



**WESTERN  
MICHIGAN**  
UNIVERSITY

The Journal of Sociology & Social Welfare

---

Volume 23  
Issue 1 *March*

Article 12

---

March 1996

## Refugee Resettlement in the United States: Implications for International Social Welfare

Miriam Potocky  
*Florida International University*

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>



Part of the Income Distribution Commons, Social Welfare Commons, and the Social Work Commons

---

### Recommended Citation

Potocky, Miriam (1996) "Refugee Resettlement in the United States: Implications for International Social Welfare," *The Journal of Sociology & Social Welfare*: Vol. 23: Iss. 1, Article 12.

DOI: <https://doi.org/10.15453/0191-5096.2312>

Available at: <https://scholarworks.wmich.edu/jssw/vol23/iss1/12>

This Article is brought to you by the Western Michigan University School of Social Work. For more information, please contact [wmu-scholarworks@wmich.edu](mailto:wmu-scholarworks@wmich.edu).



**WESTERN  
MICHIGAN**  
UNIVERSITY

# Refugee Resettlement in the United States: Implications for International Social Welfare

MIRIAM POTOCKY

Florida International University  
School of Social Work

*An analysis of U.S. refugee resettlement policy reveals approaches that do not address several root causes of resettlement difficulties: cultural differences, post-traumatic stress disorder, and discrimination by the host culture. Several recommendations are made for policy improvements, and suggestions for the future of international social welfare are presented.*

Traditionally, United States social workers engaged in international social welfare have focused on three areas: technology transfer (e.g., Chatterjee & Ireys, 1981; Martinez-Brawley & Delvan, 1993), social development (e.g., Lusk, 1992; Midgley, Hall, Hardiman, & Narine, 1986; Midgley, 1994), and cross-national comparative analyses of social policies, programs, or practices (e.g., Elliott, Mayadas, & Watts, 1990; Hokenstad, Khinduka, & Midgley, 1992; Midgley, 1995). As such, the field has tended to address the needs of nations as a whole, as compared to the needs of specific subpopulations within those nations. One such subpopulation is refugees, that is, persons who have been forced out of their countries due to "persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion" (United Nations, 1951). Currently, there are over 16 million refugees worldwide (U.S. Committee for Refugees, 1994a). Refugees experience massive social problems including trauma, acculturation stress, economic disadvantage, and discrimination, to name a few (Holtzman & Bornemann, 1990; Ryan, 1992). Although the social work profession has identified refugee issues as an important concern (National Association of Social Workers, 1990), the topic has not been given as much attention as is needed.

Since refugees are, by definition, persons who have crossed national boundaries, they are clearly within the purview of

international social welfare concerns. The refugee experience consists of three stages which provide multiple time points for social work intervention: premigration and departure; transit; and resettlement (Drachman, 1992). Since most refugees cannot return to their countries of origin due to continuing political oppression, resettlement in a host country is the long-term solution. The resettlement phase is therefore an appropriate starting point for international social welfare scholarship in this area. Further, for U.S. social workers, an appropriate starting point is with the examination of resettlement in this country. Approximately 120,000 refugees have been resettled in the United States each year since 1990, with a total of nearly 1.5 million having been admitted since 1980 (U.S. Committee for Refugees, 1993, 1994b). These have consisted primarily of Soviets, Eastern Europeans, Southeast Asians, Cubans, Ethiopians, Afghans, and Iranians (U.S. Committee for Refugees, 1993).

One means by which to investigate refugee resettlement is through policy analysis. Considerable public debate and academic scholarship in disciplines outside of social work have focused upon immigration and refugee policy. However, existing policy critiques have been largely limited to asylum and admissions policy (e.g., Charlton, Farley, & Kaye, 1988; Zolberg, 1988). Little attention has been given to resettlement policy, which concerns the needs of refugees once they are legally admitted into the United States. Therefore, the present paper is intended to address this gap in the knowledge base.

This critical inquiry into refugee resettlement policy applies Chambers' (1986) social policy analysis framework. This particular framework was selected because it was designed for maximum relevance to front-line social work practitioners (Chambers, 1986). The framework consists of two major components: social problem analysis and social policy analysis. The problem analysis is composed of four dimensions: problem definition; identification of the causes of the problem; identification of ideologies that underlie the problem definition; and identification of who gains and loses from the existence of the social problem. The policy analysis consists of five dimensions or "operating characteristics" (Chambers, 1986): entitlement rules; goals and objectives; types of benefits and services delivered; administrative or service delivery

structure; and financing method. Each of these operating characteristics is examined to evaluate the adequacy of the policy in ameliorating the problem it addresses. Following this evaluation, recommendations for policy improvements are made.

