OLDER REFUGEES IN
THE UNITED STATES: FROM
DIGNITY TO DESPAIR

A STUDY BY
REFUGEE POLICY GROUP
OLDER REFUGEES IN
THE UNITED STATES: FROM
DIGNITY TO DESPAIR

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INTRODUCTION

"Of all the persons affected by the rigors of involuntary displacement, it is perhaps the elderly refugee who suffers the greatest hardship. Torn from familiar surroundings and life styles, and thrust into uncertain circumstances at a time of life when continuity and habit are especially prized, the aged refugee endures a particularly intense sense of desolation and encounters special difficulties in adapting to the hardships of resettlement."

Since the end of World War II, the United States has admitted about two million refugees, people fleeing their homelands because of a well-founded fear of persecution. During the past decade, alone, some 800,000 Southeast Asians, 100,000 Soviet Jews, and 125,000 Cubans have been granted safe haven in this country. Although these three groups represent the largest refugee populations, the U.S. has also admitted refugees from Afghanistan, Ethiopia, Iran, Iraq, Poland, Rumania and elsewhere.

Refugee elderly represent a small but very vulnerable part of the population of refugees resettled in the United States. Clearly, each group of older refugees has distinct problems and needs, and may have different prospects. There are, however, many commonalities among these groups. Each has lost a homeland, each has to try to learn a new language, function appropriately in a new culture, and adapt to a new social position. Studies of language acquisition, in particular, show that the capacity to
learn a new language is tied to age. Individuals over the age of 45 are believed to have more difficulties learning English than do younger refugees. With the inability to communicate in English often come misunderstandings and apprehensions about the new society. Apprehension then leads to isolation which in turn prevents social adjustment.

Some of the problems older refugees have to struggle with are similar to those faced by all refugees simply because they result from the traumatic experiences of fleeing one's country in fear of persecution. Others are shared by all elderly immigrants and have to do with aging in a foreign culture. Still others overlap with difficulties experienced by all elderly, including American-born senior citizens, since they are related to the mere fact of being old.

In their flight from their home countries, many elderly refugees have either lost relatives or been separated from them. Therefore, in many cases, they lack the family system which supported them prior to leaving their homeland, and would have been expected to support them as they became less capable of caring for themselves. Where family groups are intact, traditional systems and relationships are often changing radically as a result of a rapid acculturation of younger members of the family. All of these problems are compounded by whatever physical and psychological trauma they may have suffered during their often long and dramatic "journey" to the United States. Diminishing physical abilities resulting from growing old cause
increasing difficulties with daily chores. Old age also brings many health problems. Lack of family support, loss of the status and prestige they were used to having back at home, increasing health problems, thus, leave the refugee elderly -- who were largely capable adults in their home countries -- very dependent on the help of others.

At present, there are few programs within the United States that are responsive to the needs of older refugees trying to adapt to the American society. Because economic self-sufficiency has been the primary objective of the refugee resettlement program, U.S. refugee policies generally focus on services which move refugees directly to employment. Older refugees are often considered unemployable and therefore are generally given low priority for services. With limited funding for refugee services, the elderly often receive little or no assistance. In many places, vocational training, employment services and English-as-a-second-language classes are limited or unavailable to them. In other instances, services to assist refugees in gaining access to health care are restricted to employable adults. Thus, older refugees who have a particular need for health services often experience difficulties in finding appropriate health care.

Mainstream services for the elderly, where they exist, are rarely in a position to address the particular needs of older refugees. They generally are uninformed about the special circumstances of refugees and they usually do not have the
linguistic and cultural resources to be able to facilitate communication with potential clients. As a result, there are few outreach programs or other special efforts aimed at assisting older refugees even in agencies that provide services which could meet the needs of this population.

Study Methodology

This report is based on three sources of information. First, there was a review of available literature on problems and issues faced by older refugees and those encountered by the American-born elderly. The literature review included works by gerontologists, anthropologists, sociologists, psychologists, and educators. The materials reviewed pertained to such topics as depression, isolation, age discrimination, learning abilities of the aged and so on. Special emphasis was placed on minority elderly and attitudes towards the aged in different cultures.

Site visits to several locations throughout the country provided the second source of information. This fieldwork was done in New York City; St. Paul, Minnesota; Miami, Florida; Philadelphia, Pennsylvania; and in the Washington, D.C. Metropolitan Area. Refugee program administrators, service providers, staff of various voluntary agencies, and academics were interviewed in order to obtain information on programs for refugee elderly and strategies to address the special needs of older refugees. Interviews were conducted with refugee elderly and local community leaders representing several ethnic groups:
Cambodians, Vietnamese, Hmong, Cubans, Soviet Jews, Russians, and Poles. Additional telephone conversations were carried out with service providers working with older refugees in California. Over one hundred refugees were interviewed for this study.  

Thirdly, to identify model programs serving refugee elderly, assess special needs and document service barriers faced by older refugees, a questionnaire was mailed out to localities with considerable numbers of refugee residents. The questionnaire explored a wide range of issues: design and objectives of particular programs, funding sources, characteristics of the targeted clients, a detailed description of provided services, gaps in the service provision, outreach activities, and attempts to access mainstream programs for the elderly.

The information collected during this project was shared with an Advisory Council composed of experts in the refugee and aging fields. Its members were called upon to discuss study methodology, key issues, and research findings. While the ideas included in this report are the author's, the advice received during these consultations was invaluable.

Organization of the Report

The remainder of this report is organized as follows:

- Part One describes problems and difficulties faced by the refugee elderly in their process of adaptation to the American culture. It presents definitions of "old

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1 The interviews with Southeast Asian elderly were conducted through interpreters, while the remaining discussions were carried out by the study team members in the refugees' native language.

2 The list of Advisory Council Members is appended.
age" and attitudes towards aging and the aged found in different cultures.

- Part Two presents the special needs of older refugees identified during the study.
- Part Three discusses the challenges of serving refugee elderly. It identifies both successful areas and strategies of service delivery as well as gaps in the service provision for the refugee elderly. It also provides recommendations for improvement of services.
Cultures vary in the way they define old age. In some societies, age is defined in functional terms. One is old when he or she is unable to perform certain activities. A person may, thus, be considered old when the body loses vigor to the extent that it lacks either the strength or mobility required to work. In other societies, old age is defined in formal terms dependent upon some external symbolic event. The birth of the first grandchild might, for example, mark the entrance to old age. Depending on the culture, a person might be considered old at 40, or at the age of 70. The definition of old age in the United States is a formal rather than functional one. Chronological age is a determining factor, not one's ability to function. The mark of old age in the United States has become the age of 65; this purely chronological fact is used by the American society to "classify" many able-bodied, well-functioning people as old.  

As the longevity of the U.S. population increases, however, chronological definitions of aging are being refined by a concept of age which recognizes that individuals age at different rates and along different ways. The terms used -- young-old and old-

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old (65-75 versus 75 and older) -- still focus on chronological age, but they reflect the vitality of many "senior citizens."

