



Executive Board

Jennifer Morillo
North Carolina; Chair

Frances Anderson
Tennessee; Chair-Elect

Laura McGlashan
New Hampshire, Past Chair

Chelsey Butchereit
Missouri; Secretary

Christine Murto
California

Helen McGuirk
Michigan

Sandra Hollingsworth
Ohio

Sarah Bates
Utah

Jasmine Matheson
Washington

Savitri Tsering
Wisconsin

September 16, 2022

Ur M. Jaddou
Director, U.S. Citizenship and Immigration Services
5900 Capital Gateway Drive
Camp Springs, MD 20588

RE: Civil Surgeon Capacity

Dear Director Jaddou,

The Association of Refugee Health Coordinators (ARHC) is comprised of State Refugee Health Coordinators and associates, representing 51 U.S. jurisdictions that have refugee health programs. ARHC would like to express at the outset how much we appreciate your staff's willingness to participate in our membership calls and related briefings, and their responsiveness to our questions and concerns. Further, ARHC strongly supports USCIS in its efforts to update systems and remove barriers, particularly for processes directly impacting adjustment of status and pathways to citizenship for humanitarian entrants to the United States.

On behalf of the general ARHC membership, I am writing with some urgency to express concerns about challenges in accessing civil surgeon services both in general for all immigrant populations, and specifically for Afghan evacuees who arrived under Operation Allies Welcome (OAW). Regarding the latter, in the future, tens of thousands of OAW Afghan evacuees will need to access civil surgeon services to complete Form I-693, Report of Medical Examination and Vaccination Record when filing Form I-485, Application to Register Permanent Residence or Adjust Status.

Most Afghan evacuees are in the process of applying for asylum and will be eligible to file adjustment of status applications starting next year. The I-693 process is significantly more expensive for Afghan evacuees (as compared to refugees) since they are required to submit a fully completed I-693. By contrast, refugees are generally required to submit only the vaccination portion of the form.

Nationally, ARHC has identified two main barriers for OAW Afghan evacuees seeking to adjust their status:

1. Logistically being able to access civil surgeon services, as nationwide, there is an uneven geographic distribution of civil surgeons.
2. Civil surgeon services are cost prohibitive for many clients and particularly for larger families.

ARHC respectfully requests that you consider our recommendations detailed below for addressing the civil surgeon capacity issues related to OAW Afghan evacuees.


1. **Waive or reduce the fee to apply** for civil surgeon designation for certain healthcare providers, particularly those in rural and other areas where there are no or few civil surgeons, or those already working in clinics such as Federally Qualified Health Centers (FQHCs).
2. **Expand the categories of eligible medical practitioners** who can become civil surgeons.
 - a. Consider promoting the allowance that [8 CFR 232.2\(b\)](#) gives USCIS discretion to allow physicians with less than 4 years of professional experience “to address [this] unusual or unforeseen” situation.
 - b. Consider over the long term to work towards regulatory change to align with other federal programs requiring physicals, that allow a medical examiner to be a person who is licensed, certified and/or registered in accordance with applicable State laws and regulations to perform physical examinations. This includes but is not limited to doctors of medicine, doctors of osteopathy, physician assistants, and advanced practice nurses.
3. **Collaborate with Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) and Centers for Medicare and Medicaid Services (CMS)** to:
 - a. encourage community health centers authorized under Section 330 of the US Public Health Service Act 330(g) to recruit more civil surgeons at their clinics; and
 - b. encourage fees based on a sliding-fee basis or cover exam costs through Medicaid for eligible applicants.
4. **Require civil surgeons to post their fee or range of charges on the USCIS locator site** to promote transparency and further incentivize competitive prices.

Timely consideration of these proposed changes is essential as they will greatly help with the expected need, thereby reducing barriers and paving the way for Afghan evacuees to obtain lawful permanent residency -- a pathway to U.S. citizenship.

