Tired and hungry children spill from the unmarked white vans and silently file behind their parents in the direction of the church. Young mothers with babes at breast and fathers with heads down, eyes to the floor, make their way across the scorching heat of the parking lot. When they reach the fellowship hall of Sacred Heart Church in Brownsville, Texas, they are met by welcoming parishioners and volunteers who applaud and shout bienvenidos, welcome. Smiles and tears break out as the weight of the trip across Mexico and the chill of the Border Patrol processing center are replaced by the warmth of acceptance and recognition.

Inside the church are new clothes, a shower and a warm bowl of chicken soup with corn tortillas donated by local relief groups. Volunteers help with arrangements for the long trip ahead for most families, hours on buses traveling north to meet relatives and sponsors in places like New York, Chicago, Santa Clara and Louisville. A parishioner pulls out a map of the US to show a mother with two children what is ahead, two days with four changes of buses on the way to Charleston, West Virginia where her family lives. Two young girls, one fidgeting and one watching carefully with oversized brown eyes play with the hot chicken soup. They don’t realize that the soup will be their last meal until they arrive at their destination in the north because their family sent only enough money to buy the bus tickets. Volunteers at the Sacred Heart respite center welcome about 100 immigrants, mostly women and children, each day. These families are being released into communities (with ankle tracking units) but families without sponsors in the US are placed in detention centers run by for-profit prison companies under contract from Immigration and Customs Enforcement (ICE) while awaiting their immigration hearings.

Among the volunteers today at Sacred Heart are the current and the incoming presidents of the American Academy of Pediatrics accompanied by members of the AAP immigrant health special interest group and the leadership of the Texas Pediatric Society. We came in order to see first hand the care of unaccompanied children in the Customs and Border Protection (CBP) processing facility and in the children’s shelters run by the Office of
Refugee Relocation (ORR). We have heard concerning reports about experiences of children while in the custody of the Border Patrol and planned to offer help, including additional resources if necessary, so that the children would be protected from further trauma as they seek safe haven in the US. Most have fled from conditions of extreme poverty and violence in the Northern Triangle of Central America, El Salvador, Guatemala and Honduras. The children and youth have traveled in groups but without adults, crossing into Mexico through the forested mountains of Chiapas and hopping trains north to Matamoros and to the river with it’s border wall.

The children cross the river and most often turn themselves in to Border Patrol officers who take them to the processing center, referred to by the children as la hielera, the icebox, because of how cold the building is kept. The processing centers are often concrete, jail-like buildings that have minimum furniture and self-care facilities. The children and youth stay from one to three days before moving to a shelter for 4 to 6 weeks while waiting a more stable placement. Most are teenagers but some are younger children and, rarely, an infant or newborn crosses the border in the arms of a sibling or cousin. Adult Mexican citizens often are repatriated immediately consistent with an international agreement relating to contiguous countries. Unaccompanied Mexican children also are encouraged to repatriate voluntarily.

The Border Patrol processing centers are not designed with the emotional care of unaccompanied children in mind because, in the words of a Division Chief, “a Border Patrol Station is no place for kids”. The facility in the Brownsville, Texas, received 600 persons, including many unaccompanied minors, on the day the AAP delegation visited. According to pro-bono immigrant lawyers, the Border Patrol has been hesitant to allow visitors in the past couple of years. In fact, when the AAP delegation arrived, we were informed that we would not be permitted to visit la hielera. No credible reason was given for denying us access but the Division Chief justified the quality of care in the processing centers by asserting, “law enforcement is all about consequences”. As he spoke, in the Brownsville region alone, the Border Patrol had about 1200 people in custody. The immigration law advocates claim that about 15% of children report mistreatment by the Border Patrol but very few are willing to file a complaint.

During the surge of immigrants in 2014, over 68,000 unaccompanied children and about the same number of family units (at least one parent with children) were apprehended at the border. The total number was lower in 2015 but another surge began during the first 6 months of 2016 with nearly 28,000 unaccompanied children and over 32,000 family units apprehended. Some are sent back immediately under the expedited repatriation agreement. The unaccompanied children are placed in shelters maintained under the auspices of the Office of Refugee Relocation (ORR), run by faith-based nonprofits and designed so the
children receive education, counseling, medical and legal services. Many child advocates, including those from the AAP, believe that the care of children in the CBP processing centers and ICE family detention facilities do not meet minimum standards of health and well-being of children and recommend that children be cared for only in the ORR children’s shelters.