### U.S. Refugee Resettlement Policy

U.S. refugee admissions and resettlement policy is set forth by the Refugee Act of 1980 (P.L. 96-212). Prior to enactment of this legislation, the United States had no stable process for refugee admissions and assistance. Admissions and services were provided on an ad hoc basis, usually in response to crises in different parts of the world. In the late 1970's and early 1980's hundreds of thousands of refugees arrived from Southeast Asia and Cuba. Congress passed the Refugee Act in response to the need for a coordinated effort to resettle these refugees. The Act has been reauthorized yearly since then. This policy is the enabling legislation which provides for financial, social, medical, and educational assistance to refugees following admission.

### Problem Analysis

Effective analysis of a social policy is predicated upon a thorough understanding of the social problem which the policy addresses. The driving force behind this understanding is the definition of the problem (Chambers, 1986). Of the multitude of social problems faced by refugees, resettlement policy focuses on one: "welfare dependence," i.e., the number of refugees who receive public assistance. Almost 50% of refugees who have been in the country 24 months or less receive public assistance (Office of Refugee Resettlement, 1993). All of the benefits and services provided by the Refugee Act are targeted toward decreasing the welfare dependence rate and increasing refugee economic self-sufficiency.

An important component of understanding a social problem is the identification of ideologies and value biases that are implied in the problem definition (Chambers, 1986). The primary ideology that appears to underlie the problem definition of refugee welfare dependence is that of individualism, or as it is sometimes termed, "rugged" individualism. This prominent American value

holds that the well-being of the individual is more important than that of the social group; that government presence in individuals' lives should be minimized; and that individuals should pull themselves up by their own bootstraps (Sue & Sue, 1990). Thus, individuals who do not "pull their own weight," such as children, homemakers, the elderly, the disabled, and refugees are devalued under this ideology.

An accurate identification of the causes of a social problem must underlie any policy aimed at alleviating that problem (Chambers, 1986). The causes of refugee welfare dependence are numerous. One of the most obvious is lack of English language skill. Another is lack of appropriate job training. Many refugees do not come from urban, industrialized areas and thus have no vocational preparation for work in the environments in which they are placed. Another cause of welfare dependence may be inability to work due to physical or mental disability as a result of traumas suffered. Many refugees have experienced or witnessed imprisonment or torture in their countries of origin. In addition, they may have been victims of violence during their flight from their country or while in a refugee camp. Certainly all have experienced tremendous loss of family, friends, home, possessions, and status in their society (Holtzman & Bornemann, 1990; Ryan, 1992). As a result, many refugees suffer from post-traumatic stress disorder (Westermeyer, 1987).

A final cause of welfare dependence among refugees is discrimination by potential employers (Gold, 1992). Some employers do not want foreigners or racial minorities working for them, or they feel that training refugees and assisting them in adapting to their work environment is not cost-effective and is disruptive to the workplace.

### *Gainers and losers*

The existence of a social problem always entails certain gainers and losers; the identification of these reveals those forces which maintain the problem and those which can be harnessed to resolve the problem (Chambers, 1986). One of the gainers from the existence of welfare dependence among refugees is native-born workers. In times of high unemployment, many Americans prefer to have the available jobs go to natives rather than to foreigners. Another gainer is the illegal labor market, which pays workers

less than minimum wage in under-the-table arrangements. The workers can thus supplement their welfare benefits without losing them because the income is unreported. The employer profits not only by paying under minimum wage but also by maintaining substandard, unregulated working conditions. The final gainers from the welfare dependence problem are the welfare recipients themselves. Although the amount of assistance they receive may provide for only a minimal standard of living in relation to that of other U.S. residents, it may be a substantial improvement on the living conditions to which the refugees were accustomed. Also, the refugees may gain from not being in the work force by being able to minimize contact with the new culture and thus being able to maintain their own culture within their home or small community.

The two losers from the existence of the problem are also two of the gainers, namely, the taxpayers and the refugees. If the number of refugee welfare recipients were lower, taxes could either be reduced or used for other social needs that might have more direct benefit for the taxpayers. For the refugees, welfare dependence may make them prone to unhealthy social isolation, low self-esteem, and social stigmatization (Westermeyer, Callies, & Neider, 1990).

