



U.S. Refugee Resettlement Assistance

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January 4, 2011

Summary

In recent years, the United States has admitted an increasingly diverse group of refugees and other humanitarian cases with a diverse set of needs. There seems to be broad consensus that the U.S. refugee resettlement assistance system is not adequately meeting the needs of these new arrivals and is ripe for reform. The National Security Council is leading an interagency review of refugee resettlement, the forthcoming results of which may further energize reform efforts. To help inform possible future efforts to reform the refugee resettlement assistance system, this report discusses existing resettlement assistance programs, key challenges and issues in providing effective assistance, and policy options to reform the current system.

To assist newly arriving refugees, the Department of State (DOS) administers a program of initial resettlement known as the Reception and Placement Program. Under this program, public and private, nonprofit entities provide new refugees with initial resettlement services and referrals to other services, as needed.

A separate set of refugee resettlement assistance programs, administered by the Office of Refugee Resettlement (ORR) in the Department of Health and Human Services' Administration for Children and Families (HHS/ACF), provides transitional assistance to refugees and other designated groups. These groups include individuals granted asylum, Cuban and Haitian entrants, trafficking victims, Amerasians, and Iraqi and Afghan special immigrants. The ORR programs—which provide mainly cash assistance, medical assistance, and employment-related services—are intended to help the beneficiaries (who are referred to collectively as “refugees” in this report) achieve economic self-sufficiency as soon as possible after their arrival in the United States.

Many observers argue that the DOS and ORR programs and the refugee resettlement assistance system more broadly are in need of reform. A number of reports have identified perceived shortcomings in the existing system and have offered recommendations for change. Several of these reports have focused, in particular, on the recent experience of Iraqi refugees resettled in the United States.

Among the broad challenges facing the refugee resettlement assistance system are interagency coordination and information sharing, and funding. Critics also question the system's self-sufficiency model, which requires refugees to secure employment as quickly as possible. Key issues include financial assistance to refugees, which is widely viewed as insufficient, and the “lottery effect,” whereby refugees resettled in different parts of the United States receive different levels of financial assistance and services. Growing out of these challenges and issues are a variety of options for reforming the existing system with respect to administration and planning and the ORR programs.

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Introduction

In the early years of the [refugee] program, large numbers of relatively few nationalities located in a limited number of countries dominated the program. Many of the resettled refugees had family members already in the United States. Over the past decade, however, the United States has worked closely with the United Nations High Commissioner for Refugees (UNHCR) to make third country resettlement a viable, durable solution for increasing numbers from a broader representation of the world's refugee population, which currently stands at over 10 million. While we have again resettled large numbers of Iraqis, Burmese, and Bhutanese this year, the USRAP has admitted refugees from over 60 nationalities who were processed in some 90 countries. Over 80 percent of these applicants were referred to us by UNHCR either individually or in groups. Relatively few have family members resident in the United States.

The Administration has worked closely with the Congress to invest the resources necessary to reach smaller numbers of the most desperate populations who find themselves in seemingly forgotten locations.¹

This excerpt, from the interagency report *Proposed Refugee Admissions for FY2011*, suggests the extent of the challenge facing the U.S. government as it resettles a diverse group of individuals with a wide range of needs. A set of refugee resettlement assistance programs, administered by the Office of Refugee Resettlement (ORR) in the Department of Health and Human Services' Administration for Children and Families (HHS/ACF), provides transitional assistance to refugees and other designated groups. These programs are intended to help the beneficiaries (who are referred to collectively as "refugees" in this report) achieve economic self-sufficiency as soon as possible after their arrival in the United States. Achievement of self-sufficiency has been more difficult in recent years in the face of the economic recession. In light of the economic situation and obstacles to employment facing arriving refugees, HHS requested additional ORR funding for FY2011.

Separate from the ORR program, the Department of State (DOS) administers a program of initial resettlement for newly arriving refugees known as the Reception and Placement Program. Under this program, public and private, nonprofit entities provide arriving refugees with initial resettlement services and referrals to other services, as needed. To provide the required services, the participating agencies use Reception and Placement Program funds and contributions from other sources. In 2010, DOS increased the Reception and Placement grant provided to these agencies from \$900 to \$1,800 per refugee.

These recent steps by HHS and DOS to provide additional resources for refugee resettlement reflect a larger view on the part of many observers that the refugee resettlement assistance system is in need of reform. The Obama Administration has initiated an interagency review of refugee resettlement, which is being lead by the National Security Council (NSC). There is little public information about the review. A June 2010 article in the *Los Angeles Times* described it as "the first thorough review of refugee resettlement in 30 years," and reported that the NSC had consulted with federal agencies, including HHS and DOS, and refugee advocates.² It is not

¹ U.S. Department of State, U.S. Department of Homeland Security, and U.S. Department of Health and Human Services, *Proposed Refugee Admissions for Fiscal Year 2011: Report to the Congress*, pp. ii-iii.

² Anna Gorman and Alexandra Zavis, "U.S. Wants to Make it Easier for Refugees; Obama officials will review a (continued...)"

known when the results of the review will be made available. They have been widely anticipated, however, and may further energize reform efforts.

To help inform possible future efforts to reform the refugee resettlement assistance system, this report discusses existing resettlement assistance programs, key issues and challenges in providing effective assistance, and policy options to reform the current system. While the refugee admissions process is briefly described and referenced in parts of this report, as relevant, the focus of this report is on resettlement assistance to refugees in the United States.

Background on Refugee Admissions and Resettlement Policy

The admission of refugees to the United States and their resettlement here are authorized by the Immigration and Nationality Act (INA), as amended by the Refugee Act of 1980.³ Refugees are one of the main categories of foreign nationals admitted on humanitarian grounds to live permanently in the United States. Humanitarian admissions represent one stream of permanent admissions under U.S. immigration law.⁴

The INA, as amended, sets forth procedures for determining refugee admissions levels and criteria for admitting refugees to the United States.⁵ It also requires refugees to apply to adjust to legal permanent resident (LPR) status after one year in refugee status in the United States.

In addition to establishing admissions procedures, the INA, as amended by the Refugee Act of 1980, authorizes federal assistance to resettle refugees and promote their self-sufficiency. It authorizes several refugee assistance programs, as discussed below. The Refugee Act of 1980 also amended the INA to establish ORR at HHS to administer the refugee assistance programs. Refugee assistance programs are not limited to individuals who are admitted to the United States as refugees. Rather, as detailed below, refugee assistance and benefits are available to various categories of humanitarian admissions.

(...continued)

System They Say is Outdated and lacks the resources to Help New Arrivals Get on Their Feet,” *Los Angeles Times*, June 23, 2010, p. A12.

³ INA is act of June 27, 1952, ch. 477, codified, as amended, at 8 U.S.C. §§ 1101 *et seq.* The Refugee Act is P.L. 96-212, March 17, 1980.

⁴ The other components of permanent admissions are family-based immigrants, employment-based immigrants, and diversity immigrants. See CRS Report RL32235, *U.S. Immigration Policy on Permanent Admissions*, by Ruth Ellen Wasem.

⁵ INA §207. For further discussion of the refugee admissions process, see CRS Report RL31269, *Refugee Admissions and Resettlement Policy*, by Andorra Bruno.

