

Orientation for, and About, Refugees With Disabilities

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Webinar Script

Colleen Mahar-Piersma

Hello everyone. This is Colleen Mahar-Piersma from the Cultural Orientation Resource [COR] Center at the Center for Applied Linguistics. We're glad you were able to join us today. On behalf of the COR Center, I'd like to extend our thanks to the Office of Refugee Resettlement (or ORR), from the Administration for Children and Families within the U.S. Department of Health and Human Services, for funding this webinar and helping shape its content. I'd also like to thank the Bureau of Population, Refugees, and Migration (or PRM) from the U.S. Department of State, for supporting presenter time. And of course we are grateful to the presenters for sharing their expertise with the group.

As you may know, the Cultural Orientation Resource Center provides technical assistance regarding the orientation refugees receive, while overseas and after their arrival and resettlement in the United States. We work with a number of partners, including ORR and PRM, and the overseas Cultural Orientation programs, domestic national and local resettlement agencies, other local service providers, and resettled refugees, in the effort to improve refugee orientation, increase understanding and welcome of refugee groups, and facilitate refugee integration in the United States.

As noted in the webinar announcement, we are aware that many resettlement agencies around the country serve refugees with disabilities, and may have questions about their experiences, the orientation messages conveyed to them and their compatriots, and the services and benefits available to them in the United States.

So we have three presenters to speak on these topics today. Peter Salnikowski, Cultural Orientation Coordinator for the International Organization for Migration in Damak, Nepal, will address the realities of people in general (and refugees, specifically) with disabilities in Nepal, his program's experience delivering orientation to U.S.-bound refugees with disabilities, and relevant key messages the program's trainers emphasize during cultural orientation delivery. Catherine (or Carrie) McAvoy, Reception and Placement Program Officer at the U.S. Committee for Refugees and Immigrants, will address the challenges and opportunities of living with disabilities in the U.S., and provide information and resources produced by USCRI in the past. Dr. Rosaly Correa will follow with a more extensive description of the Americans with Disabilities Act, recent changes, and related benefits and services.

Please note that while all attendees are muted, you are able to submit questions for the presenters in the question box on the bottom right of the GoToWebinar panel, and we will address those questions after all three presenters have spoken.

We're going to start with Peter Salnikowski's presentation, but please note that due to the time difference between the U.S. and Nepal, Peter has actually sent his presentation to us, so it's not actually "live." Nevertheless, questions and comments relevant to his presentation will be sent to the program in Nepal, so that they can benefit from them and share more with us in the future.

So, Peter's bio:

He has worked for IOM for over 14 years, first as director of IOM's English school for refugees from the former Yugoslavia bound for Canada, then as Cultural Orientation Coordinator in Croatia, Syria, and, for 5 years, in Thailand. He has been the CO Coordinator for IOM Nepal for the past three years and in charge of United States cultural orientation in Nepal, India, Sri Lanka, and Pakistan, as well as orientation programs for Canada and Australia. Peter has a Masters Degree in Teaching English as a Foreign Language.

So I'll go ahead with Peter's presentation. As I mentioned, keep in mind that it has been sent to us from Nepal, so work with us as we go along. Thank you.

Peter Salnikowski

Good morning, or good afternoon, depending on where you are, and welcome to this presentation from Nepal.

Nepal: ancient cities, mysterious temples, the majestic Himalayas.

But wait: let's have a little bit deeper look.

On the UN Human Development Index, Nepal comes in at number 157 out of 187 countries in the world. Nepal is just recovering from a decade long civil war.

Look at the literacy rate, especially for women. [40% adult; 20% women.]

Eighty percent of the population in Nepal are farmers. This means if you happen to live in the mountains, it may take you hours or even days to walk to the nearest road.

Look at the per-capita income. [Average income \$90/month.] Many, many people, including many of these farmers, live on under one dollar a day. [Please refer to images in the slideshow.] Let's see how this looks in visual form. [Please refer to images in the slideshow.]

If you want wood for fuel to cook your rice with, well, you have to up into the mountains and get it. If you want fodder for your animals, you have to carry it to where the animals are. If you're a rickshaw driver in Damak, this is what your day might look like. [Please refer to images in the slideshow.] And if you happen to be into the recycling business in Kathmandu, this is your office. [Please refer to images in the slideshow.] There is no safety net; you live hand-to-mouth every day of your life. Take one day off, you might not eat that day.

Or, what if you were to become disabled? Or what if this man's son were to become disabled?

Not only could he not contribute to the family economy, he would be a drain on it. Who could afford to take care of him?

So what's the attitude towards persons with disabilities in Nepal? Well, let's not mince words: You're a curse on yourself and your family. It's what you get for bad deeds that you've performed in your past life. You're a source of shame hidden away from your neighbors. Your parents might chide you and abuse you to maintain social prestige. "See? See what you've brought upon us?"

Or you might end up like this boy, locked in a cage or tied up. [Please refer to images in the slideshow.] Before you come down too hard though, know that this boy's parents are dead and his caregivers are very old. The family sold land to pay for his treatment, which didn't work. He's mentally handicapped. He runs away and gets violent when angry. His grandparents must work to eke out a living; they cannot stay with him all day, so they tie him up.

I thought that this too dramatic an example, but I was assured it was not.

So let's look and see what services are available to people with disabilities in Nepal.

