

A WARM WELCOME FOR REFUGEES

In September 2000, representatives of CHA, Catholic Charities USA (CCUSA), and the U.S. Catholic Conference's office of Migration and Refugee Services (USCCB/MRS) met to identify a way through which those organizations could work together to better serve refugees at both the local and national levels. That discussion led to the establishment of the Catholic Collaborative Refugee Network (CCRN).

CCRN exists to provide an organized response to the social, economic, and health problems that refugees often face after fleeing their home countries. Many have untreated physical illnesses or injuries as well as mental health problems. The CCRN serves both immediate needs (food, clothing, and housing) and long-term ones (health care, job training and employment, and language classes). The network helps refugees to become self-sustaining and support themselves and their families.

Today the CCRN has participating sites in Phoenix; Washington, DC; St. Petersburg, FL; Joliet, IL; South Bend, IN; Baton Rouge, LA; Portland, ME; St. Louis; Amityville, NY; Cleveland; Pittsburgh; and Richmond, VA. Although no two sites are alike, all are committed to helping refugees prepare for and find employment, preferably with health insurance coverage. All sites are based in local Catholic Charities

*The Catholic
Collaborative
Refugee
Network
Now Has
Sites in 12
U.S. Cities*

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offices. Each has a staff and volunteers, usually former refugees who in many cases speak the new arrivals' language. In each of these communities, CCRN's three participating organizations work together to consolidate services and forge partnerships with other local groups.

The author of this article is CCRN's national coordinator. Governance is provided by a national coordinating committee that meets once a year via conference call. Once a quarter, the national coordinator and representatives from CHA, CCUSA, and USCCB/MRS hold a conference-call discussion of issues affecting the greater refugee community. Every other month, the national coordinator convenes conference calls with the local site coordinators. Between times, the national coordinator and individual site coordinators share experiences, discuss specific problems, and plan improvements via the telephone and e-mail. A resource tool that provides guidance for developers of new sites is available at www.chausa.org/NEWCOVNT/REFUGUIDES.ASP.

Since the terrorist attacks of September 11, 2001, refugees have had increased difficulty entering the United States. In the past year, CCRN sites have been challenged to respond creatively in helping refugees who arrive in this country with chronic health conditions and few marketable skills. Many of these refugees have suffered family loss, abuse, torture, and displacement, and their psychosocial problems tend to complicate case management and service delivery.

But perhaps the best way to introduce CCRN efforts is to let the local coordinators speak for themselves.

BATON ROUGE, LA

Diane Chisholm, the author of the following report, is director, Migration and Refugee

Resettlement, Catholic Social Services, Baton Rouge, a CCRN member. Our Lady of the Lake Regional Medical Center, Baton Rouge, a member of Franciscan Missionaries of Our Lady Health System, is also a local CCRN member.

Mr. Mohammed Mr. Mohammed arrived in Baton Rouge, along with 17 other refugees, in July 2004. He came from a refugee camp in Sierra Leone, where he had witnessed more than 14 years of civil war and associated atrocities, all of which remain vivid in his memory. Grateful to be in the United States, he is also anxious to be reunited with other family members, who are still in refugee camps in Africa.

Mr. Mohammed is 32 years old. He hopes, with the assistance of the Catholic Community Services employment counselor, to find employment and begin to live a more normal life. His main barrier is his deafness. In 1992 he contracted an illness that left a constant roaring in his ears. Doctors say that the deafness is so severe that even a hearing aide will not help. The only remedy is a surgical operation known as a "cochlear implant." Mr. Mohammed is scheduled to have the surgery this spring.

A Family from Sudan Another case involved a family of six—a man, a woman, and four children ranging in age from eight to 20—who arrived in Baton Rouge from Sudan. None of them spoke English. Fortunately, we had on our staff three case managers who spoke Arabic.

The man was in kidney failure and had to be hospitalized within a day of the family's arrival. The woman suffered from hypertension and had a heart murmur. One of the children tested positive for tuberculosis and was placed on medication for six months. Another child contracted pinkeye shortly after their arrival and staff successfully arranged for treatment through a referral to a primary care physician.

The older family members were anxious to go to

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work. They were placed in an employment-incentive program that stressed early employment. We managed to get the father approved for Supplemental Security Income (SSI) disability benefits. Within a month, the mother and oldest child had found jobs as custodians in a local university, working 40 hours a week and earning \$7 an hour. They eventually received full health benefits.

The father was placed on dialysis three times a week, for which we arranged medical transportation. (A volunteer donated a vehicle to the family; unfortunately, none of them had driven before, and it took months for them to finally pass the driving test.) Volunteers also took the father to a New Orleans kidney specialist, who eventually performed transplant surgery, giving the father a healthy kidney donated by the eldest son. This surgery has proven to be entirely successful.

