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Improving long-term resettlement services for refugees, asylees, and asylum seekers: Perspectives from service providers

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Improving Long-Term Resettlement Services for Refugees, Asylees, and
Asylum-Seekers: Perspectives from Service Providers

by

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A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts
Department of Applied Anthropology
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List of Acronyms

DOS- Department of State

ESL- English as a Second Language

INA- Immigration and Nationality Act (1952)

IRB- Institutional Review Board

NGO- Non-governmental Organization

ORR- Office of Refugee Resettlement

PRWORA- Personal Responsibility and Work Opportunity Reconciliation Act (1996)

SSI- Supplemental Security Income

Abstract

In the United States, rights of asylum and refuge are extended to people who can prove that they have been politically persecuted. Resettlement services for refugees and asylees often focus on the short-term acquisition of employment and English language skills. These policies ignore the long-term complexities involved in reestablishing individual and group identities after war trauma and resettlement. This research is an investigation into the perspectives of service providers who work with refugees, asylees, and asylum-seekers on the need for more comprehensive, long-term services to assist in the months and years following resettlement, and on potential programs to address those needs. The research was facilitated by a three-month internship in 2005 with a treatment center for survivors of torture. The center works with other social service programs to assist refugees, asylees, and asylum-seekers with resettlement and integration. The findings, obtained through ethnographic research, show that service providers are concerned with direct service needs affecting individuals and groups of refugees, asylees, and asylum-seekers, as well as programmatic needs to improve the provision of services. These perspectives are supported by research in anthropology and other disciplines, which show that recovery from war trauma is a gradual process that extends beyond the time limits on services typically available to refugees, asylees, and asylum-seekers. Data gathered from service providers adds to an anthropological understanding of violence and mass displacement, by identifying the long-term needs of refugees, asylees, and asylum-seekers, and by demonstrating the ways in which non-governmental organizations function to assist these people. The perspectives of service providers, literature on related topics, and documentation of other programs are used to make recommendations for services to address the needs of refugees, asylees, and asylum-seekers in the months and years following initial resettlement, when there is little assistance available.

Chapter One: Introduction

In 2006, the President of the United States, Congress, and the U.S. public are debating the issue of immigration and the fortification of the southern border of the United States. Meanwhile, the United States is fighting a war in Iraq and a global war on terror, amidst charges that all sides are using torture as a means of coercion. The news is full of pro- and anti-immigration discourses, pro-war proclamations, anti-war demonstrations, and arguments over the use of torture, while politicians address the perplexing issue of preventing terrorism. Meanwhile, the United States has become home to people who are experts on all aspects of these disparate discourses; victims of war and terror who have sought refuge and asylum in the United States. In this thesis, I hope to draw attention to this specific group of immigrants, who, under the Geneva Convention of 1951, and the U.S. Refugee Act of 1980, have sought a safe haven in the United States from persecution in their home countries. They include victims of wars, whose homes have been destroyed and their families decimated. They include victims of police brutality, such as dissidents, members of banned religions, and homosexuals, among others. Some are torture survivors, including those who have witnessed the murders of family members, and others have survived time in jails or concentration camps. The types of oppression experienced are as varied as the people who seek refuge. Some of these people see the United States as a land of opportunity, and are eager to begin life anew. Others had no desire to leave their homes, but had no other options, and see the United States as a last resort. This thesis will address the issues that some of these people face after they flee persecution, when they begin rebuilding their lives in the United States. This applied anthropological research with community service providers, who work with refugees, asylees, and asylum-seekers, has illuminated some of the problems that arise in the months and years following resettlement.

Refuge and Asylum in the United States

In the United States, rights of asylum and refuge are extended to people who can prove that they have been politically persecuted. Each year, the United States government specifies the number of refugees to be resettled in the United States. In recent years, the ceiling for resettlement has been 70,000, however, actual numbers of resettled people are much lower (Migration Policy Institute 2004). In 2003, for example, only 28,455 refugees were admitted (Migration Policy Institute 2004). Adding to these numbers are asylum-seekers; people who flee to the United States by both legal and illegal means, and then apply for asylum once in the country. The types of refugees, asylees, and asylum-seekers are as myriad as the conflicts in the world. Recent media attention has highlighted the plight of people fleeing Haiti and Cuba, as well as the so-called lost boys of Sudan, and the many refugees of wars in the former Yugoslavia. Once in the United States, these people and many others, whose only commonality is their experience of political persecution, come under the care and oversight of the United States refugee resettlement program. The responsibility for their resettlement and well-being is given over to private agencies who work in partnership with the United States Office of Refugee Resettlement (United States Department of Health and Human Services 2002). These non-governmental organizations (NGOs) play a prominent role in resettlement policy, and it is through these organizations that refugees, asylees, and asylum-seekers access the benefits and services offered by federal and state governments.

The private agencies, including religious charities and humanitarian groups, who are responsible for the resettlement of refugees and asylees provide an introduction to the United States, which includes “sponsorship; pre-arrival resettlement planning (including placement); reception upon arrival; basic needs support for at least 30 days, including housing, furnishings, food, and clothing; community orientation; referral to social service providers (including health care, employment, etc.); and case management and tracking for 90-180 days” (Migration Policy Institute 2004). Resettlement services can vary according to the state. The primary focus of resettlement is on helping each refugee or asylee to find employment, and thereby attain economic self-sufficiency as soon as

possible. As Baer and Nichols noted in an analysis of Bosnian refugees in Florida, “agencies are usually successful in placing them quickly into entry-level jobs, primarily in manufacturing, construction, hotel, restaurant/fast food, and service occupations. Placement in professional occupations is rare” (Baer and Nichols 1998:115). This focus on immediate employment has resulted in programs designed to minimize the amount of public assistance refugees receive. Aspects of resettlement unrelated to employment are usurped in importance during the resettlement process by the need for economic self-sufficiency. This approach may be successful in many cases, as evident in the success of many refugees in rebuilding their lives in the United States. However, my research in suburban communities which are home to several groups of refugees, asylees, and asylum-seekers suggests that for many refugees, the process of resettlement is not complete once a refugee has obtained employment. Instead, there is a tremendous need, identified by service providers, for more long-term resettlement assistance. Long-term assistance refers to services that last beyond the initial few months of resettlement assistance, as well as programs, such as job training and education, which extend beyond the five-year limit on services mandated by the Office of Refugee Resettlement. As stated in a document entitled “U.S. Resettlement Program - An Overview,” published by the United States Department of Health and Human Services, “[s]ocial services provided through a refugee services system are available for the first five years after arrival in the U.S., although the program of services is structured to promote employment and self-sufficiency much earlier than five years” (2002). This means that there is a brief period of initial help immediately following resettlement, however, the main focus of this is employment. Once employment is obtained, there are some services that continue, such as English language and technical training, but these end after the refugee has been in the country for five years.

Purpose of the Research

This thesis is an investigation into the knowledge and opinions of service providers who work with refugees, asylees, and asylum-seekers on the topic of improving services to these populations. The focus is on long-term needs; those that arise months

and years after people are resettled in the United States, and which cannot be met by the initial services offered by resettlement services. Beginning in July of 2005, and continuing through the following ten months, I conducted an anthropological investigation utilizing ethnographic methods such as interviews and participant-observation, to understand the perspectives of service providers. The goal of the project was to understand what service providers perceive to be the most pressing problems facing refugees, asylees, and asylum-seekers after initial resettlement support ceases. Simultaneously, information was gathered on the constraints that service providers face when trying to address these problems through different agencies. This led to data on how these service providers believe that the overall program of assisting refugees, asylees, and asylum-seekers can be improved. The data are based on in-depth interviews conducted with service providers, and the experiences of working alongside service providers in their daily work. In addition to documenting problems identified by service providers, this thesis aims to address ways of improving service provision to refugees, asylees, and asylum-seekers. Thus, the thesis concludes with recommendations gathered from working with service providers and from researching other programs on how the problems identified by service providers might be addressed.

Background to the Research

The research for this thesis is based upon internship work with a non-profit organization that assists torture survivors, referred to here as the “Survivors Center¹.” The Survivors Center, in cooperation with other service agencies, provides support to refugees, asylees, asylum-seekers, and other immigrants who have been victims of political torture. The types of support are myriad. Most often, the center assists clients in setting up medical and mental health care appointments, as well as arranging interpreters for these appointments. However, the center also refers clients to attorneys, to English language classes, to food banks, and to other local services. The Survivors Center differs from other refugee service agencies in important ways. While most agencies serving refugees are bound by regulations from the United States Office of Refugee Resettlement

1 This is a fictional name.

(ORR), which set a time limit of five years for the provision of services to refugees, the Survivors Center is one of a few organizations authorized to provide long-term services to refugees, asylees, and asylum-seekers. Furthermore, the Survivors Center can provide services regardless of immigration status. Refugees, asylees, and asylum-seekers differ in the method by which they arrive in the United States; refugees are granted refugee status prior to arrival, whereas asylum-seekers arrive, and then request refuge. Once granted refuge, the status of an asylum-seeker changes to “asylee,” and they are accorded the same access to Office of Refugee Resettlement-sponsored programs as refugees. Unlike many programs, which only assist immigrants with legal status, the Survivors Center can work with any survivor of torture, regardless of their legal status. Although the Survivors Center benefits from these different standards, the program was designed to treat people who had been individually tortured. Therefore, the program is not designed to attend to the needs of all victims of more general war-associated traumas.

After five years of operation, staff at the Survivors Center realized that the extent of support needed by refugees, asylees, and asylum-seekers locally exceeded current systems of assistance. Specifically, while providing long-term help to torture survivors, such as transportation and interpretation, several people working at the Survivors Center realized that not only torture survivors but many war survivors, who did not meet the definition of torture survivor used by the Survivors Center, needed support extending beyond initial resettlement. For example, within a family, a brother who fled before soldiers captured him and another who was captured and tortured may both need transportation, interpretation, and medical assistance in excess of initial resettlement, however, these services are only available to the torture survivor. In addition, torture survivors and other immigrant survivors of war alike need assistance with transportation, learning English, arranging medical appointments, and obtaining citizenship; areas that are general immigration concerns and not necessarily related to torture. As the former director of the Survivors Center noted, “we've run into problems unrelated to torture.”

At the time of my initial meeting in April of 2005 with representatives of the Survivors Center, and through much of the fieldwork experience, the Survivors Center was primarily serving survivors of wars in the former Yugoslavia, which had taken place

in the 1990s, and ongoing conflicts in Colombia. According to the Office of Refugee Resettlement (ORR), one of the main purposes of the ORR Torture Treatment Program is to arrange “rehabilitation services for the victims of torture, including treatment for the physical and psychological effects of torture” (Department of Health and Human Services 2003b). However, it was becoming increasingly difficult for staff members to determine when rehabilitation for torture ended, especially in the case of the elderly. The case of a Bosnian war survivor demonstrates the problems of determining where rehabilitation ends; Nevinka's² house was bombed, she was beaten by soldiers, several family members were killed, and she was forced to flee. She has ongoing physical problems, resulting both from the beating and from aging; including arthritis and poor eyesight. At the time of the research, she had also recently lost her Supplemental Security Income, and was in need of help to pass the U.S. citizenship test. Rehabilitation was thwarted by the aging process; Nevinka needed ongoing assistance with interpretation at doctor's appointments, as well as transportation. My supervisor indicated that the Survivors Center was dealing with a multitude of cases like that of Nevinka, and that additional, long-term assistance was needed to help refugees, asylees, and asylum-seekers with similar experiences. Thus, when I approached the Survivors Center about doing an applied anthropological project, it was suggested that I investigate the need for support among all victims of war trauma, as well as ways to address those needs. With the guidance of staff at the Survivors Center, I designed an anthropological investigation into the perspectives of service providers on the long-term needs of refugees, and potential models for programs that could alleviate those needs.

Research Questions

The Survivors Center had identified numerous areas in which they felt long term support was needed, and through discussions, it was decided that my research should look into substantiating these ideas. Initially, it was suggested that the research be designed to determine whether a community-based resource center would be a viable

2 The story of Nevinka was created through merging aspects of the stories told by several individuals, in order to protect the privacy of clients.

solution to the long-term needs of refugees, asylees, and asylum-seekers. However, when I began speaking with other service providers, it became apparent that before solutions could be debated, long-term needs, and the perspectives of service providers on those needs, had to be discussed and defined. Were the difficulties faced by the leadership of the Survivors Center the same difficulties experienced by other service providers? Was there agreement on areas that needed improvement, or disagreement? What issues affecting refugees, asylum-seekers, and asylees were hindering attempts to assist them? What aspects of assistance would service providers like to see changed? What changes have service providers noticed in the way refugees are assisted? Also, my supervisor at the Survivors Center suggested that the research for this thesis go beyond merely documenting the long-term needs of refugees, asylees, and asylum-seekers as understood by the service providers who assist them, and also address how these needs might be better met within the local community. It was beyond the scope of this research to determine the feasibility of implementing various new programs in the area, or the means to fund and develop them. However, recommendations did become apparent in the course of the research. By investigating what service providers thought could be useful improvements, and by investigating other programs as models, I can recommend ways that the problems identified by service providers could be addressed. Thus, while the focus of this project is on the identification of long-term needs, there are also suggestions for how to apply solutions to these problems. These include recommendations, discussed in the conclusion, model programs, and potential sources of funding, which are listed in Appendix E.

I began with these questions, yet others arose. Every day discussions and meetings with staff at the Survivors Center had made clear that there were areas where refugees, asylees, and asylum-seekers were in need of assistance; at times, the need was as dire as hearing of refugee families not having enough food to survive. When staff members learned of these cases, it became clear that they would often arrange help for these people, despite the lack of funding or institutional support. Thus, in addition to investigating what the long term problems of refugees are, and how they might be addressed, I also collected information on how service providers negotiate their own jobs

and connections in attempting to meet the needs of long-term refugees, asylees, and asylum seekers.

Terminology

In order to study service providers and the people they assist, these labels must be defined. Who is a service provider, and who do they serve?

Service providers, as defined in the research for this thesis, include anyone involved in social services, such as education, health, case management, interpretation, or transportation, whose target clientele are survivors of war, or who, in providing services to other populations, became involved with survivors of war. Many programs are funded by the United States Office of Refugee Resettlement (ORR), which is part of the United States Department of Health and Human Services. Programs funded by the ORR serve a diverse group of people. The United States Department of Health and Human Services defines people who are eligible for assistance according to the following categories: refugees, asylees, Cuban and Haitian entrants³, certain Amerasians, and certain victims of a severe form of human trafficking (DHHS 2003). Refugees are distinguished from other types of people seeking refuge because their claims for refuge are decided in another country, prior to their arrival in the United States. They apply to come to the United States in the country in which they are living. Often, the application process occurs when in refugee camps, where groups of displaced people find shelter. However, individuals

3 'Haitian and Cuban entrant' refers to a special category used by the ORR to determine eligibility for programs, and a Haitian or Cuban entrant is defined as "(a) Any individual granted parole status as a Cuban/Haitian Entrant (Status Pending) or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided; and (b) Any other national of Cuba or Haiti (1) Who: (i) was paroled into the United States and has not acquired any other status under the Immigration and Nationality Act; (ii) Is the subject of exclusion or deportation proceedings under the Immigration and Nationality Act; or (iii) Has an application for asylum pending with the Immigration and Naturalization Service; and (2) With respect to whom a final, nonappealable, and legally enforceable order of deportation or exclusion has not been entered" (DHHS 2003).

Parole status is a special status which, according to Siskind and Susser, is used "for emergency, humanitarian, and public interest reasons" (2004). They state, "[a]n individual who is ineligible to enter the US as a refugee, immigrant or nonimmigrant may be 'paroled' into the US by the Secretary of Homeland Security" Despite the inclusion of both Cubans and Haitians in this category, the laws that regulate immigration from Cuba and Haiti are quite different. More information on the difficulty Haitians have in receiving asylum has been documented by the Florida Immigrant Advocacy Center, www.fiacfla.org.

can also apply in their home countries, for example, by seeking the assistance of a foreign embassy. Thus, refugees arrive in the United States with an established status, and an automatic eligibility to receive resettlement assistance. The majority of Bosnians in the area of the research for this thesis came as refugees. Asylum-seekers differ from refugees because their claims for asylum have not been validated prior to their arrival. In contrast to refugees, asylum-seekers flee to the United States and then seek legal status as asylees. Thus, they arrive however possible, whether illegally or legally. Often, this means that asylum-seekers reach the United States through tourist or student visas, and then apply for asylum. In other cases, asylum-seekers enter the country illegally, or are the victims of human smugglers. They must then apply for asylum within a year of their arrival. Until their asylum claim is granted or denied, they are known as asylum-seekers, and, with the exception of Cubans and Haitian entrants, cannot receive ORR services. If their claims are granted, they are asylees, and are thereby eligible to the same services accorded to refugees. The Office of Refugee Resettlement also specifies that program eligibility extends to Cuban and Haitian entrants, as well as “[c]ertain Amerasians from Vietnam who are admitted to the United States as immigrants” and victims of severe forms of human trafficking, who are accorded the same rights as refugees (DHHS 2003).

The Survivors Center is an ORR program, but the clients it serves benefit from the fact that the ORR allows the Survivors Center to meet the needs of all survivors of torture, including those without legal status, such as people whose asylum-claims have not been adjudicated, without time limits on services. Because the research for this thesis is based on my involvement with the Survivors Center, I have chosen to follow their model of considering the needs of all immigrant survivors of war and persecution, regardless of the particular legal label given to the person.

Anthropological Perspective

Anthropologists working at home and abroad have contributed to the understanding of what happens when different cultures interact. This is especially relevant in the field of refugee studies, which involves the movement and resettlement of groups of peoples. Not only the understanding of cultural interaction, but also the

understanding of inequality and the social consequences of power differences can illuminate the experiences of both refugee and host community in the process of resettlement. From these perspectives, anthropologists have addressed a wide variety of issues affecting refugees, asylees, and asylum-seekers. Applied anthropologists have concerned themselves with tying the results of research to improving the way refugee resettlement is conducted in a variety of ways, including investigating the needs of resettled refugees (Chansky 2005), studying political aspects of resettlement (MacDonald 1996), and promoting economic development among refugees (Huang 1996). This thesis research investigates the perspectives of service providers who work with refugees, asylees, and asylum-seekers. Because their work includes acting as advocates for their clients while also enacting the policies of the agencies that employ them, service providers are uniquely capable of commenting on the needs of various groups of refugees, asylees, and asylum-seekers and how these needs could be better met. As an anthropological work, this research is concerned with elucidating the views and voices of service providers. Instead of focusing on particular problems or policies, participant observation and informal interviews were designed to allow service providers to speak on topics that were most relevant to them, thereby answering the question of what do service providers see as the long-term problems facing refugees, asylees, and asylum-seekers. In his discussion of applied anthropology, Ervin notes that clients “expect concrete recommendations for specific purposes” (2005:4). Thus, in addition to documenting the perspectives of service providers, this research also provides recommendations on how to address those problems, through the analysis of other programs designed to assist refugees, asylees, and asylum-seekers. Finally, this research both draws on and contributes to research that examines the social and cultural aspects of war, flight, and the resettlement of displaced peoples. As contemporary wars continue to result in mass displacements, it is increasingly necessary to understand how to best accommodate the needs of peoples who have been displaced.

Research Overview

Multiple methods of inquiry, including participant observation as an intern at the Survivors Center, interviews with service providers connected with the Survivors Center through a broad network of social services in the area, and an analysis of similar programs throughout the United States, facilitated an analysis of the long-term needs confronting refugee, asylees and asylum-seeker populations. Working with service providers who have a wide range of perspectives on the needs of refugees and asylum seekers, it is evident that there is a need for increased attention to refugee experiences beyond initial resettlement. Current resettlement policies limit service providers by creating a standardized set of regulations that guide their work, thereby preventing them from addressing many of the disparate needs of various groups of refugees, asylees, and asylum-seekers. The limitations of current policies are especially evident when considering the problems that arise for many people after initial resettlement support has expired.

The purpose of this research was to serve the Survivors Center by investigating the needs of refugees, asylees, and asylum-seekers according to local service providers, and to suggest models for addressing those needs. From the outset of the research, the design was conceived to allow for the utility of the data, thereby allowing the results to be applied to any potential solutions implemented by the Survivors Center. Yet, despite the applied nature of the project, it has been difficult to classify this within traditional anthropological frameworks for applied research. In some ways, the research for this thesis approximates a needs assessment, defined by Ervin as “a process of identifying and seeking solutions to the problems of particular peoples or institutions” (2005:76). Yet, whose needs are identified? The needs discussed by the service providers were those of the refugees, asylees, and asylum-seekers they serve. However, were one to ask the clients what their needs are, would they agree? Initially, I intended to include the perspectives of refugees, asylees, and asylum-seekers. However, the refugees, asylees, and asylum-seekers with whom I was most familiar were not fluent in English, and were under considerable duress in their attempts to reestablish their lives. Most were primarily concerned with maintaining financial solvency, and they relied on their caseworkers and

other service providers to inform them of the benefits for which they were eligible. Unlike refugees, whose primary concern is their own family, service providers are knowledgeable about a wide range of available services, as well as the particular problems that a large number of refugees are facing. Thus, each service provider could speak about issues affecting individual refugees as well as those that affected all refugees. The benefits of interviewing service providers are that the service providers involved in the research for this thesis are well attuned to the needs of various groups, as well as the institutions that serve refugees in the resettlement process. Thus, they are able to speak broadly about refugee needs and institutional needs. However, this approach skews the research towards a needs assessment of an institution. Yet, the project was designed to go beyond the Survivors Center to understand the perspectives of various refugee service providers in the area. Therefore, the research for this thesis is not a needs assessment, but rather an investigation into the perspectives of people who make up a network of service provision available to refugees, asylees, and asylum-seekers in the area.

This approach, by which the overall network of service providers is being analyzed, is more suggestive of an evaluation than a needs assessment. According to Ervin, a program evaluation can take one of three forms; outcome evaluation, process evaluation, or systems evaluation. The research for this thesis draws on aspects of systems evaluation, which “seeks cause-and-effect relationships of an organization's activities within a larger framework of the community and sometimes the natural environment” (2005: 99). Ervin provides an example whereby he states, “[i]n scrutinizing operations of an immigrant settlement agency in the promotion of adaptation and integration, we could look at its effectiveness in the larger contexts of the host community” (99). By looking at the programmatic needs, such as the need for more holistic, long-term services, and for more programs devoted to the elderly, this research identifies gaps in service provision to refugees, asylees, and asylum-seekers. However, this falls short of a program evaluation because I did not set out to evaluate the Survivors Center. It is unlikely that the research for this thesis will change the work of the Survivors Center; there remains a need for services, funded by the government, to specifically assist torture survivors in the United States. Instead, the research for this

thesis can inform the Survivors Center as well as other refugee service agencies, so that new services might be developed, through both new and existing alliances, to address the needs that service providers have identified.

Organization of the Thesis

This purpose of this thesis is to answer questions about long-term needs of refugees, asylees, and asylum-seekers as they are understood by service providers. The methods, results, and recommendations of my research into the long-term needs of communities served by the Survivors Center are explained in the following chapters. The background to the research includes a discussion of literature from anthropology and other disciplines that inform the data gathered in the study, as well as a description of the setting of the research, and the research design. This is followed by the results of the ethnographic data collection, and a discussion of the conclusions that can be drawn from the data. Finally, recommendations for the Survivors Center are provided, along with appendices that provide further data for use by the Survivors Center.

Chapter 2 provides an overview of literature relating to this study. This includes a discussion of the emergence of the international refugee regime, that is, United Nations and international protocols on the treatment of people fleeing persecution. Modern refugee movements are discussed, as well as literature on the anthropology of non-governmental organizations. Focusing on anthropological analyses, this overview discusses the major paradigms that have driven work involving refugees and asylum seekers and how this frames programs that address these populations. Research from other disciplines on programs related to refugees, asylees, and asylum-seekers is also presented. Because the goal of the research for this thesis is not merely to document problems, but also to offer potential solutions, medical and public health studies on war survivors that address issues raised in the data are reviewed. Next, development literature is discussed as a basis to inform the later discussion of community-based approaches to service provision. Also discussed is literature on the effects of war-related trauma and mental health of refugees and others fleeing persecution. The discussion progresses to a general overview of the anthropology of violence, and focuses on works

related to war violence. Many of the organizations discussed in the research are involved in humanitarian work, therefore, a brief overview of anthropology and human rights is included, and the chapter concludes with a discussion of immigrant adjustment and aging.

Following the review of literature informing this project, Chapter 3 explains the design of the research. The internship experience, which provided the basis for the research, is discussed. The research methods chosen, including participant observation, interviews, document analysis, and quantitative analysis, are addressed, along with the reasons for the use of these methods. This chapter also discusses ethical considerations that went into the design of the research, as well as those that arose during the course of the research.

Chapter 4 explains the setting of the research, beginning with an overview of United States policies regarding refuge and asylum, and including a history of the Survivors Center, where the research for this thesis originated. Following the overview of the Survivors Center is a profile of the network of service providers operating in the area of the research, including those who were involved in the research. Because this research emanated from the Survivors Center, the clientele of the Survivors Center are discussed, including demographic characteristics.

