S. HRG. 110–419

FORCED TO FLEE: CARING FOR THE ELDERLY DISPLACED BY WAR, POVERTY AND PERSECUTION ABROAD

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING UNITED STATES SENATE

ONE HUNDRED TENTH CONGRESS

FIRST SESSION

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FORCED TO FLEE: CARING FOR THE ELDERLY DISPLACED BY WAR, POVERTY AND PERSECUTION ABROAD

WEDNESDAY, DECEMBER 5, 2007

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The Committee met, pursuant to notice, at 10:30 a.m., in room SD–106, Dirksen Senate Office Building, Hon. Gordon H. Smith, presiding.

Present: Senator Smith.

OPENING STATEMENT OF SENATOR GORDON H. SMITH, RANKING MEMBER

Senator SMITH. Good morning, ladies and gentlemen. You are the brave few that traversed the treacherous Washington traffic on a snowy morning. We welcome you all here.

I had expected Senator Kohl, but I know he has been detained in the Judiciary Committee. With his blessing and encouragement, we are going to proceed without him, and he will join us if and when he can.

I know some of you have come a short distance, but many of you have come a long way, including some from my home State of Oregon. However, I can safely say that probably none of us has come so far as the populations that we are here to discuss—the elderly refugees and asylees who are now in the United States.

The goal of today's hearing is to learn more about the refugee populations that we have here in America and the needs of those who tend to be more frail and require supportive services—those who are elderly and disabled.

The elderly refugees who come to our Nation have many of the same needs that nonelderly refugees have: a place to live, a job and a safe environment, and a means to connect to their new country. However, due to age and frailty, these needs become more difficult for many elderly refugees to obtain.

In their times of need, there are resources to support them. Through the work of the State Department, the Department of Health and Human Services, other non federal organizations like the United Nations and refugee resettlement agencies, there is a network of support that aid in their transition to life in America. Today we are here to learn about these programs and to hear from the experts on how we can make improvements for elderly refugees.

I think every child in America learned, and I certainly did as well, that our Nation is an immigrant Nation. It is where many have come as refugees. Many of our own families left native countries to find religious freedom, to escape war and poverty and persecution. As our Nation has grown and advanced, we have held close to our obligations to those in the world who are less fortunate and who seek a better life; one safe from harm.

Many of the individuals we will discuss here today are elderly refugees who fled persecution or torture in their home countries. They include Jews fleeing religious persecution in the former Soviet Union. Iraqi Kurds fleeing the former Saddam Hussein regime. Cubans and Hmong people from the highlands of Laos who served on the side of the United States military during the Vietnam war.

Many of these refugees are elderly, and some are disabled and unable to work. Some have come with their families, some have come alone. Many are working to learn, at an advanced age, a new language and a new culture.

In my home State of Oregon, we have welcomed more than 55,000 refugees from around the world since 1975. Nearly two-thirds of Oregon's refugee population are from the former Soviet Union or Vietnam. Many of these refugees found themselves fighting for and otherwise helping the United States in war.

The remaining one-third of Oregon's refugees come from many Nations who have found themselves in troubled times. Somalia, Cuba, Bosnia and Afghanistan are just a few. Of these refugees, many are elderly and some will require additional services and support as they age.

To help refugees who are elderly and disabled, I introduced a bill with Senator Kohl that would allow them to retain their SSI, or another acronym in all our alphabet soup here, meaning supplemental security income (SSI). They get this until they gain their American citizenship, or at least ideally so.

The bill that we have entitled "SSI Extension for Elderly and Disabled Refugees Act" is one important step we could take to make a significant impact in helping our most vulnerable.

As many of you know, Congress modified this supplemental security income program to include a seven-year time limit on the receipt of benefits for refugees and asylees. Unfortunately, the naturalization process takes longer than seven years. Applicants are required to live in the United States for a minimum of five years prior to applying for citizenship. In addition to that time period, their application process often can take three or more years before resolution.

Because of this time delay, many individuals are trapped in the system and faced with the loss of their SSI benefits. In fact, we know that, to date, more than 7,000 elderly and disabled refugees have lost their SSI benefits, and that another 16,000 are threatened to lose their benefits as well in coming years.

The Bush Administration in its fiscal year 2008 budget acknowledged the necessity to correct this problem by dedicating funding to extend this population beyond the seven-year limit. The legislation I introduced with Senator Kohl builds upon those efforts by the Administration by allowing an additional two years of benefits

for these people, and other qualified humanitarian immigrants, including those whose benefits have expired in recent past.

A similar bill that has passed the House, similar to the bill I am working to pass here in the Senate, would allow benefits to be extended for a third year for those same refugees who are awaiting a decision on a pending naturalization application. These policies are limited to 2010, and are completely offset in cost by a provision that will work to recapture Federal Government funds due to unemployment insurance fraud.

I hope the Senate will soon pass this package, as it would send a message that we have not and will not turn our backs on the most vulnerable refugees. To penalize them as we currently do because of delays encountered through bureaucratic process seems unjust and certainly inappropriate.

So I look forward to the testimony we will hear today from our panelists. We have a wide array of experts and dedicated witnesses ranging from the United Nations to the U.S. State Department, the U.S. Department of Health and Human Services, and representatives of many of the organizations that are the backbone of the services refugees can access in our Nation. They are truly dedicated people and we thank them for their service.

Our first panel consists of Ms. Kelly Ryan. She is the deputy assistant at the Bureau of Population, Refugees and Migration at the State Department.

So, Kelly, we appreciate your being here.

Then Mr. Brent Orrell, the acting director of the Office of Refugee Resettlement at the Department of Health and Human Services.

So thank you both for being here.

Kelly, why don't we start with you.

STATEMENT OF KELLY RYAN, DEPUTY ASSISTANT SECRETARY, BUREAU OF POPULATION, REFUGEES AND MIGRATION, DEPARTMENT OF STATE

Ms. RYAN. Thank you very much, Senator Smith.

It is a pleasure to appear before you today to discuss U.S. assistance to refugees, including U.S. efforts to protect elderly refugees here and abroad. With your permission, I would like to submit my formal statement for the record and use this opportunity to highlight the responsibilities of my bureau, Population, Refugees, and Migration.

Senator SMITH. Without objection.

Ms. RYAN. Thank you. I am going to talk about our humanitarian assistance programs and the admission of refugees to the United States.

PRM plays a major role in U.S. foreign assistance, administering nearly $1.1 billion in fiscal year 2007. These Congressionally appropriated monies were furnished to international organizations and NGO's to protect refugees, internally displaced persons, and other vulnerable persons including victims of conflict and trafficking.

PRM-funded programs provide life-sustaining protection and relief to some of the world's most vulnerable populations, including women, children and the elderly.

The United States and our international and NGO partners recognize that some elderly refugees can become, or are, extremely vulnerable. Some have medical challenges, some have become disabled, and some have been separated from family members through a variety of means.

We fund and urge our international and NGO partners to ensure that services are designed with the most vulnerable in mind, including the elderly.

The United Nations High Commissioner for Refugees, UNHCR's, age, gender, and diversity mainstreaming project is specifically focused on tailoring services to meeting the needs of vulnerable populations, including the elderly, whether by designing appropriate food distribution systems, providing mental health support as part of comprehensive healthcare, or emergency shelter assistance, particularly for those without other family members in camp or urban refugee settings.

Assistance funds in particular support programs to provide basic assistance needs at internationally accepted standards, such as food, shelter, healthcare, water and sanitation.

In fiscal year 2007, of the nearly $1.1 billion PRM programmed, some $847 million was expended on overseas assistance programs, and $171 million was used to administer the U.S. refugee admissions program.

Senator Smith, it is a tragic reality that violence, insecurity and persecution continue, causing people to flee and resulting in a need for humanitarian protection and assistance. Our humanitarian aid is a hallmark of U.S. foreign policy engagement. We support durable solutions for refugees through a combination of diplomacy, program expertise and financial support for voluntary returns, local integration and resettlement to the United States.

Refugee resettlement is a critical solution for a small number of the world's refugees. The number of refugees resettled annually in the U.S. is more than the total of refugees resettled by all resettlement countries combined.

In fiscal year 2007, the U.S. resettled 48,281 refugees. In recent years, the United States has admitted refugees of over 60 nationalities and conducted processing in over 40 remote locations worldwide. The program is more geographically diverse and operationally complicated than ever before, but we continue to find ways to make it more responsive.

While the program is subject to many logistical and political challenges, it offers unparalleled opportunities for saving lives, reuniting families and ending protracted refugee situations.

The Refugee Act of 1980 created the modern day refugee program, but we have welcomed refugees since the founding of our republic. The act directs the President to submit an annual report to Congress containing the Administration's proposal for the number of refugees to be admitted in the coming fiscal year. This proposal is prepared after extensive consultations within the Administration and with officials of UNHCR, other international organizations, as well as human rights and advocacy groups, and interested citizens.

Following House and Senate Judiciary Committee consultations, the President issues a determination establishing the size and scope of the refugee program for the next fiscal year. For fiscal year

2008, the President authorized the admission of 80,000 refugees, allocated amongst geographic regions.

PRM is responsible for coordinating and managing the admissions program. A key part of our work is determining who will be given access, thereby allowing them to apply for refugee admission to the U.S.

Unlike some other resettlement countries, age, educational level, employability, English language ability or health conditions are not factors evaluated in determining which refugees should be considered for refugee status and for resettlement to the U.S. USCIS determines both eligibility and admissibility in accordance with U.S. law and policy.

The refugee program assesses and considers vulnerabilities throughout refugee processing. Age-related vulnerabilities of both the very young and the elderly are factors in case composition, and can also be the basis for requests to UNHCR and USCIS for special process consideration. Elderly refugees who would be left in countries of first asylum without care or support should their family depart without them can and are included on refugee cases with USCIS agreement.

PRM engages an overseas processing entity to assist in the processing of refugee applicants. These OPEs prescreen applicants and prepare the cases for CIS interviews. OPE staff guide the refugees through the post-adjudication steps, including the medical exams in close coordination with HHS, and attending cultural orientation programs. The OPE obtains sponsorship assurances and, once all required steps are completed, refers the case to the international organization for travel to the United States.

Medical clearances are required for refugees prior to their resettlement to the U.S., and is particularly important for elderly refugees. In addition to having a higher prevalence of chronic medical conditions such as high blood pressure or diabetes, these refugees are more prone to developing certain infectious disease such as tuberculosis and other severe complications of certain vaccine-preventable diseases such as influenza.

For these refugees, in addition to performing medical screening mandated by U.S. regulations, IOM also looks for signs of medical conditions that would require follow up after resettlement to the U.S.

Our program strives to ensure that those who are accepted for admission are prepared for the significant life changes they will experience by providing cultural orientation programs prior to their departure.

The State Department funds their travel through a program administrated by IOM. Refugees are responsible for repaying the travel costs over time, beginning 6 months after their arrival. The special travel arrangements are made by IOM as required, and elderly refugees get appropriate travel assistance.

Prior to refugees' arrival in the U.S. domestic resettlement agencies receive biographic data on each arriving refugee. This includes age and any physical disabilities or chronic illnesses. This information is used by the receiving agencies to prepare appropriately for the arriving refugee.

Consideration of age and physical limitations is used in the selection of housing, and also provides the opportunity for advance contact with local medical service providers to address medical needs immediately upon arrival.

The Reception and Placement program is a unique public-private partnership under which resettlement agencies contribute significant cash or in-kind resources to supplement U.S. per capita grants. PRM currently funds cooperative agreements with 10 entities—nine private voluntary agencies and one State, the State of Iowa—to provide initial resettlement services.

Under this agreement, PRM provides voluntary agencies with $850 per refugee, of which the local affiliate must spend $425 directly on each refugee to meet their immediate needs post-arrival in the U.S. The R&P agencies agree to provide initial resettlement and core services to refugees, and these services are provided according to jointly agreed upon standards of care.

The 10 organizations maintain a National network of 360 affiliates. This program operates in close coordination with our colleagues from HHS and its HHS-funded grantees to begin to assist refugees through their programs after the PRM-funded initial resettlement activities are complete.

Refugees may be lawfully employed upon arrival to the U.S. Some of our refugees who are over 65 are gainfully employed or are informally employed as caregivers for family member.

After one year, a refugee is required to apply for adjustment of status to lawful permanent resident; 5 years after admission, refugees who have been lawfully admitted for permanent residency and who meet other statutory requirements, are eligible to apply for naturalization. We believe naturalization is critical for successful refugee integration and for those who may require further Federal assistance. Our resettlement partners assist elderly refugees in obtaining U.S. citizenship.

Senator Smith, PRM's humanitarian assistance to refugees and its coordination of the U.S. resettlement program reinforce U.S. commitments to the principles of democracy and freedom. They support an overarching goal of President Bush's National security strategy to champion human dignity. This work is critical to U.S. foreign policy leadership.

This concludes my oral statement and I would be happy to respond to any questions you may now have or following my colleague's presentation. Thank you.

[The prepared statement of Ms. Ryan follows:]

SENATE SPECIAL COMMITTEE ON AGING
HEARING ON
HEALTH AND WELFARE NEEDS OF ELDERLY REFUGEES AND ASYLEES
DECEMBER 5, 2007
Testimony of Kelly Ryan

SENATOR SMITH, IT IS A PLEASURE TO APPEAR BEFORE YOU TO DISCUSS UNITED STATES ASSISTANCE TO REFUGEES, INCLUDING U.S. EFFORTS TO PROTECT ELDERLY REFUGEES HERE AND ABROAD.

WITH YOUR PERMISSION, I WOULD LIKE TO SUBMIT MY FORMAL STATEMENT FOR THE RECORD AND USE THIS OPPORTUNITY TO HIGHLIGHT THE RESPONSIBILITIES OF MY BUREAU, POPULATION, REFUGEES, AND

MIGRATION (PRM), RELATED TO OVERSEAS HUMANITARIAN ASSISTANCE PROGRAMS AND THE ADMISSION OF REFUGEES TO THE UNITED STATES.

REGARDING HUMANITARIAN AND MIGRATION-RELATED PROGRAM ACTIVITIES, PRM PLAYS A MAJOR ROLE IN US FOREIGN ASSISTANCE ADMINISTERING NEARLY 1.1 BILLION DOLLARS IN FY 07. THESE CONGRESSIONALLY APPROPRIATED MONIES WERE FURNISHED TO INTERNATIONAL ORGANIZATIONS, AND NGOS TO PROTECT REFUGEES, CERTAIN INTERNALLY DISPLACED PERSONS, AND

OTHER VULNERABLE PERSONS, INCLUDING VICTIMS OF CONFLICT AND TRAFFICKING. PRM-FUNDED PROGRAMS PROVIDE LIFE-SUSTAINING PROTECTION AND RELIEF TO SOME OF WORLD'S MOST VULNERABLE POPULATIONS, INCLUDING WOMEN, CHILDREN, AND THE ELDERLY. THE UNITED STATES, AND OUR INTERNATIONAL AND NGO PARTNERS RECOGNIZE THAT SOME ELDERLY REFUGEES CAN BECOME OR ARE EXTREMELY VULNERABLE. SOME HAVE MEDICAL CHALLENGES, SOME HAVE BECOME DISABLED, AND SOME HAVE BEEN SEPARATED FROM FAMILY MEMBERS

THROUGH A VARIETY OF MEANS. WE FUND AND URGE OUR INTERNATIONAL AND NGO PARTNERS TO ENSURE THAT SERVICES ARE DESIGNED WITH THE MOST VULNERABLE IN MIND, INCLUDING THE ELDERLY. THE U.N. HIGH COMMISSIONER FOR REFUGEES' (UNHCR'S) AGE, GENDER, AND DIVERSITY MAINSTREAMING PROJECT IS SPECIFICALLY FOCUSED ON TAILORING SERVICES TO MEETING THE NEEDS OF VULNERABLE POPULATIONS INCLUDING THE ELDERLY, WHETHER BY DESIGNING APPROPRIATE FOOD DISTRIBUTION SYSTEMS, PROVIDING MENTAL HEALTH SUPPORT AS PART OF

COMPREHENSIVE HEALTH CARE, OR EMERGENCY SHELTER ASSISTANCE, PARTICULARLY FOR THOSE WITHOUT OTHER FAMILY MEMBERS IN CAMP OR URBAN REFUGEE SETTINGS. ASSISTANCE FUNDS, IN PARTICULAR, SUPPORT PROGRAMS TO PROVIDE BASIC ASSISTANCE NEEDS AT INTERNATIONALLY-ACCEPTED STANDARDS, SUCH AS FOOD, SHELTER, HEALTH CARE, WATER AND SANITATION.

IN FY 2007, OF THE NEARLY $1.1 BILLION DOLLARS PRM PROGRAMMED, SOME $847.4 MILLION WAS EXPENDED ON OVERSEAS ASSISTANCE PROGRAMS AND $171.9

MILLION WAS USED TO ADMINISTER THE U.S. REFUGEE ADMISSIONS PROGRAM.

REFUGEE PROTECTION AND ASSISTANCE

SENATOR SMITH, IT IS A TRAGIC REALITY THAT VIOLENCE, INSECURITY, AND PERSECUTION CONTINUE, CAUSING PEOPLE TO FLEE, AND RESULTING IN THE NEED FOR HUMANITARIAN PROTECTION AND ASSISTANCE. OUR HUMANITARIAN AID IS A HALLMARK OF U.S. FOREIGN POLICY ENGAGEMENT. WE SUPPORT DURABLE SOLUTIONS FOR REFUGEES THROUGH A COMBINATION OF DIPLOMACY, PROGRAM EXPERTISE, AND FINANCIAL SUPPORT FOR

VOLUNTARY RETURNS, LOCAL INTEGRATION, AND RESETTLEMENT IN THE UNITED STATES.

THE U.S. REFUGEE ADMISSIONS PROGRAM

AT THE END OF 2006, THERE WERE 14.3 MILLION REFUGEES WORLDWIDE. RESETTLEMENT IS A CRITICAL SOLUTION FOR A SMALL NUMBER OF THE WORLD'S REFUGEES. THE NUMBER OF REFUGEES RESETTLED ANNUALLY IN THE U.S. IS MORE THAN THE TOTAL OF REFUGEES RESETTLED BY ALL OTHER RESETTLEMENT COUNTRIES COMBINED. ACCORDING TO THE LATEST

FIGURES AVAILABLE FROM UNHCR, IN CALENDAR YEAR 2006, UNHCR REFERRED 14,961 REFUGEES TO ALL OTHER RESETTLEMENT COUNTRIES. DURING THAT FISCAL YEAR, THE UNITED STATES RESETTLED 54,526. REFUGEES.

