



STATEMENT BY

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U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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COMMITTEE ON AGING

U.S. SENATE

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Mr. Chairman and members of the Committee, thank you for the opportunity to testify on the assistance provided by the Office of Refugee Resettlement (ORR) to elderly refugees. The major goal of ORR is to assist refugees in achieving economic self-sufficiency and social adjustment within the shortest time possible following their arrival in the United States. In this testimony, the term "refugee," is used for convenience, and is meant to include asylees, Amerasians, Cuban paroles, trafficking victims, and others who receive refugee program benefits.

Founded on the belief that newly arriving populations have inherent capabilities when given opportunities, ORR provides people in need with critical resources to assist them in becoming integrated members of American society. ORR provides cash and medical assistance to needy refugees who are not eligible for other cash or medical assistance programs, such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income, and Medicaid. In addition, ORR funds a wide range of social services that help refugees become self-sufficient as quickly as possible after their arrival in the United States, including employability services, English language instruction, on-the-job training, transportation, citizenship and employment authorization document assistance, translation/interpretation and others.

As requested by the Committee, my testimony today will provide general background information on the elderly refugee population and the type of services that are made available for this unique population.

Background

In 2005, the principal groups of arriving refugees included Hmong and Burmese from Thailand, Bantu from East Africa, Liberians from West Africa, Vietnamese from the Philippines, and Meskhetian Turks from Russia. Each of these nationalities faces unique resettlement challenges reflecting the difficult circumstances they faced prior to arrival.

Approximately 46,000 refugees 65 years or older were admitted to the United States between 2001 and 2007. For older refugees, there are issues which make them particularly vulnerable to poverty, abuse, neglect or exploitation: chronic health and emotional problems stemming from the conditions of refugee flight; family loss and separation; an inability to advocate for themselves because of cultural, language, or educational barriers; limited access to appropriate health and social service agencies; and limited incomes due to work histories.

Programs Targeted at Older Refugees

ORR is committed to helping older refugees adjust to their new lives in the United States.

Elderly refugees are eligible for all the benefits and service programs that are available to all age groups of new arrivals. Those provisions include: up to eight months of cash and medical assistance; health screening and assessment; and a broad range of supportive services, such as employment services, English language instruction, outreach, information and referral, case management, and citizenship and naturalization preparation.

ORR has taken a leadership role in targeting specific programs for elderly refugees. In addition to providing this broad range of assistance available to all refugees, for the past ten years ORR funded grants to help link older refugees with mainstream aging programs in their local communities to enable them to remain independent as long as possible. Currently, ORR funds 21 such grants, totaling \$3.5 million, to State Refugee Agencies to provide supportive and social services to 12,100 older refugees. These projects initiate, expand and encourage collaborative partnerships between the domestic resettlement service providers, which include the local affiliate of one of the nine national voluntary resettlement agencies as well as the refugee mutual assistance associations, and the aging networks at the State and local community levels.

Through ORR's Elderly Refugee Discretionary Program, we also link older refugees with the services of the Senior Community Service Employment Program that is administered by the U.S. Department of Labor. This 40 year-old program provides part-time employment and training opportunities for low income adults age 55 and over. The program serves the community by providing useful community services and fostering individual economic self-sufficiency for older adults who may experience barriers to gainful employment. For those older refugees who are unable to work, the elderly refugee discretionary grant program also supports services and programs aimed at helping the refugees become naturalized U.S. citizens.

I would like to share a couple of examples of what State programs are doing through the Elderly Refugee Program:

- Maryland’s Office for New Americans is providing intensive English as a second language and citizenship preparation and assistance to 85 refugees 60 years or older through a \$109,000 grant.
- Wisconsin’s Department of Workforce Development is working to ensure the provision of social and supportive services to older refugees by increasing independent living, including outreach to those who are not currently served, and ensuring citizenship for those at risk of losing their Supplemental Security Income through a \$215,000 grant. Wisconsin expanded the working relationship with the Wisconsin Agency on Aging and the local community Area Agency on Aging to ensure access to mainstream services for all older refugee populations using bilingual staff as a crucial connection with the mainstream services. The project targets 500 older refugees with case management, social integration services, citizenship assistance, social and medical translation, transportation, health, and nutrition assistance.
- Oregon’s Department of Human Services provides a coordinated network of services to assist refugee seniors residing in Portland, Oregon metropolitan counties of Multnomah, Washington and Clackamas through a \$120,000 grant. The project is designed to connect refugee seniors with available services through other agencies, as well as provide direct services to create a complete network of services to benefit refugee seniors.

Another example of an ORR funded grantee which serves elderly refugees is the Southeast Asia Resources Action Center (SEARAC). This nonprofit grantee serves elderly refugees in Fresno and Stockton, California. The focus of the project is on elderly Hmong refugees. The grantee

links its elderly population of refugees to publicly funded health and social services opportunities. SEARAC also recruits and trains a cadre of elderly refugee leaders and a network of local community and faith-based organizations to promote adequate health services for elderly refugees.

Within the Department of Health and Human Services, ORR works closely with other agencies like the Administration on Aging (AOA). An interagency agreement with AoA is in place to ensure that there is a coordinated response to linking older refugees to Older Americans Act programs and services. ORR encourages its network of domestic resettlement agencies to work closely with the 56 State Units on Aging and 655 Area Agencies on Aging to help ensure that older people remain as independent as long as possible in their communities.

Finally, while not under the jurisdiction of ORR, I think it is important to mention the assistance that refugees who are aged, blind or disabled receive through the Supplemental Security Income (SSI) program. This is the most common form of cash assistance refugees receive. In FY 2005, about 14 percent of refugee households received these payments. Under current law, eligibility for Supplemental Security Income (SSI) and Medicaid for refugees arriving in the United States after August 22, 1996 is generally limited to a seven year period that begins when they enter the United States. The President has proposed to extend this time frame to eight years through FY 2010, recognizing the difficulty that some aged, blind and disabled refugees have had in obtaining U.S. citizenship (which would allow them to remain eligible for SSI and Medicaid).

Conclusion

The Office of Refugee Resettlement understands that older refugees face unique challenges to integrating into the American culture. They are beginning a new life in a place far from home, often without benefit of understanding English. These challenges combined with age-related medical concerns, make critical the availability of health services and community resources for this population. In response, ORR continues to work with our State and Federal partners to safeguard the interests of these refugees. We appreciate the support from Congress on the issues facing this population, and we look forward to working together to alleviate any future concerns that these older refugees might face.

I would be pleased to address any questions you may have.