The definition of old age is not the only concept related to the aged which differs across cultures. Ethnic groups also differ in their attitudes towards the elderly and aging, in the social status they attribute to old age, as well as in the expectations the elderly have regarding the respect they require from their children and grandchildren, and the type of life, roles and responsibilities they envision for themselves.

Some cultures foster views of old age which are conducive to happy, contented later years. Other cultures maintain views that foster feelings of worthlessness, despondency, and futility. Many Asian societies, for example, believe that "honors and riches are bestowed on us by mere men, but ripe age is a gift from Heaven." This particular belief that age represents an accumulation of wisdom is the reason that few Asians make attempts to conceal advancing years. On the contrary, many look forward to that period of life when, full of years and rich experiences, they would receive that special respect and consideration which would be their best reward for long and often difficult life. The expectation of respect and reverence many Asian elderly have is reinforced by the principle of ancestor worship found both in Confucianism and Buddhism. 4

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While the high status of the elderly is also present in other countries, such as Cuba, Eastern Europe, and the Soviet Union, the degree of responsibility, active participation in family life and decision making of the aged differs among these societies.

In the Soviet Union, despite the fact that many societal resources are directed toward youth, the treatment and status of the aged reflect the traditional values of peasant societies. The status of the elderly is conferred not by age, but by reaching a new stage in life such as retiring or becoming a grandparent (the grandmother, or "babushka", is the most respected Russian figure). Respect for the aged in Russian society is derived from the role they play in teaching the young; the help grandparents provide in raising grandchildren in the home; social conventions that require the aged to receive special assistance or preferred treatment in public; and the fact that grandparents live with children and actively participate in daily decisions. 5

Perhaps the key factor in the continued high status of the Russian elderly is the shortage of housing and the fact that both the husband and wife are usually employed. The grandparents,


particularly the "babushka", help raise the children and perform domestic chores. Often when the grandchildren reach school age, the grandmother goes back to work and helps her children out financially.

Cubans' perception of what constitutes old age is similar to that of the Soviet Jews and Eastern Europeans. They define old age in terms of one's mental and physical abilities. During our site visit in Miami, Florida, for example, a group of male journalists, the youngest of whom was in his mid-60's, refused at first to admit they were old. Upon persistent questioning, they defended their position by saying that old age is a mental state, and that all of them were very active, both physically and intellectually. Then they defended old age by talking about the great achievements of elder statesmen like Conrad Adenauer and Ben Gurion. Only then were they able to discuss the implications of having come to the U.S. as middle-aged and grown old here. No one pointed to him/herself and said, "I am old."

Whatever the nature and range of attitudes toward old age in other societies, the perception of the value of late life in the United States seems qualitatively different. "Old age" is not a role to which many aspire, and possible honors and esteem more often than not are outweighed by lack of interest and concern of their family and community.

Aging can be experienced as a full and thoroughly rewarding growth and maturation process. The late years often bring a unique freedom to learn, explore and share. The burden of
intense social and economic competition, child rearing responsibilities and wearisome jobs that frequently absorb enormous amounts of time in the earlier years of life is gone. Despite that, few Americans have come to value this part of life. They have learned to hold late life in invidious comparison with "youth."

These differences in attitudes towards age and aging cause many cultural misunderstandings and a great deal of frustration in the elderly refugees who often do not realize that their system of values remains in sharp contrast with that of the host society. Their frustration is further deepened by the rapid acculturation process of their own children and grandchildren who often quickly adopt American attitudes towards aging and the elderly. That in turn causes generational conflicts and further isolation of the refugee elderly.
PART TWO

SPECIAL NEEDS OF THE REFUGEE ELDERLY

As mentioned above, many of the problems older refugees have to struggle with are similar to those faced by all refugees simply because they result from the traumatic experiences related to a forced departure from one's homeland. Others are shared by many elderly immigrants and have to do with growing old in a foreign culture. Still others overlap with difficulties experienced by many elderly Americans, since they are related to the mere fact of being old.

However, the situation of refugee elderly is "unique" in many ways and their problems are, thus, much more severe than those faced by other elderly populations. The main difference between the older refugees and the American-born aged, or immigrants who came to the United States at a much younger age and grew old in this country, is the fact that older refugees have to struggle with the problems of aging in a new culture, of which they know and understand very little. They do not possess the culturally appropriate coping skills older Americans have acquired and developed in the process of socialization. They have very little knowledge of and access to services available to the American aged. Special programs and services, such as support groups, senior citizens centers or meals-on-wheels programs, are unknown or inaccessible to the refugee elderly due
to language barriers, or are culturally inappropriate due to differences in dietary or religious customs.

Research reveals that ethnic identity can be both a definite resource and a disadvantage for older persons. Their cultural background can provide them with strength and support not always apparent to others. Ethnic identity can also be a resource for maintaining continuity in a person’s life. Continuity of life patterns is of great importance to well-being, especially for the aged. Cultural traditions and rituals help to provide needed structure and continuity in an older person’s life. However, for the refugee elderly their attachment to the traditional culture can also be a source of severe pain, since it reminds them of the family, friends, possessions, and status which many of them have lost. The younger refugees had initially "less to lose" and they seem to have a greater chance to replace these losses in their lifetime. Moreover, the refugee elderly have difficulty reconciling their traditional values with those of the new society and are torn by having to accept the new culture without destroying the old.

The refugee elderly are also disadvantaged in comparison to their younger counterparts in terms of the assistance they receive. Because economic self-sufficiency has been the explicit objective of the resettlement program, employment related services are the main focus of the U.S. refugee policies. Older refugees are often considered unemployable and therefore are generally given low priority for services.
Financial Insecurity

It is commonly believed that one of the major problems of old age is a decline in economic status and associated financial insecurities. While retirement means some reduction in salary and some loss of power (status, prestige, privilege) for everybody, not all American senior citizens find themselves in an impoverished state upon retirement. Research shows 6 that for many Caucasian Americans, the factors that determine retirement income are the same as those that determine income before retirement, namely education, occupation and marital status. The situation differs, however, when the aged are members of an already disadvantaged group, for instance, an ethnic minority.

The literature on ethnic identity and aging characterizes the situation of minority elderly as one of "double jeopardy" or "multiple hazards." 7 This refers to the fact that being old constitutes a disadvantage in American society, but persons who are both old and members of a minority group experience additional economic, social, and psychological burdens of living in a society in which racial equality remains more an ideal than fact. It has been noted that, compared to the white elderly,


most of the minority aged "are less well educated, have less income, suffer more illness and earlier death, have poorer quality housing and less choice as to where to live and where they work, and in general have a less satisfying quality of life." 8

For the refugee elderly, financial security takes yet a different form. By coming into exile, they have lost whatever financial comfort they had been able to build up through hard struggle. They then find it difficult to reestablish their financial status. Many of the Indochinese refugee elderly come from rural backgrounds and arrive in the United States with little formal education and few job skills. Their chances of getting any work are scarce. A few of those who have worked and have accumulated years of experience in a profession, trade or craft find that their talents are being wasted because of language difficulties.