IN FY 2007, THE U.S. GOVERNMENT RESETTLED 48,281 REFUGEES. IN RECENT YEARS, THE UNITED STATES HAS ADMITTED REFUGEES OF OVER 60 NATIONALITIES AND CONDUCTED PROCESSING IN OVER 40, OFTEN REMOTE, LOCATIONS WORLDWIDE. THE PROGRAM IS MORE GEOGRAPHICALLY DIVERSE AND

OPERATIONALLY COMPLICATED THAN EVER BEFORE. WE CONTINUE TO IDENTIFY WAYS TO MAKE IT MORE RESPONSIVE. WHILE THE PROGRAM IS SUBJECT TO MANY LOGISTICAL AND POLITICAL CHALLENGES, IT OFFERS UNPARALLELED OPPORTUNITIES FOR SAVING LIVES, REUNITING FAMILIES, AND ENDING PROTRACTED REFUGEE SITUATIONS.

THE REFUGEE ACT OF 1980 (P.L. 96-212, MARCH 17, 1980) CREATED THE MODERN-DAY REFUGEE PROGRAM, THOUGH WE HAVE WELCOMED REFUGEES SINCE THE FOUNDING OF THE REPUBLIC. THE ACT

DIRECTS THE PRESIDENT TO SUBMIT AN ANNUAL REPORT TO THE CONGRESS ON THE CONTAINING THE ADMINISTRATION'S PROPOSAL FOR THE NUMBER OF REFUGEES TO BE ADMITTED IN THE COMING FISCAL YEAR. THE PROPOSAL IS PREPARED AFTER EXTENSIVE DISCUSSIONS WITHIN THE ADMINISTRATION AND WITH OFFICIALS OF UNHCR, OTHER INTERNATIONAL ORGANIZATIONS, AS WELL AS HUMAN RIGHTS AND REFUGEE ADVOCACY GROUPS, AND INTERESTED CITIZENS. FOLLOWING HOUSE AND SENATE JUDICIARY COMMITTEES CONSULTATIONS, THE

PRESIDENT ISSUES A DETERMINATION ESTABLISHING THE SIZE AND SCOPE OF THE REFUGEE PROGRAM FOR THE NEXT FISCAL YEAR. FOR FY 2008, THE PRESIDENT AUTHORIZED THE ADMISSION OF 80,000 REFUGEES ALLOCATED AMONGST GEOGRAPHIC REGIONS.

PRM IS RESPONSIBLE FOR COORDINATING AND MANAGING THE ADMISSIONS PROGRAM. A KEY PART OF OUR WORK IS DETERMINING WHO WILL BE GIVEN ACCESS, THEREBY ALLOWING THEM TO APPLY FOR REFUGEE ADMISSION TO THE UNITED STATES.

***ACCESS TO THE US REFUGEE PROGRAM*:**

UNLIKE SOME OTHER RESETTLEMENT COUNTRIES, AGE, EDUCATION LEVEL, EMPLOYABILITY, ENGLISH LANGUAGE ABILITY, OR HEALTH CONDITIONS ARE NOT FACTORS THAT ARE EVALUATED WHEN DETERMINING WHICH REFUGEES SHOULD BE CONSIDERED FOR REFUGEE STATUS AND RESETTLEMENT IN THE UNITED STATES. USCIS DETERMINES BOTH ELIBILITY AND ADMISSIBLITY IN ACCORDANCE WITH U.S. LAW

OVERSEAS PROCESSING:

THE REFUGEE PROGRAM ASSESSES AND CONSIDERS VULNERABILITIES THROUGHOUT REFUGEE PROCESSING. AGE RELATED VULNERABILITIES OF BOTH THE VERY YOUNG AND THE ELDERLY ARE FACTORS IN CASE COMPOSITION AND CAN ALSO BE THE BASIS FOR REQUESTS TO UNHCR AND USCIS FOR SPECIAL PROCESSING CONSIDERATION. ELDERLY REFUGEES WHO WOULD BE LEFT IN THE COUNTRY OF FIRST ASYLUM WITHOUT

CARE OR SUPPORT SHOULD THEIR FAMILY DEPART WITHOUT THEM CAN BE AND ARE INCLUDED ON REFUGEE'S CASES WITH USCIS AGREEMENT.

PRM ENGAGES AN OVERSEAS PROCESSING ENTITY (OPE) TO ASSIST IN THE PROCESSING OF REFUGEE APPLICANTS. OPES PRE-SCREEN APPLICANTS AND PREPARE CASES FOR USCIS INTERVIEWS. OPE STAFF GUIDE APPROVED REFUGEES THROUGH POST-ADJUDICATION STEPS, INCLUDING OBTAINING MEDICAL SCREENING EXAMS (IN CLOSE COORDINATION WITH HHS) AND ATTENDING

CULTURAL ORIENTATION PROGRAMS. THE OPE OBTAINS U.S. SPONSORSHIP ASSURANCES AND, ONCE ALL REQUIRED STEPS ARE COMPLETED, REFERS THE CASE TO THE INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM) FOR TRANSPORTATION TO THE UNITED STATES.

MEDICAL EXAMINATION

MEDICAL CLEARANCE IS REQUIRED FOR REFUGEES PRIOR TO THEIR RESETTLEMENT TO THE UNITED STATES, AND IS PARTICULARLY IMPORTANT FOR ELDERLY REFUGEES. IN ADDITION TO HAVING A HIGHER PREVALENCE OF CHRONIC

MEDICAL CONDITIONS, SUCH AS HIGH BLOOD PRESSURE OR DIABETES, THESE REFUGEES ARE MORE PRONE TO DEVELOPING CERTAIN INFECTIONS DISEASES (SUCH AS TUBERCULOSIS), AND MORE PRONE TO SEVERE COMPLICATIONS OF CERTAIN VACCINE-PREVENTABLE DISEASES (SUCH AS INFLUENZA). FOR THESE REFUGEES, IN ADDITION TO PERFORMING MEDICAL SCREENING MANDATED BY U.S. REGULATIONS, IOM ALSO LOOKS FOR SIGNS OF MEDICAL CONDITIONS THAT COULD REQUIRE

FOLLOW-UP AFTER RESETTLEMENT IN THE UNITED STATES.

CULTURAL ORIENTATION:

THE US REFUGEE PROGRAM STRIVES TO ENSURE THAT REFUGEES WHO ARE ACCEPTED FOR ADMISSION ARE PREPARED FOR THE SIGNIFICANT LIFE CHANGES THEY WILL EXPERIENCE BY PROVIDING CULTURAL ORIENTATION PROGRAMS PRIOR TO DEPARTURE FOR THE UNITED STATES.

TRANSPORTATION:

THE STATE DEPARTMENT FUNDS THE REFUGEES' TRAVEL TO THE U.S. THROUGH A

PROGRAM ADMINISTERED BY IOM. REFUGEES ARE RESPONSIBLE FOR REPAYING THEIR TRAVEL COSTS OVER TIME BEGINNING SIX MONTHS AFTER THEIR ARRIVAL. SPECIAL TRAVEL ARRANGEMENTS ARE MADE BY IOM AS REQUIRED AND ELDERLY REFUGEES GET APPROPRIATE TRAVELASSISTANCE.

RECEPTION AND PLACEMENT (R&P):

PRIOR TO REFUGEES' ARRIVAL IN THE U.S., DOMESTIC RESETTLEMENT AGENCIES RECEIVE BIOGRAPHIC DATA ON EACH ARRIVING REFUGEE. THIS INCLUDES AGE AND ANY PHYSICAL DISABILITIES OR

CHRONIC ILLNESSES. THIS INFORMATION IS USED BY THE RECEIVING AGENCIES TO PREPARE APPROPRIATELY FOR THE ARRIVING REFUGEE. CONSIDERATION OF AGE AND PHYSICAL LIMITATIONS IS USED IN THE SELECTION OF HOUSING AND ALSO PROVIDES THE OPPORTUNITY FOR ADVANCE CONTACT WITH LOCAL MEDICAL SERVICE PROVIDERS TO ADDRESS MEDICAL NEEDS IMMEDIATELY UPON ARRIVAL.

THE RECEPTION AND PLACEMENT (R&P) PROGRAM IS A UNIQUE PUBLIC-PRIVATE PARTNERSHIP, UNDER WHICH RESETTLEMENT AGENCIES CONTRIBUTE

SIGNIFICANT CASH AND/OR IN-KIND RESOURCES TO SUPPLEMENT U.S. GOVERNMENT PER CAPITA GRANTS. PRM CURRENTLY FUNDS COOPERATIVE AGREEMENTS WITH TEN ENTITIES – NINE PRIVATE VOLUNTARY AGENCIES AND ONE STATE (IOWA) GOVERNMENT AGENCY – TO PROVIDE INITIAL RESETTLEMENT SERVICES.

UNDER THIS AGREEMENT, PRM PROVIDES VOLUNTARY AGENCIES WITH $850 PER REFUGEE, OF WHICH THE LOCAL AFFILIATE MUST SPEND $425 DIRECTLY ON EACH REFUGEE TO MEET THEIR IMMEDIATE

INDIVIDUAL NEEDS POST ARRIVAL IN THE UNITED STATES.

THE R&P AGENCIES AGREE TO PROVIDE INITIAL RECEPTION AND CORE SERVICES TO REFUGEES. THESE SERVICES ARE PROVIDED ACCORDING TO JOINTLY AGREED UPON STANDARDS OF CARE. THE TEN ORGANIZATIONS MAINTAIN A NATIONWIDE NETWORK OF SOME 360 AFFILIATED OFFICES TO PROVIDE SERVICES. THIS PROGRAM OPERATES IN CLOSE COORDINATION WITH HHS-FUNDED GRANTEES WHO BEGIN TO ASSIST REFUGEES THROUGH THEIR PROGRAMS AFTER THE PRM-FUNDED

INITIAL RESETTLEMENT ACTIVITIES ARE COMPLETED.

REFUGEES MAY BE LAWFULLY EMPLOYED UPON ARRIVAL IN THE UNITED STATES.

SOME OF OUR REFUGEES WHO ARE OVER AGE 65 ARE GAINFULLY EMPLOYED OR ARE INFORMALLY EMPLOYED AS CARE-GIVERS FOR FAMILY MEMBERS. AFTER ONE YEAR, A REFUGEE IS REQUIRED TO APPLY FOR ADJUSTMENT OF STATUS TO LAWFUL PERMANENT RESIDENT. FIVE YEARS AFTER ADMISSION, A REFUGEE WHO HAS BEEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE AND MEETS OTHER STATUTORY

REQUIREMENTS IS ELIGIBLE TO APPLY FOR NATURALIZATION. NATURALIZATION IS CRITICAL FOR SUCCESFUL REFUGEE INTEGRATION AND FOR THOSE WHO MAY REQUIRE FURTHER FEDERAL ASSISTANCE. OUR RESETTLEMENT PARTNERS ASSIST ELDERLY REFUGEES IN OBTAINING U.S. CITIZENSHIP.

PRM'S HUMANITARIAN ASSISTANCE TO REFUGEES AND ITS COORDINATION OF THE US REFUGEE RESETTLEMENT PROGRAM REINFORCE U.S. COMMITMENTS TO THE PRINCIPLES OF DEMOCRACY AND FREEDOM AND SUPPORT AN OVERARCHING GOAL OF

PRESIDENT BUSH'S NATIONAL SECURITY STATEGY: TO CHAMPION HUMAN DIGNITY. AND THIS WORK IS CRITICAL TO U.S. FOREIGN POLICY LEADERSHIP. THIS CONCLUDES MY ORAL STATEMENT. I WOULD BE HAPPY TO RESPOND TO ANY QUESTIONS YOU MAY HAVE.

Senator SMITH. Kelly, are you getting all the medical and cultural information you need from other organizations, the U.N. and others, on those who are coming here, to help them in terms of resettlement?

Ms. RYAN. We try to obtain information from the refugee themselves, as well as our colleagues at UNHCR and IOM. IOM has doctors—in particular on the medical side—that conduct the prescreening for us on the medical issues. I think a key communication element is what I have discussed with the biographic data. That information is critical to making sure that, upon resettlement, the—our affiliate has the information in order to make the right judgment about how to help the refugee.

Can we do better? Probably.

Senator SMITH. Do you have enough information?

Ms. RYAN. I think we have a lot of information. I think we can always do better. But we are trying to really make sure that there are no surprises for the resettlement agency or for the refugees upon his or her arrival.

Senator SMITH. Do you have data on the number of refugees, elderly refugees that arrive every year?

Ms. RYAN. Yes, sir. We—last year—I have the figures for you. I am counting elderly as over 65, although I know there is some debate about the age break-off. But out of the 48,281 who arrived in last fiscal year, 1,386 were over the age of 65. So that is a 2.8 percent ratio.

Senator SMITH. Now, I understand there is a cap of 70,000 that you could take in. I don't know why we only take in 48,000. Is that all that apply?

Ms. RYAN. We have had some difficulty based on some changes to the law in the Real ID Act and the Patriot Act that have stopped some of the arrivals based on an expanded provision that we are working with Congress to address. But this year we are funded right now to admit 70,000, but we are authorized to admit up to 80,000. We hope to use as many of those places as possible, sir.

Senator SMITH. Well, what is the reason why the 20,000 plus that could be here aren't?

Ms. RYAN. The chief reason in the past several years has been the change in the law on material support. So some of our Burmese refugees, for example, have not been able to obtain exemptions under the law. So we are looking at trying to have a legislative fix on that.

We have also had some difficulties with medical screening that has pushed us a little bit back.

Senator SMITH. But otherwise, there would be 70,000?

Ms. RYAN. Yes. We are trying to move up, up, up. We are trying to use the places that the President has authorized.

Senator SMITH. So it is not an issue of demand for admission.

Ms. RYAN. No, sir.

Senator SMITH. OK. Well, thank you, Kelly.

Ms. RYAN. You are welcome.

Senator SMITH. Brent, take it away.

STATEMENT OF BRENT ORRELL, ACTING DIRECTOR, OFFICE OF REFUGEE RESETTLEMENT, ADMINISTRATION FOR CHILDREN AND FAMILIES, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. ORRELL. Senator Smith, I would like to thank you for the opportunity to testify on assistance provided by the Office of Refugee Resettlement to elderly refugees.

Just as a personal point, it is a special honor to be before you. You are the senator from my home State of Oregon.

Senator SMITH. What town are you from, Brent?

Mr. ORRELL. Sherwood.

Senator SMITH. Sherwood.

Mr. ORRELL. Yes.

Senator SMITH. Nice town, Brent.

Mr. ORRELL. Yes. Yes. Thanks. So it is great my first showing here before the Congressional Committee is also in front of a senator from my home State.

Senator SMITH. I hope it is not too big a disappointment . . .

Mr. ORRELL. Yes. Yes.

Senator SMITH. . . . on my part.

Mr. ORRELL. It is perfect, actually, so . . .

My testimony today will provide general background information on elderly refugee populations and the type of services that are made available for this unique population. With the Committee's approval I will also be submitting a full statement for the record.

Senator SMITH. We will receive that.

Mr. ORRELL. Great.

In 2005, the principle 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 their 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. These include 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 health and social services agencies; and limited incomes due to work histories.

Elderly refugees are eligible for all the benefits and services that are available to all age groups of new arrivals. Those provisions include up to 8 months of cash and medical assistance; health screening and assessment; and a broad range of supportive services such as employment services, English language instruction, case management and citizenship and naturalization preparation.

Additionally, ORR has taken a leadership role in targeting specific programs for elderly refugees. For the past 10 years we have 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 domestic resettlement services providers 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.

Examples of State programs under the Elderly Refugee Program include a project in Wisconsin that provides 500 older refugees with case management, social integration services, citizenship assistance, social and medical translation, transportation, health and nutrition assistance. We also have a project in the Portland metropolitan area to create a complete network of services to benefit refugee seniors.

Within the Department of Health and Human Services, ORR works closely with other agencies like the Administration on Aging. An interagency agreement with AOA is in place to ensure that there is a coordinated response to link older refugees to Older American Act programs and services.

ORR encourages its network of domestic resettlement agencies to work closely with 56 State units on aging and 655 area agencies on aging to help ensure that older people remain as independent 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 SSI program. This is the most common form of cash assistance that elderly refugees receive. In 2005 about 14 percent of all refugee households received SSI payments.

The Office of Refugee Resettlement understands that older refugees face unique challenges in integrating into the American culture. They are beginning a new life in a new place far from home, often without benefit of understanding English and facing a unique and unknown cultural situation.

These challenges, combined with age-related medical concerns, make improving the availability of health services and community resources critical 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 that Congress gives us in addressing these issues.

I will be glad to take . . .

Senator SMITH. Brent, to that point . . .

Mr. ORRELL. . . . Any questions you have.

[The prepared statement of Mr. Orrell follows:]

STATEMENT BY

BRENT ORRELL

ACTING DIRECTOR

OFFICE OF REFUGEE RESETTLEMENT

ADMINISTRATION FOR CHILDREN AND FAMILIES

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE

COMMITTEE ON AGING

U.S. SENATE

DECEMBER 5, 2007

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.

Senator SMITH. I understand that there is an account called the Older Refugees Program that has allocated $3.5 million for discretionary grants to states.

Mr. ORRELL. That is right.

Senator SMITH. Now, am I wrong that it has been scaled back or cut? Does it serve the people you are talking about?

Mr. ORRELL. It does. I don't believe it has been scaled back.

Senator SMITH. OK.

Mr. ORRELL. We have—it is a total of 21 grants to 21 states providing these services. We only had.

Senator SMITH. Is that because they are the states getting most of the refugees?

Mr. ORRELL. Those—actually, the large states that receive the largest number of refugees are receiving these grants. A number of other states that are receiving refugees also get these grants.

We had a total of 27 applications and we funded 21 of those applications last year to provide these kinds of coordination services for elderly refugees.

Senator SMITH. I see. Do you think it is a good program?

Mr. ORRELL. I believe it is. I have been the acting director for about 6 weeks, so I am still feeling my way through these programs. But the feedback we get from most of our programs is quite good.

Senator SMITH. I am curious. Is Oregon one of the 21 States?

Mr. ORRELL. It is.

Senator SMITH. OK.

Mr. ORRELL. Yes.

Senator SMITH. The services that the ORR provides include grants to states and state alternative programs for public, private, nonprofits to ensure that refugees age 60 and above are linked to mainstream aging services in their community. Is this happening?

Mr. ORRELL. That is, the core purpose of those 21 grants . . .

Senator SMITH. OK.

Mr. ORRELL. Is really to try to build partnerships between the refugee programs and those programs that are serving elderly, whether they are refugees or not.

I think one of the chief barriers that every refugee faces in coming to the United States is social isolation and a need to do as much work as we can to link refugees to services, and also make—just bring them into the mainstream of American society.

Senator SMITH. Am I correct that once they have completed naturalization process this program is no longer available to them?

Mr. ORRELL. That is correct, yes.

Senator SMITH. You know, the problem with legislating is you have to draw a line somewhere.

Mr. ORRELL. Right.

