

Running Head: MODEL FOR REFUGEE AND RESETTLEMENT ASSISTANCE

A MODEL FOR REFUGEE AND RESETTLEMENT ASSISTANCE
IN NORTH CAROLINA

by

Maddison Staszkiwicz

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Garrett McDowell, Ph.D., Thesis Director

Sandra Paige, Second Reader

Ted Zerucha, Ph.D., Interim Director, The Honors College

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Abstract

According to the United States Citizenship and Immigration Services (USCIS), a refugee is someone who is located outside of the United States, is of special humanitarian concern to the United States, demonstrates that they were persecuted or well-founded fear of persecution, is not resettled in another country, and is admissible to the United States. There are currently 65.3 million refugees worldwide according to the UNHCR in 2016. North Carolina is one of the top 10 states in refugee resettlement, and with at least 22 countries of origin identified, North Carolina is a compelling state on which to focus this applied thesis. Research has been published on refugee resettlement assistance in North Carolina, in addition to information available from the assistance organizations themselves. This research has not been compiled for a comprehensive review of the existing implemented models, nor an analysis of the research highlighting the gaps that are present within the existing infrastructure and support. Rather, from such research, I present a model aimed to increase refugee success in the context of North Carolina.

Keywords: refugee, resettlement, success, self-sufficiency, North Carolina

Abbreviations

CWS – Church World Service
DHHS – Department of Health and Human Services
DHS – Department of Homeland Security
DOS – Department of State
ECDC – Ethiopian Community Development Council
EMM – Episcopal Migration Ministries
ESL – English as a Second Language
HIAS – Hebrew Immigrant Aid Society
INA – Immigration and Nationality Act
IOM – International Organization for Migration
IRC – International Rescue Committee
LIRS – Lutheran Immigration and Refugee Services
LPR – Lawful Permanent Resident
NGO – Non-Governmental Organization
ORR – Office of Refugee Resettlement
PC – Preferred Communities
P.L. – Public Law
PRM – Bureau of Population, Refugees, and Migration
RCA – Refugee Cash Assistance
RMA – Refugee Medical Assistance
R&P Program – Reception and Placement Program
TANF – Temporary Assistance for Needy Families
UN – United Nations
UNHCR – United Nations High Commissioner for Refugees
USCCB – United States Conference of Catholic Bishops
USCRI – United States Committee for Refugees and Immigrants
VOLAG – Voluntary Agency
WF – Wilson Fish Amendment
WR – World Relief

Chapter 1 Problem and Significance

Statement of Problem

The number of displaced persons has increased in recent years to yield an estimated number of 65.3 million worldwide according to the United Nations High Commissioner for Refugees (UNHCR) (2016c). One in every 113 people globally is a refugee, internally displaced, or an asylum seeker (UNHCR, 2016c). As this figure has increased, host countries who have worked to provide support to refugees from across the globe have simultaneously developed crisis fatigue, making it necessary to examine the current state of refugee and resettlement assistance. In this thesis, I will examine the barriers resettled refugees face in becoming self-sufficient in North Carolina and present a model to address these barriers.

Crisis fatigue has developed slowly as refugees' needs have continued and increased over time. The international assistance to refugees functions through a method of burden sharing and solidarity among members of the United Nations (UN). There are 32 countries that are willing to provide permanent refuge. These 32 countries work through the UNHCR to reduce the strain and pressures placed on countries of first asylum (IOM, 2016; Martin, 2016). The countries of first asylum are often chosen because of location, not because of the individual country's willingness to provide long-term assistance to displaced persons. Refugees generally arrive to these countries by foot or boat after fleeing their home country. Globally, financial aid to refugees has decreased as a result of the recent global recessions (Organization for Economic Cooperation and Development, 2012). Resources are not able to adequately keep up with growing demands, as there have been 15 new or renewed conflicts causing people to flee and seek refuge since 2011 (Martin, 2016).

The countries with highest rates of refugee hosting are Turkey, Pakistan, Lebanon, Islamic Republic of Iran, Ethiopia, and Jordan. Germany received the highest number of new asylum applications, with the United States second. Sweden and The Russian Federation received the next highest levels of asylum applications (UNHCR, n.d.). The countries considered “best” by the UN for refugee resettlement are Germany, Sweden, the United States, and Brazil in that order (Becker, 2015). As part of the burden sharing and solidarity by UNHCR refugee accepting countries, refugees are not able to request or apply for resettlement in a country of their choosing. They may decide to travel to a specific country and apply for asylum status, though approximately half of all asylum seekers are denied (Eurostat, 2015). The main exception to this is to provide reunification when a family member has already been resettled. Refugee services must be examined in order to implement better assistance models to reduce the strain on countries and increase the success of refugees upon resettlement.

Explication of Terms

There is a specific classification given to each immigrant resettled in the United States. This classification determines access (or lack thereof) to specific resettlement and assistance programs in the United States. In what follows, I will introduce each classification as it is defined in the United States context for the purpose of this thesis.

According to the DHS, a **lawful permanent resident (LPR)** is: any non-citizen who is lawfully authorized to live permanently within the United States and may accept employment offers, own property, receive financial assistance at public colleges and universities, and join the Armed Forces. They may apply to become U.S. citizens if they meet certain eligibility requirements. The largest category (approximately 40 percent

annually) of United States immigrant admissions is that of immediate relatives of United States citizens as part of the family reunification program. Family-sponsored preferences are considered next and separated into four categories. The first is unmarried sons/daughters of U.S. citizens and their children. The second is spouses, children, and unmarried sons/daughters of alien residents. The third category includes married sons/daughters of U.S. citizens and their spouses and children. Fourth are brothers/sisters of U.S. citizens of at least 21 years of age and their spouses and children. Employment-based preferences may also be considered. First are priority workers; second are professionals with advanced degrees or aliens of exceptional ability; third are skilled workers, professionals, and needed unskilled workers; fourth are certain special immigrants; fifth are employment creators or investors. The Diversity Immigrant Visa program also allows residency to individuals who seek to emigrate from countries with relatively low levels of immigration (DHS, n.d. b).

An **undocumented alien** is an alien who entered the United States without the proper documentation and authorization or entered the United States legally but has (1) violated the terms of the entrance status or (2) has overstayed the time limit of the original status. An undocumented alien is deportable and is not afforded the services available to other immigrant groups (Internal Revenue Service, n.d.).

According to United States law, a **refugee** is: (A) any person who is outside any country of their nationality or, in the case of a person with no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social

group, or political opinion, or (B) in special circumstances as the President may specify, a refugee may also be a person who is within their country or, in the case of a person having no nationality, within the country in which such person is habitually residing, and who is persecuted or has a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. Any person who ordered, incited, assisted or participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion is not a refugee (INA § 101(a)(42)).

According to United States law, an **asylee** is: An alien in the United States (irrespective of entry at a designated port of arrival) who establishes that he or she is a refugee under the Immigration and Nationality Act (INA) may be granted asylum within one year of arrival in the United States and referred to as an asylee (INA § 208).

According to United States law, a **trafficking victim** is: A person who has been subjected to a severe form of trafficking and who is either (1) under age 18 or (2) an adult who obtains certification from the Secretary of Health and Human Services (Public Law [P.L.] 106-386, §107(b)(1)(C)).

According to United States law, a **Cuban and Haitian entrant** is: (1) any individual granted parole status as a Cuban/Haitian Entrant 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 of assistance or services are provided; and (2) any other national of Cuba of Haiti who (i) was paroled into the United States and has not acquired any other status under the INA; (ii) is the subject of removal proceedings under the INA; or (iii) has an asylum application pending

with the United States Citizenship and Immigration Services. They are eligible for refugee services as Cuban/Haitian entrants until granted or denied asylum (P.L 96-422 § 501(e)).

For the purpose of this thesis, I will also define the following terms for increased understanding in the contextual differences of success and self-sufficiency.

Success: Success is the achievement of desired goals or aims decided by an individual or entity. Success can be determined by any individual, and in this case, a refugee or VOLAG.

Self-Sufficiency: Self-sufficiency is the ability to provide for one's own needs without outside assistance, and to be confident in this ability. This includes no longer being reliant on government, VOLAG, or social services assistance but instead, providing for one's own needs. In the case of refugees in the United States, needs include being confident in English proficiency, attaining a desirable job, and navigating the American culture.

Precedent of Classification: Cuban Refugees

Refugee classification and the resulting support services that status affords greatly impacts the success of an individual upon arrival to the United States. Those who arrive with refugee classification or are granted status as an asylee or trafficking victim are given immediate access to social services. Undocumented immigrants do not have access to social services. The current classification of refugee does not encompass the multitude of reasons for leaving one's home, such as intrastate conflict, poor governance and political instability, environmental change, and resource scarcity (Zetter, 2015). With such radical implications to migrant success and the impact on the host country, the United States classification would arguably benefit from reconsidering these criteria.

A group that highlights the case for this argument is the Cubans. There have been four waves of Cuban migration to the United States, each with differing degrees of success upon resettlement. Each group had different amounts of opportunity presented to them upon arrival through economic growth or recession, government policy programs, and a warm welcome or cold reception, all of which can be linked to their legal status and categorization upon arrival to the United States as seen in Figure 1.

The first wave of migrants is known as the Cuban Elite; this group overrepresented the professional, managerial, and middle classes, and clerical and sales workers. The educational level of these refugees was high (Pedraza, 1995). Under the Cuban Adjustment Act of 1966, Cuban refugees were able to adjust to lawful permanent residence. The Cuban Adjustment Act affords refugee status to any Cuban that meets established qualifications by law, has been inspected and admitted or paroled into the United States after January 1, 1959, and has been in the United States for one year (USCIS, 2017).

The second wave of Cuban migrants (1965-1974) primarily included petite bourgeoisie. These refugees were welcomed by President Lyndon Johnson's 1965 "open door" policy intended to save refugees from communism. Daily flights brought Cubans to Miami and assisted them through the Cuban Refugee Program with resettlement throughout the United States. This wave included employees, independent craftsmen, small merchants, skilled and semi-skilled workers. Many diverse backgrounds of Cuban migrants were represented in the United States at this time (Pedraza, 1995).

The third wave of Cuban refugees began in 1980 and was referred to as the *Marielitos* based on their exodus from the Mariel Harbor in Cuba. The *marielitos* included criminals, homosexuals, mental patients, and blacks that were not wanted by Cuba. These refugees

reached the United States by boat and received very little respect upon arrival (Pedraza, 1995), though they were given access to services through their classification as Cuban-Haitian entrants (USCIS, 2017).

The fourth wave of Cuban migrants (1985-1992) included the *balseros*, or individuals attempting to reach the United States by makeshift vessels and illegally emigrate from Cuba. Fidel Castro did not discourage the illegal emigration, and more Cubans attempted to reach the United States by sea. The *balseros* were welcomed upon their arrival as heroes that had made the difficult journey, but many died at sea or were returned to Cuba by the United States government if intercepted before reaching land. The United States government also denied refugee status and classification to this wave of migrants (Pedraza, 1995). The later (1995) “dry foot, wet foot” policy was enacted allowing Cubans who arrived to the United States on land or “dry foot” to be granted entry and the ability to apply for LPR without documented proof of persecution (Portal, 2005). President Obama terminated this policy in January of 2017 after the 2015 reconciliation of American and Cuban diplomatic relations (DHS, n.d. a).

The first and second waves of Cuban refugees had higher rates of men and women in managerial, professional, technical, sales, and administrative support jobs than the later waves. The third and fourth waves of Cuban refugees had service, precision, production, craft, and repair jobs, and worked as operators, fabricators, and laborers (Pedraza, 1995). These occupational levels correlate to higher or lower pay as well, with the first and second waves receiving better financial support and higher-paying jobs.