ARHC would also like to take this opportunity to reiterate that the needs and challenges expressed above extend beyond OAW Afghans to other immigrant groups moving through the same process. Civil surgeon capacity issues and proposed solutions for all immigrant groups are outlined in our May 18, 2021 letter to USCIS (attached).

Thank you for your attention to this matter and kind consideration. We look forward to your response.

Sincerely,



Jennifer Morillo, on behalf of the 2022 ARHC Executive Board

* Established in 1995, ARHC works to strengthen state and local refugee health leadership, expertise, and advocacy to achieve wellness in domestic refugee populations. ARHC also serves as the principal consultative forum on national refugee health issues, working closely with federal and national partners to formulate common positions, objectives, and recommendations on critical issues

such as health assessment, surveillance, and health education. Today there are over 115 individual members.



Executive Board

Laura McGlashan
New Hampshire; Chair

Jennifer Morillo
North Carolina; Chair-Elect

Chelsey Butchereit
Missouri; Secretary

Christine Murto
California

Alicia Earnest
Indiana

Elizabeth Edghill
Louisville, Kentucky

Inza Ouattara
Maine

Blain Mamo
Minnesota

Anna Bradley
Montana

Frances Anderson
Tennessee

Hayder Alkhenfr
Utah

Jasmine Matheson
Washington

May 18, 2021

RE: Opportunity for Input – Identifying barriers across USCIS benefits and services

To Whom it May Concern,

The Association of Refugee Health Coordinators (ARHC) is comprised of State Refugee Health Coordinators and associates, representing 51 U.S. jurisdictions that have a refugee health program. Established in 1995, ARHC works to strengthen state and local refugee health leadership, expertise, and advocacy to achieve wellness in domestic refugee populations. ARHC also serves as the principal consultative forum on national refugee health issues, working closely with federal and national partners to formulate common positions, objectives, and recommendations on critical issues such as health assessment, surveillance and health education. Today there are over 100 individual members.

ARHC is grateful for the opportunity to be able to submit comments and recommendations around numerous barriers that refugees, asylees, victims of trafficking and Cuban/Haitian entrants have been experiencing in accessing immigration benefits specifically around 1) the Adjustment of Status process (I-693 form and process, Civil Surgeons, and blanket designation of health departments), 2) the form N-648 related to citizenship processing and 3) connecting newly granted asylees to time-limited services. Our members have come together to provide this input to you under this opportunity based on our members' reporting of their professional observations and experiences.

ARHC supports USCIS in its efforts to update systems and remove barriers, particularly for processes directly impacting adjustment of status and pathways to citizenship for humanitarian entrants to the United States.

The Adjustment of Status process (I-693 form and process, Civil Surgeons, and blanket designation of health departments)

Training

Refugees applying for adjustment of status under INA section 209 who do not have a Class A medical condition as found in their overseas medical exam, generally do not need to repeat the entire medical examination when completing USCIS form I-693. Refugees are only required to complete the vaccination requirements, and submit only Parts 1-5, 7 and 10 of Form I-693.

While refugees and asylees may go to a registered civil Surgeon to complete form I-693, not all civil surgeons are familiar with refugee-specific requirements. Civil surgeons are frequently unclear regarding which sections of the form are required

for specific visa types, particularly for refugee-specific visas. USCIS adjudicators frequently do not recognize that refugees do not need the entire form or do not accept the signature stamp of the state or local health department physician, an alternative option for refugee I-693 requirements. This results in a request for evidence (RFE) requiring the entire form and exam to be redone or done. The current I-693 form is confusing to civil surgeons, health departments, applicants and USCIS adjudicators.

In order to support improved understanding of medical requirements for the adjustment of status examination, and reduce costs associated with completion of this examination, additional training and clarification is needed regarding I-693 requirements, including improvements to the form itself.

Expansion of Civil Surgeon Capacity Across the U.S.