In Chapter 5, the results of data collection and analysis are presented. First, a general description of meetings of service providers helps to explain some of the issues that were being discussed among service providers at the time of the research. This general ethnographic data is followed by more specific descriptions of problems, as discussed by service providers during interviews, and as evident during participant-observation. In interviews on the specific long-term needs of refugees, asylees and asylum-seekers, service providers often discussed mental health care, transportation, citizenship, and the need for reliable information. These most-often discussed needs are addressed, as well as needs that only some service providers identified. Following these specific needs, other problems affecting service providers in their work are discussed. These include the problems faced by service providers in determining eligibility for programs, policies that service providers feel have some negative consequences, and the specific problems confronting elderly refugees. This discussion is followed by

information on how service providers negotiate the boundaries of eligibility and policy constraints through informal networks of support for people in need. Program needs, as identified by service providers are addressed; these include the need for coordination, the need for a center for services, and the need for increased advocacy on behalf of clients. Also included are the results of research into programs throughout the country that are designed to assist refugees, asylees, and asylum-seekers. These programs may serve as models for developing new programs and new funding sources to address the issues of long-term support needs identified by service providers.

In Chapter 6, existing knowledge discussed in the literature review is applied to the data gathered in the research for this thesis to provide a discussion of the needs of the community, as well as recommendations on how to address those needs. Following the discussion of recommendations, appendices provide information on diverse programs that might serve as models, as well as potential sources for diversified funding.

Chapter Two: Literature Review

A. Literature on Refugee Movements

The term refugee is said to have emerged with the flight of the Huguenots from France (Helton 2002:8). As Malkki notes, it was in post-World War II Europe that “key techniques for managing mass displacements of people first became standardized and globalized” (1995:497). At the time, a large population of displaced persons in Europe demanded international attention. Standardization was instituted through the creation of the 1951 Geneva Convention Relating to the Status of Refugees, as well as the creation in the same year of the United Nations High Commissioner for Refugees (UNHCR) (Malkki 1995). Of further importance in the creation of international standardization was the 1967 Protocol Relating to the Status of Refugees, which, Malkki writes, “removed the Eurocentric geographical restriction and the war-linked time restriction” that had been established in 1951 (1995:501). In more recent times, according to Wood, drastic rises in the numbers of people seeking refuge and asylum are evident. He writes, “while the number of UNHCR-registered refugees since 1984 has risen by about a million per year, reaching 18 million by 1993, the number of migrants submitting asylum applications in 26 industrialized countries increased by eightfold over the past decade” (1994:623). The History of Migration Program at Leiden University in the Netherlands provides data on the number of refugees over the past several decades; in 1970, there were 2.5 million refugees worldwide, and in 1994, that number had grown to 20 million (Schrover 2003).

Ever-increasing numbers of migratory people have created a niche for migration studies within literature on globalization. Several authors discuss global migration as a crisis, including Weiner and Loscher, who wrote, respectively, *The Global Migration Crisis* (1995) and *The Global Refugee Crisis* (1994). Literature on globalization also focuses on how, over time, international perceptions of refugees, asylees, and asylum-seekers have changed. In an analysis of refugee policy prior to the end of the Cold War,

Helton writes that refugees “were often adjuncts to ideological confrontation” and therefore, people “who sought asylum from one side or the other became trophies in the ideological contest of the day” (2002:9). Following the Cold War, this ideological perception of refugees, Helton writes, has changed. He refers to an emerging “new strategy of containment,” which is “championing migration control and not ideology” (2002:10). Thus, while the numbers of world-wide documented refugees, asylees, and asylum-seekers are rising, the perceptions of these people are also changing. The strategy of containment is especially evident in increasing attention, in the United States, on border control and terrorism prevention, and the connection between border security and terrorism in popular discourse. Thieman-Dino and Schechter also contribute to understanding how politics and economics affect who receives refugee and asylee status and who does not (2004). They attribute containment policies in the west to “a neoliberal, fiscally conservative stance” that western governments have taken following the Cold War in an effort to curb social spending (74). In addition, they call on anthropologists to examine the ways that racism and economics affect the refugee regime, for example, in the high rejection rates of asylee petitions for people migrating from less developed countries (71). Helton, Thieman-Dino and Schechter call attention to the ways that the idea of who is a refugee, asylee, or asylum-seeker is shaped in part by social, political, and economic forces.

Like Helton, Zolberg, Suhrke, and Aguayo consider the movement of people seeking refuge as a global phenomenon. They write that refugee movements “reflect a fundamental characteristic of the contemporary world, namely its transformation into an interconnected whole within which national societies have been profoundly internationalized” (1986:153). These authors assembled a wide-ranging analysis of the situation of refugees in *Escape from Violence: Conflict and the Refugee Crisis in the Developing World* (1989). They write that “refugee flows . . . are patterned by identifiable social forces and hence can be viewed as structured events that result from broad historical processes” (1989:vi). Furthermore, “the patterns of conflict are themselves intimately related to more general economic and political conditions, not only in the countries from which the refugees originate, but also in the world at large”

(1989:vi). This work establishes that refugees, asylees, and asylum-seekers cannot be studied independently from historical, political and economic world processes. Furthermore, their analysis presented refugees as people in need of aid, not because of an inherent helplessness, but because they are victims of violence perpetuated by world powers. This provides a lens through which to consider the service needs of refugees. Although *Escape from Violence* is not an applied work, Zolberg, Suhrke and Aguayo explicitly call for policy changes to improve the treatment of refugees.

B. Anthropology of Non-Governmental Organizations (NGOs)

Non-governmental organization (NGO) is a broad term for a wide array of organizations that, as Fisher explains, “have undertaken an enormously varied range of activities, including implementing grass-roots or sustainable development, promoting human rights and social justice, protesting environmental degradation, and pursuing many other objectives formerly ignored or left to governmental agencies” (1997:440). Minnesota Advocates for Human Rights (1995) lists the Red Cross, Oxfam, and CARE as examples of international NGOs, however, not all NGOs are international. The Survivors Center is a local non-governmental organization focused on promoting human rights. Despite the local focus of the Survivors Center, it nevertheless has national and international ties to various government organizations. The policies implemented by the Survivors Center are federal United States policies. In addition, the Survivors Center receives funding from the United Nations.

In a review article on the anthropology of NGOs, Fisher argues for a better understanding of NGOs. He states, “[u]nderstanding what is happening within and through organizations such as NGOs and adapting to the changing conditions within which they operate present challenges to anthropological researchers” (1997:459). In particular, Fisher focuses on the wide-ranging differences between NGOs, despite views both within anthropology and other fields that see NGOs as welcome alternatives to government intervention. Fisher discusses the relationship of NGOs to the development establishment; the international program undertaken by governments as well as bodies such as the World Bank and International Monetary Fund, to create economic programs

in less developed countries to alleviate poverty and improve the ability of these countries to participate in a global economy. This establishment has been critiqued extensively, and Fisher situates the growth of NGOs as a partial response to this critique. In his analysis, NGOs have been imbued with an idealized image, in which they are perceived to be unattached to political machinations; including the politics of governments running development programs and local politics. However, as Fisher demonstrates, the concept of an NGO is broad, and their roles diverse, and perceiving all NGOs as unconnected to politics is incorrect. Importantly for the research for this thesis, this broad definition of NGOs includes those that are not involved with foreign economic development, but also with agencies such as the Survivors Center. The research for this thesis draws on Fisher's assertion that anthropologists studying NGOs need to be aware of the networks in which they work. Rather than assuming that the NGOs operating in the area of the research are fulfilling the needs of refugees, the research for this thesis questions the gaps in services provided to refugees.

In a discussion of development NGOs, Lister (2003) also criticizes tendencies to idealize NGOs, which, she writes, are often seen as a “magic bullet” to solve development problems (175). Rather than comparing the advantages of NGOs to work done by governments or international organizations, Lister instead focuses on understanding the legitimacy of NGOs. She questions what she sees as the dominant idea that if an organization is accountable, performs well, and is representative of its constituents, it thereby has legitimacy. Instead, she sees legitimacy as a product of social situations. From this perspective, she points out some of the organizational problems of NGOs, for example, the creation of false dichotomies between the “north” and the “south,” and the privileging of the “local” over the “global,” although these categories are not exclusive nor are they unified. Fisher (1997) showed that NGOs function in networks with competing alliances, and therefore should not be perceived to be ideologically superior to governments or international actors. Lister (2003) adds the understanding that the legitimacy of NGOs, meaning their right to act, and the perception that what they are doing is appropriate, is socially constructed, and NGOs can increase the perception of their legitimacy by appealing to different social values, such as the “local.”

Waters has written specifically of the bureaucratization of NGOs involved in humanitarian relief (2001). In a discussion of what he terms the “international refugee relief regime,” he acknowledges weaknesses in the system of protecting humanitarian rights, as well as specific areas for reform (235). Although Waters generally refers to international relief operations, his points are relevant to local NGOs as well. In his discussion of planning for humanitarian emergencies, he compares these emergencies to the work of a fire department, and writes that, “fire departments routinize every alarm as being an emergency that is vigorously responded to, even though most are false alarms” (238). In contrast, he notes that in refugee work, “the tolerance for false calls has yet to be routinized,” and therefore, “false positives become a criterion for believing that there is a habit of exaggeration” (238). He argues that humanitarian relief can be treated like the work of the fire department; like the response to a fire, each event must be treated like an emergency, and to do not do so “introduces unacceptable risk” (238). Therefore, bureaucracies involved in humanitarian relief need to routinize their responses so that by responding to each event as an emergency is accepted. From an international perspective, this recommendation could change the way that relief operations are undertaken, so that relief agencies are not accused of exaggeration, but instead, are expected to treat each humanitarian need as a crisis (239). Thinking more locally, Waters' discussion can help to understand how service organizations negotiate their work, which includes meeting the diverse needs of their clients while simultaneously fulfilling the mandates of the organizations that provide funding. Returning briefly to the topic of refugee movements, Waters contributes to the discussion by arguing that refugees are not an anomaly, but instead a persistent feature of the “postwar world” (242). Therefore, he writes “refugee assistance agencies need to establish mechanisms for the long haul” (242). Again, he is referring to international relief organizations. However, the research for this thesis considers the importance of the work of local humanitarian agencies in the long-term.

This thesis research draws on an anthropological understanding of NGOs because it is concerned with service providers who work in a local network of government and non-government organizations that are devoted to promoting health and human rights.

The anthropology of NGOs is useful in understanding how service providers meet the needs of the people they serve while simultaneously fulfilling the mandates of the institutions for which they work. As an NGO, the Survivors Center must uphold a social mission, provide services to clients, and also adhere to the guidelines for services mandated by the federal government. This research shows how this is enacted, and what problems arise. The example of the Survivors Center can contribute to the anthropology of NGOs by investigating one example of how humanitarian relief is practiced within the United States.

C. Literature on Refugees, Asylum-Seekers, and Asylees from Anthropology and other Disciplines

Anthropological studies of refugees often focus on the process of identity change and cultural adaptation. The nature of the refugee experience, which involves movement between various locations, and hence, various cultures, lends itself to analysis based on cultural difference. Culture is therefore both employed and challenged in ethnographies of refugees. A large number of ethnographies focus on the importance of identity in refugee experiences, and cultural change is invoked as a key concept in understanding the creation of identity (Mortland 1994; Camino 1994; Ryneanson 1996). Anthropological research on refugees has also demonstrated that culture is not fixed, but flexible (Daniel and Knudsen 1995; Colson 2003). Data from several studies support a flexible understanding of culture by demonstrating that some aspects of cultural identity are reasserted in the refugee experience while others are fragmented (Colson 2003:9) Colson writes that the “creation of a shared history, a founding myth, is . . . a common phenomenon” (2003:9). Part of this history is shared identity based on the place of origin, despite many years lived in exile (9). In a study of Guatemalan Q’eqchi’-speaking Mayan refugees in Mexico, Faith Werner found that the revitalization of “cultural practices associated with ethnic identity” was a means of negotiating identity, especially in the time preceding repatriation (1996:45). Similarly, Ryneanson’s work showed how art is used in the creation of group identity among Laotian refugees (1996). These studies support Wright’s assertion that “cultural identities are not inherent, bounded or static:

they are dynamic, fluid and constructed situationally, in particular places and times” (1998:9).

Studies of migration also invoke the concept of transnationality to explain the process of negotiating identity in the midst of cultural change (Lipson and Omidian 1996; Kearney 1995). Transnationalism is defined by Lipson and Omidian as “a social process in which migrants establish social fields that cross geographic, cultural and political borders” (1996:3). The concept of transnationalism is beneficial to explaining identity change, because it addresses individual agency. However, it is also limited when considering refugees and asylum-seekers, because it assumes established connections between migrants and their countries of origin, as well as a considerable amount of agency exerted by the migrants themselves. Ong, for example, explains transnationality as the “condition of cultural interconnectedness and mobility across space” (1999:4). This understanding is only applicable to certain groups of refugees; many groups are constrained in their ability to exert agency in decisions about their eventual destination, such as the repatriated Vietnamese children studied by Freeman and Nguyen (1996). Furthermore, as Harrell-Bond and Voutira note, refugees are often perceived as “cases for more or less permanent international welfare” (1992:7), a predicament which can effectively preclude mobility and connectedness.

Refugee studies that continue to focus on issues of identity formation and culture change are effective in demonstrating that many perceived differences among refugees and native-born citizens are differences of culture, and not race or genetics. Thus, for example, Holtzman emphasizes cultural differences in explaining why Nuer men in the United States persist in beating their wives (2002: 89-95). He explains that Nuer men and women “are socialized to understand marriage as a context of conflict in which they exercise their differing opinions in a variety of ways, including domestic violence” (91). This demonstrates the importance of considering the role of culture in the refugee resettlement. From the treatment perspective, a consideration of culture is important in considering service provision to refugees. As Gorman notes, “[f]ailure to appreciate the significance of diverse cultural realities of the *self in relation* can result by default in serious distortions, such as assuming standards for Eurocentric, male, middle-class,

heterosexual, and able-bodied individuals as universally normative and ignoring or devaluing unfamiliar religious attitudes, communal or tribal affiliations, and ancestral lineages or aesthetic and traditional practices that hold existential meaning for the client” (2001:445). This analysis demonstrates that it is important that considerations of culture inform anthropological recommendations on the provision of services to refugees, and are included in determining solutions to problems in acculturation. However, used solely, such explanations may also perpetuate one of the problems of anthropology identified by di Leonardo; the persistence of the discipline in creating exotic images of others (1998). In the case of refugee studies, it is the refugees who are portrayed as culturally “other.”

The goal of the Survivors Center to extend long-term help to refugees who are not directly classified as survivors of torture is supported by research, which has been summarized by Ibrahim Aref Kira (2002). Kira advocates a “wraparound approach” for torture assessment and treatment which is “multi-systemic,” and involves not only healing the individual, but also the community. It is not only the torture survivor who is traumatized, but torture affects the family of the victim (68), and can also “cause community trauma that can originate different forms of community dysfunction” (62). Thus, Kira states, “rehabilitation of torture victims has to include spouses, children, and the whole social network of the victims” (69). Similarly, Turner writes that “one of the main covert purposes of torture is the destruction of interpersonal and inter community relationships” (1995:63). Although it is an attack carried out upon an individual, torture is a means of traumatizing a community. Therefore, it is appropriate that the Survivors Center is interested in helping to better serve all immigrant survivors of war and persecution through community-based services, and not only individual survivors of torture.

Ramaliu and Thurston (2003) also advocate an element of community participation in the provision of services. As a case study, they focus on the Calgary Catholic Immigration Society in Canada. Importantly, these authors acknowledge that trauma does not end with resettlement. They draw on Arrodondo's three “traumatic periods,” which include, “the premigration, migration, and postmigration eras” (2003:166). Furthermore, they emphasize that “aside from physical and psychological

trauma that must be addressed, a broad range of other social determinants affected the health of torture survivors and program outcomes,” which include “shelter, education, food, income, social justice, equity, social support, and access to service” (2003:167-168). However, it is important to note that Ramaliu and Thurston use a limited view of “community,” and at no point do they discuss whether refugees were included in the process of community participation. Nevertheless, their focus on the importance of involving a wide range of service providers supports Kira's emphasis on the need for “wraparound” services.

Unlike many anthropological investigations into refugee issues, this project is not designed to document change, but to prepare for intervention by understanding how to create more appropriate models for support of people who have fled war and persecution. Therefore, in addition to general anthropological literature on refugees, it is useful to look at literature relating to applied projects done with refugees and development literature.

Anthropological research into refugee issues has established the need for applied work into the development of programs for refugees, and program and policy evaluation. Harrell-Bond and Voutira (1992) argue that current policy is in need of anthropological insight and evaluation. They write that, in the field of refugee research, “what is clearly left open are questions of appropriateness of policies and the effectiveness of assistance programmes, arenas in which anthropology and anthropologists are urgently needed to ‘interfere’” (7). The goal of this research was to provide knowledge gained through ethnographic research to a potential program prior to its development, rather than evaluating a pre-existing program. Several applied anthropological projects that have combined research and assistance with refugees in the development of new programs have proved effective. Examples include Leonelli’s work with Laotian youth in California (1996), and Omidian’s establishment of an Afghani women’s day project (1996b). This research differs from many established accounts of programs because the refugees, asylees, and asylum-seekers served by the Survivors Center do not represent an ethnically or culturally homogeneous group. Determining the specific needs of diverse groups of refugees is especially important, because there have been successes and failures in resettlement of various groups in the area. Currently, there is a large, established

Bosnian community of refugees, however, similar attempts to resettle Somali Bantu people were unsuccessful, according to service providers interviewed for this project.

Thieman-Dino and Schechter have identified areas of refugee research other than the study of cultural difference, where anthropologists can have an important impact (2004). They see anthropologists as being uniquely situated to conduct research and offer insight on the role of power in refugee assistance programs, to include refugee voices in policy debates, and to mediate between refugees, service providers, and policy-makers. Furthermore, they call on anthropologists to critique and contextualize what are termed “durable solutions” in dealing with mass displacements of people (2004:73). Their analysis provides insight into how anthropologists can work to promote human rights for refugees by better including refugees in the process of determining policy.

Proceeding with the problem identified by the Survivors Center, that current programs are insufficient for the long-term support of refugees, it is important to outline what constitutes a successful program. Borrowing from development literature, a successful project is one that encourages “well-being and empowerment” among participants (Uphoff, et al., 1998:196). Well-being is defined as a “wide range of attributes that enhance a feeling of self-worth and fulfillment,” including good health, and empowerment is defined as “a degree of control over the circumstances and destiny of individuals, their families, and their communities” (197). These criteria are especially important in designing new programs for refugees. Fleeing a country often means lack of access to health care, and living at the mercy of international refugee programs undermines an individual’s empowerment. The lessons contained in development literature teach that, in researching the feasibility of a center for immigrant survivors of war and persecution, all recommendations must keep the goals of improved well-being and empowerment in mind.

D. Literature on War-Related Trauma and Psychological Health

Studies on the psychological health of traumatized refugees provide a link between research on the trauma of resettlement and the need for long-term support for refugees. In a study of 34 Bosnian refugees in the United States, Weine and colleagues found that Post Traumatic Stress Disorder (PTSD) was present in Bosnian refugees in the years following traumatization and resettlement (Weine et al. 1998). PTSD is an important framework, used by many of the service providers in this research, for understanding the ways in which people are affected by war trauma. Despite the widespread use of PTSD as a framework, it is a relatively recently diagnosed medical condition, and as Kira discusses, its validity has been questioned (2002).

Studies by Sack and colleagues (1999) and Lie (2002) establish PTSD as a chronic condition. Research done over a twelve-year period with youths who survived the Pol Pot regime in Cambodia and were subsequently resettled in the United States showed that PTSD persisted despite the fact that the children were functioning well (Sack, et al. 1999). The clinical implications of the study, according to the researchers, are that PTSD is chronic, and it may not be present initially following trauma, but instead may have a delayed onset. Lie (2002) conducted a study spanning three years with resettled refugees, and found that risk factors for post-traumatic included not only severe trauma but also factors related to life in exile, such as unemployment and incomplete family reunification.

Authors Silove and Ekblad (2002) state that, “two consistent risk factors have emerged from the cumulative body of research on the determinants of mental disorder in refugees: past trauma and post-migration stress” (402). The authors provide an overview of trauma studies that have shown contradictory results; while most studies find that mental disorders among refugees resulting from trauma decrease over time, there are also studies that suggest that some symptoms may increase in years immediately following resettlement. Furthermore, Silove and Ekblad note that the studies they have reviewed “are based on refugee groups arriving in North America and Australia in an epoch in which they were offered favourable resettlement conditions, including permanent residency and full access to work and educational opportunities” in contrast to the current

situation, in which immigration laws are becoming stricter and, partially due to global terrorism, “the insecurities suffered by refugees are intensified” (402).

E. Anthropology of Violence

Working with refugees necessitates a willingness to learn about the violence that refugees have survived, and the ways that this affects their lives. The anthropological understanding of violence is varied; and cultural differences in beliefs about what constitutes violence make it difficult to define the discipline. Works by Das, who discusses different ways of conceptualizing violence (1987), and Schmidt and Schroeder (2001), who examine the topics of everyday violence, violence and conflict, and violence and war, define and describe the variances within the field of violence studies in anthropology. Eller (2006), who discusses cross-cultural understandings of violence, provides an expansive overview of forms of violence, ranging from state-perpetuated violence and religious violence, perpetuated against groups of people, to intimate types of violence, such as child abuse and domestic abuse. He emphasizes the ways in which definitions of violence are culturally situated and change over time, drawing on examples such as the immolation of Indian widows on the funeral pyres of their husbands, or corporal punishment of children; practices which were once not deemed violence, but now are. Among anthropological works on violence, the most relevant to understanding the lives of refugees is anthropological work dedicated to understanding war as a variant of violence.

The boundaries of wartime violence, as different from other types of violence, are blurred. As Kloos discusses in his analysis of civil war in Sri Lanka, the outbreak of war may be predated by years, even decades of conflict, so that it is difficult to determine when the perpetuation of violence reaches a critical mass that constitutes warfare (2001). What constitutes war violence is also subject to interpretation, such as the fact that rape is a method of warfare, although it is not easily identified as a typical weapon or tactic. War violence can be gender-specific, and in her discussion of the violence that occurred during the war in Somalia, Declich examines gender differences in the social memory of

war survivors (2001). She found that gendered forms of violence, such as the rape of women as a war tactic, may not become part of the historical narrative of war (2001).

Robarchek, Chagnon, and Ferguson, in a collection of essays edited by Haas, all contribute their ethnographic accounts of violence to the task of explaining the causes of warfare in different societies (1990). A notable article by Gregor, included in the same collection, offers an ethnographic analysis of peace. This makes clear that anthropology should not only focus on understanding how wars are conducted, but also how peace is conducted. The essays in this collection are useful for understanding the ways in which the discipline of anthropology approaches war. A more recent collection of essays edited by Paul Richards (2005), focuses on contemporary armed conflicts, and provides anthropological insight into some of the wars that have produced refugees who are now living in the area of the research for this thesis. In his introduction to the essays, Richards emphasizes a processual approach to understanding war, whereby war “is but one among many different phases or aspects of social reality” (3). This research, on the long-term effects of war and trauma, can add to this understanding by showing that the social reality of war extend into countries of resettlement as survivors adapt to new situations.

Within this volume, Maček provides insight into perceptions of war through her knowledge of the wars in Bosnia (2005). In an analysis of a soldier's story from the war in Bosnia, Maček contributes to an understanding of how individuals and societies conceptualize war. She writes of her school-book understanding of war, in which there is a “clear definition of the causes of war and the aims of the enemy” (60) and where the “beginning and end are exactly identified” (61). However, she simultaneously explains how, with greater understanding and closer proximity to the Bosnian war, her perception changed. The “idealised perceptions of soldiers and war” and “the categories of 'us' and 'them' became blurred, the clear distinction between civilian, soldier, and deserter characteristics, the aims and causes of the war were not clear anymore, the justification of killing and destruction was not convincing, and consequently also the judgments of right and wrong were difficult and ambiguous” (71). This disconcerting confusion may help to explain some of the confusion that occurs in the process of categorizing war survivors.

This does not lessen the violence, terror, and torture experienced by the clients of the Survivors Center; clearly there were perpetrators and victims. However, considering Maček's critique of simplistic notions of how a war functions, we can better understand some of the complexities involved in assisting survivors of different wars.

Caspar Fithen and Paul Richards provide an analysis of the peace process that followed the war in Sierra Leone (2005). They critique the work of the United Nations, which, they argue, sacrificed the safety of refugees by returning them to Sierra Leone in order to prove that they had established peace. Furthermore, Fithen and Richards provide insight into demobilization, in which soldiers are reincorporated into society. This is an important contribution in understanding the long-term effects of war on individuals.

Drawing on these anthropological analyses of war and violence, the research discussed in this thesis contributes to an understanding of what occurs after the violence has ended. While many anthropological works focus on a particular culture during war, this work instead looks at a different type of culture; the group of refugees resettled in one area of the United States following different wars.