Further, Cubans have reported higher earnings than other migrant groups despite lower levels of educational achievement (Portes & Rumbaut, 2001). Cuban immigrant

children had education levels similar to whites as evidenced by grades, reading standardized test scores, and math standardized test scores, while Puerto Rican and Mexican children scored lower than whites in all three categories, none of whom have received refugee status and the subsequent support services. The effect remained when controlled for immigrant characteristics and socioeconomic factors (Harris, Jamison, & Trujillo, 2008). Landgrave demonstrated that, “this success [of Cuban migrants] could be replicated with other migrant groups if ...migratory barriers were reduced for all” (2016). This argument is based on the fact that immigrants (including refugees and undocumented aliens) receive different services and social support due to their legal classification, which directly impacts their likelihood of success. Examining this phenomenon in the context of North Carolina refugee and resettlement assistance can provide insight into the role that support and services play in migrant success in the United States.

Global Historical Context

Forced migration and displacement are increasingly large in scope and must be examined as they have changed and developed over time. The 1951 Geneva Convention determined that “to be recognized legally as a refugee, an individual must be fleeing persecution on the basis of religion, race, political opinion, nationality, or membership in a particular social group, and must be outside the country of nationality” (UNHCR, 2001). It quickly became evident that definition was inadequate and problematic; policies were focused on categorizing individuals as opposed to prioritizing support and services. Intrastate conflict accounts for the majority of involuntary displacement. However, poor governance, political instability, and repression drive and underlie the eruption of conflict. Environmental factors contribute to poor living conditions, and when combined with other factors, also drive

displacement (Zetter, 2015). These circumstances often develop and worsen over time (Esipisu, 2011), allowing an opportunity for early intervention in some cases.

Somalia provides an example where intrastate conflict, poor governance, political instability, repression, and environmental change are interrelated. Two decades of clan conflict and poor governance created unsustainable living conditions for Somalis (Balthasar et al., 2014). Food insecurity is a problem for those who remain in the area (Esipisu, 2011). The drought in 2011 was the final tipping point driving increased population displacement (Zetter, 2015). In 2014, 1.1 million Somali people (55 percent of the total population) were living outside Somalia in temporary refugee situations. In 2015, there were 2 million Somali migrants living abroad (Connor & Krogstad, 2016). The number of Somalis seeking refuge could have been minimized if efforts, such as irrigation systems and emergency aid, had been implemented to better protect the Somalis.

Additionally, the Somalis fled to Ethiopia and Kenya, neither of which was a sustainable host environment. Ethiopia is in crisis due to the drought and flooding which has devastated the economy, crops, and food production. This is intensified by the strain from increased numbers of refugees entering the country since 1988 (Research Directorate, Immigration and Refugee Board, Canada, 1991; International Rescue Committee, n.d.). In 2016, Kenya sought closure of Dadaab, its oldest refugee camp and the largest in the world, which hosted more than 600,000 displaced persons at its peak, due to lack of services, supplies, and safety concerns (Thomson, 2016). Though the Kenyan government temporarily blocked this closure until May 2017, over 46,000 Somali refugees had voluntarily fled the camp or, expecting the camp to close, voluntarily returned home at the start of 2017 (Bloom, Clarke, & Sevenzo, 2017). Early implementation of aid in Somalia could have decreased the

number of Somalis driven to migration and reduced outcomes in numbers of refugees and the resulting impact on neighboring countries (Esipisu, 2011).

Refugees today exhibit wider patterns of mobility, both regionally and globally. The presence of boats, cars, trains, and planes allow for a greater variety of options for relocation, such that they are able to reach different countries and regions of the world as opposed to neighboring cities or countries (Zetter, 2015). In contrast, micro-scale displacement is common in cases when people flee violence but choose to remain in their home country, so they become internally displaced. According to Zetter, 95 percent of displaced persons remain in their country of origin (2015), which precludes them from receiving refugee status.

As determined by the High Commissioner of the UN, the UNHCR “is accountable for ensuring the international protection of refugees and for seeking durable solutions” to refugee crises (UNHCR, 2015). The UNHCR works to determine if an individual will be granted refugee status. It then officially grants them the status and coordinates resettlement when possible. The majority of the resources for the UNHCR come from voluntary national and individual contributions. As seen in Figure 2, the United States donated the most in 2016 followed by the European Union, Germany, and Japan (UNHCR, 2016a). UNHCR representatives work in host contexts as needed to assist refugees alongside the International Organization for Migration (IOM). The IOM is the UN Migration Agency that works with governmental, intergovernmental, and non-governmental partners to facilitate and regulate migration and manage forced migration and migration development (IOM, 2017).

Though the UNHCR is the primary referral agency, not all refugees are resettled through the UNHCR, so the reported number of refugees resettled by each country may be higher than is reported above. Refugees may decide to apply through any referral agency of

their choosing or may decide to resettle without the refugee status (International Refugee Rights Initiative, n.d.). There are likely many influencing factors such as the perceived importance placed on refugees. It is particularly interesting that Brazil is ranked as the fourth best country for refugee resettlement and has only a fraction of the donation and resettlement levels of the other countries on the list. Brazil was considered as one of the best locations for refugee resettlement according to the United Nations because of its successful programs in refoulement/physical protection, detention/access to courts, freedom of movement and residence, and the right to earn a livelihood. Brazil traditionally grants asylum requests to individuals (there were 12,000 requests in 2014) and resettles a comparably small number of refugees (Becker, 2015).

United States Historical Context

The United States has long played a role in the acceptance of refugees and, “has a long tradition of offering refuge to those fleeing persecution and war” (IRC, 2017). In the case of the United States, once refugee status is established, the U.S. Department of State (DOS) and the IOM along with the Department of Homeland Security (DHS) Citizenship and Immigration Services arrange for an individual’s resettlement in the United States, pending the individual passing a criminal background check and health screenings (DHHS, n.d.). If a refugee is eligible to be resettled in the United States, a Resettlement Support Center will obtain sponsorship assurances and refer the case to IOM for transportation to the United States once all required steps have been completed (Bureau of Population, Refugees, and Migration, 2016). The sponsorship assurances are given by experienced resettlement agencies in an effort to provide financial support and initial services in the United States,

sometimes with additional assistance from other individuals and organizations (United States Refugee Admission Program, n.d.).

The refugee resettlement program in the United States has undergone extensive changes since its origin. The INA is the primary body of immigration law and was established in 1952 to better organize immigration law. Some pieces of legislation are included in both the INA and the United States Code (McFayden, 2016). The INA did not originally allow for the admission of refugees. However, the following provisions of the original 1952 INA were applicable to refugees: the defector provision, parole provision, and provision to withhold deportation because of anticipated persecution. The INA did not specifically address refugees until the INA amendments of 1965 established a permanent provision for refugee admissions to the United States (Moore, 1980).

The Refugee Relief Act of 1953 was enacted to expedite the admission of refugees escaping Iron Curtain countries. It provided for the admission of 214,000 refugees between its implementation on August 7, 1953 and expiration on December 31, 1956. Refugees admitted under the Refugee Relief Act were assured housing and employment. Refugee admittance was then further extended by the Refugee Escape Act of September 1957, which followed the Refugee Relief Act when it expired in 1956.

The first comprehensive refugee resettlement program, the Fair Share Refugee Act of 1960, allowed for not more than 25 percent of all eligible refugee-escapees to be resettled in the United States with assurances of support from a voluntary agency (VOLAG) that these refugees would become self-sufficient or would be supported by their family. This program was extended indefinitely in 1962, though no initial termination date was included in the Fair Share Refugee Act of 1960 (Moore, 1980). The limit on refugees was an early United States

dictated system of burden-sharing policies meant to ensure other countries were also providing refugee and resettlement assistance. The burden-sharing system is utilized among refugee-resettling countries in an effort to reduce the burden on each country while also benefiting host communities by driving demand for food, goods, and services that expands markets and enhances economic development (Zetter, 2015).

The Refugee Relief Act of 1953 originally allowed for assistance for two years after admission into the United States, an arbitrary timeframe decided by U.S. Coordinator for Refugee Affairs Dick Clark, and supported by the administration as a “reasonable point to stop.” There was disparity present in that the VOLAGs responsible for the refugees’ resettlement success found two years to be too short of a time period and called to congress for greater flexibility in regards to the limits on assistance provided. After review of the VOLAG recommendations, it was enacted on October 1, 1980, that refugee assistance was limited to a one-year transition period including a four-year limit on reimbursement for welfare and cash and medical assistance benefits used during the one-year transition period. The limit for reimbursement was decreased to three years on April 1, 1981, and the transition time was increased to one and a half years. This was approved by congress as a compromise between the government and VOLAGs (Moore, 1980).

The 1965 amendments to the INA, also referred to as the Hart-Celler Act, have had long-term effects on how refugees are admitted and resettled in the United States. The law was enacted to repeal national-origins quotas that favored European immigrants to the United States that began in 1920 and remained in the 1952 INA. The new system favored immigrants’ family with U.S. citizens or LPRs and their skills. The Hart-Celler Act still most profoundly shapes the immigration system in place today and efforts are made through

refugee admissions and the Diversity Visa Lottery to bring immigrants from home countries that are underrepresented in the United States (Chishti, Hipsman, & Ball, 2015).

The 1984 Wilson/Fish (WF) amendment of the INA provided interim support, medical services, support services, and case management for refugees with the goal of encouraging self-sufficiency, reducing welfare dependency, and fostering collaboration among the resettlement agencies and service providers (INA §412(e)(7)(A)). The WF amendment is funded by the Office of Refugee Resettlement (ORR) and ensures that there are refugee assistance programs in all states where refugees are resettled. Special interest is given to states that are decreasing or eliminating their assistance programs (INA §412(e)(7)(A)) as WF aims to either (1) provide additional resources to states that have diminished their refugee program or (2) to provide alternative resources for refugees. WF is not available in all states.

In 1991, refugee cash and medical assistance were limited to a period of eight months upon arrival to the United States. In 2010, assistance per refugee was increased from \$900 to \$1,800 (U.S. DOS, 2010). This assistance includes a maximum of \$700 that may be allocated to the voluntary agency resettling the refugee and a minimum of \$1,100 that the refugee may use for direct support including rent, furnishings, food, and clothing (U.S. DOS, 2017a). Additionally, each fiscal year, there is a determined refugee ceiling, or the number of refugees that will be allowed admission into the United States within that time period. The President has the authority to raise, lower, or maintain the refugee ceiling (Refugee Council USA, 2017). The refugee ceiling was 76,000 in FY 2012, though only 58,238 refugees were admitted that year (Refugee Processing Center, 2017b). The refugee ceiling was decreased to 70,000 refugees in FY 2013 – FY 2015. In these years, the number of refugees admitted was

69, 926 (FY 2013), 69,987 (FY 2014), and 69,933 (FY 2015) (Refugee Processing Center, 2017b). The FY 2016 refugee ceiling was increased to 85,000, and 84,994 refugees were resettled (IOM, 2016). President Obama increased the refugee ceiling to 110,000 refugees for FY 2017 (Williams, Allen, & Siemaszko, 2016).

In January 2017, President Trump issued an Executive Order: Protecting the Nation from Foreign Terrorist Entry into the United States (Trump, 2017). While parts of the Executive Order have been deemed unconstitutional, the part that reduced the refugee ceiling to 50,000 refugees for FY 2017 remains. As of January 31, 2017, 32,475 refugees had already been resettled in the United States this fiscal year (Refugee Processing Center, 2017b). Figure 3 illustrates the patterns and trends of refugee admissions to the United States from 1975 through January 31, 2017.

From 1975 to 1987, the majority of refugee admissions were from Asia, though there was a decrease in overall admissions in 1976-1978 due to the United States only allowing Vietnamese refugees to be admitted for family reunification and no new applications were accepted (Zong & Batalova, 2016b). In 1988, there was significant increase in the number of refugees accepted from the Former Soviet Union escaping Jewish persecution (Lazin, 2005). These admissions grew until 1992 as a result of clearer definitions of who was to be admitted as a refugee and continued until 2003. The European refugee admissions were a minority of the admissions from 1975 to 2007, never surpassing 50 percent of refugee admissions. African refugee admissions were present since 1980, though they increased in 1990 and continued to increase due to renewed conflicts and environmental factors (Bruno, 2011). Latin American/Caribbean admissions remained low throughout the time period. Near East/South Asia refugees began being admitted to the United States in 1980 and saw an

increase in admissions in 2008 following natural disasters (Zetter, 2015). A limit of 20,000 refugees from Kosovo were admitted to the United States in 1999 due to attempted ethnic cleansing by Arabs and Kosovars seeking refuge (“Kosovar Refugees”, 1999). Figure 4 outlines presidential influence on the United States refugee admissions changes (Refugee Processing Center, 2017a).