Senator SMITH. Wherever you draw a line there are some people on one side and some on the other. I am sure there are examples where maybe it wasn't the most humane thing to cut them off right at that point. But I assume that they fully know that these services go away once they become naturalized.

Mr. ORRELL. I would think that, after having been in the country that long and having been in case management systems and talking with experts that run the programs at the local level, they are

fairly well aware of the limitations on the services that are available.

Senator SMITH. Is there any need for any flexibility in that? I am not advocating, I am just wondering. Do we create some hardships that a little bit of flexibility could help?

Mr. ORRELL. I hesitate to offer an opinion on it.

Senator SMITH. Yes.

Mr. ORRELL. But I will say that in other programs we do think about those kinds of transitions, that there would be some opportunity—it wouldn't necessarily be a bad idea for there to be some transitional period.

Senator SMITH. OK.

Well, Brent, thank you.

Kelly.

To both of you, our appreciation for what you do. I suppose we can always do better, as Kelly said. But for what you do, we thank you and we hope in 2008 we will all do better.

So we will call up our next panel then.

Now, as you are taking your seats I will read your short biographies of you here. Panel two is just Mr. Michel Gabaudan.

I am sorry if I mispronounced that at all, sir.

He is the regional representative for the United States and the Caribbean at the Office of the United Nations High Commissioner for Refugees (UNHCR). He will provide an overview of the protection issues elderly refugees face, as well as the U.N.'s effort to address those challenges, both internationally and in the United States.

Michel, thank you.

STATEMENT OF MICHEL GABAUDAN, REGIONAL REPRESENTATIVE, U.S. AND CARIBBEAN, OFFICE OF THE UNITED NATIONS HIGH COMMISSION ON HUMAN RIGHTS

Mr. GABAUDAN. Thank you very much, Senator.

I would like to express my appreciation on behalf of UNHCR for the opportunity to testify before you today on the unique protection challenges facing elderly refugees. We welcome this focus in part because addressing the needs of older refugees is truly emerging as an issue in the refugee field.

Ten years ago, then High Commissioner Sadako Ogata, made a statement that "The elderly are among the most invisible group of refugees and displaced persons, and I hope to change that." So have we 10 years after.

We carried out the survey after Mrs. Ogata's decision on the elderly in 1977. I believe that since then we have made some strides in monitoring, assessing and addressing those needs in our field operations. But I must say up front that we recognize that much more still needs to be done. My hope is to provide you with some international context on the situation of refugees today.

The elderly are a subgroup of the refugee community who are among the most at risk during armed conflict, during their subsequent flight, and while in exile. They are also a community whose needs are too often overlooked, as they frequently remain hidden within their own communities, as well as to the agencies which are there to help the displaced.

Older refugees comprise approximately 10 percent of our overall population of concern, but the number ranges between 1 and 2 percent of refugee population in some countries and up to 30 percent in some others.

For example, in Eastern Europe, refugee communities tend to have a high percentage of older refugees, perhaps due to a generally longer life expectancy in that region, to the fact that we deal there with very protracted situations, and perhaps with the conditions of flight which in many cases involves motorized means of exile.

The elderly share distinct protection challenges that often differ from the rest of the refugee community. In situations of persecution, violence, conflict, and displacement older refugees are vulnerable to losing close family and caregivers. They are often physically incapable of fleeing with their families, or may become stranded during flight.

In other cases families make the difficult decision during flight that results in the abandonment of their elders because of their lack of mobility or because of their state of health. Separation from their families means nothing less for these people than the collapse of the traditional support structures which in many communities assist the elderly.

In certain countries public services that may normally be available to support the elderly in their country of origin often collapse during periods of political turmoil. For example, after the dissolution of the former Soviet Union, elders witnessed the disintegration of their health and pension plans, thus adding to their vulnerability and perhaps, as a result, increasing the chances they would be forced to flee.

For those elders who are able to make their way to a country of asylum, protection challenges do not end once they have arrived in the host country. In both urban and camp settings, older persons often face marginalization within their families and communities.

They may be unable to access the services that establish their status as refugees, including transportation, the provision of background information, and registration that can provide documentation and support. They also may have difficulty recalling or recounting with accuracy relevant details for these status interviews.

Humanitarian aid workers, including our own staff, may lack the skills to identify the specific rights and needs of elderly refugees. This can lead to insufficient analysis of the protection risks, status, as well as a disregard of their capacities.

Assistance efforts may neglect the specific needs of older refugees. Shelter, latrines and washing facilities must accommodate their restricted mobility, food distribution sites must be readily accessible, and food itself appropriate to their dietary needs.

Healthcare programs mast have the ability to address chronic illnesses that are prevalent among older people, for example hypertension, diabetes, arthritis, and eye problems. These are medical conditions which are usually not at the forefront of the public health issues that we prioritize in planning our programs in refugee settings.

The elderly generally have difficulties accessing programs that are geared toward self-sufficiency. These include vocational train-

ing, literacy classes, and income generation projects. Cash assistance, which can generate dependency, is often necessary to support the elderly who are unaccompanied and otherwise cannot support themselves, or whose families cannot care for them in an adequate way.

Older refugees often are overlooked in the identification of durable solutions to refugee situations. Local integration in the host country may be hindered by language barriers, lack of employment opportunities, or lack of access to pension, health and education programs.

Return programs tend to focus on younger families who may have an easier time rebuilding their lives and communities in the home country. This results in residual case loads left behind in host countries that are proportionately even more heavily comprised of elders.

Resettlement programs which should benefit the most vulnerable ironically also at times discriminates against the elderly due to the preference of many resettlement countries for able-bodied refugees who can more easily integrate into the receiving societies.

But here I must make a proviso that your country is the resettlement country that is the most generous in not putting conditions on the person who submits and not having criteria that are based on the potential for integration which, unfortunately, many other resettlement countries impose upon us.

Senator SMITH. All right. Because that was one of the questions I was going to ask you. How does the U.S. stack up compared to other countries on this?

Mr. GABAUDAN. Well, in respect to elders, much better. I mean, you are not only the largest resettlement country, but the criteria for resettlement in the U.S. are based on needs and not on the potential for integration, so you have the most broad criteria. If you are convinced of the needs you will accept.

We do tend when we present families to include a broad definition of the family unity, which will include the elderly which some other countries refuse.

Senator SMITH. They refuse them because they say, well, you can't be productive so we don't want you.

Mr. GABAUDAN. Exactly. They will be a drag on social system.

Senator SMITH. I see.

Mr. GABAUDAN. So the U.S. in that respect fares much better than other countries.

Senator SMITH. Oh, that is nice to hear.

Mr. GABAUDAN. Responds well to our requests.

Senator, in response to the needs of the most vulnerable, 3 years ago UNHCR has developed what Kelly was mentioning, an approach to enhance refugee protection for all members of the community which we call the Age, Gender and Diversity Mainstreaming—AGDM—process.

This process obliges UNHCR representatives to program our activities through a participatory planning mechanism where we have to sit with refugees divided into subsets of the refugee community, therefore providing a structure to ensure that the rights and needs of those who might otherwise be marginalized can be addressed.

This, Age, Gender, and Diversity Mainstreaming (AGDM) process has begun to service many of the needs of the elderly that have historically been overlooked, many of which I have previously outlined. In response, we are now attempting to enhance our protection response to elderly refugees and to raise awareness among our staff of these specific needs.

This effort has resulted in concrete improvements including:

The early identification of, and care for, older persons with special needs in emergency settings.

Prevention measures to ensure that the elderly are not abandoned by their families.

The regularization of the status of the elderly so that they can receive benefits for which they are eligible.

The consistent collection of data and incorporation of age sensitive protection and assistance criteria to help assess, monitor, and address the needs of the elderly and to ensure their inclusion in durable solution efforts.

More effective outreach to refugees through community services programs such as the creation of community centers and mobile registration and health clinics.

Not least, enhanced training of staff and the development of effective partnerships with government agencies and NGO's to address more effectively the needs of the elderly.

In closing, Senator, I would also like to note that this AGDM process has reminded us that the elderly must not only be supported due to the protection problems they may face, but also because they can serve as significant assets in their communities.

For example, because conflict may result in the absence or death of parents, the elderly often step in to become the primary caregivers to children. The elderly also often serve as the informal or formal leaders of their communities.

This role means that elderly refugees can contribute to the implementation of protection and assistance programs during displacement. They can also contribute to peace and reconciliation efforts. To halt the cycle of displacement, elderly refugees can serve as the transmitters of culture, skills and crafts that will sustain the tradition of displaced communities.

In conclusion, I would like to say that the proper focus on the elderly is therefore not only an issue of addressing vulnerability, but this is an opportunity to strengthen communities and to improve our overall capacity to respond to the needs of the whole displaced communities.

I would like to thank you very much, Senator, to have included refugees in the purview of your Committee. Thank you very much.

Senator SMITH. Well, thank you, Michel. I really want to commend you for what the UN is doing on this issue. You are out there where the rubber meets the road and you see how many different countries do it.

You mention the AGDM survey you took—or the initiative, rather. I am wondering if what the U.N. has learned from this initiative that could apply to U.S. programs? Can you identify anything where you think we can do a better job?

Mr. GABAUDAN. Well, I think you do already quite a good job, Senator, to be honest. I think we can always all improve on what

we do. What this process has told us is that, when you look for issues you find them. You find that the solutions are not all that difficult.

Senator SMITH. Yes.

Mr. GABAUDAN. We don't have an overall response to elderly. But through this participatory planning we identify specific responses to particular refugee circumstances that depend very much on the culture of a given population.

So this is—we think a system—as I said, representatives now are obliged to go through that. It is a process we roll out and it is becoming part of the normal functioning of the organization.

It is still a little bit in pampers, but I think we are learning from it and certainly seeing that what we identify does not necessarily require very increased resources. It requires a better use of the resources we have.

Senator SMITH. Yes.

Well, I a you, Michel. You know, don't be shy. If you see things that we can do better let us know and we will do our best. I don't suppose anybody does it perfectly, but I am proud of this country and the efforts that we make in this regard. But that doesn't relieve us of the responsibility to always try to do better.

Thank you for your time.

Mr. GABAUDAN. It is good to be here.

[The prepared statement of Mr. Gabaudan follows:]

Written Statement Submitted by
Michel Gabaudan,
Regional Representative for the United States of America and the Caribbean,
Office of the United Nations High Commissioner for Refugees

Hearing on the Health and Welfare Needs of Elderly Refugees and Asylees

before the
United States Senate
Special Committee on Aging

106 Dirksen Senate Office Building
December 5, 2007

Mr. Chairman, and members of the Committee, I would like to express UNHCR's appreciation for the opportunity to testify before you today. As this committee is aware, the elderly often face unique challenges, and today I would like to brief you on a particular vulnerable category, which is the elderly refugee population.

UNHCR is the UN refugee agency mandated by the international community to ensure refugee protection and to identify durable solutions to refugee situations. Our mandate defines a refugee as a person having a well-founded fear of persecution for reasons of race, religion, nationality, membership in a particular social group, or political opinion.

In 1997, UNHCR conducted a survey which highlighted the needs of elderly refugees during flight and once they have arrived in the country of first asylum. The survey indicated that older refugees actually make up a larger proportion of the refugee population than previously thought. Elder refugees comprise approximately 10% of the population of concern to UNHCR, and in some settings this percentage is actually higher. Moreover, the elderly face distinct protection challenges that often differ from the rest of the refugee community. These individuals are hindered by their age and are often discriminated against due to their disabilities. For example, in Eastern Europe the overall refugee population had a large percentage of elderly. With the dissolution of the Former Soviet Union, elders witnessed the disintegration of their traditional support systems including health and pension plans, thus adding to their vulnerability. In 2006, the elderly still comprised 17% of all the Armenian refugees.

When the 1997 survey was released, UNHCR increased its efforts to identify the problems of older refugees and to propose solutions to address their needs. Our High Commissioner at the time, Mrs. Sadako Ogata, made a statement that recommitted the agency to this population: She noted, "The elderly are among the most invisible group of refugees and displaced persons, and I hope to change that."

During times of war or conflict, seniors face the erosion of social support structures which have traditionally assisted them, largely as a result of separation from and dispersal of their families. Often, during flight, families make difficult decisions resulting in abandonment of their elders because of their lack of mobility and poor state of health. For example, in Sudan and Yemen, some elders have become completely marginalized by society. As a result, they are forced to survive as beggars, invisible to humanitarian aid agencies. Because of bad nutrition, poor living conditions and a lack of medical attention their life expectancy is significantly decreased.

The protection challenges of the elderly do not end once they have arrived in the country of first asylum. They often have trouble accessing refugee registration systems, which serve as the trigger for the identification of durable solutions for refugee situations. As a result, elders are often for example overlooked in resettlement efforts. The unfortunate result is that elders are sometimes left behind in refugee camps as their families start a new life in a third country. Resettlement programmes themselves-which should benefit

the most vulnerable- ironically also at times discriminate against the elderly especially when resettlement countries apply stringent health requirements. Long term refugee situations can result over time in a residual caseload comprised of elderly refugees who have not been provided a durable solution and are unable to obtain assistance from the family or the government. This can result in chronic dependency on UNHCR and other relief agencies.

It should be noted that the United States is one of the countries which supports the resettlement of the elderly and refrains from the application of health requirements. UNHCR greatly appreciates the openness of the United States to accepting such refugees.

Three years ago, based on recommendations of three independent evaluations which concluded that UNHCR was not doing enough to address the needs of the most vulnerable, UNHCR, in collaboration with its NGO partners, developed an approach to enhance refugee protection for all members of the community. This is known as the Age, Gender and Diversity Mainstreaming initiative (AGDM). The purpose of the AGDM project was 1) to promote gender equality and respect for the rights of refugee women and children; 2) to apply an age and gender analysis to operations through community development; and 3) to operationalize policies relating to the protection of refugee women and children.

Traditionally, women and children have been considered the most vulnerable among refugee subpopulations, but following the launch of AGDM, UNHCR found that the elderly refugee population also faces critical protection challenges. The AGDM process brought to the surface many of the needs of the elderly that have historically been overlooked. This included a lack of mobility, insufficient attention to chronic illnesses, lack of employment opportunities, breakdown in traditional care systems, and inadequate shelter. Since the late 1990s UNHCR has strengthened its protection response for the elderly refugees and has raised awareness amongst its staff of these specific needs. As a result, a voice has been given to this vulnerable population and their needs have been given greater focus.

The support of the United States both in political and financial terms is critical to UNHCR's ability to fulfill its mandate of refugee protection and assistance. This partnership has greatly enhanced the international focus on populations at risk, including the elderly. We look forward to working with the Committee to continue to advance this progress so that elderly refugees can fully enjoy their rights and resume their lives in safety and dignity.

Thank you again for the opportunity to appear before you today, and I would be happy to address any questions you may have.

Senator SMITH. Thank you very much.

We will call up now our third panel. That consists of Richard Parkins who is the chair of the Refugee Council USA. He will discuss how the council serves as an umbrella group for national resettlement organizations.

Ms. Maria Teverovsky, who is the associate director for the Refugee Family Enrichment Program, Hebrew Immigrant Aid Society. She came to the U.S. as a refugee herself and will discuss issues surrounding resettlement of the elderly refugee population with a focus on Jewish refugees.

Mr. Salah Ansary is the regional director of the Lutheran Community Services, Northwest. I am particularly pleased that you are here, Salah, because you are from Oregon. I always love it when a constituent can experience the same thing I do on a nearly weekly basis, which is a very long plane ride.

He will discuss the obstacles, struggles, and successes of refugees, in particular the elderly refugees in Oregon and the greater Northwest.

Mr. Khammany Mathavongsy. I apologize. I am not so good at names, but very good to have you here. Thank you. Please give me the correct pronunciation.

Mr. MATHAVONGSY. It is Mathavongsy.

Senator SMITH. Mathavongsy. Very good.

Well, why don't we start with you, Richard.

STATEMENT OF RICHARD PARKINS, CHAIRMAN, REFUGEE COUNCIL USA

Mr. PARKINS. Good morning, Senator.

As chair of the Refugee Council USA, we are a coalition of 23 organizations dedicated to the welfare and the protection of refugees. I am pleased this morning to be one of the several witnesses who will speak to you today.

I also happen to be the director of Episcopal Migration Ministries, which is the refugee and immigration assistance arm of the Episcopal Church in the United States.

We of course are deeply interested in the protection and welfare of elderly refugees. As has been mentioned several times this morning, they are not only the most vulnerable of those whom we resettle, but are also the custodians of the culture and the social mores that get transferred to the new environment in which refugees find themselves.

As you know, the resettlement of refugees in the United States is the responsibility of the 10 agencies that was mentioned this morning by my colleague from the State Department. Through these affiliate operations we are providing direct services to refugees, and most particularly to the vulnerable among the refugees population. Indeed, the elderly are a significant part of that group.

But let me first commend the Committee for expressing a concern for elderly refugees. Your interest indicates that you understand clearly that services which communities and governments provide to the elderly need to include outreach to elderly refugees.

Unless those agencies and groups and institutions who serve the elderly recognize that elderly refugees are also stakeholders in

their programs, an important segment of the elderly population will be overlooked.

Most of the services today for refugees are focused on the initial transition period of resettlement and are understandable and quite legitimately biased toward employment and training since self-sufficiency has historically been the primary goal of the U.S. refugee assistance program.

We are pleased, of course, that there has been increased awareness—some would suggest belated awareness, to the plight and to the needs of the elderly refugees. While some funds are provided to assist elderly refugees—and my agency, a private agency, has committed several thousand dollars to the care of elderly refugees through several of our affiliate offices—this group nevertheless does not get the attention that they deserve and need.

Therefore, we would strongly urge that any publicly supported service for the elderly make it a matter of obligation that those communities hosting significant numbers of refugees accept a special responsibility to reach out to older refugees. Such outreach may well be the only assistance beyond family support that these vulnerable persons receive.

Now, you have become aware this morning by work done by members of the council, primarily through the leadership of some of our member agencies such as the Hebrew Immigrant Aid Society or the Southeast Asian Resource Action Center, both of whom have been advocating for the message that you conveyed earlier this morning, and that is the need to extend SSI benefits to elderly refugees, particularly those who have not been able to meet the requirements of citizenship because of the impediments of language, age and culture.

I must emphasize, as you well know, sir, that the SSI safety net needs to be extended to any at risk older refugee so that the protection and safety that they sought when they were admitted as refugees to the United States be available to them as they advance in years. To do less is to fail to complete the task of allowing them to recover from the trauma of being forcibly displaced.

Furthermore, I would like to offer an observation on the gifts given to us by elderly refugees. Others will underscore this point. Our colleague from the United Nations High Commissioner for Refugees also made this observation. But as noted, they are often the cultural anchor for refugee communities as they attempt to respect their traditions while embracing the requirements of their adopted homeland.

