do not have a ride to your appointment.
- You can have rides to appointments that your health plan pays for. These are for the health care provider, chiropractor, eye care, dentist, physical therapy, and in some cases, chemical dependency treatment.
- The health plan will arrange the kind of ride you need. The ride will be either on the bus, in a taxi, or in a private car.

If you have questions regarding rides to a health care provider, contact your county human services agency or the Department of Human Services for assistance (see chapter 3).



## Cultural Sensitivity

In the US, not all health care providers will know your culture's health practices. When you visit a health care provider, it will be a good time for you to teach him or her about what health means in your culture. Be patient with all the questions that the health care provider asks. It is his or her way of finding out how they can help.

Always tell your health care providers about all of the medicine you take, even traditional or home medicines. These traditional medicines may cause problems with medicine that your health care provider tells you to take. If you need the information about the medicine your health care provider tells you to take translated, be sure to ask for them to be translated.

If you are not satisfied with how you are cared for, you should talk with the person whose job it is to help patients at the health care facility. If that is not helpful, you can call the Department of Human Services **Ombudsperson** (see chapter 3).

These are some very important things to remember when using the US health care system:

- It is important to arrive early for your appointment. Arriving late may mean the health care provider cannot see you, and you will have to make another appointment. Appointment times are very important in the US.
- You may ask to see a health care provider that is a woman if you are a woman or one who is a man if you are a man.
- The room in which you will receive your health screening may be very small. If you are afraid of small places, tell your health care provider.

As you learn more about health care in the US, you can help teach about health to members of your own community. You will be a trusted source of information. Join other refugee and immigrant advocacy or service groups to help solve the worries other people new to the US may have about health care. You can meet with the people who run health plans to let them know ways to make things easier at your clinic.



### **Patient Advocacy**

You are allowed to ask questions about your health care. If you do not like your health care or think it is not very good, there are people who can help you.

Most clinics and hospitals have people whose job it is to help patients. They are called **patient advocates** or patient representatives. They work with you to make sure that you are happy with the care you get.

If you have questions about paying your medical bills or need a ride to and from your appointments, a patient advocate can help you. If you have to stay in the hospital, a patient advocate can help you with any language problems.

### **Other Sources of Help**

In addition to the patient advocate, there are many other places to get help. Your Volags may be able to help you. The people who work at different social service agencies and ethnic organizations may be able to help you. You can get a list of some of these places from your Volags.



# Glossary

*This section is an explanation of the difficult words used in the guide. These words are in **heavy type** the first time they appear in each chapter.*

**ABDOMEN:** Belly.

**AFTERBIRTH:** See “placenta.”

**AIDS:** AIDS, or acquired immunodeficiency syndrome, is caused by HIV, the Human Immunodeficiency Virus. HIV can be spread by having sex, sharing needles with someone who has HIV, or from an HIV-infected pregnant woman to her developing baby. There are a number of tests a person should have, and drugs they can take to improve their health.

**AMBULANCE:** A special van or truck that has supplies and medicines for an emergency and is driven by health care providers who are trained to help in emergencies.

**ASTHMA:** A very bad breathing problem that needs to be treated with medicine. Someone with asthma can find it very hard to breathe. This can happen very fast and is called an asthma attack.

**ASYLUM:** A country where a person goes to be safe. A person who needs asylum is someone who was not born in the US, not a US citizen, and cannot return to his or her country or the last place he or she lived because he or she will be hurt or persecuted because of race, nationality, political opinion, or membership in a particular social group. The US government decides if someone needs asylum after he or she gets to the US.

**BLOOD PRESSURE:** A measurement often taken on your arm to let the health care provider know the state of your blood vessels.

**BODY FLUID:** Things that come from your body such as blood, semen, vaginal fluids, saliva (spit), urine, tears, and breast milk.

**BREASTFEEDING:** Feeding a baby with milk from a mother's breasts.

**CANCER:** A malignant, or very harmful, growth in the body.

**CATARACTS:** When a person's eye gets cloudy and very little light can get through.

**CAVITIES:** Holes in teeth caused by bacteria. Many cavities are cleaned out and filled or sealed with a dental material that will protect the tooth.