The United Nations High Commissioner for Refugees estimates that at least 60% of unaccompanied children entering along the southern border are fleeing rather than migrating. The distinction is important because children who are fleeing have experienced trauma in their countries of origin and often have been sent by family to perceived safety in the US. Counselors in the ORR shelters confirm that most children and youth in their care have been either victims or witnesses to murder, rape, extortion and other forms of violence in Honduras, Guatemala and El Salvador. These are not youth looking for better employment opportunities but children and youth sent by their families for protection from credible danger. I recently interviewed an adolescent who experienced the brutal murder of his father and best friend by gang members in El Salvador and a young woman who was sexually assaulted by enforcers of the Gulf Cartel in order to exert control of her boyfriend. Similar histories are shockingly common.

From the shelters, children are released to communities in all regions of the United States but most are placed in California, Texas and New York. They face a multitude of obstacles to acculturation. Most states refuse health care coverage for migrant children. Many school systems are reluctant or unable to provide the extra support, culturally and linguistically, that is needed to integrate children and youth who may not have seen the inside of a school room and whose primary language is Spanish or even an indigenous Guatemalan dialect. Many children will join relatives who live in mixed status families, living in fear of detection and deportation. Under current guidelines, immigration courts are not required to provide legal representation for children when they appear before a judge or magistrate who will decide if they should be returned to their country of origin.

No doubt, some unaccompanied youth come to the US in order to escape the crushing poverty in Honduras, Guatemala and El Salvador. However, most are fleeing the gangs that are responsible for the highest murder rates in the world and the failed governments that have not been able to establish even a minimum of social stability. These are not economic migrants but refugees who deserve our protection. When they arrive at the border, they bring the history of trauma in their country of origin as well as the loss of their families and home communities. During migration, they sometimes are victims of theft, assault or abandonment. Upon arrival to the ORR shelters, they are understandably quiet and on guard. After a few days, a counselor explains, “they start being kids”. Although we were not permitted access to the CBP processing center, our trip to the border confirmed and strengthened the resolve of the American Academy of Pediatrics to call for humane and respectful treatment of children at all stages of the immigration process, including comprehensive health care, culturally and linguistically appropriate education, legal representation during court appearances and trauma informed mental health care.


For information about community pediatric electives in south Texas: http://www.communityforchildren.org

Dr. James Duffee
Survivors of Torture Recovery Center: Promoting Healing and Hope Among Severely Traumatized Refugees
by Bibbuti K. Sar, MSW, PhD, Professor, Kent School of Social Work and Jim Guinn, MA, MA, BA, Co-Founder & Sustainability Coordinator-Survivors of Torture Recovery Center, Kent School of Social Work

Tariq was a bright, energetic and outgoing person with a great future as a small business owner in Baghdad, Iraq, until one day his life was turned upside down. Iraqi soldiers didn’t like him selling American cigarettes in his shop. They beat him senselessly. They harassed him and his family. He received death threats. He was forced to flee Iraq to the United States without his wife and four children. Once in the U.S. his troubles only deepened. PTSD, major depression, anxiety, insomnia, nightmares, flashbacks and guilt over leaving his family behind in Iraq to face the unknown haunted him.

Tariq is a member of the estimated 5% to 35% of the world’s refugee population who have been tortured by some state apparatus within their home country for their beliefs and practices. The aftermath of such torture can linger on for a lifetime, even with the best available care after resettlement. The physical, psychological, and social suffering endured by torture survivors ranges from chronic physical pain to PTSD, major depression and/or anxiety, as well as difficulty feeling safe around other people and a lingering struggle to feel connected to people in their daily lives. Within this backdrop, challenges abound for the newly arrived torture survivors including overcoming language barriers, navigating new and novel health and social service systems, trying to put the past (especially their torture experience) behind them, starting a new life in a new country and many other hurdles that are part and parcel of the torture survivor’s daily experience. Here in Louisville, based on self-reporting during ongoing medical and psychological screening conducted over the last four years by refugee health screening centers, 20% of refugees of the 4,322 screened have indicated that they have either been tortured or they have witnessed someone else being tortured prior to coming to the United States.