Most refugee cultures venerate age and are especially respectful of the contributions that parents and grandparents have made to their survival as a family and as a community. Even as refugees take on the requirements of a new society, their concern for their elderly kin continues.

Their accommodation to life in the United States does not allow them to be indifferent to their older members. In fact, having their older family members adequately provided for is generally a priority which, if honored, allows the family to identify with the society which is welcoming them.

Family ties are especially vital to the wellbeing of refugee families. If services and support can be extended to those elderly refu-

gees who remain at risk, the wellbeing of the refugee family is enhanced.

So therefore, the issue of extending SSI benefits to these vulnerable persons relates quite directly to the purposes and the goals and objectives of the U.S. resettlement program.

A major challenge which refugees—and this is an observation made by our affiliate offices around the country—and those who serve them, is having mainstream service providers take seriously the needs of refugees who are legitimate contenders for their services. While refugees may be eligible for services, the way in which services are designed and delivered can often inhibit access by these persons.

Cultural norms and practices, as well as language barriers, can limit the value of mainstream services to the refugee community. Thus, the work that was noted this morning by the representative of the Office of Refugee Resettlement in helping local providers to do outreach to the elderly refugee is extremely important and needs to be supported and enhanced.

Therefore, the refugee council would urge the Committee to consider in its deliberations the importance of providing services which are culturally and linguistically appropriate, and being very clear that the civil rights of refugees are only served when services are not only theoretically available, but are genuinely accessible because measures are taken to make these services relevant to their clients.

A major premise of the U.S. refugee program is that special funds are designated largely to assist refugees as they are beginning their journey to a new life in the United States, and that mainstream providers recognize refugees as clients as they integrate themselves into their communities.

Refugees come to the United States as an act of rescue. They come to the United States at our invitation. Because their experience of persecution and displacement—forcible displacement—confers upon them their designation as refugees, we also recognize that our hospitality to these newcomers must include the provision of special services and a safety net as is reflected in the SSI benefits.

Since self-sufficiency is not always an appropriate goal for elderly refugees, their need for services and the safety net will exist long after the transitional period experienced by other refugees has passed. If there is any segment of the U.S. refugee population requiring access to services for extended periods of time, it is the elderly cohort.

Now, I will defer to my colleagues from HIAS and SEARAC to elaborate more fully on the special needs of elderly refugees and our advocacy on their behalf.

But in closing, sir, I want to thank the Committee for taking on the issue of elderly refugees, and for recognizing that their voice needs to be heard and their needs recognized as our Nation seeks a compassionate response to the needs of all our elderly members.

In particularly, sir, I want to once again underscore the fact that elderly refugees are a significant part of the refugee community that we bring to the United States. It is our intention to continue

to advocate for their needs and that adequate resources be provided to support those needs.

Thank you, sir, for this opportunity to testify.

[The prepared statement of Mr. Parkins follows:]

Written Testimony Submitted to the

Senate Special Committee on Aging

"The Health and Welfare Needs of Elderly Refugees and Asylees in the United States"

December 5, 2007

Mr. C. Richard Parkins

on behalf of

Refugee Council USA

Mr. Chairman and members of the Committee:

As Chair of the Refugee Council USA – a coalition of 23 organizations dedicated to the welfare and protection of refugees – I am pleased to be one of the several witnesses who will speak to you today. I am also director of Episcopal Migration Ministries (EMM) – one of the ten (10) organizations with agreements with the U.S. Government to resettle refugees throughout the United States. We, of course, are deeply interested in the protection and welfare of elderly refugees as they are not only the most vulnerable of those whom we resettle but are also the custodians of the culture that gets transferred to the new environment in which refugees find themselves.

Let me first commend the Committee for expressing a concern for elderly refugees. Your interest indicates that you understand that services which communities and governments provide to the elderly need to include outreach to elderly refugees. Unless those agencies, groups, and institutions who serve the elderly recognize that elderly refugees are also stakeholders in their programs, an important segment of the elderly population will be neglected. Most of the services for refugees are focused on the initial transition period of resettlement and are understandably biased toward employment and training since self-sufficiency has historically been the primary goal of the U.S. refugee assistance program. While some funds are provided to assist elderly refugees, and my agency this year committed several thousand dollars to this program, this group invariably does not get the attention that they deserve. Therefore, we would strongly urge that any publicly supported service for the elderly make it a matter of obligation that those communities hosting significant numbers of refugees accept a special responsibility to reach out to older refugees. Such outreach might well be the only assistance beyond family support that these vulnerable persons receive.

You will become aware of the work done by the Council primarily through the leadership of some of our member agencies such as the Hebrew Immigrant Aid Society (HIAS) and the Southeast Asian Resource Action Center in advocating that SSI benefits be available to elderly refugees, particularly those who have not been able to meet the requirements of citizenship because of impediments of language, age, and culture. The SSI safety net needs to be extended to any at risk older refugee so that the protection and safety that they sought when they were admitted as refugees be available to them as they advance in years. To do less is to fail to complete the task of allowing them to recover from the trauma of being forcibly displaced.

I would like to offer an observation on the gifts given to us by elderly refugees. As noted, they are often the cultural anchor for refugee communities as they attempt to respect their traditions while embracing the requirements of their adopted homeland. Most refugee cultures venerate age and are especially respectful of the contributions that parents and grandparents have made to their survival as a family and as a community. Even as refugees take on the requirements of a new society, their concern for their elderly kin continues. Their accommodation to life in the United States does not allow them to be indifferent to their older members. In fact, having their older family members adequately provided for is generally a priority which, if honored, allows families to fully

identify with the society which initially welcomed them. Family ties are especially vital to the well being of refugee families. If services and support can be extended to those elderly refugees who are at risk, the well being of the refugee family is enhanced.

A major challenge which refugees and those who serve them face is having mainstream service providers take seriously the needs of refugees who are legitimate contenders for their services. While refugees may be eligible for services, the way in which services are designed and delivered can often inhibit access by refugees. Cultural norms and practices as well as language barriers can limit the value of mainstream services to the refugee community. Therefore, the Council would urge the committee to consider in its deliberations the importance of providing services which are culturally and linguistically appropriate and being very clear that the civil rights of refugees are only served when services are not only theoretically available but are genuinely accessible because measures are taken to be relevant to the special needs of these clients.

A major premise of the U.S. refugee program is that special funds are designated largely to assist refugees as they are beginning their journey to a new life in the United States and that mainstream providers recognize refugees as clients as they integrate themselves into their communities. Refugees come to the United States at our invitation. Because their experience of persecution and forcible displacement confers upon them the designation as refugees, we also recognize that our hospitality to these newcomers must include the provision of special services and a safety net. Since self-sufficiency is not an appropriate goal for elderly refugees, their need for services and the safety net will exist long after the transitional period experienced by other refugees. If there is any segment of the U.S. refugee population requiring access to services for extended periods it is the elderly cohort.

I will defer to my colleague from HIAS to elaborate more fully on the special needs of elderly refugees. In closing, I want to again thank this committee for taking on the issue of elderly refugees and for recognizing that their voice needs to be heard and their needs recognized as our nation seeks a compassionate response to the needs of our elderly population.

Senator SMITH. Thank you, Richard. That was excellent testimony. You know, I couldn't agree with you more that we need to fix the SSI feature. I do want to represent, I think accurately, that there is very broad support for doing that and from the President for that.

I even offered that on the floor recently, but it was objected to for reasons unrelated to the merits of the issue. So what we are looking for is the right legislative vehicles to leave the station, which we can hook this on, because it will make it all the way.

Mr. PARKINS. Thank you, sir. Your leadership is very much appreciated on this.

Senator SMITH. Well, you are welcome. I think you made the point in your testimony that if an elderly refugee has a family in which to come into it is just a whole lot better for them.

But I wonder, can you give me a ballpark sense in your own experience how many elderly refugees come with no family to receive them?

Mr. PARKINS. I wouldn't be able to give you the statistic on that, but often what does happen is that the family will arrive and then they will petition to bring in the elderly member of the family.

Senator SMITH. I see.

Mr. PARKINS. So that is often the way the process works.

Senator SMITH. But you have probably seen cases where there is just some desperate refugee, elderly, and comes into our country with no family to receive them.

Mr. PARKINS. Yes. That is absolutely the case. In fact, I am sure some of my colleagues, both from HIAS and from the Southeast Asian Resource Action Center can speak more authoritatively to that, because they are at the front line serving these people.

But we do have a program that we work through in Chicago where we have an affiliate office. There are significant numbers of both refugees and asylees and immigrants—and we are speaking primarily to refugees this morning, but there is this broader community of need that we also try to respond to.

We do find that, in those situations, there are often elderly refugees who have almost no family connection except the informal connections that they have with the refugee community itself. So these services are extremely important for them.

Senator SMITH. You represent the great Episcopal cause, and I am wondering if the Episcopal faith has an outreach on this as well, that gives them another community in which to come into.

Mr. PARKINS. Yes, we do. In fact, we are through several of our affiliate offices supporting services for seniors. However, as you know, all of the resettlement agencies in this country serve members of all traditions and faiths. So there is only a fraction of our refugee case load that are a part of our faith tradition. But we are serving all refugees.

Senator SMITH. You

Mr. PARKINS. Whatever services we provide are available to all of the refugees.

Senator SMITH. Use the other faith traditions.

Mr. PARKINS. Absolutely.

Senator SMITH. Replicating what you do?

Mr. PARKINS. Absolutely.

Senator SMITH. I do, too.

Mr. PARKINS. Yes. I would say that all of the resettlement agencies through their affiliate structures are very sensitive to the need to provide services to senior refugees, yes. It is not uniquely our purpose. It is a purpose broadly shared by the resettlement community.

Senator SMITH. That is wonderful.

Maria, thank you.

STATEMENT OF MARIA TEVEROVSKY, ASSOCIATE DIRECTOR, REFUGEE FAMILY ENRICHMENT PROGRAMS, HEBREW IMMIGRANT AID SOCIETY

Ms. TEVEROVSKY. Good morning, sir—Senator Smith. On behalf of the Hebrew Immigrant Aid Society it is my pleasure to be here today to discuss the psychological, social and cultural needs of elderly refugees and asylees.

For more than 125 years HIAS, the migration arm of the American Jewish Community, has assisted in rescue, reunion, and resettlement of over 4.5 million migrants around the world and in the United States as an expression of Jewish tradition and values.

Through my experience as director of HIAS' Refugee Family Enrichment Program and my previous experience as a social worker, I have become acutely familiar with the urgent psychological, social and cultural needs of elderly refugees.

On a personal level, I came to the U.S. as a refugee from the former Soviet Union 10 years ago with my parents, who struggled through many of the issues that I will be speaking about today.

HIAS has developed expertise on the issues faced by elderly refugees through its partnerships with affiliate Jewish social service agencies across the Nation, many of which provide targeted services to elderly refugees.

HIAS' Refugee Family Enrichment Program, established in 2002 with funds from ORR to provide marriage and relationship education and communication skills training to refugees, has also proven effective in assisting elderly refugees in their adjustment to the life in the U.S.

Many elderly refugees suffer from depression and post-traumatic stress disorder. Furthermore, many refugee cultures believe that mental health ailments are disgraceful, not only for the particular person, but to the whole community. As a result, many mental disorders suffered by the elderly go untreated.

Many elderly refugees encounter difficulties with their family relationships upon arriving to the United States. I am sorry. Many arrive as widows and widowers and others have been separated from their loved ones for a long time during the conflicts.

Even when families are able to stay together during or after migration, traditional family ties often transform which can lead to increased feelings of isolation and depression. Owing to the strains of migration, many couples that have lived together for many, many years find themselves on the verge of divorce or in high conflict relationships.

Because refugees are often dealing with mental and physical health problems, they have an even harder time learning English. Many refugee elders may not have had access to education in their

home countries and thus come to the United States illiterate in their own language.

The inability to learn English has very serious implications for elderly refugees and asylees, from impeding their ability to access healthcare, protect themselves against fraud or crime, or even just banking and shopping, to serious health and social implications.

Many elderly refugees also exhibit an extreme fear of authority due to previous traumatic experiences of persecution and war. This fear affects their ability to call 911 for emergency assistance or seek mental health assistance and puts them at a greater risk of being criminally victimized.

Refugees do not become eligible for many public assistance programs available to seniors until the age of 65. Older refugees who haven't yet reached this age are less employable as a result of a variety of factors, including age, limited English proficiency, mental health problems and medical issues.

Elderly refugees who do find employment typically have not worked long enough in this country to buildup savings or earn the Social Security benefits necessary for a secure retirement.

As it was mentioned before, refugees often face communication barriers when trying to access healthcare, primarily due to a lack of qualified translators. Although State and Federal laws require the availability of linguistically and culturally appropriate healthcare, these services remain largely inaccessible for refugees due to inadequate funding, a lack of qualified translators, and the lack of public awareness of the issue.

While naturalization is a challenging process for many immigrants, it can be particularly devastating for elderly and disabled refugees and asylees. In particular, refugees experience greater difficulties passing the citizenship examination and fulfilling the various requirements because of physical and mental disabilities, low educational levels, inability to speak English, and lack of access to naturalization outreach and educational programs.

Elderly and disabled refugees who manage to complete the citizenship exam are faced with immigration processing delays that can make it impossible to achieve citizenship within 7 years. As a result, many of these refugees lose their SSI benefits since Congress limited refugees' eligibility for SSI to 7 years.

There is a great need for a stop-gap measure to provide immediate relief to the thousands of elderly refugees who have lost or are about to lose their SSI benefits. HIAS has long advocated that Congress repeal the 7-year time limit entirely, thereby delinking naturalization from SSI eligibility for humanitarian immigrants.

Basing eligibility for life-sustaining assistance on citizenship not only debases citizenship, but puts many elderly and disabled refugees in financial dire straits, leaving them with no safety net.

In addition to repealing the time limit on SSI eligibility for elderly and disabled refugees, HIAS makes the following recommendations to better serve the particular needs of elderly refugees and asylees:

Increase support for psychological programs targeted directly at elderly refugees.

Elderly refugees should continue to be eligible for some refugee services and programs, even after they become naturalized citizens.

Provide ESL programs that specifically accommodate the different needs and learning abilities of elderly refugees by designing special programs for them.

Ease citizenship task requirements for the elderly by exempting them from the English test and allowing them to take the civics test in their native language.

The enforcement of Federal and State regulations regarding translation services in medical facilities should be enhanced, and additional funding should be provided to better recruit, train and certify medical interpreters and translators.

In closing I would like to thank you for recognizing the importance of caring for elderly refugees and asylees who have been displaced by war and persecution in their home countries.

Thank you very much.

[The prepared statement of Ms. Teverovsky follows:]

Written Testimony Submitted to the

Senate Special Committee on Aging

"The Health and Welfare Needs of Elderly Refugees and Asylees in the United States"

December 5, 2007

On behalf of:

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**This testimony was prepared in consultation with the following agencies: Jewish Family Service of Western Massachusetts; Jewish Child and Family Services of Chicago; New York Association for New Americans (NYANA); Jewish Family and Community Services of Atlanta; and Jewish Family Service of San Diego.*

HIAS' Experience with Elderly Refugees

Through its mission of rescue, reunion, and resettlement, HIAS has provided lifesaving services to world Jewry for more than 125 years. As an expression of Jewish tradition and values, HIAS also responds to the needs of other migrants who are threatened and oppressed.

Since its founding in 1881 by Jewish immigrants who found sanctuary in the United States after fleeing persecution in Europe, HIAS has assisted more than four and a half million people in their quest for freedom, helping them start new lives in the United States, Israel, Canada, Latin America, Australia, New Zealand and other countries around the world. As the oldest international migration and refugee resettlement agency in the United States, HIAS and its extensive network of local Jewish agencies has played a key role in the rescue and relocation of Jewish survivors of the Holocaust, Jews from Arab and communist countries, more than 380,000 Jewish refugees from Iran and the former Soviet Union, and refugees of all faiths fleeing persecution in Vietnam, Bosnia, Kosovo, Sudan, and other dangerous places.

HIAS has become acutely familiar with the urgent psychological, social and cultural needs of elderly refugees and asylees owing to the organization's many years of resettlement experience. In addition, HIAS launched its SSI Initiative in 2005, which strives to ease the formidable obstacles faced by elderly refugees in the naturalization process. More recently HIAS established the Refugee Family Enrichment Program, which is funded by the Office for Refugee Resettlement (ORR) in the Department of Health and Human Services, and provides family communication and conflict resolution education developed from research-based family enhancement curricula.

HIAS partners with affiliate Jewish social service agencies across the nation to carry out the organization's resettlement activities, and refugee family enrichment programs. These agencies are multi-service organizations with extensive experience serving Jewish and other refugees and asylees from the Former Soviet Union, as well as Somalis, Ethiopians, Sudanese, Afghanis, Iranians, Iraqis, Burmese, and many others.

HIAS' Refugee Family Enrichment Program operates in 12 locations across the country. Through this program special attention is given to older refugees, whose needs are addressed though inter-generational family sessions and relationship skills education geared to enhance their relationships with their children. Older participants are generally eager to take part in these workshops, which often serve as an opportunity for them to share with the facilitators their social, psychological, and medical needs. Through this form of culturally sensitive and relaxed communication with elderly refugees and asylees, HIAS has learned about their adjustment and acculturation needs, including English acquisition, building relationships with their children and grandchildren in a new cultural environment, difficulty accessing medical care and translation services, and hardships in navigating American life in general, all while coping with feelings of nostalgia, isolation, depression, and the loss of social status.

Refugees: A Special Case

The U.S. government grants refugees and asylees permission to reside in the U.S. based on the determination that they have a well-founded fear of persecution in their native countries due to their race, religion, nationality, political opinion, or social group. Many refugees arrive with no financial resources, no documentation of professional qualifications or past achievements, little social support, and physical or mental health problems – often severe – related to the trauma they have suffered.

The U.S. government has acknowledged the unique challenges faced by refugees and asylees by establishing a comprehensive system of assistance for their initial resettlement into the United States. The primary goal of the resettlement program is early economic self-sufficiency. As such, these benefits are provided up front upon arrival for a limited time for the express purpose of helping refugees become acclimated to life in the United States. The Office of Refugee Resettlement (ORR) within the Department of Health and Human Services provides refugees with critical resources to help them integrate into society, and specifically, allocates substantial funding for services to older refugees.

Refugees and asylees of all ages arrive in the United States with significant challenges to self-sufficiency. Yet these problems are intensified for those who are elderly or disabled, many of whom are confronted with psychosocial impediments and barriers to naturalization and integration.