The United States Department of State (DOS), under the INA, places refugees through their Reception and Placement Program (R&P Program) with cooperative agreements through their Bureau of Population, Refugees, and Migration (PRM) with nine domestic VOLAGs (U. S. DOS, 2017a). The nine VOLAGs are Church World Service (CWS), Ethiopian Community Development Council (ECDC), Episcopal Migration Ministries (EMM), the Hebrew Immigration Aid Society (HIAS), International Rescue Committee (IRC), Lutheran Immigration and Refugee Service (LIRS), U.S. Committee for Refugees and Immigrants (USCRI), United States Conference of Catholic Bishops/Migration and Refugee Services (USCCB), and World Relief (WR) (U.S. DOS, 2017a). The VOLAGs maintain private-public partnerships as they are non-governmental organizations (NGOs) that receive funding from the federal government as well as private donors (individuals and organizations). It is intriguing to note that seven of these agencies are religiously affiliated. The DOS recognizes this and explicitly states that the agencies are not permitted to proselytize (U.S. Department of State, 2017a).

Similarly, the Department of Health and Human Services (DHHS) provides specific support and services to refugees resettled in the United States through their Office of Refugee Resettlement (ORR). ORR provides social services similar to those afforded to all United States citizens who qualify to refugees, asylees, victims of trafficking, and Special Immigrant

Visa holders. One of ORR's services, Refugee Cash Assistance (RCA), a financial assistance program, is available for eight months to refugees upon arrival to facilitate their transition and allow them to achieve employment. A refugee is not eligible for RCA if they are also receiving Temporary Assistance for Needy Families (TANF). TANF is a federal block grant given to states to provide financial assistance and support services to qualifying individuals. The programs may include childcare assistance, job preparation, and work assistance, and vary among the states (DHHS, 2017). Refugee Medical Assistance (RMA) is another program available to refugees for eight months upon arrival to the United States, which makes refugees eligible for Medicaid (DHHS, n.d.). These programs are also available to asylees upon being granted asylum status (INA 412(c)(1)(A)). State-administered programs pay for RCA and RMA and are reimbursed by ORR. States are also able to create state-administered programs for refugee and resettlement services if they believe they are better suited than VOLAGs to provide services. Federal discretionary grants are also available to provide services for preventative health, school impact, services to older refugees, targeted assistance, and special employment related services (Bruno, 2011). The support offered to refugees decreases significantly within the first year, often leaving refugees with only community support by eight months after their arrival to the United States.

Not all refugees receive the same services. Certain services are available depending on where the refugee is relocated within the United States and vary based on the individual's circumstances and eligibility for enrollment in programs. Under the R&P Program, the Voluntary Agency Matching Grant Program (MG) is an alternative program in which the VOLAGs assist ORR-eligible populations to achieve economic self-sufficiency with 120 to 180 days of program eligibility. The MG program includes case management, employment

services, maintenance assistance and cash allowance, and administration. An individual enrolled in the MG program is then not also eligible for RCA (ORR, n.d. b).

Immigrants entering the United States as LPRs primarily enter for family reunification or for specific job needs (DHS, n.d.). In either of these scenarios, the immigrants are coming to the United States and entering into an established social network full of connections. These connections facilitate the transition to life in the United States, including providing places to live upon arrival and assistance with daily challenges they may face (Moffatt, 2013). This is not unique to LPRs: undocumented immigrants also typically rely on assistance from extended family members when they come to the United States (Moffatt, 2013).

The LPRs are succeeding in attaining citizenship, a marker that is often used when discussing when a refugee no longer carries that title (Ludwig, 2013). Naturalized citizens are better educated than immigrants who have not attained citizenship, have higher median earnings than noncitizens and higher median household incomes than the native born (Zong & Batalova, 2016a). Naturalized citizens have the same homeownership rates as the U.S. born and double the rate of non-citizens. The median number of years of residence between receiving LPR status and naturalization is seven years (Zong & Batalova, 2016a). While this timeline of naturalization is not faster than that of refugees, LPRs are less dependent on social services than refugees (Capps et al., 2015).

In the United States, refugees are required to apply for legal permanent resident (LPR) status after one year of residence, and after five years they are eligible to apply for citizenship (U.S. Department of State, 2017b). Upon five years of residence, refugees should be self-sufficient and should no longer rely on government or VOLAG support and

assistance. The five-year mark is used as a timeline to reach self-sufficiency because after five years, refugees are no longer eligible for TANF, MG programs, and WF programs (Halpern, 2008). On the contrary, most refugees are not financially independent after five years of residency in the United States. In general, refugee reliance on public assistance declines and income increases as more time is spent in the United States. In 2011, refugees that had arrived within the past five years had a median household income of \$21,000, or 42 percent of median income of U.S.-born households. In comparison, refugees that had arrived 10-20 years before had a median income of \$43,500, or 87 percent of the median income of U.S.-born households. This is a decrease from income levels in 2000 when refugees that had arrived within the past 5 years had a median household income of 62 percent of that of U.S.-born households, while refugees that had arrived 10-20 years before had 100 percent of the median income of U.S.-born households (Capps et al., 2015). As the reported income levels suggest, it is taking longer for refugees to reach 100 percent income levels of the median income of the United States born households. This finding calls for assessment at the state and local level in order to understand the outcomes of refugee and resettlement assistance and policy needs.

There is not a singular approach to serving the refugee population within the United States, and self-sufficiency is not achieved along the same timeline or defined the same across all programs as seen in Figure 5. Further, these indicators of success are truly measuring self-sufficiency, not success as they state. These indicators, such as cash assistance termination due to earnings and being self-sufficient at the 120th day (Government Accountability Office, 2012) may be steps to achieving success, but are truly indicators of self-sufficiency. For this reason, in this thesis I refer to success as encompassing any desired

goals as decided by an individual (refugee) or entity (VOLAGs, ORR). I distinctly refer to self-sufficiency as meeting one's own needs without outside (government or VOLAG) assistance, though utilizing social support and community assistance is essential to achieving success. This is indicated and measured by the benchmarks utilized by ORR and grants. The terms success and self-sufficiency are very similar, but have been conflated in the context of U.S. refugee resettlement. The current indicators of success according to VOLAGs and based on government programs and standards are measuring self-sufficiency but referring to it as success. I argue that success and self-sufficiency are not synonymous and should be addressed separately. Distinguishing these terms and measures would allow for the fact that the refugee and VOLAG may disagree about what success looks like, as success is not necessarily the same for everyone.

State and local VOLAGs and government programs work uniquely to assist refugees in achieving self-sufficiency through the use of different programs and grants. The policies and programs regarding refugee and resettlement assistance as they currently stand are setting up refugees for difficult experiences and circumstances—what I label and analyze as barriers in this thesis—before they can truly achieve success and self-sufficiency within the United States. Local and individual level examination is necessary as the policies and programs are often interpreted and therefore implemented differently in different locations (Darrow, 2015).

Additionally, for refugees the VOLAGs are filling a void of support and assistance filled by extended family in most other cases of migration. To assist refugees in achieving success and self-sufficiency VOLAGs have taken on the void of the familial role while also aiming to prepare refugees to reach self-sufficiency. By meeting or exceeding the support

and services generally provided to other categories of immigrants by family members or employee-provided social networks and connections, the VOLAGs' goal is to prepare refugees for long-term self-sufficiency and, ideally, success, though that is secondary. In Chapter 2, I will introduce the case study of North Carolina through which I will examine the barriers to success for refugee and resettlement assistance.

Chapter 2 Case Study: Assessment of North Carolina

In this chapter, I will examine the case of North Carolina through the use of published research surrounding different refugee resettlement communities and organizations. I will utilize this foundation to analyze refugee and resettlement assistance in North Carolina. This will evidence what is lacking and illuminate barriers to success and allow me to present a model for refugee and resettlement assistance in the context of North Carolina.

Justification of Location

In the United States, refugees are resettled in all 48 continental states. Of these states, I am exploring the state of North Carolina, which has a relatively average number of VOLAGs (ORR, n.d. a) and the seventh highest number of refugees resettled in FY 2016. In North Carolina, there are approximately 3,000 refugees resettled annually (Radford & Connor, 2016) across the state. Figure 6 illustrates the number of refugees resettled and state spending in FY 2016. Together, these ten states resettled over half of the refugee arrivals to the United States in FY 2016 (Refugee Processing Center, 2017b).

“The North Carolina Refugee Assistance program is a short-term transitional program that helps refugees and other eligible recipients become economically self-sufficient” (North Carolina DHHS, n.d.) and is funded through ORR. The Refugee Public Assistance provides RCA and RMA to refugees as well as social services through agreements with VOLAGs. The VOLAGs working in North Carolina are CWS, USCCB, LIRS, USCRI, and WR. These VOLAGs are contracted by the state to provide employment services, case management, transportation, skills recertification, English language training, vocational skills training, citizenship and immigration services, translation and interpretation services, and social adjustment services. According to the North Carolina DHHS, refugee

services and assistance are available until a refugee becomes a United States citizen, generally after five years in the United States (n.d.). Some support services, such as Medicaid, are not available for refugees after seven years if they have not applied for citizenship.

There are three major refugee resettlement communities in North Carolina. This also makes North Carolina a compelling case to examine because the similar problems experienced throughout the state suggest that the barriers are not due to the failings of an individual VOLAG or VOLAG office, but rather the result of an incongruent relationship between the VOLAGs, the State of North Carolina, and the refugees themselves. The major geographical areas of resettlement communities in North Carolina are illustrated in Figure 7 and include (1) Charlotte in Mecklenburg County, (2) High Point and Greensboro in Guilford County, and (3) Raleigh in Wake County, Durham in Durham County, and Chapel Hill in Orange County, often referred to together as the Triangle.

Over 140 countries of birth are represented in Guilford County, North Carolina, and cause the area to be of concern because newcomer populations have variable and unique needs (Sastre & Haldeman, 2015). In FY 2016, there were more refugees resettled in the Triangle area of North Carolina with no previous connections to the US than there were with a US tie or connection (WR Durham, 2016). Newcomer refugees are generally fully dependent on the services they receive from refugee and resettlement assistance programs upon arrival to the United States.

In the Charlotte area is the Catholic Charities Diocese of Charlotte, part of USCCB, as well as additional resources from Carolina Refugee Resettlement Agency, Inc., Central Piedmont Community College, Charlotte Mecklenburg Senior Center, Cross Cultural

Resources, Inc., and International House Charlotte. Located in the Triangle area (including Raleigh, Durham, and Chapel Hill) are Lutheran Services Carolinas, (part of LIRS), USCRI – Raleigh, CWS – Durham, and WR – Durham. In the Guilford County area (including Greensboro and High Point) are CWS – Greensboro and WR – High Point, with additional resources available from North Carolina African Services Coalition, Elon University School of Law, Humanitarian Immigration Law Clinic, Guilford County schools, Montagnard/Dega Association, Inc., New Arrivals Institute, and Senior Resources of Guilford.

There have been three primary independent teams of researchers that have examined the various aspects of refugee and resettlement assistance in the major refugee and resettlement communities in North Carolina. Sastre and Haldeman (2015) focused on Guilford County. Also in Guilford County, Sienkiewicz et al. focused their efforts on job prospects for refugees in Greensboro specifically. Walker (2011) used the information found in a community diagnosis by Cathcart et al. of refugees from Burma living in the Chapel Hill area in 2007 to assess the various refugee communities throughout the state.