F. Anthropology and Human Rights

The research for this thesis is also tied to literature on human rights. As Malkki has noted, “[i]n almost any situation of violent mass displacement, the issue of human rights violations cannot be very distant” (1995:518). Indeed, the vision of the Survivors Center incorporates a commitment to human rights. Yet an anthropological perspective on human rights differs from one promoted by the United Nations, which is also a lead agency, through the UN High Commissioner for Refugees, in developing and recommending refugee policies. Messer has outlined the UN concept of human rights, which “acknowledges that in all times and places, reasonable people, regardless of political affiliation, demand certain minimum standards of behavior by governments toward their own citizens (1993:222). She then discusses five areas in which anthropological views diverge from the UN conceptualization of human rights. She begins her critique by relating how the American Anthropological Association “rejected the notion of universal human rights” as “ethnocentrically Western” (224). This aversion

to the dominance of “Western” ideas is compounded by the second issue of dispute, whereby anthropologists, according to Messer, “have tended to advocate the rights of collectivities” as opposed to the rights of individuals (224). The other issues she identifies include an anthropological concern with applied anthropology and activism and the perceived negative effects this could have on research, the political sensitivity of fieldwork, and the legalese of human rights mandates, which, she says “marginalize anthropologists” (224-225). Messer's approach to outlining the issues of anthropology and human rights is historical, and more recent work in anthropology has embraced a concept of human rights. One example is the previously discussed work by Thieman-Dino and Schecter, who discuss the contributions anthropologists can make to improving refugee programs through the perspective of human rights advocacy. Messer states that applied and action-oriented anthropology “contributes to and draws on the human rights framework” (1993:237). While the issue of human rights is clearly relevant to the research for this thesis, as Malkki has noted, conceptualizations of human rights are often abstract. She writes, “just as with discourses of humanitarianism, the discourse of human rights sometimes seems grotesquely abstract and ceremonial in the service of many of the very organizations (like the UN) that claim this discourse in their mandates” (1995:518). Despite the problems of applying abstract principles of human rights to practice, an understanding of human rights, as well as anthropological critiques of the concept, may help to understand the motivations of service providers and service agencies.

G. Immigrant Adjustment and Aging

Elderly refugees were discussed at length by service providers, in the context of the unique issues faced by refugees in the resettlement and acculturation process. In the *Community Mental Health Journal*, Kinzie has analyzed the problems experienced by Indochinese refugees in Oregon (1998). His critique incorporates the views of the refugees themselves, several of whom speak of death as a solution, as well as a more medical perspective, which is used to argue that the effects of post-traumatic stress disorder may preclude many refugees from passing the citizenship exam (1998). In the aforementioned article by Weine and colleagues, entitled, “PTSD Symptoms in Bosnian

Refugees 1 Year after Resettlement in the United States,” the authors found that “older age was associated with a higher rate of diagnosis of PTSD,” (1998).

On the topic of language acquisition among elderly refugees, an instructional guide published by the Center for Applied Linguistics provides information on the hindrances to language learning faced by elderly refugees, and how to overcome these hindrances (Grognet 1997). In the document, Grognet writes of the demoralizing and effects that resettlement can have on the elderly, noting that, “[a]t a time in their lives when they should be looking forward to respect and reverence, elderly refugees find themselves transplanted in a culture which is focused on youth” (3). She then discusses physical and mental health factors which affect language learning among the elderly, and notes that mental health “is probably the single most decisive factor in refugee language learning” (4). Depression, stemming both from age and from the horrors of war, “does not permit them to concentrate well, thus reinforcing the cycle of not being able to speak English and deal with the demands of everyday life” (4). Successful programs, according to Grognet, are those that cater to the language needs of elderly refugees, that is, learning English language skills that they need in everyday life, and not focusing on grammar or expansive vocabulary (6). She concluded by noting that there is a dearth of studies on elderly language learning in general, and more investigation into this would benefit both refugee elderly and the general population of elderly (6).

From the discipline of nursing, there is research into health and social service utilization among immigrants. A study on the service utilization among elderly Russian immigrants found that these immigrants used social services extensively (Aroian, et al. 2001). This contrasted with other studies, cited by the authors, which found that “immigrants underutilize health and social services despite their high need” (2001). Using qualitative data collection, the researchers found that high usage of social programs among Russian immigrants was related to patterns of service usage in Russia, their faith in the health care system, and more personal reasons, such as their desire to not be a burden on their children, and because “health was perceived as an asset to offset limited social and financial resources” (2001).

Moving from citizenship needs, depression, and language acquisition to the realm of economics, a study published by the *Canadian Journal of Economics* found that there is a negative effect between age at immigration and earnings (Schaafsma and Sweetman 2001). Using Canadian census data from 1986, 1991, and 1996, the researchers discovered that “within the 21-44 year age group economic integration declines appreciably with age at immigration” (1095). Also significant was the finding that “those [immigrants] who arrive later in life experience, on average, low returns to both foreign labour market experience and foreign education” (1094). These authors do not focus on refugees, instead, their work is meant to inform the Canadian system of immigration. However, it is useful to note that in general, age is not a beneficial factor in migration. For elderly refugees, especially those who are lacking any formal education, this is especially relevant.

Overall, while there does not appear to be a large body of literature on the subject of elderly refugees and asylees, the studies reviewed here are instructive. They demonstrate that there are different aspects of acculturation that affect the elderly; foremost is the law targeting elderly recipients of Supplemental Security Income (SSI), a public assistance program designed to assist elderly people with limited incomes and resources, and the disabled. Other factors affecting the elderly include war-related depression, fear of being a burden on their families, different language learning strategies, and a disadvantage in the labor market.

H. Conclusion

This review has encompassed several bodies of literature, each of which contributes to understanding the situation of the people involved in this research, including the service providers and the refugees, asylees, and asylum-seekers they serve. Literature on refugee movements explains trends in the movements of people, both in terms of changing demographics as well as the relationship of mass movements of people to international events, politics, and economics. This literature also explains the emergence of international regimes that manage international movements of peoples. An important aspect of the management of displaced peoples involves NGOs. Literature on

NGOs demonstrates that they are a diverse group of organizations (Fisher 1997), and contrary to the belief that they are inherently superior to government initiatives, NGOs are also beset by issues of legitimacy (Lister 2003) and bureaucracy (Waters 2001). These are issues that must be negotiated by service providers who work from within a network of NGOs to assist refugees, asylees, and asylum-seekers.

Anthropological literature on refugees, asylees and asylum-seekers has shown how the experience of migration and trauma affect cultural and identity change (Camino 1994; Colson 2003; Mortland 1994; Rynearson 1996). This literature, along with literature concerned with trauma treatment in public health, has shown how trauma affects the individual in relation to society, and especially the role of these societal connections in recovering from trauma. Anthropological literature, specifically applied literature on development programs, also provides lessons in the development of assistance programs.

Two further subsets of anthropological literature are also instructive in understanding the situation of war survivors; the anthropology of violence and writings on the topic of anthropology and human rights. Within the anthropology of violence, writers who are concerned with war violence have discussed the question of what constitutes war violence (Kloos 2001), the causes of war and peace (Robarchek 1990; Chagnon 1990; Ferguson 1990; Gregor 1990), and individual and cultural perceptions of war (Declich 2001; Maček 2005). Writings on human rights and anthropology identify areas where anthropological concepts of human rights differ from the western, individual-focused concept of human rights (Messer 1993). Despite problems of defining human rights, this literature nevertheless demonstrates how applied anthropological projects can help to promote an anthropological concept of human rights.

Literature on war related trauma and psychological health addresses the effects of trauma, and the relationship between trauma recovery and the type of assistance offered (Silove and Ekblad 2002; Weine et al. 1998). Finally, literature on immigration and aging shows how resettlement experiences differ for the elderly (Aroian, et al 2001; Grognet 1997; Kinzie 1998; Schaafsma and Sweetman 2001).

These various bodies of literature informed the research for this thesis, and, reflexively, this research also contributes to these different bodies of work. This research addresses these various bodies of literature as they apply to one specific location, where various groups of refugees, asylees, and asylum seekers are experiencing resettlement with the help of a group of service providers. Understanding this particular situation can help to illuminate how the global process of mass displacement, war and violence, and identity and culture negotiation affect people at a local level. Similarly, by investigating the problems facing service providers, who enact government policies and interact with one another to serve these populations, this research contributes to an understanding of how NGOs function, and also to understanding how the concept of human rights is enacted through NGOs as they enact, interpret, and negotiate resettlement policies. Finally, this research demonstrates the problems and challenges facing a specific group of service providers, however, it is my goal that this should contribute, by means of comparison, to understanding other groups. While many of the issues discussed in this research are local, comparisons with research on other groups of refugees, asylees, and asylum-seekers can help to further understanding of the process of resettlement, especially regarding the issues that surface after initial resettlement assistance has ceased.

Chapter Three: Research Design

A. Internship

In July of 2005, I began an internship with the Survivors Center. The internship lasted for three months, until October, 2005, and data collection continued into May, 2006. As an intern with the Survivors Center, I had the opportunity to learn about refugees, asylees, and asylum-seekers in the area, while simultaneously working within the network of social service providers. My research and my internship were both facilitated by the community services coordinator for the Survivors Center.

I joined the Survivors Center at a time when there was a shortage of staff members. Therefore, I was able to take on various roles within the agency. I assisted with general office tasks, such as updating the web page, and helping a program specialist to fill out paperwork. I also assisted another program specialist with a presentation to a university group, and I assisted the center in developing a database of client information. Other tasks included conducting literature searches and helping to implement new software. I was paid to substitute for the interpreter coordinator when he went on vacation, to help with English language courses, and to translate medical documents.

Substituting for the interpreter coordinator involved arranging appointments, interpreters, and transportation for clients. When a case manager or another staff member met with a client, they would fill out a form for each appointment that needed to be arranged on behalf of the client. Typically, these were medical, mental health, or legal appointments. The form was then sent to the interpreter coordinator, who then emailed and called interpreters, and if necessary, the Medicaid taxi cab service, to arrange transportation and interpretation. The times for appointments were often set by the case managers in conjunction with the doctors and lawyers working on the patient's behalf, however, for new appointments, the interpreter coordinator was responsible for making phone calls and arranging mutually agreeable times for both the client and the

professional. A typical case is that of an elderly Bosnian refugee who was experiencing health problems, such as high blood pressure, related to age. The program specialist would arrange a doctor's appointment for the client, and send the interpreter coordinator a fax. The fax would include the name of the client, the date, time and location of the appointment, and a note that the client needed transportation. The interpreter coordinator would then contact by phone or email the Bosnian interpreters, to find out who was available at that time, and who could drive the client. If the client needed a mental health screening, as was often the case when elderly clients were approaching the deadline for taking the citizenship test, the fax might request that the interpreter coordinator arrange a mental health screening with a local professional. Then, the interpreter coordinator would have to call local mental health professionals in the area who were affiliated with the center, to find one who had the time to take on an extra client, and who would offer a reduced rate for the client. While I occasionally filled this position, it was much more expedient to have one of the interpreters in the position of interpreter coordinator, because they could work directly with the clients of their same language background, without the additional need for an interpreter.

Working as an English language teacher brought me into close contact with members of the Bosnian community. As with the interpreter coordinator position, I was called upon to fill in as an English language teacher when there was a shortage of staff. My previous work teaching English in Austria qualified me to work with Bosnians, many of whom had spent years living as refugees in Germany, and who therefore spoke rudimentary German. Although there were occasional younger students, these classes catered to people over the age of fifty, who used the once-per-week meeting time as both a time for socializing as well as a time for learning English. I used basic phrasebooks which focused on topics that were relevant to the students. The most popular units were those focusing on introducing oneself, and on terminology that one might hear at a doctor's visit (Somach 1996).

Finally, I volunteered time to act as an English tutor for several Bosnians. Two were not considered refugees, although they had come to join their families, who had come to the United States as refugees. The third was a refugee who had lost her

Supplemental Security Income when she failed the U.S. citizenship test. My time as an intern was divided between working at the main offices of the Survivors Center, teaching at a local library, and traveling to meetings throughout the two-county area served by the Survivors Center. In addition, I also attended trainings for interpreters and mental health professionals, as well as community events sponsored by the Survivors Center.

At the beginning of the research, the staff of the Survivors Center consisted of a program director, an administrative assistant, a community services coordinator, a case coordinator, an interpreter coordinator, and two program specialists. A sister program of the Survivors Center, devoted to helping refugees who were experiencing family violence, was housed in the same building. The three staff members of that program worked in close collaboration with the staff of the Survivors Center, and were overseen by the same program director. In addition to this core staff, there was a corps of interpreters, who worked on contract, and therefore only as needed. Also, a former case coordinator had recently moved to another city to work with torture survivors. I worked closely with the community services coordinator, who was also my supervisor. As part of participant observation, I also shadowed the two program specialists, both of whom were former refugees. Shadowing included observing client intakes, where the program specialist met with a torture survivor to determine what services the Survivors Center could arrange for them, helping with paperwork, and attending meetings and presentations with the program specialists. The two program specialists were each connected with one of the religious organizations that organized the initial resettlement of refugees. Their job was to coordinate each refugee or refugee family, referred to as a “case.” This meant meeting with them to establish their needs and create goals for them in the program. The intakes I observed were with asylum-seekers, who needed assistance in finding English language programs, medical care, employment services, and immigration assistance.

Throughout my experience with the Survivors Center, I was able to attend trainings for professionals working with refugees, asylees, and asylum-seekers. Some training was administered by the community services coordinator, who discussed the issues that torture survivors face in reestablishing their lives after experiencing war and

resettlement. Other training was done by video, which demonstrated how to properly act as an interpreter. I was also able to attend a conference where professionals in refugee trauma discussed best practices in service provision, especially psychological help, to resettled populations.

B. Research

I began the research for this thesis in July of 2005. Prior to designing the research, I had worked with the Survivors Center as a volunteer, helping with citizenship classes and also helping to arrange an event in June to commemorate an international day of support for survivors of torture. Data collection began in July, when the project was granted approval from the institutional review board. I continued my work as an intern with the center throughout the summer and into the fall.

During my time at the center, when I was not assisting with the daily tasks of the center or attending meetings, I assembled background research for this thesis. The Survivors Center housed a small library with literature on the various refugee, asylee, and asylum-seeker groups that had sought services at the center, and this proved to be a valuable resource. I also spent time learning about the laws that pertain to resettlement, with a focus on the federal policies that specify what time of assistance refugees, asylees, and asylum-seekers receive, and how long they can access assistance programs. As I began to be aware of some of the problems that service providers were addressing, I also began the document analysis part of the research, which consisted of researching other social service agencies that were designed to assist refugees, asylees, and asylum-seekers to determine whether they had programs that could be useful as models. This also involved researching funding sources. I began my search for funding sources by looking at the foundations and private companies that supported other refugee, asylee, and asylum-seeker programs, and then expanding the search to other national grantmaking institutions, and finally, to local foundations and corporations that funded similar projects. In this manner, I was able to assemble a list of potential funding sources. The national sources are included in Appendix E.

The majority of participant observation data were collected from July through October, 2005. My time spent working directly with refugees in English language classes culminated in August. I was supervised in both my internship and my research by the community services coordinator of the Survivors Center, with whom I met at least bi-weekly in the first few months of the research. After my work as an intern ended, I continued data collection through interviews and attendance at meetings into May of 2006. I then met with my supervisor as necessary, which was once every few months.

The first interviews I conducted were with people who had been recommended to me by my supervisor. However, I also interviewed two women with whom I had developed rapport during my time as a volunteer. I was dismayed at the amount of interviews that I had requested which were never answered. My dismay was tempered, however, as I learned of the stresses on service providers, who, it seemed, devoted much more than forty hours per week to their work. Therefore, I was especially appreciative of the service providers who agreed to meet with me.

As part of the internship, I had first-hand experience in the position of interpreter coordinator, a position I occasionally helped to fill. In addition to assuming the duties of the interpreter coordinator for a brief period, I was also employed periodically as an German interpreter. Although I did not do direct interpretation, I was involved in English language classes for Bosnians, many of whom spoke rudimentary German from their time in refugee camps, and I also translated medical documents. This brought me in contact with several interpreters, with whom I attended trainings, and with whom I worked in English language classes and citizenship classes. Thus, much of my knowledge of the perspectives of service providers comes from interactions with the people of the Survivors Center.

While participant observation at the Survivors Center gave me a perspective on the day-to-day workings of that organization, this provided only a limited perspective on the long-term needs of refugees that service providers confront. Therefore, I also undertook eight interviews with service providers. One interview was done with a member of the core staff at the Survivors Center, Nancy. Two other interviews were done with interpreters. An additional five interviews were done with service providers

peripherally connected to the Survivors Center, that is, they worked occasionally with the center and shared some clients. In each interview, I sought to speak to people who were knowledgeable about multiple aspects of resettlement.

Data were gathered during participant observation at the Survivors Center and with affiliated groups, and during in-depth interviews with service providers who work with refugees, asylees, and asylum-seekers. After data were collected, I coded fieldnotes and interviews according to topic, which resulted in a list of long-term needs identified by service providers. Service providers were most concerned with the needs of refugees, asylees, and asylum-seekers for long-term assistance with mental health problems, reliable transportation, attaining citizenship, and accessing reliable information. Importantly, English language skills were also discussed in relation to each of these topics. While each of these needs is singularly important, all of the service providers noted that various problems, including those listed here, often compound one another, so that the remedy to one problem, such as accessing mental health treatment, is often dependent upon remedying other problems, such as reliable transportation. In addition to identifying problems that they saw affecting their clients directly, service providers also explained problems that they encountered in their work, especially problems that they felt constrained them and kept them from meeting the long-term needs of refugees, asylees, and asylum-seekers. These constraints included the inability of service providers to assist people who do not fit specific definitions, for example, some service providers can only help people who are legal residents. This is closely related to service providers' opinions on the constraints caused by policies that specify who can and cannot access services. Throughout data collection, service providers discussed how the various problems they perceive among refugees, asylees, and asylum-seekers are especially difficult for the elderly.

Despite the constraints on service providers, the data revealed that, through informal, unpaid networks of support, many service providers were providing or arranging assistance for many people who otherwise could not access services. This was an important finding, because it suggests that the community of service providers in the area is open to finding new ways to assist refugees, asylees, and asylum-seekers. The

service providers interviewed for this thesis also had opinions on how to improve existing services. They spoke of the need for increased coordination between existing programs and for better advocacy on behalf of refugees, asylees, and asylum-seekers within the local community. Several service providers thought that the community was in need of a “refugee center,” that is, a place where not only refugees, but all immigrant survivors of war and persecution could come to access services and establish connections with community members.

The data gathered and analyzed for this project show the perspectives of service providers on the long-term needs of refugees, asylees, and asylum-seekers in the area. These include direct needs affecting individuals as well as programmatic needs to improve the provision of services. By understanding the perspectives of service providers, recommendations can be made to improve services and address specific areas where refugees, asylees, and asylum-seekers need support in the months and years following initial resettlement, when there is little assistance available.

C. Ethical Considerations

Working with the Survivors Center required careful attention to ethical considerations, including confidentiality, respect for the potential vulnerability of the clients, and awareness of how cultural differences may affect interactions. Many ethical considerations were mitigated by working with the Survivors Center. The center has explicit guidelines on confidentiality, and training on working with survivors of torture is provided.

The center is devoted to the care of refugees and other survivors of war, and therefore the research was undertaken with the explicit goal of serving refugee communities. This is in keeping with the ethical responsibilities outlined in both the Society for Applied Anthropology (SfAA) and American Anthropological Association (AAA) ethics documents. Both documents specify the importance of conducting research projects with the protection and benefit of the community as the primary goals. The SfAA document, “Ethical and Professional Responsibilities,” states that, “[w]e will avoid taking or recommending action on behalf of a sponsor which is harmful to the interests of

the community” (Society for Applied Anthropology). The Statement on Ethics used by the AAA is even more explicit in emphasizing the responsibility of the anthropologist to the populations being studied (American Anthropological Association 1971). These ethical commitments were outlined in the research proposal and guided the development of the study. The research for this thesis was undertaken with two groups in mind; people who have fled persecution and service providers. While the ultimate goal was to benefit the populations of refugees, asylees, and asylum-seekers in the area, the actual population studied included more service providers than refugees. This mandated a commitment to protecting the interests of service providers who collaborated, as well as the refugees involved with the service providers. In addition to gaining institutional support from the Survivors Center, consent was obtained prior to all semi-structured interviews. All interviews were voluntary.

The ethical commitments of the research for this thesis were overseen by the University of South Florida Institutional Review Board (IRB). This board oversees research that involves human subjects, to ensure that researchers are complying with ethical standards for research. The process of obtaining IRB approval required obtaining written support from the Survivors Center, finding a faculty member to oversee the project, and filling out a detailed form describing the purpose of the research, and any potential benefits or risks to the populations involved. This involved describing how I would protect subjects involved in the research.

Because I had been a volunteer prior to beginning the internship and the research, I was aware of some of the ethical problems that might arise during the research, and incorporated them into my application for institutional approval. One important aspect was guaranteeing the confidentiality of respondents; critical views of programs and policies expressed by service providers might undermine the connections that these providers have with one another, and could potentially endanger their jobs. By collecting the opinions of service providers, even those who are critical of current programs, I hope to benefit both the community of war survivors and the community of service providers who assist them. However, in keeping with the ethical guidelines for anthropologists, I have obscured all identifying information on interview participants as a means of

protecting their interests. This extends to obscuring many of the programs that are offered in the area. Rather than name the programs directly, I have instead provided brief descriptions. To protect the identities of individuals involved in the research, all names used are pseudonyms.

During my three-month internship at the Survivors Center, the original director was removed from her position. This was done without much warning, and contributed to an air of secrecy and worry about job security at the center. This was clearly a major concern for the staff, and as a researcher, it made me aware of the potentially intrusive nature of my research; while I had not intended the research for this thesis as a critique of service providers, I was nevertheless asking people to identify gaps in service provision, which could be perceived as evaluating their own performance.

Another ethical consideration involved the use of tape recorders. While it is typical anthropological practice to tape record interviews, it proved to be problematic for the research for this thesis. Interviews were conducted in the offices of service providers. Thus, there were often interruptions and brief discussions unrelated to the research. Ethically, without the permission of these other office workers and the occasional client who would enter, I was uncomfortable using a tape recorder. The result of this decision is that for several respondents, in place of long quotes, I have paraphrased our discussions, relying on the notes I took during interviews.

The research for this thesis relies upon the viewpoints of service providers, in addition to data gathered during participant observation. A valuable extension of the research for this thesis project would incorporate the voices of refugees, asylees, and asylum-seekers. With the exception of service providers who were once refugees, these voices are not included in the research for this thesis because of several factors, including language barriers, and, perhaps more importantly, the fact that the survivors of war with whom I had the most contact were under considerable duress in their attempts to maintain jobs, access Social Security and social services, and learn English to pass the citizenship test. Therefore, I chose instead to focus on my own observations and on the perspectives of service providers.

D. Methods

This project employed various types of methods to answer different questions about refugees, asylees, and asylum-seekers. These included quantitative analysis of the clientele at the Center where I based my research, participant observation, document analysis, and key informant interviews.

Quantitative Analysis

Quantitative analysis, which involves measurement and counting of data, such as characteristics of people, can be used to illuminate group characteristics. As Ervin notes, quantitative data can add description to other types of anthropological data (2005:189). For this research, I conducted basic statistical analysis of data gathered by the Survivors Center that pertain to the clientele of the center. My objective in this research tool was to understand basic demographic characteristics of the clientele of the Survivors Center.

Because the impetus for this project came from the staff at the Survivors Center, I wanted to understand the people with whom the staff members were working. This meant answering some basic quantitative questions about the clientele of the Survivors Center. The Survivors Center keeps records on all of the clients to track their progress through the program. The data collected by the Survivors Center which I analyzed included general demographic characteristics, such as average ages, countries of origin, and types of trauma endured. During the three months in which I was an intern, there were approximately one hundred clients served at the Survivors Center. From the records of these clients, which, in order to protect confidentiality were stripped of all identifying information, I was able to determine basic characteristics about the clientele of the Survivors Center. Alone, these basic characteristics do not tell much about the needs of refugees, asylees, and asylum-seekers in the area. However, it was through working with these torture survivors, their families, and their communities, that the staff at the Center came to the realization that many long-term services for refugees, asylees, and asylum-seekers were either nonexistent or insufficient. Therefore, by understanding the clientele of the treatment center, I hoped to provide a basis for understanding the populations where more support was needed. For example, the largest groups of clients came from

Bosnia and Colombia. Therefore, it is likely that experiences working with these groups are affecting service providers, and their perspectives on long-term service needs reflect the needs of these groups better than they do the needs of newly-arrived refugees from Russia and Turkey. In this manner, the brief quantitative information is meant to provide a background to understanding the information gained through other methods of inquiry.

Participant Observation

The first months of ethnographic research were devoted to participant observation, defined by Schensul, Schensul, and LeCompte as a “data collection technique that requires the researcher to be present at, involved in, and recording the routine daily activities with people in the field setting” (1999:91). My objective in employing participant observation was to understand the daily work of the staff members of the Survivors Center and to note the problems with which they were most often occupied.

Participant observation involved working from the main offices of the Survivors Center and assisting with daily tasks, attending meetings, including staff meetings and refugee task-force meetings, and helping with citizenship and English language classes for Bosnian refugees. I also shadowed employees to better understand their day-to-day work. The goals of participant observation were to gain an understanding of the wide-range of services provided by the center, to gain a general knowledge of the populations served and their needs, to develop rapport, and to identify key informants in the community.

The methods of participant-observation became a crucial link in understanding some of the crises that arise in service provision. While involved in mundane daily tasks at the center, I was present when an extra hand was needed, or when an emergency meeting was called. Through this very basic participation, I learned that the day-to-day reality of a service provider is often interrupted by unexpected problems, both client-focused and bureaucratic.

Interviews

According to Schensul, Schensul, and LeCompte, semi-structured interviews “consist of predetermined questions related to domains of interest, administered to a representative sample of respondents to confirm study domains, and identify factors, variables, and items or attributes of variables for analysis” (1999:149). My objective in conducting interviews was to access the knowledge of service providers about their work.

The use of interviews was beneficial because it allowed me to speak with service providers outside of meetings and casual discussions. Thus, they were free to speak about what they felt was most pressing, and not necessarily adhere to the agenda of a meeting, or focus on issues that other people had deemed important. Furthermore, the combined use of participant observation and interviews allowed for the triangulation of data; I was able to compare the topics that people were concerned with in their daily work with what they reported to be the most important topics related to long-term support for refugees, asylees, and asylum-seekers.

