Primary health care of marginalized and refugee populations: An interview with Dr. Allison Henderson

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ABSTRACT

Dr. Allison Henderson is a local family physician with a passion for refugee healthcare and treating London's most marginalized populations. After completing her medical training and pursuing additional studies at the London School of Hygiene and Tropical Medicine in the UK, she spent over four years working as a physician in rural communities in sub-Saharan Africa. Since returning to London in 2016, she has been working at the London Intercommunity Health Center (LIHC) and Cross Cultural Learner Center (CCLC), where she treats newly arrived Syrian and Yazidi refugees and some of London's most disadvantaged populations. We had the privilege of meeting Dr. Henderson at the LIHC to discuss her work with refugee populations who have experienced severe trauma and ways that her team is helping them cope and start to heal.

Can you tell us a little about yourself in terms of education and medical training, and what you do now in London? What inspired or motivated you to work with refugees and marginalized populations?

I completed medical school at Western. Prior to medical school, I had been working and volunteering in refugee settlements and throughout medical school I had a focus of global health and refugee medicine. My partner is originally from Zambia, so we always had a plan that we would go there and work for a bit. After medical school, I did my residency in family medicine in Vancouver and then I did a diploma at the London School of Hygiene and Tropical Medicine in the UK. After that, I worked for four years in sub-Saharan Africa- in Tanzania, Kenya, Uganda, and Zambia. In Zambia, I worked for two and a half years in a rural area on the Congolese border. When you're a physician there, you have to integrate into the local health system; you're not just running an outpatient clinic, you are also running the inpatient clinic and you may be one of two doctors there. I had extra C-section training, and then of course I was managing HIV, TB, malaria, and gastroenteritis. We were there until June 2016 and then we moved back to London. Moving back to London, I knew that I would want to work at the Intercommunity Health Center (LIHC) because this is the place that is reaching marginalized populations.

What populations do you currently work with at the London Intercommunity Health Center (LIHC) and Cross Cultural Learner Center (CCLC)?

The rostered population I work with is about 75% newly arrived refugees and 25% of our general population- so the homeless, street workers, people with mental health issues, poverty, and addiction.

We run a Newcomer Screening Clinic right at CCLC, the refugee settlement facility, and also see privately funded refugees and asylum seekers who have no coverage. Often, the most difficult patients from the Newcomer Screening Clinic, in terms of trauma or mental health, I try to add to the roster for my clinic here at the LIHC. Otherwise, we follow them for six months and try to set them up with their screening and vaccinations so it's easier for a family physician to take them into their practice in the community.

The biggest refugee populations who have come in the last few years are the Syrian population and the Yazidis from Iraq. The Yazidi population has been uniquely challenging across the country. In total, Canada has received 1000-1200, about 350 of which are here in London. The trauma that these people have suffered is massive. The Yazidi refugees have been coming to Canada within months of being released from ISIS captivity, so everything is still very fresh. They have not had time to come to grips with what's happened in their own culture and country, so they have to deal with that here, but can't start healing as they still have family members in captivity. We're trying to just walk with them, but there's very limited healing that can happen at this point. It's challenging because as a physician you don't always feel that you're doing anything.

We've heard a lot about your work with Yazidi refugees. Can you give a brief overview of the challenges faced by this population before coming to Canada?

The Yazidis are an ethnic group that is unique- they are not Christian, they are not Islamic; their religion predates Islam. They are a population with a history of trauma and resilience, having had 74 genocides since the Ottoman Empire. In 2014, one of the first areas ISIS moved into physically was the Sinjar region and many of the Yazidi people fled to the Sinjar mountains. Many of the women and children were captured and sold into slavery and many of the men were shot on sight. The trauma was horrific; people were separated by gender and age and many of them were sold. Even some of the Yazidis that weren't captured came back from school to find their entire village gone and their family captured by ISIS. As people escaped from ISIS, or were smuggled out, they made their way to refugee camps where a lot of people struggle with food security, safe and warm housing, and fear.

Please tell us about the work you do with Yazidi refugee women when they come to London.