The limited availability of civil surgeons, especially in more rural areas of the country, makes USCIS medical examination extremely challenging for many refugees, asylees, victims of trafficking and Cuban/Haitian entrants. The lack of local designated civil surgeons creates barriers to the submission of adjustment of status applications for many immigrants due to lack of appointments, requirements to travel outside to access appointments and associated costs. Civil surgeon capacity is typically offered through private-pay physicians, or alternatively, state and local health departments. In 1998 Headquarters Office of Adjudications designated all state and local health departments as civil surgeons for refugees applying for adjustment of status. This blanket civil surgeon designation of state and local health departments only covers refugees and does not extend to asylee or Cuban/Haitian parolee/entrant applicants; nor does it extend to any other applicant for adjustment of status.

Additionally, USCIS requires the following professional qualifications to receive civil surgeon designation:

1. Have an active and unrestricted license as a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) in the U.S. state or U.S. territory where you seek to perform immigration medical examinations;
2. Have at least four years of professional experience as a physician in the U.S.; and
3. Have authorization to work in the United States.

Clinicians in federally qualified health centers (FQHCs) often serve refugee and immigrant patients and may consider civil surgeon designation. However, this group of clinicians may have less than four years of experience and thus do not qualify. Four years of experience is an arbitrary amount of time which may or may not confer medical expertise. The Centers for Disease Control and Prevention (CDC) provides extensive technical instructions which outline clinical requirements for completion of the immigration medical examination and I-693.

As many local health departments have opted out of assisting refugees with the vaccination requirements for I-693 completion, or have moved away from providing direct clinical care and are no longer able to serve as blanket designated civil surgeons, service delivery through FQHCs could provide a viable option for expansion. Additionally, because private-pay physician medical exams can be costly for those seeking to adjust their status, the FQHC civil surgeon may present

opportunities to reduce the cost of the exam. As the federal government considers pathways to ensure refugees and asylees ability to become permanent residents and later citizens, ensuring affordable civil surgeon access is critical.

The Biden administration has indicated that the United States expects to resettle higher numbers of refugees in coming years. Given the reduced medical capacity due to the ongoing pandemic response and the expected increase in refugee arrivals, additional support for refugee and asylee I-693 completion is needed.

Recommendations:

- 1) Update the USCIS website so that the requirements for adjustment of status are clearly defined.
- 2) Develop a simplified printable infographic on the USCIS website that explains the components of the legal permanent residency process, including a list of the I-693 medical requirements, and other legal documents by immigration category. Infographics can serve as a tool for refugees and asylees to bring to their physicians early in the application process to start immigration-required tests and vaccines.
- 3) Develop a truncated form I-693 for refugees only or re-format the existing form I-693 to clarify refugee-specific requirements. For example, consider adding a FOR REFUGEES ONLY section.
- 4) Develop a process for online completion and submission of the form I-693 that guides the Civil Surgeon through the requirements based on immigrant status, so that it is very clear for those only needing vaccination completion.
- 5) Remove the USCIS requirement for four years of clinical experience before clinicians may apply to become designated civil surgeons to increase the potentially available pool of clinicians who can become designated civil surgeons.
- 6) Expand the categories of eligible medical practitioners who can become Civil Surgeons to include Physician Assistants and Nurse Practitioners.
- 7) Adopt models from other federal agencies to support streamlined registration of Civil Surgeons. For example, the U.S. Department of Transportation Federal Motor Carrier Safety Administration for D.O.T. has an existing process to become a medical examiner.
<https://www.fmcsa.dot.gov/regulations/national-registry/national-registry-certified-medical-examiners-become-medical-examiner>.
- 8) Collaborate with Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) to ensure migrant health centers under Section 330 of the US Public Health Service Act 330(g) cover exam costs through Medicaid when applicants are eligible or provide capitated low-cost options.
- 9) Waive the fee to apply for Civil Surgeon designation for certain healthcare providers, especially those in rural and other areas where there are no or few civil surgeons or those already working in clinics such as Federally Qualified Health Centers (FQHCs).
- 10) Develop a process to establish blanket designation for non-health department-based refugee health screening clinics to complete the vaccination section of Form I-693 for refugees. Many FQHCs and other community health clinics provide refugee health screenings and assessments

during the first few months after refugees arrive to the U.S. The centers and clinics also provide vaccinations, serology testing, physical exams and ongoing healthcare for refugees.