To further understand North Carolina as a case study, I have been engaged with two VOLAGs in North Carolina through various experiences. Through an Alternative Service Experience at Appalachian State University, I was able to spend time at the USCRI office in Raleigh. I was also able to partner with the USCRI office to implement a cultural communications program with my peers, made possible through funding from the Clinton Global Initiative University at Appalachian State University. Lastly, I have had the opportunity to intern with World Relief in High Point in their Health and Preferred Communities office. Though I have not gathered data from any of these experiences for the purpose of this thesis, my analysis has been shaped by my personal, anecdotal experience.

Work by VOLAGs

The various VOLAGs in North Carolina address the needs of their refugee clients through the use of different programs and assistance services. CWS is a “faith based organization transforming communities around the globe through just and sustainable responses to hunger, poverty, displacement and disaster” (CWS, 2017c). CWS provides a variety of services to refugees, including: basic needs support, case management, health, job preparation, job placement and follow-up, and emergency assistance (CWS, 2017b).

CCDOC provides “services to help refugees adapt to their adopted homeland by becoming self-sustaining and productive members of their community...the primary goal... is to help refugees work toward self-sufficiency and as contributing members of society, and, eventually, attain their citizenship” (CCDOC, 2017b). The services include, but are not limited to: housing assistance, employment assistance, social services, health care referrals, school registration, community and cultural orientation, budgeting and financial education, driver’s education, and transportation to initial appointments (CCDOC, 2017b). CCDOC has resettled approximately 15,000 refugees since 1975 (CCDOC, 2017a).

LSC has field offices located in Raleigh, Durham, Winston-Salem, and Charlotte, though the refugee resettlement branch is focused in the Raleigh and Durham areas. LSC has case managers that work with families and organizations to arrange housing, facilitate access to social services and public benefits, arrange health screenings and access to health care, assist with school enrollment, provide cultural education and self-sufficiency planning, assist with communication needs, and provide support and welcome to all clients. English classes and tutoring are also provided. LSC assists in helping clients obtain stable employment through their employment services (LSC, 2017).

The USCRI has an office in Raleigh and works to “open doors for uprooted people, helping the world’s most vulnerable rebuild their lives” (USCRI, 2017c). The USCRI approach is to provide foundations through connecting refugees to communities and resources to help them rebuild their livelihoods in Raleigh (USCRI, 2017a). Services provided include community connections, links to health care, the human basics, rebuilding livelihoods, providing trusted legal representation, education access, and interpretation services (USCRI, 2017b).

WR works with the local church and wider community partners to welcome and resettle new refugee arrivals. Funding is available from DOS for refugee assistance for 90 days, however through local partnerships and support, WR Durham is able to assist each new refugee for 180 days upon arrival to the United States (World Relief Durham, 2017a). The populations WR serves include, but are not limited to: Burmese (Myanmar), Bhutanese (Nepal), Cuban (Cuba), Iraqi (Iraq), Eritrean (Eritrea), Somali (Somalia), Sudanese (Sudan), and Congolese (Democratic Republic of the Congo) (World Relief High Point, 2012).

Only one of the five VOLAGs represented in North Carolina is not religiously affiliated. This is important to examine as the faith-based organizations may address needs and challenges in a different manner than the VOLAGs without any religious affiliation. The World Council of Churches held a high-level conference on the European Refugee and Migrant Crisis that “provided an opportunity for participating faith-based organizations to apply faith principles (especially the belief that every human being is created in the image and likeness of God) in putting at the centre of the responses the human dignity and rights of all those affected” (Buda, 2016).

Faith-based organizations find strength in the teachings of their faith as they work to serve the refugees. An example of this can be seen in WR whose values are the example of Jesus, the Local Church, People, Excellence/Continuous Improvement, Empowerment, Partnership, and Prayer (WR, 2016). The World Council of Churches stated that,

“We resist the tendency to look at the refugee crisis only in terms of numbers and statistics. This violates the Christian value of respect for the dignity of every human being. These are people with lives, families, homes, and youth...this is an opportunity to share more widely experience and expertise in offering spiritual and pastoral support, ecumenical and interfaith cooperation and building bridges between diverse communities” (Buda, 2016).

Of other great importance in North Carolina is the presence of Preferred Communities (PC) Programs at various VOLAGs. PC Programs are supported by a federal grant from DHHS, ORR, and Administration for Children and Families. The PC Program was created to support resettlement of newly arriving refugees with the best opportunities for their self-sufficiency and integration into new communities, to support the development of the VOLAGs' capacity to address refugee cases with special or unique needs that require more intensive case management, and to develop new capacity and provide resources for the VOLAGs to cover the costs of changing community placements so that refugees may be placed in a site where they will have the best chance for integration (Grant Details: Preferred Communities Program, n.d.). VOLAGs must apply to receive funding for the PC Program, and the PC Programs at different VOLAGs' offices have various concentrations. CWS in Greensboro (CWS, 2017a) and WR in High Point (WR High Point, 2017) and Durham (WR Durham, 2017b) have PC Programs that are able to provide additional case management

services for refugees for six months to one year upon enrollment. An eligible individual has five years upon arrival to the United States to enroll in a PC Program if they so desire (Grant Details: Preferred Communities Program, n.d.).

Trends

In my analysis, I found trends in the research on refugee and resettlement assistance in North Carolina to be interrelated. Therefore I consider these trends in relation to one another as follows: housing, transportation, health care, nutrition and food access, re-skilled education, role-strain, community support, and language.

Safety in the initial housing placement of refugees is a barrier. The placement itself is limited due to housing options and management “inflexibility or disinterest” in working with the VOLAGs (Sastre & Haldeman, 2015). ORR encourages refugee housing to be near public transportation due to expected lack of private transportation, which further limits the options of where refugees may be initially placed. Additionally, the financial constraints coupled with the need to be near public transportation place refugee arrivals in low-income housing that may be perceived as unsafe (Sastre & Haldeman, 2015).

Public transportation is a barrier faced in relation to access to nutrition, health care, and employment (Sastre & Haldeman, 2015; Sienkiewicz et al., 2013; Walker 2011). The hours of operation are reportedly too short for refugees to be able to properly rely on public transportation to get them to their destinations at all times. Additionally, the nearest bus stop is not always within close proximity. Further, transportation is an obstacle to accessing and consuming healthy and culturally familiar foods (Sastre & Haldeman, 2015). Refugees have expressed interest in gardening and growing culturally familiar foods, but access to green spaces and community gardens is limited. Implementing and expanding upon community

gardens was seen as a way to promote community engagement and engage formerly agrarian refugees (Sastre & Haldeman, 2015; Walker, 2011).

Difficulty navigating the health care system is consistently a barrier to health care access (Sastre & Haldeman, 2015; Walker, 2011). Also of concern is the short duration of Medicaid coverage as well as medical providers not accepting Medicaid (Sastre & Haldeman, 2015) and employers offering health insurance that is too expensive to afford (Walker, 2011). Interpretation services are often unavailable or perceived as ineffective because refugees were unable to articulate what was needed in English or what language was needed (Sastre & Haldeman, 2015; Walker, 2011). A combination of these health care issues and connected poor nutrition places the refugees at an increased level of risk for poor health outcomes. The directors of VOLAGS did not view personal hygiene and healthy home environments as barriers or concerns, but these had been identified in previous research in the greater Chapel Hill area (Walker, 2011). In Sastre and Haldeman's research that included employees of various roles within the VOLAGs, household risks such as hoarding were reported (2015).

Refugees have difficulty communicating and accessing services, especially health care, without the assistance of an interpreter (Sastre & Haldeman, 2015; Walker, 2011). There is also a need for translated social services and health care documents to be more readily available (Walker, 2011). Directors of VOLAGs recommended developing short interpreter trainings to allow for the interpretation sessions to take place as effectively as possible. This has been implemented in some, but not all, parts of North Carolina (Walker, 2011).

Refugees have difficulty finding gainful employment in North Carolina regardless of their formal education and previous work experience (Sienkiewicz et al., 2013; Walker, 2011). English language comprehension is the greatest challenge in securing employment (Sienkiewicz et al., 2013; Walker, 2011). Refugees found the formal application process difficult, as many had often found work informally before fleeing to the United States (Sienkiewicz et al., 2013). Financial instability after resettlement is another highlighted barrier (Sienkiewicz et al., 2013).

Access to English as a Second Language (ESL) classes is also a barrier to refugee success. Scheduling issues are major barriers to attending ESL classes (Sienkiewicz et al., 2013; Walker 2011). Additionally, role-strain, or the experience by refugees that are unable to perform the same role as they are accustomed to, commonly hinders success (Sienkiewicz et al., 2013). These identity concerns came from employment, language, and financial instability (Sienkiewicz et al., 2013). Due to scheduling issues, refugees had to decide to either continue education or take employment opportunities when they became available (Sienkiewicz et al., 2013; Walker, 2011).

Though this has yet to be explicitly defined, community support of refugees is relatively strong in North Carolina (Sastre & Haldeman, 2015; Walker, 2011). It can be assumed that community support includes neighbors, faith-based groups, cultural and immigrant groups, and community volunteers. Sastre and Haldeman (2015) and Walker (2011) found this support to be of great importance because the presence of community support can assist refugees after the VOLAGs are no longer able to provide services.

Barriers to Self-Sufficiency

The primary research done in North Carolina suggests these common trends in the barriers to refugee self-sufficiency across all areas of refugee resettlement within the state. The similarities found across the three distinct refugee resettlement communities makes North Carolina an ideal state for examination as it illustrates that the barriers are systematic and not a failure of an individual VOLAG. Among the individual issues, additional trends arise in regard to access to services and role-strain experienced. The outlined barriers to housing, transportation, health care, nutrition and food access, education, role-strain, and language services create issues that inhibit the refugees' ability to become self-sufficient in all states. Though the short timeline has generally been accepted in the United States, within this timeline, existing assistance does not provide the support and services that are required for self-sufficiency to occur.

The challenges refugees face are interconnected. For example, having to rely on public transportation does not affect only the autonomy an individual may have in how they travel places. Short public transportation hours are barriers for refugees who must arrive at or leave work before the buses start or after they stop each day. The proximity of bus stops is a deciding factor when determining housing as opposed to placing priority on community engagement and accessibility to daily needs and health outcomes such as grocery shopping, doctors offices, and pharmacies. Any groceries that are bought must be carried to the nearest bus stop, on the bus for the length of the journey, and carried to the housing as opposed to loading it in a cart to put in the trunk of a car and unload in the driveway of the home. This added hassle of grocery shopping can cause refugees to buy smaller amounts of food at

closer stores with fewer fresh and healthy options more frequently adding expense and decreasing nutritional quality.

Transportation can also be an obstacle in accessing health care. Primary care providers are assigned on Medicaid cards refugees receive through RMA, and these physicians are sometimes located far from the refugee's home. Receiving specialist care may further require traveling to a nearby city, and there is not always a bus route that connects the public transit of the two locations. Further, having an appointment in the afternoon can prevent attendance at work and school for the entire day due to the limitations of public transportation. Often, public transit also follows a more infrequent schedule on weekends.

Transportation is just one obstacle that refugees face affecting many aspects of daily life. Language is another barrier that affects many areas of self-sufficiency. Limited interpreters are available to work with refugees, and this makes accessing services difficult. If refugee assistance services, such as medical care, disability services, housing, and working with VOLAGs and community members. Service providers may not be able to provide adequate language and interpretation services. This limits where refugees are able to receive services and understand what is happening. Refugees are also encouraged to learn English, though this may become more difficult after employment is secured. Individuals must choose their priority, and due to the focus on financial self-sufficiency, jobs are generally prioritized over long-term English classes or other cultural knowledge essential to success. Further, refugees are pressured by short-term priorities set by VOLAGs and state and national programs. VOLAGs have limited short-term funding which drives them to prioritize short-term self-sufficiency of refugees over long-term self-sufficiency and subsequently related success because of VOLAG constraints.