### Policy Analysis

Social policy goals possess both manifest and latent aspects (Chambers, 1986). Whereas manifest goals are the explicitly stated purposes of the policy, latent goals are those functions that must be discerned by "reading between the lines." The manifest goals of the refugee resettlement policy are (1) to provide for effective and coordinated resettlement efforts and (2) to increase self-sufficiency and decrease welfare dependence of refugees. These goals are accomplished through numerous objectives. For example, one of the objectives for goal 1 is to provide oversight for resettlement efforts through the Office of Refugee Resettlement in the Department of Health and Human Services; one of the objectives for goal 2 is to provide job training to refugees.

These goals and objectives have the positive feature that they are clear and unambiguous. However, decreased welfare dependence is unlikely to be attainable within the short time frame

(8 months) that refugees are eligible for services. This time limit was not based on research data; in fact, evidence from Europe suggests that refugees need long-term services, sometimes for decades (Westermeyer, 1987).

Two latent goals may be identified in the Refugee Act. The first goal is to acculturate refugees to the Western work ethic. This ethic holds that work is of prime importance in individual's lives, and that moral people work. The second latent goal is to assimilate the foreign cultures into the dominant culture as efficiently as possible.

### *Benefits and services*

The refugee resettlement policy provides for cash assistance, medical assistance, English as a Second Language training, job training, job placement assistance, special education for refugee children, day care, and referral. These benefits and services accurately target some of the underlying causes of the problem; however, they do not address others, such as acculturation difficulties, traumatic stress and employer discrimination. For these reasons, the policy may not be optimally effective. Another difficulty with these benefits and services is that there is no clear provision for client empowerment. Clients have little choice about the benefits and services received and the manner in which they are received. Yet at the end of the short period of service delivery, the refugees are expected to have adopted the individualistic philosophy and to be self-sufficient, even though they have had few opportunities to practice these behaviors.

The rules for entitlement to benefits and services under the refugee resettlement policy are clearly spelled out. Any refugee who has been in the United States for 8 months or less is eligible provided that he/she registers with an agency providing employment services, participates in a program providing job or language training, and accepts appropriate offers of employment (as determined by the client's caseworker). These entitlement rules clearly define the target population so that no persons other than refugees are entitled to the services and benefits. The rules clearly attempt to reduce the potential for work disincentives by conditioning receipt of benefits and services upon employment-seeking activities and acceptance of appropriate employment offers. However, the time frame for eligibility has gradually been

decreased from 36 months in 1981 to the present 8 month limit. As noted, this eligibility period is inadequate to meet the goals of the policy.

#### *Administrative/service delivery system*

Refugee resettlement services are delivered by state and private agencies through grants and contracts with the federal Office of Refugee Resettlement. Although one of the goals of the policy is to improve integration and continuity of services, this is frequently not realized in practice. Often many agencies compete for the available funds, reducing interagency cooperation. In addition, services are fragmented such that a refugee usually receives different services from different agencies, leading to added confusion for the client (Boehnlein, 1987). Further, due to a lack of overt attention to removal of cultural and language barriers, the policy may not provide for maximum accessibility to services and benefits. In addition, there is no provision regarding policy adaptability to accommodate the varying needs of the very diverse ethnic and racial groups that make up the refugee population; the policy treats all the groups as identical. Finally, although there are detailed provisions for agency accountability to the federal government, there are no provisions for accountability to clients or to the public.

#### *Financing methods*

Financing of this policy depends upon year-to-year funding continuity allocation by Congress. Funds are allocated to each state based upon the number of time-eligible refugees living there. Over the years, funding has declined relative to the number of refugees admitted (Office of Refugee Resettlement, 1993). The year-to-year financing method provides little long-term financial security for the agencies delivering these services and benefits. Further, history has shown that refugee issues are not recurring crises, but are a persistent presence that will continue into the future; year-to-year financing does not reflect this reality.

### Improving Refugee Resettlement Policy

Several changes can be made in refugee resettlement policy to make it more effective in serving the needs of refugees and the general public. Some of the changes that are recommended are



already manifested in some individual programs. However, they are manifested not because of overall policy guidance but in spite of it. In these cases, policy changes are recommended in order to make policy consistent with practice.