Since 2012, to begin to address the bio-psycho-social needs of torture survivors, the Kent School of Social Work, with federal funding from the U.S. Department of Health and Human Services, Office of Refugee Resettlement has operated the Survivors of Torture Recovery Center (STRC) in a wing of the Americana Community Center (4803 Southside Drive, Louisville, KY 40214). Working in collaboration/partnership with the local refugee serving organizations (including Family Health Centers, Kentucky Office for Refugees, Catholic Charities and Kentucky Refugee Ministries), the STRC has provided holistic, integrated, individualized care for this highly traumatized population consisting of free mental health counseling, medical care coordination, case management coordination, as well as social service and legal service referrals for torture survivors in the Louisville Metro Area. As of now, the STRC has served 230 torture survivors in Louisville (from countries as diverse as Iraq, Bhutan, Sudan, Somalia, Democratic Republic of Congo, Cuba, Bosnia and Mexico) including Tariq who is now reunited in Louisville with his family. With the assistance of the STRC team of care providers (Susan Rhema, PhD, Pam Ratcliffe, CSW, Sarah Acland, MD, Giselle Mellen, MSW, Jennifer Gibson, BS and volunteers) Tariq is now on the road toward healing and hope.

In addition to direct services, the STRC offers specialized training for medical and mental health professionals and conducts outreach and education in the Louisville Metro community. Recent trainings included chronic pain management with survivors of torture. Future trainings planned include developing effective partnerships between mental health providers and language interpreters in the mental health care setting.

To make a referral for services, please contact Pam Ratcliffe (STRC Services Coordinator) at: 502-363-8606 or via email at pam.ratcliffe@louisville.edu. For more information about the STRC in general, please contact Jim Guinn (STRC Sustainability Coordinator) at 502-852-7968 or via email at james.guinn@louisville.edu.
Perspectives on “Immigrant Health”  
by Chrity Elliott-Gonzalez, BA, BSN, MSN/FNP, CTN-A, Liz Edghill, BA, RN, BSN, Family Health Centers-Americana, and Edgardo Mansilla, Executive Director, Americana Community Center

The mother who brought the wrong child to the health center because the automated appointment reminder call did not specify a name...

The Vietnamese patient who had given the receptionist her hat years ago to hang decoratively on the wall but then needed to take it back recently on a particularly sunny day...

The man who wants to go to see his specialist and is eligible for Medicaid-covered cab transportation but cannot navigate the telephone tree to make the call in English to set it up...

The patient that brings in food from the neighboring food bank because she wants to thank the medical staff for the good care she receives...

These are glimpses of individuals who may come to mind when one thinks of “immigrant health.” While the complexity of the U.S. healthcare system can be overwhelming for everyone, foreign-born populations certainly face additional barriers, both linguistic and cultural. The exclusion of undocumented immigrants from the Affordable Care Act and Kentucky’s decision to uphold the 5-year wait period for adults who are lawfully present permanent residents to access Medicaid create additional barriers to health insurance coverage and access to care. But in many ways, the health literacy and systems navigation challenges that immigrants face can magnify gaps that actually exist for all patients. Most people have some difficulty navigating the U.S. health care system. All are at risk for low health literacy moments – misunderstanding follow-up care instructions, forgetting about an appointment, getting lost in a large hospital, not taking medications exactly as prescribed, questioning whether...
an acute care need really constitutes an emergency or not. Addressing cultural differences, improving health literacy, and using clearer communication would go a long way toward better serving everyone.

