



UNITED AFRICAN ORGANIZATION

Retooling Systems: Enhancing the Integration of African Refugees in Illinois

UAO **Policy** Brief
Volume 1, Number 2

October 2009

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Forward

It is my pleasure to introduce *Retooling Systems: Enhancing the Integration of African Refugees in Illinois*. This report shares the results of original research, conducted by the United African Organization (UAO), assessing the conditions of refugee resettlement in Illinois. It is also the second in our Policy Brief series, exploring a range of issues facing the growing African community.

Advocates in Chicago pioneered refugee resettlement from Africa, fostering the formation of the Ethiopian Community Association of Chicago in 1984. Through innovative partnerships, Illinois has successfully integrated approximately 180,000 refugees, and can claim one of the largest African refugee populations in the country.

Because of this track record, mounting pressures on the refugee program are of particular concern to the UAO. If Illinois' safety net for refugees has begun to break down, we can infer that it has all but disappeared elsewhere in the nation. Indeed, almost 30 years after the passage of the Refugee Act, the U.S. is admitting fewer refugees and funding fewer social services. The program currently admits refugees from over 60 different countries, and includes victims of trafficking, survivors of torture, genocide and sexual violence.

This report is not merely an academic exercise. It is a means to advance policies that will effectively address the most pressing needs of refugee newcomers in our communities. It also conveys the experiences, impressions and fears of recent refugees in their own words.

All the refugees interviewed for this report appreciate the support of the US in resettling them here, but the fact still remains that funding cuts for refugee-related social services have imposed a tremendous strain on service providers. Recent refugee newcomers need holistic services to enhance their full integration. Some are disabled or elderly and some have been separated from their families and don't know if they will ever see them again. Behind the statistics and politics stand human beings, already in the United States or still warehoused in refugee camps abroad, who deserve to live in safety and with dignity.

This policy brief is a call to action. We hope that all stakeholders at the local, state and federal levels will see the recommendations as important ingredients in policy discourse around the US refugee resettlement program.

With peace and solidarity,

Alie Kabba
Executive Director
United African Organization



Retooling Systems:

Enhancing the Integration of African Refugees in Illinois

October 2009

Policy Brief

The United African Organization (UAO) is a coalition of African community-based associations dedicated to social justice, civic participation and empowerment of African immigrants and refugees in Illinois. The UAO presents this report on the state of African refugees in Illinois as a means to advance policies that will effectively address the most pressing needs of all refugees and enhance their successful integration into our communities.

Findings for this report were derived from a UAO study, which involved distributing surveys, holding focus groups, and interviewing both refugees and their service providers. The research was carried out between April and July of 2009.¹

The U.S. resettles more refugees than any other country in the world, but no longer invests adequate resources to help them integrate.²

This policy brief examines three areas of particular concern:

I. African Refugee Admissions

The numbers of refugees entering the United States from Africa has declined precipitously in recent years. Targets have dropped by almost half since 2007, and actual admissions have fallen even lower. The U.S. must do its part to alleviate the African refugee crisis, with an emphasis on reuniting families who have been fractured by war and displacement.

II. Basic Needs & Economic Stability

Illinois has long been a leader in refugee resettlement. Yet its innovative programming and collaborative partnerships are endangered by insufficient funding, rising costs of living, and a client population with increasingly complex needs. Designed 30 years ago, the federal budget structure is inadequate to the current policy environment, which has concentrated greater fiscal responsibility at the state and local levels. In addition, structural changes in the job market have undermined employment opportunities, particularly for low-skilled and limited English proficient refugees.

III. Cultural & Linguistic Competence

Most refugee services are focused on the initial transition period of resettlement, with a bias toward employment and training. While self-sufficiency may be a viable short-term goal for some, today's increasingly diverse refugee population includes many whose linguistic, medical, and psychological needs require specialized services and even long-term care. There is a critical shortage of culturally appropriate mental health services, not to mention healthcare interpreters or programs for elderly and disabled refugees.

In each of these areas, the UAO advances specific recommendations that will require policy advocacy at federal, state, and local levels. We encourage readers to contact the UAO to take action on these urgent measures.

BACKGROUND

A cohesive American experience is a central tenet of the American dream, an ethos implying the ability, through participation in the thriving society and culture of the United States, to bring prosperity to oneself and one's family. This country has always known itself to be a nation of immigrants, whose contributions have been vital to its prosperity. Thus, the U.S. government has long regarded the concept of integration as an important aspect of public policy.