Highly skilled professionals are particularly discouraged and frustrated. There are very few recertification programs in the nation tailored specifically for older professionals. Many of them take what they consider to be demeaning jobs; others scrape by on part-time employment.

The experiences of an older journalist are a case in point: when he first arrived in the United States, the present dean of the Association of Cuban Journalists in Exile carried bundles of

laundry during the day and worked at a radio station at night. He had been a lawyer as well as a journalist in Cuba. Later on he was offered teaching posts in Kansas and Connecticut, but he turned them down because those places were too far from Cuba and the community of Cuban exiles in Miami.

One of the principal problems faced by journalists in exile is that language is their primary tool so they cannot get away with mere working knowledge of the speech of their land of exile. They must be masters of it. Many Cuban journalists who fled to other parts of Latin America did fairly well, working for some of the major news media in their new countries. For those who fled to the United States, it was a different story. Many came when they were middle-aged, too late to learn English well enough.

Cuban journalists in the United States have established many Spanish-language newspapers, have opened radio stations, and are employed in Spanish-language television. However, many of their jobs are marginal, with low pay and often minimal benefits. The president of the Association of Cuban Journalists in Exile writes for a Spanish-language almanac, but, as he laments, many of the entries he writes are very trivial.

A 60 year old high school teacher who came from the Soviet Union to the United States in 1979 still does not have a permanent job. He keeps busy by tutoring Russian and giving occasional lectures on life in the USSR at local community colleges. He said:
"Many people advise me to change my profession and I even tried to follow this advice by starting to work in a department store. But after working there three days, I felt I would die of boredom. So I left the store. I felt that without teaching there was no life for me."

Foreign educated lawyers have similar problems. Laws and juridical procedures are very country-specific.

Those who were fortunate enough to secure employment have typically not worked long enough in this country to build up the pension, personal savings or social security benefits needed for comfortable retirement. A music teacher from Cuba, a woman in her 50s, has several part-time jobs at city-funded programs, but the city is cutting back, and so she worries about how she will make a living. "I am too young to collect SSI (Supplementary Security Income) and none of my part-time jobs offers a retirement plan. I really don't know what I will do," she said.

Another problem is that many initially lied about their age. Concerned that they would not have been admitted to the United States if they said that they were old, some refugees concealed their real age. Upon arrival in the U.S. they found out that they could not change records when they wanted to apply for SSI benefits.

And while many older refugees do receive support either from the government and/or their families, financial security was an issue of importance to all of the refugee elderly interviewed for this study. The primary problem expressed by older refugees receiving public assistance was fear that their welfare benefits
would be cut. As a 47 years old rice farmer from Vietnam explained:

"I have no English or skills to work and I am too young to apply for Social Security. If I get sick in this country without Medicaid I will be left to die. If I cannot pay the rent I will be thrown out on the street."

His 43 years old wife added: "We worry every day about being cut from welfare and having nothing and nowhere to go."

Several of the SSI recipients expressed their concern that the assistance they receive from the government pays the rent and food, but there is no spending money to visit friends or to buy extra things not covered by food stamps. As one respondent put it, "we have enough to survive but not to have a life."

Medical costs can also be frightening, especially for those who need medical help on a continuous basis. A 59 year old blind Cuban woman who is a diabetic can only afford sporadic appointments at the county hospital in Miami, Florida, even though she pays reduced fees: five dollars for a doctor’s visit. And yet diabetes needs to be constantly monitored and treated. Doctors and medicine are her most urgent problem. If it was not for the help she receives from the Hogar Industrial Home for the Blind, she would not be able to receive any medical assistance. "Hogar has helped me live again," she says. She lost her sight only recently (as a result of her diabetes) and was very disheartened.
Many of the problems faced by the refugee elderly stem from or are exacerbated by their inability to communicate in English. Research indicates that most Southeast Asian refugees, at the time of entry, have very limited English language proficiency, with anywhere from one-third to two-thirds of all new arrivals speaking no English at all and older refugees having less English on arrival than younger individuals. Individuals over 55 years of age do not receive English language training in refugee camps overseas. That puts them at a greater disadvantage in relation to the younger generation who have generally had several months of English language instruction prior to coming to the United States.

The inability to communicate in English creates problems for all refugees since without at least a basic knowledge of English they are unable to participate effectively in the American culture. However, for the refugee elderly the problems created by lack of English knowledge go far beyond the inability to acquire and understand information about the American health care system; to learn about personal safety and civil rights; to bank and shop; to use public transportation, etc. Not speaking English, the elders lose their privileged position within the family and the ethnic community; their authority and wisdom are being questioned by the younger generation since they no longer

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are the teachers and the advice-givers. Without English they are unable to establish relationships with members of the host society and, thus, their isolation is increased.

Most of our respondents expressed a desire to learn English. Only a few reported having a dilemma whether they should devote their energy to studying English or put all their efforts into teaching their native language and culture to their grandchildren. Many of those who have already enrolled in English classes reported having a lot of problems with adapting to the role of a student. They felt embarrassed when they could not understand their teacher or could not keep up with their younger classmates. The refugee elderly often said that they had a hard time relating to what was being taught in the English class, that they need "experience to understand some of the things" and cannot understand by "looking at strange pictures or reading a book." A 52 year old Cambodian woman felt sorry for her teacher who, she said:

"(...) tried very hard to help us so we didn't want to tell her that we didn't know what she was talking about. We just said 'yes' every time she asked if we understood her."

**Health**

Aging brings with it an increased risk of problems concerning physical and mental health. Refugee elderly suffer from similar ailments experienced by other senior citizens and commonly associated with inevitable biological characteristics of old age -- sensory loss, learning deficits, confusion, memory
loss, etc. Our respondents emphasized that what makes them feel old are their diminished faculties. They were comparing their present abilities to their previous capabilities. An elderly Cuban journalist told us that he could produce a newspaper page in three hours; now it takes him much longer to write. His wife could dance folk dances; now she cannot.

Many of the refugee elderly interviewed for this study reported having persistent headaches and stomach aches. Several others complained of debilitating back pain and heart problems. While some of these symptoms were clearly signs of physical problems, many were attributed to stress and to "survivor's grief" as well as to worry about their future.

Quite a few seemed to be having health problems due to change in climate, diet, and pace of life. Service providers reported that after several years in the U.S., many older refugees begin exhibiting health problems common to elderly Americans, including high blood pressure and cholesterol levels, which are relatively unknown in their own cultures.

According to service providers, refugee elderly present minor physical problems with greater frequency and severity than their American counterparts. Some of their physical ailments seem to be symptoms of psychological and adjustment problems; others result from maltreatment in correction and labor camps. Several of the Cambodian elderly we talked to were torture victims and required special medical attention. Some of the Jewish dissidents were former "patients" of psychiatric clinics
in the Soviet Union and as a result developed various types of illnesses.