Family Health Centers (FHC) - Americana sits in a small structure behind Louisville’s Americana Community Center. Because FHC has a long history of providing language services, offering sliding fee discounts, and not questioning immigration status, many of Louisville’s foreign-born community members seek care from FHC-Americana and other Family Health Center locations. So far in 2016, about 25% of overall FHC encounters are with Limited English Proficient (LEP) individuals, speaking 61 different languages. Christy Elliott-Gonzalez, a primary care provider at FHC-Americana, recommends focusing on each person, being attuned to and aware of the cultural uniqueness we all share. “Treating persons as they would like to be treated demonstrates respect, value and appreciation of their experiences – past and present. My practice as a Family Nurse Practitioner is humbling, inspiring and immensely satisfying; challenging myself to always be open to a variety of perceptions. Inquiring about what is important to the patient and family and the needs they identify as potential barriers to health and quality of life are integral conversations in establishing a trusting relationship. Regardless of language, geography, faith tradition, gender, physical ability – the art of listening to those we are serving surpasses any ‘difference’. Culture is our sixth sense. It is the filter through which one perceives, interprets and engages the world.”

To learn more about Americana Community Center, Inc., please visit www.americanacc.org

To learn more about Family Health Center’s language and refugee services, go to http://www.fhclouisville.org/medicalhome/language-refugee-services/

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**What’s in a Name?**

**Immigrant:** An Immigrant is a foreign-born individual who has been admitted to reside permanently in the United States as a Lawful Permanent Resident (LPR). *Came to the U.S. by:* 1) Family Sponsored Immigration; 2) Employment Based Immigration; 3) Diversity Lottery

**Refugee:** A Refugee is a person outside of the United States who seeks protection on the grounds that he or she fears persecution in his or her homeland. *Resettled to U.S. because of:* Well founded fear of persecution based on: race, religion, membership in a social group, political opinion, or national origin Application process: A person claiming to be a refugee undergoes a vigorous interviewing process: Screened by the United Nations High Commissioner for Refugees (UNHCR) to determine if qualifies; If qualifies, screened by U.S. Embassy in host country; contacts with private organization to collect information about refugees; Check name of the refugees in Consular Lookout and Support System (CLASS), contains millions of people who have been denied visas or ineligible for entry Conduct face to face interview and reviews the file; Photograph, finger printed; Come to the U.S., inspector from the Bureau of Customs and Border Protection conducts one more interview and compares the refugee with host country U.S. embassy records. After refugees have been in the U.S. for one year, they are eligible to become permanent residents. There is no limit to the number of refugees who may become permanent residents each year.

**Asylum Seeker:** An Asylum seeker is a foreign born national at the port of entry or in the United States seeking protection in the U.S. on the grounds that they fear persecution in their homeland. *Came to the U.S. by:* Entering the U.S. first and then applying for asylum. Like a refugee, an asylum applicant must also prove that he or she has a "well-founded fear of persecution" based on the same enumerated grounds. Both refugees and asylees may apply to become LPRs after one year.
Kentucky resettles approximately 3500 refugees each year - just a fraction of the total number of refugees accepted to the United States annually. Because the maximum number of refugees accepted annually is set by the President two fiscal years in advance, U.S. refugee resettlement programs may be slow to respond to newer human displacement crises, such as the Syrian conflict. The proposed number of refugees accepted into the U.S. is slated to increase from 70,000 in fiscal year 2015 to 85,000 in fiscal year 2016, with an additional projected increase to 100,000 in fiscal year 2017. As the national numbers grow, so do Kentucky’s. Louisville has gained a reputation as a welcoming home to refugees and other immigrants and entrants, and is the destination for the vast majority of refugees entering Kentucky. In fact, Kentucky is the 14th largest resettlement site in the US and the 4th largest site for incoming Cuban refugees.

Many countries, dozens of languages -- one destination

The origins of Kentucky’s arriving refugee population are concentrated in a few key regions and nations. Because of both proximity to the U.S. and favorable entry provisions still in place from the Cold War era, Cubans comprise the largest group - nearly 40% of the Kentucky total in 2015. (While most incoming Cubans are classified as “parolees” or “entrants” by the federal government, they are considered to have the same status as refugees). Refugees from the Democratic Republic of Congo (DRC) are the next-largest group at 14%; Somalis are the third-largest group with 11%. Close behind are Iraq (10%) and Burma/Myanmar (9%). Because Syrian refugees undergo an enhanced security clearance which requires more time to complete, they comprised only 5% of the 2015 total.