Groups Eligible for Refugee Resettlement Assistance and Benefits

The following groups are eligible, by law, for certain types of refugee resettlement assistance:

- **Refugees**

Under the INA, a refugee is a person who is outside his or her country and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. In special circumstances, a refugee may also be a person who is within his or her country and who is persecuted or has a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. Excluded from the definition of a refugee is any person who participated in the persecution of another.⁶

- **Asylees**

An alien in the United States or at a port of entry who establishes that he or she is a refugee under the INA, as defined above, may be granted asylum. A person granted asylum is referred to as an asylee.⁷

- **Cuban and Haitian Entrants**

A Cuban and Haitian entrant is (1) any individual granted parole status as a Cuban/ Haitian Entrant (Status Pending) or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided; and (2) any other national of Cuba or Haiti (A) who (i) was paroled into the United States and has not acquired any other status under the INA; (ii) is the subject of removal proceedings under the INA; or (iii) has an asylum application pending; and (B) with respect to whom a final, nonappealable, and legally enforceable order of removal has not been entered.⁸

- **Trafficking Victims**

A victim of a severe form of trafficking in persons is a person who has been subjected to a severe form of trafficking as set forth in P.L. 106-386, such as sex trafficking, and who either (1) is under age 18 or (2) is an adult who obtains certification from the Secretary of Health and Human Services.⁹

- **Amerasians**

An Amerasian is an alien who, as of December 22, 1987, is residing in Vietnam and who establishes to the satisfaction of a consular officer or an Immigration and Naturalization Service (INS) officer that the alien (1) was born in Vietnam after January 1, 1962, and before January 1, 1976, and was fathered by a citizen of the United States (referred to as a “principal alien”); (2) is the spouse or child

⁶ INA §101(a)(42).

⁷ INA §208.

⁸ P.L. 96-422, §501(e), October 10, 1980, as amended, 8 U.S.C. §1522 note. See CRS Report RS21349, *U.S. Immigration Policy on Haitian Migrants*, by Ruth Ellen Wasem. Eligibility for refugee benefits is provided for in P.L. 96-422, §501(e).

⁹ P.L. 106-386, §107(b)(1)(C), October 28, 2000. A severe form of trafficking is defined in §103(8) of the act. See CRS Report RL34317, *Trafficking in Persons: U.S. Policy and Issues for Congress*, by Alison Siskin and Liana Sun Wyler.

of a principal alien and is accompanying, or following to join, the principal alien; or (3) is subject to further requirements, either (A) is the principal alien's natural mother (or is the spouse or child of such mother), or (B) has acted in effect as the principal alien's mother, father, or next-of-kin (or is the spouse or child of such an alien), and is accompanying, or following to join, the principal alien.¹⁰

- **Iraqi and Afghan Special Immigrants**

Iraqis and Afghans are admitted to the United States as legal permanent residents (LPRs) under several special immigrant programs. One of these programs, known as the Section 1059 program for the provision that established it, authorizes DHS to grant LPR status to certain nationals of Iraq and Afghanistan who have worked directly with the U.S. Armed Forces, or under Chief of Mission authority, as translators or interpreters.¹¹ Another special immigrant program, known as the Section 1244 program, covers Iraqi nationals who are or were employed by or on behalf of the U.S. government in Iraq on or after March 20, 2003, for not less than one year; provided documented valuable service to the U.S. government; and have experienced “an ongoing serious threat” as a result of their employment by the U.S. government.¹² A parallel special immigrant program for Afghans covers nationals of Afghanistan who are or were employed by or on behalf of the U.S. government in Afghanistan on or after October 7, 2001, for not less than one year; provided documented valuable service to the U.S. government; and have experienced “an ongoing serious threat” as a result of their employment.¹³

Changes in the Refugee Program Over Time

As noted above, the resettlement assistance system seeks to promote the rapid economic adjustment and self-sufficiency of refugees. During the 30 years since the establishment of the current refugee resettlement assistance programs in 1980, there have been many developments that have affected the ability of refugees to achieve self-sufficiency. These developments include changes in the refugee population and in the resettlement assistance programs as well as other policy shifts and broader economic developments. This section highlights selected changes during the last 30 years that are relevant to the economic adjustment of refugees.

Selected Characteristics at Time of Arrival

Since the early years of the U.S. refugee program, data related to economic adjustment, including data on educational background and English language proficiency, have been collected about refugees in the United States. Education and English language ability, among other factors, affect the employment prospects of refugees. **Table 1** shows data on average years of education and

¹⁰ §584(b) of P.L. 100-202, §101(e), December 22, 1987, as amended, 8 U.S.C. §1101 note.

¹¹ P.L. 109-163, Div. A, Title X, §1059, January 6, 2006, as amended, 8 U.S.C. §1522 note.

¹² P.L. 110-181, Div. A, Title XII, §1244, January 28, 2008, as amended, 8 U.S.C. §1157 note. Section 1244(c), as amended, places a numerical limitation of 5,000 per year for FY2008-FY2012 on principal aliens who may be granted special immigrant status under the program.

¹³ P.L. 111-8, Division F, Title VI, §602, March 11, 2009, as amended. Section §602(b)(3) places a numerical limitation of 1,500 per year for FY2009-FY2013 on principal aliens who may be granted special immigrant status under the program.

English language ability at the time of U.S. entry that were self-reported by refugees in annual surveys. These surveys were restricted to Southeast Asian refugees prior to 1993. In 1982 and 1986, the first two years of entry listed in **Table 1**, Southeast Asian refugees from Cambodia, Laos, and Vietnam accounted for about 75% and about 70%, respectively, of total annual refugee arrivals according to data from the former Immigration and Naturalization Service.¹⁴ Thus, while caution must be taken in drawing conclusions from **Table 1** in light of the changes in the survey population and the self-reporting of the data, the data may generally suggest that compared to refugees arriving in the early years of the U.S. refugee program, arrivals in more recent years have had more education but less English language ability.

Table 1. Education and English Language Ability of Refugees at Time of U.S. Entry: Selected Years

Year of Entry	Average Number of Years of Education	Percentage Speaking No English
1982 ^a	6.8	42%
1986 ^a	4.9	46%
1990-1995 ^b	10.5	59%
1996-2001 ^b	10.9	60%
2002-2007 ^b	9.1	58%

Sources: U.S. Department of Health and Human Services, Social Security Administration, Office of Refugee Resettlement, *Refugee Resettlement Program*, Report to the Congress, January 31, 1983; U.S. Department of Health and Human Services, Family Support Administration, Office of Refugee Resettlement, *Refugee Resettlement Program*, Report to the Congress, January 31, 1987; U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement, *Refugee Resettlement Program*, Report to the Congress, FY1995, FY2001; U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement, *Office of Refugee Resettlement*, Report to the Congress, FY2007.

Notes: All data are self-reported by refugees about their circumstances when they first arrived in the United States. Data for years prior to 1993 are restricted to Southeast Asian refugees. Data for 1986 and later years are for refugees ages 16 or above.

- a. Data for 1982 and 1986 are limited to Southeast Asian refugees.
- b. Data are averages for these years.

