

ACCESS

Arab Community Center for Economic and Social Services

المركز العربي للخدمات الاقتصادية والاجتماعية

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Commission on Security and Cooperation in Europe
U.S. Helsinki Commission

Re: Hearing on: "The Impact of Iraqi Refugees on OSCE Partner States"

Testimony offered by:

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Economic and Social Services
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Honorable Chairpersons and Members of the Commission, thank you for convening this important hearing and for inviting ACCESS to be with you today.

The purpose of this testimony is to assist in your comprehensive review of the Iraqi refugee crisis by sharing the experience and strategies that ACCESS has employed in aiding the transition of Iraqi and other refugees into American society and the challenges and successes we have encountered in that process.

ACCESS Information

The Arab Community Center for Economic and Social Services (ACCESS) has been providing services to new immigrants for over 37 years. Since its inception the types of services offered and numbers of individuals impacted by these services have multiplied significantly, enabling ACCESS to emerge as a premier One-Stop human service agency. ACCESS provides a wide range of social, medical, public health, mental health, educational, cultural, employment, immigration and legal services. There are seven ACCESS facilities located in and around Dearborn, Michigan, all within a few miles of more than 60,000 Arab-Americans. As the oldest, largest and most developed Arab American human services agency in the United States, ACCESS has operated state and federal grant programs for over 33 years. During the 2006-2007 program year, ACCESS provided 473,606 service contacts to some 47,059 individuals, 70% of whom were Arab-American. An annual operating budget of \$14 million is supported by federal, state, private and United Way dollars. In 2000, ACCESS was named "best-run nonprofit of the year" by Crain's Detroit Business.

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Most importantly, the community has supported and continues to support ACCESS as their “neighborhood center”, because of its trust in ACCESS' ability to provide quality services. This confidence is not easily won nor maintained. Always faithful to its mission, ACCESS persists and continues to grow and expand its service delivery base. ACCESS' success is due in part to its belief that in order to move the community forward, individuals within that community must be empowered with knowledge and resources and supported through their change process. As a trademark of ACCESS, all services are culturally and linguistically sensitive, while simultaneously being provided in an environment that is acceptable to all clients.

Numbers of Recently Arrived Iraq Refugees

The 2003 US invasion resulted in waves of refugees exceeding four million between displacement inside Iraq and refugees displaced outside of Iraq. The United Nations Refugee Agency estimations conducted in the year 2007 reflect that 2,200,000 moved out of Iraq, while approximately 1,908,400 were displaced within Iraq seeking more secure places to live. Approximately 50,000 Iraqi citizens run away from their homes each month. The Iraqis refugees who moved to neighboring countries such as Syria, Jordan and Lebanon in the past four years originate primarily from urban areas and represent diverse sectarian backgrounds, including Sunni, Shi'a and Kurds as well as minority groups of Christians, and Sabeen-Madeans.

The US Department of State announced earlier a plan to settle more than twelve thousand Iraq refugees in the 2008. A majority of these refugees will be settling in Michigan, many in the Detroit and Dearborn area and the four counties of southeastern Michigan (Wayne, Macomb, Oakland and Washtenaw counties). The refugees who will settle in Michigan are comprised of primary and secondary migrants who moved from their original state of resettlement to the Detroit metropolitan area, because it is home to the largest concentration of Arab Americans in the US. This community in southeastern Michigan provides relevant opportunities for cultural immersion, social support and economic resources.

It is estimated that the number of Iraqi refugees who settled in Michigan during the period 1991-2002 ranges between 25,000 to 30,000 individuals and families.

Presenting Needs of Iraqi Refugees

Physical Health Problems

Through a State contract, ACCESS is currently the sole provider of medical screening for all new refugee arrivals in the four counties of southeastern Michigan.