The international refugee regime as we know it was the product of the massive displacements following the First and Second World Wars. In the Refugee Convention of 1951, the United Nations defined "refugee" as any person who:

owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence...is unable or, owing to such fear, is unwilling to return to it.³

With the passage of the Refugee Act of 1980, the U.S. Congress adopted this definition, standardized the entry process, and established funding for resettlement services. Previously, refugee admissions to the United States had been governed by ad hoc political and geographical factors. However, large-scale placements from South East Asia and the Soviet Union convinced policymakers that refugees were a permanent feature of the contemporary global landscape. Each year, the President must consult with Congress to set a ceiling of possible refugee admission, with specific allocations for each region of the world. In addition, the President has the authority to grant additional slots in emergency cases of "special humanitarian concern."⁴

The U.S. government attempts to accept at least half of the refugees referred by the United Nations High Commissioner on Refugees (UNHCR). Nevertheless, the Cold War continued to influence resettlement priorities for more than a decade. Of the 1.5 million refugees admitted to the U.S. between 1975 and 1991, more than 90% fled the formerly communist countries of Southeast Asia, Cuba, and Eastern Europe.⁵ Then, statistics reveal a downward trend, accompanied by greater diversity.

Annual ceilings have fluctuated widely under the Refugee Act, but there has been an overall decline of 65%, from a high point of 231,700 in 1980 to 80,000 in 2009. It is also important to note that these statistics are misleading: actual admissions have consistently fallen below even these projections. With the exception of 1988, 1989, and 1999, when original projections had to be adjusted upwards to accommodate Cuban and Kosovar emergencies, each year has seen a shortfall between projected and actual flows. Since allocated slots do not roll over into the next fiscal year, these statistical discrepancies represent more than a half million lost opportunities for resettling vulnerable refugees in the U.S.⁶

Illinois is one of the top ten states of resettlement; nearly 20,000 of the half million refugees admitted to the U.S. between 1999 and 2008 were resettled in this state.

African Refugees in Illinois

Since 1980, approximately 200,000 African refugees have been permanently admitted to the United States. During the first decade of the Refugee Resettlement Program, they were limited to fewer than 2,000 a year, mostly Ethiopians and Eritreans. In the early 1990s, overall projections - and African goals in particular - rose dramatically. Somali and Sudanese communities became visible in Minneapolis, Atlanta, and Columbus, Ohio. Between 1999 and 2008, 29% of the half million refugees resettled in the United States were Africans, from 24 countries.⁷

Yet this newfound commitment to the subcontinent has suffered a setback. The President's African projections have dropped once more, from 20,000 in 2007 to 16,000 in 2008 and 12,000 in 2009 and 2010. The Refugee Program's success in meeting even those goals has also faltered, with only 56% actual arrivals in 2008. In other words, 20% of the world's refugees live in Africa, yet account for only 11.1% of U.S. refugee admissions.⁸

Despite the recent decrease in African refugee admissions, Illinois is still home to one of the largest African refugee populations in the country. When Ethiopians began arriving in the early 1980s, programs and services were designed to accommodate their level of educational achievement and skills. Largely

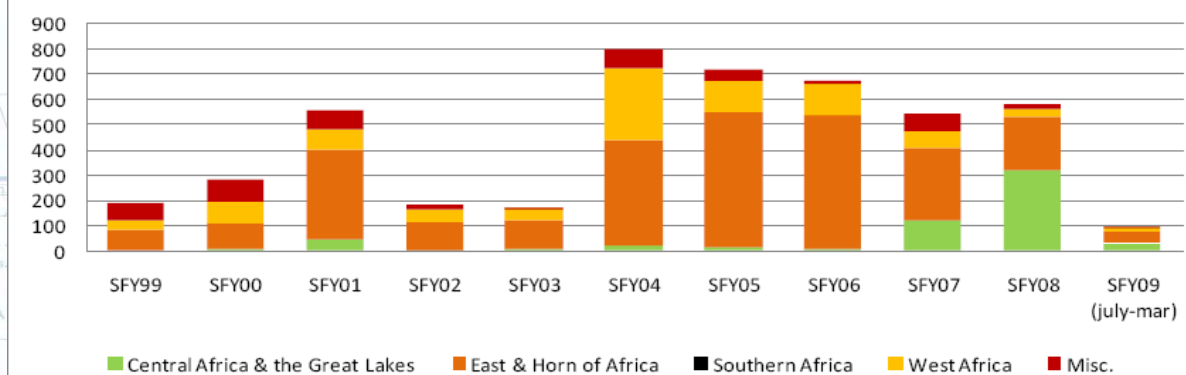
| 1989-2008 | | | | | | | |
|-----------|-----------------|-----------------|-----------|---------------|-----------------|-----------------|-----------|
| Year | Overall Ceiling | Actual Arrivals | Shortfall | Year | Overall Ceiling | Actual Arrivals | Shortfall |
| 1980 | 231,700 | 207,116 | 24,584 | 1995 | 112,000 | 98,973 | 13,027 |
| 1981 | 217,000 | 159,252 | 57,748 | 1996 | 90,000 | 75,421 | 14,579 |
| 1982 | 140,000 | 98,096 | 41,904 | 1997 | 78,000 | 69,653 | 8,347 |
| 1983 | 90,000 | 61,218 | 28,782 | 1998 | 83,000 | 76,712 | 6,288 |
| 1984 | 72,000 | 70,393 | 1,607 | 1999 | 91,000 | 68,925 | 5,924 |
| 1985 | 70,000 | 67,704 | 2,296 | 2000 | 90,000 | 26,776 | 17,857 |
| 1986 | 67,000 | 62,146 | 4,854 | 2001 | 80,000 | 28,304 | 11,075 |
| 1987 | 70,000 | 64,528 | 5,472 | 2002 | 70,000 | 52,837 | 43,224 |
| 1988 | 87,500 | 76,483 | 11,017 | 2003 | 70,000 | 53,738 | 41,696 |
| 1989 | 116,500 | 107,070 | 9,430 | 2004 | 70,000 | 41,150 | 17,163 |
| 1990 | 125,000 | 122,066 | 2,934 | 2005 | 70,000 | 53,738 | 16,262 |
| 1991 | 131,000 | 113,389 | 17,611 | 2006 | 70,000 | 41,150 | 28,850 |
| 1992 | 131,000 | 115,548 | 15,452 | 2007 | 70,000 | 48,218 | 21,782 |
| 1993 | 142,000 | 114,181 | 27,819 | 2008 | 80,000 | 60,108 | 19,892 |
| 1994 | 121,000 | 111,680 | 9,320 | | | | |
| | | | | TOTALS | 2,935,700 | 2,408,904 | 526,796 |