Well, you could get a certificate of disability from a hospital. This entitles you to some benefits, including five hundred rupees a month, which is [about] six dollars. But many people don't know that this benefit is available. And anyway, there's not enough money in the pot for everyone anyway, so not everyone gets this.

There's medical treatment, but mom and dad maybe are illiterate and don't know that this treatment is available. Treatment will be expensive, certainly in rural areas; no doctor wants to live there.

One study that I read showed that thirty percent of the people with disabilities in [the] study received no treatment; of those who did receive treatment, eighty-three percent did not find it useful.

There's inclusive education, where handicapped children can study with non-handicapped children. However, if you're this boy [please refer to images in the slideshow] and the classroom is on the third floor, there no access to the toilet and no specially trained teachers, it will be challenging indeed.

Special services are rare; I've learned that there are only two high schools in the entire eastern Nepal where a deaf child could study. The child would have to probably live away from home. The costs for fees, books, uniforms, transportation, and boarding for a poor person would be huge. At any rate, the investment would not be seen as a good one, as the chances of the deaf person ever getting a paying job are slim.

Alright, let's look now at the situation of the Bhutanese refugees in the camps. The attitude towards disability amongst the refugees is the same as that of Nepalis. There's the disability rate. [3.2% disability rate in camps; half of those deaf.] And the good news is that there are more services available in the camps than there are in Nepal as a whole.

There's inclusive education. In this class, there were four handicapped children. [Please refer to images in the slideshow.] There's also a support teacher that helps them after school. This is one of Caritas' more successful programs. [Caritas is a development/relief organization operating in the Nepal refugee camps; for more information, visit www.caritasnepal.org.]

This is a sign language class for men. [Please refer to images in the slideshow.] Unfortunately, the sign language that they learn is not American Sign Language; it's only used in Nepal. Still, this class is really positive and there's a lot of great energy in the class.

In the room over, there is a room full of deaf ladies and ladies with mental disabilities working together on income-generation projects such as stringing beads together to make necklaces. There didn't seem to be any problem with the two different groups having different needs or different abilities.

This is the vocational training center where refugees with disabilities might learn how to sew or cut hair or work with computers or do hotel catering. [Please refer to images in the slideshow.] A report, though, found that none of them were able to set up a business afterwards, as there was no follow-up support and no capital for them to start a business.

The atmosphere in the room, however, was absolutely wonderful. It was a social occasion, they were all accepted. There was a real sense of community there.

Here's a lady receiving her first pair of eye glasses. [Please refer to images in the slideshow.] Unfortunately, there is no optician present that could really fit them on for her.

This is the palliative care unit where mothers volunteer to give each other a respite in taking care of their handicapped children. [Please refer to images in the slideshow.] It was very sad to see the handicaps that were in this room. However, the atmosphere here was really one of acceptance, of support, of community. Which is really something to see considering that there are no trained doctors, no support staff, no counselors, no special treatments. The whole camp really is not set up to deal with people with disabilities. There's no wheelchair access to the toilets, to the food distribution points, even the health clinic.

And with resettlement, the situation only gets worse as experienced people resettle and there is no one left to replace them.

Alright, let's look at our cultural orientation classes here in Nepal then. This picture that you see here is of one class that we had for the deaf. [Please refer to images in the slideshow.]

So, generally it is very difficult for us to organize these classes as we are not generally able to identify handicapped people until we actually see them in a classroom, and then we don't necessarily know what the handicap is: is the person just quiet, deaf, mute, or mentally handicapped? We're not really set up to deal with them, and so we're pretty much dependent on their relatives.

Usually family members ask, "Do we have to bring them with us? Why bother?" But we always encourage the families to include their handicapped relative, and we include them in the lesson as much as possible. We've got the class up and moving around most of the time, and we have very many visual materials, not only for the deaf but also for the pre-literate and the elderly who respond better to visual cues. Often in our classes, deaf people know exactly what's going on.

One of our trainers, Nirmala, is blind, and having her in class is better than anything that we could say about the capabilities of handicapped people and how they deserve respect and all the rights that other people enjoy. The students' first reaction to her generally is that she is a foreigner, as no Nepali would be able to do what she does. She proves them very wrong.

I'll leave you with this last slide. This is a deaf gentleman who's just learned how to fasten his seatbelt, and you see the reaction from the whole class. [Please refer to images in the slideshow.]

Our challenges are great, victories are few maybe, but when they do happen, they really do mean something.

Thank you very much for your attention, and all the best to you.

Webinar participants took part in a poll asking them to identify information they found useful and/or interesting from the presentation. Results are available on the webinar recording.

Colleen Mahar-Piersma

...I'd like to point out that, from the Cultural Orientation Resource Center's perspective, this is really interesting and useful information for the COR Center, but the situation in Nepal does not necessarily reflect the situation everywhere. So we checked in with other sources and we learned that refugees with disabilities may encounter a variety of different types of treatment by their community overseas or domestically, of course. People said these include being generously assisted to the extent that they are not always given the chance to do things that they're actually very capable of, or maybe capable of if given the opportunity, being treated with a lot of respect, or perhaps being treated very kindly but also in isolation without having access to the greater environment, and may have accessibility issues and maybe there's something else at play.

So, of course, as always, the characteristics and needs of each individual or family will differ. But nevertheless, the core messages delivered by the various overseas cultural orientation programs remain the same, that there are opportunities and that there is value accorded to people with disabilities in the United States. So I do want to affirm that that is the message that all of the overseas cultural orientation programs attempt to convey.