Since 2012, the University of Louisville Division of Infectious Dis-
ease has administered age-appropriate vaccines to adult refugees. Due to the length of time it has taken refugee children to receive evidence of Medicaid coverage, beginning in 2014, the Division’s refugee health vaccine program began serving as a stopgap measure for children as they await acceptance into a medical home for care. As of the end of June, close to 7000 refugees have been immunized with more than 23,000 doses of vaccine. This is a tremendous public health achievement, as it protects refugees from becoming ill with vaccine-preventable transmissible diseases.

Meanwhile, on the U of L Health Sciences Campus, the 550 International Vaccine and Travel Clinic in the Ambulatory Health Building serves as the clinical arm of U of L Refugee Health. Along with Home of the Innocents and the Family Health Services Americana Clinic, 550 provides Refugee Health Screenings to newly-arrived Louisville area refugees, and provides ongoing primary health care services for many refugees who want to continue care. 550 Clinic is currently training a group of newly-hired Global Health Navigators to provide outreach health services to refugees in their own neighborhoods. Their work serves as an important link to their 550 clinic refugee-centered medical home.

In Louisville, U of L enjoys a close working relationship with the two local refugee resettlement agencies, Kentucky Refugee Ministries and Catholic Charities Migration and Refugee Services of Louisville. The U of L Global Health Center sponsors biweekly vaccine clinics on-site at both agencies, so that refugees can receive their vaccines at familiar anchor locations, where they are already used to coming to receive other social services. There are also resettlement agencies in Lexington, Owensboro, and Bowling Green; U of L partners with all five agencies to some degree. The agencies work with clinics across the state to offer Refugee Health Assessments to all refugees within ninety days of their arrival; those clinics send the assessments to U of L, where the health data are recorded for reporting and surveillance.

U of L, the resettlement agencies, and their partners use on-site interpreters and telephone interpreter services to communicate with refugees. Spanish is the most commonly-spoken foreign language needed, and U of L employs a number of Spanish interpreters. Arabic, Somali, Swahili, Kinyarwanda, and Nepali interpreters are also on staff to translate for these languages, common among Louisville area refugees. Other languages commonly spoken that may require telephone interpreter service include Burmese, Karen, and various Chin language dialects.

Refugees and the state of health

Overall, refugees face health conditions of the same nature as the majority of the U.S. population: chronic conditions requiring long-term management. Top health conditions include dental abnormalities; decreased visual acuity; TB exposure; increased emotional stress; and anemia. While an average U.S. resident might not be dealing with latent TB exposure, there is some overlap of specific conditions -- more than half of newly-arriving refugees are considered overweight or obese. Fourteen percent were diagnosed with high cholesterol, and 45 percent showed low HDL.

U of L focuses on addressing more than the medical component of refugee health. U of L Health has sponsored other refugee-centered activities, including a health fair held on-site at Kentucky Refugee Ministries, in which refugees who attended could address health on various levels - signing up for accounts with the Louisville Free Public Library, entering a bicycle giveaway, and more. U of L also provided support for Walk a Mile in My Shoes: A Refugee Camp Simulation, a community event in which non-refugees were given a hands-on look at what it’s like to be a refugee in a camp.

These efforts help support the refugee program’s main goal: self-sufficiency. Following their arrival, refugees have a short period of time, about eight months, in which they must secure employment; learn English; assimilate to some degree; and ideally be self-sustaining independent of public assistance. By supporting refugee health in the broadest sense, U of L supports refugees and their successful integration into the community and their new homes.
My Challenges as a Student Immigrant

by Muna Hammash, PhD, RN
Assistant Professor, School of Nursing

People face different challenges every single day of their lives. Being on time at work on a rainy day is a challenge, interviewing for a job is a challenge, having a new child is a challenge, having someone we love in the hospital is a challenge. One more challenge... and another. Immigrants to the United States have more challenges due to language barriers, cultural differences, immigration rules, and the health care system; and the intensity of these challenges differs by the reason for immigration. I moved with my husband to this country 12 years ago because I had a fellowship to earn my doctorate degree. So I can tell what challenges that student immigrants have.