In this chapter, I have presented the existing and known barriers refugees face in the context of the work done by VOLAGs. In Chapter 3, I will utilize various theories to examine the barriers to refugee success that have been established in this chapter to create a theoretical grounding for the model presented in Chapter 4.

Chapter 3: Understanding the Barriers to Success

Though the barriers as outlined in Chapter 2 are at the forefront of the discussion of refugee success that is not the only information that should be considered. These barriers do not only come from restrictions placed upon the VOLAGs and the state of North Carolina, but also from other social structures, entities such as hospitals and schools, and the refugee's ability to navigate and advocate for themselves in these contexts. For example, medical offices that do (or do not) provide interpretation services to their patients shape how the refugees are able to engage in their health care decision-making processes and understand the medical system in the United States (Sastre & Haldeman, 2015). In what follows, I highlight existing theory that influences refugee self-sufficiency and success. Based on that foundation I argue that if we work collaboratively with individual refugees to empower them to prioritize social and cultural capital, they will more easily acculturate benefiting the host society by supporting refugees' ability to become cultural citizens. Still in this context, success is defined as I have outlined up-front and is not limited to self-sufficiency. How success is measured may not be the same for each individual, but it includes self-sufficiency as established by VOLAGs, the United States government, ORR and grants and programs such as MG and values the goals of each individual refugee and family unit if applicable.

According to Bourdieu (1986), social and cultural capital is defined as various aspects of life that enhance success if present. Social capital includes actual resources linked to membership in a group that provides individual members with various benefits (Bourdieu, 1986). In this definition, social capital is inherent to legal refugee status, which entitles refugees to RCA, RMA, and assistance from VOLAGs. Additionally, social capital comes from relationships with family or community members. Immigrants that come to the United

States via family reunification or for specific high niche employment typically inherit the social capital by means of those familial or work connections in the United States (Moffatt, 2013). Social capital includes the friend or neighbor who provides transportation, networking, job connections, etc.

Cultural capital is comprised of culturally specific knowledge and skills that allow individuals social mobility. These assets are institutionalized (provided via education or training), embodied (through mannerisms and preferences), or objectified (physical items) (Bourdieu, 1986). Cultural capital then includes knowledge (learned behaviors) to successfully navigate within a society. Cultural capital especially greatly impacts refugee success and self-sufficiency. Success is best supported and reinforced through the growth of cultural capital and by allowing each refugee to work with their individual desires to define and achieve their own success.

Agency and its relationship with power indirectly function alongside social and cultural capital in what Bourdieu labels habitus. Habitus is a system of socialized norms that guide behavior and thinking through an interplay of agency and structure. The habitus describes how the agent is socialized in a field or environment that involves various forms of capital as well as various structures and agency. More clearly, habitus is “embodied history” and “a spontaneity without consciousness or will” (Bourdieu, 1990, p. 281). Individuals have agency to make decisions, but depending on the circumstances, they may be disempowered or feel that one “option” may not actually be feasible.

Refugees in this context are pressured to make decisions between limited options and may only perceive one choice to be achievable. Bourdieu explains that agents shape their aspirations and choices according to concrete values of what is accessible and inaccessible.

When coupled with the habitus, this practical relation to the future guides present dispositions, especially in regards to the chances offered in the existing social world (Bourdieu, 1990).

As refugees acclimate to the context of their new environment, roles, relationships, and expectations are formed and internalized, affecting future interactions and expectations. Habitus shapes how refugees react to challenges. Individuals with social and cultural capital have the support and tools they need to acculturate. Acculturation is the process whereby an alien carries out systematic cultural change in a particular society in tandem with the dominant society, and is brought about under conditions of direct contact between individuals of each society (Goldstein, King, & Wright, 2009). Through acculturation refugees define and achieve their own success by increasing their cultural capital. It is mutually beneficial to the host country.

In the best circumstances, acculturation is linked to cultural citizenship, the process by which immigrants claim space and the right to be full members of a society (Goldstein, King, & Wright, 2009). This includes the elements outside of those legally afforded to citizens of the United States, such as the relations of citizens to fellow citizens and structures, and the sense of belonging, having a voice, and being heard (Rosaldo, n.d.). When someone believes they are part of the society and may influence their own outcomes, their habitus will reflect this change (Bourdieu, 1990).

There is both a benefit and hindrance of the refugee classification for those who hold the label. Refugees receive special treatment because of their status, and while it is helpful in providing social services, it can create barriers to acculturation and cultural citizenship. The label presumes a “fixed identity,” a portrayal of refugees that hinders their success by not

allowing them to create their own identity after resettlement (Ludwig, 2013). This identity conflict also contributes to role-strain. An individual refugee can be stripped of their accumulated capital in their home country and culture and throughout the process of gaining refugee status and being settled in the United States. Though this is not the universal experience, it is a factor that must be considered.

These concepts are interrelated in a framework that encompasses various aspects – barriers to refugee success. A system of refugee and resettlement with clear priorities aimed at social and cultural capital would best support individual agents, refugees, to acculturate and achieve cultural citizenship. Most significantly, this would also be in the best interest of the host society, the United States. Refugee success is also American success if it allows for long-term decreased use of resources. In Chapter 4, I will present a model, which emerges out of the framework of an analysis I have presented here from existing theories. The forthcoming model seeks to break down the existing barriers with the aim of providing a foundation for refugee success in North Carolina.

Chapter 4: Model

Refugees in North Carolina are not given the type of support they need to develop social and cultural capital necessary to be self-sufficient and succeed (by anyone's definition). While the trends highlight barriers to self-sufficiency including English literacy and transportation as the most prevalent, I suggest that these are secondary byproducts of the social and cultural capital and agency of refugees. If VOLAGs focus their attention on supporting refugees to increase their social and cultural capital, the refugees will then be positioned to achieve cultural citizenship and overcome the barriers to success.

I am titling the model I present here, "Partners to Success," because it utilizes and builds on individual partnerships to allow refugees to develop and reinforce skills needed for success in North Carolina. This model should by no means take the place of initial orientation to the resettlement location; rather, it is a second-step support option. This approach would provide more individualized support to refugees, allowing them to achieve self-sufficiency and own their own success. I suggest that certain guidelines for self-sufficiency should be maintained through this model, but refugees should, with support and accountability, determine for themselves their goals of success while meeting benchmarks of self-sufficiency. Partners to Success is an alternative to and would replace the traditional classroom programs offered by VOLAGs to educate refugees shortly after their arrival. In what follows, I will outline the model, who would be involved, and the benefits to refugees and the community as a whole.

Partners to Success Model

This model for refugee success and self-sufficiency is based on supporting individual agents in their own success by prioritizing social and cultural capital. The model provides a

way for VOLAGs to fill the niche of a familial and social network connection left when refugees exit their countries of origin. This is born on the model of immigrants who utilize such connections to achieve success in the United States. To recreate the social and familial role as a conduit relationship, partnerships will be created between VOLAG volunteers and refugees. Each refugee will be included in a partnership relationship as individuals, couples, or families depending on the situation and the VOLAG preference. The Partners to Success model is intended to be a fluid program that allows partners to work together to develop skills to define goals and reach benchmarks for success that include but may not be limited to self-sufficiency. Benchmarks are outlined and identified by each VOLAG based on their use of and parameters of ORR and other programs such as MG and PC.

This model requires the partners to meet each week to assess which skills need to be further developed and to review goals and establish new time frames moving forward, including scheduling and meetings, and to work together to achieve the outlined benchmarks. Figure 8 shows a planning sheet, referred to as a weekly plan, on which partners will work together to develop goals, create a plan and timeline to reach specific benchmarks. There should only be one goal per target area per week. Weekly evaluation and prioritization of the goals is important to ensure the partnership is favorable and the goals are realistic. The partnership will sign off on each weekly plan twice: once in the initial meeting after setting and agreeing upon the goals and plan for the week, and again in the next weekly meeting after reflecting on the previous week's progress. A separate monthly meeting will be held and include a VOLAG representative. In this meeting the partnership will report on their progress, and the VOLAG will document and assess the plans and progress at that time.

Each week, the partners will work together to set new goals and create a plan, one that prioritizes developing social and cultural capital. The partnerships will specify measures of progress for reaching benchmarks. In order to maintain consistent progress towards ORR and grants, benchmarks will be predetermined and set in advance by the VOLAG to be included on the planning sheets. There are no existing benchmarks already in place that are universally defined for the VOLAGs. Each VOLAG must determine their benchmarks based on the programs they work with, the funding they receive, and their goals prior to initiating the Partners to Success model. Benchmarks will allow VOLAG representatives to assess progress. These benchmarks can be periodically reviewed for applicability but should be consistent across the VOLAGs for each refugee.

Benchmarks may be measured differently by each partnership and over time; everyone has unique experiences and learns in unique ways. For example, a refugee may successfully navigate a situation of emergency medical care, but may then later go to the emergency room for something better suited for a primary care appointment. In this situation, it is necessary to understand why the confusion occurred and to work together to review and set a new goal and outcome for this same benchmark related to cultural differences in health care.

The barriers found in existing research of North Carolina outlined in Chapter 2 suggest five target areas: language skills, life skills, home skills, community skills, and job skills. Language skills include any goal pertaining to language ability that helps refugees meet benchmarks of English proficiency. Refugees who are proficient in English may not have any goals to meet in this target area, but they still need to meet the measures of benchmarks assessed and documented by VOLAGs. Life skills include any goals and

benchmarks relating to aspects of daily life. This includes, but should not be limited to: making medical appointments, understanding the differences between different types of medical care, shopping, using a pharmacy, and accessing education systems. Home skills include any skills necessary to maintain a safe and healthy home environment. Community skills include any and all skills necessary to navigate within the context of the community. This may include building connections with neighbors, using public transportation, and knowledge of public resources. Lastly, job skills include any skills needed to obtain a job in the field or in the position of the refugee's target field. This includes finding ways to practice or develop skills needed for a job, or developing interviewing skills, all dependent on the target occupation. The most important aspect of the model is its fluidity to focus on the specific areas the refugee prioritizes for their own success. All target areas are essential and interrelated. Some may not be achieved fully without progress in the others. Thus no target area may be completely disregarded. Built on VOLAG defined benchmarks, this model also meets expected and existing definitions of refugee success, outlined as indicators of self-sufficiency. Some goals and measures set by the partnership may encompass multiple target areas as a result of their interrelatedness.

For the model to function, the partnerships must meet at least once a week. The first meeting will be initiated and guided by the VOLAG representative to establish general goals and expectations for the partnership program. Beyond that, no standard, such as three meetings a week, is predetermined as each partnership will function uniquely. Some partnerships may prefer meeting more or less times per week. That is acceptable as long as the partnership is in agreement and progress is being made toward the goals and benchmarks. Meetings beyond the one required per week, can be informal or formal as the partnership

deems necessary. All outlined benchmarks should be met within three months barring exceptional circumstances. This is the timeline generally used to determine readiness to secure employment. The partnership may choose to continue working beyond the three-month period setting continued goals if the partners are in agreement. Individuals should be matched within two weeks of arrival to North Carolina to allow appropriate time for a collaborative partnership.

Additionally, partnerships may decide to complete the framework within the model more than once. In an attempt to not focus on one target area more than another, each target area should have one goal at a time. This goal will be matched with a benchmark as well as a timeframe and plan for completion. All members of the partnership are to keep collaborative notes of progress recorded on the planning sheets at each meeting. The refugee should also keep a journal throughout the partnership process to record challenges, progress toward goals, and any other pertinent information. This journal could be written in any language or could consist of voice recordings if that is most comfortable. It will be used in partnership meetings to determine challenges and reflect on progress.

The VOLAG representative will review the progress of the partnership on a monthly basis on partnership led meetings. These meetings should be used to report and assess the progress the partnerships have made toward VOLAG determined benchmarks. This requires the VOLAG and partners to be flexible throughout the process, understanding that every individual is unique and that there is not one solution or path to success that will work for everyone.