With the help of the staff at the Center, I identified service providers who were knowledgeable about resettlement and the long-term needs of refugees. I then conducted semi-structured interviews with those people who were willing. The individuals who participated in the project are listed in Table I. I had initially intended to interview service providers, community leaders with close ties to refugee communities, and English-speaking refugees and asylees. As the research progressed, it became necessary to shift the focus to service providers. Understandably, it became evident that refugees and asylees who were proficient in English rarely needed the services of the Center, and therefore, I was unlikely to meet them and develop rapport. Interviews were designed to facilitate open-ended conversation on topics related to the needs of refugees and the availability of services, as well as coordination between services. I would begin by introducing myself and the project, and then discussing the confidentiality of the information, and the need for informed consent. Often, service providers would then begin discussing the immediate issues that came to their minds. However, if they did not, I would begin by asking about their background in service provision, and then progress to

asking questions about differences that they have noted in the changing needs of refugees, asylees, and asylum-seekers. From their answers to those questions, I would then proceed to ask about whether they perceived any long-term needs for resettlement support in the communities with which they were most familiar. If they did, which was the case in all of the interviews, I would then ask them what types of support they felt were most needed, and what they felt would be appropriate ways of improving long-term support to these populations. In addition to using a set of pre-developed questions, I also drew upon topics that were discussed during participant observation. The basic questionnaire is included in appendix A.

Sampling was done opportunistically, meaning that I interviewed people who were available, and who were willing to speak with me. This had benefits and shortfalls. Most notably, working through the Center as a volunteer, an intern, an English-language teacher, and various other jobs, I was had a legitimate, if small, role in the refugee service network. This allowed me to establish rapport with service providers and clients of the center. However, this meant that my research lacked randomization. My interactions with refugees were skewed toward Bosnians, because those were the people with whom I was the most involved. Also, my interviews with service providers were skewed toward those people who worked in close collaboration with the Survivors Center, and especially, with my supervisor. However, this lack of randomization was useful. From the outset, the focus was not on those refugees, asylees, and asylum-seekers who were surviving and succeeding in the United States, but instead to determine what factors were affecting those who were still struggling after resettlement. By focusing on those service providers who were recommended by the Survivors Center, it was possible to maintain this narrow focus. Furthermore, as an applied project, my aim in undertaking this research was to make the results useful to the Survivors Center. Interviewing people associated with programs recommended by staff at the Survivors Center may help to foster these alliances, while at the same time, increasing the validity of the data.

The service providers involved in the research for this thesis all participated voluntarily. I emailed or called people who were recommended to me by my supervisor at the Survivors Center. I then arranged interviews, usually lasting from one to two

hours, with those service providers who were willing to take part in the research. Prior to beginning the research, I created consent forms based on guidelines provided by the University of South Florida Institutional Review Board. The consent form included an overview of the project, the potential benefits of the research, potential risks, as well as an affirmation that all names would be kept confidential. A copy of the form is included as Appendix B. Twice in my research, interviews were declined because service providers were uncomfortable with the formality of signing a consent form.

Document Analysis

A final method of research was document analysis, in which I search through information on other organizations to find programs that would apply to the problems identified in this research. LeCompte and Schensul identify content analysis as a research method used to elicit “themes or content in a body of written or visual media” (1999:129). For this research, the media that I used were the webpages of various agencies that work with refugees, asylees, and asylum-seekers, as well as other immigrants. My objective in analyzing the web documents of other programs was to determine whether there were programs in existence that could serve as models, both in terms of service provision and funding, for new or improved programs in the area of this research.

My analysis of information on other programs had two purposes. First, in order to make recommendations on how to create or improve programs, I reviewed other programs from around the country that provide services to refugees. Numerous programs exist, providing services to both torture survivors and the general refugee and asylum-seeker populations. Using what information was publicly available, I searched through the various programs offered by different refugee and asylum-seeker centers to determine if aspects of their programs imported to the area in which I was studying. In order to improve the applicability of the research, I also searched the sources of funding used by other centers, as well as philanthropic organizations, to determine how new programs and program improvements might be funded. A complete analysis of model programs is included in appendix D, and an overview of funding options is included in appendix E.

The design of the Survivors center as a “center without walls,” in which clients are referred to outside social service providers, benefited the research by introducing me to the wide range of services offered and the people who operate these services. I was able to learn from the perspectives of case managers, interpreters, public health workers, activists, religious leaders, doctors, educators, and refugees themselves. Despite the short duration of the study, the connections facilitated by the Survivors Center, and especially by my supervisor, allowed the research for this thesis to draw on a diverse field of expertise in refugee resettlement.

Chapter Four: Research Setting

A. Overview of United States Refugee and Asylum Policy

Researching the needs of refugees, asylum-seekers, and asylees, as defined by service providers, necessitates defining a refugee. This is difficult because the term “refugee” refers to a real person as well as to the label applied to a person which classifies them and connotes a certain set of experiences (Hacking 1999). The United Nations, in the Convention Relating to the Status of Refugees, Article I, defines a refugee as:

an individual who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular 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 as a result of such events, is unable or, owing to such fear, unwilling to return to it. [Omidian 1996a:3]

The United States Department of Health and Human Services Office of Refugee Resettlement has outlined the refugee resettlement process as follows:

representatives of the United States Immigration and Naturalization Service (INS) conduct interviews overseas of individuals who have fled persecution. They then make determinations of refugee status. Once an individual is determined to be a refugee, a joint effort, conducted by the department of State, the International Organization for Migration (IOM) and the INS [Immigration and Naturalization Service], brings these individuals to the

United States. [U.S. Department of Health and Human Services 2003]

Differences in the resettlement experiences of refugees and asylum-seekers are evident when the experiences of Bosnians and Colombians, the two main groups served by the Survivors Center, are compared. Most Bosnians came to the United States as refugees. In contrast, most Colombians did not arrive in groups with predetermined refugee status. Instead, they have sought refuge as asylum-seekers. Once granted asylum, they are labeled asylees. The U.S. Department of Health and Human Services Office of Refugee Resettlement specifies that “[a]sylees also meet the definition of “refugee” in the [Immigration and Nationality Act]. However, asylees are individuals, who, on their own, travel to the United States, apply for and receive a grant of asylum” (2003).

In practice, this means that refugees are eligible for services immediately upon arrival in the United States. Asylum-seekers, however, must submit applications for asylum and go through a lengthy legal process, the goal of which is to determine whether they meet the criteria of refugee status. Importantly, they must meet the definition as provided above, and be able to demonstrate that they were persecuted because of race, religion, nationality, or their membership in a persecuted social group. If, at the end of the asylum procedure, the asylum-seeker's claim is legitimated, they are granted the same services provided to refugees. However, this process can take years. One family from Sierra Leone, who has received assistance from the Survivors Center, has spent more than five years waiting for their asylum claim to be granted. In Sierra Leone, they were persecuted for being Christian. Staff members at the Survivors Center developed a friendship with this family, and were anxious to see their asylum claims legitimated. However, because the situation has changed in Sierra Leone, and there is reportedly less danger now for Christians, it is possible that their asylum claim will be denied. While waiting for their asylum claims to be decided, asylum-seekers are left in a case of limbo, in which they must attempt to establish their lives anew, just as refugees must, yet unlike refugees, they must do this without initial resettlement services, and without knowing whether they will be allowed to stay permanently in the United States.

Refugee resettlement in the United States is overseen by the Office of Refugee Resettlement (ORR), which works in partnership with private agencies. Members of the resettlement agency meet the arrivals at the airport, where many arrive from abroad. Prior to their arrival, resettlement agency staff and volunteers have arranged an apartment, furniture, and food for the new arrivals. A United States Department of Health and Human Services document, “Overview of the U.S. Resettlement Process,” explains the funding of refugee programs as follows:

The Reception and Placement program (R&P), managed by DOS [Department of State], welcomes arriving refugees at airports, provides essential services (housing, clothing, food, referrals to medical and social services) during the first 30 days in the U.S. The resettlement agencies also link refugees to longer-term resettlement and integration programs funded by the Office of Refugee Resettlement (ORR) in the Department of Health and Human Services during this initial period. [Department of Health and Human Services 2002]

The private agencies that resettle refugees receive funds through a number of grants. The first is a case management program, whereby a case manager oversees and facilitates the basic needs refugees experience in their first months in the country. There is also a “Match Grant” program that is partially funded by the ORR, which matches funds produced within the state. The goal of all programs is that “employment be found early after arrival” (Department of Health and Human Services 2002), and the match grant is designed to maximize this, by using these funds to help refugees attain economic self sufficiency within four months. There are also Formula Grant programs, which fund services described as “employability services, social adjustment services, citizenship and naturalization services and other refugee services” (2002). Importantly, these formula grants specify, “[s]ervices may not be provided, except for citizenship and naturalization preparation services and referral and interpreter services, to refugees who have been in the United States more than 60 months” (2002). In practice, especially through the match

grant program, many refugees are finished with refugee services much sooner than the five year limit.

B. History of the Survivors Center

The research for this thesis is based upon internship work with the Survivors Center, which provides support and a network of services to refugees and asylum seekers who have been victims of political torture. It is a self-described “center without walls,” meaning that services are not offered in the offices of the center. Instead, the staff of the center refer clients to outside services. The Survivors Center is a small organization nested within a larger social-service organization. This parent organization functions as the lead agency responsible for the Survivors Center, in collaboration with branches of national charities and relief organizations, several of which have a religious affiliation. When I began my research, the Survivors Center had been in operation for approximately five years. According to my supervisor, the parent program was begun to assist Holocaust survivors, but was then expanded to act as a resettlement agency for Russian Jews. The Survivors Center was an outgrowth made possible by grants from the Office of Refugee Resettlement and the Torture Victims Relief Act of 1998. Funding was originally provided through a four-year grant from the Office of Refugee Resettlement. After the initial grant expired, there was a funding shortage. At the time of the research in 2005, the Survivors Center was funded through the Office of Refugee Resettlement with additional funds provided by the United Nations High Commissioner for Human Rights. Initial populations served included Bosnians, Russians, and Vietnamese, but the work of the center was restricted to refugees. The advocacy work of one staff member and an affiliated lawyer led to the inclusion of asylum-seekers in the program.

The two main groups served by the Survivors Center at the time of my research in 2005 were refugees of the Bosnian wars, who were resettled in the 1990s, and more recent asylum-seekers fleeing Colombia. In addition to these two large groups, there are also numerous other refugees and asylum seekers in the area, with access to varying degrees of support. Thus, there are individuals who have fled oppression on their own

and arrived without any form of community, and then there are entire groups of refugees from towns in Bosnia who have “neighborhood” celebrations, although the neighborhoods which they are celebrating are in Bosnia. There are also individuals and families who join established communities upon arrival, such as Cubans.

Through its history, the number of staff members at the Survivors Center has varied, and, according to a staff member who has been employed with the center for several years, there is a high rate of employee turnover. During my internship, from July to October, 2005, there were approximately one hundred clients served. These clients were divided between two counties, and between two program specialists, who provided direct case management to each client and who facilitated support groups for clients.

According to the mission statement, the Survivors Center is committed to justice and peace building, and therefore works “locally, nationally, and internationally” to promote a program involving three main goals, which are to “(1) Support the healing of survivors, their families and their communities through culturally appropriate advocacy, case-management and education, (2) Increase community awareness of the effects of torture through education, research and training, and (3) End torture worldwide.” In addition, the vision of the center states that the employees of the Survivors Center, “envision a world in which every person enjoys human rights and every community torn apart by crisis is given the opportunity for healing and hope.” During my time at the center, this mission statement was prominently displayed at the desks of many of the staff members.

The Survivors Center uses two definitions of torture to determine eligibility, both of which were discussed in training for the internship. The first, from the World Medical Association, defines torture as “the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason” (Amnesty International 1985). Also used is the definition provided by the United Nations, which is, “torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a

third person has committed or is suspected of having committed, or intimidating or coercing him or a third person for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity” (United Nations 1985). Training documents from the Survivors Center discuss why the two definitions are used; the World Medical Association augments the United Nations definition by including torture that is not carried out by a public official, and it also includes random acts committed in war and acts of violence that may be legal in the country in which they are used. The use of the World Medical Association definition allows for more people who have experienced extreme, personal violence to seek the help of the Survivors Center. In my experience, this broader definition is further broadened in practice. In addition to assisting people who were individual survivors of torture, the Survivors Center also assisted those who were victims of what staff members referred to as “war trauma,” that is, they suffered physical and mental problems as a result of war, however, they were not singled out for individual torture. This was symptomatic of a larger problem facing staff members; having to determine, based on information a client provides in one intake interview, whether their experiences merited being labeled as torture and whether the center would assist them.

Several notable changes occurred at the Survivors Center during the time of my fieldwork. At the outset of my fieldwork in July, 2005, a new director had been hired, while the previous director was still employed, albeit in a different position. Also, over the course of the fieldwork, there were several shifts in staff, some were due to people who left to pursue school or new jobs, and others were due to changes to the sister program, which resulted in a shift in staff between several new programs that were initiated and the Survivors Center. In addition, there was a notable shift in the purpose of the Survivors Center. At the outset of the research, my supervisor was very supportive of research, as were several other staff members at the center. However, there was not an institutional focus on research. Since that time, under the guidance of the new program director, the center has focused more intently on research efforts, and has conducted several research studies. A former case coordinator was appointed to oversee these

research efforts, and the Survivors Center has been establishing more formal guidelines for researchers.

C. Service Providers

The Survivors Center is promoted as a “center without walls,” which means that it acts as a connection between clients and service providers. Many of these are individual practitioners, such as doctors, dentists, psychiatrists, psychologists, and lawyers, who assist clients for free, or for reduced rates. According to Nancy⁴, an employee of the Survivors Center, at the time of my fieldwork the Survivors Center worked with approximately one hundred service providers. Other service providers with whom the Survivors Center interacts are connected with other service organizations, such as local English language programs, immigrant advocacy programs, food banks, charities, and health clinics. Some of these organizations focus specifically on immigrants or refugees, while others focus on low-income groups, or other populations. Among the service providers who participated, each had a different role in the overall provision of services. The majority of information on service providers was gained through day-to-day interaction with the staff of the Survivors Center, and my primary contacts were with interpreters, program specialists, and my supervisor, who was the community services coordinator. However, at staff meetings and in day-to-day interactions, I also had extensive contact with other staff members.

The staff member of the Survivors Center who I interviewed had experience advocating for the center and arranging collaborations with various community groups. The interpreters whom I interviewed proved to be key informants, because they accompanied clients of the Survivors Center in their interactions with all of the service providers. They were therefore knowledgeable about refugee mental and physical health problems, legal issues, and employment. These interpreters were each members of the former Yugoslav community, and were two of the most often called-upon interpreters for the Survivors Center in dealing with Bosnian clients. Therefore, they had both developed

4 Pseudonym.

close relationships with many of the clients. In my time working as the interpreter coordinator, requests would often be submitted for one of these two women to be the interpreter for specific clients. They also interpreted for client intakes, where the case coordinator met with a client to hear their story and determine if they qualified as a torture survivor, and could be helped by the Survivors Center. Thus, it was often one of these two women who were the first to hear each torture survivor's story. They had known many of the clients and their families for several years. Their linguistic expertise had also resulted in their helping refugees not involved with the center, and thus they had extensive knowledge about immigrant communities in general, and not only the clients of the Survivors Center. One of these interpreters, Anna⁵, had also initiated citizenship classes at the Survivors Center. The other, Jasmin⁶, had also begun teaching English language courses.

The interviews that were done outside of the staff of the Survivors Center included Sarah⁷, who was affiliated with a religious charity, Jane⁸, who ran a program offering refugees education and technical training, Anthony⁹, who was involved with a refugee public health program, Sue¹⁰, who was involved with a program that offered services to expectant mothers in the community, and who had become involved with many refugee mothers, and Jennifer¹¹, who is a former employee of a resettlement agency. Information on the service providers interviewed for this research is provided in Table I. In addition to these services, there are numerous other services involved with refugees in the area. Important services to note are a legal program that offers legal aid to all low-income residents of one of the counties covered in the research for this thesis. This program often assists the the Survivors Center clients who have immigration and asylum cases, and they have also provided information sessions where clients of the Center could ask an attorney general questions about citizenship and benefits. This group is primarily funded by the state Bar Association, but attorneys working with the

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organization also provide pro-bono hours. In addition, other area attorneys assist clients of the Survivors Center. The relationship between the Survivors Center and attorneys works so that at times, attorneys will have immigrant clients who they realize have been survivors of torture, who they refer to the Survivors Center, and at times, the Survivors Center will refer their clients to attorneys for assistance. Assistance, in the form of interpreters and referrals to attorneys, is provided to people ranging from a torture survivor who failed to pay a parking ticket, to people who are appealing the outcomes of their asylum cases.

Other service providers who work with the Survivors Center are from the mental health field. The Survivors Center has a program with a local university, where qualified students provide long-term mental health care to clients. Several area mental health professionals also collaborate with the Survivors Center, and provide services at a reduced rate to clients. This has been an essential service for many of the elderly Bosnians, who have sought medical waivers to demonstrate that they cannot pass the Citizenship exam. However, these area professionals have their own practices, and therefore can only accommodate clients as their schedules allow. This is occasionally problematic.

Sarah, who I interviewed, works closely with the legal field. She is affiliated with a religious charity, and she indicated that she often does paralegal work. Her clients are primarily from the Middle East, and often are applying for asylum. She did not discuss with me the financial resources of her charity, but did indicate that they receive support from the church with which her program is affiliated. Within the larger system of social services for refugees in the area, Sarah's program is small. She indicated that her clients hear of her through word-of-mouth, and while she stated that her clients were mainly Arabic-speaking Middle Easterners, she also stated that she has helped other refugees, asylees, and asylum-seekers, including occasional Bosnians who hear of her services. She declined to comment on the different types of services her organization provides, indicating only that her organization takes care of all of the long-term needs of people with whom they work. At the time of the interview, Sarah had initiated an interaction with the Survivors Center on behalf of one of her clients, who needed a mental health

assessment before going to his asylum hearing. Because of the short notice, the Survivors Center was unable to help with a referral. Nevertheless, this interaction demonstrated the ways in which the needs of a client spur interaction among service providers. Because of the mental health treatment needs of torture survivors, the Survivors Center was called upon to facilitate a mental health screening. However, the mental health professionals require advanced notice, and because many offer reduced rates to clients of the Survivors Center, there is often a waiting period before these professionals can take on newly recommended clients.

Jane was affiliated with a more mainstream program, which provides technical education and English language classes to refugees. This program is funded by the Office of Refugee resettlement, and is therefore beholden to the five-year limit on services mandated by the ORR. Anthony works for a public health program that targets refugees. The purpose of the program, as described in promotional materials, is the provision of culturally sensitive health services. These include health screenings and immunizations. Like the program run by Jane, the public health for refugees program is funded by the ORR, therefore, services are limited to those people who are documented.

Sue is also involved in the field of public health, although her primary focus is not on refugees, but on mothers and young children. When a group of Somali Bantu refugees were resettled in the area, Sue became involved in assisting many of the women who were either pregnant or had small children. The primary means through which clients of one program find out about programs geared to refugees, asylees, and asylum-seekers is through referrals from other programs, especially the resettlement programs, and through word-of-mouth within immigrant communities. However, Sue described a slightly different means by which she became involved with refugees and the Survivors Center, stating, “It's kind of a culmination, I think, of attending a meeting and hearing about the Bantu coming, hearing from our workers, '[Sue], what can we do?' So I started doing research and talked to [Nancy at the Survivors Center], etcetera, and one thing led to another.”

Jennifer was a former employee of one of the resettlement agencies. She was not directly involved with resettlement, but instead with an auxiliary program of the agency, which assisted refugees with job training.

Table I. Service Providers

<i>Service Provider</i>	<i>Field of Service</i>	<i>Funding</i>
Nancy	Service networks for torture survivors	Office of Refugee Resettlement United Nations
Sarah	Legal Aid	Religious Organization
Anthony	Public Health (refugees)	Local government funding
Anna	Interpretation- Survivors Center	Office of Refugee Resettlement United Nations
Jasmin	Interpretation- Survivors Center	Office of Refugee Resettlement United Nations
Sue	Public Health (women and children)	Federal Government funding
Jane	English as a Second Language Job Training	Office of Refugee Resettlement
Jennifer	Resettlement Job Training	Office of Refugee Resettlement Voluntary Religious Organization

In addition to these semi-structured interviews, my contacts during participant observation included a wide range of refugee program administrators, interpreters, case managers, English language tutors, and refugees, asylees, and asylum-seekers. When the research for this thesis began, there was also African Integration committee, which consisted of various social service providers who had been involved in the resettlement of the Somali Bantu refugees. Prior to the beginning of my fieldwork, the Somali Bantu refugees were resettled from the area of the research for this thesis to other areas. Meetings of this committee brought together diverse service providers as well as

community members interested in the resettlement of Africans. However, during the year of this fieldwork, this group eventually disbanded. Staff at the Survivors Center suggested that the decline in interest was related to the fact that African refugee resettlement had been halted in the area following the Somali Bantu resettlement. Later, it was discussed that one major refugee resettlement group appeared to be ending its refugee resettlement program, and without incoming African refugees, there was no longer a need for the African Integration Committee.

There are a number of programs in the area that, together with the programs discussed above, make up a network of services available to refugees, asylum-seekers, and asylees. There is a program designed to assist immigrant victims of crime, which, although funded by the Office of Refugee Resettlement, does not require immigration status in order to receive services. Another program is designed to assist families with school-aged children. It is also funded by the Office of Refugee Resettlement, and eligibility is restricted to children ages six to eighteen who are refugees, asylees, parolees, and Cuban and Haitian entrants who have been in the United States less than five years.

In addition to these programs, which target refugees and asylees, there are also local programs designed to assist immigrants. Spanish-speaking immigrants can seek help through a center which offers youth development programs and classes on immigration law and English language classes. Immigrants can also receive assistance with Spanish-English translation and interpretation and police consultations through this organization. Other organizations that focus on helping specific immigrants are available for Hispanics, Asian immigrants, and immigrants from the Middle East.

Immigrants also benefit from other social service organizations in the area. In one county, there is a legal organization that provides pro-bono assistance to eligible populations, including some immigrants, refugees, and asylum-seekers. There are also domestic violence hotlines and shelters, many of which have Spanish-language services. There is a food program that, for a fixed rate, provides bulk food purchases every month. Immigrants, refugees, asylum-seekers, and asylees can also use free clinics and community resource centers, if they speak English or Spanish, and if they have access to transportation.

D. Profile of Clientele

Within the populations of refugees, asylees, and asylum-seekers are those individuals who were subjected to individual torture. In order to understand the perspective of staff members at the Survivors Center, who were the ones to propose more holistic services for all refugees, asylees, and asylum-seekers, it is useful to look at the clientele served by the Survivors Center. An analysis of the demographics and experiences of this most severely affected population can provide a window into understanding the general refugee and asylum-seeker populations. As Kira has noted, torture does not only affect the individual, but it affects the community as well (2002). Thus, a more specific understanding of the clients served may help the center to better align resources to meeting the needs of the various groups represented at the center, and to better differentiate between the needs of different groups people fleeing war and persecution.

Data on individual clients of the Survivors Center are gathered when the client is admitted to the program. An intake counselor, caseworker, or interpreter interviews the client to determine whether they could benefit from the services provided by the center. The data on individual clients are then entered into a standardized form by the employee. When possible, trauma questionnaires developed by Harvard University and Johns Hopkins University are administered, but this depends on the individual circumstances of the interview. This initial information is used to determine whether the client can benefit from admission into the Survivors Center program, and if so, what services would be most useful. A typical client might request help in finding English language classes and help with their legal issues; either in obtaining asylum or obtaining citizenship. Often, either at the initial interview or in subsequent meetings, staff members recommend mental health appointments to clients. While many may not be suffering noticeably at the time, this is a preventative step. As the former director pointed out at a staff meeting,

the best time to get counseling is when the individual is not in a personal crisis. Thus, while dealing initially with the most pressing needs of clients; including legal status, language, and transportation, staff of the Survivors Center are also actively working to assist clients with problems that emerge over time.

At the time of the fieldwork, the Survivors Center served 101 clients from fourteen different countries. The average age of all clients was 42.89 years (of 98 reported ages). The largest group of clients were from Colombia, followed by Bosnia and Herzegovina, Venezuela, Cuba, and Albania.¹² Average ages of clients corresponding to these countries of origin are presented in Table II. Among clients from all countries, 52 were female, and 49 were male.

Table II: Mean Age by Country of Origin

<i>Country of Origin</i>	<i>Number of Clients</i>	<i>Mean Age</i>
Albania	5	46
Bosnia and Herzegovina	31	48.87
Colombia	35	41.27
Cuba	6	61.83
Venezuela	9	34.67
Other	15	30.6
Total	101	42.89

What have these people endured? The torture survivor center distinguishes between 72 types of torture, including a category entitled, “Other methods of violence against a person.” Of these 72 types of torture, 45 were recorded as having been experienced by clients of the center. Each client may have experienced multiple types of torture. However, each particular type of torture was only recorded once. Therefore, it is not possible to determine duration of the torture or frequency, it is only possible to

¹² Only five of the fourteen countries of origin are discussed because the remaining eight countries of origin each represented less than six people. Therefore, to protect the privacy of these individuals, these countries have been grouped together under the category of “other”.

measure the number of people who were victims of each type of torture. For comparison, it was necessary to collapse the original 45 categories of trauma listed in client records into 20 categories of analysis. Collapsed trauma categories and the frequency of each trauma type are represented in Appendix C. An analysis of the types of torture recorded by the Survivors Center shows that, among all clients, the most prevalent form of torture was death threats, which were reported by 63 of 101 clients. Death threats were followed, in order of prevalence, by threats, degradation, psychological torture, deprivation, beating, witness to torture, other forms of torture, stress, rape, isolation, and exposure.