*Note: Data series began following the Refugee Act of 1980. Excludes Amerasian immigrants except in fiscal years 1989 to 1991.
Source: U.S. Department of State, Bureau of Population, Refugees, and Migration (PRM), Worldwide Refugee Admissions Processing System (WRAPS), Fiscal Years 1980 to 2008.*

male professionals and their families, these newcomers quickly took charge of their own integration, founding a Mutual Aid Association that remains a cornerstone of immigrant leadership and advocacy in Chicago.

On the other hand, more recent arrivals experienced profound marginalization through discrimination, torture, and prolonged periods of isolation in camps, prior to resettlement. They are more likely to be single women with children, and men without much formal education.

Figure 3: Sub-Region Breakdown of African Refugee Arrivals 1999-2009



Source: Jewish Federation of Metropolitan Chicago, Illinois Refugee Social Services Consortium

New Resettlement Challenges

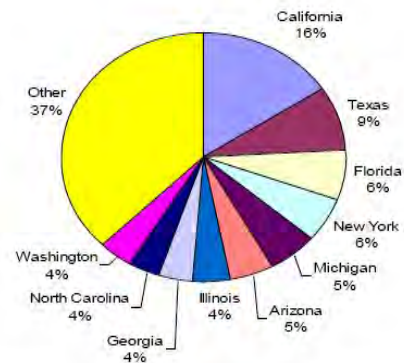
The Refugee Act of 1980 not only established a mechanism for the regular flow of refugees into the United States; it also provided that refugees receive standard resettlement services once they arrive. Economic self-sufficiency is a clearly articulated expectation in the Act, supported by the tacit assumption that refugees who attain self-sufficiency will become well-integrated members of American society.

However, changes over the last 30 years have made these expectations unrealistic in many cases. The program now admits refugees from every region of the world and includes unaccompanied minors and victims of trafficking, as well as survivors of torture, genocide and sexual violence. Some refugees have lived in camps for decades, where they have witnessed or personally experienced traumatic events that wreak havoc on their mental and physical health. They may have been violently separated from family and kin networks, forced into labor, or attacked on grounds of ethno-racial, religious, or political difference. Furthermore, the everyday circumstances of their home environment have not prepared them to live and work in the contemporary United States.



Amputations are common among recent African refugees, along with other compound conditions which complicate resettlement. Image courtesy of Yannis Kontos.

Figure 1: Refugee Arrivals by State of Residence - 2008



In 2008, 10 states, including Illinois, received 62.4% of all incoming refugees, with California and Texas in the lead.⁹ These are all states which have the institutional experience, economic capacity, and diversity to justify placement. The success of the U.S. Refugee Resettlement Program owes much to innovative collaborations with local resettlement agencies, congregations, and individual members of host communities. In particular, Mutual Aid Associations (MAAs) and community-based organizations, staffed by refugees and immigrants themselves, have proven critical to long-term integration.

Recently, however, these partnerships have been strained by a growing imbalance between federal expectations and local resources. MAAs and other refugee agencies in Illinois report that their situation has become critical, with ever-widening disparities between resources and service needs, and considerable staff burnout.

Mutual Assistance Associations (MAAs) ease the transition between initial resettlement and permanent adjustment through language and employment training, cultural programming, and the kind of grassroots community-building that can support longer-term institutions.

Idriss' Story

Like millions of immigrants who come to the United States, refugees who relocate here bring with them dreams and aspirations for establishing better lives for themselves. For many, having the opportunity to live in a highly developed country after years of harsh conditions in refugee camps is a blessing in itself. However, upon arriving in the United States, many find it difficult to find jobs and reach self-sufficiency within the set of time allotted by the government.

