

Statement by

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Chairman Sessions, Ranking Member Schumer, and members of the Subcommittee, thank you for inviting me to discuss the Department of Health and Human Services' (HHS) responsibilities in facilitating the resettlement of refugees in the United States. My name is Bob Carey and I am the Director of the Office of Refugee Resettlement (ORR). Prior to coming to HHS, I served as the Vice President of Resettlement and Migration Policy at the International Rescue Committee, leading the agency's advocacy on refugee, immigration, anti-trafficking, and community development policy issues. In my current position, I oversee ORR's programs, which provide refugees, asylees, victims of torture and other humanitarian entrant populations with the support and services to maximize their potential in the United States. In my testimony today, I will describe the role that HHS plays in refugee resettlement.

Role of the Office of Refugee Resettlement

The Refugee Act of 1980 established ORR within HHS, and outlined the United States' commitment to humanitarian relief through resettlement of persons fleeing persecution based on race, religion, nationality, membership in a particular social group, or political opinion.

Since the passage of the Act, over 3.2 million refugees from more than 70 countries have been given safe haven in the U.S., along with the possibility of a new beginning, and freedom from persecution and displacement. In addition to refugees, ORR serves other humanitarian immigrants, asylees, special immigrant visa holders, and survivors of human trafficking. ORR's mission is to link these vulnerable populations to key resources to maximize their potential in the U.S., and to help them become integrated and successful members of American society.

The Departments of Homeland Security, State, and HHS work together to advance America's humanitarian response to refugees through the U.S. Refugee Admissions Program.

In fiscal year (FY) 2015, nearly 182,000 individuals were eligible for resettlement services through ORR programs. ORR programs help refugees, asylees, victims of torture, foreign-born victims of human trafficking, and special immigrant visa holders to become employed and self-sufficient as quickly as possible after their arrival. Between FY 2010 and FY 2015, approximately 97,000 refugees came from Burma – the country of origin for the largest number of refugee arrivals – followed by 91,000 from Iraq, 65,000 from Bhutan, 38,000 from Somalia, 21,000 came from the Democratic Republic of Congo and the remainder totaling 86,000 came from 115 other countries.

Refugee arrivals in FY 2015 included 18,000 from Burma, 13,000 from Iraq, 9,000 from Somalia, 8,000 from the Democratic Republic of Congo, and 6,000 from Bhutan. The remaining 16,000 arrivals came from 74 other countries.

ORR carries out its mission to serve refugees through grants and services, administered by state governments and non-profit organizations, including faith-based groups, and an extensive public-private partnership network.

Through these grants, ORR provides time-limited cash and medical assistance to newly arrived refugees, as well as case management services, English Language classes, and employment services – all designed to facilitate refugees' successful transition and integration into life in the

United States. In addition, ORR funds foster care programs for unaccompanied refugee minors, certain minors granted special immigrant juvenile status, and unaccompanied minor victims of a severe form of trafficking.

To ensure a successful transition, ORR funds support transitional and medical services for individuals who are determined not eligible for Supplemental Security Income, Temporary Assistance for Needy Families, and Medicaid. Through programs administered by states and by voluntary organizations under the Wilson-Fish Programs, ORR provides cash and medical assistance to eligible populations for up to eight months after their arrival in the U.S.

A portion of new entrants participate in the Voluntary Agency Matching Grant Program rather than the refugee cash assistance program discussed above. Through the Voluntary Agency Matching Grant Program, ORR funds U.S. resettlement agencies to assist refugees in achieving economic self-sufficiency by providing services such as case management, job skill development, job placement and follow up, and interim housing and cash assistance, to help refugees become employed and self-sufficient within their first four months in the U.S. Support may be extended up to a total of six months on a case-by-case basis if deemed necessary. Participating refugees may not access other public cash assistance if they choose to participate in the matching grant program. This employment-focused case management model has proven to be effective in helping refugees achieve economic self-sufficiency. In FY15, the Match Grant program served 29,765 refugees, asylees, entrants, and special immigrant visa holders, and reports economic self-sufficiency rates of approximately 82 percent for refugees at 180 days

after arrival. Given the proven success of the program, ORR has expanded the program in recent years. For FY 2016, ORR added an additional 5,000 slots.

ORR also provides funds to state governments and private non-profit agencies to support social services including English language courses, employment services, case management, social adjustment services, and interpreter services. These funds are allocated to states based on a formula tied to the prior two years of arrival data that accounts for refugees' and other entrants' movements to other states after their initial resettlement.

Targeted Assistance grants are provided to states with qualifying counties that have high numbers of refugee arrivals. States are required by statute to pass on to counties that have significant refugee populations at least 95 percent of the funds awarded through these grants. Services provided by this program are generally designed to help refugees secure employment within one year or less of arrival.

ORR programs also support economic development activities. These programs focus on financial literacy, establishing credit, and matched savings in support of housing purchases, educational goals, car purchases essential to employment, and hundreds of business startups that in turn employ thousands. In FY 2015, over 3,143 refugees and other eligible populations enrolled in or completed the ORR Individual Development Account program, which has enabled them to spend over \$2.7 million toward buying new homes, starting businesses, or enrolling in educational courses, demonstrating their growing contribution to the U.S. economy.

