

Refugee Council USA

Office of Refugee Resettlement: Expanding Mandate, Insufficient Funding

Each year, millions of refugees around the world are forced to flee their homes due to violence and persecution. While less than one percent of refugees will ever be resettled to a third country, the U.S. has a long and proud tradition of offering life-saving protection to refugees who cannot return home safely or remain where they are. Formally established in 1980, the U.S. Refugee Admissions Program welcomed 58,238 refugees in FY12 and in FY13 refugee arrivals are expected to reach 70,000.

As part of an agreement with the State Department Bureau for Population Refugees and Migration, nine voluntary agencies provide basic initial resettlement services for the first 30-90 days to newly arrived refugees. The Department of Health and Human Services' Office of Refugee Resettlement (ORR) provides further assistance and helps resettled refugees attain self-sufficiency. ORR funds up to eight months of cash and medical assistance, and social services for up to five years.

ORR's Expanding Mandate: Additional resources are needed for ORR to meet the needs of newly arriving refugees and other vulnerable populations who fall under its mandate. Far from the largely homogeneous populations arriving when the U.S. Refugee Admissions Program began, the diversity and number of populations ORR serves has continued to expand. The US Refugee Program now welcomes refugees of 69 different nationalities while also expanding ORR's mandate to include: Cuban and Haitian entrants, Iraqis and Afghans who were granted Special Immigrant Visas for supporting the U.S. Government and Armed Forces, asylees, victims of human trafficking and torture, and unaccompanied immigrant children (UAC).

In FY12 alone the number of UACs increased from 8,000 to 14,000, straining the existing UAC programs and funding. Due to lower refugee arrivals last year, ORR was able to reprogram a total of \$115.6 million from refugee programs to respond to the immediate needs of these children. For this current fiscal year, ORR budgeted for 14,000 UAC's however, close to 20,000 children are expected to arrive by the end FY 2013. This unanticipated increase in the flow of unaccompanied immigrant children, in addition to the increase in refugee arrivals, could potentially cause a budgetary shortfall of up to \$125 million.

Stagnant Funding & Critical Funding: ORR's budget has not kept pace with its expanding mandate and the distinct needs of the populations it now serves. Although ORR's total budget has increased over the years, growth in individuals under ORR's mandate has outpaced growth in ORR's budget, and most of the funding has gone to only two line items: transitional medical services to reimburse states for refugee cash and medical assistance and the UAC program. Other line items vital to the success of the refugee program- refugee social services, preventive health, targeted assistance, assistance to trafficking victims and assistance to torture victims have remained stagnant for more than a decade, even though the populations served have increased in the same period.

The Social Services line item is another critical area in dire need of additional funding. As the United States continues to prioritize and welcome greater numbers of refugees who have languished in refugee camps for many years without access to basic services, from war torn regions and with special needs, there is an increased need for social services programming, particularly specialized and extended case management assistance to ensure successful integration. For example, in the next three to five years, the U.S. is proposing to resettle about 40,000 Congolese refugees. These refugees have witnessed unimaginable horrors and endured incredible hardship, but are strong and determined survivors. Funding for extended cases management and additional case managers are a critical investment in the success of traumatized but determined refugee populations such as the Congolese. Case managers facilitate integration and success of refugees by providing an initial connection with their new community, and case workers will become even more important as ORR prepares to welcome more single-women-headed households, victims of torture and trafficking, refugees who have suffered trauma, or have severe medical and mental health needs. Increased funding for ORR will also promote early self-sufficiency and mitigate the impact of economic hardship on local and state governments.

ORR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11 CR	FY12
TAMS	\$219.8	\$168.9	\$204.9	\$265.3	\$265.5	\$296.0	\$282.3	\$353.3	\$353.3	\$373.0
Social Services	\$150.1	\$152.1	\$152.2	\$153.9	\$154.0	\$154.0	\$154.0	\$154.0	\$154.0	\$154.0
Preventive Health	\$4.8	\$4.8	\$4.7	\$ 4.7	\$ 4.7	\$ 4.7	\$ 4.7	\$ 4.7	\$ 4.7	\$4.7
Targeted Assistance	\$49.0	\$49.0	\$49.0	\$48.5	\$48.5	\$ 48.6	\$ 48.6	\$ 48.6	\$ 48.6	\$48.6
Total Refugee Services	\$423.9	\$375.0	\$411.1	\$472.5	\$472.8	\$503.4	\$489.6	\$560.6	\$560.6	\$580.3
Trafficking Victims	\$9.9	\$9.9	\$9.9	\$ 9.8	\$ 9.8	\$ 9.8	\$ 9.8	\$ 9.8	\$ 9.8	\$9.8
Torture Victims	\$9.9	\$9.9	\$9.9	\$ 9.8	\$ 9.8	\$ 9.8	\$ 10.8	\$ 11.0	\$ 11.0	\$11.0
UACs	\$37.0	\$52.7	\$53.7	\$77.2	\$95.3	\$132.6	\$123.1	\$149.3	\$149.3	\$169.0
TOTAL	\$480.5	\$447.3	\$484.3	\$569.2	\$587.6	\$655.5	\$633.3	\$730.9	\$730.9	\$769.8

Total ORR Funding from FY 2003- FY 2012