Originally from Darfur, Sudan, Idriss Shariff, is an example of one of those refugees who, though fluent in English and educated, has faced many unanticipated challenges as he resettles in Chicago. Arriving in April 2009, following five years in a refugee camp in Ghana, he passionately asserts his frustration: "In terms of economic crisis, after I was received by the resettlement agency, I started facing problems from the accommodation to the education and work." The resettlement agency that sponsored Idriss carefully explained that he must find employment within 90 days. Yet, the job had not yet arrived for Idriss when UAO interviewed him in July. As he pondered the options should the agency stop assisting him with his rent payments before he gets employed, Idriss joked, "At that time, then, I will go to the agency to stay there." But this is not a joking matter. The refugee resettlement experience is a stressful situation in itself; many refugees are separated from very close loved ones, nervous about their inability to understand or speak English, overwhelmed by the cultural nuances that they must quickly understand, and eager to find acceptance and security. The added pressure to find employment by a set deadline despite the difficulties and the looming threat of homelessness can very easily lead to hopelessness and depression.

Even though Idriss speaks English fluently, he does not know the ins and outs of the job application process. The agency that works with him can only afford a certain amount of staff time and resources to help him acquire job skills and employment. Idriss has quickly learned that he will need to be creative and nimble, finding friends and volunteers to help him complete job applications properly. Because he is single, he receives no stipend for transportation, so he uses his small Refugee Cash Assistance check to fund his job search. On many days, Idriss' only opportunity to interact with others is through his English as a Second Language class at Truman College. He sighs at the thought of not being able to afford the cost of transportation in order to attend this class. "There is the education that you get, but there is also the sense of being part of a community."

On top of the mounting pressure to find employment, Idriss is lately experiencing anxiety regarding the family that he left behind in the refugee camp in Sudan. Although he often feels lonely in his new city, Idriss tries to focus his attention on obtaining a job and assimilating into the mainstream culture so that he can bring his family here. "My mind is focused on developing my skills to join the society here. At the same time, I am thinking about them being here with me," he explains. Despite the complexities associated with his resettlement experience, Idriss keeps an optimistic outlook. "It is better because of the accommodation. The food stamps are good. You dress very well and get transportation. You get literacy education. Life is better than in the refugee camp," he laughs.



Idriss B. Shariff.

How does it make you feel to have made it to the United States as a refugee and learn that if you don't get a job right away you will be homeless?

I am very frustrated because the thing that I faced before was homelessness. I came to a refugee camp for five years. Then, when I came here, I was full of hope that I would continue my new life. But now, again, I will become homeless? That is a big problem . . . I have been thinking about how to get a job quickly. And to get a job is a problem also [because] they asked about my job history.

Have you had any difficulty communicating in job interviews?

I thank God that I hear what they ask me and can answer them.

What do you do if you are not in English class?

I read at home or watch T.V.

How much time do you usually spend by yourself?

The whole day.

FINDINGS and RECOMMENDATIONS

I. African Refugee Admissions

Family reunification is at the heart of the integration process, and is particularly urgent for refugees with loved ones still living under perilous conditions. According to the World Refugee Survey of 2009, nearly 70% of the refugees in Africa have been retained in camps or segregated settlements for five years or more.¹⁰ In addition, xenophobic violence has erupted in South Africa, while civil conflict in the Democratic Republic of Congo and Darfur simmers unabated.

Thus, the US dealt a devastating blow when it suspended all family petitions for African refugees in April 2008.¹¹ The State Department reported that a pilot DNA testing program launched in February of that year had revealed evidence of widespread fraud among African refugees. Yet for many Africans, the definition of family extends beyond blood relatives, especially when families fleeing persecution are scattered. Generally speaking, the refugee resettlement system cannot respond effectively to the needs of specific refugee groups without a fuller understanding of their cultural context. International law recognizes family reunification as a right, but it is also sound social policy. The risks of reuniting African refugee families must be balanced against the costs of keeping families separate.

They promised us, "Just go. We will send you the children." But we have been waiting, and three years later, still the children haven't come.
– Burundian refugee father

Who did we talk to?