**CESAREAN DELIVERY OR C-SECTION:** An operation to take a baby out of the mother. The mother's belly is cut and the baby is lifted out.

**CHEMICAL DEPENDENCY:** Problems with the use of alcohol or other drugs.

**CHLAMYDIA:** A disease that someone can get from having sex, a sexually transmitted infection (STI). To not get it a person should not have sex or use a latex condom every time he or she has anal, vaginal, or oral sex with someone who has this infection. This infection can be passed on from a mother to an unborn baby. It can be cured with proper medicine.

**CIRCUMCISION:** Taking off a thin piece of skin at the end of the penis. Often done to boy babies after they are born.

**COMMUNICABLE DISEASE:** A disease that can pass from one person to another.

**CONTRACTION:** When a pregnant women's uterus suddenly tightens like a fist and then relaxes.

**CO-PAYMENT:** The amount of money a person is asked to pay when going to a health care provider and most of the money is paid by insurance. For example, your health plan may pay most of your bill when you go to see a doctor but you must pay ten dollars each time you go.

**DEDUCTIBLE:** The amount of money a person has to first pay for health care before the health plan starts paying the bills. Sometimes this is not money but a service. For example, you might have to pay for the first two days in the hospital before the health plan will pay for the rest. Not all health plans have deductibles.



**DIARRHEA:** Having to use the toilet very often to pass a stool, or have a bowel movement, that is like water.

**DOCTOR:** Someone who has special training in helping people get healthy and has license to do so. Many times this word is used to mean a medical doctor, or physician, but there are other medical professionals also called doctors.

**DOMESTIC REFUGEE HEALTH ASSESSMENT:** A medical examination done in the US and not in your homeland.

**DUE DATE:** The best guess of when your baby will be born.

**FEVER:** A body temperature warmer than normal (normal is 98.6 F or 37 C). For example a fever might be 100.4 F or 38 C.

**FLUORIDE:** Something found in toothpaste and water that helps keep your teeth healthy. If you need extra fluoride your doctor or dentist will tell you.

**GLAUCOMA:** A disease of the eye that causes pressure within the eyeball. It can hurt the eye and lead to blindness.

**GONORRHEA:** A disease that someone can get from having sex, a sexually transmitted infection (STI). To not get it a person should not have sex or use a latex condom every time he or she has anal, vaginal, or oral sex with someone who has this infection. This infection can be passed on from a mother to an unborn baby. It can be cured with proper medicine.

**GUM DISEASE:** When the skin around the teeth moves away from the teeth and the teeth become loose.

**HEALTH CARE PROVIDER:** Doctor, nurse, or others with medical training.

**HEALTH PLAN:** A company that helps pay for a person's health care. Sometimes these are called health maintenance organizations (HMOs), preferred provider organizations (PPOs), community integrated networks, or insured plans.

**HEPATITIS B:** This disease is spread when blood or body fluids from an infected person enter another person's body through a break in the skin or through having sex. This illness can lead to cirrhosis and liver cancer, both of which people can die from.

**HIV:** HIV is another word for the human immunodeficiency virus. The virus is spread during sex when infected blood, semen, or vaginal fluid enters the body or by sharing injection needles. There is medicine for HIV, but there is no cure yet. HIV can lead to AIDS.

**IMMUNIZATION:** A vaccination, or shot, that will keep you from getting certain diseases [hepatitis B; diphtheria, tetanus, and pertussis (DTaP); Haemophilus Influenzae type B (Hib); polio; varicella (chicken pox); measles; mumps; and rubella.

**INFECTION:** When the body has bacteria (small living things) in it and gets a disease or sick.

**INTERPRETER:** Someone who helps two people who do not speak the same language talk to each other. The interpreter listens carefully to everything that is said in one language and repeats it just the same in another language.

**LABOR:** The time when a baby is being born. During labor, contractions (when a woman's belly gets tight) will happen more often and regularly. This makes the mother's cervix (where the baby will come out) open up so the baby can come out.