Availability of Refugee Resettlement Assistance and Economic Changes

Over the years, policymakers have made changes to refugee eligibility for public assistance. As explained below, needy refugees who do not meet all the eligibility requirements for certain federal public assistance programs may receive special refugee cash assistance and refugee medical assistance. When the refugee assistance program was first established in 1980, refugee cash assistance and medical assistance were available for up to 36 months. Since 1991, these forms of assistance have been limited to eight months. Some observers have pointed to the availability of 36 months of cash assistance as a contributing factor to the long-term economic success of Vietnamese refugees, who arrived in large numbers in the 1980s.¹⁵ Reforms to major

¹⁴ U.S. Department of Justice, Immigration and Naturalization Service, *1986 Statistical Yearbook of the Immigration and Naturalization Service*, Table 23 ("Refugee Arrivals into the United States by Selected Nationality, Fiscal Years 1982-86"), p. 42.

¹⁵ Georgetown Human Rights Action and Georgetown University Law Center, Human Rights Institute, *Refugee Crisis* (continued...)

federal assistance programs during the past 20 years, which in some cases have included the tightening of eligibility requirements and the limiting of benefits for noncitizens generally, have likewise impacted refugees.¹⁶

Accompanying these various changes in refugee eligibility for different forms of public assistance have been changes in the economy. Economic fluctuations, particularly those that affect the availability of jobs, can have a profound effect on the ability of refugees to successfully resettle in the United States.

Refugee Resettlement Assistance Programs

The INA authorizes several refugee assistance programs, including an initial resettlement program cash and medical assistance, and a program to provide employment-related and other services.¹⁷ ORR programs for refugee minors, non-refugee unaccompanied alien children, survivors of torture, and victims of trafficking are not covered in this report.¹⁸

DOS Reception and Placement Program

In authorizing a program for the initial resettlement of refugees, the Refugee Act of 1980 gave the President the authority to determine whether ORR or another office should administer the program, which had previously been the responsibility of DOS. President Jimmy Carter subsequently determined that DOS should retain administration of this program, known as the Reception and Placement Program.¹⁹

The Reception and Placement Program primarily serves aliens who are admitted to the United States as refugees. Iraqi and Afghan special immigrants may also receive benefits under this program if they elect to receive them during the special immigrant visa application process. In order to receive DOS benefits under the Reception and Placement Program, however, special immigrants must accept all of the associated benefits. These benefits include having their travel to the United States arranged by the International Organization for Migration (IOM), the organization that makes travel arrangements for refugees.

Under the Reception and Placement Program, DOS's Bureau of Population, Refugees, and Migration (PRM) funds cooperative agreements with public and private, nonprofit entities to provide initial services to refugees. These entities, referred to as voluntary agencies (or volags),

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in America: Iraqis and Their Resettlement Experience, 2009, pp. 25-26, http://www.law.georgetown.edu/news/releases/documents/RefugeeCrisisinAmerica_000.pdf (hereafter cited as *Refugee Crisis in America*).

¹⁶ See CRS Report RL33809, *Noncitizen Eligibility for Federal Public Assistance: Policy Overview and Trends*, by Ruth Ellen Wasem.

¹⁷ INA §412.

¹⁸ Information on services for refugee minors, unaccompanied alien children, and survivors of torture is available on the ORR website, <http://www.acf.hhs.gov/programs/orr/programs/index.htm>. As noted above, victims of trafficking are eligible for ORR programs for refugees. ORR also funds separate programs for victims of trafficking; see CRS Report RL34317, *Trafficking in Persons: U.S. Policy and Issues for Congress*, by Alison Siskin and Liana Sun Wylter.

¹⁹ U.S. President (Carter), "Letter to the Speaker of the House and the President of the Senate Transmitting a Study. January 13, 1981," *Weekly Compilation of Presidential Documents*, vol. 17 (January 20, 1981), p. 2880.

maintain nationwide networks of local affiliates to provide services.²⁰ These services include pre-arrival services (e.g., placement); reception upon arrival in the United States; basic needs support (e.g., housing, furnishings, food, and clothing) for at least 30 days; and referrals to health, employment, education, and other services, as needed.

With respect to placement, the ORR director and the agency administering the Reception and Placement Program are required by law to “consult regularly ... with State and local governments and private nonprofit voluntary agencies concerning ... the intended distribution of refugees among the States and localities.”²¹ The ORR director is further directed to develop and implement, in consultation with voluntary agencies and state and local governments, policies for the placement and resettlement of refugees in the United States.

As part of PRM’s annual Reception and Placement Program request for grant proposals, currently participating voluntary agencies and new applicants are required to provide data and narrative information about the agency and its affiliates. As in past years, proposals for FY2011 had to contain abstracts about existing or proposed affiliates that included, among other required information, an explanation of why the community in question was a good place for resettling refugees. The explanation had to do the following:

Include an assessment of the availability of appropriate housing, public transportation, and employment opportunities. List other short- and long-term resettlement and integration services available at this site and in this community. If this site is able to serve special needs cases, describe what type of special needs cases it can serve and how it is able to do so. If the site expects to resettle refugee groups from nationalities/ethnicities new to the resettlement location, please provide an assessment of the site’s capacity for resettling the anticipated new groups.²²

The abstracts also had to include information about consultations the affiliates held:

Describe the date, content, and result of consultative discussions undertaken by the affiliate with state and local officials and stakeholders in preparing this proposal, including the response of the state refugee coordinator and state refugee health coordinator. For new sites, include evidence of the above consultation and support of local affiliates, other service providers, and the state refugee coordinator of your plans.²³

Decisions about which of the voluntary agencies will resettle particular approved refugee cases are made at weekly meetings at the Refugee Processing Center in Arlington, VA. According to the 2009 report *Refugee Crisis in America*, “these decisions are based on refugee biographical data

²⁰ At present, the voluntary agencies are Church World Service (CWS); Ethiopian Community Development Council (ECDC); Episcopal Migration Ministries (EMM); Hebrew Immigrant Aid Society (HIAS); International Rescue Committee (IRC); Kurdish Human Rights Watch, Inc. (KHRW); Lutheran Immigration and Refugee Services (LIRS); U.S. Committee for Refugees and Immigrants (USCRI); U.S. Conference of Catholic Bishops (USCCB); World Relief Corporation (WR); and State of Iowa, Bureau of Refugee Services. Links to these agencies’ websites are available at http://www.acf.hhs.gov/programs/orr/partners/voluntary_agencies.htm.

²¹ 8 U.S.C. §1522(a)(2)(A).

²² U.S. Department of State, Bureau of Population, Refugees, and Migration, *FY2011 Funding Opportunity Announcement for Reception and Placement Program*, May 12, 2010, <http://www.state.gov/g/prm/141763.htm>.

²³ Ibid.

..., which includes information on family size, nationality, ethnicity, religion, and medical conditions.”²⁴

The voluntary agencies provide initial resettlement services using a combination of Reception and Placement Program funds and contributions from other sources. Until January 2010, the Reception and Placement grant per refugee was \$900. Effective January 1, 2010, DOS increased this per capita grant to \$1,800. In announcing the increase, DOS stated: “The combined level of public and charitable resources available to the program is simply insufficient to do a quality job of initial resettlement.” At least \$1,100 of the \$1,800 grant must be used for direct support of refugees; up to \$700 may be used by the agencies for costs related to program management.²⁵

Funding

Table 2 shows obligated funds²⁶ for the Reception and Placement Program, which increased throughout the period from FY2006 to FY2010. The increase in the per capita grant described above is reflected in the FY2010 total.