Our next speaker is Carrie McAvoy.

Carrie works as a Post-Arrival Program Officer in U.S. Committee for Refugees and Immigrants' Reception and Placement program. Her experience includes more than seven years of working with vulnerable and disabled children in the United States, India, and Africa. Prior to joining USCRI, Carrie designed and evaluated child service trainings for social workers in India. Carrie received her Masters of Social Work from the University of Maryland and is a Licensed Social Worker in the State of Virginia.

Carrie McAvoy

Hi everyone. Thank you so much for joining the webinar today.

As Colleen mentioned, I will be discussing some ways to meet the challenges and opportunities of living with disabilities in the U.S., and provide some information and resources that we here at USCRI have produced in the past.

So, first things first, we're going to go over a just quick overview of some of the topics that I'll be covering.

The first one is the U.S. culture and society in regards to those living with disabilities.

The second one is the public benefits and programs available for disabled people in the U.S., and the services and opportunities that disabled people can access in the United States.

So the first topic we're going to talk about is the U.S. culture and society. I know Dr. Rosaly will talk a bit more about the specific laws in the United States regarding people with disabilities, so I'm just going to touch upon the fact that people who have disabilities and live in the United States do have special protections and rights that are protected by law.

So basically the law says that people with disabilities, regardless of what those disabilities are, have the right to live, work, go to school, raise children, drive a car, have friends, travel, play, really do anything they are able to do. So the United States is a very disabled-friendly environment and place to live. As you saw, in Nepal, it may not be as friendly or as welcoming sort of place, but the attitudes and acceptance here in the U.S. is different.

All public buildings, like the library, social security office, ESL classes, restaurants, food, and workplaces are required to have accommodations so that people with disabilities can access them just as well as people without disabilities. For example, public buses, trains, and subways have special doorways and ramps for people who cannot walk or need a device to help get them around. In some areas there are discounts for people who are disabled and want to use public transportation, and if you cannot get to a bus or train, you may be able to have a bus or car come pick you up at your home and get you to where you need to go.

Disabled people living in the United States are accepted in all parts of society. Disabled people are treated with the same respect that people who are not disabled are treated. People with disabilities that are living in the U.S. are not shunned or hidden away, and they are seen as valuable members of the population, and people who have a lot to give and contribute. Disabled people in the United States lead very rich and full lives. The quality of life does not change because you have a disability. In the U.S., you have all the same rights and responsibilities and access to services that allow you to lead the best life you can regardless of what your disability may be.

Some of the public benefits we'll talk about today are Supplemental Security Income, or SSI. People with disabilities may be approved for a special cash assistance program called SSI, Supplemental Security Income. This program gives people living with disabilities extra money every month to help pay for living costs.

In order to apply for this program in the United States, a person with disabilities must be examined by a doctor, and should explain to the doctor that they want to apply for SSI. After the doctor's appointment, the person with disabilities should contact their local social security office to set up an appointment to complete the SSI application form either in person or over the phone. If you are not approved for SSI, you can appeal the decision by contacting the social security office and asking what additional information you need for the appeal, and then you can go back to your doctor for help filling out the appeal papers.

People with disabilities do have access to medical insurance that will pay for the medical treatments or medicines that can be required with certain disabilities. Also, if you need special equipment like a wheelchair or a walker because of your disability, SSI or your medical insurance can help you pay for it even if you need a lot of different equipment.

People with disabilities can apply for this assistance through their health care insurance program or through local programs funded by state resources. Each state in the United States has a special social service department that works with only programs and organizations that serve people with disabilities. Some of these departments are places where disabled people can go to receive services, such as employment services and educational services.

Some of the public programs that are available for people living with disabilities are ESL classes. People with disabilities can attend ESL classes and they are very strongly encouraged to do so. You can also learn American Sign Language if you choose.

Children with disabilities can go to school until they are [about] twenty-one years old [depending on the state]. If the child is having problems learning, parents can ask for special help from the school. Special teachers are available for children with disabilities, and children with the disability can have an Individual Education Plan, or IEP. This IEP helps parents, children, teachers, and other school employees understand the best way a child with disabilities can learn and help them to get the best education they possibly can.

U.S. citizenship classes. So after five years of living in the U.S., you can become a U.S. citizen. In order to become a U.S. citizen, you must take a test and complete all the forms. People with disabilities can get help completing the papers and take citizenship classes to study for the test.

If the person cannot apply for citizenship due to their disability, it is possible to apply for a waiver, called the N-648 form. This form can be found on the USCIS website. The USCIS website is www.uscis.gov. [The N-648 form, Medical Certification for Disability Exceptions, is found at www.uscis.gov/files/form/n-648.pdf. For more information on completing the form, see nwjustice.org/N648.html.]

Independent living programs help people with disabilities live on their own. Personal assistants can come to your home and help with you with everyday life, and respite care can help you rest if you are taking care of a family member with a disability. So people with disabilities in the United States can get job skills and become employed at a good job.

Vocational rehabilitation centers help people with disabilities learn employable skills and apply for jobs. The next slide will have a list of websites, and one of the websites you can go to in order to find a vocational rehabilitation center in your area will be listed, and I will explain that on the next slide.

For home assistance technology, changes can be made to your home to make it more useable. So for example, if you're in a wheelchair, you can have the cabinet under the sink removed as well as a mirror angled over the stove to help you cook. There are a lot of things that can be done to make a home easier to live in for people with disabilities, and the local independent living center in your town can help with the home modifications.