**LOSS OF CONSCIOUSNESS:** Mental loss of the ability to respond to where you are.

**MANTOUX SKIN TEST:** A test for TB infection. A health care provider injects a small amount of liquid in the arm under the skin. After two to three days, a health care provider looks at the patient's arm to learn what the test means.

**MENSTRUAL PERIOD:** A normal monthly flow of blood and fluid in women that comes from the uterus. It may last from three to six days.

**MENTAL HEALTH:** The state of your mind. Good mental health means being well in your thinking and feeling, just like good physical health is being well in your body.

**MENTAL HEALTH PROFESSIONAL:** A person with education and special training to help people with their mental health problems. For example, a therapist or counselor.

**MOOD :** How you feel in your mind, such as sad or happy.



## G l o s s a r y

**NIGHTMARE:** A bad dream that frightens you or wakes you up.

**NURSE:** An person trained to care for the sick and help doctors.

**NURSE MIDWIFE:** A nurse who has special, extra training to deliver babies and care for women before and after they have babies.

**NURSE PRACTITIONER:** A nurse who has special, extra training to care for people and do some of the work that medical doctors do.

**OMBUDSPERSON:** A person who works for the government and listens to and learns about people's complaints, reports what he or she learns, and then helps fix the problems.

**OPHTHALMOLOGIST:** A medical doctor with special training in caring for and treating the health of a person's eyes.

**OPTOMETRIST:** A person trained and licensed to examine eyes and help people get the right glasses or contact lenses. This person is not a medical doctor.

**PARALYSIS:** Not being able to feel or move a part of the body.

**PARASITE:** An organism that lives off of or within a person.

**PAROLEE:** A parolee is a foreign-born person who has been given permission to enter the US under emergency conditions or when his or her entry is considered to be in the public interest. For example, a Haitian or Cuban.

**PATIENT ADVOCATE OR PATIENT REPRESENTATIVE:** Someone who can help you talk with your health care provider (doctor, nurse, or other) and can help you get the health care you need.

**PLACENTA (AFTERBIRTH):** A special tissue that grows in a woman's uterus when she is pregnant to help feed the baby. It comes out after the baby does and the umbilical cord is attached to it.

**PLAQUE:** A sticky and colorless thing that gets on everyone's teeth. Plaque contains bacteria that can damage teeth. Brushing your teeth regularly can help keep plaque off.

**POSTPARTUM VISIT:** A mother's check-up with her doctor shortly after a baby is born.

**PREMIUM:** The regular amount a person or person's employer pays for health care insurance.

**PRENATAL CARE:** Medical care for the mother before the baby is born to keep the mother and baby healthy. Includes many visits to the health care provider (doctor, nurse, or other).

**PREPAID MANAGED HEALTH CARE PROGRAMS:** The prepaid managed health care programs in Minnesota are Medical Assistance, General Assistance Medical Care, and MinnesotaCare. Health care under the prepaid programs is provided by a health plan. You must get all of your medical care from the health plan.

**PREVENTIVE THERAPY:** Medicine or treatment for sickness that can prevent people from getting sick in the future. Preventive therapy is often used for TB.

**PRIMARY CARE PROVIDER:** The clinic or health care person who takes care of you regularly, especially if you are sick, need shots, or need to see someone about a health problem.

**PULSE:** Your heartbeat.

**REFUGEE:** A refugee is a person not born in the US and not a US citizen who cannot return to his or her country or the last place he or she lived because he or she might be hurt or persecuted because of race, nationality, political opinion, or membership in a particular social group. The US government decides if someone is a refugee before he or she gets to the US.

**RETINA:** A part of the eye. It is the first part of a person's eye that an image gets to and it sends the image to the brain.

**ROOMING IN:** When a mother and baby stay in the same hospital room after the baby is born.

**SEIZURES OR CONVULSIONS:** An involuntary muscular contraction, or a series of such contractions, causing jerking movements. A baby may have a seizure because he or she has a high fever.



## G l o s s a r y

**SPECIALIST:** A health care provider who has received special training in one area of medicine. For example, a pediatrician is a doctor who works with children.