Gerontological and geriatric research indicates that psychological and psychiatric problems are surprisingly prevalent among the aged. Depression is presently the number one emotional problem for older individuals. It has been called the "common cold" of the older population's mental health problems. While 25 percent is the figure most often mentioned, some believe that up to 50 percent of this population may be coping with depression. Depressed people suffer from sleep disturbances, loss of appetite, lower motor activity, limited attention spans, slower verbal responses, social isolation and memory problems -- to mention a few of the more common complaints.

Although chronic mental health problems were rare among the interviewed refugee elderly, depression, feelings of loneliness and isolation, and adjustment difficulties were widespread.

The adjustment problems, although experienced by all elderly refugees, were most severe among the Cambodian elderly. The trauma of the war in Cambodia, the new culture, and the demands of daily life, were all sources of fear and anxiety among the interviewed Cambodians. They all reported having terrible nightmares. They long to have dreams of happy days or familiar faces, but the nightmares persist and keep the fear alive. They

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are afraid to go to sleep because they do not want to dream about being caught and killed by the enemy. Lack of sleep makes them tired and unable to concentrate, work or study English.

As discussed earlier, all refugees have undergone significant losses -- of family, of jobs, of country. They naturally spend much of their time thinking of the past, and have a difficult time dealing with the present. Death of loved ones and separation from one's friends and family, while not strictly a problem of the aged refugees, seem to affect them the most. Their depression and isolation are further deepened by loss of status and changing family roles.

Loss of status causes stress among older refugees. Most traditional cultures revere their elderly, according them position of authority and respect. In their new culture, however, they have no specific role. The young, as they become Americanized, give less respect to the elderly, resulting in loss of self-esteem for the older generation.

Because good physical and mental health are instrumental in the process of adjusting to new patterns of life and a new culture it is important that any medical problems the refugee elderly might have are diagnosed soon after arrival. It is especially essential that signs of severe adjustment problems are recognized, so they can be dealt with before they become serious mental health problems.

However, once mental health problems are identified, there are still obstacles to refugees' receiving help. First of all,
there is no word for "mental health" in many Asian languages. Community mental health center most likely translates as "the crazy place." Furthermore, an Asian concept of mental health is much different than an American one. Individual problems, for example, are perceived as family problems. Mental health problems are perceived as spiritual problems. In their own countries, refugees would have consulted a priest, a spiritual advisor, or a traditional healer, not a psychiatrist.

Mental health problems are considered shameful in many of the cultures refugees come from and hence tend to remain hidden unless they become acute. The refugee elderly interviewed in the course of this study were very fearful of clinics and hospitals, embarrassed to admit that they needed help. A Cuban psychiatrist in Miami said that Cubans have trouble accepting psycho-therapeutic help. And that although service providers have tried to spread the word that depression and anxiety might be symptoms of more severe problems, the elderly think they are being brought to a psychologist or a psychiatrist because they are "crazy." He emphasized that a lot more outreach and public education is needed.

American medical care can be very different from the type of care many refugees received in their native country. Programs for elder refugees need to address the problem from many angles; for example, sensitizing American medical personnel to the culture of the refugees, explaining to the older refugees why
certain questions are asked or tests are done and finding the right mix between "local remedies" and modern medicine.

Many older refugees would prefer to go to traditional healers but there are many constraints to seeking this type of help -- e.g., lack of availability of traditional healers; payment problems since only Western health care is reimbursable; younger members of the family are disdainful of native healers; etc.

Housing

Housing is clearly a major problem for the refugee elderly. Housing problems are exacerbated by the refugees' limited financial resources. Older refugees hardly have a choice of where and how they would like to live. Because of their very limited income, subsidized housing is often their only choice. And that causes a lot of problems for this otherwise very vulnerable population. Public housing complexes are often located in poor, racially segregated neighborhoods which makes the integration of the older refugees very difficult. Concern for physical safety prevents them from leaving their houses and isolates them further from their neighbors. Having their children living with them is impossible because the public housing units are not built to accommodate this sort of extended family living arrangements. In the absence of sufficient housing facilities for large families, the unity of an extended refugee family is in jeopardy and families are forced to split up. The
aged often stay behind in impoverished urban areas without appropriate care and deprived of all social ties.

A Cuban exile reported:

"My parents live in low-income housing in the middle of a poor, black neighborhood. I got harassed by locals while jogging around the compound. My parents do not go for walks. It is nothing short of outrageous to me that the government would place weak, old people in environments where they will meet with hostility. It shows an appalling degree of cultural insensitivity. To my parents, and to other old people in their situation, this is yet one more example of their helplessness and one further bizarre trait of this strange land."

Indochinese refugees living in the Bronx, New York, said they hardly ever leave their houses because they get robbed when nobody is home. They are afraid to take walks because they get mugged. If they do venture outside it is always in groups and "we always leave some adults at home to guard it against burglars," said one respondent. In Takoma Park, Maryland, Cambodian refugee women go in groups to the grocery store, while the men stay in the apartments.

Those refugee elderly who are fortunate enough to live with their grown up children, in nice houses or condominiums located in safe, middle-class neighborhoods, seem to be equally isolated as those who do not leave their homes for fear of safety. An elderly Jewish woman who lives with her married daughter and son-in-law in a beautiful condominium in Rockville, Maryland told me how lonely her life is in this "land of abundance." She said:

"In Moscow we lived in a one bedroom apartment with a communal lavatory down the hall, but I was always smiling and singing. Here I feel sad. My daughter and son-in-law leave early in the morning for work and they come back late
in the evening. I am always alone. There is nothing for me to do. You see my daughter has everything, a dishwasher, a vacuum cleaner, a washing machine and a dryer. Housework is done in a couple of hours and then ... nothing to do. I am bored. I can't watch T.V. because I don't understand English. Our next-door neighbors are Jewish, too, but they speak neither Yiddish nor Russian. Can you believe that I don't even know their names?!

Other elderly Jewish refugees from the Soviet Union complained that the low-income housing compounds in Maryland do not provide any communal space for socializing. A Jewish woman in her late sixties reminisced:

"In Vilnius there was a little playground in front of our apartment building where everybody gathered: to watch the little ones play, to exchange the latest gossip, to find out what the neighbors were cooking for dinner. Students used to come to that park to study before finals. The kids in Russia were so nice, so polite ... We all knew each other."

Her husband asked:

"And remember Grisha, the barber? I used to go to his shop almost every morning to read newspapers and chat. Ivan and Alexy were always there, too. We played checkers. Ivan was very bad at checkers, but we didn't mind because he was an excellent storyteller. And now ... eh ...

He turned to me with another question:

"Did you see the barber’s shop in White Flint mall? I would be afraid to entrust my beard to that young man with purple hair there."

Ideally, the elderly would like to live in multigenerational buildings, preferably in ethnically homogenous neighborhoods. One respondent remarked:

"If you put Cubans in a Black neighborhood they will be petrified with fear. One woman tried to commit suicide because she was placed in a black neighborhood. Ethnic groups want to be together. Jews moved out of South Beach to Ft. Lauderdale because poor, black Mariel Cubans started moving in."
Several Cambodian elderly interviewed for this study shared apartments with young Cambodian couples and single parents who are not related to them. It seems that they are adapting to the dismemberment of families by constructing new "family units." It was not apparent, however, whether that was done solely for financial reasons, with a side effect being the reconstruction of familiar social units, or for both reasons.

