Resolution Concerning Health of Displaced Persons

Call for Achieving Health Equity Concerning Refugee, Forced Migrant, Displaced and/or Non-Nationalized Persons in the United States.

Adopted by the SOPHE Board of Trustees
November 18, 2026

Whereas, displaced persons are those forced or obliged to flee or leave their homes or places of habitual residence due to armed conflict, generalized violence, human rights violations, or disasters; this definition includes both internal and cross-border displacement (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2023; United Nations High Commissioner for Refugees [UNHCR], 2025a).

Whereas, forced displacement has continued to increase globally, reaching 41.6 million forcibly displaced people and 9 million asylum-seekers at the end of 2025, reflecting escalating conflict, violence, and climate-related shocks that disrupt health, housing, and continuity of care (UNHCR, 2025b).

Whereas, refugees, asylum seekers, and other forcibly displaced populations experience elevated risk of unmet physical and mental health needs and face barriers to prevention, timely treatment, and continuity of care across migration pathways and resettlement contexts (World Health Organization [WHO], 2022).

Whereas, the U.S. foreign-born population has continued to grow; in 2023, an estimated 50.2 million foreign-born people lived in the United States, making up about 14% of the total U.S. population (Congressional Research Service, 2026).

Whereas, access to health coverage and care for noncitizens remains shaped by complex eligibility rules across Medicare, Medicaid, and Affordable Care Act coverage pathways, and gaps in eligibility contribute to delayed care and fragmented access (Congressional Research Service, 2024; Kaiser Family Foundation, 2026).

Whereas, recommended domestic health assessments for newly arriving refugees in the United States typically occur 30–90 days after arrival and are intended to promote health, prevent disease, and connect individuals to ongoing primary care (Centers for Disease Control and Prevention, 2024; Office of Refugee Resettlement, 2024).

Whereas, children are disproportionately affected, facing long-term physical and psychological harms from the disruption of their care and stability (United Nations Children Fund [UNICEF], 2023; UNICEF 2026).

Therefore, be it resolved, the Society for Public Health Education, Inc. (SOPHE) shall:

External Activities

1. Urge Congress to:
    a. Expand access and support federal policies that reduce administrative barriers and expand continuous, affordable health coverage for all humanitarian entrants.
    b. Strengthen infrastructure by increasing funding for the public health programs that handle medical screenings, vaccinations, and maternal/child health.
    c. Improve national data capacity to track health outcomes and service gaps while strictly protecting the privacy of these vulnerable populations.

2. Encourage and support professional public health action to:
    a. Expand training for health educators to include culturally responsive, trauma-informed, and language-accessible engagement strategies.
    b. **Use** rights-respecting, consistent definitions for displacement to help reduce service misclassification and improve overall coordination.

Internal activities:

1. Include updated information in SOPHE communications and educational programming on the health impacts of forced displacement and the key U.S. access points to care (e.g., domestic screening and linkage to primary care).
2. Support member education and partnership-building that advances equitable access to health coverage, preventive services, and language-accessible care for displaced populations and other underserved communities.

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