Recent analysis of ACCESS medical screening data of Iraq refugee health problems indicates a high incidence of:

- dental carries/decay
- tobacco abuse
- diabetes

- positive PPD (latent TB)
- hypertension
- parasitic infections
- vision problems
- thyroid problems
- arthritis
- back pain
- anemia
- coronary artery disease

Mental Health Problems

Recent studies from Europe, Africa, the Middle East, South America and Asia have shown that refugees in general often suffer from more mental health and medical symptoms than those who immigrate for other reasons. Through our service experience, Iraqi refugees in particular have been found to self-report more Post Traumatic Stress Disorder (PTSD) and physical health symptoms than other Arab Americans. Post-Traumatic Stress Disorder, PTSD, is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, or military combat. The person who develops PTSD may have been the one who was harmed, the harm may have happened to a loved one, or the person may have witnessed a harmful event that happened to loved ones or strangers.

In January of 2008, the office of the United Nation High Commissioner for Refugees (UNHCR) interviewed 754 refugees representing 3553 family members. Over 78% of the refugees were from Baghdad. The results indicated that every single person (100%) interviewed reported experiencing at least one traumatic event (as defined by the Harvard Trauma Survey). One in five of those had registered with the UN as "victims of torture and /or violence". For the past eight years, our service experience at ACCESS has taught us that many of these Iraq refugees had either directly taken part in the war or lived in that war environment. This resulted from the first Iraq- Iran war which lasted 8 years, the Gulf war of 1991 which led to the uprising, and then the U.S invasion in 2003. A study conducted at ACCESS (Mental Health Symptoms in Iraqi Refugees: Assessing and Treating Post-traumatic Stress Disorder, Anxiety, and Depression) found that the problems experienced by the Iraqi refugees who are seeking or considering treatment are silent, pervasive, and affect their everyday lives. Symptoms of anxiety and depression were found to be prominent in both men and women, with a slightly more depressive symptom in women. This finding is not surprising given that the DSM-IV notes that more than twice as many women than men have been found to suffer from depressive episodes (American Psychiatric Association, 1994).

A testimony from a female client receiving services from the ACCESS Psychosocial Rehabilitation Center for Victims of Torture is included below:

"My name is Intessar Naser and I am a 34 year old female refugee from Iraq. I came to the United States in the year 2007 with my 3 children in hopes of finding a better life for

us. I was subjected to an enormous amount of suffering in Iraq, including witnessing the death of my husband which left me in a very fragile state. After arriving in the United States, I am faced with many obstacles which I did not expect. Living costs are high and the financial support from welfare barely covers our necessities. Health insurance is difficult to obtain despite mine and my children's desperate need for it. Since I do not have many family members here and hardly know anyone, my support system is extremely limited. In addition to these issues, not being able to speak English has been a huge barrier in making friends and communicating with others including the welfare agencies. I have tried searching for a job but due to the few skills which I have to offer, lack of education, language and transportation, I have been unsuccessful. I struggle day to day to keep my family alive and this has caused me much grief and stress. ACCESS psychosocial rehabilitation center for survivors of torture has helped me through some of the difficulties I am having. The case management unit has provided me with aid in filling out applications, transportation, and welfare issues. The therapist provided psychotherapy and support. I am also receiving Psychiatric evaluation and medication through ACCESS. I know I am not alone, and many others suffer just the same if not worse. I am really grateful for this country in providing safety but I hope that through this testimony someone will acknowledge that more assistance is urgently needed for refugees coming to this country."

Social and Financial/Economic Problems

The reasons for poor mental and physical health status amongst refugees include neglect of their general health during and after the wars because of sanctions, lack of needed health services in Iraq, no health insurance coverage in the US, and limited economic opportunities (employment options) here in the US due to language, transportation and other cultural barriers. Also, the changes in social welfare systems and immigration policies have compounded these problems; refugees are less likely to benefit from the social safety net available to most citizens of the United States.

Recent Iraqi refugees have come to the United States under turbulent conditions that complicated their entry into society, either as refugees from war, as victims of political oppression, or families facing social or economic hardships. They arrived from various areas of the Arab World, and vary in their religious beliefs, cultural traditions, and economic levels, which makes their development and acculturation more challenging. As with most newcomers, those who have immigrated to the United States from the Arab World arrive with hopes and dreams of improving the quality of life for the sake of their families and for future generations. Unfortunately, success is attained at a much greater cost than many families had ever anticipated. In order for families to move forward, they must successfully acculturate, learn the norms of American society, and have the tools and resources to progress.