Meanwhile, the mother faced some cultural problems in the workplace. But these were resolved with help from her caseworker and the university's human resources staff. Today the children are all doing very well in school. The father is healthy and has regained his strength. The mother and son are still working at the university, and the family has just purchased a home. They are excited, thankful, and feel blessed by their experiences and the assistance they have received from so many in the local community.

A Young Somali Man A third case involves a young Somali man named Jack, who arrived in Baton Rouge in August 2002. Jack has complete paralysis of both legs, because of childhood poliomyelitis. He was 60 percent disabled. Unable to stand, he used his hands to move about. A single man, he arrived in the United States alone. He does have a brother in Ethiopia; Jack hopes his brother will be able to join him in this country some day.

Soon after Jack's arrival, we borrowed a wheelchair from a local home care supply company. He used that until a new wheelchair, equipped specifically for him, arrived. We also applied for SSI benefits for him. SSI is an arduous

SUMMARY

The Catholic Collaborative Refugee Network (CCRN) was established more than four years ago as a result of discussions among CHA, Catholic Charities USA, and the U.S. Conference of Catholic Bishops' office of Migration and Refugee Services.

The dozen CCRN sites each provide an organized response to the social, economic, and health problems often faced by refugees. Although the sites differ in their services, they typically help refugees prepare for and find work, preferably work

with health insurance coverage. Serving both immediate and long-term needs of refugees by consolidating services and forging partnerships with local groups, the CCRN helps refugees to become self-supporting.

This article introduces the work of CCRN by highlighting recent success stories from Baton Rouge, LA, and from Joliet, IL. The CCRN site coordinator for Amityville, NY, provides guidance in identifying victims of trafficking.

process that often takes months to complete. Jack stayed, first, in a transitional home and, then, in an apartment until we could secure a subsidized handicapped-accessible apartment for him.

Jack became very depressed because he felt so alone. Fortunately, a roommate from Somalia provided him with companionship. Jack really wanted to go to school or an adult learning center. We were able to register him in school, but, because of his disability, transportation took weeks to get running smoothly. In the interim, volunteers took turns driving him to school. Meanwhile, a Catholic high school class "adopted" Jack, assisting him with his homework and in learning English.

Jack required intensive case-management services for almost two years. However, despite the many obstacles he had to overcome, he eventually got his driver's license; someone donated a handicap-accessible van to him, and he now has plans to pursue college. He now has adjusted to his new home and community and possesses great enthusiasm and determination and is doing very well. Jack is a success story, given his own inner motivation and the resources and support he received from the local CCRN site.

JOLIET, IL

Annie Laven, the author of the following report, is refugee resettlement coordinator, Catholic Charities of Joliet, Lombard, IL. Provena Health, Mokena, IL, is also a CCRN member.

When 75-year-old Ernesto was a young man in Cuba, he dreamed of owning his own land and providing a prosperous future for his family. He and his wife, Vera, worked hard and were eventually able to buy a sizable plot of land. On this land they raised their three sons and one daughter, all of whom eventually married and brought children of their own to live on the family homestead.

After the 1959 Cuban revolution, Ernesto hoped for the equality and prosperity promised by Castro and the Communists. By the 1970s, however, Ernesto had become disillusioned. When anti-Castro fighters, on the run from the military police, asked for his assistance, he did not hesitate to help and hid them in a cave located on the back acreage of his property. The rebels were discovered, and Ernesto was sentenced to five years in jail. His property was confiscated, and his entire family was forced to live under house arrest in a work commune.

After serving his five years, Ernesto was released and was able to rejoin his family. The family was then transferred to a community of high-rise buildings inhabited by people out of favor with the government. Here the family and

Ernesto spent five years in a Cuban jail; his family lived under house arrest.

their neighbors survived at subsistence levels, receiving only a small monthly ration of beans, rice, and eggs. Electricity was available only two hours a night, and water ran one or two hours a day. The tenants of this ghetto depended heavily on money sent by relatives in the United States.

After more than 20 years of this existence, Ernesto and his now-grown children and grandchildren decided to apply for visas to emigrate to the United States. This was not an easy decision for them, because they realized that life would be made even more difficult for them after they applied. They would automatically be denied permission to work or seek a higher education.

Two years after applying, Ernesto, now 70 and very ill with Parkinson's disease; his wife; and their 21-year-old granddaughter Lupe received visas and were granted refugee status. Because they had close relatives in West Chicago, they were resettled with the help of MRS and Catholic Charities of Joliet.

Catholic Charities' Refugee Resettlement program provided Ernesto's little group with a basic welcome pack, clothing, and links to necessary community resources. Malke Bornstein, a Spanish-speaking case manager, met the family at the airport and brought them to their new home. She supplied initial basic needs and introduced them to the Illinois Department of Public Aid and the Social Security Administration. The family was also referred to English as a Second Language classes. Lupe registered for classes with National Association of Evangelicals' World Relief organization, attending night classes with a cousin who could provide transportation. Because Ernesto could not be left to care for himself, a tutor from the Literacy Volunteers of America came to work with Vera in their apartment.