First, mental health services should be a central provision of the policy. The traumatic suffering and culture shock experienced by refugees cannot be underestimated. These individuals have lost much of what they valued in their lives: family, home, sense of belonging, and social status. Their personal integrity and sometimes their bodily integrity have been violated. They have no hope of return to their former lives. They must begin new lives, often at a developmental stage when major change is difficult even for those living within their own culture. These emotional difficulties are one fundamental cause of unemployment and welfare dependence (Uba & Chung, 1991; Vu, 1990).

Under the current policy, mental health services are peripheral to the other program features. In practice, dedicated workers in health care, English language training, and job training programs attempt to provide mental health services "on the run." This approach is inadequate to meet the need. Further, the quality and appropriateness of mental health services for refugees is unregulated. Clearly, refugee mental health is a specialty requiring trained workers. Most workers in mental health settings are not trained in this specialty. Thus, even if a refugee were able to cross the cultural and accessibility barriers to getting these services, the chances of his/her returning for a second session are small. Thus, the policy should establish a separate mental health component, which should include a provision for worker training, including training of indigenous workers.

Second, the policy should explicitly address issues of client empowerment. Empowerment efforts would provide refugees the opportunity to gain the assertive, decisionmaking, participatory skills that are necessary for self-sufficiency in U.S. society. Refugees should have the opportunity to practice these skills during the period of assistance, thus more effectively preparing them for self-sufficiency at the end of that time. Client empowerment can include strategies such as encouragement for client feedback about programs and practices; increased freedom of choice in decisionmaking; assertiveness training presented in a cross-

cultural context; client representation on agency decisionmaking bodies; procedures for agency accountability to clients; and mentorship by refugees who have successfully adopted empowering behaviors.

Third, the policy should include measures to decrease employer discrimination against refugees. Strategies for achieving this can include educating employers about the refugees' cultures and experiences; teaching employers effective ways of relating to refugees; and mediating in employer/refugee disputes. Some individual programs include efforts of this sort; however, these activities are not specifically addressed by the policy nor are funds targeted for them.

The policy changes that have thus far been recommended can be accomplished while maintaining the problem definition, ideology, and goals that underlie the policy. However, two changes can also be recommended that would require a shift in these underlying facets of the policy. First, a latent goal of the policy is to assist refugees to quickly and fully assimilate into the "melting pot" of the dominant American culture. An alternative is to adopt the cultural pluralism approach, which values cultural difference and focuses on effective functioning in a multicultural society (Sanders, 1980). Within this outlook, the policy should more clearly address cultural sensitivity. The service delivery system should be proactively flexible to allow for unique approaches to working with the diverse cultures that make up the refugee population. Increased attention should be given to removing cultural barriers to accessibility. The policy should also focus on enhancing the use of clients' natural helping systems. Again, many individual programs include these components; explicit attention to these issues within the policy would ensure that all programs address them.

The second change that would require a shift in underlying ideology is related to how welfare dependence is measured. It is presently measured in terms of whether or not a given individual is on welfare. Society "values" each individual based upon how much he/she gives to society relative to how much he/she takes. This is consistent with the ideology of individualism. However, many refugees come from cultures in which collectivism, not individualism, is the valued ideology. Under this ideology, the

welfare of the individual's social group takes precedence over his/her own welfare (Sue & Sue, 1990). Thus from the viewpoint of individuals from these cultures, the unit of concern is not the individual but the group.

Therefore, perhaps U.S. society should evaluate refugees' relative contributions using the social group rather than the individual as the measuring unit. It is possible that while an apparently high percentage of refugee individuals are "welfare dependent," this is balanced or exceeded by the societal contributions of other individuals in that social group. This issue has been researched at an aggregate level whereby the economic contributions of immigrants as a whole have been shown to exceed their intake (e.g., Jensen, 1989). Further such research is needed specifically with regard to refugees' micro-level social systems (e.g., households or other social groups as defined by the refugees themselves). In addition, intergenerational research is needed to determine the societal contributions of the children and grandchildren of resettled refugees.

### Conclusion

Refugee resettlement provides an important arena for discourse in international social welfare. The present paper has illustrated some of the relevant issues through an analysis of U.S. refugee resettlement policy. The Refugee Act of 1980 represents a major commitment by the United States to alleviating the plight of refugees. This policy has a number of positive features, including clear goals, clear entitlement rules, and accurate targeting of some of the underlying causes of refugee welfare dependence. Building upon these strengths, a number of recommendations have been suggested for facilitating more effective and humane integration of refugees and the host culture. Social workers involved in international social welfare are in a position to advocate for, implement, and evaluate the suggested changes.