An analysis done by the International Aid Network (IAN) in Yugoslavia, published in the IAN book *Torture in War: Consequences and Rehabilitation of Victims-Yugoslav experience*, details experiences of torture among 322 Yugoslav clients at the IAN Centre for Rehabilitation of Torture Victims. In their analysis, Jovic and Opacic divided types of torture into three broad categories; (1) “drastic forms of police torture during investigation,” which included “beatings, threats, sleep deprivation, humiliation, blackmail, and false accusations, (2) “sadistic” torture, which included various types of extreme psychic and physical pain or near-death experiences, and (3) sexual tortures (166). They found that “most types of torture experienced . . . in high percentages . . . belong to the first factor” (164). Importantly, they note that these types of torture “do not leave such consequences on the body that could be supported by objective findings of court experts, even with the examination takes place immediately after torture has occurred” (165). The research for this thesis provides a useful background for comparing other survivors of the Yugoslav wars in this study. Unfortunately, similar data for Colombian survivors of torture could not be found for comparison. Because the violence in Colombia is ongoing, there may not yet be systematic studies of the types of torture perpetrated on people who have fled the country. Among Colombian clients of the Survivors Center, threats, death threats, degradation, and psychological torture are the most prevalent forms of torture reported.

In addition to differences in the types of torture that refugees have experienced, the situations that predicated the arrival of these various groups of people in the area vary

greatly. Bosnians were forced to flee their homes in the mid-1990s, during the wars marking the dissolution of Yugoslavia. In an attempt to claim Serbian territory, the the Yugoslav National Army (JNA) enforced a policy of ethnic cleansing and genocide on many Bosnian towns. Analyses of the war in Bosnia note that there were tremendous atrocities committed by all sides, including the predominately Catholic Croats, Orthodox Serbs, and Bosnians, who may be Muslim or of mixed background. However, while working at the Survivors Center, the most relevant conflict was between Bosnians and Serbs, as evident through requests for interpretation that were received, which at times specified, “no Serbs.” While some of these people came directly to the United States, many fled to areas closer to Bosnia, such as Croatia and Germany, where they lived as refugees, awaiting a permanent solution to their displacement.

In an interview with Anna, who is herself a member of the former Yugoslav community, the complexities involved in the Bosnian resettlement were revealed. In speaking of refugees who left directly from Bosnia and Serbia, she stated, “they couldn't find themselves anywhere, especially with mixed marriages.” Here she is referring to marriages between people of differing ethnicity, either Croat, Bosnian Muslim, or Serbian. For many, she states, it was the “last chance” after having tried to live in the ethnic republic to which each partner nominally belonged. She relates that many refugees have told her, “we tried Serbia, we tried Croatia, but we couldn't go anywhere.” For many Bosnians, resettlement in the United States was both the result of international forces as well as individual choices. The United States was accepting more refugees, and the situation in the former Yugoslavia, and increasingly, in countries that had originally taken in many refugees such as Germany and Croatia, was unwelcoming.

The violence in Colombia has been described as a “dirty war” involving “the military and police, paramilitary groups, and guerrillas” (Sanches and Aviles 2001). While there is widespread violence, the type of violence differs from that experienced by Bosnians refugees. According to a *New York Times* article, many Colombian asylum-seekers “are rarely touched directly by war” but “a growing number say rebels have taken aim at them for extortion or kidnapping” (Forero 2001). While an individual Colombian may have no affiliation with government, para-government, or rebel forces, they may

nevertheless be threatened or tortured as a means of intimidation or extortion. Unlike Bosnians who were often fleeing before advancing troops, many Colombians are instead fleeing threats that are more difficult to prove, such as the threat of kidnappings. In addition, Forero suggests that many Colombian asylum-seekers are educated and affluent, characteristics which allow them to flee the country (2001). Thus, there are substantial differences in experiences between these two main groups of refugees. In addition, the violence in Colombia is ongoing, and while most Bosnians arrived in the 1990s, Colombians continue to arrive.

Enrollment in the programs offered by the Survivors Center begins with a person fleeing persecution. A hypothetical Bosnian family might have been reluctant to flee, as a son or nephew had been conscripted into the army, and the family was reluctant to leave without knowledge of his whereabouts. However, as time progressed, the situation would have worsened. If this was a family involving mixed marriages, as many Bosnian families did, it is likely that the family members would be harassed and threatened with death by nationalists loyal to the different ethnic groups. Women in the family would be at a high risk for rape, and therefore might be the next to attempt flight. Men who did not succeed in fleeing were often brutalized by enemy troops, and may have ended up in concentration camps established throughout Bosnia as the Serbian-nationalist-dominated Yugoslav National Army swept across Bosnia. Thus, in Germany, it is likely that the mother of the hypothetical family would have lived in a refugee facility with other members of the family, including the elderly. In Germany, I was told by Anna, an interpreter, many refugees were either not allowed to work, or were given only little work to do, because German officials feared the drain on the German economy of an influx of Bosnian workers. It is unlikely that the husband and son of the family would both survive, if the husband did make it to join his family in Germany, they might then have begun to attempt to rebuild their lives in the former Yugoslavia. Yet, as Anna described, many of the ethnic republics were inhospitable to people in mixed marriages. Thus, without a home in Croatia, Serbia, or Bosnia, the remaining family members would have applied for refuge. Because, as Anna indicated, Germany had taken in a substantial number of refugees, they would have not have been able to return to Germany, but would

have resettled in the United States, at this point seven years after their initial escape from Bosnia. Once the U.S. Department of State arranged the resettlement to the area of the research for this thesis, the family would have been flown to the area, and met at the airport by a member of the resettlement service. Upon learning of the husband's time in a concentration camp, the resettlement case manager refers the family to the Survivors Center.

The situation preceding an asylum-seekers flight from Colombia differs. It might begin when a businessman begins receiving death threats from a paramilitary group, who have targeted him for extortion. He ignores the threats, but upon leaving work one night, is assaulted by the men who attempted to extort money from his business. His partner disappears, and the assailants threaten his family. Fearing for his children, he leaves them with relatives and is then able to use his contacts to arrange a travel visa and come to the United States. He has had no direct role in the war, however, he has been persecuted by groups associated with his own government. Once in the United States, he realizes that he needs to apply for asylum, but first begins to work as an undocumented day laborer, to raise enough money to pay an attorney. Through informal networks in the local Spanish-speaking community, he is connected with an immigration attorney, who refers him to the Survivors Center.

At this point, the Bosnian refugee has already begun receiving services, while the Colombian has not. At an intake meeting, and at subsequent meetings with program specialists, the goals of the Bosnian family, and of the man who was harassed and beaten by paramilitaries will be established, and the center will connect them with services available in the community. Mental health services might be offered, although, at staff meetings I learned that people are initially not very concerned with seeing a therapist. More likely, they will be directed to employment services, to English language courses, and to doctors.

These scenarios illustrate only two ways that clients become involved with the Survivors Center. Referrals are obtained in other methods, for example, each program specialist at the Survivors Center is also an employee of one of the resettlement services, and they can review cases that come into the resettlement programs to determine if any of

the newly arrived refugees are torture survivors. In addition, through its network of providers, the Survivors Center also receives referrals from doctors and hospitals, who either recognize signs of torture, or are in need of an interpreter, and call the Survivors Center looking for help with interpretation. The network of interpreters is a direct link to many communities, and therefore, interpreters can refer people to the Survivors Center. For example, three of the interpreters with whom I worked closely had emigrated to the United States from the former Yugoslavia, and were therefore part of the communities they served. In addition, another interpreter worked for a church that assisted many refugees from Africa, and another, in addition to her interpreting, worked with a local cultural center that also assisted immigrants.

Chapter Five: Results

The research for this thesis progresses from a critical paradigm, in which the role of the researcher, as outlined by Schensul and LeCompte, is to “find ways . . . to bring about change in inequitable distributions of power, cultural assets, and other resources (1999:45). Prior to my involvement, the lack of long-term services for refugees was identified as a problem in need of critical analysis by my supervisor at the Survivors Center. The Survivors Center is designed to help those refugees, asylees, and asylum-seekers who need additional help in the processes of resettlement and acculturation. For this reason, according to Nancy, the United States Office of Refugee Resettlement (ORR) allows the Survivors Center to provide long-term services regardless of immigration status. In contrast, other refugee service programs are allowed to help refugees only in the first five years following resettlement (Department of Health and Human Services 2002). The ability of the center to work with clients who would be turned away by other services creates a strain on the center. I learned from Nancy that the center is hesitant to close cases or turn away people because they may not be able to find help elsewhere.

Many of the problems facing many refugees, asylees, and asylum-seekers are similar to those affecting other low-income people, including accessing health care, transportation, and employment opportunities. However, the restraints of a limited income are compounded for refugees, asylees, and asylum-seekers by language barriers and the fact that they lack citizenship. What also appears to be overlooked in programs that encourage immediate economic self-sufficiency are the effects of trauma, of escaping war and violence, and the consequences this has on the individual's ability to acculturate. The results of the confluence of problems can be devastating, as in the case of an elderly couple, who did not pass the citizenship test within the allotted time period and lost their Supplemental Security Income. By the time the Survivors Center became aware, they were barely able to afford food, and were in danger of losing their home. Other

individuals are able to find initial jobs and provide for their families; however, over time, the stresses of multiple menial jobs, the enduring effects of war, and often torture, and the stresses of resettlement begin to affect the individual and may cause them to be unable to continue to work.

Although the Bantu refugees had been moved out of the area prior to my research, the experience of resettling this group of refugees greatly influenced many of the topics discussed by service providers. According to the Office of Refugee Resettlement (ORR), between 12, 000 and 15,000 Bantu were resettled in the United States in 2004 (U.S. Department of Health and Human Services 2003c). The Somali Bantu are not a homogeneous ethnic group, but rather a mixture of various Bantu groups that were indigenous to Somalia or were brought as slaves, and have since endured persecution as a minority group (The Cultural Orientation Project 2004). Prior to resettlement they had lived in refugee camps in Kenya (U.S. Department of Health and Human Services 2003c). Unlike refugees from the Bosnian wars, who were resettled soon after their displacement, or the asylees from Colombia, many of whom intended to flee to the United States, the refugees from Somalia had often spent years living in exile. The Bantu resettlement was a frequent topic of discussion among service providers, and opinions as to what occurred with the group varied from the perspective that the resettlement was an outright failure to the perspective that they merely moved to be closer to their families.

A. Results of Observation

At the beginning of data collection, I attended a staff meeting where numerous problems facing refugees and asylum-seekers, as well as the people who assist them at the Survivors Center, were identified. Several staff members were overwhelmed with the number of clients served by the Survivors Center. In particular, there was concern that the two program specialists had unmanageable caseloads; each client is referred to as a case, and each program specialist was responsible for coordinating services for approximately fifty people. While there was no consensus on the number of cases that a program specialist should have, there was agreement among all of the staff members that the current caseloads were too large for the program specialists to effectively assist all of

their clients, without being overworked. Without the funding to hire additional staff, the staff felt that they had to terminate some clients from the program. At the outset of a client's involvement with the Survivors Center, the client and a staff member create a list of goals, for example, enrolling in English as a Second Language (ESL) classes and accessing mental health care. Once these goals are reached, the client should be terminated from the program.

Yet, there was hesitation to end services for clients. One program specialist stated that the Survivors Center cannot terminate Bosnian clients because many of their problems arise over a number of years. As an example, she discussed the problem of citizenship; a Bosnian client of the Survivors Center may contact one of the program specialists after years of no contact because they have been in the country for seven years and have not obtained citizenship, and therefore have lost their Supplemental Security Income. This seven-year time limit on public assistance was imposed by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996, and it allows refugees and asylees only seven years of public assistance, after which time they must become U.S. citizens.¹³ This program specialist also noted that she had problems with people living underground, that is, some asylum-seekers, having been told at that time that most asylum claims were being denied, would live illegally, hoping that the political situation would change, and their chances of receiving asylum would improve. This created problems for the program specialist, as she was charged with helping them to obtain rehabilitation services, yet, without a Social Security Number or other forms of legal identification, it is difficult to access services. As discussed in the overview of service providers in chapter three, many programs funded by the federal government, through the Office of Refugee Resettlement, require proof of legal status for enrollment. Nancy indicated that a new problem was that she was receiving reports that asylum-seekers were not receiving work permits. This created a burden on the Survivors Center, because they are charged with assisting torture survivors, and without work permits, which provide a legal means of obtaining employment, survivors of torture need

¹³ A more throughout description of the limitations and changes to this act is available from the Migration Information Source, www.migrationinformation.org.

significantly more support. The director of the Survivors Center at that time stated that they were taking on victims of “war trauma” as clients, as well as individual survivors of torture. This contradicts the purpose of the center, which is to serve torture victims, as defined in the discussion of the center. However, this problem also highlights one of the problems faced by staff at the Survivors Center, which is determining who qualifies to receive services.

Other problems facing staff at the Survivors Center, which were discussed among the staff, include questions of how much help to offer to asylum seekers who are economically self-sufficient, but who needed legal assistance. Helping these people took away from time when staff members could have been helping people who were not economically stable. Yet, throughout, the staff reasserted the fact that they felt obliged to help all survivors of war, because the Survivors Center was the only available program that did not have a five-year time limit on helping refugees and asylees. Several people at the meeting expressed a need for a center that could offer refugees, asylees, and asylum-seekers assistance beyond the five-year time limit on other programs. This would relieve the burden on the Survivors Center, and allow the staff to focus solely on torture rehabilitation. Another long-term problem that one of the program specialists discussed at the meeting was that the cultural shock of life in the United States can contribute to marriage problems. Other staff members affirmed family issues that arise over time following war, especially when one member of the family has experienced torture. A program specialist expressed frustration with the ongoing need for transportation for clients; some clients come to a support group for torture survivors to demand help with transportation, and the program specialist felt manipulated into acquiescing to their demands.

Several weeks later, a meeting of service providers who formed a committee to look at issues related to the resettlement of refugees from Africa provided more data on the needs of refugees, asylees, and asylum-seekers, both in long-term and short-term. The topic of transportation was again raised, and one service provider suggested that refugees need to be “taught transportation,” that is, taught how to use public transportation, as well as how to call a cab, or how to get a driver's license. A topic of

discussion was the focus of resettlement on helping refugees obtain self-sufficiency as quickly as possible, and a service provider expressed frustration that it is only after refugees have become established in this country that they realize the need for education to access better-paying jobs. However, by the time they come to this realization, the five-year time limit on most refugee training services funded by the ORR has expired. This sentiment, discussed at the meeting, was confirmed at a later interview with Jane, who runs a refugee English language and technical training program.

B. Results of Interviews

Building on the discussions that I heard in meetings, in individual interviews I asked service providers their opinions on the topics that had been raised. Interviews were conducted as semi-formal conversations, in which we would often discuss topics most closely related to the participant's work with refugees. In addition, I also used a set of questions, included in Appendix A, to get general perspectives on issues related to refugees. Thus, once a topic was brought up, either in the context of everyday work at the Survivors Center, at a meeting, or in an interview, I would include the topic in other interviews. The list of long-term needs addressed by service providers focused on mental health support, transportation, assistance with citizenship, and the need for reliable information. In addition to the specific needs of refugees, asylees, and asylum-seekers that arise or continue to be problematic over the months and years following resettlement, there are more general problems that service providers must navigate in assisting refugees. These include problems such as determining who can receive services, negotiating policies that restrict who can receive services and for how long, and issues of resettlement, especially long-term acculturation, which are more difficult for the elderly. Despite the constraints on service providers, there are informal networks of support among service providers, whereby, in an attempt to help those who are in need, service providers work outside of their official roles. Below, the specific long-term needs identified by service providers are discussed, followed by more general issues affecting service providers. Then, a section is devoted to a discussion of program needs identified

by service providers, including information on coordination of programs, the need for a community center, and the need for advocacy.

C. Long-Term Needs Identified by Service Providers

Mental health

One prominent area of long-term need is broadly related to mental health. This was especially relevant at the Survivors Center, because a large portion of the referrals made by the center are to mental health professionals. As the literature on refugee mental health discussed in chapter two demonstrated, there are numerous mental health issues related to surviving war and persecution. The Survivors Center recruits mental health professionals to provide reduced-rate services to their clients. However, these reduced-rate services are offered in limited supply, and as a result, there are often waiting periods to access free services. This can become a problem when a refugee, asylee, or asylum-seeker needs documentation of a mental health disorder immediately preceding a court hearing, or to exempt them from having to take the citizenship exam. Furthermore, many of the refugees, asylees, and asylum-seekers who have settled in the area need ongoing mental health treatment for depression and post-traumatic stress disorder. An innovative program, in which doctoral students at a local university offer mental health services, has been beneficial to many clients of the Survivors Center. However, this program cannot meet the overall need for mental health evaluation and treatment among refugees, asylees, and asylum-seekers. Other aspects of resettlement also affect mental health needs, and several respondents pointed to the social isolation experienced by many elderly refugees, asylees, and asylum-seekers as contributing to their depression.

This topic of mental health arose in my interview with Nancy, an employee of the Survivors Center, when we were discussing the changing needs of refugees, asylees, and asylum seekers in the area. She emphasized not only the need for mental health help, but especially the need for help with obtaining “waivers,” which refer to the N-648 Medical Certification for Disability Exceptions Document. This document provides an exception to the 7-year limit on public assistance for refugees and asylees who cannot pass the citizenship test because of a medical disability. As Nancy explained, one way that some

refugees can retain their SSI without taking the citizenship exam is if they can obtain a letter from a mental health professional stating that they cannot undertake the citizenship test, and thereby procure a waiver.

Depression, an aspect of mental health, was the first topic that Anna began to discuss after I introduced the research topic to her. Anna suggested that mental health needs were related to depression. When I questioned Anna about her observation that many of the refugees with whom she worked were depressed, she stated that depression was caused by “a variety of things for a variety of people.” In her experience, depression was triggered by several factors. She stated, “Some, and actually a lot of them, I think, the cause of their misery was their financial situation. You know, fifty or sixty or seventy years old, they didn't work, or if they were sick and younger.” Often, she indicated, financial setbacks were the result of refugees losing Supplemental Security Income. Many of the symptoms that Anna described were also evident among the elderly Bosnians with whom I worked. The lack of financial security caused by the loss of benefits exacerbated their isolation, which in turn added to feelings of depression and loss of a purpose in life.

Transportation

In an area with limited public transportation, many refugees, asylees, and asylum-seekers have difficulties leaving their homes. This is especially problematic for certain groups, such as the elderly or disabled, who cannot drive. This also presents a burden for social service providers, who must not only arrange appointments and interpreters for their clients, but who must also often determine a way to transport the client to the appointment. The need for transportation often cannot be overcome in initial resettlement, but is instead an ongoing problem, which contributes to the social isolation of many people. Without access to cars, or the ability to speak English well enough to understand bus routes, many refugees, asylees, and asylum-seekers have only limited access to transportation, and are often dependent upon family members or social service personnel to access services such as medical appointments and English classes.

Sue had extensive knowledge about the Somali Bantu refugees who were resettled in the area. When discussing the needs of that group of refugees, transportation was a prevalent topic. Although the program with which she was employed did not target refugees, asylees, and asylum-seekers, many of the Somali Bantu women were pregnant and low-income, and they therefore qualified for the services offered by Sue's program. According to Sue, transportation was a primary long-term problem. She stated, "Transportation is always an issue. Because, if you have Medicaid, you can take a Medicaid cab. But, a lot of our refugees and immigrants only get [emergency] coverage for forty-five days. So they get forty-five days medical care, paid for by the state, and then a lot times they're on their own." Here she is discussing emergency Medicaid, which refugees use if they are pregnant, and need medical care, but have already exceeded the initial eight months of medical coverage included with resettlement. Beyond the short duration of availability, Medicaid cabs proved problematic in other ways. Sue explained;

If they have Medicaid, they can get [a cab] two to three days in advance, and if they can speak English. See the problem is, you have to be able to make the phone call to have the cab pick you up. And you have to be able to communicate with [the dispatcher], you have to know who to call. The other issue is that the cab companies quite often refuse moms who have children, and they have the right to do that because they carpool the Medicaid clients to save money. They have the right to stop and pick up two or three clients that are going to a medical appointment. What happens is . . . they call a cab and the mom has two and three children with her that she needs to transport. So quite often they might give them one way and then you find a mom stuck at [the local hospital] with two or three children. Then the other thing is car seats; if they have car seats or appropriate booster seats. Sometimes not. We kind of ran into a problem trying to get booster seats and car seats because the cabs don't run around with car seats because that takes up baggage room.

Anna also spoke at length about the transportation needs of refugees, especially the Bosnian community with which she was most familiar. In our discussion, I told her that many of the Bosnian refugees in my English class had experienced transportation difficulties, and complained that they could not walk to many places, but instead had to drive. I asked her if refugees were informed of the need to own a car before they came to the United States. She responded, “I don't know any place in our old country where you would have to have a car, where that was a necessity. A car was a luxury, and you know, even some people who had cars, they would barely use them, when they went on long trips or something like that. So I don't think that was told to [the Bosnian refugees] or if there was somebody who mentioned that to them, maybe they didn't realize to what extent they would have to depend on a car.” Later in the interview, I asked what type of improvements could be made to help refugees better acclimate to their new lives. She responded, I think somebody needs to work with, meet with, the public transportation system.” Speaking of the Survivors Center, she said, “We wanted to set up a meeting with them and they would come . . . maybe we would invite our [Survivors Center] clients and other people from the community and they would give them a lecture like how do you use the public transportation, you know, a lot of [refugees] don't want to use it, they're afraid to use it . . . 'I'm going to get lost and I don't know English, how would I tell the driver?’” In this discussion, it is evident that the need for transportation is closely tied to other needs, such as language skills. The combined effects of being unable to communicate and not understanding how public transportation works prevent people from accessing services that might appear to be easily accessible, such as local food banks and clinics.

Citizenship

Obtaining citizenship is a significant achievement for many refugees and asylees, not only for the personal reasons that compel people to become U.S. citizens, but also for the very practical reason of having increased rights and access to social programs such as Medicare and Medicaid. Citizenship is not easy for many refugees and asylees to obtain; it involves filling out an application in English, answering many personal questions, and

establishing one's ability to speak and write simple English sentences. While these tasks might not be difficult for many, they can often prove insurmountable for many refugees and asylees. People who have endured severe trauma may be mentally incapable of learning English, or of sitting through the test, which means that to obtain citizenship, they must obtain medical waivers. Others may be illiterate in their own language, which means that learning to read and write in any language is a challenging task. Still others may suffer from medical conditions such as low blood pressure, which makes it difficult to sit in a classroom and learn English for several hours at a time. For elderly refugees and asylees, the pressure of losing their Supplemental Security Income (SSI) if they do not obtain citizenship increases the stress surrounding the already difficult citizenship test. The topic of elderly refugees and the need for citizenship was discussed at length in meetings of service providers; it was also the most often discussed topic in interviews with people who worked with elderly Bosnians.

In response to the interview question, "Over time, what changes have you noticed in the needs of refugees?" Nancy indicated that there was a "huge shift" related to the need for assistance with obtaining citizenship. This was directly related to the requirement that elderly refugees and asylees obtain citizenship, or lose their SSI. One aspect of this was the increased need for mental health screenings, to assist people in obtaining the health waivers discussed above, which exempt them from the citizenship exam. Another aspect was the need for citizenship classes and tutoring. Several years prior to my fieldwork, Nancy said, there had been a citizenship class offered by one of the resettlement agencies. The need for citizenship assistance was so great that refugees relocated to the area from around the country for help. However, funding for the citizenship program ended and it was discontinued.

In a later interview with Jennifer, who was a former employee of one of the resettlement agencies, she also mentioned the citizenship program that had been offered by the resettlement agency. However, while Nancy had spoken highly of the program, Jennifer's position within the agency allowed her to point out some of the difficulties encountered in administering the program.

The citizenship exam consists of questions on civics and U. S. history, a brief interview, and a section in which applicants must prove that they can write simple sentences in English. Thus, citizenship classes focus on teaching enough English to pass the test. Among the elderly, the need for English language capabilities is often only an issue when the need for citizenship arises. As Jennifer pointed out, many of the elderly lived with their families, and only had interaction with their families and with other refugees. Therefore, she stated, they “really only wanted [English] to get citizenship.” While speaking of the classes run by the resettlement agency, Jennifer noted that “the idea was to teach English to the elderly, but they had such basic [English as a Second Language] needs that they didn't get that far.” Many of the people to whom they were trying to teach civic education were in need of basic literacy skills; indeed, she stated, “many of them weren't literate in their own languages” and “on paper it was such a great idea to target these populations, but in reality it was much different.” Therefore, it was difficult, in Jennifer's observations, for the ESL teachers to teach elderly refugees English at the level of the citizenship test, when what was needed was basic literacy.

Anna, who was instrumental in arranging for citizenship classes to be offered to Bosnians through the Survivors Center, also observed the need for assistance with citizenship. However, she thought that the problem could be solved with additional classes and tutoring. Her realization of the need for citizenship classes came when, as an interpreter, she saw the number of people who were requesting to see attorneys in order to discuss ways to get citizenship without passing the citizenship exam. She explained, “We were taking so many people to the attorney, and it seemed that almost everybody wanted to go to an attorney, you know, even people that I thought personally could learn, you know, enough English, or like enough History to pass. But it seemed to me like they were thinking it's such a huge thing to pass this exam.” Later she stated, “what we need it just like somebody that, you know, can sit down and kind of practice with them.”