We've tried to make connections with Vanier Children's Services for community supports for the family and the CLCC has gotten funding to get wellness counselors who have a background in mental health and are able to do home visits. Then they let me

know how people are doing and what kind of plan we need to make together. We also have groups at the LIHC, like the Women of the World group, that don't focus on previous trauma but instead focus on building a community. These are women who have seen the worst of humanity so it's hard for them to open up and trust, sometimes even with other members of the Yazidi community. For Yazidi women, these groups help them learn to feel safe again, to open up and develop meaningful relationships. Those things are going to impact them in the long term on mental health.

As a family doctor, how do you approach trauma and mental health care in this population?

We have approaches on how to deal with mental health, but in this case, we are working with an entire community, one that was brought up very differently from Western society, that needs community mental health support. I think the biggest thing is that people need to feel safe- safe in their housing, and in feeling like they can move about the city. For this population, that's a big issue because ISIS used to transport them in buses, so sometimes taking the city buses can trigger panic attacks. It's important to start with the basics. For the kids, one helpful strategy has been connecting with the school board. They educate their ESL teachers on the trauma that these kids have faced and that certain behaviours they see are not because the kids have ADHD or because they are difficult kids. The school board has been very good about creating safe classes for these kids that have been through a lot and sometimes may be triggered. And moms are going to feel better if they know that their kids are safe and are starting to learn English and move forward. Also, it's important to help people function. I think sometimes when you are overwhelmed in an interview like this, you have to go back to the basics- how are you sleeping, are you showering, are you eating, are you getting up in the morning? How can we help you with these things?

How do you overcome challenges with cultural and language barriers, especially when discussing very personal and traumatic experiences?

I think the important thing about working cross culturally is that you always have to do some background research to understand your patient community. Another important consideration is working with interpreters. At the CCLC, we tend to work with the same interpreters all the time. With this population, we got lucky that the interpreters are very good. They are good not only with language but also with boundaries. Sometimes, with interpreters from the same community as the patients, the patients get very attached and start calling them at all hours of the day, but these interpreters have been very good with boundaries and being professional when they interpret. This is one of the benefits that comes from working directly with CCLC.

What are some challenges and gaps in care your patients face?

I get asked this question a lot about the Yazidi population. At the end of the day, the problems they are facing stem from what ISIS did to them, not necessarily because of gaps in our system. Yes, we are under-resourced in terms of psychiatry services and other

services. But the reality is that the majority of these patients, even though they've been severely traumatized, will not need inpatient psychiatric services; they will need community supports. So, in some ways, with this population, the community mental health supports will be more important than psychiatry services. However, there is a group of people who will need inpatient services and we do have trouble getting them in.

One thing that I would love to have is a psychiatrist come once a month to LIHC so we could review cases and debrief, and I could have a second opinion. If we had a link, as primary care providers, with a psychiatrist, that would definitely be great to help our team.

What advice do you have for medical students in terms of advocating for newcomer health and healthcare in Canada, international and global health projects, and ways to help now?

That is a very hard question to answer sometimes, because as a med student I was always someone who wanted to do refugee health and I'm glad I had lots of experience. But, in the end, what you need to do right now is become competent at your profession. Whether you're going to be a surgeon or a family doctor, you need to be good at it and you need to be compassionate and caring. These things are going to be what makes a difference. The job opportunities with be there when you finish medical school to work with marginalized populations. You should be aware of opportunities to advocate for marginalized people and support them, but you don't have to be in every project and fix things all the way through. If you want to work with marginalized populations and you become competent at your specialty, you can do it. Just be aware that even though you are so eager as learners, you need to make sure to think about not causing harm. In some ways, you need to realize that even though you would love to work clinically with these marginalized populations now, what they actually need from you more is advocacy and awareness at community and policy levels. For example, with the Yazidi population, we need to advocate for family reunification. That can be a role that you can have as a med student or a resident. You may not be able to directly communicate with the patient, but that is what you may be best equipped to do as a student.

FURTHER READINGS:

Frangou C. For a Yazidi refugee in Canada, the trauma of ISIS triggers rare, terrifying seizures. *The Globe and Mail*. 2018 Dec 1. Available from <https://www.theglobeandmail.com/canada/article-for-a-yazidi-refugee-in-canada-the-trauma-of-isis-triggers-rare/>