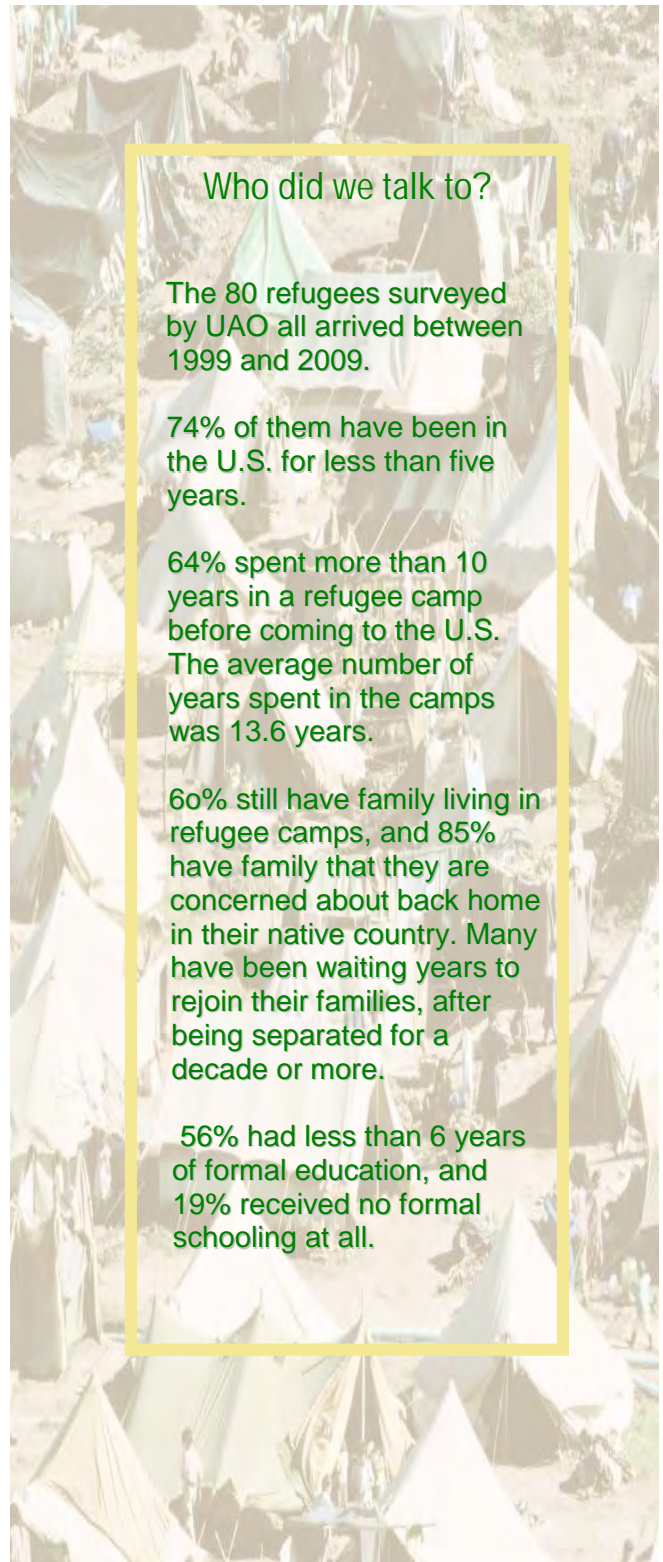
The 80 refugees surveyed by UAO all arrived between 1999 and 2009.

74% of them have been in the U.S. for less than five years.

64% spent more than 10 years in a refugee camp before coming to the U.S. The average number of years spent in the camps was 13.6 years.

60% still have family living in refugee camps, and 85% have family that they are concerned about back home in their native country. Many have been waiting years to rejoin their families, after being separated for a decade or more.

56% had less than 6 years of formal education, and 19% received no formal schooling at all.





Boys at a refugee camp in Chad.
Photo courtesy of abluteau.files.wordpress.com.

Recommendations

Renew U.S. Humanitarian Commitment to Africa.

- Increase African Refugee Admissions to levels that reflect the scale and urgency of the refugee crisis in Africa.
- Inform policy makers about the nature of conflicts in the region, which are often exacerbated by the unscrupulous business practices of Western corporations.¹²
- Explore longer-term solutions in the areas of foreign policy and development.

Restore African Family Reunification.

- Promote a greater awareness of African family relationships in order to better inform efforts to prevent abuse.
- Educate prospective applicants for family reunification about the Western emphasis on genetics, as well as the consequences of misrepresentation.

Incorporate Refugee Leadership into Every Stage of the Refugee Resettlement process.

- Consult regularly with African organizations, both in refugee camps and the host society, in order to facilitate communication and continuity of care.
- Provide refugees with opportunities to exercise control over their lives and leadership in their communities, at every stage of the resettlement process.

African Countries Ranked among the 30 Sending Most Refugees to the United States 1983-2004

| Rank | Country | # Refugees |
|------|------------------------------|------------|
| 8 | Somalia | 47,753 |
| 10 | Ethiopia | 35,144 |
| 15 | Liberia | 20,925 |
| 18 | Sierra Leone | 6,028 |
| 21 | Democratic Republic of Congo | 3,191 |
| 27 | Rwanda | 1,238 |
| 28 | Togo | 1,038 |
| 29 | Burundi | 908 |

Source: U.S. Department of Health & Human Services, U.S. Office of Refugee Resettlement