Rehabilitation service agencies are centers that are non-profits who work with people and families with disabilities. Most if not all cities and towns in the U.S. do have rehabilitation services agencies.

So some of the resources we have listed here are Centers for Independent Living. This is the link and the URL to find out what specific centers are in your town or city here in the U.S.

[\[www.ilru.org/html/publications/directory/index.html\]](http://www.ilru.org/html/publications/directory/index.html)

The next website we have listed is actually a manual that USCRI put together called *Living With [a Disability]*, and it covers all the information I talked a little bit about today and it has a lot of colorful pictures. It's a really good resource or tool to use for people on the domestic side of community orientation when you're talking about the different services in your town and some of the public programs that clients with disabilities can access.

[\[www.uscrirefugees.org/2010Website/5_Resources/5_3_For_Service_Providers/5_3_1_Working_with_Refugees%26Immigrants_with_Disabilities/livingWithADisability.pdf\]](http://www.uscrirefugees.org/2010Website/5_Resources/5_3_For_Service_Providers/5_3_1_Working_with_Refugees%26Immigrants_with_Disabilities/livingWithADisability.pdf)

And then the last one, the Job Accommodation Network, this is the website where you'll be able to find information on the local vocational rehabilitation centers in your city or town. [\[http://askjan.org\]](http://askjan.org)

So thank you very much for taking the time to join us today ... and have a great day!

Colleen Mahar-Piersma

Thank you, Carrie.

Webinar participants took part in a poll asking them to identify information they found useful and/or interesting from the presentation. Results are available on the webinar recording.

... I'm glad to see that the resources are going to see a lot of visits, and I'm also glad to see that people are pretty comfortable and familiar with the attitudes toward disabilities with the attitudes in the U.S. We do have some international participants, so I think that will be very helpful for them.

[W]e're going to move onto our next speaker, Dr. Rosaly Correa.

Dr. Correa, MD, MSc, PhD, is an expert on aging and disability, working in the new Administration for Community Living, U.S. Department of Health and Human Services. While Deputy Director for the HHS Office on Disability, Dr. Correa emphasized the role of women with disabilities in urban/community planning, resulting in a chapter for a book published in 2010, *Women's Health and the Cities of the World*. Her experience also includes global health and numerous years of work on health diplomacy and international affairs. Dr. Correa is a cardiovascular pathologist trained at the National Health, Lung, and Blood Institute.

Dr. Rosaly Correa

Good afternoon ... Thank you very much to all of you who [have] join[ed] in this webinar, and thank you for inviting me to be part of this webinar. ... Thank you for the two past presenters, specifically to Catherine McAvoy, [who] gave you a very good idea of the United States, the culture, and service[s] and resources available to people with disabilities. I will continue to talk briefly about the Americans with Disability Act [ADA], the medical assistance programs that are currently available to immigrants, [including] refugees, and ... people ... with disabilities, and the potential impact of the health [care] reform [act] that is ongoing [with regard to] these programs.

I wanted to illustrate the proportion of ... elderly who are known citizens in the United States. California, on the west coast ... is the state that ... has the largest share of ... citizens among its' known elderly population, but nationally, over half – over fifty percent – of known elderly adult [citizens] ... are uninsured compared to approximately eighty percent of [adult] American citizens.

[This is a very brief overview of] the Americans with Disabilities Act [ADA]... [The ADA] was signed into law on July 26th of 1990, and ... is a wide-ranging legislation intended to make our society more accessible to people with disabilities. It is basically divided into five titles that are displayed in this slide [Employment: Title I; Public Services: Title II; Public Accommodations: Title III; Telecommunications: Title IV; Miscellaneous: Title V.] ... For example: Businesses. They must provide reasonable accommodations to protect the rights of people with disabilities in all aspects of employment. Public service ... cannot deny participation to people with disabilities in programs or activities that are available for people who do not have disabilities. Transportation needs to be accessible. And all new construction[s] and modifications must be accessible to people with disabilities.

The next slide [shows] revisions, or amendments, to the ADA, [which] happened in 2008 [www.access-board.gov/about/laws/ada-amendments.htm]. There was a revision of the definition of disability to more broadly include impairments that substantially limit a major life activity. The amended language

also states that mitigating measures including assisted device[s], auxiliary aids, accommodations, medical therapies, and supplies other than eye glasses or contact lenses ... have no bearing in determining whether a disability qualifies under the law.

Changes also clarify coverage of impairments that are exotic or in remission, but that essentially limit a major life activity, such as epilepsy or post traumatic stress disorder [PTSD]. Those amendments ... took effect [on] January 1st of 2009.

I wanted to talk to you about new rules, updated rules, for the ADA standards governing the construction and alteration of facilities, including places of public accommodation, commercial facilities, [and] state and local government facilities. [These] new requirements ... happened in July of 2010. [They] ... add specific requirements to ATMs, so [the] machines have speech output, privacy, and ... screens to display information properly in a way that people with [specific] disabilities can access [and] can read, and they have instructions also in Braille. ... This adds to the general accessibility requirements that were established in the 1991 standards, so they were extended and improved.

Still in 2010, new ADA standards were established to set minimum requirements for newly designed and constructed or authorized state or local government facilities, public accommodations, [and] commercial facilities to be readily accessible [and] useable by individuals with disabilities. Compliance with these 2010 standards for accessible design became required as of March 15 of 2012.