I learned formal English in my home country of Jordan, but not in the American dialect. I often did not understand what people were saying and they also did not understand what I was saying. Sometimes I had to write down or spell out what I wanted to say. Actually, it is nice and sometimes funny to learn new dialects. When I was a student, one of my American friends was talking about her research and what she wants to do with “M.A” patients. I asked myself “what is M.A? Is it a new disease that I have not heard of before?” Later on I realized that my friend is pronouncing the letter “I” as “A” and “M.A” meant “M.I: myocardial infarction.”

Working within the U.S. health system presented another layer of challenges. In my country, the health system is totally different from the system here. We have governmental hospitals and clinics in which anyone can be treated for a few dollars, if not for free. We do not have third party medical insurance companies. When I moved to the U.S., I was pregnant...
with my first baby and could not get medical insurance because my pregnancy was considered a pre-existing condition. It was totally new for me to hear the terms of “pre-existing,” “deductible,” and “co-payment.” It was not easy to understand how the U.S. health system operates. It is quite like learning a foreign language!

The biggest challenges for student immigrants are visa-related immigration rules. Students holding student visas and their spouses are not allowed to work off campus or even register as a part-time students. These rules have significant economic implications, especially on students with families and paying their own tuition. Some students who completed degrees in their home countries have to return back to school to repeat their degrees in the U.S. in order to be able to sit for their profession board exam, which consumes large amounts of time and money.

Challenges are stressful but living in a multi-cultural country is a great eye-opening experience. I learned a lot about and from people from other cultural groups. Despite all the challenges, we were able to succeed and move forward in our lives in the U.S. That is because of all the nice people and great friends we met and have here. I will never forget that lady who I met the day after I arrived in this country. It was my first visit to the campus and I did not know where to go. This lady realized that I was lost, and ran toward me asking if I needed any help. This simple act of kindness made a mark in my life, something we must all remember as we encounter other newcomers who may appear “lost.”

UofL Helps ESL
Newcomer Academy
Celebrate its 10th Year
by Elizabeth Barnes, BA, MA, MPH
Global Health Program, Division of Infectious Disease, School of Medicine

ESL Newcomer Academy is a special Jefferson County Public School for English language learner students. Its central campus is housed in Shawnee High School, and serves students in grades 6 through 10. Newcomer students represent a wide range of nationalities, with the largest percentage from Cuba, but also an ever-increasing number of unaccompanied child immigrants from elsewhere in Latin America. Newcomer is also a destination for older refugee children. Many Newcomer students not only speak little to no English, but may also have had limited -- or interrupted -- educational experiences in their former countries. ESL classes at Newcomer help the children achieve a solid baseline of advanced fluency. After a year or two, students transition into other area high schools.

Demand for the beginning English Language Learner (ELL) program has more than doubled over the past ten years, reflecting swelling numbers of incoming child immigrants, refugees, and children born in the U.S. to parents who speak languages besides English. Kentucky’s ELL growth over the past decade has been one of the highest in the nation. According to Principal Gwen Snow, Newcomer enrollment fluctuates throughout the year, as new students enroll and returning students transition to other area high schools to finish their educations. With an average of eight to ten new students added per week, Newcomer projects a total of 850-900 students by the end of the 2016-17 school year - an increase of more than fifty percent from just two years ago.

In response to growing need, Newcomer expanded beginning in 2014, adding four classrooms at the former Myers Middle School in the Phoenix building in Hikes Point. An offshoot program mod-
eled on Newcomer, the International Academy, serves ELL students who reside near Iroquois High School. Newcomer, the satellite campus, and the International Academy are located near areas of Louisville where many refugees settle.

Newcomer works closely with the Americana Community Center, which is about two miles from the satellite campus at Iroquois High School. Newcomer has instituted policies to help refugee students succeed, such as offering parents bus transportation from Americana to Newcomer in order to attend parent-teacher conferences.

Refugees and Education: 55,000 degrees

Bolstering relationships with Newcomer is part of U of L’s commitment to furthering postsecondary education. This goal is in alignment with the mission of 55,000 Degrees, Greater Louisville’s objective of adding 55,000 postsecondary degrees to the Metro population by the year 2020. Realizing this goal would increase the number of Jefferson County residents holding an associate or bachelor’s degree from approximately one-third to one-half.