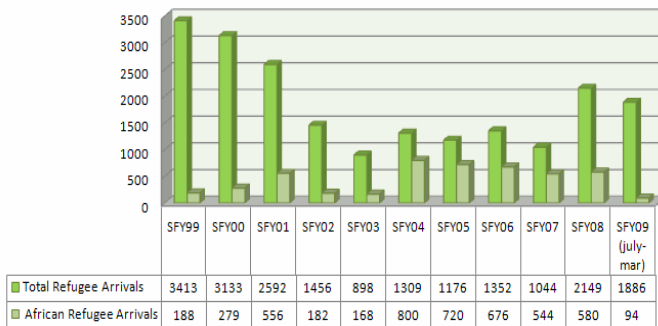
Every time we do something, we think of the numbers. We lost so many. Some of us survived and face some challenges in America, but we just can't let down those we lost. Though sometimes you might hear us complain, we always keep in mind that the challenges here do not erase the commitment we have made to the others we have left behind.

-Sudanese refugee

II. Basic Needs & Economic Stability

Once refugees have been placed in local resettlement programs, the federal budget structure does not allow enough flexibility to target their specific needs. Thus, the diversity and complexity of the new refugee population, particularly within the context of economic recession, have significantly challenged refugee service providers. As employment prospects diminish nationwide, so does “the likelihood of refugees placed in the area [becoming] self-sufficient and free from long-term dependence on public assistance.”¹³ To make matters worse, affordable housing in Chicago is scarce, the state subsidy is low, and the unemployment rate high compared with the other ten top resettlement states.¹⁴ In short, inadequate and inconsistent funding, compounded by rising rents and costs of living, has considerably weakened local resettlement agencies and their partners’ ability to respond effectively.

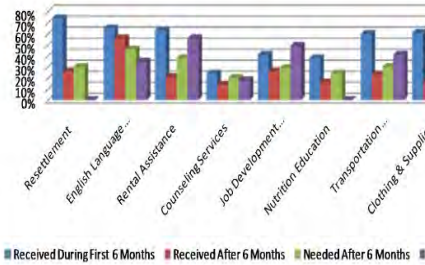
Figure 2: Illinois Refugee Arrivals - 1999-2009



Source: The Jewish Federation of Metropolitan Chicago, Refugee Social Services Consortium

All the service providers interviewed by UAO believe that African refugees could use up to 3 years of additional financial and social services during the initial resettlement period. As one explained: “We are recognizing that a majority of African refugees who are coming in . . . have a heightened amount of needs, specifically because of their lower levels of English and lower levels of education. They have been in [refugee] camps for a significant amount of time. [Our] ability to get them employed has been extremely difficult. To help them to be able to navigate the Chicago Transit Authority or to learn how to do things that a majority of refugees are able to pick up relatively quickly has been difficult. We find that during the adjustment period, ninety days to three years out, that a majority of the African refugees we are resettling will probably need those services until that three-year mark and beyond.”

Refugees’ Perceived Service Needs



Source: UAO African Refugee Survey, 2009.

In fact, Federal matching grants have not kept up with the costs of living, forcing agencies to raise significant sums from private sources in order to operate at all.¹⁵ Focus group participants recount countless hours negotiating rate reductions with landlords, interpreters, discount furniture retailers, etc., just to make ends meet.

When service providers were asked to identify their clients’ most urgent needs, they emphasized the range of labor-intensive supports that help refugees attain their goals: from English classes, job-skills training and employment assistance to financial literacy, medical and mental health care, transportation and child care.¹⁶

Some don’t understand that they have to pay their rent. I had to explain a colonoscopy to a person on Friday and found it hard to explain. Didn’t the doctor explain to him what was going to happen and tell him the medication that he has to take? He has to take this powdered stuff in water, and so they gave him five flavor packets, and told him to pick one. I was thinking he’d probably put all the flavor packets into one cup. Why wasn’t it simplified for him in any way?

-Refugee service provider

Recommendations

Increase Affordable Housing Options for Refugee Newcomers.

- Encourage local authorities to establish a practical consideration for refugees and asylees who are currently on waiting lists for public housing and section 8 vouchers.
- Increase federal funding to the Office of Refugee Resettlement to provide emergency housing assistance to needy refugees during the current economic crisis.



English students in class at the Ethiopian Community Association of Chicago

Increase Refugee Newcomers' Access to Vocational English Language Training, Employment Services, and Apprenticeship Programs.

- Connect refugees and asylees with specialized apprenticeship training and job placement programs, and encourage employment organizations to establish special eligibility criteria.
- Increase educational bridge programming for Limited English Proficient refugees and asylees.
- Increase federal funding for the Office of Refugee Resettlement's Voluntary Agency Matching Grant program, a proven strategy for supporting early and durable self-sufficiency, preventing reliance on welfare programs in the long-run.

Better assist refugees with the economic challenges of resettlement.

- Expand income assistance for refugees during the initial resettlement period
- Extend Refugee Cash Assistance (RCA) benefits from 8 to 24 months by increasing federal funding to ORR's Transitional Assistance Program.
- Adjust the Department of State's local reception grant in order to account for inflation since 1980.
- Increase access to financial literacy programs for limited English proficient refugees and asylees.