Table 2. Obligations for the Reception and Placement Program, FY2006-FY2010
(in millions)

Fiscal Year	Obligated Funds
FY2006	\$49.9
FY2007	\$56.9
FY2008	\$67.9
FY2009	\$90.0
FY2010	\$141.9

Source: U.S. Department of State, Bureau of Population, Refugees, and Migration.

Notes: An obligation is a legal commitment to provide funding.

ORR Assistance

ORR benefits and services are available to refugees and other designated groups, as enumerated above. The refugee resettlement assistance program has been justified on the grounds that the admission of refugees to the United States is a decision of the federal government, entailing some federal responsibility. Unlike immigrants who enter through family or employment ties, refugees are admitted on humanitarian grounds and are not required to demonstrate economic self-support.

The INA sets forth four general requirements for the resettlement assistance program:

²⁴ *Refugee Crisis in America*, p. 9.

²⁵ U.S. Department of State, “Increase to the Refugee Reception and Placement Per Capita Grant,” press release, January 25, 2010.

²⁶ An obligation is a legal commitment to provide funding. Separate appropriations data are not available for the Reception and Placement Program. This program is included in the larger DOS appropriation for Migration & Refugee Assistance.

- “make available sufficient resources for employment training and placement in order to achieve economic self-sufficiency among refugees as quickly as possible;
- provide refugees with the opportunity to acquire sufficient English language training to enable them to become effectively resettled as quickly as possible;
- insure that cash assistance is made available to refugees in such a manner as not to discourage their economic self-sufficiency ... ; and
- ... insure that women have the same opportunities as men to participate in training and instruction.”²⁷

Types of Assistance

The INA authorizes the ORR director to provide for cash and medical assistance, social services projects, and targeted assistance for refugees.²⁸ These types of assistance are described in this section. The different ways in which this assistance is delivered to eligible refugees are described below.

Cash and Medical Assistance

According to ORR, refugees generally enter the United States without the necessary income or assets to support themselves during their first few months in the country. Those who meet the requirements for Temporary Assistance for Needy Families (TANF) or the Supplemental Security Income (SSI) program may receive assistance from these programs. Refugees are eligible for TANF for five years and SSI for seven years.²⁹ Refugees who meet the eligibility requirements for Medicaid may enroll in that program and receive Medicaid services for seven years.³⁰

Some refugees meet the income and resource eligibility standards of these means-tested programs but are not categorically eligible for them. For example, single individuals and couples without children do not qualify for TANF. Historically, most nonelderly childless adults could not receive Medicaid.³¹ Refugees who meet a program’s financial requirements but are categorically ineligible for the program are eligible to receive special refugee cash assistance (RCA) and refugee medical assistance (RMA), as authorized by the INA.

Cash assistance under INA §412(e) for employable refugees is conditioned, with exceptions for good cause, on the refugee satisfying the following requirements:

²⁷ INA §412(a)(1)(A).

²⁸ INA §§412(c), (e).

²⁹ A temporary provision (in P.L. 110-328, September 30, 2008) extends to nine years (during FY2009 through FY2011) the period of eligibility of certain refugees and others for SSI benefits, provided that specified criteria are met.

³⁰ After the eligibility periods for TANF (of five years) and Medicaid (of seven years), refugees may continue to receive services from these programs at state option. For further information, see CRS Report RL33809, *Noncitizen Eligibility for Federal Public Assistance: Policy Overview and Trends*, by Ruth Ellen Wasem.

³¹ Recent changes to the Medicaid statute in the Patient Protection and Affordable Care Act (PPACA; P.L. 111-148) have expanded coverage. Among the changes, beginning in 2014 (or sooner at state option), states must provide Medicaid coverage to all nonelderly, childless adults whose income falls below a specified threshold and who do not qualify under another mandatory category. See CRS Report RL33202, *Medicaid: A Primer*, by Elicia J. Herz.

- the refugee's registration with an appropriate agency or state or local employment service providing employment services;
- the refugee's participation in appropriate social service or targeted assistance programs providing job or language training; and
- the refugee's acceptance of appropriate job offers.

RCA and RMA are currently limited to a maximum of eight months.³² The eligibility period begins at different points for different beneficiary groups. For example, individuals admitted as refugees who qualify for cash and medical assistance are eligible to receive these benefits during their first eight months in the United States. In the case of asylees, the eight-month eligibility period begins the month that the individual is granted asylum.

Social Services

INA §412(c) authorizes the refugee social services program. In accordance with the primary focus of the refugee assistance program on economic self-sufficiency, the ORR director is authorized to fund social services projects designed to

- “assist refugees in obtaining the skills which are necessary for economic self-sufficiency, including projects for job training, employment services, day care, professional refresher training, and other recertification services;
- provide training in English where necessary ... ; and
- provide, where specific needs have been shown and recognized by the Director, health (including mental health) services, social services, educational and other services.”³³

Social services funding is provided through formula grants to states and state-alternative programs (see description of Wilson-Fish authority, below) and through discretionary grants. Projects funded by formula grants are available to refugees who have been living in the United States for less than five years. By law, formula funding is allocated among the states based on the number of refugees who arrived in the United States not more than 36 months before the beginning of the fiscal year and who are living in the state as of the beginning of that year. In past years, these formula funds were allocated based on refugee arrivals in the last three years (the maximum allowable period). For FY2010, ORR revised the funding formula to base allocations on refugee arrivals in the last two years. According to ORR, “using only the most recent two-year arrival data will permit a more accurate allocation of funds based on the numbers and composition of the arriving populations.”³⁴

³² INA §412(e)(1) authorizes ORR to reimburse states for RCA and RMA for 36 months. Initially, beginning in April 1980, RCA and RMA were available for the full 36 months. As appropriations levels decreased in subsequent years, however, the period of coverage was reduced. Since October 1991, RCA and RMA have been available for eight months.

³³ INA §412(c)(1)(A).

³⁴ Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement, *Notice of Final FY 2010 Formula Allocations to States for Refugee Social Services*, HHS-2010-ACF-ORR-ORRRS-0119, p. 8, available at <http://www.acf.hhs.gov/grants/open/foa/>.

Social services discretionary grants are awarded in different program areas, as described below, to states, state-alternative programs, and nonprofit agencies. Discretionary grants may be used to provide services to refugees who have been in the United States for more than five years.

Targeted Assistance

Like social services funding, targeted assistance is intended to promote refugee employment and self-sufficiency. It benefits counties and similar areas in states where there is a demonstrated need for additional services for refugees “because of factors such as unusually large refugee populations (including secondary migration), high refugee concentrations, and high use of public assistance by refugees.”³⁵

Targeted assistance is provided through formula grants and discretionary grants. Ninety percent of targeted assistance funding is allocated by formula to states and state-alternative programs on behalf of eligible counties. In past years, these formula allocations were based on refugee arrivals during the prior five years. For FY2010, these allocations were based on arrivals data for the past two years. According to ORR, this formula change was required to meet the needs of newly arriving refugees. Meeting these refugees’ needs soon after arrival, an ORR notice states, “is essential to ensuring their long-term self-sufficiency and integration.”³⁶ With some exceptions, these formula funds cannot be used to provide services to refugees who have been in the United States for more than five years.

The remaining 10% of targeted assistance funding is awarded through competitive discretionary grants to states and state-alternative programs to implement special employment-related services. These services are not limited to refugees who have been living in the United States for less than five years.