Transportation

In order for older individuals to maintain independent lifestyles and engage in social interaction in a variety of settings (visiting friends, children, shops, churches, temples, etc.), transportation must be available and accessible. In fact, research shows that among the elderly there is a very strong and consistent relationship between access to transportation and life satisfaction. This relationship is even stronger when private rather than public transportation is available. As long as their health permits, people will frequently walk to their neighborhood destinations. However, walking might not be feasible if distances are great, if the streets are unsafe because of crime or poor lighting, if sidewalks are rough or uneven, or if traffic-light cycles are short. 12

Because of their disadvantaged economic position, refugee elderly are very unlikely to own an automobile. Those with

children who do have a car, theoretically may have access to an automobile. However, due to declining perceptual skills, information processing, and response rates, it may not be feasible that they will learn to drive. Most of the older refugees interviewed for this study reported that they had never owned and driven a car and they were not about to try.

A few of the interviewed refugee elderly used to drive a car but with advancing age they are more and more reluctant to do so. A Cuban man told us that a couple of months ago his car was demolished in an accident, and he decided that he is too old to drive, so he will not replace it. He was convinced that this will contribute to further increase his and his wife’s isolation.

If they are unable to drive, the refugee elderly depend on public transportation to move about the community on their own, or are restricted by the schedules of friends and relatives. In reality their access to public transportation is very limited. Many reported that the fares are too expensive for them. A blind Cuban woman who regularly attends Braille classes at the Hogar Industrial Home for the Blind in Miami, Florida said:

"Public transportation is too expensive. It would be too expensive to go anywhere else for Braille classes. I am so grateful that the center provides transportation services. They also take me to my doctor’s appointments."

There are also psychological barriers (such as fear of crime on the subways and buses) and physical barriers (such as fear of large crowds, long flights of stairs or escalators) which discourage older refugees from using the system. An elderly Vietnamese woman confessed that she never uses the metro system.
in Washington, D.C., because she is afraid of escalators. "They move so fast. What if my foot gets caught or I fell off. Besides, stairs shouldn't move", she argued.

Furthermore, lack of English makes it difficult for the refugee elderly to find out the necessary information about train and bus schedules and routes. An illiterate Cambodian woman told us she could not take a bus to go shopping because she was not able to figure out the bus schedule. She often gets car sick. She said: "One day my neighbor took me on a shopping trip with her and I got very dizzy on the bus. I got sick and the bus driver got very upset".

The unavailability of private transportation and an extremely limited access to public transportation leads to the fact that elderly refugees become isolated, alienated, and housebound, and that they suffer social and physical resource deprivation.

**Intergenerational Tensions**

Most of the interviewed refugee elderly began discussing their problems by saying how grateful they are to be in the United States and to be free from fear of death and persecution. They then quickly went on to wonder why older people in this country are treated so poorly by their children, and to say that "it is the only problem in this land. Children do not take care of their parents." And "old people receive no respect in the United States." They expressed fears that the younger generation would become like Americans and leave their parents or forget
about them when they become old. A Cambodian woman remarked: "No one is ever at home to care for parents when they can no longer care for themselves." Only one respondent, a 56 year old Vietnamese man, defended young Americans by saying that "it is not possible for American children to take care of their elderly because everyone in the family has to work to make a living."

The differences between the expectations the elderly refugees have regarding the respect and help they require from their children and grandchildren and the younger generation's feeling of responsibility towards their aging parents causes many intergenerational problems. These problems and tensions are further exacerbated by the different pace with which the two generations become acculturated to the American society.

In traditional Asian societies the social position of the elderly is generally very high, both in the society at large and within the family unit. This is so because there is minimal role differentiation, and because the elderly maintain power and status through control of family and community resources.

In extended Indochinese families, the elderly are "the pillar" of the clan. They also provide other family members with a sense of continuity, strength and support. In highland Laos, the elders are treated with a great respect as they are believed to possess a great deal of wisdom. It is they who transmit the cultural values and traditions to their children and grandchildren.
However, upon coming to the United States refugee elderly lose many of their traditional roles to American strangers or younger English speaking members of their family or community. Their wisdom is questioned in the context of the new culture, of which they know very little. And, thus, they lose some of their major social roles (that of a teacher and a "guru") that were sources of status, power, and prestige in their home countries. This "role emptying" places the elderly refugees in an unfavorable position, and they are seen to have very little to offer to the younger generation.

School-age children who usually assimilate language and culture faster than their parents and grandparents, often find themselves in the unusual role of interpreting that language and culture to their elders, while the older individuals who have always played the role of teachers, all of a sudden find themselves in the position of students. The role reversal is very difficult to accept for both the older and the younger generation.

Another source of worry for the refugee elderly is their grandchildren's indifference toward their native culture and language and lack of interest in traditional ceremonies and religious practices. Many youngsters refuse to speak their native language to their elders or are embarrassed by their grandparents' adherence to tradition. Many refugees fear the loss of parental authority due to the influence of the American
system of values. The isolation that results within the family leaves the elderly with no place to turn.

In some localities intergenerational tensions take a very drastic form of abuse of the elderly. Youth gangs are preying on the elders and in many instances physically attack them. Cities from Boston to San Diego, Houston to Toronto, report a surge in crime by groups of young Asian refugees who extort money from stores and restaurants, rob homes, steal cars, commit assaults and murders, and deal in drugs. Their victims are often the most vulnerable individuals of the refugee community -- the elderly.

William Cassidy, a consultant to federal and local law enforcement agencies on Vietnamese crimes, estimates that 4,000 Vietnamese youth drift in and out of loosely organized gangs around the country forming "a subculture of young, mobile, violent criminals." He attributes the increase of criminal activities among refugee children, at least partially, to the difficulties they face trying to live in two cultures. Cassidy says: "The kid is put into an American school. If he fits at home, he can't fit in at school and vice versa. He is ripped apart by two cultures (...)." 13 The frustration and anger resulting from the youngsters' inability to cope with this situation is often taken out on the elders.

Several of our respondents reported being harassed and beaten up by youth gangs. An elderly Cambodian man living in the Bronx, New York, talked about young kids throwing rocks at him on his way to the store.

Community and Religion

Length of time spent in the United States neither diminishes the elderly refugees' attachment to their traditions and religious beliefs nor weakens their ties to their homeland. Many have a dream of returning home, but "it's only a dream," said one community leader. Some, however, become so homesick that they actually try to return. An article about the problems of elderly Southeast Asian refugees published in the "Refugee Reports" 14 states that a number of Vietnamese have inquired at a local voluntary agency in Washington, D.C., about returning to Vietnam and a few elderly Lao applied for visas to go home. The United Nations High Commissioner for Refugees (UNHCR) actually oversaw the repatriation of one aged woman who still had family in Laos. Also, in the course of the research for this project, the author was invited to attend a farewell party for an older Russian woman who was returning to the Soviet Union with her 6-year old grandson so he could learn the language and culture of his ancestors.