Snow noted that it is difficult to track Newcomer students who go on to college, since official numbers reflect a school’s graduates, while Newcomer’s goal is to transfer students to other area high schools from which they’ll graduate. However, she confirmed that a number of Newcomer alumni do go on to college, including a number of pre-med and dental students at U of L, and two former students who were named recipients of the prestigious Gates Millennium Scholars Program. Since there are no national or Kentucky statewide tuition incentives designed specifically to help refugees pay for college, it is especially important to support refugees who might go on to postsecondary education.

U of L serves refugee Newcomer students indirectly on a regular basis by providing no-cost vaccinations at its biweekly vaccine clinics. For the past few years, the staff has also traveled to the Shawnee campus to offer sports physicals for students, and the School of Nursing has held classes on-site to help orient students to working with diverse populations.

U of L also continues to expand its services to Newcomer. On August 4, the Global Health Center staff attended the NorthWest Neighborhood Place Safe and Healthy Return to School Health Fair, an annual event pioneered by the U of L Diversity Committee. The fair was hosted on-campus at the Shawnee Newcomer campus (which shares the building with Neighborhood Place on West Market Street) and served more than 2000 members of the Shawnee community. The U of L Global Health Center staff provided vaccines for students who were refugees or uninsured, while staff from KentuckyOne Health and Spalding University offered back-to-school physicals and other health screenings. Other community partners gave away 1000 backpacks filled with back-to-school supplies, and 23 bicycles and helmets were donated by KentuckyOne Health and assembled by Mr. Steve Amsler, along with the engineering and facilities team at the University of Louisville Hospital. Additional partners included Jewish Hospital, Louisville Metro, Jefferson County Public Schools, The Kidz Club, Service for Peace, Dare to Care, UPS, and Target.
Events and Announcements

- **“Yet We Live, Strive, and Succeed”**
  West Louisville Photovoice Exhibit
  Exhibit open now until September 23
  10:00am—4:00pm
  Location: KY Center for African American Heritage

- **UofL LGBT Health Summit**
  Monday, September 12
  8:00am—4:00pm
  More information [here](#)

- **White People Engaging White People to Achieve Racial Justice Lunch and Learn featuring Carla F. Wallace**
  Tuesday, September 27
  12:00—1:00pm
  Location: Kornhauser Auditorium
  RSVP [here](#)

- **Research!Louisville Health Disparities Lunch and Learn featuring Glenn Flores, MD, FAAP**
  Thursday, October 13
  12:00—2:00pm
  Location: CTR Room 101/102

- **HSC Poverty Simulation**
  Wednesday, October 26
  9:30am—12:00pm
  Location: CTR Room 101/102
  Register [here](#)

- **Save the Date! 11th Annual Patricia Allen Culturally Effective Care Symposium**
  Wednesday, November 2
  Location: KY Center for African American Heritage

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Announcing the Sagar Patagundi Alumni Scholarship

Established by alumnus Brian Buford (College of Education and Human Development, 1990), the **Sagar Patagundi Scholarship** will be awarded to subsidize the cost of higher education at the University of Louisville for students with strong financial need, with preference given to undergraduate DACA and undocumented students. The amount of the scholarship will be determined by funds available at the time the awards are granted, and will be managed by the director of the Hispanic/Latino Initiatives Office (HLSI) at the University of Louisville.

**About the namesake:** Sagar Patagundi came to the United States when he was 11 years old with his family. They all entered the country legally, but his father was eventually denied a green card after his application was pending for 11 years and was forced to return to their native country, India. Later his mother returned as well, leaving Sagar and his two brothers alone in the United States to pursue their dream of a college education. Sagar enrolled at U of L and became a key figure in the immigrant rights movement, founding a student organization called FIRE (Fighting for Immigrants Rights and Equality) and speaking nationally about the issues that undocumented students face. He graduated from the University of Louisville in 2014 with BA in Communication and continues to work as an advocate for social change with the ACLU of Kentucky and other local organizations.

To apply you must meet the following qualifications: plan to be seeking a degree at the University of Louisville in the upcoming academic year; be enrolled for at least six credit hours; and have a 3.35 GPA. For more information or for an application, please contact Sarah Nunez.