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Public Health and Health Management of United States-Residing Refugees

My thesis will examine the realm of public health and health management, focusing on a specific population: refugees in the United States. Do refugees, for example, receive any healthcare (where they are or when they get here), let alone adequate healthcare? Do they have special or particular health concerns? What about the refugee's mental health — are there special concerns here? Are refugees more likely to seek out Western-style medicine now that they have arrived in the United States, or might they turn to holistic/herbal approaches more often than not? Do they make use of doctors/hospitals more than do [some] Americans? Are there services/clinics set up to care specifically for refugees' health needs? Does it matter to where or to what settings (e.g. what regions or communities) these refugees have been relocated? Which doctors are best for these patients?

This thesis topic — which will focus more on current issues and times as opposed to historical ones, although I may draw on historical data, as well — weaves both of my concentrations (Biology and Psychology) together, and also my program of study as a premedical student. My research on this topic will include case studies, as I hope to include my own interviews. The case studies in my thesis work into my program of study and future career in that I will have specific cases to focus on in medical school and when I am a physician. Furthermore, it adds an element of creativity, which illustrates the creativity it sometimes takes when diagnosing patients, sharing supporting resources with the public, or working with special populations (e.g. refugees and immigrants, the mentally ill or mentally challenged, or children). For example, what can a physician or other type of healthcare worker do with or for a non-traditional client? Here, I might especially like to examine medication prescription and usage, support services, and the following (or not) of physician advice and directions by patients.

I may further narrow my focus to "special" populations of refugees: i.e. children and/or the mentally challenged within refugee populations. Planning on writing about [these] special populations is important to me mainly for the fact that I believe strongly in empathy and understanding; being able to know, acknowledge, and advocate for these populations, thereby not [further] undermining these populations' health.

In thinking of the topic for this thesis, I considered my experience interning for a non-profit dealing in refugee and immigrant affairs and services. The work of the organization includes providing support, information, and services for newly arrived immigrants and, more significantly, refugees, an at-risk and underserved population in my eyes. I plan on volunteering at this organization again in the future, and hope that this work will come in handy when researching and writing my thesis. I hope that this organization can be a go-to resource for my thesis as well; this is where I would like to find subjects to interview, if I end up doing that.

The research my thesis revolves around is typical of a thesis project, but also is good practice for medical school and beyond. I hope the whole experience with my thesis can help me (and maybe even the reader) in the future, in myriad ways, including finding a better, easier way in the realm of United States healthcare to have meaningful, helpful correspondence take place between doctor and patient; sharing health and disease management information with patients — particularly the underserved and underprivileged; and making sure that patients are well-supported and provided with all necessary and [other] important information when trying to prevent, manage, or defeat a disease, such as HIV/AIDS, depression, or cancer.