Most refugee elderly will never return, and for them strengthening the ties with their ethnic community and establishing relationships with the American community is very important.

Although the elderly Jewish refugees from the Soviet Union show a high degree of homesickness, at the same time, they have proved to be extremely resourceful in creating among themselves a sense of community and mutual support. Most of the Soviet Jews living in the Washington metropolitan area take advantage of the English classes, religious and cultural events organized by the local Jewish Community Center. Friendships made at the Community Center extend far beyond the organized activities. Many of our respondents reported spending long hours talking on the phone with friends met at the Center, sharing information, giving advice, and just chatting. Unfortunately, frequent visits are impossible due to lack of transportation. Thus, the telephone remains the main mean of communication and a vital link with friends and relatives.

While the organized Jewish community has been very supportive of the Jewish refugees from the Soviet Union, the same is not always true when it comes to informal relationships. Many of our respondents expressed frustration that they no longer know who they are. "In the Soviet Union I was a Jew but here, in America, I am a Russian", said Grisha. Others, however, had exactly the opposite experiences with the American Jewish community. Boris Shekhtman, the president of the Russian Club of Greater Washington, writes:
"(In the Soviet Union) I rarely felt myself Jewish. To be more precise, I felt myself Jewish only when I was subject to anti-Semitism and to persecution by the state. Only here, in the United States, did I understand that I do belong to a people with definite traditions, a remarkable history, and a religion. Only in the United States did I find myself in an atmosphere of Jewish culture, education, and traditions. Like many people in the Soviet Union, I have been deprived of all this, as the whole state machine strives to liquidate Jewish national self-awareness. As a Jew, I had been, as I dare put it, nationally sterilized."  

Those Soviet Jews who have few contacts with their fellow countrymen or the American Jewish community at large, try to compensate for these limited social relationships by establishing especially strong bonds with their grandchildren. Service providers reported that the children of elderly Soviet Jews are frequently so busy working that they do not have time for community activities. As a consequence, the elderly take it upon themselves to introduce the youngest generation to the Jewish culture. The renewed interest among the elderly in religious practices and customs that had been discouraged in the Soviet Union is attributed, at least in part, to a desire to encourage Jewish identity for their grandchildren.  


Death and Dying

When death approaches, it can be very frightening simply because for many elderly refugees it means that they will die far from their ancestors, without the appropriate ceremony.

In Cambodia old people often go to live in the Buddhist temple. At the temple they tend the building and the grounds and "prepare the soul for the death." In many traditional societies death comes within the supportive arc of the entire family. The elders die in their own home surrounded by their children and grandchildren who will continue to live in the same house. A 60-year old Laotian man told us the following story:

"My grandfather died in the house. All the family was inside, the children too. My parents told us that we were going to say goodbye to Grandpa because we were never going to see him again. 'He is going to eternity,' - my mother said. Some people wept. One of my uncles said: 'I am never going to see you again' and then he cried. The neighbors visited. The grandchildren said to the old man, 'Many thanks for taking care of us, for not leaving us.'"

In the United States, on the other hand, coping with death is usually much less straightforward. 17 When death is imminent, enormous care is taken by medical personnel to draw a curtain around the drama, to remove the afflicted to the intensive care unit where relatives and friends are hardly ever admitted. Most refugee elderly fear those "dying rooms" full of medical equipment where there is no place for traditional offerings, incense and worship. Many illiterate refugee elderly want to learn to

read in order to read the scriptures before they die. All want to have a cemetery plot for their own people.

A 64 year old Vietnamese woman who has had heart problems said that now and then her thoughts turn to death. And although it holds no terror for her, the prospect of being buried in the cemetery next to Americans with no fellow Vietnamese nearby makes her uneasy. She says:

"I am not afraid to die. But I would like to have enough money to be buried in the Vietnamese Senior Citizens' cemetery. I would feel comfortable there. If I were buried elsewhere, I would not be able to talk with Americans next to me because I do not speak English." 18

They feel that since they cannot die in their homeland, they should at least be buried with their fellow countrymen. Most worry, however, about who will take care of their graves because their children and grandchildren will not learn the traditional rituals.

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PART THREE
SERVING THE REFUGEE ELDERLY

The number of programs and services for the refugee elderly is minimal, primarily because programs and services for refugees focus on young, employable adults. Mainstream services for the elderly, on the other hand, do not understand the special circumstances of older refugees and usually do not have the linguistic and cultural resources to be able to facilitate communication with potential clients. Thus, by and large, the older refugee population is underserved.

Lack of services for the refugee elderly is a major concern of ethnic associations. A large number of Mutual Assistance Associations' board members and staff emphasized that among the services they would like to provide or expand are those meeting the needs of the elderly, including English language training and social and cultural support activities.

The ethnic leaders emphasized the cultural inappropriateness of mainstream service delivery for the refugee elderly. Among the barriers which prevent elderly refugees from participating in the activities provided by various senior citizens centers, the most frequently mentioned ones were: lack of knowledge of available services; lack of English; lack of bilingual/bicultural staff; unwillingness of the elderly to travel beyond neighborhood boundaries and lack of transportation to services; inappro-
priate auspices under which the programs are run; and a strong preference among the refugee elderly to maintain their ethnic culture.

Numerous new programs for the American aged providing meaningful social interactions, nutritional guidance and inter-generational exchange are emerging every year. Some of the most successful ones include senior exercise classes, foster grandparent programs, oral history projects, health maintenance classes, discussion clubs, public lectures, and cultural events. However, it has been evident that outreach targeted at the refugee elderly has not been a top priority of the mainstream agencies serving the elderly. Thus, refugee elderly remain uninformed about mainstream services. Lack of knowledge of English prevents them from seeking that information on their own.

The unavailability of bilingual/bicultural workers at mainstream agencies serving the aged further decreases the possibility of elderly refugees ever utilizing these services. Even if staff of mainstream agencies speak the elderly refugees' language, there is no guarantee that they will be sensitive to the cultural norms and beliefs of their clients. The ethnic leaders were convinced that bicultural staff is indispensable if agencies want to serve successfully the refugee elderly. They also stressed the advantages of having older ethnic workers on the staff who can serve as role models for their clients.
Our respondents pointed out that to the refugee elderly entrenched in the local ethnic community, the "outside world" is often very intimidating and threatening. The "outside" may be threatening merely because it is unfamiliar. If we add to that fear unavailability of adequate transportation, the barrier to accessing services is even greater.

