

Written Testimony Submitted to the

Senate Special Committee on Aging

**“The Health and Welfare Needs of Elderly Refugees
and Asylees in the United States”**

December 5, 2007

On behalf of:

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

HIAS' Experience with Elderly Refugees

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

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

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

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

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

Refugees: A Special Case

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

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

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

Psychosocial Impediments

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

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

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

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

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

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

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

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

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

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

Many elderly refugees and asylees also exhibit an extreme fear of authority due to previous traumatic experiences of persecution and war. For example, refugees from the Former Soviet Union were traumatized by the Holocaust and Stalin's Great Purges, the anti-Semitic campaigns between 1948 and 1955, and the overall anti-Semitic policies of the Soviet State. These traumatic experiences have led to an extreme fear of authority, which is not just defined by them as police and other law enforcement officials, but also includes service providers and financial institutions. This fear affects their ability to call 911 for emergency assistance or seek mental health assistance. This phenomenon is well known to criminals and con artists, who often target this particularly vulnerable population.

Barriers to Naturalization and Integration

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Loss of Supplemental Security Income (SSI)

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

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

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

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

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

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

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

Recommendations

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

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