This paper has focused upon a specific segment of refugee issues. Future international social welfare scholarship should be expanded to address the other stages of the refugee experience (i.e., premigration/departure and transit). Issues such as asylum, repatriation, and cross-national comparisons of refugee policies are all appropriate areas for future inquiry.

## References

- Boehnlein, J. K. (1987). A review of mental health services for refugees between 1975 and 1985 and a proposal for future services. *Hospital and Community Psychiatry, 38*, 764–768.
- Chambers, D. E. (1986). *Social policy and social programs: A method for the practical public policy analyst*. New York: McMillan.
- Charlton, R., Farley, L. T., & Kaye, R. (1988). Identifying the mainsprings of U.S. refugee and asylum policy: A contextual interpretation. *Journal of Refugee Studies, 1*, 237–259.
- Chatterjee, P., & Ireyes, H. (1981). Technology transfer: Implications for social work practice and social work education. *International Social Work, 24*, 14–22.
- Drachman, D. (1992). A stage-of-migration framework for service to immigrant populations. *Social Work, 37*, 68–72.
- Elliott, D., Mayadas, N., & Watts, T. (Eds.) (1990). *The world of social welfare: Social welfare and services in an international context*. Springfield, IL: Charles C. Thomas.
- Gold, S. J. (1992). *Refugee communities: A comparative field study*. Newbury Park, CA: Sage.
- Hokenstad, M. C., Khinduka, S. K., & Midgley, J. (Eds.) (1992). *Profiles in international social work*. Washington, DC: NASW Press.
- Holtzman, W. H., & Bornemann, T. H., Eds. (1990). *Mental health of immigrants and refugees*. Austin, TX: Hogg Foundation for Mental Health.
- Jensen, L. (1989). *The new immigration: Implications for poverty and public assistance utilization*. New York: Greenwood Press.
- Lusk, M. (1992). Social development and the state in Latin America: A new approach. *Social Development Issues, 14*, 10–21.
- Midgley, J. (1994). Defining social development: Historical trends and conceptual formulations. *Social Development Issues, 16*, 3–19.
- Midgley, J. (1995). International and comparative social welfare. In R. Edwards et al. (Eds.), *Encyclopedia of Social Work* (pp. 1490–1499). Washington, DC: NASW Press.
- Midgley, J., Hall, A., Hardiman, M., & Narine, D. (1986). *Community participation, social development, and the state*. New York: Methuen.
- Martinez-Brawley, E. E., & Delevan, S. M. (1993). *Transferring technology in the personal social services*. Washington, DC: NASW Press.
- National Association of Social Workers (1990). *Facts on Refugees*. Washington, DC: Author.
- Office of Refugee Resettlement (1993). *Refugee Resettlement Program: Report to the Congress*. Washington, DC: Department of Health and Human Services.
- Ryan, A. S. (Ed.) (1992). *Social work with immigrants and refugees*. New York: Haworth.
- Sanders, D. S. (1980). Multiculturalism: Implications for social work. *International Social Work, 23*, 9–16.
- Sue, D. W., & Sue, D. (1990). *Counseling the culturally different*. New York: Wiley.

- Uba, L., & Chung, R. C. (1991). The relationship between trauma and financial and physical well-being among Cambodians in the United States. *Journal of General Psychology, 118*, 215-225.
- United Nations (1951). *Geneva Convention Related to the Status of Refugees*.
- U.S. Committee for Refugees (1993). *Refugee Reports, 1993 Statistical Issue*. Washington, DC: Author.
- U.S. Committee for Refugees (1994a). *World Refugee Survey*. Washington, DC: Author.
- U.S. Committee for Refugees (1994b). *Refugee Reports, 1994 Statistical Issue*. Washington, DC: Author.
- Vu, T. Q. (1990). Refugee welfare dependency: The trauma of resettlement. In W. H. Holtzman & T. H. Bornemann (Eds.), *Mental health of immigrants and refugees*. Austin, TX: Hogg Foundation for Mental Health.
- Westermeyer, J. (1987). Prevention of mental disorder among refugees in the U.S.: Lessons from the period 1976-1986. *Social Science and Medicine, 25*, 941-947.
- Westermeyer, J., Callies, A., & Neider, J. (1990). Welfare status and psychosocial adjustment among 100 Hmong refugees. *Journal of Nervous and Mental Disease, 178*, 300-306.
- Zolberg, A. R. (1988). The roots of American refugee policy. *Social Research, 55*, 649-678.