Funding

Table 3 provides funding data for FY2006-FY2011 for selected ORR programs, including transitional and medical services (which includes cash and medical assistance),³⁷ social services, and targeted assistance.³⁸ Unlike **Table 2**, which shows obligated funds, **Table 3** shows appropriations. For FY2011, the Administration is requesting funding increases for transitional and medical services and social services discretionary grants. The additional funding for transitional and medical services is being requested to establish a \$25 million contingency fund to ensure adequate program funding in the event of higher than expected costs due to economic conditions, refugee medical needs, or other factors.³⁹ The requested increase in social services

³⁵ INA §412(c)(2)(A).

³⁶ Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement, *Notice of Final FY 2010 Formula Allocations to States for Targeted Assistance Grants to States for Services to Refugees*, HHS-2010-ACF-ORR-ORRTA-0118, p. 7, available at <http://www.acf.hhs.gov/grants/open/foa/>.

³⁷ In addition to cash and medical assistance, transitional and medical services includes funding for unaccompanied refugee minors and minors who are victims of trafficking.

³⁸ For funding data on other ORR programs, see CRS Report RL31269, *Refugee Admissions and Resettlement Policy*, by Andorra Bruno.

³⁹ U.S. Department of Health and Human Services, Administration for Children and Families, *Justifications of Estimates for Appropriations Committees*, FY2011, p. 228 (hereafter cited as ACF/ORR budget justifications for FY2011).

funding would be used “to facilitate the path to self-sufficiency” during the recession by providing assistance to refugees facing emergencies, such as eviction and long-term unemployment.⁴⁰

Table 3. Appropriations for Selected ORR Programs, FY2006-FY2011

(budget authority in millions)

Programs	FY2006 Actual	FY2007 Enacted	FY2008 Enacted	FY2009 Enacted	FY2010 Estimate	FY2011 Request
Transitional and Medical Services	\$265.4	\$265.5	\$296.1	\$282.3	\$353.3	\$417.0
Social Services	153.9	154.0	154.0	154.0	154.0	179.0
Targeted Assistance	48.6	48.6	48.6	48.6	48.6	48.6

Sources: U.S. Department of Health and Human Services, Administration for Children and Families, *Justifications of Estimates for Appropriations Committees, FY2008-FY2011*.

Approaches to Providing Assistance

Refugees in the United States may receive cash assistance, medical assistance, and employment-related services through different types of programs depending on where they live and what their particular circumstances are. Refugees may receive resettlement assistance through a state-administered program, a Public/Private Partnership program, a Voluntary Agency Matching Grant Program, and/or a Wilson/Fish program.

State-Administered Program

Most eligible refugees receive resettlement assistance through a state-administered program. ORR reimburses states for the full costs of their refugee cash assistance and refugee medical assistance programs. State-administered RCA payments to eligible refugees are based on the state/county TANF payment to a family unit of the same size and RMA benefits are based on the state’s Medicaid program.⁴¹ States may opt to have state-administered programs if they “believe the public delivery system has the expertise required to provide services more effectively and efficiently than community-based organizations.”⁴²

For FY2010, states with state-administered programs received formula social services grants based on the number of refugee arrivals in the last two years who were living in the state as of the beginning of the fiscal year, as explained above. States may also receive competitively awarded social services discretionary grants in five program areas: Cuban/Haitian; Preventive Health; School Impact; Services to Older Refugees; and Targeted Assistance. (A separate set of social services discretionary grants for public and private, nonprofit agencies is discussed below.)

⁴⁰ Ibid., pp. 241-242.

⁴¹ ORR does not reimburse states for their costs for the TANF, SSI, and Medicaid programs.

⁴² Mary Farrel, Bret Barden, and Mike Mueller, *The Evaluation of the Refugee Social Service (RSS) and Targeted Assistance Formula Grant (TAG) Programs: Synthesis of Findings from Three Sites*, prepared for U.S. Department of Health and Human Services, Office of Refugee Resettlement, by The Lewin Group, March 2008, p. 16 (hereafter cited as *The Evaluation of the Refugee Social Service (RSS) and Targeted Assistance Formula Grant (TAG) Programs*).

With respect to targeted assistance, as discussed above, states receive formula grants on behalf of eligible counties. States may also receive competitive discretionary grants to implement special employment-related services.

Public/Private Partnership

Under HHS/ORR regulations, states have the option of establishing an RCA program that is a “public/private partnership” (PPP) between the state and local resettlement agencies, or maintaining a publicly administered RCA program.⁴³ The local resettlement agencies are the local affiliates of the voluntary agencies that provide initial resettlement services under the Reception and Placement Program. States may choose to establish a PPP program in order “to strengthen the link between the initial placement of refugees and the RCA and social service programs, providing services more seamlessly.”⁴⁴

Payment levels under a public/private RCA program may be higher than under a state-administered program.⁴⁵ PPP programs currently operate in five states: Maryland, Minnesota, Oklahoma, Oregon, and Texas. The public/private partnership model does not include the RMA program. That program continues to be state-administered.

Wilson/Fish Authority

The “Wilson/Fish amendment,” enacted as part of the FY1985 Continuing Appropriations Resolution,⁴⁶ added language to the INA directing the HHS Secretary to develop alternatives to state-administered refugee resettlement assistance. Under these alternative Wilson/Fish projects, refugees are to be provided with “interim support, medical services, support services, and case management, as needed, in a manner that encourages self-sufficiency, reduces welfare dependency, and fosters greater coordination among the resettlement agencies and service providers.”⁴⁷

Another purpose of the Wilson/Fish program is to ensure that there are refugee assistance programs in all states where refugees are resettled.⁴⁸ Thus, ORR funds Wilson/Fish projects that establish or maintain a refugee program in a state that either is not participating in the refugee program or is withdrawing from the program, in whole or in part. (These are examples of state-alternative programs, as referenced above.)⁴⁹

⁴³ The underlying final rule was published in 2000. See U.S. Department of Health and Human Services, Office of Refugee Resettlement, “Refugee Resettlement Program; Requirements for Refugee Cash Assistance; and Refugee Medical Assistance,” 65 *Federal Register*, March 22, 2000, pp. 15409-15450.

⁴⁴ *The Evaluation of the Refugee Social Service (RSS) and Targeted Assistance Formula Grant (TAG) Programs*, p. 16.

⁴⁵ Monthly payment ceilings under a public/private RCA program, by size of the family unit, are set forth in 45 C.F.R. §400.60. Payments under a public/private RCA program, however, may not be lower than the state’s TANF payment level for a same-sized family unit.

⁴⁶ P.L. 98-473, Title I, §101(d), October 12, 1984.

⁴⁷ INA §412(e)(7)(A). Wilson/Fish projects that provide alternative approaches for delivering refugee assistance and services are sometimes referred to as Category II projects.

⁴⁸ All states except Wyoming have a refugee assistance program.

⁴⁹ State-alternative Wilson/Fish projects are sometimes referred to as Category I projects.

ORR currently funds Wilson/Fish programs in 12 states (Alabama, Alaska, Colorado, Idaho, Kentucky, Louisiana, Massachusetts, Nevada, North Dakota, South Dakota, Tennessee, Vermont) and one county (San Diego County, CA). Funds for Wilson/Fish projects are drawn from refugee cash and medical assistance funds and social services formula allocations. Wilson/Fish projects also may receive competitively awarded social services grants and targeted assistance grants.