On July 22nd of 2010, the Department of Justice and the Department of Health and Human Services in the United States ... issued ... new technical assistance guidance for medical providers. [This] new assistance [is] called Access to Medical Care for Persons with Mobility Disabilities, [and] will help providers help people with mobility disabilities obtain accessible medical care. ... There are instructions for providers on how they should have their medical facilities [and] equipments that are accessible for people with disabilities. For example, mammography: Having tables for people to be examined, tables that can move up and down to adjust, and hav[ing] ... accessibility[y] for wheelchair[s]. [T]his is a new guidance for providers.

Of course, immigrants, refugees, people with disabilities, who came to this country in any of the categories under the immigration laws ... benefit from the ADA provisions. However, the issue of immigrants' access to health and human service[s] is very complex and is largely shaped by eligibility provisions related to immigrant status and can be affected by language and literacy and other types of barriers.

But before I continue, I ... wanted to [define] "qualified immigrants" ... [and] the categories of people that are considered ... "qualified immigrants." ... [A]s you can see, you have those who are lawfully permanent residents: refugees, asylees, persons granted withholding of deportation, people with disabilities are included here, victims of trafficking. And ... [this shows] another list of categories of individuals that are included under immigrants, [who] are qualified because they are [legally] in this country ... [You will see the words] ... *qualified* and *eligible* [in a number of resources]. [This list includes battered spouses/children with pending or approved self-petition for immigration visas, immigrant visa filed for a spouse or child by a U.S. citizen or lawful permanent resident (LPR), and/or application for

cancellation of removal/suspension of deportation, whose needs for benefits has a substantial connection to the battery/cruelty.]

I ... prepared this table [below] in a very simple way, but it's a little bit more complicated ... [T]hose are key federal programs that are available for immigrants that come to this country, [including] refugees [and] people with disabilities. All ... immigrants, are eligible for emergency Medicaid, as you can see in the first row. And this includes ... labor and delivery services [for women]. Medicaid [for listeners and readers outside of the United States] is a ... joint program with federal funds and state government funds, and they pay for medical care for individuals who cannot afford it or are poor. People with disabilities automatically receive coverage under Medicaid. So all [qualified] immigrants ... that came [to the U.S.] prior to August 22, 1996 or after that, or even not qualified immigrants, are eligible for emergency Medicaid.

[Immigrant Eligibility for Key Federal Programs

Program	"Qualified," in U.S. before Aug 22, 1996	"Qualified," in U.S. after Aug 22, 1996	"Not Qualified" Immigrants
Emergency Medicaid (includes labor and delivery)	eligible	eligible	eligible
Full-Scope Medicaid	eligible*	eligible*	eligible*
CHIP	eligible	eligible*	eligible*
Medicare "Premium Free" Part A (hospitalization)	eligible	eligible	eligible*
Premium "Buy-in" Medicare	eligible*	eligible*	<u>not</u> eligible
Title XX Block Grants	eligible	eligible	eligible*
SNAP	eligible*	eligible*	eligible*
SSI	eligible*	eligible*	eligible*
HUD Public Housing & Section 8 Programs	eligible**	eligible**	eligible*

National Immigration Law Center, October 2011

*eligibility with restrictions

** eligibility with exceptions]

And then we have other programs that have certain eligibility restrictions and exceptions, as you can see in this slide. [Programs include Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Medicaid, Children's Health Insurance Program, and Supplemental Security Income.] But generally speaking, federally funded Medicaid and the Children's Health Insurance Program, which is also federally funded ... are available to otherwise eligible ... qualified immigrants who entered the U.S. before August 22nd 1996, or those who have held a qualified status for five years or long[er].

So ... after five years [immigrants who have come to the U.S.] can have access to those programs. But if [one is] qualified and eligible, like people with disabilities, [one] automatically receive[s this insurance;

one does not] need to wait for those five years. And this applies to refugees, to people with disabilities, to other types of humanitarian immigrants, to veterans, to people who are active from the military and their spouse and children. ... People with disabilities will fit into any of those categories.

Disability-related benefits include Supplemental Security Income [SSI] that my colleague [Carrie McAvoy] already spoke about, Social Security Disability (SSD), State disability or retirement pension, Railroad Retirement Disability, veteran's disabilities, disability-based Medicaid, and disability-related General Assistance. ... [if] the disability determination uses the criteria [as stringent as those used by Federal SSI]. ... Basically, there is a wealth of programs that [one could] qualify for.

Post-webinar follow-up notes from the presenter: Additional information ... can be found at the National Immigration Law Center, www.nilc.org/table_ovrw_fedprogs.html.

In this slide [refer to chart above], I have a reference to the National Immigration Law Center [www.nilc.org; where] you will have access to a wealthy of information and a description of ... [what these] programs ... are for. You can see here, in the [fourth] row ... hospitalization ... is paid for also. It's a good benefit.

... I would like to make sure that you are aware that those five benefits listed here: the Supplemental Nutrition Assistance Program [SNAP, formerly known as food stamps], Temporary Assistance for Needy Families (or TANF), Medicaid, Children's Health Insurance Program, [and] the Supplemental Security Income ... are known as federal means assistance benefits. So [with the] enactment of these programs, qualified immigrants [have] generally benefited from the federal means during their first five years in the United States. After five years, they qualify. However, if you are a refugee, if you have a disability, you automatically ... qualify to be enrolled in ... or to access those programs.