Iraq refugees often face challenges in meeting their most basic needs. Many refugees struggle with poverty after exhausting the eight months of monetary assistance received by DHS, while waiting to qualify for other benefits such as SSI or Disability. The Personal Responsibility and Work Reconciliation Act of 1996 (PRWORA) limited the ability of immigrants and refugees who enter the country after August 22, 1996 from accessing public welfare benefits. It made non-citizens ineligible for SSI, with the

exception of refugees and other humanitarian immigrants, who were now subject to seven year time limits. The seven-year time limit on refugee receipt of SSI was intended to give these individuals enough time to become citizens and therefore retain eligibility. However, many legal immigrants on the SSI rolls will not become citizens within the seven-year time frame, and will therefore lose benefits. SSI estimates that by the end of 2003, 2,400 refugees and humanitarian immigrants had lost SSI eligibility, and that between 2004 and 2010, an additional 48,000 will have reached their 7-year time limits, losing eligibility.

In addition, Iraqi refugees often face enormous challenges navigating the complex immigration system currently in place, and are often in need of services in this area. For example, refugees often need assistance with understanding and filling out immigration forms and require legal assistance to understand complex immigration laws. Refugees also require assistance in their preparation for the citizenship examination which includes English language training, coaching and counseling. Finally, refugee families struggle with the high costs associated with filing immigration forms (\$675 to submit a citizenship application), which impedes their acculturation and receipt of needed benefits.

Ideally, refugees would learn English, pass the examination and become US citizens. However, for a traumatized population facing multiple barriers, including limited English language proficiency, chronic illness and mental impairment, the path to citizenship is unavailable. For those that are able bodied and capable of applying for citizenship, the fact that the INS presents significant delays in processing and approving citizenship applications also makes the path to citizenship less accessible.

The story presented below offers an example of a type of situation faced by refugees visiting the ACCESS center:

A single male Iraqi refugee was resettled in Dearborn in 1998. He came to ACCESS and we provided him with all services possible. Initially, he was granted Refugee Assistance from DHS for 8 months. Following this period he did not qualify for any additional cash assistance since he was a single adult. Our employment department assisted him in finding employment which he maintained for two months, at which point he was hospitalized due to severe mental illness. He was diagnosed with schizophrenia and was highly symptomatic, which prevented him from obtaining alternative employment. We helped him apply for SSI because of his condition and he was granted benefits. He continued to receive SSI for the seven year period, and then it was terminated. When he was eligible to apply for citizenship (2004), we assisted him in filling the application. However, due to the name and background check he did not receive the citizenship until January of 2008. During this four year period the client suffered severely. He developed diabetes, high cholesterol and other health issues. His mental condition worsened. Also, because he had no resources or income he couldn't afford transportation, which resulted in social isolation. Although the client ultimately received his benefits, the cost of the delay was devastating.

Education and Employment Barriers

The majority of the adult male refugees we service are limited English proficient. Also, many have had limited opportunities to benefit from formal education and do not possess the technical skills that are desirable in the US economy. For the majority of female Iraqi refugees, the situation is direr, with a smaller percentage possessing the skills to succeed in the US workplace.

For those refugees who possess higher degrees and certifications, their chances of becoming employed in their field of specialty is unlikely. Translating credentials and competing for jobs with western educated individuals presents hurdles that are difficult to overcome.

Refugees that face mental illness or chronic health problems face nearly insurmountable barriers as they seek employment to sustain themselves and their families.

Traditional employment and training program funded by the state and federal government do not respond to the needs of these refugees. Staff of programs is generally not bi-lingual, and the eligibility requirements and performance expectations make providing services to refugee clients less desirable. Refugees who have fled their countries often do not possess the documentation that is required by funding sources. Also, the poor employability and lack of experience of refugees make meeting rigorous performance standards highly unlikely. This discourages existing providers from registering refugees into their programs. The result is that the individuals who are most in need of support cannot take advantage of available assistance programs.