How the Model is Possible

This model will not succeed if it is not financially possible. It will be important that each VOLAG office implement the program to match the existing budgets for skills and self-sufficiency programs. Figure 9 includes a sample outline of budget items for the Partners to Success model. A specific budget would need to be established by each VOLAG to meet their funding and goals and be made comparable to their existing budget. Additionally, each refugee resettlement community has varying costs. In North Carolina, each of the major refugee resettlement communities has at least one college or university. Creating partnerships with academic programs and institutions provides a great way to find additional volunteers. Other volunteers may include community members and religious groups. Each VOLAG will have their own specific criteria for selecting volunteers. General criteria for selecting partners includes: willingness to work one-on-one with refugees or refugee families, ability and willingness to engage with other cultures in an understanding way, accountability, as they will be playing a distinct role in the resettlement of refugees, and flexible schedules to meet availability of the refugees. While this list is not comprehensive, it suggests traits and requirements that will aid in the success of each partner. Partnerships should also be matched based on assessed needs and skills that may allow for greater success as each VOLAG deems appropriate.

The goal is that the Partners to Success program would maintain the VOLAG's existing budget. This is possible by utilizing volunteers as the main task force in this model. There will be up front costs involved in implementing the program model. First, interpreters for LEP refugees will be needed to work within the partnerships. Volunteer partner trainings will be needed, and in addition to the general volunteer trainings already in place at the

VOLAG offices. The volunteer partners will be required to participate in a training program that covers the following areas: goal planning, navigating cultural spaces, promoting individual autonomy, providing guidance without assuming authority, and supporting individuals to define and achieve their own success. This training program will require multiple meetings to fully prepare partners for their role. Volunteers will need access to the teaching materials traditionally provided in a classroom lecture format to refugees. This includes but is not limited to presentations and reading materials, and will support greater preparation of volunteers.

If a VOLAG decides to pilot this model using college students, partnering with faculty to improve preparation and provide additional support would be essential. A challenge would be the return on investment with college students, who are most often a transient population. Therefore college students would not continue as partners beyond the semester, year or four-year period. For that reason, community members may be a more sustainable option. As a long-term goal, resettled refugees who have completed the Partners to Success model may decide to volunteer their time as partners or supplemental mentors to recently resettled refugees, eventually making the program nearly self-sustaining.

The transition to this model will not be instantaneous. It will require time and effort to further develop the model in a way that suits the individual VOLAG, to train volunteers, to establish partnerships, and to prepare staff to implement the new model of refugee and resettlement assistance. The trainings will also need to be frequent, because as more refugees are resettled, more volunteers will be needed for partnerships.

If either the volunteer partner and/or refugee fail to attend the required weekly partnership or monthly VOLAG review meetings, the VOLAG should take the following

steps: As a first response, a formal meeting should be held with the volunteer and refugee partners and a VOLAG representative to ascertain any issues before making significant changes. For example, a partnership may be facing difficulties because of any number of conditions surrounding their resettlement that are making it difficult to work towards benchmarks as outlined. New, realistic goals may need to be created. The VOLAG should positively reinforce any progress made by the partnership and help to re-establish reasonable expectations outlined in benchmarks. Additional measures may be implemented to provide needed support to the partnership and adjust the timeline of completion. This should be decided on a case-by-case basis. Lastly, changing partnerships may be necessary if the match is not functioning.

While not intended to replicate an existing model, Partners to Success includes aspects of a model titled the Camden Coalition developed by Dr. Jeffrey Brenner in Camden, New Jersey. Brenner created a model of care that significantly reduced health care costs and had positive impacts on the health of patients through the availability of familiar relationships to those in need and without the social and cultural capital to succeed. In the Camden Coalition, the physician and other professionals, such as social workers and nurses, provided information and assistance with health care needs through home visits and phone calls in addition to traditional office appointments. The Camden Coalition, through the ability to provide intensive, long-term case management services, was able to improve the health of its patients, “building relationships with people who are in crisis” (Gawande, 2011, p. 44). Through their ability to say “yes” to nearly every request, whether it be help arranging an appointment, or to their commitment to provide a follow-up within 24 hours of each

appointment, their patients had better health and a better understanding of how the health care system works (Gawande, 2011).

The Camden Coalition serves to provide the skills necessary to accumulate social and cultural capital as they apply to the health care system. This model has been successful and has reduced costs and increased the success of the patients (Gawande, 2011). Though the Camden Coalition is not aimed to address migrants' circumstances, it serves as an indicator. Replicating social and familial relationships through a formalized partnership can lead to long-term, sustainable success.

Benefits to the Refugees and the Community

This model addresses the foundational need to support individual refugees' by prioritizing their development of social and cultural capital. The formalized partnership relationships recreate familial and social bonds through which other migrants become self-sufficient. These partnerships are intended to emphasize and allow for the development of skills and resources attained through and with family connections in cases of migration. This restructures the existing education resettlement model, which relies on a formalized classroom setting. This model allows refugees to learn the skills they need specific to their own unique circumstances in North Carolina. Refugees will make individual choices and still reach goals of self-sufficiency including learning English, adult reeducation, and employment security. In this model, VOLAGs are able to build on the individual agency of refugees. Empowering refugees to define success for themselves will allow them to become self-sufficient in the context of North Carolina. Supporting refugees through the first months of resettlement as outlined through the Partners to Success model will better launch them into long-term and sustainable self-sufficiency as well as success by anyone's definition. This

will undoubtedly lead to cultural citizenship, which equates with success as defined by both the individual refugees and the government and VOLAGs to include the achievement of outlined benchmarks.

Chapter 5: Conclusion

In this thesis, I have presented a model for refugee and resettlement assistance that increases focus on social and cultural capital while valuing the refugees as individuals, supporting them in their decisions and learning to reach both success and self-sufficiency. Though this does not provide an immediate, short-term solution to breaking down the barriers and reducing the gaps to services that refugees commonly face, this model allows for the refugees to better contribute to and engage with the host community and obtain the cultural citizenship—belonging—that will allow them to succeed in the context of North Carolina and the United States.

The reduction of the FY 2017 refugee ceiling creates a unique opportunity for VOLAGs to use their resources, including donations, to serve their refugee clients better as opposed to focusing on serving more. By January 31, 2017, over 30,000 refugees of the 50,000 limit had already been resettled (Refugee Processing Center, 2017a). With a 75% decrease of what was expected for the remainder of the fiscal year, this left less than 20,000 spots for refugees to be resettled in the United States until the new fiscal year begins in October 2017. The VOLAGs are then resettling fewer refugees than they are accustomed to resettling, creating an opportunity to better address the reported barriers and needs of refugees. It is important to recognize that the number of resettled refugees largely determines VOLAG funding. Thus, they are working with less funding as well as fewer refugees. Many VOLAGs have had to let employees go after President Trump decreased the refugee ceiling, which has implications on the amount of work that VOLAG staff are able to provide. While the numbers of resettled refugees and funding are decreasing, volunteer interest is increasing

(Listro, 2017; Malewitz, 2016), creating an ideal climate to match volunteers with refugees through this model.

The model aims to initiate and replicate the relationships modeled in extended families and support networks in migrant situations. Many migrants do not have access to the social services available to refugees, as they are often ineligible because of their migrant status, though they also report higher levels of success than refugees (Capps et al., 2015). Yet, refugee support services are not successfully supporting refugees' self-sufficiency so that they are no longer reliant on the social services. Replicating these extended familial relationships of migrant situations provides the support refugees need to be self-sufficient. Assisting refugees to define and achieve their own success will not only help them acculturate and own their own cultural citizenship. This is, in turn, best for the host community, as refugees will become active, engaged, and contributing participants.

Limitations of this Thesis

In this thesis, I did not discuss secondary migration of refugees. Migration of refugees to a different area after resettlement is driven by many factors, but refugees are not able to receive state assistance for one year after secondary migration. This poses additional difficulties for refugees that should be addressed. Furthermore, the model may not succeed in all geographic locations. North Carolina was used as a case study because of its generalizability, but other states may face different challenges that are not adequately addressed by this model or do not have exactly the same barriers as North Carolina.

Further, this model assumes that individual refugees are willing to work with community partners to learn skills that will help them to succeed and achieve self-sufficiency. It is ultimately up to the refugees to engage with the model and increase their

cultural and social capital, through allowing the refugees to reclaim their individual agency as they develop and reach their own goals to achieve success. Engaging with a new culture, acculturating, and achieving cultural citizenship is a process that ultimately is only possible if refugees are invested and able to help themselves within a system of support from VOLAGs and with refugee and resettlement services. Without this key component, the model will not succeed. Yet in the same way, this model also provides a foundation for long-term investment in and engagement with the host community. Through utilizing the Partners to Success model, refugees are able to navigate their steps to achieving success by reaching benchmarks with support of their partner and the VOLAG.

Additionally, I have attempted to present a model that is financially possible. However, I was not able to determine the exact amount of money that VOLAGs currently spend on their refugee skills programs nor was I able to provide a realistic budget that encompasses all resettlement communities within North Carolina due to differing costs. This model also assumes that the barriers identified in previous research are secondary to the issues of agency and social and cultural capital. This has not been studied previously, and though the theoretical models suggest this relationship, it is possible that the relationship is misattributed and implies correlation not causation. Further research is needed to more fully understand the relationship.

Recommendations for Future Research

This thesis is not meant to end the academic conversation on refugee and resettlement assistance. On the contrary, more research is needed on specific refugee communities and different aspects of refugee experiences in the United States. As programs evolve to address the changing needs of refugees, further examination is needed so the success may be

replicated in other areas. A next step of research would be to evaluate the major resettlement communities in North Carolina and examine housing, transportation, health care, nutrition and food access, re-skilled education, role-strain, community support, and language. The research conducted by previous teams of researchers in North Carolina each had a specific focus; either location area, subject matter, or both, so including comprehensive evaluations at each resettlement community would provide useful information.

Additionally, piloting this model and then reviewing results would be an appropriate next step following this thesis. If one VOLAG in North Carolina enacted this model, it would be a compelling case to research the results of the model to establish whether the focus on increasing social and cultural capital and support of agency will allow the refugees to become self-sufficient. Since I have utilized a broad definition of success that allows refugees to determine it for themselves, I suggest that refugees must also be included in subsequent research. This would allow them to represent their own experiences pertaining to this more open-ended approach, which includes not only self-sufficiency but also individual success. I would suggest the goal is success defined as contribution to and an engagement with the host society, in addition to self-sufficiency.

References

- Balthasar, D., Besteman, C., Compagnon, D., de Waal, A., Kapteijns, L., Laitin, D., Roble, F. (2014). Patterns of violence in Somalia. World Peace Foundation. Retrieved from <http://fletcher.tufts.edu/~fletcher/Microsites/World%20Peace%20Foundation/Patterns%20of%20Violence%20in%20Somalia.pdf>
- Becker (2015). The Four “Best” Countries for Refugee Resettlement. Retrieved from <http://www.undispatch.com/the-four-best-countries-for-refugee-resettlement/>
- Bourdieu, P. (1986). The Forms of Capital. Handbook of Theory and Research for the Sociology of Education. p. 241-258.
- Bourdieu, P. (1990) The Logic of Practice: Structures, Habitus, Practices. Cambridge: Polity Press in association with Blackwell Publishers.
- Bloom, D., Clarke, H., and Sevenzo, F. (2017, February 17). Kenya to appeal court block on closure of world’s largest refugee camp. Retrieved March 11, 2017 from <http://www.cnn.com/2017/02/09/africa/kenya-dadaab-refugee-camp/>
- Bruno, A. (2011, January 4) U.S. Refugee Resettlement Assistance. CRS Report for Congress.
- Buda, D. (2016). The Refugee Crisis and the Ecumenical Response.
- Bureau of Population, Refugees, and Migration (2016, January 26). Retrieved from <https://www.state.gov/j/prm/releases/factsheets/2016/251849.htm>
- Capps, R., Newland, K., Fratzke, S., Groves, S., Auclair, G., Fix, M., and McHugh, M. (2015) Integrating refugees in the United States: The successes and challenges of resettlement in a Global Context. Statistical Journal of the IAOS 31.