Post-webinar follow-up notes from the presenter: Federal means-tested public benefits include Medicaid (except emergency care), CHIP, TANF, food stamps, and SSI. Prior to the enactment of the 1996 federal welfare and immigration laws, lawful permanent residents of the U.S. generally were eligible for assistance, but this changed after the laws were enacted. So, the laws barred most immigrants who entered the U.S. on or after ... August 22, 1996 from federal means-tested public benefits during the five years after they secured qualified immigrant status. Humanitarian immigrants (refugees, those granted asylum or withholding of deportation, Cuban/Haitian entrants, certain Amerasian immigrants, victims of trafficking, Iraqi/Afghan special immigrants, people with disabilities) are exempt from the five-year ban.

...[T]his is [a] list of the states in the United States with current policies under federal options to cover lawfully residing children and pregnant women with Medicaid regardless of their date of entrance in the United States. [States include California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, Rhode Island, Texas, Vermont, Virginia, and Wisconsin, and the District of Columbia.] These individuals ... qualify to received help or medical coverage ... from federal funds with the Medicaid program.

The next slide also lists states that have current policies under federal options, using federal funds, to provide prenatal care to immigrant women regardless of their status. [States include Arkansas,

California, Illinois, Louisiana, Massachusetts, Michigan, Minnesota, Rhode Island, Tennessee, Texas, Washington, and Wisconsin.] ... In this case, these states ... use federal funds that are coming from the Children’s Health Insurance Program.

The next slide starts showing a list of states in the United States that have chosen to use their own funds to provide medical assistance to immigrants. You can see here a list of potential areas that are covered. [Alaska: chronic and acute medical assistance; Colorado: long-term care; Connecticut: nursing homes/home care; Florida: pediatric care; Hawaii: non-pregnant residents of Freely Associated States; Illinois: children < 300% FPL and “qualified” abused adults.]

The next slide is just a continuation. [Massachusetts: pediatric care, qualified immigrants and PRUCOLS (seniors and disability up to 100% FPL, children of persons with disabilities, coverage excludes long-term care); Minnesota: those receiving services from the Center for Victims of Torture (Jan. 1, 2012); New Jersey: children with family income exceeding 350% FPL, prenatal services to women up to 200% FPL, “qualified” immigrants and PRUCOLS.] [PRUCOL stands for Permanent Residence under Color of Law, 1996 legislation; for more information, see secure.ssa.gov/poms.nsf/lnx/0500501420.] ... Again, the other slide, the same thing. [New Mexico: “qualified” battered immigrants, PRUCOLS who entered the U.S. before Aug. 22, 1996; Ohio: lawfully residing in the U.S. on Aug. 22, 1996 and some individuals under an order of supervision; Pennsylvania: TANF-related and GA-related available to “qualified” and PRUCOLS, other services to “qualified” eligible children and pregnant women; Rhode Island: lawfully residing who were in the U.S. before Aug. 22, 1996 and were residents of the state before Jul. 1, 1997.] And the final slide with Virginia and Washington state. [Virginia: “qualified” immigrants and PRUCOLS who were receiving long-term care services on Jun. 30, 1997; Washington: seniors and persons who are blind or have disabilities and who are “qualified” immigrants or PRUCOL may be eligible for a limited time.]

Now ... let me talk a little bit about the health reform. The health reform is what we call the Patient Protection and Affordable Care Act of 2010. ... [T]his is the health reform of the health system in the United States. However, if you are an immigrant, if you came to this country as a refugee, if you came to this country and you have a disability, you are going to be part of the system, so there are benefits that you will also have under the health [care] reform [act]. Nevertheless, there are some exceptions. But I wanted to show you, if our Affordable Care Act, if it goes through, and if it is fully implemented, then those individuals who are lawfully present in the United States, they are subjected to the health insurance mandates and they are eligible if otherwise qualified, such as people with disabilities, to participate in the new health care benefits under the 2010 Affordable Care Act.

To enforce eligibility requirements, however, the law requires the U.S. Secretary of Health and Human Service[s] to establish a program to determine whether an individual who is to be covered in the individual market by a qualified health plan that is going to be offered under the health [care] reform [act]. [If] an individual ... is claiming a premium tax credit or reduced cost sharing, we need to see if this individual is a citizen or national of the United States, or an individual that is here, lawfully present, so there are eligibility requirements. But in general, all U.S. citizens and Medicaid-eligible non-citizens ... will be eligible for Medicaid service or Medicaid coverage. And similarly situated individuals who are not

Medicaid-eligible, but they are lawfully present in the United States, ... are lawfully present known citizens, they will at a certain point be able to participate in the new health [care] reform [act] and possibly to receive credits and subsidies. So they will have access to programs.

Beginning on or after September 23rd of 2010, all new insurance plans and existing group health plans ... are prohibited from denying coverage to children under age 19, including refugee children [and] those with disabilities, on the basis of a pre-existing condition. So if an individual with a disability, [a] refugee child, has a condition, insurance can no longer tell them or their parents that insurance is not going to be granted. So it is prohibited.

Also in 2010, the law established a temporary high-risk program to provide affordable coverage to individuals who have been uninsured for at least six months and have a pre-existing medical condition. So to participate in this temporary high-risk program, a person must be a citizen or a national of the United States, or to be lawfully present in [the] United States.