Bornstein's next concern, after providing for the family's basic needs, was to find a doctor for Ernesto. Along with Parkinson's disease, he had low blood pressure and a history of heart problems. Ernesto's Parkinson's had affected his vocal chords and made it extremely difficult for him to speak. He also experienced great joint stiffness, which affected his mobility. Bornstein, unwilling to wait the 30 to 45 days that Public Aid needed to process his Medicaid, contacted Catholic Charities' CCRN partner, Provena Health, based in Mokena, IL. Lindsey Artola, Provena's CCRN representative, referred Bornstein to a Provena network neurologist, A. Ta, MD.

A former refugee himself, Dr. Ta proved to be a true blessing. Not only did he agree to treat Ernesto before his eligibility for Medicaid was established, he also provided referrals to a primary care physician for all three family members. When Ernesto began treatment with Dr. Ta, he

was barely able to speak or straighten his joints. Dr. Ta started him on a combination of medications, and the results were almost immediate. Within a few weeks, Ernesto had better mobility and was able to call his sons in Cuba and speak to them clearly for the first time in years, which brought them all to tears. Dr. Ta was always patient, caring, and professional. On one occasion, after a particularly nasty winter storm, Dr. Ta came into the office to see Ernesto for his scheduled appointment even though the office had been closed because of the storm.

After three months, the family was able to apply for subsidized housing in their building. Bornstein worked with the family and the building manager to find living space that took Ernesto's physical limitations into consideration. Once the apartment was secured, she took the family to the St. Vincent de Paul store for furniture and household items. They were able to find the basic necessities to get established. This process works well for the refugees because of our partnership with the store. Bornstein then sought a welcome pack for the family from a local Catholic parish. Three separate prayer groups from the parish collected the basic welcome pack as well as other needed items, such as a bathing chair and a sewing machine. The family was overwhelmed by this outpouring of generosity from the community.

This man's story is the perfect example of how our collaborative can work to change and improve refugees' lives. Through the cooperative efforts of Catholic Charities; Provena Health; the St. Vincent DePaul Society; World Relief; Literacy Volunteers of America; and St. Thomas the Apostle Catholic Church, Naperville, IL, the family has made great strides. With the assistance of a Catholic Charities employment counselor, Lupe found full-time work. Other family members arrived from Cuba in May 2004. Now Ernesto and Vera can once again spend their Sundays surrounded by children and grandchildren.

AMITYVILLE, NY

Carmen Maquilon, the author of the following report, is CCRN site coordinator, Diocese of Rockville Centre, Amityville, NY.

For the past three months, our office has been working with victims of human trafficking. More than 60 such people have been brought to us as the result of raids staged by the immigration authorities.

When talking to a person whom you suspect may be a trafficking victim, you should seek answers to certain key questions: By what means did the individual come into the country? Is some

other person holding his or her documents? Did someone help him or her find work? Was the suspected trafficking victim provided housing? Was he or she allowed to freely leave the house? Was he or she ever threatened?

Most such people will deny that they are trafficking victims. Although they have come to this country of their own free will, they have in many cases done so as the result of deception—they were promised a life very different from the life they find here. Trafficking in persons has been defined as the illegal trade in human beings through abduction, threats, deception, fraud, or sale for sexual exploitation or forced labor.

You must remember, in dealing with a trafficking victim, that the person has been subjected to great stress from, first, being removed from his or her normal surroundings, and, second, being apprehended by the immigration authorities. From the moment the victim set foot in this country, he or she has been dependent on someone—usually the trafficker—to provide food, shelter, transportation, and employment. When apprehended, the victim experiences extreme anxiety.

How have we managed to get through to trafficking victims? We do so by establishing *relationships* with them. The first rule in helping victims is keeping in mind their safety and mental health. Because trafficking victims have no friends or relatives who might help them resettle, we must provide the assistance they need.

Through our local collaborative, we have arranged for the Social Security Administration to "set up shop" in our offices to process victims' applications for Social Security cards. Catholic Charities provides victims with transportation when they need it. Many of the diocese's 134 parishes have provided victims with financial assistance.

We know that time must pass before trafficking victims begin to trust those who try to help them. It is our hope that, if we pay close attention to victims' needs and provide them with consistent support, we can instill in them the spirit of hope from which trust can emerge again in their lives.

NEW BEGINNINGS

These have been just a few of the many stories that show how CCRN works with local organizations to assist refugees and trafficking victims in obtaining opportunities to begin life again. □

For more information about the Catholic Collaborative Refugee Network, contact Julie Trocchio, CHA's senior director, continuing care ministries, at 202-721-6320 or jtrocchio@chausa.org.

The Amityville, NY, site has focused on helping victims of human trafficking.

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