**SPUTUM:** Material coughed up from deep inside the lungs.

**SPUTUM CULTURE:** A test of the sputum to learn if the patient has TB germs in the lungs.

**STOOL:** What comes out of a person's bowels or bottom when using the toilet. Waste products of the body.

**STROKE:** Suddenly not being able to move part of your body because blood could not get to your brain.

**SUICIDE:** To kill yourself on purpose.

**SYPHILIS:** A disease that someone can get from having sex, a sexually transmitted infection (STI). To not get it a person should not have sex or use a latex condom every time he or she has anal, vaginal, or oral sex with someone who has this infection. This infection can be passed on from a mother to an unborn baby. It can be cured with proper medicine.

**TB:** Tuberculosis

**TEMPERATURE:** How warm or what temperature a person's body is. Everyone has a temperature. We say a person "takes a temperature" when they are checking to see if there is a fever.

**TREMORS:** Shaking in your head, arms, or legs that you cannot control.

**TUBERCULOSIS:** This disease is also called TB. It is a bacterial disease that can attack any part of the body but usually attacks the lungs. It can be passed from person to person through the air. It can be cured with medicine.

**TUBERCULOSIS DISEASE:** When you have tuberculosis, or TB, in your body and are sick with it right now.



**TUBERCULOSIS INFECTION:** When you have the tuberculosis bacteria in your body but are not sick with it right now.

**ULTRASOUND:** A painless test with a special machine, which is like a camera, to see and measure a pregnant woman's baby before it is born. It can also be used for other tests to see different things inside the body.

**ULTRAVIOLET PROTECTION:** Protection found in some sunglasses that keeps eyes safe from a type of sunlight, called ultraviolet light, that can hurt or damage eyes.

**UMBILICAL CORD:** The tube, or cord, that connects your baby to the placenta.

**UTERUS:** A rubbery organ that is like a balloon and is in a woman's belly. This is where a baby will grow when a woman is pregnant.

**VACCINE:** A shot or medicine you take to prevent you from getting an infectious disease.

**VAGINA:** The baby comes through this area when it is being born.

**VOMITING:** When the food you have eaten comes back up from your stomach and goes out your mouth very fast with lots of force.

**WELL-CHILD VISIT:** Medical visits for healthy children, for example to get immunizations (shots) and have their growth checked.

**WOMEN, INFANTS, AND CHILDREN (WIC):** A program to help pregnant and breastfeeding women learn about and get healthy food to help them and their babies. It also helps children who are younger than five years old.

**X RAY:** A picture taken with a special camera to look at the inside of the body.



# Appendix A

*This section is a list of Minnesota County Health Departments.*

## **AITKIN**

Aitkin County Health & Human Service  
204 First St. N.W., Courthouse  
Aitkin, MN 56431  
Phone: (218) 927-7200

## **ANOKA**

Anoka County Community Health  
Anoka County Government Center  
2100 Third Ave. S.  
Anoka, MN 55303  
Phone: (763) 422-7030

## **BECKER**

712 Minnesota Ave., Box 1637  
Detroit Lakes, MN 56501  
Phone: (218) 847-5628, ext. 399

## **BELTRAMI**

Beltrami County PHNS  
616 America Ave., Suite 340  
Bemidji, MN 56601  
Phone: (218) 333-8140

## **BENTON**

Benton County Human Services  
531 Dewey St.  
P.O. Box 740  
Foley, MN 56329  
Phone: (320) 968-5087

## **BIG STONE**

Countryside Public Health Service  
47 NW 2nd St  
Ortonville, MN 56278  
Phone: (320) 839-6135

## **BLUE EARTH**

Blue Earth County PHNS  
410 S. Fifth St., P.O. Box 3526  
Mankato, MN 56002  
Phone: (507) 304-4175

## **BROWN**

Brown County PHNS  
1117 Center St., P.O. Box 543  
New Ulm, MN 56073  
Phone: (507) 233-6820

## **CARLTON**

Carlton County Public Health  
30 N. Tenth St.  
Cloquet, MN 55720  
Phone: (218) 879-4511