Psychosocial Impediments

According to the Surgeon General's Report on Mental Health, almost 20 percent of people over the age of 55 experience a mental disorder that is not part of "normal aging."[1] The percentage is significantly higher amongst elderly refugees due to pre-migration trauma and acculturation shock.[2] Many elderly refugees suffer from depression, post-traumatic stress disorder (PTSD), sleep disorders and anxieties. In addition, in many cultures mental illness is stigmatized, which precludes seniors from seeking help. Furthermore, many refugee cultures believe that mental health ailments are disgraceful not just to the particular person, but to the whole community. Therefore many mental disorders suffered by elderly refugees go untreated, which can lead to the development of serious emotional disorders, critical impairment and even death.

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[1] U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

[2] "Culture shock" is a term used to describe the anxiety and feelings of loss felt when people have to operate within an entirely different cultural and/or social environment. The term was introduced for the first time in 1954 by Canadian renowned anthropoligist Kalvero Oberg.

Many elderly refugees and asylees encounter unexpected difficulties with their family relationships upon arriving to the United States. Many arrive as widows/widowers, having lost their spouses to war or persecution. Still others have been separated from their loved ones during conflict and subsequently do not have any information about their whereabouts or welfare. In other cases, elderly refugees reunite with their spouses and children in America. Even when families are able to stay together during or after migration, traditional family ties often transform, due to the speedy Americanization of younger family members, especially grandchildren. Often, older members of refugee families are unable to converse with younger members due to their inability to speak or comprehend English, leading to increased feelings of isolation and depression.

In addition, the strains of migration and the subsequent culture shock upon resettling in the United States impact many older married couples. Sometimes, couples that have lived together for decades find themselves on the verge of divorce or in high conflict relationships.

Through the Refugee Family Enrichment Program, service providers work with older adults in class settings, where they talk about issues of acculturation, communication skills, and intergenerational issues. Elderly refugees and asylees learn family communication skills in these classes that help them better understand how and why the relationships with their spouses and children have changed in the acculturation process. Moreover, they learn how to normalize certain conflicts, and find workable solutions to their family problems.

Elderly refugees and asylees often face additional hurdles learning English, which can have a severe psychological impact. While there is no research or evidence that supports the hypothesis that older adults are unable to excel in learning a foreign language, anecdotal evidence suggests that elderly refugees have extreme difficulty learning English to the degree that they can freely converse with others, and particularly, pass the English-language proficiency and civics tests required as part of the citizenship process. As already mentioned, refugees are often dealing with trauma, depression, post traumatic stress disorder (PTSD), and various forms of anxiety resulting from the circumstances that led to their flight from their native country, which make it even more difficult for them to concentrate on learning a new language.

Additionally, existing cultural values can impact an elderly refugee's ability to learn English. For many older refugees, the very idea of going to school or learning a new language is an unfamiliar concept. Many refugee elders may not have had access to education in their home country, and thus come to the United States illiterate in their native language. This makes learning a new language even more challenging, if not impossible for some.

The inability to learn English has very serious implications for elderly refugees and asylees, from impeding their ability to access healthcare, protect themselves against fraud or crime, or even just banking and shopping, to serious health and social implications. For example, in many cultures, elders carry the most respected position in the society.

Yet their inability to communicate in English often leads to younger family members doubting the elders' authority and sometimes even loss of status in the family and society. This phenomenon in turn leads to increased feelings of isolation. Another effect of linguistic isolation is family role reversal. Children who learn English faster are often called to translate for their elders, which puts them in the position of "parenting their parents".

Many elderly refugees and asylees also exhibit an extreme fear of authority due to previous traumatic experiences of persecution and war. For example, refugees from the Former Soviet Union were traumatized by the Holocaust and Stalin's Great Purges, the anti-Semitic campaigns between 1948 and1955, and the overall anti-Semitic policies of the Soviet State. These traumatic experiences have led to an extreme fear of authority, which is not just defined by them as police and other law enforcement officials, but also includes service providers and financial institutions. This fear affects their ability to call 911 for emergency assistance or seek mental health assistance. This phenomenon is well known to criminals and con artists, who often target this particularly vulnerable population.

Barriers to Naturalization and Integration

Elderly refugees and asylees are also challenged by barriers to naturalization and integration resulting from their minimal understanding of American politics and social systems, in large part owing to their isolation and inability to speak English. For example, many limited-English speaking elderly refugees are frequently excluded from the Census because they cannot comprehend the survey and do not know how to fill out the forms. This is especially problematic because low or inaccurate Census data can affect funding allocations for critical federal programs, including the Older Americans Act, which provides critical social services to seniors and frail elderly. These services are funded by states and localities that rely on federal dollars based on population totals determined by the Census. If elderly refugees and asylees are not able to participate in the Census they will not be counted, and therefore, state allocations will be insufficient.

It is also important to recognize that the definition of "elderly" differs from culture to culture. Individuals who are aged 55 or older are perceived as elderly by many refugee groups. Yet they do not become eligible for many public assistance programs available to seniors until age 65. Furthermore, older refugees are less employable as a result of a variety of factors, including age, limited English proficiency, mental health problems, and medical issues. Elderly refugees who do find employment typically have not worked long enough in this country to build up savings or earn the Social Security benefits necessary for a secure retirement.

A lack of subsidized housing and public transportation is also an issue for elderly refugees and asylees. Older refugees strive to live in their cultural and linguistic environment, and feel lost and abandoned when they are settled in housing projects where the residents are not their compatriots. As many of them refuse to live in such houses,

they often become completely dependent on their children and other family members for housing and transportation.

Elderly refugees and asylees also face additional barriers accessing health care. As was mentioned earlier, refugees often face communication barriers when trying to access health care, primarily due to a lack of qualified translators. Although state and federal laws require the availability of linguistically and culturally appropriate health care, these services remain largely inaccessible for refugees due to inadequate funding, a lack of qualified speakers of many languages, and a lack of public awareness of these issues.

Due to the unavailability of translation services, many elderly refugees use their children, family members and friends as interpreters. Medical translation by family members and not-fluent English speakers can compromise confidentiality, lead to errors in diagnosis and interpretations based on opinions and cultural beliefs, and modifications of content, which seriously impacts the quality of care they receive. In one study, an analysis of recorded encounters during which an adult son interpreted for his Russian father demonstrated incorrect translation of more than 28 percent of words and phrases.[3] Furthermore, the lack of professional translation services in medical facilities may affect the costs of the care, since visits take much longer, and doctors often order unnecessary tests because they may not fully comprehend the complaints and symptoms or need more medical information because of a lack of a refugee's medical history or records.

The prevalence of serious health issues amongst the elderly refugee population - in addition to the uniqueness of some of their illnesses in the United States and likelihood of medical neglect in their countries of origin - make elderly refugees and asylees significantly more susceptible to health complications than other elderly populations. Many refugees come from cultures where their medical problems were not addressed properly due to the hardships of life or where they were treated in ways that were very different from Western medicine as practiced in the U.S. These categories of older refugees tend not to use preventive medical care, are afraid to go to emergency rooms, and are reluctant to seek any medical attention. Due to their linguistic and cultural limitations, they usually are unaware of free clinics and sliding scale options.

Naturalization is one way that immigrants can gain full participation in U.S. society. For refugees and asylees particularly, U.S. citizenship can be a validation that they have been fully and completely accepted by the U.S. and can finally leave their "home" country – a place of hostility and suffering – behind.

While naturalization is a challenging process for many immigrants, it can be particularly daunting for elderly and disabled refugees and asylees. There are two types of barriers that stand in refugees' pathway to citizenship: (1) the inability to pass the citizenship examination, often because of physical and mental disabilities, low educational levels, and lack of access to naturalization outreach and education programs; and (2) lengthy processing times of both naturalization and legal permanent residence (the required first

[3] Bruce T. Downing, "Quality in Inter-lingual Provider-Patient Communication and Quality of Care"(Manuscript, Sept. 1995), pp 7-9 [available from the Kaiser Family Foundation, Menlo Park, Calif., (800) 656-4533].

step towards naturalization) applications caused by immigration service backlogs, security reviews, and service errors.

Applicants for naturalization must demonstrate that they have knowledge of written and spoken English and pass an exam in U.S. history and civics. As mentioned previously, these tests are particularly challenging for elderly refugees and asylees, owing to a variety of psychological and cultural factors. Applicants who are over age 55 and have been in the U.S. for 15 years and applicants over age 50 who have been in the U.S. for 20 years are exempted from the English language requirement and can take the civics and history examination in their native language. However, for those who have come to the U.S. at an older age, 15 to 20 years is simply too long to wait for an exemption.

Disabled naturalization applicants can request a waiver of the English language and/or the U.S. history and civics exam requirements. This waiver process is complex and can add a significant amount of time to the naturalization process, reducing further the likelihood that a disabled refugee will be able to naturalize within seven years. These problems are exacerbated for the most extremely disabled individuals (such as those who are completely homebound), who may not be able to access the help they need to begin the process of preparing and submitting the naturalization and disability waiver application.

Elderly and disabled refugees who manage to complete the citizenship exam are faced with immigration processing delays that can make it impossible to achieve citizenship within seven years. As a result, many of these refugees lose their Supplemental Security Income (SSI) benefits, a cash assistance program for elderly or disabled individuals who are unable to work.

Loss of Supplemental Security Income (SSI)

Since 1974, the U.S. government has provided low-income elderly, blind, and disabled individuals with financial support through the SSI program. It was not until 1996, when Congress passed and President Clinton signed sweeping federal welfare and immigration legislation, that lawful immigration status served to restrict the access of low-income disabled or elderly individuals to SSI and other welfare benefits. Though some restorations passed in subsequent years, SSI remains the only federal means tested public benefit program that cuts off refugees after seven years unless they become citizens.

Successfully making it through the naturalization process within seven years is all but impossible for many elderly refugees, due to a variety of factors already mentioned, including inability to learn English, physical and mental health problems, and delay in the immigration system that are beyond their control. The Social Security Administration currently projects that over 40,000 elderly and disabled refugees will face extreme hardship and destitution due to the suspension of their SSI benefits over the next ten years.

Refugees must have five years of legal permanent resident (LPR) status before they become eligible to apply for naturalization. For refugees, LPR status is considered to begin on the date of arrival in the U.S. Asylee LPR status is deemed to begin one year before the date their application for legal permanent residence is granted. Practically speaking, if they are to receive their SSI benefits without interruption, refugees have a two-year window during which they must apply for naturalization, complete the naturalization examination and interview, clear all required security checks, and take the oath of citizenship.

Asylees have faced even greater delays in becoming citizens in part because they have faced a 10,000-per-year cap of those eligible to achieve LPR status. This cap resulted in a waiting list of approximately 180,000 asylees waiting for green cards, with those at the end of the line scheduled to wait 18 years to be eligible to apply for citizenship. Though the annual cap was finally repealed on May 11, 2005, the resulting delays have made it impossible for asylees receiving SSI to naturalize within the seven year period.

Since USCIS assumed the immigration service functions of the former Immigration and Naturalization Service (INS) in March 2003, processing times for naturalization applications have generally decreased across the country. However, mostly because of lengthy delays in security check required since the attacks of September 11, 2001, the naturalization process can still take years from the time the application is filed to the time the applicant takes the oath of citizenship. In addition, recent reports that USCIS has experienced a surge in citizenship applications in the past year indicate that processing delays are again increasing.

There is a greet need to establish a stop-gap measure to provide immediate relief to the thousands of elderly refugees and asylees who have lost or are about to lose their SSI benefits. Since 1996, when refugees' access to SSI was first restricted under the federal welfare reform law, HIAS has advocated that Congress repeal the seven year time-limit entirely, thereby de-linking naturalization from SSI eligibility for humanitarian immigrants. Basing eligibility for life-sustaining assistance on citizenship not only debases citizenship, but puts many elderly and disabled refugees in financial dire straits, leaving them with no safety net. As a nation, we have always encouraged immigrants to become citizens in order to participate fully in the civic life of the country, not because the alternative is the serious economic hardship that may result if benefits are lost or unavailable.

The United States admits refugees with the promise of security and protection against the dangerous situations they encounter in their home countries. Yet for many elderly refugees, we are breaking that promise after seven years simply because they cannot learn English or get through the citizenship process quickly enough. Without SSI and facing extreme destitution, refugees are even less likely to make it through the naturalization process given their overriding concerns of how they will afford food and housing. Only by eliminating the time limit will the United States fulfill its promise to this most vulnerable and deserving population.

Recommendations

In addition to repealing the time limit on SSI eligibility for elderly and disabled refugees and asylees, HIAS makes the following recommendations to better serve the particular needs of elderly refugees and asylees:

- Strengthen mental health outreach and education in ethnic communities, and provide accessible and culturally competent mental health services.
- Increase support for psychosocial programs targeted directly at elderly refugees and asylees.
- Improve accessibility to medical care for working poor refugees who are younger than 65, through specialized programs designed for this population at free clinics, medical schools and other organizations.
- Elderly refugees should continue to be eligible for certain refugee services and programs, including acculturation, translation, mental health, and family enrichment, even after they have become naturalized citizens.
- Establish educational and outreach programs designed specifically for elderly refugees and asylees to help them better integrate into American society, including: acculturation and adaptation projects; family enrichment; support and socializing/networking groups; healthcare outreach; and programs teaching them about law enforcement, how the Census works, preventing elder abuse, financial literacy, and developing new skills. Foreign-language media could serve as a great medium for these kinds of educational and outreach programs.
- Increase access to affordable housing and assisted living programs for elderly refugees, and develop special employment services for older refugees (45-64 years old), which would utilize their pre-migration work experiences and knowledge.
- Provide ESL programs that specifically accommodate the different needs and learning abilities of elderly refugees by designing special programs for them.
- Ease the formidable obstacles facing elderly persons seeking to naturalize by exempting persons aged 65 or older who have lived in the US as LPRs for at least five years from the English language requirement, and allowing them to take the US civics test in their primary language. Persons aged 75 or older who have lived in the US as LPRs for at least five years should be exempt from both the language and civics requirement.
- The enforcement of federal and state regulations regarding translation services in medical facilities should be enhanced, and additional funding should be provided to better recruit, train, and certify medical interpreters and translators.

Senator SMITH. Thank you, Maria.

I am just curious on a personal level. Where was your home in Russia?

Ms. TEVEROVSKY. Moscow.

Senator SMITH. Moscow. When did you come to the United States?

Ms. TEVEROVSKY. Exactly this date 10 years ago.

Senator SMITH. Welcome. Your English is great.

Ms. TEVEROVSKY. Thank you.

Senator SMITH. You didn't have any trouble learning it. Did you know it before?

Ms. TEVEROVSKY. I actually, yes.

Senator SMITH. You did.

Ms. TEVEROVSKY. Started learning it.

Senator SMITH. In school?

Ms. TEVEROVSKY. Yes.

Senator SMITH. I am struck by your comments about the extra difficulties in mental health. This is a personal passion and concern of mine. I assume you are speaking of mental health disorders unrelated to those that exist with normal aging?

Ms. TEVEROVSKY. Absolutely.

Senator SMITH. I can't remember names as well as I used to.

I assume it comes from trauma of persecution and intolerance. Then that is compounded by what, the cultural shock of assimilating in this country?

Ms. TEVEROVSKY. Yes. It is—you put it absolutely the way it is. Also—I mentioned this fear of authorities that is absolutely overwhelming in older people. I can speak for Jewish people of former Soviet Union who lived through holocaust, stalin purges and anti-Semitism. My own mother was fired because she was Jewish.

This makes them think of any authority as something you never deal with. It includes not only police and law enforcement, but social workers and doctors.

Senator SMITH. Is it your judgment that in this country we do not have sufficient mental health availability, accessibility for them?

Ms. TEVEROVSKY. You know, I believe that in this country we are blessed to have access to the best healthcare ever. My concern is cultural sensibility and linguistic—linguistic part of it because accessibility and quality of translation is really serious issue that is not being addressed enough. Translation is a profession and it has to be looked at as a profession.

Senator SMITH. Very well said. Thank you very much.

Ms. TEVEROVSKY. You are welcome. Thank you for having me.

Senator SMITH. Salah, take it away.

STATEMENT OF SALAH ANSARY, REGIONAL DIRECTOR, LUTHERAN COMMUNITY SERVICES, NORTHWEST, FORMER REFUGEE

Mr. ANSARY. The Honorable Senator Smith, thank you for the opportunity to come before you. I am deeply honored.

I have a few letters also that some of our students, elderly students that have given to me to deliver to you. So I have those here in front of me.

Senator SMITH. We will include.

Mr. ANSARY. I would like to make it part of the record.

Senator SMITH. We will include them as part of the record.

Mr. ANSARY. Thank you.

I am also here to convey the greetings of many of our elder and disabled refugees from the State of Oregon who personally could not be here, but wanted you to know that they have you in their thoughts and prayers as you deliberate on this very important bill that could provide much needed relief—much more relief in their lives.

Many of these elders and disabled refugees attend citizenship classes at Lutheran Community Services Northwest. They also hope to meet our Oregon delegation in the near future in person in Oregon. They want to express their concern and struggles. They also would like to express proudly how proud they are to say that many of their children and grandchildren are proud U.S. citizen now and involved in many civic engagements.

My very own daughter, who is sitting behind me here, is an example of that. She pays her own way to be here to witness this proceeding. A few years ago during college she spent one summer as an intern with Congressman Blumenauer.

She is also here because of her grandmother, who is my mother, now a U.S. citizen, fled Afghanistan when the soviet invaded Afghanistan in 1980. She is on SSI. She is 78 years old, living independently.

My mother has been a tremendous source of connection for my two daughters about their roots and cultural heritage. For the past 27 years of my work with refugees, elder refugees like my mother, who are instilling invaluable and rich cultural heritage to their grandchildren. As I understand, our very own senior senator from Oregon, Senator Ron Wyden's parents also emigrated from Germany.

Unfortunately, the unintended consequences of Section 402 of Welfare Reform Act of 1996 has caused tremendous hardship for many of our elder and disabled refugees. Refugees have suffered enormous tragedies in their lives.

Sometimes I compare elder refugees to the majestic old growth trees in the Pacific Northwest that have been yanked from the roots that laments from the pain of separation. They are uprooted and forced out because of persecution in their homeland.

The grim statistics from Social Security Administration points out that of the 48,000 elderly and disabled immigrants who have or are likely to reach their 7-year SSI limit between 2004 and 2010, at least 74 percent are refugees.

Fifty-seven of 48,000 or 20,100 are refugees and humanitarian immigrants from former Soviet Union, which Oregon has a number

of those, a large number of refugees now. Seventeen percent or 8,200 from Asia. I think Wisconsin is one, which my colleague will talk about that, the Hmong refugees from Highland Laos. Sixteen percent, 7,600 from the Caribbean, mostly Cuban and Haitians. Eight percent, 3,900 from Africa.

As we have welcomed the elder and disabled refugees, as some of my colleagues have pointed out here, we must also not abandon them until they stand on their feet.

Refugees are proud, resilient and dignified people. As local community provider, we will do whatever we can to help. But we also feel that this is a joint responsibility. The injustice of 1996 welfare reform pertaining to this population we ask must be corrected.