For Nancy, Jennifer, and Anna, the need for assistance with obtaining citizenship was a pressing, long-term need facing refugees, especially in the community of elderly Bosnians. They and other service providers also feared that the citizenship assistance that was so notable among the Bosnians would soon affect other populations, such as

Colombians, as well. Many Bosnians came within several years of one another in the 1990s, and therefore, they were reaching the seven-year expiration on benefits within a short time of one another. They were also the first large refugee group in the area to be affected by the changes to welfare laws made under PRWORA in 1996. However, service providers such as Nancy expressed fear that in several years, other refugee and asylee groups will also reach the seven-year time limit, and the problems facing Bosnians will be repeated among other groups.

Information

Service providers are a crucial source of information for refugees, asylees, and asylum-seekers. Through their knowledge of the social service system and the network of other programs available, they can often direct clients to various programs to assist them with issues ranging from enrolling their children in school to obtaining citizenship to finding a family doctor. However, once resettlement is considered complete, and the client is no longer seeing a case manager or other service provider, their access to reliable information is no longer guaranteed. Several social service providers expressed in interviews their desire that refugees, asylees, and asylum-seekers could find reliable sources of information that would be available to them after the initial resettlement support had ended. The Survivors Center attempts to provide this type of information-support to its clients; in my time as an intern, I was asked to help individuals with questions about mortgages and university admissions. However, the Survivors Center can only assist the subset of refugees, asylees, and asylum-seekers who have experienced torture, and therefore, there are many other refugees, asylees, and asylum-seekers in the community who do not have access to reliable information translated into their own languages.

Anthony specifically noted that there are long-term needs among many refugees for information. He indicated that this was particularly problematic with people who have relatives in the area. Often, he indicated, resettlement programs will rely on the relatives to act as “quasi-sponsors” and help people to become oriented in their new lives. However, he stated emphatically, “resettlement offices call family members sponsors, but

they are not, the government is!” Anthony described the confusion that results when new refugees are reliant upon other refugees for information; “in a dark room, you go and feel around, guessing, well, the cousins are in a dark room, guessing.” Here he is speaking of the problems that arise when refugees rely solely on one another for information.

Linguistic isolation and a lack of familiarity with U.S. laws lead to the perpetuation of misinformation. Without access to long-term services, however, refugees may not know where to find reliable information on topics such as the revocation of SSI benefits, or other legal issues. Anthony stated, “they need a place to go to where they won't get gossip information.” I asked Anthony what type of long-term informational needs refugees have, and he responded with the following list: “how to open a small business, how to get a green card, immigration . . . how do I vote and what is a down payment for a house?”

“Gossip news” is a term Anthony coined to describe the proliferation of false information, especially regarding legal issues and benefits, among linguistically isolated groups. I asked Anna about this problem, and she responded with the following example of her realization of the prevalence of gossip in the community: “I remember the rule, yeah, there was a rumor that from March 2005 or May . . . there would be no longer that five year rule, that you would have to get your citizenship in the next five years . . . 'No no, Bush decided to break the law,' whatever, to change the law, and I was like, 'Where did you hear it?' And it's like, yeah, 'It was on the news, it was on the news' and I was like 'What news? I watch news all the time! How did I not hear?' And I was like, 'Okay, maybe I was busy or maybe I didn't pay attention.' So I really did research online.” She then explained that at that point, she realized that she was confronting a pervasive rumor, and tried to dispel it. However, dispelling the rumor was difficult. I asked her why she believed these rumors started, and she responded,

I think it's such a closed community and a lot of them don't get any like contact with people from outside, you know, all the people they know are like maybe their first door neighbors or like the family and that's who they believe that's what they hear . . . some of them, they watch the

news, but maybe they understand it completely wrong. They just heard Bush saying something about refugees and they're going to connect it and make it into a story.

Another service provider, Jasmin, expressed extreme frustration with gossip news. She stated, "One is saying this, the other one heard that, [imitating refugee] 'Oh no, we have to pay a lot more for the application.' Sometimes they just bring it as a fact." As an example, she stated that there was a pervasive rumor that elderly refugees had to go out of the country once their Supplemental Security Income expired.

Anna's discussion of gossip news reveals an underlying logic; with little contact with the non-Bosnian population and limited command of English, these refugees have relied upon their family and neighbors for information about changing benefits. The effects of this small social network, combined with the fear of failing the citizenship exam result in the extrapolation of good news from any information available.

Sue also discussed the need for information, yet she understood informational needs from her perspective as a public health worker involved with Bantu refugee mothers and children. She stressed two aspects of education involving childbirth and childrearing; educating doctors about different populations, and educating the families about what they could expect in doctors visits and during childbirth. Thus, she described to me how one Bantu refugee mother had to undergo a Cesarean birth with no one to translate. The woman did not know what had happened, her husband was upset, and other Bantu mothers became wary of giving birth in hospitals. According to Sue, mothers expressed fear that "you're not going to have the baby how you want, [the doctors are] just going to knock you out, put you to sleep." Other concerns were about the doctors, who were unfamiliar with the physical effects of female genital mutilation, which many of the mothers had undergone. The practice of female genital mutilation involves cutting part or all of the external female reproductive organs, and may involve stitching the vulva shut. Sue stated, "We wanted to be prepared for that if a woman was in labor and was completely stitched shut we wanted our doctors to address that during prenatal care; to kind of talk to them about options and to get a translator so that we could

let them know this is what we'd like to do.” Thus, Sue saw the need for education for both female patients and the doctors treating them.

Other Areas of Need

Mental health, transportation, citizenship, and the need for information were the topics that many service providers spoke extensively about. Others spoke equally passionately about other aspects of long-term needs that they saw in their work, but that might not have been realized by other service providers. Sarah, for example, saw the need for advocacy to prevent discrimination. Jennifer, meanwhile, spoke at length about the need for career counseling to help refugees, asylees, and asylum-seekers to advance in their careers. She had worked in a work-training program, and therefore knew the problems of job dissatisfaction that refugees and asylees experienced in the months and years following resettlement. In her opinion, after the period of initial adjustment, refugees and asylees experience “a lot of dissatisfaction with their jobs.” Here she highlighted the differences between people who flee persecution and other immigrants; whereas immigrants come looking to work, often refugees, in her observation, did not necessarily want to relocate. She stated, “a lot of them were professionals in their own countries and didn't want to leave.” As an example, she discussed the plight of a person who had been a dentist in their country of origin. In the United States, barriers such as language and retraining make it “virtually impossible to get a job as a dentist” if you are a refugee. Thus, she experienced job dissatisfaction as one of the main long-term problems affecting refugees and asylees. In her observation, “After a year, the realities start kicking in of their loss of life as they knew it.” Although she could not say precisely how this could be remedied, she did suggest that intensive English training combined with job training could benefit many people who were seeking career advancement. Unfortunately, she noted, the career training program in which she had been involved, which only had a limited program designed to place people in the medical field, had been cut due to funding shortages. Therefore, it seemed unlikely that a more comprehensive program could be initiated.

D. Definitional Problems

One of the most significant findings of the research for this thesis was the importance of categorization in determining who receives services. Interactions with staff and clients of the Survivors Center, as well as interviews with other people working with refugees, have shown that the problems arising from definitions and classifications are acute. For example, a refugee couple who came in the 1990s, received citizenship, and applied for family reunification found that when their adult child arrived, he was admitted under laws pertaining to the reunification of adult children with parents who are U.S. citizens. Therefore, he was not classified as a refugee, and support services such as financial aid, language classes, and housing assistance were not available for him. Similarly, the definition of a refugee deserving aid is subject to temporal restraints. Elderly refugees have a seven-year window in which to become naturalized citizens, or their supplemental security income is revoked. This has been especially salient within the Bosnian refugee community, and it has affected service providers. Nancy stated, “Bosnians have asked me, 'Why did they bring me here?.'”

If we briefly separate asylum-seekers from asylees and refugees, it is evident that parameters created by labels are even more constraining for asylum-seekers, prior to their affirmation as asylees. Although the definitions outlining who can obtain refuge and asylum are explicit, in practice, the process of applying for asylum involves many considerations. Thus, issues of lawyer fees, ability to speak English, or the strength of one family member's claim over that of another all appear to affect the likelihood of someone applying for asylum. As a result, there are people who may have experienced persecution but who have not yet been labeled as an asylee, and therefore cannot access services. Without a social security number, even English-language programs may be unattainable for asylum-seekers in the process of making their cases. Initially, this study aimed to include more information on asylum-seekers. However, what was gathered was sporadic. Many programs do not include asylum-seekers until they have the appropriate paperwork declaring them asylees. The challenges facing refugees are experienced with even more danger and uncertainty by asylum seekers.

The experiences that I had doing participant observation, and the opinions of service providers also suggest that another problem resulting from the rigidity of the definition of a refugee is that it encompasses myriad types of people under a standardized label and standardized services. This is problematic because a Somali refugee who has lived in a state of flux in a refugee camp waiting for resettlement has a very different set of needs than, for example, a Cuban exile who was granted refuge by appealing to an embassy. In interviews and in the daily work of the Survivor Center, refugees are often spoken of as cultural or ethnic groups, for example, the Bosnians, the Turks, the Haitians, and the Somali Bantu. However, it has been suggested that there is considerable variation in the resettlement process within these groups, based on a number of factors. When discussing resettlement, Anthony, who was also a former refugee, noted that while many Bosnians came from cities and acculturated quickly, “ten to fifteen percent” of Bosnians had problems adjusting, and “we spent a long time on them . . . it took a long time.” He went on to explain that while many Bosnians had lived in cities and were educated, those who had lived in more rural areas where less education was needed or available had more difficulty in gaining the reading and writing skills necessary to pass the citizenship test. This demonstrated that within an ethnic group, there were considerable differences in service needs based upon factors preceding resettlement. This was echoed in a later interview with Jennifer, who when asked about long-term problems, responded, “It's really difficult if you're not literate in your own language.” Thus, refugees and asylees who are pre-literate as well as those who are already fluent in English are given the same amount of time to acculturate, find a job, and achieve citizenship.

Further differences within the population of Bosnian refugees were evident in a discussion with Anna. I asked her how well Bosnian refugees were provided for when they arrived. She responded, “It varies a lot because . . . all of them came in really different circumstances I think and some of them, maybe, they worked first for a couple years and then maybe they got sick or they got ill or the post-traumatic stresses they were having surfaced now after only a couple of years so they had to stop working. And I think they provided for themselves, that was the impression that I would get, you know,

everything they had was theirs. And others, they were sick as soon as they got here. They couldn't work, they didn't work a day in this country. So everything they have is what somebody gave them. But I don't think it's a difference how well they were provided it was how much they had when they came here.” Here, Anna explains that the resources refugees had upon arrival, including their health, affected their resettlement. She also explains that refugee experiences following resettlement also affect how well they can provide for themselves. Within this community of refugees, differences in needs emerge according to individuals.

Services such as resettlement help, language and job training, and other forms of assistance are regulated by the policies of the ORR, which funds the majority of programs designed to assist refugees. One of the areas of dissatisfaction that was often expressed in interviews, and which became evident during participant observation, was the problem that ORR funding for many programs stipulates that only refugees or asylum-seekers who had been in the country for less than five years can receive services. This constrains service providers in adequately assisting refugees, asylum-seekers, and asylees, especially those who needed long-term assistance.

E. Policy Factors Affecting Services

Policies regulate the determination of who is classified as a refugee or an asylee, and then also specify the programs and services people can turn to for help. Just as the resources of a refugee or asylum seeker prior to their resettlement affect their need for services, so do the policies with which they must interact. In discussing the plight of the aforementioned Somali Bantu refugees, who, prior to coming to the United States, were polygamous, Sue expressed frustration at the added stress caused by the policy of splitting up polygamous families. She said that “when the Bantu were brought here to America a lot of their families were kind of broken up” and “some of their wives were shipped to other areas.” Sue explained this not as an example of how a cultural difference caused families to be separated, but as an example of how a resettlement policy impacted families. From her perspective as a service provider, the problem was not that the Bantu refugees are polygamous, which could be attributed to cultural difference, but instead resettlement policies split apart family and friends, wrecking systems of support, such as mutual childcare.

Refugee service providers expressed high regard for other services in the area. However, several also expressed frustration with limits imposed on service. United States refugee resettlement policies often focus on the short-term acquisition of employment and English-language skills to obtain “economic self-sufficiency,” a term which became a buzz-word in the research for this thesis. This approach to resettlement focusing on immediate economic self-sufficiency is enacted in the two most-often discussed restrictive policies; the five-year ORR time limit on many resettlement services, and the 7-year limit on public assistance enacted under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which was discussed above. As Jennifer clarified for me, “the definition of self-sufficiency is economic self-sufficiency,” and that is the focus of the four months of resettlement assistance. Jasmin, a service worker in the Bosnian community, stated that the focus on immediate self-sufficiency results in a situation where refugees “just take whatever job they can” and “a lot of them work two jobs just to have some sort of normal providing lifestyle.” Jane, a service provider who works with refugee education indicated that this focus on

employment can negatively affect a refugee's opportunity to learn English and technical job skills. According to Jane, in order to qualify for technical training and English language classes, refugees must be either employed or registered with an employment program. When I asked how that would function, she responded that it was a “Catch-22” whereby one often needs English language skills to obtain a job, and yet, to qualify for the English language program, one needs a job. Further complicating this, she indicated, was the fact that, for many people, five years is an insufficient time to master a foreign language, and thus, “even the really smart ones are hitting the five years” without enough language capability to take work training courses. This policy has also created problems for the Survivors Center. Because the center has flexibility in providing long-term services which are not available through other programs, it was suggested that staff are hesitant to turn away or terminate clients. This is especially evident when elderly refugees are considered.

Extensive criticism among service providers was directed at the PRWORA policy requiring that that elderly and disabled refugees obtain citizenship within seven years of arrival, or risk losing their Supplemental Security Income. In expressing frustration with the effects of this policy on the many elderly Bosnian refugees in the area, Nancy commented, “Who's asleep at the wheel here?” There is an exception to this policy; refugees may obtain a waiver if they are receiving mental health treatment and cannot learn the language. However, this then leads to problems whereby service organizations are pressured by refugees, even those capable of learning the language, to help them obtain waivers. Anna explained that many elderly Bosnians view the citizenship exam as an insurmountable obstacle, and therefore they see a medical waiver as their only hope. As Anna explained, “[Elderly Bosnians] were also afraid. They were thinking, 'Oh you have to know English perfectly to pass.' We kind of explained, 'No, you know, 'I've known people who passed and no,'" she said, laughing that people passed the test without knowing English perfectly.

F. The Situation of Elderly Refugees

Because of the effects of welfare reform, as well as the focus on economic self-sufficiency, discussions on a day-to-day basis often turned to the needs of elderly refugee populations. As Nancy and other staff at the Survivors Center explained, there are many clients who cannot be terminated from the support of the Center because their problems are ongoing. Often, medical needs increase with age, as does the need for interpreters to attend medical appointments, and for transportation to be provided to and from appointments. Thus, for many elderly refugees, the goals of resettlement are a cruel paradox. Instead of striving toward self-sufficiency, many elderly are reaching the age where they would normally become more reliant on others. Many do manage to start anew, for example, an elderly man in one English class jumped into the process of acculturation. He got a job at a local store and, lacking a car, would jog in the mornings to English class. However, his self-sufficiency and that of many others is fragile, and could be ended by a medical problem, the loss of a job, or recurrent problems such as PTSD. This precarious grasp on self-sufficiency is complicated by the issue of the revocation of supplemental security income for refugees who fail to obtain citizenship within seven years. According to Nancy, the revocation of benefits leads to a “retraumatization” for many refugees, and the extent of the problem affecting elderly refugees is such that “medical appointments and citizenship could very easily keep a program busy.”

Anna spoke about the travails of elderly refugees who have lost their SSI, and who then find themselves linguistically isolated and entirely dependent upon family members. She explained, “They were totally dependent on family like their children and it so ah, difficult for somebody their age all of a sudden they were depending on their children not just for simple things you can't do because of your age but for everything. For anything you need to buy for anything they just felt such a burden you know . . . they would be very depressed and they would feel like their, you know, like their life was, you know, kind of had no meaning and a lot of them wish they were dead and they will tell you that.”

Anna's analysis paralleled my own experiences working with citizenship and English language classes for Bosnians. Throughout my eight-month fieldwork experience, many of the long-problems facing refugees were most visible among the elderly. English language-learning, for example, could be hindered by age-related hearing or sight deterioration, writing could be hindered by arthritis, and class attendance could hinge upon finding a relative able to drive, and ensuring that there were no doctor's appointments that day. Without the opportunity to learn English, and without transportation, many elderly refugees were left isolated in their homes, unable even to talk to their neighbors.

G. Informal Networks of Support

Despite the limitations imposed on service provision by policies specifying who can and who cannot access services, and what services can be offered to each person, the service providers involved in the research for this thesis all expressed a commitment to helping everyone in need to the best of their ability. A sentiment that was expressed in several interviews was “we don't turn away anyone who comes through the door.” What was meant by this, expressed in different ways, was that if a refugee or asylee, regardless of immigration status, entered a program, the staff of the program offered what assistance they could. Over the course of several interviews, it began to be clear that there is an informal network of service provision that exists outside the day-to-day work of the various programs working with refugees and asylees. Thus, at the Survivor Center, volunteers are put in contact with people who fall outside of the parameters of the services of the center. Jane stated that some of her staff members, who work in the field of refugee education, sometimes drive people to appointments or help with other tasks outside of their work hours, which according to the policies of the various program, cannot be done using the resources of the programs. When one program extended services beyond the five-year ORR time limit to a refugee, they were reprimanded and told to recoup the money spend on the additional services. In my own experience, I helped several people with English language tutoring outside of my work at the center, knowing that there was no institutional support to otherwise assist these people. Overall,

this off-duty work undertaken by service providers or the volunteers they recruit addresses many of the issues that have been identified as problematic; for example, transportation, English tutoring, and access to services. Yet, because this informal network relies on the generosity of service providers and volunteers, and it lacks institutional support, these extra services are limited.

This informal network is beneficial, because it addresses problems and it also suggests that there is a tremendous commitment to addressing the resettlement needs, both short- and long-term, of refugees, asylees, and asylum-seekers. This network will be essential in implementing any new programs. However, it is also problematic. One agency firmly admonishes employees upon their employment to avoid any contact with clients outside of their work. From a business perspective, this may prevent the organization from being liable if a conflict of interest should arise. However, this creates a problem for employees who are then prevented from providing volunteer services that support the official programs. In several interviews, service providers who were also part of the culture in which they worked expressed dismay at this policy; how should one act when the people with whom one works are also members of the same social group? Feelings of confusion were expressed, as was the sentiment that many refugees, asylees, and asylum-seekers feel more comfortable with people who they see in non-professional settings, and denying this interaction may decrease the sense of trust.

H. Program Needs

The list included above of long-term needs, which details mental health, transportation, citizenship classes, informational needs, and others represent the most-often discussed needs. However, each day of participant observation, and each subsequent interview, added to this list of needs felt among service providers. Often, very specific needs were addressed, such as one lengthy discussion with Anthony on the need for clean beds for newly-arrived refugees, and on the need to have volunteers solicit money and donations to provide clean beds. However, many service providers expressed needs as they related to specific crises, such as the issues that arise when various

structural problems; the lack of transportation, language difficulties, and financial difficulties, for example, all collude to prevent a client from accessing needed services.

Coordination

Several service providers spoke of the problem of coordinating services. In speaking of the resettled Somali Bantu, Sue stated in frustration, “so it was almost like, we couldn't fit into those grids that the system makes you fit into to get everything.” Jane, who had experience with most of the refugee groups in the area, remarked, “it's a cut and dried system . . . not everybody fits the cookie cutter.” In Nancy's opinion, “there are a lot of fragmented services going on,” and according to Sarah, services are “scattered.” The difficulty of coordinating services was compounded by the fact that, rarely does a problem have one solution, instead, it is often a matter of several problems at once. For example, a person might need assistance in finding a doctor, which is compounded by the need for an interpreter, as well as the need for transportation. The problem of interacting logistical problems was evident in many situations, for example, an elderly person who wanted to attend an English class was dependent upon a relative for transportation. Coordination could also become a problem in terms of prioritizing the needs of refugees; in several instances, young refugees needed to become employed as soon as possible for financial stability, and therefore had to forgo further education, even English classes, in order to attain “economic self-sufficiency.” Often, it seemed, as a service provider addressed one problem, others would surface. Thus, as Sue noted, “A lot of the Bantu had transportation issues. And again the first call that I got from a worker was I need an interpreter.” Incidentally, there were few capable interpreters for the Somali Bantu, which demonstrated another aspect of resettlement problems; one issue, multiplied among many refugees, quickly can become a crisis. Similarly, the problem of a few elderly Bosnians losing their SSI and needing support could be handled with a minimal inconvenience; English language tutors could simultaneously help with citizenship applications, and resources can be pooled to assist a few families with groceries and rent. However, because a large number of Bosnian refugees are elderly, and many came within a few years of each other, there were many families who found

themselves needing assistance at the same time. This strains informal systems of support, such as within the community or among friends, and then when the problem is brought to the attention of service providers, programs that might otherwise be able to help a few families are instead faced with the inability to help everyone at once.

A second problem of coordination relates to the way in which people hear about services. This is closely related to legal status. Refugees are immediately put in contact with service agencies. However, after their initial resettlement assistance has expired, they are left to fend for themselves. The exception to this is torture survivors, who are referred to the Survivors Center. Asylum-seekers, meanwhile, do not have the automatic access to services granted to refugees.

Jennifer explained that reaching refugees is easier because the resettlement agency facilitates their resettlement. However, it's more difficult to reach asylum-seekers and asylees. She said that, without the guidance of the resettlement program, "it's a lot more difficult for asylees in general to understand their rights." Sarah expressed the problems she has encountered in dealing with asylum-seekers. She stated that sometimes, her organization does not get people from the time they come into the country. Often, asylum-seekers are "preyed upon" by attorneys, and they receive bad representation. Sarah herself is a paralegal, and she related that these predatory attorneys may give their clients bad advice, and once their asylum case is denied, the bar for receiving asylum is raised. Thus, by the time the asylum-seeker finds out about Sarah's program, it has become much more difficult to establish the person's legitimate claim to asylum.

Need for a Center

While it became clear that the needs of refugees for long-term support were extensive, there were also a number of opinions on how to meet those needs. Some service providers thought that services need be less fragmented, as Sarah noted, "We're missing the big grants because everyone is doing everything alone." Fragmentation can be understood both physically and financially. Physically, there are various services offered throughout the counties served by the Survivors Center and the resettlement offices. Accessing each service requires transportation and, often, English language

competency. Financially, many programs are funded by grants. For example, the citizenship program offered by one of the resettlement agencies, according to Jennifer, was funded through the Department of Children and Families through the Office of Refugee Resettlement. These were time-limited grants, and, as a result, “one day the funding was gone.” Similarly, during my time at the Survivors Center, there was a reduction in the number of staff in a sister program for families suffering from domestic violence as a grant ended, and then, when funding was found for different program, there was a shift in staff and in clients according to the parameters of the new programs. In addition to complaints about the fragmentation of services, other service providers expressed frustration with the lack of flexibility of programs, especially in relation to the policies regulating who can access services and who cannot.

The concept of a community-based center, or at least a centralized location for services, was mentioned often. Anthony, who was a proponent of a community center, said, “There is no place where they can come and say, 'I have five problems.'” and what is needed, according to Nancy, is a “one stop shop.” Several service providers noted that a central location where refugees could access reliable information could help with the persistent problem of “gossip news.” Thus, a community center could be a place for people to come and receive reliable information, rather than relying on their own interpretations of the news and of rumors and gossip. Finally, Jennifer expressed the need to have a physical space for refugees, in contrast to the program of network help used by many service agencies, in which clients are referred to different programs scattered throughout the community. She said, “There is something to be said for a place to come, a place that is welcoming.” This idea of a center contrasts with the current system of scattered service provision, where even the task of starting an English language or citizenship class involves first searching for a suitable location in which to meet. Furthermore, the idea of a place that is “welcoming” encompassed, for several respondents, the idea that refugees, asylees, and asylum-seekers could feel comfortable at the new center, and rather than only having one-on-one interactions with service providers, they could also interact with other resettled individuals and volunteers.

Advocacy

Opinions on how to implement a center, and what functions it should have, varied. Several people expressed the opinion that one aspect of refugee resettlement which is lacking is advocacy on behalf of refugees. Anthony saw this as central to the development of a community-center, and he stated, “The center will not only link people to services but also be for advocacy.” What was meant by “advocacy” varied among service providers; while some envisioned a basic advocacy whereby volunteers would, for example, canvass local businesses for material support such as beds and food, others saw the need for more political advocacy. As Jane stated at the outset of the interview, the solution to many problems would be challenging and revoking the policy of a five-year limit on refugee services. Sarah expressed the need for more to be done in terms of community education to prevent discrimination. Most often, the need for additional support was emphasized.

Jennifer stated that, in the local community, “people just have no idea” about the numbers of refugees in the area. She stated that this lack of awareness extends to the school system, the health system, and other social systems, and there is a very pressing need to “raise awareness to the community” of the presence of refugees, asylees, and asylum-seekers. This, in turn, could assist service providers in organizing volunteer support.