Build partnerships between government, refugee service providers, and community stakeholders.

- Revisit the Community Hosting Model as a point of departure to develop more effective local support systems, problem-solve, avoid duplication of services, and reinforce family networks.
- Involve leaders in efforts to innovate and advocate for policies that impact their communities.

This idea that everybody should be self-sufficient in ninety days is completely unrealistic. Some people could be self-sufficient at thirty. Some could be self-sufficient at two hundred. And really the people who are providing services and the participants themselves should know when that should take place. So the number one priority is getting the resources we require so that we can give people those options.
– Refugee service provider

24% of the African refugees surveyed stated that they received counseling during their first six months in the U.S.

Only 14% received counseling after 6 months.

20% felt that they still needed counseling after 6 months.

18% identified counseling as one of their most important needs today.

46% of the total respondents expressed concern about the health and well-being of another member of their household.

I moved so much through wars, from Burundi to the Congo to Tanzania, and now here. I lost my first wife after I left Burundi, but I remarried. Eventually, my wife got a mental sickness. So she is very sick and she is with me here. Some times she takes a knife and goes after me.
-elderly Burundian refugee

III. Cultural and Linguistic Competence

Many refugees must take advantage of services outside refugee agencies. Unfortunately, language barriers and cultural miscommunication often limits their value, and may impede access altogether. This problem is particularly pronounced for individuals most in need of specialized services. Self-sufficiency is not always an appropriate goal for elderly and disabled refugees, who may require long-term care available only in the "mainstream."

Title VI of the Civil Rights Act of 1964 ensures meaningful access to all federal funded programs for anyone who is eligible, regardless of national origin. This means that interpretation must be made available for LEP clients wherever they seek services. However, cost considerations often prevent compliance. In the Medicaid program, for example, interpretation competes with other critical services at shrinking reimbursement rates. Providers often consider interpretation a luxury item they can ill-afford.¹⁷

Without multilingual services, refugees may not even get through the front door. Critical information is often misconstrued when health and human service providers attempt to communicate without trained interpreters. Though many Africans learn English and French in school, they may not be as fluent as they appear. Even for those who are bilingual in English, much that they encounter is so unfamiliar as to be practically incomprehensible. Unable to express themselves well, intimidated by the speed and complexity of mainstream American society, and afraid of discrimination, very few have the confidence to seek mainstream services, or even follow up on a referral. Not surprisingly, 65% percent of refugees surveyed identified resettlement agencies as their preferred source of support.

Programs have been developed in Illinois to address these issues, but they have been difficult to sustain at adequate levels. The chances remain slim that an illiterate and limited-English-proficient African single mother, experiencing symptoms of post-traumatic stress, will actually get the necessary support and treatment. It is more likely that blanket expectations of self sufficiency - and the 8-month cap on Refugee Cash Assistance - will leave her to fend for herself.

Mental illness is a prevalent and often hidden stressor, overwhelming both individual and family members who must also race to develop their own skills to support the household. Like any person with a mental illness left untreated, these refugees experience habitual unemployment, jeopardize household stability, and burden their intimates. Some end up homeless or sink into isolation, afraid to leave their homes; others express their frustrations through abuse. Thus the psychological effects of trauma alone - aggravated by the circumstantial factors of cultural and linguistic alienation, economic hardship, and a lack of familiar support networks - constitute a severe disability, too easily interpreted as lack of initiative.

There is currently no federal funding for refugee mental health. In 1985, a special two-year initiative expanded Illinois' capacity to identify and treat the specific psychological issues confronting refugees. Since that time, State government has continued these services on a limited basis. However, this funding has been reduced, and given the current fiscal situation, may be discontinued any time.¹⁸



A Somali family finally settles in Chicago. Both children were born in a refugee camp.

Recommendations

Facilitate compliance with Title VI of the Civil Rights Act.

- Earmark funds specifically for interpreters within federally funded programs.
- Include non-citizen eligibility and special service needs within any health care reform plan.
- Foster partnerships between mainstream social service providers, refugee agencies, and immigrant community associations to spread awareness about the importance of cultural and linguistic competency.

Build Capacity for Culturally & Linguistically Appropriate Services.

- Ensure adequate funding for refugee mental health at the federal level.
- Expand programs for elderly and disabled refugees.
- Link refugees and asylees with Area Agencies on Aging (AAA), and encourage local programs to establish special eligibility criteria for refugees and asylees in need of adult day care, in-home respite services, and case management.
- Expand federal appropriations to ORR in order to make more resources available in communities for the elderly and disabled.

Of the 80 African refugees who responded to this study's survey, 81% believe they speak English "less than very well," and 38% considered themselves illiterate in their native language; however, 36% speak at least one other language besides English and their first language.

