

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

Mr. C. Richard Parkins

on behalf of

Refugee Council USA

Mr. Chairman and members of the Committee:

As Chair of the Refugee Council USA – a coalition of 23 organizations dedicated to the welfare and protection of refugees – I am pleased to be one of the several witnesses who will speak to you today. I am also director of Episcopal Migration Ministries (EMM) – one of the ten (10) organizations with agreements with the U.S. Government to resettle refugees throughout the United States. We, of course, are deeply interested in the protection and welfare of elderly refugees as they are not only the most vulnerable of those whom we resettle but are also the custodians of the culture that gets transferred to the new environment in which refugees find themselves.

Let me first commend the Committee for expressing a concern for elderly refugees. Your interest indicates that you understand that services which communities and governments provide to the elderly need to include outreach to elderly refugees. Unless those agencies, groups, and institutions who serve the elderly recognize that elderly refugees are also stakeholders in their programs, an important segment of the elderly population will be neglected. Most of the services for refugees are focused on the initial transition period of resettlement and are understandably biased toward employment and training since self-sufficiency has historically been the primary goal of the U.S. refugee assistance program. While some funds are provided to assist elderly refugees, and my agency this year committed several thousand dollars to this program, this group invariably does not get the attention that they deserve. Therefore, we would strongly urge that any publicly supported service for the elderly make it a matter of obligation that those communities hosting significant numbers of refugees accept a special responsibility to reach out to older refugees. Such outreach might well be the only assistance beyond family support that these vulnerable persons receive.

You will become aware of the work done by the Council primarily through the leadership of some of our member agencies such as the Hebrew Immigrant Aid Society (HIAS) and the Southeast Asian Resource Action Center in advocating that SSI benefits be available to elderly refugees, particularly those who have not been able to meet the requirements of citizenship because of impediments of language, age, and culture. The SSI safety net needs to be extended to any at risk older refugee so that the protection and safety that they sought when they were admitted as refugees be available to them as they advance in years. To do less is to fail to complete the task of allowing them to recover from the trauma of being forcibly displaced.

I would like to offer an observation on the gifts given to us by elderly refugees. As noted, they are often the cultural anchor for refugee communities as they attempt to respect their traditions while embracing the requirements of their adopted homeland. Most refugee cultures venerate age and are especially respectful of the contributions that parents and grandparents have made to their survival as a family and as a community. Even as refugees take on the requirements of a new society, their concern for their elderly kin continues. Their accommodation to life in the United States does not allow them to be indifferent to their older members. In fact, having their older family members adequately provided for is generally a priority which, if honored, allows families to fully

identify with the society which initially welcomed them. Family ties are especially vital to the well being of refugee families. If services and support can be extended to those elderly refugees who are at risk, the well being of the refugee family is enhanced.

A major challenge which refugees and those who serve them face is having mainstream service providers take seriously the needs of refugees who are legitimate contenders for their services. While refugees may be eligible for services, the way in which services are designed and delivered can often inhibit access by refugees. Cultural norms and practices as well as language barriers can limit the value of mainstream services to the refugee community. Therefore, the Council would urge the committee to consider in its deliberations the importance of providing services which are culturally and linguistically appropriate and being very clear that the civil rights of refugees are only served when services are not only theoretically available but are genuinely accessible because measures are taken to be relevant to the special needs of these clients.

A major premise of the U.S. refugee program is that special funds are designated largely to assist refugees as they are beginning their journey to a new life in the United States and that mainstream providers recognize refugees as clients as they integrate themselves into their communities. Refugees come to the United States at our invitation. Because their experience of persecution and forcible displacement confers upon them the designation as refugees, we also recognize that our hospitality to these newcomers must include the provision of special services and a safety net. Since self-sufficiency is not an appropriate goal for elderly refugees, their need for services and the safety net will exist long after the transitional period experienced by other refugees. If there is any segment of the U.S. refugee population requiring access to services for extended periods it is the elderly cohort.

I will defer to my colleague from HIAS to elaborate more fully on the special needs of elderly refugees. In closing, I want to again thank this committee for taking on the issue of elderly refugees and for recognizing that their voice needs to be heard and their needs recognized as our nation seeks a compassionate response to the needs of our elderly population.