According to ORR, common elements of Wilson/Fish alternative projects include the following:

- “creation of a ‘front-loaded’ service system which provides intensive services to refugees in the early months after arrival with an emphasis on early employment;
- integration of case management, cash assistance, and employment services generally under a single agency that is culturally and linguistically equipped to work with refugees; and
- innovative strategies for the provision of cash assistance, through incentives, bonuses and income disregards which are tied directly to the achievement of employment goals outlined in the client self-sufficiency plan.”⁵⁰

Wilson/Fish projects may provide the same higher payment levels as PPP programs⁵¹ (discussed above) and may provide cash assistance to TANF-eligible refugees. ORR’s new Wilson/Fish announcement, however, sets forth a set of requirements that must be met in order for Wilson/Fish cash and medical assistance funds to be provided to TANF-eligible refugees.⁵²

Voluntary Agency Matching Grant Program

The Voluntary Agency Matching Grant (MG) Program is an alternative to traditional state-administered RCA programs and other public cash assistance. Under the MG Program, voluntary resettlement agencies assume responsibility for resettling refugees and helping them become self-sufficient within their first four or six months in the United States. These voluntary agencies are the same agencies that have cooperative agreements with DOS under the Reception and Placement Program. Services provided to refugees through the MG program include case management, job placement and follow up, interim housing, and interim cash assistance.

There are MG program sites in most states. According to ORR, in calendar year 2009 there were 233 sites in 45 states.⁵³ Under the MG Program, voluntary agencies provide a one dollar match (in cash and/or in-kind services) for every two federal dollars. Federal funding for the program is drawn from transitional and medical services funds. Each year, the ORR director decides how much funding to allot to the MG program.

⁵⁰ ORR FY2007 annual report, p. 16.

⁵¹ According to ORR, although Wilson/Fish projects are not required to provide the higher payment rates (in 45 C.F.R. 444.60), most projects do. E-mail from ORR to CRS, September 29, 2010.

⁵² Among these requirements, the state TANF rate must be lower than the maximum allowable Wilson/Fish payment level and the state must provide the full amount of the TANF rate to the refugee. Subject to the availability of appropriated funds, if all applicable criteria are met Wilson/Fish funds could be used to provide a differential payment to cover the difference between the state TANF rate and the Wilson/Fish payment level. See Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement, *Wilson/Fish Alternative Program*, HHS-2010-ACF-ORR-RW-0051, p. 4-5, available at <http://www.acf.hhs.gov/grants/open/foa/>.

⁵³ A list of these sites is available on the ORR website at <http://www.acf.hhs.gov/programs/orr/programs/mgpss.htm>.

The MG program is voluntary for both the refugee and the voluntary agency. In order for a refugee case to be eligible for the MG program, at least one person in the refugee unit must be deemed to be employable. Refugees who are eligible for their state's TANF program can be enrolled in the MG program. While participating in the MG program, however, refugees may not receive TANF, RCA, or other public cash assistance, or employability services funded by formula social services or targeted assistance grants. They may receive RMA.⁵⁴

Discretionary Social Services Grants to Public and Private, Nonprofit Agencies

As discussed above, ORR provides competitive social services discretionary grants and targeted assistance discretionary grants to states. ORR also competitively awards social services discretionary funds to public agencies and nonprofit organizations in eight program areas: Preferred Communities, Services for Unanticipated Arrivals, Ethnic Community Self-Help Organizations, Microenterprise Development, Individual Development Accounts, Technical Assistance, Refugee Agriculture Partnership, and Healthy Marriage.⁵⁵

Choice of Approaches

States use different combinations of the approaches described above to deliver resettlement assistance. A 2008 evaluation of the refugee social services and targeted assistance programs that synthesized findings from sites in California, Florida, and Texas included a discussion of the different ways in which RCA and social services were provided in the three states. In the case of Texas, for example, the report explained that the state provided refugee cash assistance to individuals who were not eligible for TANF through a public/private partnership arrangement. In addition, through the Matching Grant program, voluntary agencies in Texas provided cash benefits to TANF-eligible families that were greater than the equivalent TANF benefits. The report offered the following explanation for this approach:

In Texas, the state offers one of the lowest TANF benefits in the country. In addition, the state receives a highly diverse and continually changing group of refugees each year, requiring a level of cultural competency that the Volags [voluntary agencies] can provide but the state lacks. By using a PPP, in combination with reserving Matching Grant funds for families, the state is able to provide greater benefits for a limited time and use organizations familiar with the refugee population to provide services.

By contrast, Florida has a state-administered refugee assistance program. The report noted that, unlike Texas, Florida receives a relatively stable group of refugees from Cuba and Haiti. According to the report, "over time, the welfare and other service agencies have developed the cultural understanding required to serve this population."⁵⁶

⁵⁴ The matching grant program dates back to 1979. For historical information about the program, see <http://www.acf.hhs.gov/programs/orr/programs/index.htm>.

⁵⁵ Information about these programs is available on the ORR website at <http://www.acf.hhs.gov/programs/orr/>.

⁵⁶ *The Evaluation of the Refugee Social Service (RSS) and Targeted Assistance Formula Grant (TAG) Programs*, pp. 15-16.

Current Issues in Refugee Resettlement Assistance

In recent years, as noted above, the United States has admitted an increasingly diverse group of refugees. In its FY2011 budget request for ORR, the Obama Administration highlighted some of the needs of today's refugees:

Changing demographics of the U.S. resettlement program present new challenges, as many populations require extended employment services to gain a toehold in the U.S. labor market and integrate into U.S. society. Many recent arrivals have spent protracted amounts of time in refugee camps in countries of first asylum, have experienced intense trauma and have disabilities. Many arriving refugees have limited work skills, cannot read and write in their own language and require intensive English as a Second Language (ESL) courses prior to employment.⁵⁷

The recent experiences of arriving refugees and resettlement communities have raised many questions about the adequacy of the existing refugee resettlement assistance program to meet the needs of refugees and help them successfully integrate into American society. A 2010 congressional report by minority staff of the Senate Foreign Relations Committee concluded that the current systems of refugee admissions and resettlement “are out-dated and fail to address the needs of the culturally and linguistically diverse populations now being admitted to the United States.” The report, based on field research conducted in Indiana and Georgia, also chronicled the strains the current system places on local communities.⁵⁸ A May 2010 report by the Columbia University School of International and Public Affairs (SIPA) on the U.S. refugee admissions and resettlement programs determined that

increasing demographic diversity among the arriving refugee population and a shifting focus toward resettling the most vulnerable has tested the limits of the U.S. resettlement system and has revealed serious problem areas.⁵⁹

Several other recent reports have focused on the resettlement of Iraqi refugees in the United States.⁶⁰ For example, in June 2009 the International Rescue Committee (IRC), one of the voluntary agencies that helps resettle refugees in the United States, published a report based on the experiences of Iraqi refugees resettled in Atlanta, GA, and Phoenix, AZ.⁶¹ The above-cited *Refugee Crisis in America* focused on Iraqi refugees resettled in Detroit, MI; San Diego, CA; and Washington, DC. While highlighting particular challenges faced by newly arriving Iraqi refugees, these reports also raised larger questions about the resettlement assistance program.

⁵⁷ ACF/ORR budget justifications for FY2011.