We applaud and are grateful for you, Senator Smith, in a bipartisan support or effort with Senator Kohl in introducing S. 821. We feel this is a step in the right direction. We ask you, all of the other members, to lend their support for this bill.

I also would like to invite you and your staffers and some of your colleagues to visit with elder and disabled refugees to hear and learn about their heart-wrenching stories, challenges, dreams, aspirations, their gratitude and appreciation. I have no doubt in my mind upon hearing these stories you will be compelled to hasten the passage of this bill.

In Oregon there are four faith-based agencies that resettle refugees: Lutheran Community Services Northwest, Catholic Charities, Ecumenical Ministries of Oregon and Jewish Family and Child Services. Other refugee service providers include the Immigrant and Refugee Community Organization called IRCO, the State and local government branches.

Since 1975, Lutheran Community Services alone has resettled close to 30,000 refugees in the Northwest. Behind these numbers are individuals. Each has a unique story of suffering and survival, hopes for happiness and security, and individual strengths and talents to offer.

The State of Oregon ranks ninth in this Nation for refugee resettlement. As you pointed out, 55,000 refugees have been resettled since 1975 in Oregon. The majority from Southeast Asia and, most recent, 18,000 from former Soviet Union and the rest from other countries of the world. Of course, these figures do not take into account birth and secondary migration into the State.

The people of Oregon responded magnificently in welcoming many asylees and refugees with their love and support. In particular, the church congregations across our network have joined hands in welcoming the strangers. Oregon is known for its well-established and close coordination of services to refugees.

The passage of Immigration and Nationality Act of 1980 provided alternative approaches in seeking to reduce refugee dependency on welfare programs. Oregon was one of the first States to design and implement an innovative project that successfully demonstrated refugee could enter the job market and achieve their early self-sufficiency goals with adequate resources during their initial month of resettlement.

Today, this public and private partnership continues in the State. We do make referrals of elder seniors to Aging Services, a county program. Lutheran Community Services and other faith-

based agencies administer cash eligibility determination and provide intensive case management services for all newly arrived refugees, asylees, during their first 8 months in the country, while IRCO, our partner agency, works to place them into jobs before their benefit expires.

This function had previously been handled by the State welfare program. As I recall, former Senator Hatfield was a strong advocate and true champion for refugees who helped Oregon with such program innovation.

Of course, Lutheran Community Services has a long history of providing services; 75 years or more. In 2001 joined the Lutheran Social Service of State of Washington to form Lutheran Community Services Northwest. It is a nonprofit agency and its mission to partner to partner with individuals, families, communities for health, justice and hope.

For refugee resettlement work, Lutheran Community Service is affiliated with Immigration and Refugee Service—LIRS—a national voluntary agency, whose tireless advocacy on behalf of the uprooted spans 68 years.

Lutheran Community Services, through their partnership with the State Department contracts with 26 affiliate Lutheran social service agencies across the country similar to what my colleague, Dick Parkins, mentioned about the EMM affiliate offices across the country.

Lutheran Community Services provide an array of social services tailored toward the specific needs of refugees, such as the ESL, literacy program, youth mentorship program, mental health services for African and Slavic refugees, drug and alcohol treatment, immigration counseling services, citizenship services for elderly population, and African Women's Empowerment program.

There are a total of 36 languages spoken by the staff in our Lutheran Community Services Multicultural Community Services, and offices in Portland, Vancouver and Seattle.

I think in terms of the challenges that was pointed out—I don't know if I have time to mention some of those barriers that the elder refugees face. May I point out those? Do I have any time?

Senator SMITH. Well, yes. We are supposed to be done at 12, but we can also put them in the record, Salah.

Mr. ANSARY. OK. Why don't I just leave it for the record. Thank you.

[The prepared statement of Mr. Ansary follows:]

The Honorable Senators of the Committee on Aging:

Thank you for the invitation. It is an honor to appear before you in support of Senator Gordon Smith's Senate Bill 821.

My name is Mir Salahuddin Ansary (aka Salah Ansary). I was born in Afghanistan in 1953. I came to Poughkeepsie, New York as an exchange student. Upon my return to Afghanistan, I worked at the US Cultural Service Center as an assistant librarian and then with USAID until 1978. Because of the fast political changes in Afghanistan at the time, and my mother's persistent worry and encouragement for my safety, I left Afghanistan in 1978 and found my home in Portland, Oregon. In 1980, after the invasion of my homeland, my family (mother, 3 of my siblings, sister-in law and four of her children) fled Afghanistan and took refuge in the neighboring country of Pakistan. In 1981, I was fortunate to have welcomed my family in Portland, Oregon with the assistance of a local church. From 1980-1984, I worked for the Multnomah County Library and in 1984 joined Lutheran Family Service of Oregon and Southwest Washington, now known as Lutheran Community Services Northwest (LCSNW). I was also the co-founder and president of the Afghan Cultural Service Center and assisted Afghan refugees adjust to life in the US.

Oregon:

In Oregon there are four faith-based agencies that resettle refugees: LCSNW, Catholic Charities, Ecumenical Ministries of Oregon and Jewish Family and Child Services. Other refugee service providers include the Immigrant and Refugee Community Organization (IRCO), state, and local government branches. Since 1975, LCSNW alone has resettled close to 30,000 refugees in the Northwest. Behind these numbers are

individuals. Each has a unique story of suffering and survival, hopes for happiness and security, and individual strengths and talents to offer.

The State of Oregon ranks ninth in the nation for refugee resettlement. Since 1975, Oregon has received a total of 55,598 refugees of which 26,204 are from S.E Asia, 18,684 are from the former Soviet Union, 2,192 are from Cuba, 2,066 are from Romania, 1,445 are from Bosnia, and 1,702 are from Somalia. The remaining are from Afghanistan, Burma, Iran, Iraq, Sudan, and various other African countries. These figures do not take into account birth and secondary migration into the state. The people of Oregon have responded magnificently in welcoming many asylees and refugees with their love and support. In particular, the church congregations across our network have joined hands "In welcoming the stranger."

Oregon is known for its well-established and close coordination of services to refugees. The passage of the Immigration and Nationality Act of 1980 provided alternative approaches in seeking to reduce refugee dependency on welfare programs. Oregon was one of the first states to design and implement an innovative project that successfully demonstrated refugees could enter the job market and achieve their early self-sufficiency goals with adequate resources during their initial months of resettlement. Today, this public and private partnership continues in the state of Oregon. LCSNW and other faith-based agencies administer cash eligibility determination and provide intensive case management services for all newly arrived refugees/asylees during the first eight months, while IRCO works to place them into jobs before their benefits expire. This function had previously been handled by the state welfare program. As I recall, former

Senator Hatfield was a strong advocate and true champion for refugees who helped Oregon with such program innovation.

Lutheran Community Services:

After over 75 years of service, Lutheran Family Service of Oregon and Southwest Washington merged with Lutheran Social Services of Washington and Idaho in 2001 to form Lutheran Community Services Northwest (LCSNW), a non-profit 501 (c)(3) organization whose mission is to "partner with individuals, families and communities for health, justice and hope." For refugee resettlement work, LCSNW is affiliated with Lutheran Immigration and Refugee Service (LIRS), a national voluntary resettlement agency whose tireless advocacy on behalf of the uprooted spans 68 years. LIRS through their partnership with the Department of States contracts with 26 affiliate Lutheran social service agencies across the country for the reception and placement of refugees. LCSNW provides an array of social services tailored towards the specific needs of refugees, such as ESL and literacy programs, youth mentorship programs, mental health services for African and Slavic refugees, drug and alcohol treatment, immigration counseling services, citizenship services for elderly populations, and an African Women's Empowerment program. There are a total of 36 languages spoken by the staff in our LCSNW Multicultural Community Services program with offices in Portland, Vancouver and Seattle.

Elderly Refugee and Asylee Populations:

For the past 27 years, I have witnessed the tremendous source of joy elderly populations bring to their families. They pass on rich cultural values to their children and grandchildren. I have personally experienced the journey and resettlement of my own

mother who is now 78 years old and a proud US citizen. The following are challenges faced by many refugee/asylee elderly populations:

1) **Health**: Many come to the US with health-related issues due to poor health care available in their country of origin, refugee camp, or host country. Due to language barriers and a poor understanding of the healthcare system in the US, they avoid preventive care until they end up in a hospital emergency room.

2) **Language**: The majority of elder refugee/asylee populations coming to the US lack English literacy skills. Many cannot access resources without interpretation. Often a family member, friend or a professional interpreter needs to accompany elderly populations to their medical visits. Learning a new language is a challenge for most elderly refugees. Some are illiterate even in their native language. Lacking basic English literacy skills disqualifies them from employment opportunities that require limited English proficiency. Elders also lack mobility for often they cannot drive and are fearful of using public transportation because they cannot read, write, or speak English.

3) **Economic:** The elderly refugee population is among the poor. They live with their adult children and families. They are dependent on others for food and shelter. When ill, they depend on adult children or grandchildren to schedule a medical appointment or to visit the emergency room for immediate care.

4) **Social:** Elderly refugees are isolated from each other due to their lack of physical and financial abilities. For some, their resettlement in the U.S. leads to a loss of family, friends, and other social ties established in their home country or

refugee camp. Some elderly refugees suffer from depression. Yet, due to cultural stigmas associated with mental health and counseling it often goes untreated.

Systemic challenges:

1) **Lack of adequate resources:** Most often service providers are lacking adequate funding to provide individualized one-on-one assistance to address these challenges more effectively.
2) **Citizenship:** The road to citizenship poses many obstacles for elder refugees. The recent U.S. Citizenship and Immigration Service (USCIS) fee increases have added additional barriers. Recently, the filing fee for an application for citizenship increased from $400 to $675. The request for a fee waiver is cumbersome and consumes staff time. A medical disability waiver for an exemption of the English and civic naturalization test also takes considerable time.
3) The Seven year limit for refugee elders and disabled refugees in accessing SSI based on the 1996 rule has created panic and devastation for those that have and or will lose their benefits.
4) The USCIS website now indicates that citizenship applications submitted after June 1, 2007 will take somewhere between 16-18 months to be processed.

There are currently two citizenship programs in Oregon and Southwest Washington that specifically deal with some of these challenges. LCS administers the Southwest Washington citizenship project for seniors, funded by the state of Washington legislation and Office of Refugee Resettlement (ORR) at the federal level. IRCO administers the program in Portland, Oregon which is funded by ORR. The majority of

both program participants are Slavic elder refugees/asylees. From January 2005 through November 2007, IRCO enrolled 237 senior clients in their citizenship projects of which 197 achieved citizenship. From July 1, 2006 to June 30, 2007 LCSNW had over 350 people attend citizenship classes. The program assisted 91 elder refugees with citizenship applications. Out of 91 clients, 78 passed their citizenship tests and 37 (out of 91) requested a waiver of the English and U.S. history and government requirements based on their disability or impairment. Since July 1, 2007, LCSNW has enrolled 250 elder students in LCS citizenship classes. Classes are held in seven different locations for client convenience. There are 18 classes weekly.

Some elder refugees repeat these classes numerous times and still it is a struggle for them to pass the citizenship test. I had the pleasure of teaching an elder citizenship class and witnessed their yearning to learn and to obtain citizenship, despite their struggles and frustrations. It is not a lack of trying on their part. Something must be done. Can the citizenship test be administered in their native language for individuals over the age of 60? Can the USCIS obtain supplemental funding from Congress to avoid rising filing fees?

The following are testimonials from counselors and case managers who have worked with clients affected by the "Seven Year Rule":

Testimonial One:

Client name: Nina Fedorova
DOB: 11/5/39
Age: 66
Gender: Female
Date of admission: 1/30/02
Date of report: 11/27/07

This letter is in support of my client Nina Fedorova, who was diagnosed with PTSD – 296.33 and Major Depressive Disorder- 309.81 in 2002. She was successfully treated and is currently receiving support services at Lutheran Community Services Northwest.

Nina Fedorova is a 66 year old female, who was born in Russia and recently lost her husband and 19 year old son. Nina came to the US in 2000 and received asylum status in 2001. She was on disability due to PTSD. Nina has been on the Oregon health Plan and was treated for her medical condition.
She received her green card in December 2005. Mrs. Fedorova is approaching 7 years of stay in the US, but is not qualified to file an application for citizenship. An individual is eligible to apply for citizenship five years after the date of the approval of their green card. However, Mrs. Fedorova has lived in the US for 7 years but 2 years less than she would qualify for citizenship. She is at the point of losing all her medical and social benefits according to the "7 year rule".
While approaching this date this patient began to decompensate and exhibit symptoms of anxiety and depression due to the knowledge that she is going to lose all of her benefits within a few months.

If you need any further information regarding this matter, please contact me at (503) 231-7480 ext. 644

Olga Parker, Ph.D., Multicultural Services

Testimonial 2:

Mrs. Faduma A. Abukar, a single mother, left Somalia in 1993 with her two children after her husband passed away. They took refuge in Nairobi, Kenya. She arrived in Portland, Oregon in July 2000. In November 2000, her application for asylum was granted. She received her green card in 2004.

Faduma suffers from Fybromyalgia, anxiety, and Post Traumatic Stress. She lives with her daughter who is thirteen years of age. Faduma has had English tutors but cannot grasp the English language. Her daughter manages to do most of the housekeeping as Faduma cannot move around very well. She tries to take walks but this proves extra painful after 30 yards. Some of her relatives give her as much help as they can. Faduma receives $623 per month out of which she has to pay rent of $253 per month as well as electricity and telephone charges.

It will be a great hardship for her to lose her SSI benefits. Faduma will lose her SSI benefits beginning December 1, 2007. This is seven years after November 2000, the month she was granted asylum.

Faduma Sheik
Case Manager
Multicultural Community Services

The following are stories from IRCO's Oregon Refugee Senior Naturalization Project:

First Story:

In 1996, a couple and their daughter came as refugees from Russia to the U.S. At that time the father was 66 years old. He was having some memory loss and had one leg amputated. His wife, who was 57 years old suffered from high blood pressure, diabetes and heart problems. Their daughter was 17 years old. She became a student at Portland State University. The couple spoke no English. In 2001, the couple enrolled in an IRCO Senior Refugee Program to get assistance with naturalization. In 2003, all three family members went for INS interviews on the same day. The daughter took the INS examination in English and passed. The INS officer accepted the father's medical waiver and he passed the exam. The physician who wrote out the medical waiver for the wife did not accurately reflect her medical conditions in the waiver. The INS officer interviewing the wife did not accept her medical waiver. She then had to take the INS exam in English. She very obviously couldn't speak English well enough to respond to the INS interviewer's questions and she failed the exam. The stress and humiliation of not passing the INS exam caused the wife to have increased heart pain. Within a few days after the exam, she was hospitalized from having a heart attack. Upon medical examination, physicians found tumorous growths in her gastrointestinal tract which would require several surgeries due to her weakened condition. Within months of her INS exam, she underwent two surgeries to have partial intestinal tract removal. She had increasing bouts of dizziness and had to use a walker. The father became her caretaker. On August 8, 2004 she had heart surgery. She was even placed in a nursing home. She died on February 23, 2005.

Second Story:

In August, 2000 a couple arrived in the U.S. as refugees from Russia. The husband had a history of heart problems but had not had a heart attack as well as memory problems. His wife had hypertension and memory loss. He and his wife were both 76 years old when they enrolled in the IRCO Oregon Senior Refugee Naturalization project. On May 23, 2006 they both went for the INS examination. The husband passed his exam. However, because the physician who wrote her medical waiver didn't adequately explain her medical conditions, she did not pass the exam. He was so stressed by her failure to pass the exam that he began to lose consciousness. He was taken to the emergency room. On May 25, 2006, he went for a medical appointment for heart pain and was hospitalized for heart attack. On May 31, 2006, he underwent heart surgery. With intervention from IRCO ORSEN staff, the wife was able to get another physician for the medical waiver who described her mental condition as severe memory loss in which she could barely remember short term events much less take a course on U.S. history. On February 7, 2007 she went for and passed the second INS exam with a medical waiver and was naturalized on February 8, 2007.

We urge the passage and support of Senate Bill 821 sponsored by Senator Gordon Smith that provides tremendous relief for this resilient and yet vulnerable population.

Thank you.

Senator SMITH. Well, Salah, I don't want to cut you short, but your testimony is very powerful and very heart-felt. You have been there, and I commend you for the work that you do and the Lutheran Community Services. You are working on the side of the angels, as the others are, and I can't thank you enough.

Also want to thank your daughter for coming back here and at her expense to accompany you. It is just wonderful to have you here.

Mr. ANSARY. Thank you. Thank you.

Senator SMITH. Hopefully the storms pass in Oregon so when you go home you won't have too bumpy a ride.

Mr. ANSARY. Thank you. I think the storm has died down.

Senator SMITH. Yes. Thank you, Salah.

Mr. ANSARY. Thanks.

Senator SMITH. Khammany, take it away.

STATEMENT OF KHAMMANY MATHAVONGSY, DIRECTOR, CALIFORNIA OFFICE OF SOUTHEAST ASIA RESOURCE ACTION CENTER

Mr. MATHAVONGSY. Good morning. Thank you, Senator Smith.

My name is Khammany Mathavongsy. I am with Southeast Asia Resource Action Center, better known as SEARAC and I am the director of the California office.

SEARAC is a national organization established in 1979 to facilitate resettlement of Southeast Asian refugees from the countries of Laos, Cambodia and Vietnam. In the past 28 years we work to advance the interests of this community through leadership development, capacity building and public policy advocacy.

Our work in California specifically focuses on empowering Southeast Asian elderly refugees and also bringing greatly needed attention to this underserved population. As a refugee myself, this hearing today is particularly importance for me.

People from Laos, Cambodia and Vietnam constitute the largest group of refugees to ever build new lives in America. Many have made homes in the State that a member of this Committee represent, most notably Wisconsin, Minnesota, Florida, Pennsylvania and Oregon.

These populations share a unique histories with this country because of their support of the United States during the war in Vietnam. Many resettled refugees—including our elders—fought alongside American troops, risking their lives in support of freedom and democracy.

Contrary to the popular "model minority myth", which purports that all Asian-American are excelling and facing no obstacles, all too frequently, the very real needs and challenges that a large number of our southeast Asian population face are often overlooked.

Many of the challenges facing these communities remain unaddressed. For example, according to the 2000 census, 29 percent of the Cambodian-American population live below Federal poverty line. The same can be said.

Senator SMITH. Twenty-four percent?

Mr. MATHAVONGSY. Twenty-nine percent.

Senator SMITH. Twenty-nine percent.

Mr. MATHAVONGSY. The same can be said for 38 percent of Hmong, 19 percent of the Lao, and 16 percent of Vietnamese-Americans.