Programs for the American aged are run under the auspices of local commissions on aging, county or local governments, or other organizations. Those working with refugee elderly said that in some ethnic communities, churches, temples, synagogues or Mutual Assistance Associations may be more acceptable providers of services for the refugee aged. The appropriateness of various organizational locations will vary by ethnic group. For example, most Eastern European and Russian refugee elderly who come from societies where services are provided primarily by the government will have no problems accepting programs provided by the federal, state, and local governments. Moreover, they expect them to be widely available and of high quality. On the other hand, for the Southeast Asian refugee elderly, an ethnic association or a temple may be most appropriate. Other elderly refugees may prefer church or synagogue-based service providers since they share experiences, interests and concerns with ministers, priests and rabbis. As one ethnic leader puts it:

"Talking with the clergy is not an indication that you are crazy or inadequate. Seeing a social worker or psychologist, visiting a social agency can imply that you can't do it (whatever it is) on your own. Visiting a church does not
carry that stigma. Talking with clergy doesn't cost money, doesn't require waiting lists, doesn't get you recorded in a file and doesn't require explanation to friends."

The ethnic leadership as well as the refugee elderly we interviewed for this project stressed the inadequacy of refugee specific services for the elderly. Among the reservations those groups of respondents had were: services are geared primarily to young employable refugees; English language classes and other training programs have too fast a pace which the elderly cannot easily follow; and there is a lack of support services which would teach the elderly coping skills; etc.

When asked what kind of services and what model of service delivery they envision, most respondents stressed the need to restore some of the self-esteem the refugee elderly have lost in the course of leaving their home countries. They thought that while it is impossible to reverse the cultural changes there seem to be ways to preserve the dignity of elderly refugees. One way of doing it could be recruiting them to teach language and culture classes to the young and getting them involved in activities of ethnic community centers. Giving the elderly an opportunity to integrate their new and old cultures will definitely restore some of the self-esteem they have lost by being uprooted from their native cultures. As ethnic leaders emphasized, among all refugee groups the elderly are the most concerned with the survival and transmission of their native cultures.
They also suggested abandoning the "paternalistic approach" so often adopted while dealing with the elderly and replace it with assistance which will enable the older refugees to help themselves. It was stressed over and over that older refugees should be encouraged to be as independent as possible, to reach out and transmit skills and knowledge across generations. After all they are a valuable resource both for their ethnic community and the larger society, not helpless and hopeless individuals.

**Promising Models of Service Delivery for Older Refugees**

Although most respondents admitted that the refugee elderly are by and large underserved, there are some bright spots in this rather dismal picture. Among the projects examined are several which have been successful in meeting the needs of refugee elderly and could serve as models for replication.

Various types of organizations were involved in service delivery to older refugees. Programs were housed in Mutual Assistance Associations, mainstream social service agencies, private voluntary agencies, churches, and universities. In addition to programs targeted specifically to older refugees, several service providers made an attempt to attract older refugees by creating an "older refugees" component in a larger service program.

The following types of programs were the most successful in their attempt to meet the special needs of refugee elderly:
Survival skills enhancement projects

Although younger refugees may already have acquired basic survival skills, they often have neither the time nor the patience to teach them to the elderly members of their family or community. Also, the refugee elderly generally have difficulty understanding a particular skill the first time it is taught or are reticent to try the new activity. Skills such as taking a bus, dialing a phone or shopping in a grocery store are important not only in and of themselves, they also facilitate the ability to cope with other adaptation problems. For example, in a program serving older refugee women in Minnesota, participants most valued learning how to dial a phone. They could now communicate with friends and, thus, alleviate their isolation, even if they were afraid to leave the apartment by themselves or did not have easy access to public transportation.

Life skills enhancement proved to be a critical component of a demonstration project Networking Vocational Services for the Older Refugee (NVSOR) provided by the New York Association for New Americans (NYANA). These services took on many forms. For example, a bilingual aide led a group of older Cambodians to visit another employment project. For many, it was a first exposure to the neighborhood and their first exposure to the New York City subway system. On occasions they went on escorted trips to such places as the Museum of Natural History and Asia
House in Manhattan in order to increase their exposure to the "outside world."\textsuperscript{19}

- **Language and literacy programs targeted at older refugees**

  Programs which made the refugee elderly their main target tended to be more successful than those which served very heterogenous refugee groups. Homogenous classes consisting of older refugees of similar socio-cultural background and literacy level seemed to be able to accommodate the individual pace of learning and interests of the elderly students and focus on the practical application of the learned material. Another approach is the use of private tutors. A particularly promising program has been implemented at Project LEIF (Learning English through Intergenerational Friendships) in Philadelphia which recruits college students to serve as volunteer tutors. The project staff provide training and monitor the performance of the tutors who often give their classes in the homes of the refugee clients.

- **Employment services targeted at refugees between 45 and 60 years of age**

  Many refugee elderly have a very ambivalent attitude towards work. On the one hand, they feel they should stay home, relax and enjoy the last years of their lives or help their children out by providing, for example, baby-sitting services. On the

other hand, they recognize that jobs will bring them money and respect. This attitude varies among ethnic groups and is directly related to their perception of old age and aging. Some refugee elderly are so anxious to take jobs that they do not want to spend long time in training programs. Service providers mentioned that in certain localities the need for training programs is not, therefore, as great as anticipated.

Recognizing that the chances of refugee elderly benefitting from employment services and actually completing training programs increase considerably when homogeneous client groups are formed, a few employment services targeted refugees between 45 and 60 years of age. Further positive results were achieved by those programs where an older refugee was the staff person providing the group with a role model or "mentor" figure. An example is a skills training project in Fairfax County, Virginia. It is administered by the Fairfax County Department of Manpower and operated by Senior Employment Resources, a nonprofit organization experienced in providing employment services to older workers. The project uses a combination of on-the-job training, classroom instruction and peer support to overcome employment barriers experienced by older refugees. A similar approach was successfully applied by NYANA. A training program to teach upholstery making was held at a Khmer temple and the "teachers" were four Cambodians who recently completed an upholstery course.
Health and nutrition programs combining traditional medicine with western health care practices

The refugee elderly frequently prefer traditional, familiar health care practices (e.g., acupuncture) over modern and, therefore, unknown western medicine. Those health care providers, such as the Community University Health Care Center in St. Paul, Minnesota, who try to combine traditional medical practices with western health care approaches seem to be very successful in gaining their elderly patients' trust. They are able to introduce their patients to the American health care system, explain referral procedures, help them understand the purpose of medical tests, explain the consequences of overdosing medication, etc. The presence of bilingual workers on the staff of medical facilities also increases the refugee elderly access to American health care services.

The Little Havana Center in Miami, Florida, paid considerable attention to the dietary habits of their elderly clients while setting up a nutritional program. Since mainstream meals programs proved to be unacceptable to most older Cubans due to differences in American and Cuban cuisines, the Center started serving traditional dishes for older refugees to encourage them to take advantage of the meals-on-wheels program.
Intergenerational programs

Mainstream organizations serving youth and those serving the elderly are working cooperatively to create programs which will enhance the quality of life for both age groups. These programs take a variety of forms: some engage young people to provide escort services to elders or help them with daily chores; others utilize elders as resources for youth (e.g., child care, working with runaways, school volunteers). Such activities foster feelings of commitment and interdependence across ages and break down age-related myths and stereotypes. The same intergenerational approach has been successfully applied by Project LEIF described above. This project brings together older refugees and young Americans in mutually beneficial experiences. The young Americans tutor older refugees in English and provide cultural orientation, while the refugee elders share with the tutors their own customs and traditions. Often, younger members of the refugee families, observing the interaction between the college students and their parents or grandparents, learn that U.S. residents find value in the experiences of the older refugees. This recognition, in turn, lessens some of the family tensions that emerge because of the differences in the pace with which older and younger refugees acculturate.