⁵⁸ U.S. Congress, Senate Foreign Relations Committee, *Abandoned Upon Arrival: Implications for Refugees and Local Communities Burdened by a U.S. Resettlement System That Is Not Working*, committee print, 111th Cong., 2nd sess., July 21, 2010 (Washington, DC: GPO, 2010) (hereafter cited as *Abandoned Upon Arrival*).

⁵⁹ Columbia University School of International and Public Affairs, *Refugee Resettlement in the United States: An Examination of Challenges and Proposed Solutions*, May 2010, pp. 14-15, (hereafter cited as Columbia University SIPA report).

⁶⁰ According to PRM data, a total of 18,016 Iraqi refugees were resettled in the United States in FY2009, more than from any other country.

⁶¹ International Rescue Committee, *Iraqi Refugees in the United States: In Dire Straits*, June 2009, http://www.theirc.org/sites/default/files/resource-file/irc_report_iraqcommission.pdf (hereafter cited as IRC report).

Broad Challenges

The U.S. refugee resettlement assistance program faces a number of broad challenges, several of which are described here.

Interagency Coordination and Information Sharing

As discussed above, DOS's PRM and HHS's ORR both administer refugee resettlement assistance programs. The Columbia University SIPA report quoted the Assistant Secretary of State for PRM as writing in 2010 that, during site visits, he "observed weak linkages between the State Department's initial Reception and Placement Program and the longer-term services to refugees provided by the Department of Health and Human Services."⁶²

More generally, several reports have noted the lack of information collection and sharing by and among the many agencies and organizations involved in the U.S. refugee admissions and resettlement systems. "In some cases," according to *Refugee Crisis in America*, "information is gathered [in overseas processing] that is not shared with agencies further down the resettlement chain, increasing the likelihood that refugee needs will not be met."⁶³ Along the same lines, the SIPA report referred to "gaps in information sharing" between federal and local agencies in the refugee placement decision-making process, and limited information sharing about refugee cases between PRM and organizations that conduct overseas refugee processing on the one hand and the voluntary agencies in the Reception and Placement Program on the other.⁶⁴

Funding

Recent reports, such as the above-cited IRC report and *Refugee Crisis in America*, have concluded that federal funding for resettlement assistance is inadequate to enable refugees to achieve long-term sufficiency and integration. These reports variously found that insufficient funding is provided for cash assistance, employment services, English language training, education, housing, and medical treatment, among other services.

The allocation formulas for social services and targeted assistance funding are another issue. As discussed above, prior to FY2010 social services formula funds were allocated based on refugee arrivals in the last three years and targeted assistance formula funds were allocated based on refugee arrivals in the last five years. While these formulas were revised in FY2010 to base allocations on refugee arrivals in the past two years, some observers argue that even a two-year period is too long and negatively impacts the ability of service providers to meet the needs of refugees, especially in locations with new surging refugee populations.

Resettlement Communities and Secondary Migration

The July 2010 report by the Senate Foreign Relations Committee minority staff discussed the strain the refugee resettlement system places on local communities. It noted that local

⁶² Columbia University SIPA report, p. 17.

⁶³ *Refugee Crisis in America*, p. 36.

⁶⁴ Columbia University SIPA report, pp. 11-12.

governments do not have a formal role in the process of deciding where to resettle refugees and “often are not even informed in advance that new residents will be arriving.”⁶⁵ The report indicated that resettlement communities are not provided with either information about the educational, health, or other needs of incoming refugees, or sufficient resources to address these needs.⁶⁶ As noted above, funding for social services and targeted assistance is based on past refugee admissions. Observers have maintained that this system leaves newer resettlement communities without needed resources to serve these new arrivals.

Secondary migration can pose significant challenges for some communities and for the migrants themselves. Refugees who are initially resettled in a particular area are free to move anywhere else in the United States that they choose. According to *Refugee Crisis in America*, “there are no adequate mechanisms in place for anticipating foreseeable trends in secondary migration.” The report further states that the failure to track secondary migration while it is occurring prevents resources from being directed to areas of need. Under the existing system, when refugees relocate to new communities, “resettlement assistance often lags behind or becomes difficult to access.”⁶⁷

Self-Sufficiency Model

More fundamentally, some observers question whether the historical approach to refugee resettlement, with an across-the-board emphasis on quick employment, is appropriate or effective. *Refugee Crisis in America* described this approach, implemented through mainstream public assistance programs such as TANF and Medicaid, as “misguided.” According to the report:

Refugees who have fled persecution in foreign countries face an utterly different set of challenges than do U.S. residents struggling with poverty. In addition to struggling with poverty themselves, refugees must rebuild their lives in a foreign country, learn a new language and adapt to a new way of life.⁶⁸

The 2009 IRC report on Iraqi refugees identified the particular barriers this population faces in resettling in the United States, including high levels of trauma and illness. The report further described the difficulties faced by the many Iraqi widows with young children who lack employment experience but are nevertheless expected to quickly find employment to support their families.

Key Issues in Resettlement Assistance

The broad challenges outlined above provide context for a host of particular concerns about the resettlement assistance program. Some key issues are highlighted here.

Financial Assistance to Refugees

As described above, needy refugees can generally receive Refugee Cash Assistance for up to eight months or can receive public cash assistance through the TANF program. Some observers

⁶⁵ *Abandoned Upon Arrival*, p. 2.

⁶⁶ *Ibid.*, pp. vi, 3.

⁶⁷ *Refugee Crisis in America*, p. 35.

⁶⁸ *Ibid.*, p. 26.

argue that eight months of cash assistance is insufficient to enable refugees to become self-supporting, especially during the current economic situation. In the past, as noted above, RCA was available for a longer period, but as appropriations levels decreased over the years, the coverage period was reduced to the current eight months.

The dollar amount of cash assistance provided to refugees is similarly criticized by some as being insufficient. According to the 2009 International Rescue Committee report, assistance received by refugees is “often insufficient to cover the cost of rent and basic necessities.” The report also indicated that many refugees interviewed said that “their relatives in Iraq are sending them money to help cover basic needs such as housing.”⁶⁹

“Lottery” Effect

The levels of cash assistance received by most refugees, whether through the RCA program or TANF, are based on TANF rates for a family of the relevant size. These rates vary by state and county. As a result of this “lottery” system, refugees resettled in different parts of the United States may receive very different levels of assistance. “Inevitably,” according to a 2010 report by Columbia University’s School of International and Public Affairs, “those individuals and families who are fortunate enough to be resettled in states with generous social welfare programs end up better off than those in states that offer less assistance.”⁷⁰

Communities in which refugees are resettled and voluntary agencies to which refugee cases are assigned also differ in ways that may significantly affect the ability of a refugee to successfully resettle in the United States. For example, communities may differ in their public transportation systems and in their attitudes toward and willingness to offer support to new refugees. Voluntary agencies may differ in the specialized services they provide, among other ways.⁷¹

Emphasis on Quick Employment

The U.S. refugee resettlement program is predicated on the idea that newly arriving refugees can and should find employment within a relatively short period of time. Obtaining employment has been particularly difficult, however, in the current economic climate. The FY2011 budget justification for ORR discusses economic challenges facing incoming refugees. It provides an example of refugees from Burma, Bhutan, and Burundi who lack work experience, education, and English proficiency and have “very few skills that translate to the U.S. labor market.”⁷²

Refugees who were professionals in their home countries face their own set of challenges. They are often unable to find comparable jobs in the United States. Recent reports about Iraqi refugees have discussed the effect of the refugee program’s emphasis on employment on Iraqi professionals and the caseworkers who assist in their resettlement.