## **CARVER**

Carver County CHS  
600 E. Fourth St., Second Floor  
Chaska, MN 55318  
Phone: (952) 442-4493



## Minnesota County Health Departments

### **CASS**

Cass County PHNS  
400 Michigan Ave.  
P.O. Box 519  
Walker, MN 56484  
Phone: (218) 547-1340

### **CHIPPEWA**

Countryside Public Health Service  
719 N 7th St  
Montevideo, MN 56265  
Phone: (320) 269-2174

### **CHISAGO**

Chisago County CHS/PHN Service  
6133 402nd St  
North Branch, MN 55056  
Phone: (651) 213-5202

### **CLAY**

Clay County Public Health  
715 11th St. N., Suite 303  
Moorhead, MN 56560  
Phone: (218) 299-5220

### **CLEARWATER**

Clearwater County Nursing Service  
212 Main Ave. N.  
Bagley, MN 56621  
Phone: (218) 694-6581

### **COOK**

Cook County Public Health  
411 W. Second St.  
Grand Marais, MN 55604  
Phone: (218) 387-3620

### **COTTONWOOD**

Cottonwood-Jackson CHS/PHNS  
11 Fourth St.  
Windom, MN 56101  
Phone: (507) 831-1891

### **CROW WING**

Crow Wing County Health Services  
204 Laurel St., Suite 12  
Brainerd, MN 56401  
Phone: (218) 824-1077

### **DAKOTA**

Dakota County Public Health  
14955 Galaxie Ave.  
Apple Valley, MN 55124  
Phone: (952) 891-7500

### **DODGE**

Dodge County PHNS  
42 E Maint St.  
Dodge Center, MN 55927  
Phone: (507) 635-6150

### **DOUGLAS**

Douglas County PHNS  
809 Elm St.  
Alexandria, MN 56308  
Phone: (320) 763-6018

### **FARIBAULT**

Human Service/Faribault-Martin Co.  
412 N Nicollet  
Blue Earth, MN 56013  
Phone: (507) 526-3265

### **FILLMORE**

Fillmore County CHS  
902 Houston St. N.W., Suite 2, Box 580  
Preston, MN 55965  
Phone: (507) 765-3898

### **FREEBORN**

Freeborn County PHNS  
411 S. Broadway, P.O. Box 1147  
Albert Lea, MN 56007  
Phone: (507) 377-5100

## Appendix A

### **GOODHUE**

Goodhue County Public Health Service  
512 W. Sixth St.  
Red Wing, MN 55066  
Phone: (651) 385-6100

### **GRANT**

Mid-State CHS/Stevens-Traverse-Grant  
10 E Highway 28  
Morris, MN 56267  
Phone: (320) 208-6670

### **HENNEPIN (BLOOMINGTON)**

Bloomington Division of Health  
1900 W. Old Shakopee Rd.  
Bloomington, MN 55431  
Phone: (952) 563-8900

### **HENNEPIN (MINNEAPOLIS)**

Hennepin County Public Health  
525 Portland Ave. S., MC L963  
Minneapolis, MN 55415  
Phone: (612) 348-3925

### **HOUSTON**

Houston County PHNS  
304 Marshall Ave. S., Courthouse  
Caledonia, MN 55921  
Phone: (507) 725-5810

### **HUBBARD**

St. Joseph's Area Health Services  
600 Pleasant Ave.  
Park Rapids, MN 56470  
Phone: (218) 732-3311

### **ISANTI**

Isanti County Public Health  
555 18th Ave. S.W.  
Cambridge, MN 55008  
Phone: (763) 689-4071

### **ITASCA**

Itasca County Health/Human Services  
1209 S.E. Second Ave.  
Grand Rapids, MN 55744  
Phone: (218) 327-2941

### **JACKSON**

Cottonwood-Jackson CHS/PHNS  
405 Fourth St., Suite 209  
Jackson, MN 56143  
Phone: (507) 847-2366

### **KANABEC**

Kanabec/Pine Community Health  
905 E. Forest, Suite 127  
Mora, MN 55051  
Phone: (320) 679-6330