In our written testimony that we submitted for the record, we discussed in detail about the SSI 7-year limit for refugees. But because of the panel—our colleague here—has spoken in depth and explained the impact, I will hold my comments on SSI at this time. So I would like to highlight the Medicare Part D that has impact on our community.

The intent of the Medicare Part D was to ensure that most vulnerable population receive the maximum level of protection. Since its inception in 2005, however, the Part D program has incurred numerous difficulties for our low-income Southeast Asian American elders.

One of their ongoing challenges is the inability of our seniors to receive linguistically appropriate information from drug plan. Unable to read and write English, they require intensive one-on-one consumer counseling.

Part D plans are also required to make important information accessible to these beneficiaries whose English proficiency is limited. Yet, according to a survey conducted by National Senior Citizens Law Center—this is from California—drug plans failed their obligation to provide services in languages other than English.

In fact, more than 60 percent of the calls placed to the call centers never reached an individual speaking the primary language of the caller. Lack of language access under Medicare Part D makes it nearly impossible for this population to navigate the already complex world around Part D program.

Second, the minimal copayment required by Part D is also unduly burdensome and inequitable compared to other Medicaid recipient. Under Medicaid, they were unable to afford copayment. They were not denying necessarily medication.

This financial requirement creates additional barriers for this vulnerable population. So I urge the Special Committee on Aging to ensure that the needs of our elders, especially disabled refugees, are made a priority.

We would like to make the following recommendation pertaining to SSI and also Part D:

Congress should enact legislation to delink the SSI eligibility from U.S. citizenship for refugees and humanitarian immigrants. At the very least, Congress should provide a stop-gap measure of extending 7-year limit on SSI.

In April 2007, member of this Committee introduced Medicare Part D Outreach and Enrollment Enhancement Act of 2007. Among other things, this piece of legislation seek additional funding for outreach and assistance for those who qualify for Medicare, but needed additional assistance navigating the program.

So we applaud this effort and recommend that any Congressional effort to provide additional assistance on this topic take into consideration the importance of improving language access, and also provide culturally appropriate materials. Materials on Part D needed to also be made available in many languages and at appropriate literacy level.

Congress should also ensure that the poorest and most vulnerable population are not financially devastated by Part D cost-sharing requirements by providing copayment assistance for dual eligible beneficiaries who receive both Medicare Part D and also Medicaid. Also, this would help eliminate the financial burden of low income seniors.

The U.S. has been a leader in providing refuge for people around the world, many of whom have faced persecution, dislocation because of a conflict and war. Many who find refuge in the U.S. have been longtime allies and supporters of this country and as such, have risked their lives and those of their loved ones to be here.

It is unimaginable that we would allow our disabled and elderly refugee population to endure further hardship and destitution because of unfair policies which do not take into consideration the unique circumstances of this vulnerable population.

In conclusion, I like to thank the Committee, for the opportunity to highlight these issues affecting our Southeast Asian refugees and welcome any questions that you have.

Thank you.

[The prepared statement of Mr. Mathavongsy follows:]

December 5, 2007
Prepared for Senate Special Committee on Aging
The Health and Welfare Needs of Elderly Refugees and Asylees in the United States
Testimony by Khammany Mathavongsy, California Projects Director,
Southeast Asia Resource Action Center (SEARAC)

Good morning. It is an honor for me to be here today to speak with all of you about Southeast Asian American elders. Thank you, Mr. Chairman and members of the Senate Special Committee on Aging for holding this hearing. My name is Khammany Mathavongsy. I am the California Projects Director for the Southeast Asia Resource Action Center, also known as SEARAC. SEARAC is a national organization founded in 1979 to facilitate the resettlement of Southeast Asian refugees after the Vietnam War and foster the development of nonprofit organizations led by and for Southeast Asian Americans. SEARAC is led primarily by and for Americans with heritage in Cambodia, Laos, and Vietnam. In the past 28 years, SEARAC's work has grown to advance the interests of these communities through leadership development, capacity building work, and public policy advocacy. SEARAC's California-based office specifically focuses on empowering Southeast Asian American elders and bringing greatly needed attention to this underserved population.

Having arrived in the U.S. as a refugee myself, today's hearing is of particular importance for me. I was born in Laos, and at the age of 13, my older sister and I fled to Thailand as political refugees, due to my family's connections with the anti-communist forces in Laos, leaving my mother and four other siblings behind. My sister and I lived for many years in a Lao Refugee camp in Napho, Nakorn Pranom in Northeast Thailand and we were the first from our family to be resettled in United States in 1986. During that same time, my father was imprisoned in the "re-education camps" by the communist successors along with thousands of other pro-democracy military officers and Royal Lao government administrators—including the Lao Royal family. My father survived 13 years of imprisonment, harsh treatment and starvation. He was imprisoned for all of this time because of his service in the Royal Lao Army. He received his training for his service at the U.S. Armor School in Fort Knox, Kentucky. After his years of severe hardship in the reeducation camps in Laos, my father was able to flee into neighboring Thailand, where he was granted refugee status in 1988 and was reunited with our family in the U.S. in 1989.

Over one million Southeast Asian refugees[1] who resettled in the U.S. share stories much like my own. People from the Southeast Asian countries of Cambodia, Laos, and Vietnam constitute the largest group of refugees to ever build new lives in America. Many have made homes in the states that members of this committee represent—most notably in Wisconsin, Minnesota, Florida, Pennsylvania and Oregon[2]. These populations share unique histories with this country

[1] Refugee arrivals to the U.S. from Southeast Asia after the end of the Vietnam War (1975-2002) total 1,146,650. Sources: [1] Office of Refugee Resettlement, Annual Reports to Congress (fiscal years 1981-2000). [2] FY 2001 and 2002 figures (2002 from "preliminary data) are from the Bureau of Population, Refugees, and Migration, U.S. Department of State. Tabulated and presented in Refuge Reports December 31, 2002. [3] Refugee arrival statistics for FY 1975-1980 are from Rumbaut (2000: 182). [4] See also Southeast Asian American Statistical Profile (2004: pg. 10) at http://www.searac.org/seastatprofilemay04.pdf

[2] According to the 2000 U.S. Census, Southeast Asian Americans in the following states represented by some members in the Special Committee on Aging are as follows: 84,062 in MN, 47,575 in WI, 46,791 in PA, 44,415 in FL and 31,356 in OR.

because of their support of the United States during the Vietnam War. Many resettled Southeast Asian refugees—including the elders—fought alongside American troops, risking their lives in support of the American ideals which we all value. With the fall of South Vietnam, Cambodia, and Laos to communism, those who supported the U.S. were forced to flee by the thousands by foot, boat, and for the lucky few, U.S. planes that returned for them.

Southeast Asian Americans who were fortunate enough to escape and resettle in the U.S. now live throughout the country and represent a diversity of ethnic cultures and include the Vietnamese, Cambodian (or Khmer), Hmong, Lao, Iu Mien (or Mien), Khmu, Montagnard, Taidam, and ethnic Chinese, all bringing with us unique linguistic and cultural traditions.

Contrary to the popular "model minority myth" which purports that all Asian Americans are excelling and face no obstacles, all too frequently, the very real needs and challenges that large numbers of the Southeast Asian population face are overlooked. Unfortunately, many Southeast Asian Americans continue to struggle with economic, educational, and other challenges to a degree seldom understood by policy makers. Many of the challenges facing these communities remain unaddressed.

According to the 2000 Census, 29.3% of the Cambodian population lives below the federal poverty line. The same can be said for 37.6% of the Hmong population, 19.1% of the Laotian population, and 16% of the Vietnamese population.[3] Additionally, the strong link between poverty and high disability rates, particularly among Southeast Asian elders, has been largely ignored up to this point. According to the census, approximately 18% of the overall American population with disabilities lives in poverty. In comparison, the rates for Southeast Asian Americans are much higher. Approximately 28% of Cambodians, 39% of Hmong, 22% of Laotians, and 18% of Vietnamese Americans with disabilities live in poverty. In fact, the Census also found that in 1999, 44% of Cambodian households in poverty had disabled members, as did 48% of the Hmong, 45% of the Laotian, and 38% of the Vietnamese.[4]

Many Southeast Asian refugees, particularly elders, also experience mental health issues, including Post Traumatic Stress Disorder (PTSD) due to trauma experienced during times of war and conflict and having been uprooted from their homes. The Asian Pacific Islander American Health Forum (APIAHF) reports that 40% of Southeast Asian refugees suffer from depression, 35% suffer from anxiety, and 14% from PTSD.[5] This is significant given the fact that there are many barriers to addressing these health issues in Southeast Asian communities including stigma and shame from the community. There is also a great need for culturally appropriate services and effective intervention strategies as well as research specific to these populations. Mental health issues among Southeast Asian Americans and elderly refugees are not exclusively linked to their

[3] Southeast Asia Resource Action Center (SEARAC), *Southeast Asian American Statistical Profile (2004), available at: http://www.searac.org/seastatprofilemay04.pdf*
[4] Ibid.
[5] Asian Pacific Islander American Health Forum (APIAHF), www.apiahf.org/events/idappt/slide09.htm

past experiences during war. These issues are often compounded by, but are not limited to, social isolation, the loss of their traditional, respected role within the family[6] as younger generations integrate into American culture and the multiple barriers to attaining self-sufficiency.

For many of Southeast Asian American elders who arrived as refugees, Supplemental Security Income (SSI) is their lifeline. Many arrived in the U.S. having had little to no access to formal education and are unable to obtain employment due to language barriers, disabilities, advanced age, or a combination of all the above. For these populations, SSI provides the bare minimum for many, no more than $623 per month for an individual and $934 for a couple, to afford the most basic needs of survival such as food, clothing and shelter. The average monthly payment in January 2007 was $466.70.[7] However, with the seven-year time limit, refugees and other humanitarian immigrants face destitution once they are no longer eligible for SSI.

In order to continue receiving SSI benefits, refugees and humanitarian immigrants must obtain their citizenship within an often unrealistic timeframe of seven years. It is unrealistic for many because the path to citizenship is lengthy and complete with barriers and bureaucratic road blocks. Refugees and humanitarian immigrants must reside in the U.S. for at least one year before they can be eligible to apply for lawful permanent residency, after which they must wait an additional five years to be eligible to apply for naturalization. Within those six years, a number of obstacles may prolong the naturalization process. These obstacles to a timely naturalization include increasing fees, backlogs, processing delays, background checks, and preparation for English language proficiency. The median number of years between legal immigration and naturalization for persons who became U.S. citizens between 2002 and 2005 was eight years.[8] The path to obtaining citizenship can take much longer for many refugees and humanitarian immigrants who are eligible and receive SSI.

As one of the steps to attaining citizenship, individuals must demonstrate their comprehension of the English language and also pass an exam on U.S. history and civics. While applicants over the age of 55 who have been in the U.S. for over 15 years and those over 50 who have been in the U.S. for over 20 years are eligible to take the exam in their native language and be exempt from the English language requirement, these exemptions are not always helpful for disabled or elderly refugees.[9] Many refugees and humanitarian immigrants have had little or no form of formal education, which makes learning very difficult. For some, even the written form of their native language is foreign. In addition to learning disabilities, it is known that with advanced age, the ability to learn and retain new information becomes less likely and often impossible for

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[6] Source: *Site Visit and Working Meeting with the Mental Health Services Oversight and Accountability Commission at the Fresno Center for New Americans*, January 26, 2006.
[7] U.S. Social Security Administration, SSI Monthly Statistics, January 2007, http://www.ssa.gov/policy/docs/statcomps/ssi_monthly/2007-01/table07.html
[8] Jeanne Batalova, "Spotlight on Naturalization Trends," Migration Policy Institute, http://www.migrationinformation.org/USfocus/display.cfm?ID=421#14, September, 1, 2006.
[9] Melanie Nezer, "America's Broken Promise: The Dire Consequences of Welfare Reform for Jewish Refugees," Summer 2006

many. Because of such barriers, simply attaining the English capacity to naturalize becomes a goal that is unachievable for a number of the most vulnerable disabled and elderly refugees.

Increasing application fees and the recent unveiling of a newly redesigned naturalization test can also contribute to the delay in naturalization. Recently, United States Citizenship and Immigration Services (USCIS) increased the fees for citizenship and change of status applications, bringing the total cost of the naturalization application up to $675—well over the average SSI payments in made January 2007. High fees further delay and often prohibit those who receive and depend on modest SSI benefits from attaining citizenship.

These and other barriers to citizenship not only prohibit many refugees and humanitarian immigrants from becoming fully integrated into American society and civically engaged through citizenship, they also pose as threats to the loss of SSI eligibility and the risks of falling further into poverty.

Bounta Xasiengpat's story is one of many that illustrate the impact of the seven year SSI time limit. She was a Lao refugee resettled in the U.S. in 1996. Because of the seven year time limit on SSI for refugees, her only source of income, her benefits were discontinued in December of 2004. She subsequently had to move in with her daughter and grandson. Bounta was seriously ill and required dialysis treatments three times a week. In addition to her illness, since her husband's death a few years ago, she had been very depressed—a feeling only compounded with the loss of her SSI benefits. She felt hopeless and unsure of what to do next. Bounta very much wanted to become a U.S. citizen and was actively participating in programming at the Fresno Interdenominational Refugee Ministries in Fresno, California. Unfortunately, she passed away early this year at the age of 81.

Bounta's story is indicative of the fact that for many elderly and disabled refugees who lose their SSI, the ability to regain self sufficiency is very unlikely and that many family members, who may be struggling themselves, will bear the costs. Similar to Bounta, many elderly refugees will spend the rest of their lives attempting to regain the ability to take care of their most basic needs and to attaining the dream of citizenship in the U.S.

Mr. Chairman and Senator Smith, we recognize your leadership in introducing legislation in the 110th Congress to extend the SSI eligibility for refugees from seven to nine years. While the legislation has passed in the House, it has stalled in the Senate and we will continue to advocate for its passage in the near future.

Another issue having significant impact on refugee elders is Medicare Part D. The intent of the Medicare Modernization Act of 2003, which contains the Medicare Part D, was to ensure that the most vulnerable beneficiaries receive the maximum level of protection. Since its inception, however, Medicare Part D has incurred numerous difficulties for low-income Southeast Asian American elders.

To date, the most vulnerable population, the "dual eligibles," those who receive both Medicare and Medicaid, are in greater need of increased protection. Medicare Part D is an incredibly complex issue and is a particular struggle for our limited- or non-English speaking elders. One of the ongoing challenges is the inability of low-income refugees to obtain linguistically appropriate information. Unable to read and write in English, they require intensive one-on-one assistance with choosing or switching plans, resolving problems at the pharmacy, filing for exception and appeals and understanding the notices and information from drug plans. Medicare Part D plans are required to make important information accessible to beneficiaries whose English proficiency is limited. Yet according to a survey conducted by National Senior Citizens Law Center (NSCLC), drug plans fail their obligation to provide service in languages other than English. In fact, more than 60% of calls placed to call centers never reached an individual speaking the language of the caller[10]. Lack of language access makes it nearly impossible for limited English proficiency beneficiaries to navigate the already complex Part D program on their own.

Secondly, because many Southeast Asian American seniors live in poverty, they also have very high medical needs requiring a variety of prescriptions each month. The higher co-payments of prescription drugs pose significant financial burdens to low income beneficiaries, most of which are on a fixed income. The Medicare Part D requirement of the so-called "nominal" co-payment of up to $5.35 by dual eligibles for each prescription is unduly burdensome and inequitable compared to other Medicaid recipients. For these beneficiaries, co-payments required by Medicare Part D really add up. Under Medicaid, if they were unable to afford co-payments, they were not denied necessary medications. Now, only those in nursing homes receive that level of protection. This financial requirement creates additional barriers to the rights of every low income Medicare beneficiary to receive care in the least restrictive setting available.

I urge the Special Committee on Aging to ensure that the needs of disabled and elderly refugees are made a priority in the 110th Congress to prevent this vulnerable population from further setbacks and destitution. On the needs of elderly refugees pertaining to SSI and Medicare Part D, SEARAC recommends the following:

- Congress should enact legislation to de-link SSI eligibility from U.S. Citizenship for refugees and humanitarian immigrants. At the very least, Congress should provide a stop-gap measure of extending the seven-year limit on SSI eligibility. Seven years is certainly not sufficient time for thousands who have been affected and thousands more who will be affected by this cut off.
- In April 2007, members of this committee introduced the "Medicare Part D Outreach and Enrollment Enhancement Act of 2007." Among other things, this piece of legislation seeks additional funding for outreach and assistance for those who qualify for Medicare but need additional assistance navigating the complex program. SEARAC applauds this effort and recommends that any congressional efforts to

[10] Scalia, K., *Medicare Prescription Drug Plans Fail Limited English Proficient Beneficiaries,* National Senior Citizens Law Center and California Medicare Part D Language Access Coalition (Feb. 2007) *available at:* http://www.nsclc.org/areas/medicare-part-d.

provide additional outreach and assistance on this topic take into consideration the importance of improving language access to the system by providing culturally appropriate materials. Materials on Part D need to be made available in many languages and at an appropriate literacy level. Congress should consider funding a pilot language access project that would promote access for Medicare beneficiaries with Limited English Proficiency (LEP) and increasing funding for State Health Insurance Assistance Programs (SHIPS) and community-based organizations which provide the one-one-one counseling that is necessary in the light of the complexities of Medicare Part D.

- Congress should ensure that the poorest and most vulnerable are not financially devastated by Medicare Part D's cost-sharing requirements by providing co-payment assistance for dual eligible beneficiaries and eliminating the financial burden of low-income beneficiaries.

The U.S. has been a leader in providing refuge for people from around the world, many of whom have faced persecution and dislocation because of conflict and war. Many who find refuge in the U.S. have been longtime allies and supporters of this country and as such, have risked their lives and those of their loved ones to be here. It is unimaginable that we would allow our disabled and elderly refugee population to endure further hardships and destitution because of unfair policies which do not take into consideration the unique circumstances of this vulnerable population.

In conclusion, I would like to thank the Senate Special Committee on Aging again for the opportunity to highlight these issues in a forum such as this and welcome any questions you may have.

Senator SMITH. Khammany, thank you very much.

I am curious. For my own knowledge, how large is the Hmong population in the Highlands?

Mr. MATHAVONGSY. In Laos?

Senator SMITH. Yes. How large of a community is it? How many millions of people?

Mr. MATHAVONGSY. I don't have the number for that, but we do have a large number of Hmong population in Wisconsin and in your State, as well as California.

Senator SMITH. As a percentage of Hmong globally, how many were displaced by the Vietnam war?

Mr. MATHAVONGSY. That I have to get back to you, sir. I don't have . . .

Senator SMITH. I am just curious.

Mr. MATHAVONGSY. The number.

Senator SMITH. I just know the contribution you made in that very distressful war. We were grateful to the Hmong people, and we are glad many are American citizens and living among us and contributing to our society.