- 11) Resource USCIS offices to allow for faster processing of submitted I-693 forms. Due to resource constraints, applicants for immigration adjustment of status may have to repeat medical tests and examinations, creating unnecessary cost and burden. Appropriate processing times will reduce the number of follow-up requests issued by USCIS and save applicants from the cost of repeated examinations.
- 12) Establish required initial online training and regular updates for designated civil surgeons in collaboration with the Centers for Disease Control and Prevention (CDC).
- 13) Establish a cap for the cost of the civil surgeon examination and completion of the I-693, especially for humanitarian entrant populations.
- 14) Require civil surgeons to post their fee or range of charges on the USCIS locator site to promote transparency and further incentivize competitive prices.
- 15) Offer lower filing fees for forms such as the I-485 for a range of humanitarian statuses especially for when they are not eligible for full fee waivers.

Form N-648 related to citizenship processing – Form N-648 Medical Certification for Disability Exceptions

Across the country, ARHC members report having difficulty finding physicians or psychologists who will conduct the medical and cognitive examination and complete the N-648 forms for refugee clients. Clients must pay out-of-pocket and travel long distances to find a healthcare provider willing to complete exam and form.

Recommendations:

- 1) Establish an online training and/or offer online tutorials for physicians needing to complete this form for a patient.
- 2) Consider working with Medicaid and Medicare to make completion of the N-648 form a covered item.

Connecting newly granted asylees to time-limited services

Asylees and refugees have similar claims to persecution and are also similar in their vulnerability; however, there is no formal link for newly granted asylees to the benefits and services for which they may be eligible for a limited time. Many asylees either never receive any benefits or services to which they are eligible, or they access these services late and are not able to fully benefit from what is in place for them.

Recommendations:

- 1) Collaborate with state partners [State Refugee Health Coordinators (SRHC) and State Refugee Coordinators (SRC)] to share data regarding newly granted asylees in their state who are eligible for refugee services and

benefits, similar to the Centers for Disease Control which has the Electronic Disease Notification system to share newly arrived refugees and V-92s with SRHCs for follow-up care and connection to health care screening and services. This will allow SRHCs and SRCs to link asylees into medical care and social programs within their first 90 days as required by the DHHS ACF Office of Refugee Resettlement (ORR). Such notifications are currently operational for incoming refugee and derivative asylee populations. The DHHS Office on Trafficking in Persons also has a system to notify SRCs and SRHCs about newly certified trafficking victims eligible for services. USCIS should do the same to help ensure that asylees link to time-limited and essential health screening services.

- 2) Collaborate with state and local partners for newly granted asylees through the USCIS regional offices. Orientation can provide valuable information regarding benefits and services for newly granted asylees are eligible, and support systems navigation in the U.S. asylees, while eligible for time-limited refugee (ORR) benefits, are not provided case management services that are available to refugees through refugee resettlement agencies. As USCIS is an important partner in the integration process in the first years of adjudication, collaboration with state partners to ensure linkage to medical care and other benefits supports asylee integration.
-

Thank you again for allowing us the opportunity to provide input. We have identified numerous barriers to immigration services for the refugee and asylee populations who are, by definition, vulnerable. We offer our support in working toward solutions with you and invite you to reach out to us for any explanation or examples of what we have described here.

Laura McGlashan

Laura McGlashan, on behalf of the 2021 ARHC Executive Board



**U.S. Citizenship
and Immigration
Services**

November 23, 2022

Jennifer Reed Morillo
Chair
Executive Board
Association of Refugee Health Coordinators
jennifer.morillo@dhhs.nc.gov

Dear Ms. Morillo:

Thank you for your May 18, 2021 and September 16, 2022 letters to U.S. Citizenship and Immigration Services (USCIS) regarding the difficulties some populations encounter in obtaining immigration medical examinations, particularly Afghan evacuees who arrived in the United States as part of Operation Allies Welcome. Specifically, you noted an uneven geographic distribution of civil surgeons in certain areas and the costs of immigration medical examinations as two main barriers encountered by Afghan evacuees seeking to adjust their status to that of a lawful permanent resident. You also provided recommendations to address civil surgeon access issues.