Catholic Charities Diocese of Charlotte [CCDOC] (2017a) Case Management. Retrieved from <http://ccdocr.org/services/refugee-language/case-management>

CCDOC (2017b) Refugee & Language. Retrieved from <http://ccdocr.org/services/refugee-language>

Chishti, M., Hipsman, F., and Ball, I. (2015, October 15). Fifty Years On, the 1965 Immigration and Nationality Act Continues to Reshape the United States. Migration Policy Institute. Retrieved on March 13, 2017 from <http://www.migrationpolicy.org/article/fifty-years-1965-immigration-and-nationality-act-continues-reshape-united-states>

Connor, P., and Krogstad, J. (2016, June 1). 5 Facts about the global Somali diaspora. Pew Research Center. Retrieved on March 12, 2017 from <http://www.pewresearch.org/fact-tank/2016/06/01/5-facts-about-the-global-somali-diaspora/>

CWS (2017a) Employment and Internships. Retrieved from <http://cwsgreensboro.org/about-us/employment-and-internships/>

CWS (2017b). Services. Retrieved from <http://cwsgreensboro.org/services/>

CWS (2017b) Videos: CWS Promo Video. Retrieved from <http://cwsgreensboro.org/videos/>

Darrow, J. (2015, April 14). Getting Refugees to Work: A Street-Level Perspective of Refugee Resettlement Policy. Refugee Survey Quarterly, 2015.

Department of Homeland Security [DHS] (n.d. a) DHS Fact Sheet Retrieved from <https://www.dhs.gov/sites/default/files/publications/DHS%20Fact%20Sheet%20FINAL.pdf>

DHS (n.d. b) Lawful Permanent Residents. Retrieved from

<https://www.dhs.gov/immigration-statistics/lawful-permanent-residents/ImmigrantCOA>

Department of Health and Human Services [DHHS] (n.d.) Refugee Services Retrieved from

<http://www.ncdhhs.gov/assistance/refugee-services>

DHHS (2017) Temporary Assistance for Needy Families. Retrieved March 13 2017.

<https://www.benefits.gov/benefits/benefit-details/613>

Esipisu, I. (2011) Somalia famine predictions ignored. Retrieved from

<http://www.aljazeera.com/indepth/features/2011/07/2011722113923426517.html>

Eurostat (2015). <http://www.economist.com/blogs/graphicdetail/2015/09/daily-chart-16>

Gawande, A. (2011, Jan 24). The Hot Spotters. The New Yorker.

Goldstein, M., King, G., and Wright, M. (2009). Anthropological Theories A Guide Prepared by Students for Students: Diffusion and Acculturation.

Government Accountability Office (2012, July). Refugee Resettlement: Greater Consultation with Community Stakeholders Could Strengthen Program.

Grant Details: Preferred Communities Program (n.d.). Retrieved May 03, 2017, from

<http://www.homelandsecuritygrants.info/GrantDetails.aspx?gid=22002>

Halpern, P. (2008, November). Refugee Economic Self Sufficiency: An Exploratory Study of Approaches Used in Office of Refugee Resettlement Programs. US DHHS.

Retrieved 13 March 13, 2017. <https://aspe.hhs.gov/system/files/pdf/75561/report.pdf>

Harris, A., Jamison, K., and Trujillo, M. (2008, November 1). Exceptional Outcomes:

Achievement in Education and Employment Among Children of Immigrants. The Annals of The American Academy of Political and Social Science. Vol: 620, p90

INA §101(a)(42)

INA §208

INA §412(c)(1)(A)

INA §412(e)(7)(A)

International Organization of Migration [IOM] (2017) About IOM. Retrieved March 12, 2017. <https://www.iom.int/about-iom>

IOM (2016). US Hits 85K Refugee Admission Target in FY 2016; Targets 110K in 2017.

Retrieved from <https://www.iom.int/news/us-hits-85k-refugee-admission-target-fy-2016-targets-110k-2017>

International Rescue Committee [IRC] (n.d.) Ethiopia. Retrieved from

<https://www.rescue.org/country/ethiopia#what-caused-the-crisis-in-ethiopia>

IRC (2017) Refugees in America. Retrieved May 2, 2017

<https://www.rescue.org/topic/refugees-america>

International Refugee Rights Initiative (n.d.) Resettlement. Retrieved May 2, 2017 from

<http://www.refugeelegalaidinformation.org/resettlement>

Internal Revenue Service (n.d.) Immigration Terms. Retrieved from

<https://www.irs.gov/individuals/international-taxpayers/immigration-terms-and-definitions-involving-aliens>

(1999, May). Kosovar Refugees. Migration News. Volume 6, Number 5. Retrieved March

13, 2017 from <https://migration.ucdavis.edu/mn/more.php?id=1801>

Landgrave, M. (2016, January 26). Treat all migrants like the Cubans. *USA Today*, p. 07A.

Retrieved from

<http://link.galegroup.com/apps/doc/A441526096/BIC1?u=boon41269&xid=9e480d1>

3

Lazin, F. (2005, July). Refugee Resettlement and 'Freedom of Choice': The Case of Soviet Jewry. Center for Immigration Studies. Retrieved March 13, 2017 from

<http://cis.org/RefugeeResettlement-SovietJewry>

Listro, N. (2017, February 08). Regional Refugee advocates see spike in volunteers.

Retrieved May 05, 2017, from <http://www.mpnnow.com/news/20170208/regional-refugee-advocates-see-spike-in-volunteers?start=2>

LSC (2017) Refugee Services. Retrieved from <http://www.lscarolinas.net/services-for-refugees/refugee-resettlement/>

Ludwig, B. (2013) "Wiping the Refugee Dust from My Feet": Advantages and Burdens of Refugee Status and the Refugee Label. *International Migration* Vol 54 (1) 2016.

Malewitz, J. (2016, September 30). Ignoring Anti-Refugee Rhetoric, Texans Rush to Help in Resettlement. Retrieved May 05, 2017, from

<https://www.texastribune.org/2016/09/30/despise-message-capitol-texans-rush-help-refugees/>

Martin, S. (2016) The Global Refugee Crisis. *Georgetown Journal of Public Affairs*.

McFayden, J. (2016). What is the Immigration and Nationality Act? Retrieved from

<http://immigration.about.com/od/immigrationlawandpolicy/f/INA.htm>

Moffatt, G. (2013) The Extended Family in America. Retrieved May 2, 2017 from

<http://www.christianstandard.com/2013/08/the-extended-family-in-america/>

Moore (1980) A Report Prepared at the Request of Senator Edward M. Kennedy, Chairman, Committee on the Judiciary United States Senate by the Congressional Research Service Library of Congress Ninety-Sixth Congress Second Session.

North Carolina DHHS (n.d.) Refugee Services. Retrieved from

<http://www.ncdhhs.gov/assistance/refugee-services>

ORR (n.d. a) Find Resources and Contacts in Your State. Retrieved from

<https://www.acf.hhs.gov/orr/state-programs-annual-overview>

ORR (n.d. b) Matching Grant Program. Retrieved from

<https://www.acf.hhs.gov/orr/programs/matching-grants/about>

Organization for Economic Cooperation and Development, (2012) Development: Aid to developing countries falls because of global recession. Retrieved from

<http://www.oecd.org/newsroom/developmentaidtodevelopingcountriesfallsbecauseofglobalrecession.htm>

Public Law [P.L] 96-422 § 501(e)

P.L. 106-386, §107(b)(1)(C))

Pedraza, S. (1995) Cuba's Refugees: Manifold Manifestations. Cuba in Transition ASCE.

Portal (2005). Miami Herald. Retrieved from [http://www.miamiherald.com/news/nation-](http://www.miamiherald.com/news/nation-world/world/americas/cuba/article126226584.html)

[world/world/americas/cuba/article126226584.html](http://www.miamiherald.com/news/nation-world/world/americas/cuba/article126226584.html)

Portes, A., & Rumbaut, R. G. (2001). Legacies: the story of the immigrant second generation.

Berkeley, CA: University of California Press.

Radford and Connor (2016). Just 10 States resettled more than half of recent refugees to U.S.

Retrieved from <http://www.pewresearch.org/fact-tank/2016/12/06/just-10-states-resettled-more-than-half-of-recent-refugees-to-u-s/>

Research Directorate, Immigration and Refugee Board, Canada (1991, February 1). The Horn of Africa: Somalis in Djibouti, Ethiopia, and Kenya. Retrieved March 12, 2017, from <http://www.refworld.org/docid/3ae6a80f30.html>

Refugee Council USA (2017). History of the U.S. Refugee Resettlement Program. Retrieved from <http://www.rcusa.org/history/>

Refugee Processing Center (2017a). Admissions & Arrivals. Retrieved from <http://www.wrapsnet.org/admissions-and-arrivals/>

Refugee Processing Center (2017b). Resources. Retrieved from <http://www.wrapsnet.org/resources/>

Rosaldo, R. (n.d.) Cultural Citizenship. Hemispheric Institute Encuentro. Retrieved from <http://hemisphericinstitute.org/hemi/en/enc09-academic-texts/item/681-cultural-citizenship>

Sastre and Haldeman (2015) Environmental, Nutrition and Health Issues in a US Refugee Resettlement Community. MEDICC Review, Vol 17, No 4: 18-24

Sienkiewicz, Mauceri, Howell, and Bibeau (2013) Untapped Resources: Refugee employment experiences in Central North Carolina

Thomson, Stéphanie. (2016, May 24). The refugee crisis you've never heard of- and why it's about to get worse. World Economic Forum. Retrieved from <https://www.weforum.org/agenda/2016/05/kenya-refugee-crisis-dadaab/>

Trump (2017) Executive Order: Protecting the Nation from Foreign Terrorist Entry into the United States. Retrieved from <https://www.whitehouse.gov/the-press-office/2017/01/27/executive-order-protecting-nation-foreign-terrorist-entry-united-states>

United Nations High Commissioner for Refugees [UNHCR] (2001), The Wall Behind which Refugees can Shelter: The 1951 Geneva Convention. Retrieved from

<http://www.unhcr.org/3b5e90ea0.html>

UNHCR (n.d.) Facts and Figures. Retrieved from <http://www.unhcr.ie/about-unhcr/facts-and-figures-about-refugees>

UNHCR (2016a) Contributions to UNHCR for the budget year 2016. Retrieved from

<http://www.unhcr.org/575e74567.html>

UNHCR (2016b) Global Resettlement Needs. Retrieved March 14, 2017, from

<http://www.unhcr.org/575836267.pdf>

UNHCR (2016c, June 20). With 1 human in every 113 affected, forced displacement hits record high. Retrieved January 22, 2017, from <http://www.unhcr.org/en-us/news/press/2016/6/5763ace54/1-human-113-affected-forced-displacement-hits-record-high.html>

<http://www.unhcr.org/en-us/news/press/2016/6/5763ace54/1-human-113-affected-forced-displacement-hits-record-high.html>

UNHCR (2015) UNHCR Projected Global Resettlement Needs 2015. Retrieved from

<http://www.unhcr.org/543408c4fda.html>

USCIS (2017) 23.11 Cuban Adjustment Act Cases. Retrieved May 3, 2017 from

<https://www.uscis.gov/ilink/docView/AFM/HTML/AFM/0-0-0-1/0-0-0-8624/0-0-0-10170.html>

USCRI (2017a) Our Approach In Neighborhoods. Retrieved from <http://refugees.org/our-approach/in-neighborhoods/>

USCRI (2017b). Services. Retrieved from <http://refugees.org/serving-the-uprooted/services/>

USCRI (2017c) USCRI In Raleigh, NC. Retrieved from <http://refugees.org/field-office/north-carolina/>

U.S. Department of State [DOS] (2010, January 25). "Increase to the Refugee Reception and Placement Per Capita Grant." Press release.