I. Model Programs

When I began this research, I expected to find various community-based centers addressing the long-term needs of immigrants and refugees throughout the United States that could be used as models for designing a center in the area of this research. However, there are few programs designed specifically to meet the long-term needs of these populations. Instead, a review of programs throughout the country that assist refugees, asylees, asylum-seekers, and immigrants revealed that various assistance programs have adapted aspects of their programs to meet the needs identified in this research. The most prevalent programs assisting refugees are those affiliated with either the International Rescue Committee or the U.S. Committee on Refugees and Immigrants. Like the

resettlement organizations located in the area of this research, most of these organizations are focused on initial resettlement and the attainment of economic self-sufficiency. However, many also go beyond initial resettlement assistance and address the issues of long-term acculturation discussed in this research.

Several organizations may prove to be useful models for a community-based center for refugees, asylees, and asylum-seekers. In Georgia, Refugee Family Services has established a wide range of services that operate from a communal activity center (2005). The problem of transportation is mitigated by the fact that the center is housed within walking distance of many immigrant groups. Similarly, the Arizona Refugee Community Center in Glendale, Arizona (2006), and St. Anselm's Cross-Cultural Community Center in Garden Grove, California (2006) offer services from a central location. The International Rescue Committee (IRC) has a widespread network of centers, however the focus of many of these is on recently arrived refugees and asylees, who have legal status. Similarly, the U.S. Committee on Refugees and Immigrants is affiliated with a number of programs offering resettlement services, including International Institutes in various cities that provide a wide range of different immigration-related services. Although none of these programs focuses specifically on long-term resettlement needs, many provide a basis for developing a community center.

The problems that were identified in this research have been addressed by other organizations, in different programs. Many organizations offer refugee support groups, which may mitigate the need for mental health support, especially by reducing social isolation, which service providers have identified as a cause of depression. Programs addressing the problem of transportation are varied. In Phoenix, the IRC uses a variety of solutions, including bicycles, bus passes, van rides, and car repairs, to assist clients in finding permanent transportation (2006f). St. Anselm's Cross-Cultural Community Center, in Garden Grove, California, has an emergency transportation service hotline (2006). The need for citizenship instruction has also been addressed by various organizations. Many of the international institutes and IRC branches offer both ESL and citizenship classes as part of their regular services. The San Luis Valley Immigrant Resource Center, in Alamosa, Colorado, has an Americorps program, in which

Americorps volunteers create and maintain naturalization programs (2006). Several other refugee centers have noted that many individual programs are run by Volunteers in Service to America (VISTA) volunteers. Usually engaged for one year, VISTAS are often college graduates who volunteer through Americorps. More information on hosting a VISTA is available at www.americorps.gov.

Additional support for elderly refugees has been addressed by many organizations. The International Institute of Los Angeles has a senior services division, which provides meals, case management, transportation, and social activities (2006). Many organizations offer senior social groups, but Jewish Vocational Services of Missouri goes beyond that, and has a program to train seniors in community service vocations (2006).

The general need for information is not addressed specifically in the description of services offered by other organizations. However, the International Institute of Minnesota has also created an Ethnic Resources Directory, which provides information on ethnic groups and services such as immigration lawyers (2006). This provides relevant information to clients, as well as service providers, and could be used to mitigate some of the problems of lack of coordination between services.

Many of the programs that offer these various services have very diversified funding sources. Thus, they can circumvent many of the restrictions on service provision that were identified as problematic in this research. Following is an overview of programs that may serve as models.

Notable Programs

From available information, Refugee Family Services of Atlanta, Georgia, appears to be one of the most comprehensive programs (2005). All services are housed in what is referred to as a “community center and an activity center.” The problem of transportation is addressed by the fact that this is housed within walking distance of the “largest concentration of recent arrivals.” This could prove to be a useful model in designing a center.

The Arizona Refugee Community Center, located in Glendale, Arizona, may also

be a model for centralized services (2006). This center draws on diverse funding sources, including individuals, foundations, and various religious groups. The center is partnered with other community groups to provide services. In addition to general refugee support services, the center also offers youth programs, employment assistance including help with resumes, ESL and citizenship classes, and women's support. Other projects include a women's microenterprise project and a summer camp in partnership with Camp Fire USA.

St. Anselm's Cross-Cultural Community Center, located at St. Anselm of Canterbury Episcopal Church, provides a wide-range of services to refugees (2006). Two programs of special interest offered by the center are emergency transportation services, which includes an emergency transportation hot-line, available at all times. This program is only provided to Welfare-to-Work participants. The second program of interest is a citizenship program aimed at elderly refugees, which includes citizenship training as well as assistance with naturalization applications.

USCRI Affiliates

The following programs are affiliated with the U.S. Committee on Refugees and Immigrants. The programs profiled below are those that had information on specific programs that address some of the issues raised in this research. Information on other programs may be found at www.refugees.org.

The Church Avenue Merchants Block Association, of New York, is a non-profit organization that serves low-income people, including immigrants and refugees (2006). Among the programs offered is a diversity education program, which is not aimed at refugees or immigrants, but rather at the local community. The association provides workshops on cultural competency to social service providers, employers, government agencies, schools, law enforcement groups, and others.

The Coalition of African, Asian, European and Latino Immigrants of Illinois (CAAELII), located in Chicago, might serve as a model for grassroots organizing among the various ethnic groups in the area (2006). This is a coalition of agencies that have partnered together. Their projects include a citizenship and voter training school,

monitoring U.S. Citizenship and Immigration Services actions in the city, and a computer technology project designed to improve communication among the various agencies. This coalition is committed to advocacy, as evident through the project of community organizing for social justice.

Chicago is also home to the Heartland Alliance for Human Needs and Human Rights, which is a very broad organization of various social service programs, including services related to mental health, HIV, community health, poverty, homelessness, and international refugees (2006). Resettlement programs are one aspect of this large array of programs. Other programs include legal services for immigrants and an International Children's Center, focusing on unaccompanied minors. While there is little information available on the webpage, the scope of projects included in the Heartland Alliance would make this worthwhile for further investigation.

The International Institute of Connecticut, which the website states serves 7,000 people each year, offers many immigration and resettlement programs (2006). Most programs are similar to those offered elsewhere, such as youth programs, assistance with employment applications, and ESL and citizenship classes. In addition, this institute also has an interpreter bank which serves clients as well as various community agencies. A 24-hour interpreter emergency service is also offered. Immigrants can also have their foreign credentials evaluated through this institute.

Another International Institute, in Oakland, California, serves refugees and immigrants, and it stands out for having innovative immigration services (2006). These include information clinics, in which immigrants can briefly consult with attorneys for free, as well as a "Deportation and Defense" program, which is designed to assist people in danger of deportation.

The Los Angeles International Institute also has several programs that may be of interest (2006). There is a senior services division, which provides meals, case management, and transportation, as well as social activities. There is also a multipurpose center, and a program that provides emergency travel vouchers. In addition, the IILA has divisions focused on child development (through childcare), providing meals to childcare programs, immigration legal services, and employment and social services. While it

seems that many of these are for newly arrived immigrants, the senior services, the multipurpose center, and the nutrition program appear to offer long-term support.

The San Luis Valley Immigrant Resource Center in Colorado utilizes Americorps volunteers, who provide a naturalization program for clients of the center (2006). Americorps volunteers are also involved with the International Institute in Minnesota (2006).

In San Francisco, most of the programs offered by the International Institute are geared to recently arrived immigrants, however, the YouthCares program stands out (2006). This program involves bi-lingual and bi-cultural youth in service to immigrant seniors. The program also offers job skills training to the students.

Jewish Vocational Services of Missouri has several employment programs targeting specific populations (2006). There is a Senior Community Service Employment program, which is a subsidized program assisting low-income seniors with part-time training and employment. There is also a rehabilitation program that assists disabled persons in finding employment.

In Philadelphia, the Nationalities Service Center operates two programs that are potentially useful as models (2006). The first is the ESL program. At a cost of \$155, ten-week courses are offered both mornings and evenings for various levels of language instruction. There is also a senior center with events and programs designed to decrease the isolation of elderly immigrants, and to promote interaction. This senior center serves a multitude of nationalities.

A departure from common refugee assistance programs can be found at the Pacific Gateway Center of Hawaii, which offers a Kitchen Incubator Training program (2006). This allows clients access to a commercial kitchen and computers to start their food-based businesses. There is also a microenterprise project focused on individuals, in which each dollar of capital is matched by two dollars. Finally, this center also offers employment and training programs to alleviate and prevent poverty, and a language bank of interpreters.

In western Kentucky, the Refugee Mutual Assistance program offers a very comprehensive set of services for refugees (2006). Most services relate to resettlement.

Several programs are notable; there is baby-sitting during morning English language classes, there is a clothing and food bank, and transportation and interpretation for appointments are provided. There is also a program to assist client with job “upgrades,” and the center offers citizenship and English language classes, including one-on-one tutoring. The website states that services are provided as long as needed, however, another section states that eligibility may be dependent on various factors, including “immigration status, time in the USA, and income.” The center also has a “Community Enrichment” program including teen activities, singing groups, homework help, and an international festival. Furthermore, the center engages in advocacy on behalf of its clients.

International Rescue Committee Affiliates

The Atlanta, Georgia branch of the International Rescue Committee (IRC) has many model programs for refugee and asylee assistance, in addition to basic immigration and resettlement services (20006a). However, one drawback is that the programs are predicated on clients having papers to affirm that they are refugees or asylees. In addition to regular English classes, a program called “First Things First” provides ESL instruction for women and their small children. There is also a job upgrade program, and computer classes provided in a computer lab. There is also a resettlement shop, in which clients can redeem vouchers for various items. This branch of the IRC also focuses on youth, offering summer camp and a “Youth Futures” program, which helps with vocational training, education, and personal development, such as help with college admissions.

In addition to resettlement programs, the IRC in Baltimore has three notable programs (2006b). The first is the Refugee Women Leadership Project, which focuses on job skills and mentoring among refugees. A description of this project is attached. This branch also offers financial literacy seminars to refugees, and a Refugee Youth Project. The youth project involves tutorials, field trips, service learning, an art program, as well as the opportunity for refugee youth to be paired with mentors from a university.

Most of the programs at the IRC in Dallas specify a five-year time limit on

refugee service provision (2006c). Nevertheless, several programs might be useful models. There is a program for refugees over the age of sixty, which provides support groups, citizenship test preparation, and social activities. There is also an organized volunteer corps.

Two programs at the Los Angeles branch of the IRC are innovative (2006d). The first is the 60+ program, which provides extended casework time for elderly refugees. The second is the Citizenship Outreach program, which arranges for INS interviews to take place in community settings, rather than in INS offices, and also provides “review sessions” in which successful and unsuccessful INS interview techniques are discussed.

In addition to basic resettlement programs, the IRC in New York has a “Refugee Youth” program, which provides tutoring, homework help, help with literacy, and activities designed to help refugee youth emotionally and socially (2006e).

The Phoenix branch of the IRC has several notable programs that might be instructive models (2006f). In particular, there is a crisis intervention program for refugees in need of immediate help. There is also a refugee training center, which, according to the program description, “provides appropriate space for community groups to hold meetings and social events. Develops culturally specific training workshops as needed, assists refugees with setting up email accounts, writing resumes, learning English and other “American” activities.” There is also an innovative transportation program, which “Provides short- and long-term solutions to transportation problems by providing clients with bicycles, bus passes, van rides, and car repairs”. Other programs include an outreach program that works to develop links between established Cuban and Haitian communities and new arrivals, a micro-enterprise program to help with small business development, a program designed specifically for Somali Bantu adjustment, and a youth program.

Like the Atlanta IRC program, the San Diego program offers First Things First, an educational program for mothers and their pre-school aged children (2006g). In addition, San Diego offers a micro-enterprise program to help with small business development and savings plans. Finally, there is a student program offering tutoring, ESL, and activities to decrease social isolation among young refugees.

Programs for Specific Groups

This research was not designed to assist any ethnic group over others, and therefore, the focus was on researching programs that served all ethnicities. However, the following centers are included because they have model programs that might be applicable to assisting other ethnic groups.

With the support of international, national, and local government agencies, charitable foundations, corporations, and community groups, the Bosnian Herzegovinian American Community Center (BHACC) in Chicago is able to offer many programs to assist refugees from Bosnia and Herzegovina (2005). In addition to resettlement and immigration assistance, the BHACC provides civics classes, interpretation, youth programs, ESL and computer classes, and university connections. A large subset of programs are aimed at the elderly; these include ESL and computer classes for the elderly, social and recreational groups, crisis counseling, among others. Another subset of programs provides intervention, including domestic violence counseling, elder abuse and neglect counseling, a “Low Income Energy Assistance program”, and parenting support. These two subsets of programs, focusing on the elderly and on crisis intervention, could address some of the problems discussed by service providers in this research.

In Oakland, California, Cambodian Community Development is a USCRI-affiliate that works on behalf of Cambodian newcomers (2006). The employment program appears to be more holistic than most programs. It includes ESL, vocational skills, and computer classes, as well as counseling and support groups, job training and placement, and career advancement services. Importantly, included in the employment program are transportation and childcare assistance. Another program offers legal aid to people cut off from cash aid and foodstamps, and is meant to ease the welfare to work transition. Cambodian Community Development also offers health care links for the uninsured, a monthly legal clinic, and extensive senior services. The senior services include transportation to citizenship interviews, assistance with reading and filling out paperwork, health education, and citizenship classes.

The Haitian Community Help Center of Philadelphia offers document translation, recreational services, tutoring, computer classes, and and GED and ESL classes (2006). Two additional programs stand out; these are mentoring programs, one aimed at young Haitians and one aimed at professionals, that offer networking and acculturation assistance.

In Miami, the Sant La Haitian Neighborhood Center promotes itself as a “one stop referral, education, and neighborhood resource center” (2006). It offers bridges to existing community services, advocacy, and other services to the Haitian neighborhood, and it appears to serve all Haitians, and not only recent arrivals. There is only a brief overview of services, however, this might be a useful model because it is a program that focuses on a very specific locality, offering services to a specific neighborhood.

J. Conclusion

Data gathered through participant observation and interviews with service providers show that there are significant challenges involved in long-term resettlement. These include challenges for the refugees, asylees, and asylum-seekers who are rebuilding their lives, as well as challenges for the service providers whose work it is to assist people through resettlement. Data pointed to several areas where additional support, either through new programs or improvement to existing programs, or increased coordination, could benefit the provision of services to refugees, asylees, and asylum-seekers. The most pressing needs for long-term support are in the areas of increased mental health support, improved access to transportation, assistance with citizenship, and access to reliable sources of information. In addition to these very specific needs, participant observation and interviews uncovered several other areas of need. Service providers face the issue of who to serve based on stringent definitions of who can and cannot receive services, and for how long. For example, clients who are not employed or enrolled in job training are barred from some English language programs. In addition to definitional problems, service providers must work within the guidelines of policies that specify the services clients can receive. This has been most problematic for service

providers who are trying to assist elderly refugees to obtain citizenship before they lose their Supplemental Security Income.

Despite this long list of needs, participant observation and interviews also revealed an informal network of support that exists among service providers and volunteers. This network speaks to the dedication of many service providers, who make extensive use of their connections with one another, and the use of their own time and the time of volunteers, to meet the needs of refugees, asylees, and asylum-seekers that could otherwise not be met. These informal networks of support among service providers and volunteers show that there is potential for programs to grow. Data pointed to several areas of program needs that could improve the overall provision of services. These included increased coordination among existing programs, the creation of a centralized location for services, and increased advocacy on behalf of refugees, asylees, and asylum-seekers in the community.

Analysis of other programs throughout the country shows that these problems have been addressed in different ways by other groups working on behalf of refugees, asylees, and asylum-seekers. Borrowing both program ideas and funding ideas from these other organizations is a starting point for addressing the needs identified in the area of this research.

Chapter Six: Conclusions and Recommendations

Conclusions

This research with refugees and the people who provide services to them has illuminated many of the problems originally discussed by the staff at the Survivors center. Interactions with refugees and service providers in various fields have demonstrated a long list of areas in which many refugees, asylees, and asylum-seekers need long-term support as well as various ways for addressing these needs. The data gathered here also point to problems in providing services within the parameters of current policies, including the brief initial support that is standard for refugee resettlement, the limitation of refugee programs to five-years, and the more recent policy that mandates that elderly refugees become naturalized to receive Supplemental Security Income.

One of the prevalent long-term needs that emerged in the course of this thesis research was more assistance with mental health issues, specifically, the need for waivers for people incapable of passing the citizenship test and programs to assist people battling depression. Several service providers thought that many long-term problems were tied to the need for improved transportation options. The problem of citizenship, especially for people dependent upon public assistance was also recognized as a long-term need, primarily because the time period in which people seek citizenship occurs when they are no longer eligible for resettlement assistance. Service providers have also recognized a need within local refugee, asylee, and asylum-seeker populations for reliable information, on topics related to resettlement as well as general cultural orientation topics. All of these needs are tied together, and are compounded by the language barrier that many people face at the time of resettlement. Among these populations, a lack of reliable transportation, compounded by language barriers and limited, or no income can in turn lead to depression, so that each individual long-term problem compounds other problems.

Discussions with service providers on the constraints they face resulted in the finding that barriers determining who can and who cannot access services affect the work of service providers and prevent them from fulfilling the needs that they perceive among survivors of war and persecution. Other concerns focused on problems facing elderly refugees, asylum-seekers, and asylees, especially the need for assistance with naturalization to prevent the elderly from losing their Supplemental Security Income. Finally, service providers felt that local services should be better coordinated, and that there is a need for advocacy on behalf of refugees, asylees, and asylum-seekers.

Literature on the movement of people seeking refuge has documented changes over time in movements of displaced persons (Malkki 1995, Schrover 2006, Wood 1994) and in perceptions of people who flee violence (Helton 2002, Thieman-Dino and Schechter 2004, and Zolberg, et al. 1986). The research for this thesis has been concerned with what service providers understand about the problems facing refugees, asylees, and asylum-seekers in the months and years following resettlement. The ongoing problems that have been identified by local service providers show that the effects of violence and mass migrations of people extend beyond the initial period of resettlement. In terms of humanitarian action, the perspectives of service providers gathered in this research show that the goal of helping each refugee attain economic self-sufficiency is not appropriate for all refugees, especially the elderly.

From the perspective of anthropological analysis of the workings of NGOs, this research demonstrates that issues of funding, program coordination, and interactions between various government agencies and NGOs are not peculiar to the international refugee regime, but are also important after resettlement in the United States. One of the issues that Fisher identifies as concerning anthropologists is “how complex sets of relationships among various kinds of associations, the agencies and agents of the state, and individuals and communities have had an impact in specific locales at specific times” (1997:442). In the locality studied for this research, service providers undertake their work according to the parameters set by their funders, often the ORR. However, there is also an informal support network, whereby assistance is provided outside of official programs. In this manner, service providers are referring refugees, asylees, and asylum-

seekers to other programs, assisting them to find services, finding volunteers to provide assistance, and sometimes, assisting people outside of their work hours. This informal network lacks institutional support or funding, and is therefore insufficient for addressing the needs identified by service providers. An understanding of how service providers conform to the requirements of their organizations while still assisting people who fall outside of the boundaries of support shows how national policies are enacted and negotiated at a local level.

Fisher has called on anthropologists to be more aware of the differences among NGOs, their relationships to one another, and to governments and international bodies. This emphasis of many of the participants in the research for this thesis on the impositions on service provision that are created by government policies further demonstrates the need for critical consideration of how policies affect people who seek refuge and asylum in the United States. While many refugees, asylees, and asylum-seekers may be able to achieve economic self-sufficiency and have a quick period of acculturation, for many, the problems of war and trauma are enduring. The personal experiences of the service providers in this research have shown how federal policies are enacted at the local level. Considering NGOs from an anthropological perspective, this research shows how interactions between various agencies and bureaucracies affect the lives of individuals.

Anthropological literature on refugees reviewed for this project focused on the cultural differences that contribute to difficulties in reestablishing lives. Despite some discussion of cultural differences, I found that the data gathered fit better within other anthropological theories of refugee research. A significant amount of the data asserted the agency of refugees as well as the service providers who support them. This is evident in the creation of informal networks of support created by service providers, and their ongoing commitment to serve anyone who comes to them for help. Within refugee communities, the example of gossip news demonstrates the ways in which refugees create sense from unfamiliar surroundings in the form of news which circulates within the linguistically isolated community. Rather than rely on the information of authorities, who facilitated their resettlement only to deprive them of their benefits, refugees are

relying on each other. Throughout the process of data collection, policies were discussed much more often than cultural differences. This contradicted what I was expecting from the anthropological literature. Instead of describing the problems of resettlement each group of refugees experienced, service providers often expressed their frustration with policies that limited their ability to tailor services according to the needs of diverse refugees. Furthermore, they were constrained by policies that specified who they could help. As Theiman-Dino and Schecter note, “[r]efugee policy is founded upon the determination of who, precisely, is entitled to the rights extended to refugees” (2004:70). The frustration of service providers, who feel that they and their clients do not fit into the policy parameters necessary to receive services, attests to the problems of implementing standardized policies on diverse populations.

Works on war-related trauma and psychological health have established the lengthy process of recovery, and the ongoing effects of trauma on people who flee violence (Lie 2002, Sack, et al. 1999, Silove and Ekblad 2002, and Weine, et al. 1998). This supports the positions of several respondents in this study, who argue that some refugees are able to initially re-establish their lives, only to then have problems resurface several years after resettlement. The perspectives of service providers on the long-term needs of refugees, asylees, and asylum-seekers have shown that the problems facing these populations are multi-faceted, that is, one problem is often related to others; accessing transportation requires either English skills or interpretation, and both of these are needed to access health care. These observations align with literature on war-related trauma that advocate community approaches to healing (Kira 2002; Ramaliu and Thurston 2003). Furthermore, Silove and Ekblad argued that resettlement is becoming less favorable to people seeking refuge, who now face increased insecurities in resettlement (2002). Increased insecurities are evident in the results of the research for this thesis, as service providers and refugees are now coping with the added stress of welfare reform laws, which require elderly refugees to obtain citizenship within seven years in order to retain their social security benefits.

In consideration of literature on violence, it is clear that the effects of violence and war do not end with resettlement. While international attention may be most focused in

the immediate aftermath of violence, more attention is needed to the long-term consequences of war and terror. The problems that service providers perceive in their work demonstrate that the process of assisting refugees, asylees, and asylum-seekers to find immediate employment does not guarantee that they will find peace and security in resettlement. Instead, the consequences of war and displacement are, in some cases, compounded by problems such as depression, lack of transportation, and isolation that develop in resettlement. Thus, while it is necessary that help be extended in the immediate aftermath of violence, the perspectives of service providers have shown that there is also a need for long-term assistance. This is especially important among the elderly. Information gathered from service providers adds to the work reviewed on elderly refugees and aging, and shows that the elderly in the area of this research are suffering from social isolation, loss of benefits, and the pressures of maintaining economic self-sufficiency. The perspectives of service providers on the particular challenges facing elderly refugees, asylees, and asylum-seekers align with literature demonstrating that acculturation is often more difficult for older refugees.

Study Limitations

Although this project strove to answer the research questions as holistically as possible, there are nevertheless limitations on the study. Most importantly, the study focuses on the perceptions of service providers. This is useful because service providers are familiar with many refugees, asylees, and asylum-seekers, they are familiar with the services available, and they are well aware of limitations on service provision. However, more comprehensive results could be obtained from including refugees, asylees, and asylum-seekers in the research, beyond those who are also service providers. The research was also limited by the fact that, while I speak German and English, I do not speak any languages of the refugee, asylee, and asylum-seeker groups in the area. Better language skills, or the use of interpreters would be necessary to expand this research to include more refugees, asylees, and asylum-seekers.

A second limitation relates to the development of rapport with research participants, which is often essential to successful anthropological research. Increased

rapport with service providers would have improved this research by allowing me to interview more service providers. While I was able to develop working relationships with many service providers during my time working as a volunteer and an intern at the Survivors Center, the three months of my internship were insufficient to develop rapport with the entire network. Interviews were also hindered by the fact that several people were suspicious of divulging information about the organizations providing service in the area. Much of this was mitigated by the fact that all of the service providers with whom I met spoke highly of my supervisor, and I had the benefit of her association. In retrospect, however, more time spent building rapport would have benefited my ability to obtain interviews.

Areas for Future Research

While this research answered the research question of what the long-term needs of refugees, asylum-seekers, and asylees are according to service providers, it has nonetheless raised further questions. Many of the people interviewed were most familiar with a particular group of refugees. The presence of a large population of Bosnians in the area, as well as the recent departure of the Somali Bantu refugees from the area, meant that many people were most familiar with these groups. However, there are other populations in the area who are not as well known by the service providers. It is more difficult to establish contact with asylum-seekers and asylees, who do not have the benefit of resettlement facilitation that is accorded to refugees. One such hidden group of asylum-seekers is Haitians. The Survivors Center has undertaken outreach to the Haitian community and hired Haitian Creole interpreters in order to extend service to torture survivors within the community; however, inroads into this community have not been established. In the interest of anthropological holism, this research should be expanded to encompass the hidden communities of asylum-seekers and asylees in the area, and to determine their needs. This could be accomplished through regular contact with groups of immigrants in the area, who appear to have connections through job contacts and church groups. This would require a period of time greater than this internship, however to develop rapport with the communities. This would also allow an anthropologist to

learn more about asylum-seekers in the area, who are more difficult to locate because, without legal status, they do not have access to many of the services available to refugees and asylees.