The 2009 IRC report described the experience of educated Iraqis who had been established in their professions in Iraq:

⁶⁹ IRC report, p. 7.

⁷⁰ Columbia University SIPA report, pp. 14-15, citing other sources.

⁷¹ See *Ibid.*, pp. 14-15, citing other sources.

⁷² ACF/ORR budget justifications for FY2011, p. 241.

As refugees begin to grasp the reality of the job market and the cost of living in America, they realize they need to accept any job as soon as possible, even if it does not make full use of their professional background. Many Iraqis pointed out that their potential is being wasted and that they could make greater contributions to American society if they were given sufficient time and resources to recertify in their professions.⁷³

Refugee Crisis in America reported that caseworkers “push Iraqi refugees towards lower-paying and less sustainable jobs” regardless of their professional and educational credentials. It further argued that “the limited duration of public assistance makes pursuing recertification, vocational training, and higher education untenable without financial aid from the government.”⁷⁴

Health Care Needs of Refugees

Increasing numbers of incoming refugees have serious health conditions. According to the FY2011 budget justifications for ORR:

The number of refugees with chronic untreated medical and mental health conditions continues to grow as the number of refugees coming to the United States who have lived their entire lives in inadequate refugee camp settings with limited access to medical care and nutrition grows. These health problems must be treated before the refugees can enter employment.⁷⁵

As explained above, needy refugees who do not qualify for Medicaid are limited to up to eight months of RMA.

The poor physical and mental health of incoming Iraqi refugees has been discussed in recent reports on this population. According to the IRC report, Iraqi refugees have “higher degrees of emotional trauma” and are “in poorer shape overall” than other refugee groups.⁷⁶

English Language Instruction

Proficiency in the English language is widely seen as a key factor in achieving economic self-sufficiency. Refugee caseworkers have identified lack of English language ability as the main reason that Iraqi refugees cannot find long-term employment.⁷⁷ Lack of English language ability can also make it difficult for refugees to access health care and communicate with law enforcement officers, with potential consequences for both general public health and safety.

Although the INA directs ORR, in providing resettlement assistance, to give refugees “the opportunity to acquire sufficient English language training,”⁷⁸ recent reports indicate that quality instruction is not available widely enough. According to *Refugee Crisis in America*, “refugees

⁷³ IRC report, p. 8.

⁷⁴ *Refugee Crisis in America*, p. 25.

⁷⁵ ACF/ORR budget justifications for FY2011, p. 228.

⁷⁶ IRC report, p. 9.

⁷⁷ *Refugee Crisis in America*, p. 22.

⁷⁸ INA §412(a)(1)(A).

have difficulty accessing English language training, the quality of instruction is poor, and there are simply not enough classes available for all refugees.”⁷⁹

Potential Policy Options

The above discussion of challenges and issues facing the refugee resettlement assistance program suggests many potential areas for reform. It also suggests that policy changes could be pursued within the basic framework of the existing system or that the system itself could be redesigned. Some changes could be made within existing law, while others would require legislative action. The selected options presented here, which have been drawn from a variety of sources, are grouped into two main substantive categories—administration and planning, and ORR programs—although there is overlap both between options included in a single category and between categories.

Administration and Planning

Policy options in this category concern the overall administration of resettlement assistance and the interactions between the various agencies and other entities that have a role in the resettlement system.

Coordination of the U.S. Refugee Program

One agency could be given responsibility for coordinating all the entities involved in refugee admissions and resettlement.⁸⁰ This lead agency could then establish policies and procedures to ensure consistency and continuity as refugees are admitted and resettled in the United States.

Information Sharing

Information-sharing mechanisms could be instituted among the agencies and organizations involved in the refugee program. For example, information collected by organizations that conduct overseas processing could be systematically shared with ORR, voluntary agencies, and local affiliates in the United States to enable them to anticipate the needs of new arrivals. PRM and ORR could also improve communication and information sharing about refugee cases.

Placement and Receiving Communities

Another set of options to reform the refugee resettlement system concerns resettlement communities. State and local officials could be given a formal role in the refugee placement process. Information-sharing mechanisms could also be established among voluntary agencies on the one hand and local officials and service providers in receiving communities on the other. This information sharing could be two-way, with local communities providing information about their capacities to aid in the placement decision-making process and voluntary agencies providing information about the needs of arriving populations.

⁷⁹ *Refugee Crisis in America*, p. 22.

⁸⁰ For example, the authors of *Refugee Crisis in America* recommend that the White House identify a lead agency to coordinate all agencies and organizations in the refugee program; *Refugee Crisis in America*, p. 43.

Secondary Migration

A mechanism could be established to track secondary migration in real time. This information could then be used to determine where additional resettlement resources were needed. In addition, the formulas for allocating social services and targeted assistance funding could be revised to make them more responsive to unplanned arrivals. Another related reform option would be to establish a system to make it easier for refugees who relocate to receive Reception and Placement Program and ORR assistance in their new communities.

ORR Programs

These options concern ORR's refugee resettlement assistance programs, which include cash assistance, medical assistance, and social services. Options under the funding category are limited to funding increases. Options under the other categories would involve broader changes to existing ORR programs, although they also may require additional funding.

Funding

Many observers have recommended an increase in funding for existing programs, such as cash assistance and social services. Additional funding could be provided to increase monthly refugee cash assistance benefits and/or extend the current eight-month maximum eligibility period. Additional funding could also be used to expand the Voluntary Agency Matching Grant Program, which is considered by many to be more effective than traditional state-administered cash assistance. Increased funding could also be targeted to particular employment-related services, such as English language training.

Mental Health Services

Recent reports on Iraqi refugees have argued that refugees do not have access to adequate medical care, including treatment for serious mental health conditions. One of many possible options related to health care would be to expand mental health services—both traditional and non-traditional—to address the needs of refugees who have experienced torture or severe trauma.

Restructuring Cash Assistance

As indicated above, many observers have argued that refugee cash assistance levels are inadequate and should be increased. Another broader reform option would be to de-link refugee cash assistance from TANF and make payment levels uniform across the United States. These nationwide cash assistance levels could be set at the payment levels under a public/private refugee cash assistance program, as set forth in HHS regulations (see above), or at another level.

Restructuring Employment Services

The across-the-board focus on quick employment and economic self-sufficiency could be modified to tailor employment services to the particular needs and backgrounds of incoming refugees in order to improve their long-term employment prospects. For example, job recertification and job placement programs could be made available to refugees with professional

backgrounds. Vocational training could be made available to certain refugees to teach them marketable job skills.

Conclusion

The circumstances and needs of newly arriving refugees, coupled with the economic downturn, have focused attention on the refugee resettlement assistance issue. The Obama Administration has taken steps to provide additional resources for selected assistance programs. Many observers believe, however, that more far-reaching reform of the resettlement assistance system is necessary to enable refugees to achieve successful resettlement and integration. It remains unclear whether the Administration will take additional steps to reform the system and/or whether Congress will pursue reform through legislation. It may be that the results of the NSC-led interagency review mentioned in the introduction will help galvanize support for a particular set of reforms.

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