U.S. DOS (2017a) The Reception and Placement Program. Retrieved from

<https://www.state.gov/j/prm/ra/receptionplacement/>

U.S. DOS (2017b). Refugee Admissions. Retrieved from <https://www.state.gov/j/prm/ra/>

United States Refugee Admissions Program (n.d.) Application and Case Processing. US.

DOS. Retrieved March 13, 2017, from

<https://www.state.gov/j/prm/ra/admissions/index.htm>

Walker (2011) Refugee Resettlement in North Carolina: Community-Based Challenges and Resources for Integration.

Williams, A., Allen, R., & Siemaszko, C. (2016, September 14). The US will boost the number of refugees it will admit in 2017. Retrieved November 10, 2016 from

<http://www.nbcnews.com/storyline/syrias-suffering-families/us-boost-number-refugees-it-will-admit-2017-n648191>

WR (2016) Values. Retrieved from <https://www.worldrelief.org/values>

World Relief Durham (2016) 2016 WRD Statistics: A Glimpse into Refugee Resettlement in Durham. Retrieved from

http://worldreliefdurham.org/sites/default/files/page/files/Resettlement%20Statistics%20Presentation_0.pdf

World Relief Durham (2017a) Our Work and Impact Retrieved from

<http://worldreliefdurham.org/refugees>

World Relief Durham (2017b) WRD Staff. Retrieved from <http://worldreliefdurham.org/staff>

World Relief High Point (2017) Staff Directory. Retrieved from

<http://worldreliefhighpoint.org/staff-directory>

World Relief High Point (2012) Who is a Refugee? Retrieved from

<http://worldreliefhighpoint.org/who-is-a-newcomer>

Zetter, R. (2015). “Protection in Crisis: Forced Migration and Protection in a Global Era”

Zong, J., and Batalova, J. (2016a) Naturalization Trends in the United States. Retrieved May

2, 2017, from <http://www.migrationpolicy.org/article/naturalization-trends-united-states>

Zong, J. and Batalova, J. (2016b) Vietnamese Immigrants in the United States. Migration

Policy. Retrieved March 13, 2017, from

<http://www.migrationpolicy.org/article/vietnamese-immigrants-united-states>

Wave	Years	Known As	Legal Migrant Status	Characterization
1 st	1959-1965	Cuban Elite	Refugee	Professional, managerial, and middle classes, and clerical and sales workers
2 nd	1965-1974	Petite Bourgeoisie	Refugee	Employees, independent craftsmen, small merchants, skilled and semi-skilled workers
3 rd	1980	<i>Marielitos</i>	Cuban-Haitian entrant	Criminals, homosexuals, mental patients, and blacks
4 th	1985-1992	<i>Balseros</i>	Undocumented immigrant	Disagreed with communism and the Cuban government

Figure 1. Waves of Cuban Migration (Pedraza, 1995; USCIS, 2017).

Country	Ranking as resettlement country	Contributions by the government to UNHCR (in USD)	Private donor contributions to UNHCR (in USD)	Total contributions to UNHCR (in USD)	Refugees Resettled by UNHCR in FY 2015
U.S.A.	3	1,493,799,619	21,124,575	1,514,924,194	52,583
Germany	1	283,888,027	9,116,475	293,004,502	2,907
Sweden	2	109,397,030	11,252,429	120,649,459	1,808
Brazil	4	1,216,200	3,707	1,219,907	6

Figure 2. Countries' financial contributions and rankings as "best" resettlement countries

(Becker, 2015; IOM, 2016; UNHCR, 2015; UNHCR, 2016a)

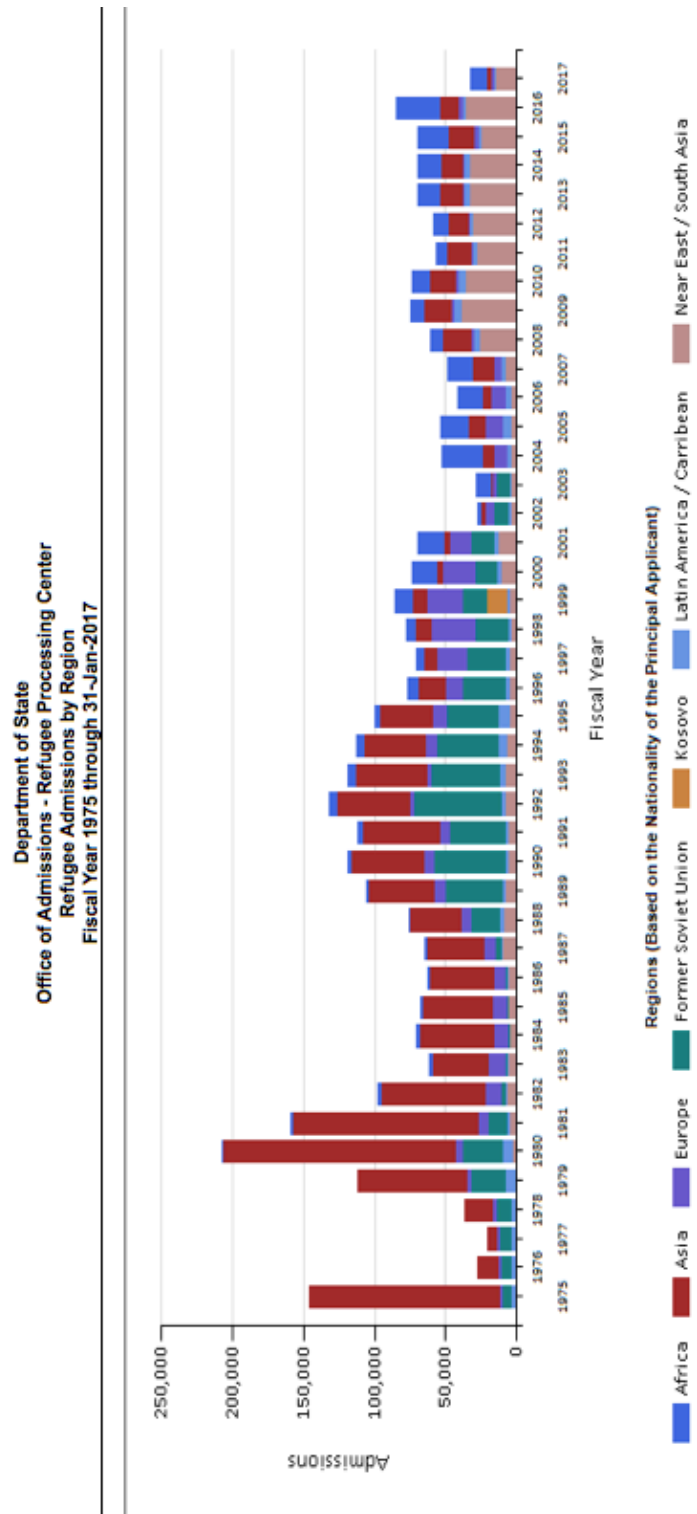


Figure 3. Refugee admissions from 1975 to January 31 2017 (Refugee Processing Center, 2017a)

President	Term	Changes in Admissions
Ronald Reagan (R)	1981-1989	Decreased admissions drastically
George H. W. Bush (R)	1989-1993	Increased admissions
Bill Clinton (D)	1993-2001	Decreased admissions
George W. Bush (R)	2001-2009	Decreased admissions after September 11 th , 2001 terrorist attack before increasing admissions
Barack Obama (D)	2009-2017	Maintained admissions with gradual increase
Donald Trump (R)	2017-Incumbent	Decreased admissions dramatically

Figure 4. Presidential influence on refugee admission changes (Refugee Processing Center, 2017a).

ORR Measurements	MG Measurements
1. Entered employment	
2. Average Wage at employment	
3. Employment with health benefits	
4. Job retention for 90 days	4 Self-sufficient at 120 th day
5. Cash assistance reductions due to earnings	5 Economic self-sufficiency retention at the 180 th day
6. Cash assistance termination due to earnings	6 Economic self-sufficiency overall

Figure 5. Performance measures for refugee “success” according to ORR (Office of Refugee Resettlement) and MG (Match Grant) (Government Accountability Office, 2012).

State	Refugees Resettled
California	7,909
Texas	7,803
New York	5,026
Michigan	4,258
Ohio	4,194
Arizona	4,110
North Carolina	3,342
Washington	3,233
Pennsylvania	3,219
Illinois	3,125

Figure 6. Top 10 states for refugee resettlement in FY 2016. (Radford & Connor, 2016)

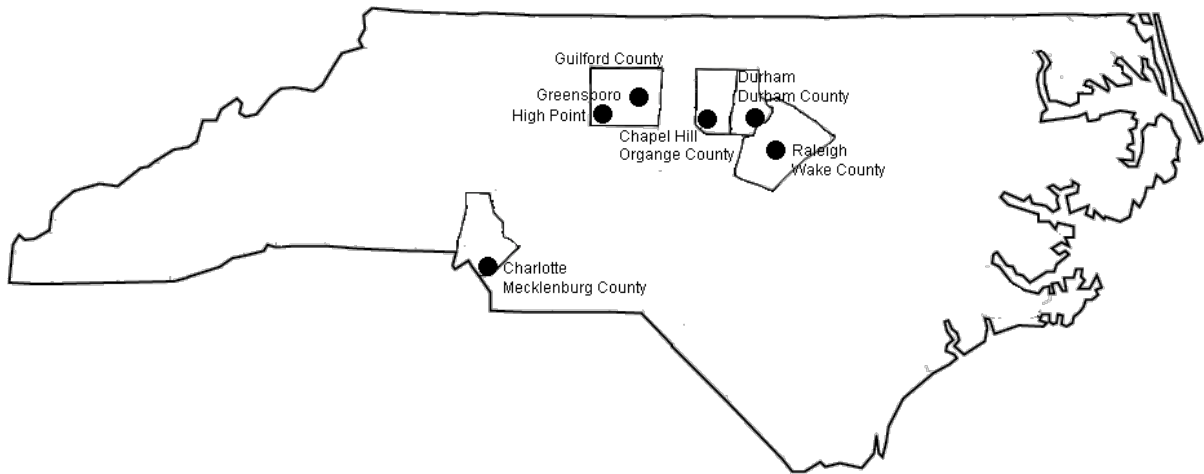


Figure 7. Major resettlement communities (cities and counties) in North Carolina

Refugee Name(s): _____ Signature*: _____ Signature**: _____

Partner Name: _____ Signature*: _____ Signature**: _____

Partners to Success Plan Week # _____ Dates: _____

Target Areas	Goals	Plan	Measures	Benchmarks	Reflections	Priority (1-5)
Language Skills	Ex: Learn enough English to navigate daily interactions	Ex: Practice 3-5 new phrases a week in various settings until comfortable	Ex: Will comfortably use 3 phrases in the community by the end of the week	Ex: Ability to use English to accomplish goals	Ex: The first attempt at using phrases was difficult, but it got better through the week with practice.	Ex: 2
Life Skills						
Home Skills						
Community Skills						
Job Skills						

Monthly Meeting Date: _____ Time: _____ Signature***: _____

VOLAG Representative: _____ Signature***: _____

*To be signed after goals are set. **To be signed after completing reflections about the week. ***To be signed only at monthly meeting.

Figure 8. Partners to Success Weekly Plan with examples

Partners to Success Sample Budget Items

Category	Item	Frequency	Notes
Staffing	VOLAG representatives	Annual	1 monthly meeting per partnership
	Partnership coordinator	Annual	Match partnerships within 2 weeks of refugee arrival
Screening Fees	Background checks	Will vary	
Training	Curriculum development for model	One time / new content	Powerpoints, handouts, du
	Orientation	Once weekly for 1-2 months	Possibly continuous depending on needs of more volunteer partners
	Follow-up training	Varies	
Supplies	Office supplies	Varies	
	Partners to Success forms	Monthly	1 per week per partnership + 1 per month for VOLAG rep.
Program costs	Bus passes	Varies	1 per member of partnership for travel
	Interpreters	Varies	Multilingual volunteers may reduce the need for interpreters

Figure 9. Partners to Success Sample Budget Items