Another important extension of this research would be to focus more attention on how groups of refugees, asylees, and asylum-seekers are defined by service providers, and how differences prior to resettlement impact resettlement. During this research, it became obvious that within the population of resettled Bosnian refugees, there was also a large population of Roma, or gypsies, who experience resettlement quite differently than other Bosnians. For example, while it was difficult for many of the U.S.-born service providers to distinguish between the Roma and other Bosnian refugees, there was nevertheless racism within the community of people from the former Yugoslavia towards the Bosnian refugees. At one meeting, several service providers were adamant in their complaints about the Roma, insisting that they were taking advantage of the system. Further anthropological investigation could establish how the Roma experience resettlement differently, and thereby help service providers to understand how they can help Roma refugees without feeling as though the Roma clients are taking advantage of the system.

Definitions, such as the distinction between illegal immigrant and asylee, are of the utmost importance in deciding who is perceived as a person deserving of legal status and who is not. During the course of this research, it became evident that the determination of each person's legal status was dependent upon more than the validity of their claim to have been persecuted. For example, it was widely accepted among refugees and service providers that the outcome of an individual's citizenship test was, in part, dependent upon the individual requirements of the person administering the test. More importantly, during the course of my internship, there were rumors that asylum adjudicators were becoming more stringent, and some lawyers were advising their clients to remain "underground," that is, to remain in the country illegally, until they had a better chance of winning a claim. Service providers also encouraged asylum-seekers to seek mental health treatment as soon as possible once entering the country, in the belief that demonstrating a history of mental health treatment would be seen favorably by an asylum

adjudicator, as opposed to those asylum-seekers who only sought to establish their mental trauma immediately preceding their asylum hearings. With only a limited time to conduct this research, I could not thoroughly investigate the ways in which legal labels are obtained. However, there was evidence that this could be a valuable course for research, the results of which could dispel or confirm rumors, and which would illuminate the process of how laws regarding legal status are enacted.

Anthropological Perspective

This research was undertaken from an applied anthropological perspective, with the goals of identifying needs within a community and addressing them in ways that are acceptable to the community. In this case, the community was that of service providers who work with refugees, asylees, and asylum-seekers. In determining what the most pressing long-term needs were, from the perspective of service providers, I have tried to use their voices and relate what I observed in my everyday work at the Survivors Center. The recommendations of this research are in keeping with other applied anthropological projects, which seek to illuminate aspects of the resettlement experience and to create programs to address the needs of resettled groups in the United States (Chansky 2005; Huang 1996; Leonelli 1996; MacDonald 1996; Omidian 1996b). This results of this research were also formulated in consideration of Harrel-Bond and Voutira's call to anthropologists to use anthropological research to illuminate the ways in which refugee policies are enacted (1992). Anthropologists who have looked at similar problems have demonstrated that anthropological research can be used to develop programs, such as Omidian's Afghani women's day project (1996b), and Leonelli's work with Laotian youth (1996), that suit the particular needs of different resettled communities. My goal is that the results of this research can be used as a basis for developing ways to address the long-term issues of resettlement that service providers have identified. The recommendations and the overview of model programs and funding sources included in this thesis will hopefully provide a starting point for service providers who may want to develop new programs or seek out new funding sources for discontinued or under-funded programs. I hope that in turn, these recommendations may make the work of service

providers easier, and may benefit refugees, asylees, and asylum-seekers in the months and years following resettlement.

Recommendations

My research suggests that while for some refugees, the brief, initial support provided by resettlement services is sufficient, for many, this policy is unrealistic. Anthropological insights gained from interviews and participant observation among refugees and service providers suggest that the creation of more holistic, long-term support developed within the community could alleviate many of the ongoing problems of acculturation that occur sometimes years after resettlement.

The most pressing needs are related to mental health, including waivers and support to combat depression, transportation, citizenship courses, and accessing reliable information. As a group, the elderly are especially in need of additional support. There are also more general problems, such as the constraints on service providers from working within what is allowable under current policies. Finally, service providers have identified program needs, including improved coordination, the need for a center, and the need for increased advocacy.

Because the needs for citizenship, mental health waivers, and depression are all affecting the elderly, I would recommend that programs first be instituted to address the problems facing the elderly. Many centers throughout the country have taken steps to improve services to the elderly, including support groups, classes, and various community-engagement programs. A small program, aimed at assisting the elderly, could provide a basis for implementing other programs, such as transportation assistance. There are several programs implemented elsewhere that may be useful. Improvements can be made with small programs. For example, Omidian (1996) discusses the creation of the Afghan Women's Day Project to address the social isolation of elderly Afghan women. My time spent with elderly Bosnian women made clear that the problem of social exclusion, exacerbated by lack of public transportation, is present among this community. Anna discussed the problems of social isolation and fear at length. She stated, “[Elderly Bosnian women] live sheltered lives. They just they stay at home

they're with their family; they're afraid of what's out there" and "all these things are tied up to transportation". In the program begun by Omidian, this source of stress was relieved by forming a women's group to travel to parks together (1996).

There are numerous refugee centers run by the United States Committee on Refugees and Immigrants, the International Rescue Committee, and other groups scattered throughout the United States, many of which have programs designed specifically to address problems that have been identified by service providers involved in the research for this thesis. However, many of these programs have time-limited services, often denying refugees and asylees who have been in the country for more than five years access to services. Many other community-based centers are focused on a particular ethnic or religious group. This is problematic for the research for this thesis for two reasons. First, there are numerous, diverse groups of refugees being resettled in nearby areas, and focusing on one group might detract attention from the needs of other groups. Therefore, focusing on one group could potentially create inflexible policies that are inappropriate for other groups. Second, one of the largest groups of refugees come from Bosnia, and it has been suggested that the nature of the trauma endured by many of these refugees, in which they were targeted for being in marriages of either mixed religion or mixed ethnicity, would preclude the establishment of a center to serve only that community.

An overview of potential model programs is provided in Appendix D. While few organizations provide a model that encompasses all of the needs service providers have identified, various organizations have individual programs that, together, could provide a model for improved support in the area. It may be beneficial to borrow program and funding ideas from other programs, however, any solution implemented will have to account for local needs. For example, the need for reliable information appears to be an area where an innovative plan would best serve local needs. Among service providers interviewed for the research for this thesis, there exists a perceived need for the improvement of services, and, in most instances, support for a community-based center which could focus on problems specific to local refugee groups while also providing the basis for a more long-term support structure. However, as one service provider pointed

out, the goals of inclusion of many refugee groups would be difficult. While there are notable concentrations of refugees, there are also pockets of resettled refugees scattered through the area, which would make it difficult to decide on a location for a center.

Other potential problems which were mentioned by several informants were the potential for dependency and for fraud. Dependency arose at the Survivors Center most often with elderly clients who were dependent upon staff members to arrange appointments and transportation. Fraud was a also concern at the Survivors Center, where staff often felt that clients were abusing services. For example, they felt that many clients who could arrange transportation for themselves were instead demanding transportation from their case managers, and many clients who could pass the citizenship test were instead pressuring their case managers to help them get medical waivers. The combination of clients who were dependent upon services offered by the Survivors Center and clients who over-used or abused services offered led many staff members to feel that they could not adequately meet the needs of other torture survivors because they were spending their time on those clients who complained the most and therefore demanded the most attention. At the Survivors Center, the bi-cultural staff members, many of whom were part of the communities that they served, were often able to spot people who were misusing the services of the center. This proved to be effective in detecting fraud, however, more research into the methods of other programs would need to be done to determine how to prevent dependency.

Based on the data gathered here, it is clear that there need to be more services that can accommodate the diverse peoples categorized as refugees, as well as those people who fall outside of the narrow definitions of refugee and asylee. One recommendation, which was suggested by several service providers, is to lobby for reform of policies that are constraining refugee services. Specifically, there should be increased advocacy on behalf of elderly refugees, who are struggling to meet the citizenship requirements mandated under the changes to welfare laws enacted with PRWORA. The policy of the United States Office of Refugee Resettlement should be changed so that, in cases of need, the five-year time limit on services can be waived. Furthermore, the predominant resettlement goal of economic self-sufficiency should be challenged, so that programs

can better accommodate different refugee populations, including single mothers, the elderly, and those who have higher degrees, or who wish to pursue further education. Importantly, there is a wide base of support for policy change among service providers in the area. However, there are also demanding workloads and the stresses of carrying out the informal network of service provision, which will undoubtedly constrain service providers in their goal of lobbying for policy change.

This policy-focused recommendation is unlikely to provide immediate help to local populations. Instead, a second, more feasible recommendation is to begin modeling programs offered elsewhere that address the needs identified by service providers. This includes programs such as English language classes for the elderly, community groups to decrease social isolation, and organized volunteer groups who can be called to respond to crises. In conjunction with modeling programs offered in other areas, I would also suggest pursuing a program of diversified funding, so that any new programs will not be bound to the limitations on service mandated by the United States Office of Refugee Resettlement. Options for diversified funding, taken from various sources including other refugee programs, are included in Appendix E. One volunteer program that has benefited other refugee assistance programs is the Americorps, in which volunteers provide assistance for a year. Much of the infrastructure and commitment for providing the basis for additional, long-term support is already in existence through the informal networks of support described in the data analysis chapter. Any increased funding to support these informal support structures could have several benefits, including decreasing stress on service providers, and allowing for these non-institutionalized forms of support to be expanded.

From development literature, the lesson of starting small and then, once support is garnered, building upon small successes could be useful (Parker 1989:157). In the case of the Survivors Center, an example of this approach is evident in the work of one interpreter who, working in conjunction with several staff members, recognized a need for citizenship classes for elderly Bosnians, and implemented them herself. Diversified funding could allow for the institutionalization of programs such as this, as well as extra money for materials such as course books. There is a substantial amount of support

among service providers for increased services, and diversified funding could allow service providers more autonomy to design and implement small programs. Before the overall network of service providers can move towards a proposal as large as a community-based center, changes need to be made in service provision. Small improvements in support for the long-term needs of refugees will ease the burden on service providers. As the research for this thesis has demonstrated, currently long-term needs are addressed when a crisis arises, or through a network of informal support, whereby service providers take on extra work for themselves or volunteers. Small improvements, either through the incorporation of programs used in other areas or through diversified funding will allow for current problems to be addressed, while simultaneously reducing the need for reliance on informal networks of support. In turn, this could be used as the basis for planning larger projects, including the initial suggestion provided by staff at the Survivors Center of a community-based refugee service center.

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Appendix A: Questions for Open-Ended Interviews:

* These questions are designed to stimulate conversation on the topic of refugee resettlement, and do not necessarily constitute a script for the interview. Questions will be added and dropped based upon the information that the respondent wishes to provide, and what he/she feels is important to communicate to the Florida Center for Survivors of Torture.

Questions for Service Providers and Advocates working with refugees:

1. Please tell me about your program and the services you provide to refugees.
2. How did your organization become involved in working with refugees?
3. Can you describe the groups of refugees that your organization has served?
4. Over time, what kinds of changes have you noticed in the needs of refugees?
5. How has your organization adapted to the changing needs of refugees or refugee groups?
6. Can you discuss any specific challenges or successes that stand out in your mind?
7. Do you think that current programs that support refugees in their resettlement are sufficient? Why? Are there specific programs or groups that stand out in your mind as exemplary?
8. What is the relationship like between your organization and other organizations serving refugees? Do you feel that there is enough integration?
9. If given the opportunity, what changes would you make in the way refugees are incorporated into the community?
10. Was your organization involved in the resettlement of the Somali Bantu? If so, can you describe that experience? Do you have recommendations about resettlement based on that experience?
11. Are you aware of other programs working with refugees that you feel would be useful to use here?
12. Are there any ongoing needs, either of refugee populations or of service providers, which you can identify? How do you think these should be addressed?
13. Do you have experience working with grass-roots organizations?
14. What are your thoughts on community-based organizations, which would be located in the communities where refugees settle, and provide them with support?
15. Do you know of funding sources for community-based programs?

Appendix B- Consent Form

Space below reserved for IRB Stamp
– Please leave blank

Informed Consent

Social and Behavioral Sciences
University of South Florida

Information for People Who Take Part in Research Studies

The following information is being presented to help you decide whether or not you want to take part in a minimal risk research study. Please read this carefully. If you do not understand anything, ask the person in charge of the study.

Title of Study: Models for Community-Based Refugee Support

Principal Investigator: Kristina Dunman, Graduate Student, [REDACTED]

Study Location(s): [REDACTED]

You are being asked to participate because I your knowledge and opinions will be useful in determining new ways to improve services to refugees in [REDACTED] and [REDACTED] counties.

General Information about the Research Study

The purpose of this research study is to determine if community-based refugee centers would be useful and feasible for providing long-term support to refugees.

Plan of Study

If you agree to participate, I will ask you to discuss questions pertaining to refugee services in detail. This should take less than an hour. I may also contact you for a follow-up interview, which would also take approximately an hour. These interviews will be conducted between July and November of 2005. Your overall time commitment will be between one and four hours total. The interviews may be tape-recorded, however, you may choose not to be recorded.

Payment for Participation

You will not be paid for your participation in this study.

Benefits of Being a Part of this Research Study

The results of this study will be given to the [REDACTED]. Your participation may help the Center to better understand the services available to refugees, and whether these services could be improved through community-based refugee centers.

Risks of Being a Part of this Research Study

There are no known risks associated with this study

Confidentiality of Your Records

Your privacy and research records will be kept confidential to the extent of the law. Authorized research personnel, employees of the Department of Health and Human Services, and the [redacted] Institutional Review Board, its staff, and other individuals acting on behalf of [redacted] may inspect the records from this research project. The results of this study may be published. However, the data obtained from you will be combined with data from others in the publication. The published results will not include your name or any other information that would personally identify you in any way. All data will be stored at the [Survivors Center], and any information that includes your name, or other identifying information, will be kept securely locked.

Volunteering to Be Part of this Research Study

Your decision to participate in this research study is completely voluntary. You are free to participate in this research study or to withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in the study. The job status of staff and employees of [redacted] will not be affected by their decision to participate or not to participate. Nor will the status of participating clients or affiliates be affected.

Questions and Contacts

1. If you have any questions about this research study, contact Kristina Dunman at (443) 206-0273, or one of my supervisors, [redacted]
2. If you have questions about your rights as a person who is taking part in a research study, you may contact the Division of Research Compliance [redacted]

Consent to Take Part in This Research Study

By signing this form I agree that:

3. I have fully read or have had read and explained to me this informed consent form describing this research project.
4. I have had the opportunity to question one of the persons in charge of this research and have received satisfactory answers.
5. I understand that I am being asked to participate in research. I understand the risks and benefits, and I freely give my consent to participate in the research project outlined in this form, under the conditions indicated in it.
6. I have been given a signed copy of this informed consent form, which is mine to keep.

Signature of Participant

Printed Name of Participant

Date

Investigator Statement

I have carefully explained to the subject the nature of the above research study. I hereby certify that to the best of my knowledge the subject signing this consent form understands the nature, demands, risks, and benefits involved in participating in this study.

Signature of Investigator
Or authorized research
investigator designated by
the Principal Investigator

Printed Name of Investigator

Date

Appendix C: Types of Trauma Reported by Survivors Center Clients

Adapted from the Harvard Trauma Questionnaire developed by the Harvard Program in Refugee Trauma

<i>trauma type</i>	<i>number of total clients reporting trauma</i>	<i>includes the following trauma descriptions:</i>
death threats	63	Death threats Death threats- threats against the victim Death threats- threats against the victim's family Death threats- threats against the victim's friends and colleagues
Threats	50	Threats (not including death threats) Threats (not including death threats)- threats against the victim Threats (not including death threats)- threats against the victim's family Threats (not including death threats)- threats against the victim's friends and colleagues
degradation	39	Degradation Degradation- being forces to act in a degrading way Degradation- verbal abuse
psychological	26	Psychological torture and ill-treatment
deprivation	23	Deprivation Deprivation- deprived of food and/or water Deprivation- deprived of needed medical attention Deprivation- deprived of needed medication Deprivation- deprived of sleep
beating	23	Beating Beating- “Falanga” -beating of soles of the feet Beating- blows with rifle butts, whips, straps, or heavy sticks Beating- slapping, kicking, punching
witness to torture	16	Torture as a witness

<i>trauma type</i>	<i>number of total clients reporting trauma</i>	<i>includes the following trauma descriptions:</i>
other	10	Other methods of violence against a person
stress	9	Stress to the senses Stress to the senses- blindfolding Stress to the senses- overcrowding Stress to the senses- stress through loud/disagreeable noises Stress to the senses- stress through screams and voices
rape	6	Rape Rape- rape, with forced performance of particular sexual acts
isolation	6	Isolation
exposure	5	Exposure to extreme heat or cold
immobilization	4	Immobilization- being bound or tied up as a form of immobilization
Forced postures	<4	Forced postures Forced postures- “planton” (forced standing) – often under the elements, for many hours Forced postures- forced sitting or kneeling
maiming	<4	Maiming or breaking bones
sexual harassment	<4	Sexual harassment and molestation Sexual harassment and molestation- sexual comments and other forms of sexual harassment Sexual harassment and molestation- sexual harassment and molestation with forced performance of particular sexual acts Sexual harassment and molestation- touching as a form of sexual harassment and molestation
wounding	<4	Wounding
asphyxiation	<4	Asphyxiation- “Submarino mojado”- immersion in filthy fluid such as water with urine or excrement
Burns	<4	Burns- burns through boiling water
nail removal	<4	Nail removal

Appendix D: Models for a Community Refugee Service Center

Arizona Refugee Community Center
Glendale, AZ
(623) 931-9240
www.arizonarefugee.org

Refugee Family Services
Atlanta, Georgia
(404)299-6217
www.refugeefamilyservices.org

St. Anselm's Cross-Cultural Community Center
Garden Grove, California
(714)537-0608
www.saintanselmgg.org/cccc.htm

USCRI Affiliates:

Church Avenue Merchants Block Association
Brooklyn, NY
(718) 287-2600
www.camba.org

Coalition of African, Asian, European and Latino Immigrants of Illinois (CAAELII)
Chicago, IL
(773) 248-1019

Heartland Alliance for Human Needs and Human Rights
Chicago, IL
(773)728-5960
www.heartlandalliance.org

International Institute of Connecticut
Bridgeport, CT
(203)336-0141
<http://members.aol.com/iiconn/services.htm>

International Institute of the East Bay
Oakland, California
(510)451-2846
www.iieb.org

International Institute of Los Angeles
Los Angeles, California
(818) 988-1332
<http://www.iilosangeles.org/>

International Institute of Minnesota
St. Paul, MN
(651) 647-0191
www.iimn.org

International Institute of San Francisco
San Francisco, California
(415) 538-8100
<http://www.iisf.org>

Jewish Vocational Services
Kansas City, MO
(816)471-2808
www.jvskc.org

Nationalities Service Center
Philadelphia, Pennsylvania
(215)893-8400
www.nationalitiesservice.org

Pacific Gateway Center
Honolulu, HI
(808)845-3918
www.pacificgateway.org

San Luis Valley Immigrant Resource Center
Alamosa, CO
(719) 587-3225
www.slvirc.org

Western Kentucky Refugee Mutual Assistance
Bowling Green, Kentucky
(270)781-8336
www.internationalcenter.ky.net

International Rescue Committee Affiliates:

IRC
Atlanta, Georgia
(404) 292-7731
http://www.theirc.org/where/the_irc_in_atlanta.html

IRC
Baltimore, Maryland
(410) 558-3177
http://www.theirc.org/what/irc_refugee_resettlement_in_baltimore.html

IRC
Dallas, Texas
(214) 461-9781
http://www.theirc.org/where/the_irc_in_dallas.html

IRC
Los Angeles, California
(213) 386-6700
http://www.theirc.org/where/the_irc_in_los_angeles.html

IRC
New York, New York
(212) 551-3100
http://www.theirc.org/what/irc_new_york_programs.html

IRC
Phoenix, Arizona
(602) 433-2440
http://www.theirc.org/where/the_irc_in_phoenix.html

IRC
San Diego, California
(619) 641-7510
http://www.theirc.org/where/the_irc_in_san_diego.html

Programs for Specific Groups:

Bosnian Herzegovinian American Community Center
Chicago, Illinois
(773)274-0044
www.bhacc.org

Cambodian Community Development
Oakland, CA
(510) 535-7172
www.ccdi.org

Haitian Community Help Center
Philadelphia, PA
(215) 224-4971
www.haitianhc.org

Sant La Haitian Neighborhood Center
Miami, FL
305-573-4871
www.santla.org

Appendix E: Current and Potential Sources of Funding for Refugee Centers

<i>Foundation</i>	<i>Focus</i>	<i>Brief Description</i>	<i>Amount</i>	<i>Due Date</i>
National Foundations and Grant-Making Institutions				
John D. and Catherine T. MacArthur Foundation www.macfound.org	wide variety of grants, generally research-focused	This is a private, independent grantmaking institution dedicated to helping groups and individuals foster lasting improvement in the human condition.		
The Robert Wood Johnson Foundation www.rwjf.org	health and healthcare, vulnerable populations	Various calls for proposals are listed on the organization's website as they become available.		
The Ford Foundation www.fordfound.org		various grants, includes a database. Categories include asset building and community development; knowledge, creativity and freedom; peace and social justice; and other.		
The Arthur Vining Davis Foundations http://jvm.com/davis/		This might be a potential source for improving doctor/patient relations with torture survivors. This foundation generally makes grants to educational institutions.	\$100,000-\$200,000	rolling
The Zimmer Family Foundation www.zimmerfamilyfou		"The Zimmer Family Foundation is a small foundation located in Sarasota, Florida for the purpose of supporting religious, educational and	unspecified	

<i>Foundation</i>	<i>Focus</i>	<i>Brief Description</i>	<i>Amount</i>	<i>Due Date</i>
ndation.com		social programs . . .locally, nationally, and internationally . . .that bring help and hope to the less fortunate, primarily by seeding short-term pilot projects that have the potential of self-support."		
Abelard Foundation East www.fdncenter.org/grantmaker/abelardeast	Seed money and general operating grants	Focuses on community organizing.	\$6,000-\$10,000	March 15 and Sept. 15
The Norman Foundation www.normanfdn.org	Economic and environmental justice	We support efforts that strengthen the ability of communities to determine their own economic, environmental and social well-being, and that help people control those forces that affect their lives.	unspecified	March 1 and July 14
The Needmore Fund http://www.fdncenter.org/grantmaker/needmor	Community organizing	The mission of the Needmor Fund is to work with others to bring about social justice. We support people who work together to change the social, economic, or political conditions which bar their access to participation in a democratic society.	unspecified	January 10
Retirement Research Foundation www.rrf.org	Elderly	The goal is "supporting programs that improve the quality of life for older Americans" including "service, education, research, and advocacy."	no set limit, average of \$53,000	Feb. 1, March 1, August 1
The Public Welfare Foundation	human rights, health, community development	One area of focus is on funding community-based programs for immigrants and refugees. Project grants and general operating funds are available.	avg. \$25,000-\$50,000	rolling
William Randolph Hearst Foundation www.hearstfdn.org	Social service, health, education, culture	The purpose of these grants is "providing opportunities to underserved and underrepresented populations."	unspecified	rolling
The Charles Stewart	Pathways out of	Objectives include; improve community education,	avg.	send letter

<i>Foundation</i>	<i>Focus</i>	<i>Brief Description</i>	<i>Amount</i>	<i>Due Date</i>
Mott Foundation mott.org	poverty	expand economic opportunity, build organized communities, and special initiatives.	\$15,000- \$250,000	of inquiry
The Charles Stewart Mott Foundation mott.org	Civil society	Objectives include; strengthen non-profit sector, promote rights, responsibilities and participation, and improve race and ethnic relations.	avg. \$15,000- \$250,000	send letter of inquiry
Private Corporations				
The State Street Foundation www.statestreet.com	Community development and health and human needs	"Through our Global Philanthropy Program, State Street makes effective and socially responsible corporate contributions to nonprofit and charitable organizations that provide community service initiatives, primarily in communities where State Street offices are located."	\$25,000- \$60,000	ongoing
Bank Atlantic Foundation www.bankatlantic.com	community and economic dev., human service, education and arts	Provides up to three years of funding for programs within Bank Atlantic territory.	\$1,000- \$3,000	rolling
Ben and Jerry's Foundation www.benjerry.com/foundation/index.html	grassroots	The Mission of the Ben & Jerry's Foundation is to make the world a better place by empowering Ben & Jerry's employees to use available resources to support and encourage organizations that are working towards eliminating the underlying causes of environmental and social problems.	up to \$15,000	rolling
Verizon Foundation http://foundation.verizon.com/04001.shtml	technology	In 2004, Verizon Foundation awarded more than 26,500 grants totaling \$71.4 million to charitable and nonprofit agencies that focus on improving basic and computer literacy, enriching communities through technology, and creating a skilled work force. The	unspecified	rolling

<i>Foundation</i>	<i>Focus</i>	<i>Brief Description</i>	<i>Amount</i>	<i>Due Date</i>
		foundation uses its resources in the United States and abroad to develop partnerships in technology and connect them with organizations serving the needs of diverse communities, people with disabilities, victims of domestic violence, and the economically and socially disadvantaged.		
Cargill http://www.cargill.com		Very little information available.		
Fannie Mae Foundation	Housing			Currently not accepting apps.
The Hitachi Foundation www.hitachifoundation.org	Business and Communities Grants	The focus is on “addressing economic isolation” and “strengthening corporate citizenship.” Unsolicited proposals are not accepted, however, organizations may submit an inquiry online.	unspecified	submit online inquiry
Eli Lilly and Company Foundation www.lilly.com/souths	Health care	Several possible contributions, including product donations, matching gifts, and discretionary gifts.	unspecified	June 30 and Dec. 30
Further listings:				
The Foundation Center	www.fdncenter.org			
Directory of Funders Supporting Immigrant and Refugee Issues	www.gcir.org/resources/funding_directory			