ORR recognizes that many individuals resettling to the U.S., including refugees and other humanitarian entrants, are survivors of torture. For this reason, the Survivor of Torture Program provides treatment and services to victims of torture regardless of immigration status. The program strives to provide culturally competent services and client-centered treatment plans that build upon individual strengths to restore dignity, enhance resilience, and rebuild lives. Given that increasing numbers of recent arrivals are survivors of torture, ORR has made efforts to maximize service capacity and expand access to this program.

Initiatives to improve and enhance services

The Administration is committed to improving and expanding ORR programs for our most vulnerable populations such as the elderly, single mothers, certain noncitizens in special immigrant status, and victims of trafficking and torture. In recent years, ORR has expanded programs that provide long-term case management to these populations in order to facilitate more effective integration.

Recently, ORR expanded our Preferred Community Program, which supports the most vulnerable arriving populations with intensive, longer-term case management. These services are available in 112 locations and focus on ensuring paths to self-sufficiency for those with: medical conditions; single heads of households; the elderly; and lesbian, gay, bisexual, and transgender refugees.

ORR also created the Division of Refugee Health (DRH) to address issues of health and wellbeing that are vital to the successful integration of refugees and other ORR-eligible populations, many of whom have suffered significant physical hardship and had limited or no access to health care services during their period of flight and displacement. DRH focuses on providing technical assistance on medical screening guidelines, assessment and follow-up for contagious or communicable diseases, mental health awareness and linkages, suicide prevention, emergency preparedness, and other health and mental health initiatives.

ORR is also committed to supporting refugee youth, particularly through School Impact grants. Through the School Impact Program, ORR supports local school districts in which significant numbers of refugee and other eligible populations' children attend school. The program grantees focus on: English Language, after-school tutorials for refugee students, cultural after-school activities, drop-out prevention programs, parental outreach and family community involvement, interpreter services for parent-teacher meetings, aides working with refugee children, and bilingual counselors.

In November 2014, the President established the White House Task Force on New Americans, a government-wide effort tasked with better integrating immigrants and refugees into American communities in three key areas: civically, economically, and linguistically. In line with its responsibilities as a member of this taskforce, ORR is engaged in efforts to promote community engagement and develop mainstream resources for refugees and other eligible populations. For example, ORR provides technical assistance grants to assist communities in developing greater awareness of and support for refugees and other eligible populations, since resettlement is greatly enhanced when local stakeholders and community residents are informed and involved.

As part of these efforts, ORR and the Corporation for National and Community Service implemented the Refugee AmeriCorps initiative through the Preferred Communities program. Refugee AmeriCorps members are now placed in 93 resettlement offices throughout the country. Through this partnership, AmeriCorps members are working with refugee resettlement agencies to expand support for refugees and other eligible populations in areas such as education, job readiness, housing, and financial literacy. Some programs will also play a critical role in helping communities as they build partnerships, develop and implement volunteer management systems, and support local immigrant integration plans. Using a client-centered approach, ORR's goal is to continue to build partnerships that will better serve refugees and other eligible ORR populations who may otherwise not be considered within certain mainstream programs and initiatives.

ORR continues to expand upon and improve our coordination with partners at all levels. A central goal of the program is to ensure that states and municipalities have the best information available, to help them prepare for incoming refugees.

Over the past several months, ORR has, in partnership with colleagues from the State

Department, provided briefings for the National Governors Association, the National Conference
of State Legislatures, and the National Association of Counties, which included an overview of
the refugee program as well as highlighted the strengths and assets that refugees bring to their
communities.

ORR, also in partnership with PRM, convenes quarterly calls with states including representatives from the governors' offices and designated State Refugee Program officials. We provide information on arrival trends, the needs of incoming populations, and implementation of programs and services. In the briefings and quarterly calls, we have had the opportunity to address questions and concerns that state officials shared. During these calls and in our outreach across the country, we regularly hear stories of communities coming together to welcome refugees and provide support as these new arrivals from all over the world become part of the fabric of cities and towns across America.

Conclusion

Finally, I would like to share with you the story of one refugee, Musa, and his family, who are from the Congo. When Musa was 16, there was a war in his country and it was not safe to live there. Musa witnessed his father being murdered, his sister was sexually assaulted, and his mother was severely beaten. Musa and his family fled the Congo to a refugee camp where they lived for seven years.

While at the camp, Musa was able to live out his dream of playing professional soccer but he still lived in fear because the Congo border was very close to the camp. Musa and his family went through five interviews and it took several years to come make it to America. Musa, his mother, and his six younger siblings were resettled in Erie, Pennsylvania.

Musa enrolled in the Matching Grant program. At first, he struggled with cultural adjustment but his case manager and his active participation in the program helped him adjust to American life. Musa has two jobs and obtained his driver license. He purchased a car and his

brothers and sisters are doing well in school and his mother in enjoying their new home and community.

Stories like that of Musa and his family exemplify the amazing courage and determination seen in so many of the refugees who arrive to the United States seeking opportunity. And they are not the exception, but rather the rule. Every day, thousands of refugees are successfully integrating in their new communities in the United States, and giving back to the country that has given the opportunity to start over and to live free of fear and persecution. Despite facing unimaginable hardships, their resolve to better their own lives, contribute to their communities, and integrate as productive members of the American fabric is unwavering. HHS' programs support refugees and other humanitarian populations in achieving these aspirations.

I welcome this Committee's interest in HHS' refugee resettlement programs. Thank you for the opportunity to discuss the critical work we perform in assisting one of the most vulnerable populations. I would be happy to answer any questions.