Compounding all of these barriers to employment is the fact that discrimination against Arab immigrants and refugees is rampant in the US workplace. Employers are particularly concerned with violating federal laws regarding employing illegal immigrants and do not have adequate information regarding their culpability and legal proofs of employment eligibility.

Children's Issues

Iraqi children refugees face issues when entering school. Because the education system in Iraq and refugees camps is fractured, many children enter school in the US ill prepared to learn. Beyond the fact they do not speak English, these children have limited exposure to formal education and have the added barrier of being victims of war.

Parents generally do not interact with the schools, and defer to the schools when it comes to their children's education. Also, because the literacy level of parents is low, they feel ill equipped to assist with homework or monitor their children's activities.

Behavior problems, depression and socialization barriers are oftentimes present in Iraqi children refugees. The trauma that they have experienced and continue to experience in the US impairs their ability to learn and succeed in school.

ACCESS' Model of Intervention

Intensive Case Management Services for Refugees and the Delivery of Integrated, Individualized and Responsive Human Services

Intensive case management is extremely vital in the ongoing battle against poverty, unemployment, poor health outcomes, low educational achievements, discrimination, and bias amongst refugee families. In addition to facing language and cultural barriers, refugees in our community face hunger and homelessness, inaccessible health care, substance abuse and addictions, unemployment, lack of legal representation, illiteracy and educational disadvantages.

Intensive case management provides refugees an opportunity to work individually with a staff person who works hand in hand with them to resolve their barriers with the aim of promoting self-sufficiency. The case management process focuses on prevention and intervention through the provision of key wrap-around services, which are provided to preserve and strengthen individuals and families at risk. All services are culturally and linguistically relevant and designed to enhance the family's ability to meet their financial, medical and social needs.

A core service that is provided by the case manager is advocacy and information and referral services. Other services that are provided are delivered by various departments of ACCESS including the ACCESS Community Health Center and Mental Health Clinic, the ACCESS Psychosocial Rehabilitation Center for Victims of Torture, the ACCESS Employment and Training Center, the ACCESS Youth and Education Department as well as the ACCESS Social Services Department. The types of services offered through these departments of ACCESS are vast and respond to every aspect of the human condition; there are over 90 programs offered through ACCESS' various departments and over 250 staff members delivering services. Services are provided to children (beginning at birth), single adults, families, the elderly, the physically and mentally ill, and the disabled.

All of the services which ACCESS provides function within an integrated model of service delivery which is aided by a unified data base. There is seamless referrals between one department and another, beginning at the refugee's point of entry. At the point of entry, irrespective of the department of first contact, a needs assessment is initiated which defines the type and intensity of service delivery. Outreach, home visits and the development of key partnerships supports our work with refugee families.

The Case Manager works with the refugee and their family until their barriers are resolved and their goals are met. The bond that is developed between the staff member and the refugee is strong; not only is the staff person an advocate, they are also a mentor, helping that refugee and their family navigate their way in US society.

In Conclusion

Iraqi refugees resettled in the United States face complex issues as a result of the traumatic experiences they faced in Iraq, as refugees fleeing persecution, and as

newcomers to the US struggling with acculturation. As indicated earlier, Iraqi refugees who are resettling in the United States face chronic illness and general health issues, acute mental health problems, social services issues, economic hardship and acculturation challenges.

The 1996 PRWORA caused, and continues to cause extreme hardship for many refugee families. Traditional resources and supports in place in the US that would alleviate the suffering of Iraqi refugees became inaccessible to those most in need. In lieu of these resources, Community Based Organizations like ACCESS fill the gap and deliver needed services and supports.

The ACCESS Model of service delivery is proven to have a profound impact on the Iraqi refugees resettling in Michigan. Holistic, wrap around services that are linguistically and culturally appropriate is key, as are providers of services that act as advocates for those they serve.