I got a little insight into some of the problems with the hospitals. We get impatient with them and say that they're legally bound to provide translation, but when you get there, if it's not a really common language, they have to depend on phone service, and they can't always get somebody at the end of that line. So they have to juggle appointments, and it's not just the occasional refugee. They're really struggling with it too.

– Refugee service provider

Unfortunately, at this time I am unemployed. The issue is that I don't speak English. But if you put me in any position, I will do it. We are hardworking people.

– Eritrean refugee

The problem is that we would really like to take on job[s] and get some income, but they say that we have to wait until we know English. For somebody like me, it will take me forever to learn English, be successful, and get a job using that language.

– Burundian refugee

END NOTES

1. Though our limited sample cannot be taken to represent the experience of all refugees, a number of common themes suggest that the resettlement system is in crisis, with particularly alarming implications for newcomers of African origin.
2. The United Nations High Commission on Refugees (UNHCR) was formed in 1950 to manage international refugee flows. The U.S. is UNHCR's largest single funder and has settled by far the largest number of refugees in the world. However, many other countries have contributed and absorbed more refugees on a per capita basis. Indeed, barely 1% of the world's refugees are actually referred by UNHCR for resettlement; 80% remain in their region of origin, generally in poor, neighboring countries. See U.S. Committee for Refugees and Immigrants (USCRI), World Refugee Survey, 2009.
3. The 1951 Convention Relating to the Status of Refugees is the key international document in defining who is a refugee, their rights and the legal obligations of states. The 1967 Protocol removed geographical and temporal restrictions from the Convention. Available online at <http://www.unhcr.org>.
4. "The Refugee Act of 1980," available online at: www.acf.hhs.gov/programs/orr/policy/refact.htm. Also see Ricardo Inzunza (1990), "The Refugee Act of 1980 Ten Years After: Still the Way to Go," International Journal of Refugee Law 2(3); Gil Loescher (1994), "The International Refugee Regime: Stretched to the Limit?" Journal of International Affairs (47)
5. Majka and Brendan P. Mullan (1992) "Employment Retention, Area of Origin and Type of Social Support among Refugees in the Chicago Area," International Migration Review 26(3); Odd Arne Westad (2007), The Global Cold War, Cambridge University Press. The United States did not sign the 1951 Refugee Convention, but is party to the 1967 Protocol.
6. Table compiled with data from the "DHS Annual Flow Report 2008." U.S. Department of Homeland Security.
7. Based on a compilation of annual statistics published from 2000 to 2008, "The Statistical Yearbook," U.S. Department of Justice, Executive Office for Immigration Review (EOIR).
8. "Refugee Admissions Report as of 30 June, 2009," U.S. Department of State, Bureau of Population, Refugees, and Migration (PRM), Worldwide Refugee Admissions Processing System (WRAPS), 2009.

9. "Refugee Admissions," PRM, WRAPS, 2009.
10. U.S. Committee on Refugees and Immigrants (2009), World Refugee Survey, Washington D.C. www.refugees.org
11. See the Department of State website: <http://www.state.gov/g/prm/rls/115891.htm>
12. See John Ruggie, "Promotion of all Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development: Report of the Special Representative of the Secretary-General on the issue of human rights and transnational corporations and other business enterprises," Human Rights Council A/HRC/11/13, 22 April 2009.
13. The Refugee Act of 1980. The Office of Refugee Resettlement (ORR) is a unit within the Department of Health and Human Services, specifically mandated by the Refugee Act of 1980 to provide for the effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible after arrival in the United States.
14. Illinois received \$5,626,128 for cash and medical assistance for refugees in 2008 and had an unemployment rate of 10.4 as of July 2009. See "FY2008 Cash and Medical Assistance Awards," Department of Health and Human Services, ORR, 3 February 2009; and "Regional and State Employment and Unemployment: July 2009," Bureau of Labor Statistics, 21 August 2009.
15. According to the Bureau of Labor Statistics, inflation adjusted dollars would be \$1309 in 2009.
16. Estimates of the domestic costs associated with the reception and placement (first 90 days) of African refugees in Illinois vary only slightly due to individual circumstances. For example, while a few African refugees might become employed within 60 days of arrival and require little financial assistance, the majority require high levels of assistance for longer periods. Costs also vary by case size or family ties. A single adult refugee with no family will typically cost more to resettle than a family of four; a family reunification case will often cost less than a single individual.
17. Title VI, Civil Rights Act of 1965. See www.hhs.gov/ocr
18. The formula used for calculating how much Illinois receives for refugee resettlement purposes is based on the actual number of refugees resettled in the state over the preceding three years. It does not reflect the number of particularly vulnerable cases expected to be resettled nor the current state of the local economy. In 2010, the state of Illinois has cut refugee mental health funds by 13%.

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This study was made possible through support from the Woods Fund of Chicago, the Illinois Department of Family Services - Bureau of Refugee & Immigrant Services, and the Crossroads Fund