Regarding the disparate geographic distribution of civil surgeons, we appreciate the Association of Refugee Health Coordinators' (ARHC) raising to our attention that applicants in rural areas may have to travel farther to obtain civil surgeon services. Operation Allies Welcome (OAW) has been a historic humanitarian relocation effort that resettled tens of thousands of Afghan evacuees in over 200 communities across the country. In cases where the Afghan evacuees may not yet have updated their address on our website or otherwise submitted additional immigration requests after leaving safe havens, USCIS may have limited information on current evacuee locations, particularly given high secondary migration rates of newly arrived population. If you have additional data about specific locations or areas where Afghan evacuees have resettled and have or will encounter a scarcity in nearby civil surgeon services, USCIS would welcome the information to identify civil surgeon shortage areas. That data may help USCIS identify possible strategies that could increase the available civil surgeons in areas of most need and reduce the barriers Afghan evacuees may otherwise encounter to adjust their status.

With respect to your recommendation regarding the waiver or reduction of fees for obtaining civil surgeon designation, USCIS focuses our limited ability to offer fee waivers on applicants for immigration benefits, rather than physicians applying for civil surgeon designation. However, USCIS welcomes any data you can provide on the impact that the civil surgeon designation fees have on physicians' willingness and interest in applying in areas where there are greater needs than availability of civil surgeon services.

You also suggested that USCIS promote the allowance given in 8 CFR 232.2(b) to discretionarily allow physicians with less than 4 years of professional experience “to address [this] unusual or unforeseen” situation. At the beginning of the emergency situation presented with OAW, USCIS quickly responded with policy updates to allow blanket designated military civil surgeons to conduct immigration medical examinations on behalf of OAW evacuees and then by allowing the use of a panel physician conducted immigration medical examination to be used for adjustment of status purposes (for those evacuees who were able to obtain these overseas prior to arrival). At this time, we again refer to our request for more data about specific locations where this is a continuing emergency issue. Additionally, we welcome any data you can provide on the impact that 4 years of professional experience would have on physicians’ willingness, interest and ability to apply for civil surgeon designation.

You also suggested that USCIS expand the categories of eligible medical practitioners who may become civil surgeons and encourage community health centers authorized under Section 330 of the Public Health Service Act 330(g) to recruit more civil surgeons at their clinics. USCIS supports the use of community health centers to address areas in which applicants are unable to complete their immigration medical exam in a timely manner due to a civil surgeon shortage. USCIS welcomes any data you can provide that bears on the impact of the recommendation to work with community health centers to recruit more civil surgeons in meeting the needs of Afghan evacuees and on areas where the availability of civil surgeons remains disproportionate to the need and the four-year professional experience requirement serves as a systemic barrier to physicians who would apply to become civil surgeons. USCIS also welcomes any strategies that may assist in recruitment of qualified physicians in those areas identified as having a civil surgeon shortage.

Finally, you made two specific recommendations related to the fees paid to civil surgeons for immigration medical examinations. USCIS is reviewing strategies that may encourage civil surgeons to include their websites and fee information on the USCIS [Find a Doctor](#) locator. Otherwise setting medical exam fees and their coverage by medical insurance falls beyond the scope of USCIS authority and subject. Other agencies, including Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) and Centers for Medicare and Medicaid Services (CMS), and state medical boards who govern these matters may be better positioned to further consider these recommendations for any appropriate action.

Thank you again for your letter and interest in this important issue. Please share this response with the other board members who cosigned your letter. Should you require any additional assistance, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Ur M. Jaddou", followed by a long horizontal flourish.

Ur M. Jaddou
Director