### **KANDIYOHI**

Kandiyohi County Public Health  
2200 23rd St. N.E., Suite 1080  
Willmar, MN 56201  
Phone: (320) 231-7860

### **KITTSON**

Kittson Memorial Home Healthcare  
1010 S Birch Ave.  
Hallock, MN 56728  
Phone: (218) 843-3612

### **KOOCHICHING**

Koochiching County Community Health  
1000 Fifth St.  
International Falls, MN 56649  
Phone: (218) 283-7070

### **LAC QUI PARLE**

Countryside Public Health Service  
201 13th St. S.  
Benson, MN 56215  
Phone: (320) 843-4546

## Minnesota County Health Departments

### **LAKE**

Lake County Health Department  
601 Third Ave.  
Two Harbors, MN 55616  
Phone: (218) 834-8300

### **LAKE OF THE WOODS**

Lakewood Nursing Service  
600 Main Ave. S.  
Baudette, MN 56623  
Phone: (218) 634-1795

### **LE SUEUR**

Le Sueur County PHNS  
88 Park Ave. S.  
Le Center, MN 56057  
Phone: (507) 357-8246

### **LINCOLN**

LLMP Public Health Services  
607 Main St. W.  
Marshall, MN 56258  
Phone: (507) 537-6713

### **LYON**

LLMP Public Health Services  
607 Main St. W.  
Marshall, MN 56258  
Phone: (507) 537-6713

### **MAHNOMEN**

Norman/Mahnomen Public Health  
15 E. Second Ave., Room 107  
Ada, MN 56510  
Phone: (218) 784-5425

### **MARSHALL**

Marshall County PHN Service  
109 Minnesota St. S.  
Warren, MN 56762  
Phone: (218) 745-5154

### **MARTIN**

Human Services/Faribault-Martin Co.  
115 W. First St.  
Fairmont, MN 56031  
Phone: (507) 238-4757

### **MCLEOD**

McLeod County PHNS  
1805 Ford Ave. N., Suite 200  
Glencoe, MN 55336  
Phone: (320) 864-3185

### **MEEKER**

Meeker County PHNS  
114 Holcombe Ave. N., Suite 250  
Litchfield, MN 55355  
Phone: (320) 693-5370

### **MILLE LACS**

Mille Lacs County CHS/PHNS  
620 Central Ave. N.  
Milaca, MN 56353  
Phone: (320) 983-8318

### **MORRISON**

Morrison County Public Health  
200 Broadway E.  
Little Falls, MN 56345  
Phone: (320) 632-6664

### **MOWER**

Mower County PHNS  
1301 18th Ave. N.W., Suite A  
Austin, MN 55912  
Phone: (507) 437-9770

### **MURRAY**

LLMP Public Health Services  
607 Main St. W.  
Marshall, MN 56258  
Phone: (507) 537-6713

## Appendix A

### **NICOLLET**

Nicollet County PHNS  
501 S. Minnesota Ave.  
St. Peter, MN 56082  
Phone: (507) 931-6800

### **NOBLES**

Nobles-Rock Public Health  
315 Tenth St., P.O. Box 757  
Worthington, MN 56187  
Phone: (507) 295-5200

### **NORMAN**

Norman/Mahnomen Public Health  
15 E. Second Ave., Room 107  
Ada, MN 56510  
Phone: (218) 784-5425

### **OLMSTED**

Olmsted County Public Health  
2100 Campus Drive S.E.  
Rochester, MN 55904  
Phone: (507) 328-7500

### **OTTER TAIL**

Otter Tail County Public Health  
Government Services Center  
560 W. Fir  
Fergus Falls, MN 56537  
Phone: (218) 998-8320

### **PENNINGTON**

Inter-County Nursing Service  
318 N. Knight Ave.  
Thief River Falls, MN 56701  
Phone: (218) 681-0876

### **PINE**

Pine County Nursing Service  
130 Oriole St. E.  
Sandstone, MN 55072  
Phone: (320) 245-3020