For [the] years beginning on or after September 23rd of 2010, insurance plans also can no longer impose lifetime dollar limits on coverage, and all group health plans ... must limit the waiting period for health insurance coverage to a maximum of ninety days. And beginning in 2014, insurance companies ... will be banned from denying coverage or charging higher premiums based on underlying health status that any individual may have. So therefore immigrants, people with disabilities who came to this country, refugees, they can benefit from all of those changes [to the] health [care] reform [act] if they prevail.

Also, beginning in 2014, you will see that many refugees and people with disabilities ... will qualify for premium tax credits to purchase coverage. They will also have continued access to their private insurance plan if they have an insurance plan already that they believe is working properly: [if] they like their physician, they could stay with their current care.

Medicaid coverage will be available to anyone under age 65. There are limitations with income, of course: You have to be under the federal poverty level... established in [the] United States, but refugees and people with disabilities should be included without any problem here. Because even poor adults, they often are not eligible for Medicaid, generally speaking ... Many adult refugees ... become uninsured after eight months of refugee medical assistance is exhausted, so now they will have an option in which they will be able to enroll. So starting in 2014, Medicaid will be available to anyone, including parents and children who no longer have parents. But they need to [meet the criteria] to have access to those services.

The law increases ... federal funding for the Children's Health [Insurance] Program from 2015 through 2019, so there will be more funds available to these federal program[s]. This program will continue to provide affordable, quality coverage to many children and refugee families. Also effective in 2014, states must extend Medicaid coverage up to age 26 for young adults who have aged out of [the U.S.] foster care system, including those aging out of the Unaccompanied Refugee Minors program.

[This slide is] just a summary. [Federal funding for the Children's Health Insurance Program increased from 2015 to 2019; coverage will continue for many children in refugee families; Medicaid coverage will

be extended up to age 26 for young adults who have aged out of the foster care system.] Basically, all the prohibitions now, things that will be banned, things that insurance can no longer do, the Medicaid program, the basic and most important federal program that can be available to immigrants, to refugees, to people with disabilities that came to this country, ... all those benefits ... will be available. So the [former] health care system ... you had a lot of things available for you. Now, with the changes, the good changes in that, if they will be fully implemented ... you will continue to receive those benefits. So [this is] all very good news for immigrants, for people with disabilities.

So from my brief presentation on a very complex issue that is [was on] access to medical care, here are the key messages that I would like you to take home with you:

In [the] United States, eligibility rules and law enforcement initiatives that affect immigrant success to benefits is extraordinarily complex. Federally funded Medicaid and the Children's Health Insurance Program are available to eligible qualified immigrants who entered the U.S. before August 22, 1996, and those who have held qualified status for over five years. [The] federally funded Medicaid and Children's Health Insurance Program [is] available to refugees, humanitarian immigrants, veterans active with militaries, people with disabilities, ... are under this certain other immigrants with no five-year waiting period.

... Under the health [care] reform [act], the same Medicaid eligibility restrictions will apply to immigrants after the Medicaid is extended under the health [care] reform [act], but there are many new options under this extension that immigrants will be able to benefit [from].

Non-qualified immigrants generally remain not eligible for Medicaid or for Children's Health [Insurance] Program, and the five-year ban remains for most qualified immigrants. But again I wanted to make [it clear] that people with disabilities are among those qualified who do not need to meet the five-year criteria.

Language and literacy service barriers ... can affect access to public benefits for immigrants. But there are ... reliable resource[s] available to help immigrants and professionals working with immigrants in terms of accessing the right service[s] for them. [Citation: National Immigration Law Center, June 2012.]

My next slide just provides you with links to resources that are very important where you can retrieve specific document[s] or papers that talk in more detail about other service[s] that are available and what states are carrying what types of services. [Resources include the National Immigration Law Center at www.nilc.org; the Urban Institute at www.urban.org; the Department of Justice at www.doj.gov; and the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation at aspe.hhs.gov/hsp/11/ImmigrantAccess/Eligibility/ib.shtml.

And I wanted to thank you very much.

Colleen Mahar-Piersma

Thank you, Dr. Correa.

Webinar participants took part in a poll asking them to identify information they found useful and/or interesting from the presentation. Results are available on the webinar recording.

Question and Answer Session

Participants asked questions by typing into the online question box. They were distributed to presenters. Since Peter Salnikowski, Cultural Orientation Coordinator in Damak, Nepal, was not able to be online, questions were sent to the program for follow-up consideration.

As there was not a defined order in which the questions were asked and answered, questions have been grouped by topic: Health, Other Programs Available, Youth and Children, Immigration and Citizenship, and Resources.

Health

Question: What are the attitudes towards people with disabilities as a result of HIV?

Carrie McAvoy: Well, in the U.S., HIV is considered a private issue. ... Health care in the U.S. is seen as ... very confidential and private, so if there [are] any disabilities that are the result of any disease, whether it's HIV or cancer or anything else, no one would know that, and so you wouldn't be treated any differently because of that. So your HIV status is protected in the United States. And ... it's up to the person that has HIV to disclose that, so to speak. So if you don't want to tell anybody about your HIV status, you don't have to. That's something that's protected. Doctors can't talk about it, nurses can't talk about it, social workers can't talk about it, resettlement workers can't talk about it. All that stuff is protected. So any disability you have as a result of HIV ... wouldn't matter either way. You would still be treated the same as if you had any disability in the U.S.