I do believe that this Congress will get the seven-year extension done. I think it is imperative we do it for all the reasons that each of you have mentioned, and I support it fully.

Whether we do the additional you speak of, it is certainly something Congress needs to take up and consider, and that much I can promise you. But I also know that passing a law around here is, well, let me put it this way. Our founders designed the Congress to be inefficient and we are pretty good at it. [Laughter.]

But, when I get discouraged by that I am reminded that it is a good thing that it is hard to make laws because we only want the best laws. Good ideas persisted in long enough by good people become good laws. Our system's produced a pretty great Nation.

We are grateful you are all here, and we salute you for your service. We thank you for your taking the time to be a part of this hearing. I wish more of my colleagues were here, but I don't want you to take that as an indication of lack of interest or support.

You have contributed measurably to the record of the U.S. Senate. We have received many good ideas from you this morning of which we will take into our deliberations, committees, on the Senate floor, and in House-Senate conferences. We will get as many of them as we can to the President of the United States for his signature.

So thank you all for being here and Salah for coming so far.

Khammany, you came from Wisconsin. Is that where you live?

Mr. MATHAVONGSY. California.

Senator SMITH. California. Well, you have come a long way, too. Try the Oregon Trail next time. [Laughter.]

With that, our heart-felt thanks and we are adjourned.

[Whereupon, at 12 p.m., the Committee was adjourned.]

APPENDIX

REMARKS OF SENATOR HERB KOHL

I would like to thank Senator Smith for holding today's hearing; I would also like to thank the witnesses for their testimony and for being here today. The challenges facing elderly refugees are too often overlooked or ignored. I hope the testimony given here can shed some light on how we can better serve these individuals.

In July of 2004, as Wisconsin was preparing for an influx of thousands of Hmong refugees, the Milwaukee Journal Sentinel ran a three part series on the challenges those refugees faced. The series painted a picture of a shared history—of fighting against Communist forces with the CIA during the "secret war" in Laos; living in refugee camps; fleeing to the U.S.; and starting anew in America. In relating the stories of individuals such as Chua Tong Vue, a 75 year old man living at the time in a refugee camp in Thailand, readers came away with a greater understanding for the obstacles refugees must overcome—both abroad and once they reach the U.S.

A greater understanding of those challenges and finding ways to lessen them is the goal of today's hearing. The federal government certainly has a role to play in the resettlement of refugees. That role begins with the determination of who is considered a refugee and continues through helping them to adapt to life in America. We must ensure that we serve them as effectively as possible. I believe there is a lot of room for improvement, and I look forward to hearing the ideas and recommendations of today's witnesses.

With more than 69,000 current and former refugees living in Wisconsin, I have a particular interest in this issue. Wisconsin is a leader in easing the transition for refugees with a strong record of combining federal, state and local resources. In addition, the hard work and coordination of volunteer agencies in the state—Catholic Charities, Jewish Families Services, United Refugee Services of Wisconsin, and Lutheran Social Services—is critical to the resettlement of refugees. Both the volunteer agencies and the State have proven their dedication to ensuring that refugees are granted access to all the tools they need to adapt. For example, in 2004, Governor Doyle appointed the Hmong Resettlement Task Force to study the needs of the Hmong refugee population. Comprised of a large coalition of interests and organizations, the Task Force made recommendations on how to improve access to a wide range of services—a testament to the State's dedication to serving this constituency.

The federal government can and should be doing more to ease the burden of resettlement—especially for the elderly. For the past several years, I have worked with Senator Smith on one of the biggest challenges facing refugees in the US—the loss of SSI benefits due to a 7 year time limit. As many of you know, Supplemental Security Income, or SSI, provides minimal cash assistance to elderly and disabled individuals with little or no income. Due to short-sighted policy passed in the 1990's, elderly and disabled humanitarian immigrants have seven years to become citizens in order to remain eligible for these benefits. This is an inadequate amount of time, given the bureaucratic delays and hurdles these individuals face. Thus, thousands have already lost their benefits, and tens of thousands more will lose this important benefit if Congress does not enact our legislation.

The Smith-Kohl bill, the SSI Extension for Elderly and Disabled Refugees Act, would extend SSI eligibility for two years for refugees and asylees, including those whose benefits recently expired. This legislation protects the estimated 40,000 individuals who will lose these benefits if Congress doesn't act, and restores benefits to the thousands who have already seen them cut. I am very pleased that the House has passed by voice vote an offset version of our legislation. While I remain hopeful that the Senate can enact the bill before the end of this year, time is running out.

I hope that today's hearing will help raise the profile of this and other challenges faced by elderly refugees in our country. Our policy toward refugees and asylees embodies the best of our country—compassion, opportunity, and freedom. I am proud of the example our policies set with respect to the treatment of those seeking refuge.

But our commitment to these individuals cannot end with the decision to grant refugee status. The policies of compassion and opportunity should continue throughout the resettlement process. I want to again thank Senator Smith for having this hearing and thank the witnesses for attending today. I look forward to today's proceedings.

MS. TEVEROVSKY RESPONSES TO SENATOR KOHL'S QUESTIONS

Question. Ms. Teverovsky, can you speak to the level of coordination between the Office of Refugee Resettlement and the Administration on Aging? Does the current level of coordination best serve the needs of older refuges?

Answer. I cannot speak to the level of coordination between ORR and the Administration on Aging.

Question. Ms. Teverovsky, we have all heard about those individuals who have lost their SSI benefits and the thousands more who stand to lose them if Congress doesn't act. How has your organization helped those who have lost their benefits?

Answer. The American Jewish community has demonstrated a steadfast commitment to ensuring that Jewish arrivals to the United States receive support if and when they need it. Jewish community action in response to the loss of SSI has ranged from English and citizenship training and naturalization application assistance; to garnering community resources to try to keep those who have lost their benefits from becoming hungry or homeless; to advocacy for restoring benefits at the local, state, and national levels. Although charitable efforts can be helpful, sufficient resources are unavailable to help all those losing SSI benefits under the seven year policy.

Predicting the serious problems that would come to pass after welfare reform was adopted in 1996, HIAS developed a series of initiatives aimed at helping people—particularly in the Russian-speaking community—to naturalize. Despite HIAS' extensive efforts since the 1990s to preempt the looming problem, in 2003 considerable numbers of refugees around the country, who had been unable to naturalize and had fallen through the cracks because of language barriers, ill health or bureaucratic delays, began losing their SSI benefits. In the years 2003 and 2004, according to the Social Security Administration, close to 3,000 non-citizen refugees and asylees were terminated from SSI.

In 2005, HIAS launched the National SSI Initiative, with staff dedicated exclusively to assessing the nationwide scope of the SSI program, providing data to HIAS' Washington, DC office to support ongoing efforts to achieve legislative change, providing naturalization assistance to individuals, producing citizenship and training materials, and developing a national network of professionals to provide pro bono assistance in preparing naturalization applications for needy refugees.

Question. Ms. Teverovsky, Are you aware of any state efforts to protect those whose benefits have expired?

Answer. There are six states—California, Illinois, Hawaii, Maine, New Hampshire, Nebraska—that have state-funded programs that provide cash-assistance to immigrants who are not eligible for coverage under the federal SSI program. However, these programs vary by state. Please see Attachment A for additional information about the programs available in these six states.

RESPONSES TO SENATOR KOHL'S QUESTIONS FROM MR. MATHAVONGSY

Question. Mr. Mathavongsy, what has been the effect of losing SSI benefits on the refugees your organization serves?

Answer. For many Southeast Asian elderly and disabled refugees, Supplemental Security Income (SSI) is their lifeline. Without SSI benefits, many disabled elders may have no cash income and may not be able to meet their most basic needs, including paying for rent and essential medications. In most states, SSI recipients automatically qualify for Medicaid, especially for people with disabilities, this health coverage is critical. When and individual loses SSI benefits, he or she also loses automatic eligibility for Medicaid. When become destitue, the burden falls on family members who are also struggling to put food on the table. But most importantly, the human toll is profound; after the enactment of the 1996 restrictions, newspapers reported that some refugees who were facing loss of their SSI benefits committed suicide and the recent SSI losses have once again raised the prospect of suicides. The following story illustrates the impacts of the seven year SSI time limit:

Mr. K'Keng is a 75 years old Montagnard refugee from the central highlands of Vietnam. Mr. Keng, along with thousands of other Montagnards, were recruited and trained by the U.S. Special Forces to fight alongside American soldiers during the

Vietnam War. In 1970, while serving in the Province Reconnaissance Unit (PRU), he was hit by pieces of B40 artillery from the North Vietnamese Communists which injured his right eye and broke my left wrist and hand. His right eye was completely blind as a result of the injury. He also spent 6 years in the Vietnamese communist prison camp. In 1996 his family was resettled in the United States through the Humanitarian Operation (HO) refugee resettlement program created for political prisoners.

Both he and his wife found jobs shortly after they arrived in the U.S. working in a bakery. Three months later he was laid off because of his disabilities. He applied for SSI benefits. His wife continued to work until 2001 and when she was laid off she also applied for SSI benefits because of her age. Their SSI benefits were cut in February of 2003 because of the 7-year time limit. Since the loss of their SSI benefits, the only source of assistance for him and his wife is food stamps of $280 a month. They have no income. For this reason, his 20 year old son has had to leave his full-time enrollment in school to work full-time to help them financially. At the young age of 20, his son has to delay his own educational goals to help provide food, shelter and other necessities for his family because they no longer receive SSI.

Question. Mr. Mathavongsy, can you elaborate on what the initial experience is for a refugee coming into this country?

Answer. As newly arrived refugees, it was not easy to make adjustment to new life in America due to the language difficulties, the sudden experience of "culture shocks," and lack social support once the resettlement organizations/sponsored families ended their initial three months of support. For refugees who speak English, it was a bit easier making the transition. However, for those families without the inability to speak English, it was a daily struggle to even learn to utilize public transit system and navigate the social services, searching for employment, enrolling children into local schools. For elderly refugees, the social isolation due to language barriers compounded with pre-existing conditions of Post Traumatic Stress Disorder (PSTS) put them at extremely vulnerable situation. Some of them went into long-term depression because they felt the sense of hopelessness and always depended on their adults family members for their basic needs. Nevertheless, the refugee service organizations such as ethnic community-based organizations or mutual assistance association (MAAs) have been one of the pillars to assist with initial adjustment and basic support services. MAA was the first organization that newly arrived refugees turn to for culturally appropriate services and integration programs. With bilingual staff who can interpret during the doctor's visits and filing out school enrollment forms, etc., newly arrived refugees received navigational support. Both Southeast Asian American MAAs, federal, and state agencies would mutually benefit from partnerships and collaborations, particularly to address the needs of approximately 15,000 Hmong refugees who just arrived from Wat Thamkrabok, a Buddhist temple in central Thailand. Southeast Asian American MAAs had to ensure that these new refugees were able to access services to address their many needs, but the sheer number of refugees has overwhelmed many of their resources. The federal agencies such as Office of Refugee Resettlement must financially support these MAAs who are best able to provide a combination of service delivery, advocacy, research, and cultural programs or who can direct their communities to other services.

Question. How well do you think the Department of State and Health and Human Services prepare elderly refugees for starting life in the US?

Answer. The Departments of State and Health and Human Services have done sufficient jobs to prepare working adults and children with new lives in the US through vocational ESL course, job training, and cultural orientation, but sometimes the elderly refugees were usually the forgotten populations because majority arrived as part of the large and extended families. Elderly refugees must also be the priority population in order to increase their knowledge about American cultural and familiarize themselves with the network of aging services such as Social Security, Medicare and Medicare Services and Area Agencies on Aging.

Question. Your testimony mentions the lack of linguistically appropriate information for refugees. What should the federal government be doing in order to encourage the availability of translated materials and of translation services?

Answer. Enforce Title VI of the Civil Rights Act of 1964 to ensure equal access to services, including health related benefits, for persons with limited English proficiency.

Step up Congressional Oversight over Center for Medicare and Medicaid Services (CMS) to hold sponsored drug plans accountable for non-compliance of the Civil Rights Act.

Funding national language access pilot that would promote access for Medicare beneficiaries.

Better coordination of services within the Department of Health and Human Services (e.g. Center for Medicare and Medicaid Services, Social Security Administration, Office of Refugee Resettlement, Administration of Aging, etc...)

Support of Ethnic Specific Service Agencies: Southeast Asian Mutual Assistance Associations (MAAs) and other ethnic-specific organizations provide vital support for elderly refugees of their communities; however, services are often not funded by public and private funding. In order for MAAs to fully serve the older refugee community, we encourage federal agencies to support MAAs with resources.

November 28, 2007

Senator Gordon Smith
One World Trade Center
121 SW Salmon, Suite 1250
Portland, OR 97204

Dear Senator Smith:

We have been informed that hearings will be held on Senate Bill S812 for extending SSI benefits for another two years for refugee seniors to obtain naturalization. We support this bill and would like Congress to pass this legislation. As refugee seniors, we have experienced many difficulties in passing the INS examination. We believe that refugee seniors need more time to complete the process of naturalization. Thank you.

This letter has been orally translated to us so that we understand it. We agree with its contents.

Sincerely,

Printed Name	Signature
Yelizaveta Bogushevich	Bogu[illegible]
Kuzma Bogushevich	[illegible]
Laslo, Checkan	[illegible]
Printed Name	Signature

The Honorable Senators
Members of the Committee on Aging

Dear Senators:

We were informed that currently there is a bill in congress which was introduced by Senator Gordon Smith of Oregon that proposes refugee/Asylee an extension of SSI benefits by an additional two years. We applaud this generosity of heart and kind gesture; and the passage of this bill will preserve our dignity and livelihood in our adopted home, the United States of America.

We are studying very hard every day to learn English and U.S history in preparation for our citizenship test. We thank Lutheran Community Services Northwest for their help in providing us these classes.

God bless you and your work. Please help us.

1 Signed by:
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3
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9
10
11
12 Sabadas
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16
17

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Members of the Committee on Aging

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Signed by:

1 [illegible]
2 [illegible]
3 Antonida Snabanova
4 Vasiliy Zakharchuk
5 Anna Zakharyuk
6 Raisa Yershova
7 Lidiya Leontyeva
8 Galina Kononenko
9 Viktor Kononenko
10 Yekaterina Solomko

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Signed by:

1 Pavlina Mitrinyuk
2 Galina Bilous
3 [illegible]
4 [illegible]
5 Vera Manyukhina
6 Ivan Mitrinyuk
7 Apollinariy Kuzmich
8 Nadiya Kuzmich
9 Sergey Kravchenko
10 Yevdokiya Kravchenko
11 Yevgeniy Goncharuk
12. Victor Teplov
13 Mariya Nevedova

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Signed by:

Yekaterina Tyakhovchuk
Antonina Vedmed
Tamara Zayshlaya
Maria Malimon
Vasily Malimon
Olena Pokydko
Mykola Pokydko
Aleksandr Kachur

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Signed by:

Praskovya Postolatiy.
Papirova Tatyana.
Papirovyy Nikolay
Shuga Zhenya
Nadiia Taran
Yeva Yavdyk
Valentyn Yavdyk
Nadiya Dovhan
Olga Bognyuk
Yevgeniya Susjova
Tsilinskaya Liliya
Tancova Elena

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Signed by:

Ivan Perekoposkiy
Nadia Shevchenko
Vladimir Lantukhov
Yevgeniya Lantukhova
Aleksandra Cheimanov
Parasketiya Zhirkevich
Vasiliy Zhirkevich
Pavlina Grabovskaya
Lidi Nikiforets
Ivan Nikiforets
Zdor Luybov
Mariya Guzenko
Kyazym Kazakov
Raisa Novikova
NIKOLAY CHERKASOV
MARIYA CHERKASOVA

ATTACHMENT A

TABLE 9

State-Funded SSI Replacement Programs

This table lists the state-funded programs that provide cash assistance to immigrants who are not eligible for coverage under the federal Supplemental Security Income (SSI) program. In many other states, General Assistance and similar programs may fill in some of the gaps for immigrants who are ineligible for federally funded Supplemental Security Income (SSI). The benefit levels, however, are generally much lower than those provided by SSI, and other restrictions and time limits may apply. *(TABLE UPDATED February 2005)*

State	Eligible Immigrants
California	"Qualified" immigrants and PRUCOLs who are ineligible for federal SSI. Benefit levels for individuals are $10 less than the federal SSI and state SSI supplement. Eligibility for this program may be affected by deeming.
Hawaii	"Qualified" immigrant seniors and persons with disabilities can receive Aid to the Aged, Blind and Disabled (AABD), which provides $418 per month.
Illinois	"Qualified" immigrants who were lawfully residing in the U.S. before Aug. 22, 1996, were not receiving SSI on that date, are 65 or older, and are determined ineligible for SSI because they do not have a disability. Eligibility for this program may be affected by deeming. Refugees, persons granted asylum or withholding of deportation/removal, Cuban and Haitian entrants, and Amerasian immigrants, who would be eligible for SSI, but for the expiration of the seven-year eligibility period, can receive up to $500 per month under Illinois' Aid to the Aged, Blind, and Disabled Program. (Expires July 1, 2006).
Maine	"Qualified" immigrants and PRUCOLs who are ineligible for federal SSI. Benefit levels for individuals are equal to the federal SSI and state SSI supplement.
Nebraska	"Qualified" immigrants, regardless of date of entry into the U.S. Eligibility for this program may be affected by deeming.
New Hampshire	"Qualified" immigrants who entered the U.S. on or before Aug. 22, 1996, and those who entered after Aug. 22, 1996 who have been in "qualified" immigrant status for 5 years. Refugees, asylees, Cuban/Haitian entrants, Amerasian immigrants and persons granted withholding of deportation/removal are eligible without regard to their date of entry into the U.S.

(rev. 03/05)

Key Terms Used in Table

"Qualified" immigrants – are: (1) lawful permanent residents (LPRs); (2) refugees, asylees, persons granted withholding of deportation/removal, conditional entry (in effect prior to Apr. 1, 1980), or paroled into the U.S. for at least one year; (3) Cuban/Haitian entrants; and (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, or (c) application for cancellation of removal/suspension of deportation, whose need for benefits has a substantial connection to the battery or cruelty. Parent/child of such battered child/spouse are also "qualified."

"PRUCOL" ***or*** **permanently residing in the U.S. under color of law** – is not an immigration status, but a benefit eligibility category. The term, which generally means that U.S. Citizenship and Immigration Services is aware of a person's presence, but has no plans to deport/remove him or her, has been interpreted differently depending on the benefit program and jurisdiction.

Deeming – in some cases, a sponsor's income and/or resources may be added to the immigrant's in determining eligibility. Exemptions from deeming may apply.

NOTE: The information in this table is subject to change. Please check with your state or local social services agency or legal assistance office regarding the most current rules.