



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 new populations with the opportunity to maximize their potential in the United States. In my testimony today, I will describe the role that HHS plays in relation to 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 three 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, including Cuban entrants, asylees, and survivors of human trafficking. ORR's mission is to link these newly-arrived populations to key resources to maximize their potential in the U.S., and to 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) 2014, nearly 140,000 individuals were eligible for resettlement services through ORR programs. ORR programs help refugees, asylees, Cuban and Haitian entrants, 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. Iraq was the country of origin for the largest number of refugee arrivals between FY 2009 and FY 2014. Approximately 98,000 refugees came from Iraq, followed by 97,000 from Burma, 73,000 from Bhutan, 34,000 from Somalia, 23,000 came from Cuba and the remainder totaling 78,000 came from other countries.

Refugee arrivals in FY 2014 included 20,000 from Iraq, 15,000 from Burma, 9,000 from Somalia, 8,000 from Bhutan, and 5,000 from the Democratic Republic of Congo. The remaining 13,000 arrivals came from 52 other countries.

ORR carries out its mission to serve refugees through various 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 as a Second Language classes, and job readiness and employment services – all designed to facilitate refugees' successful transition and integration into life in the United States. ORR understands that refugees arrive with distinct skills and experiences, and we strive to provide the

benefits and services necessary to leverage those capacities to help refugees and other eligible populations quickly become self-sufficient and integrated members of American society.

To ensure a successful transition, ORR funds support transitional and medical services for individuals still within their first eight months 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. 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.

A portion of new entrants participate in the Voluntary Agency Matching Grant Program rather than the refugee cash assistance program discussed above. Through the Matching grant program, ORR funds U.S. voluntary 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 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 FY14, the program served 29,686 refugees, asylees, entrants, and special immigrant visa holders, and reports economic self-sufficiency rates

of approximately 76 percent for refugees at 180 days after arrival. Given the proven success of the program, the President's Budget proposes a \$22 million increase to the FY 2016 Matching Grant program to serve an additional 10,000 eligible individuals.

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 house 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.

ORR recognizes that many individuals resettling to the U.S., including refugees and other entrants, have experienced torture. For this reason, treatment and services are provided through

the Survivor of Torture Program 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 increasingly recent arrivals are survivors of torture, ORR has made efforts to maximize service capacity and expand access to this program.

Data on successes in the ORR's programs

As mentioned, ORR programs and services assist refugees and other eligible populations to obtain employment and become self-sufficient. In FY 2014, over 3,120 refugees and other eligible populations enrolled in or completed the ORR Individual Development Account program, which has enabled them to spend over \$2 million toward buying new homes, starting businesses, or enrolling in educational courses, demonstrating their growing contribution to the U.S. economy. In addition, last year over 2,000 refugees were served in the microenterprise program. These services included business training; pre-loan and post-loan technical assistance; and providing financing to start, expand, or strengthen a business. These businesses owned by refugees and other humanitarian entrants created and retained 1,205 jobs.

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 120 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 well-being 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 reside. The program grantees focus on: English as a Second 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.

As a part of his November 2014 executive actions, 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 identified eight new Welcoming Communities AmeriCorps programs that will assist local communities with the integration of refugee and other entrant populations. Through this partnership, AmeriCorps members will be placed 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.

Conclusion

Finally, I would like to share with you the story of one refugee, Mohamedali Ali, and his family, who had to flee their native country of Eritrea. Mohamedali and his family spent four years in refugee camps in Sudan and Ethiopia. While in the camps, Mohamedali worked as a technician, nurse, translator, and a counselor. In 2013, he was resettled in Houston, Texas with his wife, Rahma, and their three children. Mohamedali and his family were enrolled in ORR's Matching Grant program, which provided cash assistance and employment services as well as other support his family needed in order to become self-sufficient. Because he had some work experience and was fluent in five languages, he was able to quickly secure his first job the same month he enrolled in our program. He found a job doing computer assembly. In order to improve her opportunities, Rahma enrolled in English as a Second Language classes and a driver's education program. She progressed well with her English, received her driver's license and now also works with her husband at the computer assembly company. Mohamedali and his family are doing very well and he plans to pursue his dream of a career in the medical field by enrolling in classes at Houston Community College's Certified Nursing Assistant program.

This couple's determination to succeed is representative of the determination I see in so many of the refugees who arrive in our country. Despite experiencing unimaginable hardships, violence, and oppression, many refugees arrive in this country not seeking handouts but opportunities to

improve themselves, give back to their communities, and achieve the American dream. HHS' programs assist refugees and other vulnerable populations in doing just that.

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.