### **PIPESTONE**

LLMP Public Health Services  
607 Main St. W.  
Marshall, MN 56258  
Phone: (507) 537-6713

### **POLK**

Polk County Public Health  
721 Minnesota St. S., Suite 1  
Crookston, MN 56716  
Phone: (218) 281-3385

### **POPE**

Pope County Public Health  
211 E. Minnesota Ave., Suite 100  
Glenwood, MN 56334  
Phone: (320) 634-5720

### **RAMSEY**

St. Paul-Ramsey Dept. of Public Health  
50 W. Kellogg Blvd., Suite 930  
St. Paul, MN 55102  
Phone: (651) 266-2400

### **RAMSEY (ST. PAUL)**

St. Paul-Ramsey County Health Dept.  
555 Cedar Street  
St. Paul, MN 55101  
Phone: (651) 266-1200

### **RED LAKE**

Inter-County Nursing Service  
318 N. Knight Ave.  
Thief River Falls, MN 56701  
Phone: (218) 681-0876

### **REDWOOD**

Redwood County Public Health Service  
266 Bridge St. E.  
Redwood Falls, MN 56283  
Phone: (507) 637-4041



## Minnesota County Health Departments

### **RENVILLE**

Renville County Public Health Services  
105 S 5th St., Suite 119H  
Olivia, MN 56277  
Phone: (320) 523-2570

### **RICE**

Rice County CHS/PHNS  
320 Third St. N.W., Suite 1  
Faribault, MN 55021  
Phone: (507) 332-6111

### **ROCK**

Nobles-Rock Public Health  
315 Tenth St., P.O. Box 757  
Worthington, MN 56187  
Phone: (507) 295-5200

### **ROSEAU**

Roseau County Home Health Care  
715 Delmore Dr.  
Roseau, MN 56751  
Phone: (218) 463-3211

### **SCOTT**

Scott County Human Services  
792 Canterbury Rd.  
Shakopee, MN 55379  
Phone: (952) 496-8555

### **SHERBURNE**

Sherburne County Public Health  
13880 Highway 10 W.  
Elk River, MN 55330  
Phone: (763) 241-2750

### **SIBLEY**

Sibley County PHN  
111 Eighth St., P.O. Box 237  
Gaylord, MN 55334  
Phone: (507) 237-4000

### **ST. LOUIS**

St. Louis County Public Health  
325 W. First St., Suite 300  
Duluth, MN 55802  
Phone: (218) 725-5210

### **STEARNS**

Stearns County Human Services  
705 Courthouse Square, P.O. Box 1107  
St. Cloud, MN 56303  
Phone: (320) 656-6000

### **STEELE**

Steele County PHNS  
635 Florence Ave., P.O. Box 890  
Owatonna, MN 55060  
Phone: (507) 444-7650

### **STEVENS**

Mid-State CHS/Stevens-Traverse-Grant  
10 E Highway 28  
Morris, MN 56267  
Phone: (320) 208-6670

### **SWIFT**

Countryside Public Health Services  
201 13th St. S.  
Benson, MN 56215  
Phone: (320) 843-4546

### **TODD**

Todd County Public Health  
119 Third St. S., Suite 2  
Long Prairie, MN 56347  
Phone: (320) 732-4440

### **TRAVERSE**

Mid-State CHS/Stevens-Traverse-Grant  
10 E Highway 28  
Morris, MN 56267  
Phone: (320) 208-6670

## Appendix A

### **WABASHA**

Wabasha County PHS  
411 Hiawatha Dr E.  
Wabasha, MN 55981  
Phone: (651) 565-5200

### **WADENA**

Wadena County Public Health  
22 Dayton Ave. S.E.  
Wadena, MN 56482  
Phone: (218) 631-7629

### **WASECA**

Waseca County PHNS  
299 Johnson Ave SW  
Waseca, MN 56093  
Phone: (507) 835-0655

### **WASHINGTON**

Washington County Public Health  
14949 62nd St. N., P.O. Box 6  
Stillwater, MN 55082  
Phone: (651) 430-6655

### **WATONWAN**

Watsonwan County Human Services  
715 Second Ave. S., P.O. Box 31  
St. James, MN 56081  
Phone: (507) 375-3294