Support programs aimed at providing social activities

Programs such as the Russian Club of Greater Washington, housed at the Jewish Community Center in Rockville, MD or the
Women's Association of Hmong and Lao in St. Paul, Minnesota, serve to enhance the quality of life for older refugees by providing social, cultural and educational opportunities for older refugees who otherwise would be confined to their homes. These programs also serve to build support groups for older refugees and assist in alleviating problems such as isolation and depression. In addition they provide interpretation and counseling. Activities include weekly English classes; cooking; cultural events (movies, cabaret); field trips to museums, the zoo or parks; gardening (most popular with the Hmong elderly); and crafts.

- Counseling and legal assistance

Some localities successfully incorporated counseling and legal assistance to older refugees into a broader legal assistance program or as a component of their support social services. Primary functions included helping older refugees file for their SSI benefits, moderating rent disputes, and assisting them with any types of legal problems which may occur.

Creative Approaches to Service Delivery For Older Refugees

The success of the described projects stems from a variety of innovative and creative approaches. The features which to a large extent determined the success of particular programs include:
Targeted approach

Many service providers, particularly those who provide employment-related services, are reluctant to serve older refugees because the elderly are considered "hard to place" clients. Working with them is more time consuming and more labor intensive than serving their younger counterparts. Therefore, there is a natural tendency to concentrate on younger individuals. As a consequence the refugee elderly fell through the proverbial cracks.

Some service providers, however, have undertaken a systematic effort to identify the special needs of the refugee elderly and have tailored their programs with the elderly individuals in mind. The targeted approach proved to be beneficial for all parties concerned. The service providers were evaluated in regard to the special population they served and their funding was commensurate with the effort they had to undertake. The state officials by funding such special efforts assured that the older refugees did not fall through the cracks. It was also good for the refugee elderly since the targeted approach considerably increased the likelihood of them completing the training, utilizing the service or participating in the organized social activities.

Willingness to invest extra effort and time into serving older refugees

Many service providers reported having had to invest extra
effort and time into serving older refugees. There seemed to be two options of doing just that. Those programs which could afford it either expanded their professional staff and/or reduced the ratio of clients served to staff. Several agency staff noted, however, that performance based contracts may work against addressing the need for this extra effort. Unless the agency was held to a different performance standard when serving the elderly (or, even more helpful, provided with added incentives to serve hard-to-place refugees), there was little advantage to accepting these clients.

Where additional staff were not available, creative use of volunteers was the best solution. The use of volunteers involved an intensive outreach campaign to tap into the community resources. This process, although time consuming at first, became self-perpetuating: volunteers started spreading the word in their communities and identified others who were willing to help.

Programs which utilized volunteers emphasized that it is crucial that the work of the volunteers receives recognition and strong support from professional staff. Successful programs had good overall coordination to ensure that the volunteers' time was

20 Under performance based contracts, agencies are paid upon completion of specified tasks or achievement of desired outcomes. For example, an employment agency may be paid a quarter of their funds upon enrolling a set number of clients; half upon providing a specified range of services; and the remainder based on number of job placements. Since it is easier to reach performance goals when working with younger, better educated clients, the agencies may be reluctant to serve more difficult clients.
used effectively and that they did not become frustrated by administrative obstacles. There were also opportunities for those volunteers and refugee elderly who worked one-on-one to meet in a group setting and share their experiences and receive support from one another.

- Recognizing the multifaceted needs of older refugees

Programs which responded to a variety of needs proved to be most successful and attractive for the refugee elderly. A language training program that includes a trip to a grocery store not only expands the elderly's vocabulary but also teaches them how to shop and provides a change of environment for isolated or depressed individuals. An employment program that provides orientation to transportation systems and/or arranges for subsidized transport is better able to place refugees in jobs.

- Innovative ways of addressing the needs of older refugees

Also successful were projects that sought innovative ways to address the needs of older refugees. For example, in instances where teaching through written materials was impossible simply because the elderly refugees were illiterate or interpreters were unavailable, activities which transcend the problem of language proved to be most successful. For example, the St. Martin de Porres Senior Center in Alexandria, Virginia, provides activities which do not require much verbal communication, but still provide the meaningful social interactions so needed by the elderly
refugees. It is a challenge admits the center director Maureen Franks, but:

"We do it through needlework, which can be demonstrated, not spoken; through exercises, which we can show people and they can follow; through music, and through trips to museums, parks and fall outings to the mountains."

- Recruiting staff members who are culturally sensitive to the needs of older refugees

Successful programs have recognized the need for the older refugees to feel comfortable with the staff. There are two models of approaching this problem which have been particularly effective. The first one was hiring an older refugee or refugees who understand the needs of the elderly clients because they have gone through similar experiences and can serve as role models or mentors. The second approach was the exact opposite of the first one: programs utilized younger American volunteers who see the value of working with the elderly refugees because they are interested in and want to learn more about their customs, traditions and languages. This staffing policy also has positive effects on intergenerational relationships. It emphasizes the fact that the refugee elderly can be a very valuable resource not only for their ethnic community but also for the larger American society.

Some of the most problematic relationships between staff and clients developed in projects utilizing young ethnic workers. Some of these staff were ashamed and intolerant of the "old
world" ways of their clients. For their part, the older refugee clients felt that the young staff were inexperienced and had no right to try to counsel their elders.

Emphasis on community relations

The refugee elderly do not live in a vacuum. Fortunately, quite a few have family members also living in this country and many are surrounded by their ethnic community. As mentioned above, these intergenerational relationships are the most problematic. Programs that recognized the importance of improving and sustaining the relationships between the refugee elderly and their families and ethnic communities were most successful in both addressing the needs of their elderly clients and providing a base for continuing assistance for older refugees.

Conclusions

The objective of this report was to explore the special problems of the refugee elderly and identify model efforts to address the issues which are of concern to them. As described above, the special needs of the older refugees are numerous, ranging from difficulties with daily chores, through housing and transportation problems, lack of English knowledge, to health problems and intergenerational tensions. Although there are few programs that are responsive to those needs, several model efforts do exist. However, the ultimate responsibility for providing help and meeting the needs of older refugees does not
lay solely in the hands of service providers. Even the best
designed and coordinated system of services cannot do much if the
family and ethnic community are not willing and able to support
the public effort. We hope that this report will help those
interested in refugees, including the ethnic communities
themselves, to learn more about the refugee elderly and make
creative use of the innovative approaches discussed in this
paper.
APPENDIX

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