### **WILKIN**

Wilkin County Public Health  
Courthouse, 300 S. Fifth St.  
P.O. Box 127  
Breckenridge, MN 56520  
Phone: (218) 643-7122

### **WINONA**

Winona County PHNS  
202 W. Third St.  
Winona, MN 55987  
Phone: (507) 457-6500

### **WRIGHT**

Wright County Human Services Agency  
1004 Commercial Dr.  
Buffalo, MN 55313  
Phone: (763) 682-7476

### **YELLOW MEDICINE**

Countryside Public Health Service  
201 13th St. S.  
Benson, MN 56215  
Phone: (320) 843-4546



# Appendix B

*This section has suggested questions for you to ask your health care provider.*

## **Questions for You to Answer Before the Visit:**

1. Why am I going to the health care provider?

---

---

---

2. Do I need to see a health care provider today?

YES  NO

3. Do I need to see a health care provider within the next several days?

YES  NO

4. Do I need my Medicare, Medicaid, Blue Cross, or other insurance cards today?

YES  NO

5. Am I taking any medicine?

YES  NO *If yes, list the medicine(s):*

---

---

6. What are the main health problems I have?

---

---

---

7. Do I have a fever?

YES  NO *If yes, how long have I had a fever?*

---

---



## Questions to Ask the Health Care Provider during the Visit:

1. What is wrong with me?

---

---

---

2. When will I get better?

---

---

---

3. Why did I get sick, and how can I keep from getting sick in the future?

---

---

---

4. Can someone else get this disease, symptom, or condition from me?

YES  NO

5. Is there anything you learned from tests about my sickness that I should know about?

YES  NO

6. Should I be taking any medicine for my illness?

YES  NO

*If yes, list the medicine:* \_\_\_\_\_

*Is it prescription medicine?*  YES  NO

7. Does the medicine have any special instructions or side effects that I should know about?  YES  NO

*If yes, what are they?*

---

---

---

8. If I have to take medicine, how long do I have to take it and at what times during the day?

---

---

---

---

---

**Things to Do**

- Tell all of your problems starting with the worst ones.
- Tell when the problems began. Are they problems all the time or just sometimes? How often do they happen? What, if anything, makes them happen? What makes them better or worse?
- Know your medical history.
- Tell all problems so you do not have to make another trip to the health care provider's office.
- Bring any medicine with you and show it to your health care provider.
- Ask the health care provider to write down any instructions or information that you do not understand.
- Ask the health care provider to repeat any instructions or information that you do not understand.
- Expect that some tests may be necessary.

**Questions to Ask the Health Care Provider or Person at the Front Desk Before Leaving the Clinic:**

1. Do I have to return for another visit?  YES  NO *If yes, when?*  
\_\_\_\_\_
2. Do I have to phone in for the results of any tests?  YES  NO *If yes, when?*  
\_\_\_\_\_

*If yes, whom do I call?*  
\_\_\_\_\_

3. What should I do at home for the following:  
*A. How should I treat this problem?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*B. What can I eat?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*C. What I can do or not do?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*D. What should I watch for?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Should I contact the health care provider for any other health care reasons?

YES  NO

*If yes, when?*

---

---

---

5. Should I leave any insurance forms?

YES  NO

---

---

---

### **Things to Do**

- Do everything your health care provider says to do.
- Call the health care provider if you have problems with your medicine or if you have any new problems.
- Call for any test results.

### **Things Not to Do**

- Do not stop using your medicine when you begin to feel better. Keep using the medicine as long as the health care provider said to. If you do not use the medicine as long as you are supposed to, you might get sick again.
- Do not take other medicine without talking with your health care provider.

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Hennepin County Community Health Department

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County Medical Center

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Florida P. Stevens, PHN, Program Manager Refugee/Preventive Clinic, St. Paul-  
Ramsey County, Department of Public Health

Jo M. Tollefson, PHN, Public Health Nursing Supervisor, Anoka County Community  
Health Department

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Clinic, Hennepin County Community Health Department

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