From the Cultural Orientation Resource Center: USCRI offers additional information for and about refugees with HIV: www.refugees.org/resources/for-service-providers/hiv-aids.html.

Question: Are there federal programs to help refugees with substance abuse issues?

Carrie McAvoy: There are federal programs to help [anyone] with substance abuse issues. I don't believe there's a specific one just for refugees [with] substance abuse issues. But SAMSA, which is the national Substance Abuse and Mental Health [Services Administration; www.samhsa.gov] that is funded by ... the government, [does] provide specific resources for people with substance abuse issues. They may or may not be translated into different languages or geared towards refugee populations. There is nothing I know of [specifically for refugees].

This was addressed in the online question boxes, but not stated during the webinar:

Question: Are there tailored programs specific to refugees when it comes to mental health?

Carrie McAvoy: Yes, each state and area has specific programs and services for mental health disabilities.

Other Programs Available

Question: Is it a responsibility of the local resettlement agency to refer the client to all these services?

Carrie McAvoy: Yes, it is. ... Part of the reception and placement contract, ... the program I work on, is that when a refugee arrives, the resettlement agency is responsible for connecting them to those services, whether that be through appointments or through taking them to different meetings, or forming relationships in the community to help provide those services. The resettlement agency is responsible for doing that.

Question: [Are there] any specific financial programs for people who are hard of hearing and have severe speech problems?

Carrie McAvoy: I don't know of any specific ... programs. Each state has specific programs and services for people with hearing and speech disabilities, and some of the programs may have additional financial resources, but it really depends on the state and local program. I do know that Easter Seals [Disabilities Services; www.easterseals.com] is an excellent resource. ... They are all over the United States and ... provide resources for people with speech impairments and people who are deaf as well.

Question: Is getting a job more challenging for [someone with a mental disability]?

Carrie McAvoy: It can be. ... I know a lot of people who have mental disabilities can work and do work and do really good work and do work well. It just depends on ... the level of the mental disability and also what jobs they are looking for and what jobs are available at the time. So it depends on those two factors.

Question: Are the facilities technologies always provided in the accommodations where refugees with disabilities are placed?

Carrie McAvoy: Ideally, yes. But the hard part is when you are placing refugees in the home, we ... [may only] get maybe 6 days notice to ... find a house for a client when we know that they are going to arrive ... So if you have a great relationship with landlords who do have housing for people living with disabilities, then it is easy to find that housing right away, and if there are any accommodations that need to be made before that refugee arrives, [then] absolutely, that won't be too much of a problem. But in a lot of cases, you may not know. It's very hard sometimes when you're finding housing, you kind of struggle ... to find landlords to work with you. So if you have a stock of landlords who know your agency and know refugees very well, it's not too much of a problem. But if it takes a little bit more time to find that housing for that refugee who has a disability, then the resettlement agency will work with

the disabilities technologies after they've arrived and implement some of those changes into the home. So it may not be done ... right away, but the resettlement agency, case managers, and also other service providers in the area who are working with disabled people and disabled clients will be able to ... try to get that as soon as possible.

Youth and Children

Question: For youth and children with disabilities, what would be the best thing to say in [overseas cultural orientation] class when it comes to education: Will they be put together with other students?

Carrie McAvoy: Most likely they would be, depending on the disability of the child, and depending on what resources the school has. The school will then match the disability with the resources they have. ... They will be enrolled in what we call Special Education classes, and those sometimes can either be a different section of the school entirely, or it could just be a different classroom where ... children who ... have disabilities can ... learn together based on their disability. They have Special Education teachers who have to go through a lot of training and a lot of school to be able to provide ... education to children with disabilities.

Question: For youth and children with disabilities ... are there ... special classes for them [in the U.S.]?

Carrie McAvoy: Yes, there are. It's called Special Education Classes.

Question: For youth and children with disabilities ... will different types of disabilities – deaf and mute, mental disabilities – impact how they are placed in [U.S.] schools and classrooms?

Carrie McAvoy: Yes, absolutely. Some special education classrooms are just for people who are deaf or have hearing issues. Others are for ... behavior and mental health issues. ... It depends on the resources at the school. Certain schools may have their individualized special education classes, so special education classes may be geared towards one type of disability and disability only, or other schools may not have those resources, and all the special education students will be altogether in one classroom. But most likely, what will happen is (and I know this ... because I used to work in the school system with special education students), depending on the level of the disability, the students may be pulled out of a classroom and given special attention and special education, and then sent back to a classroom. So that happens a lot. Certain students who have disabilities may get a special aid with them all day who will help the student throughout the day ... so in that way they get special attention. It's a different kind of special education class, where they may not be in a specific class with other students with disabilities, but they may have someone with them at all times to help them through their lessons and help them through their homework and classroom assignments.

Immigration and Citizenship

Question: Can you explain post enactment immigrants?

Rosalyn Correa: Once you ... migrated to this country, [if] you are officially established as a person that is authorized to be in this country, a person ... qualifies [as] eligible.

Question: Please define not “qualified” immigrants.

Rosalyn Correa: The table [from my presentation on] service[s] that are available ... specifically [states] *qualified immigrants* and *non-qualified immigrants*. ... You recall ... a slide that ... list[ed] ... the lawful permanent residents, refugees, asylees, people with disabilities, persons granted withholding of deportation, battered spouses and children ... those are the *qualified immigrants*. If you don't fall in any of those categories, you are not *qualified*. However, in terms of service[s] that might be available for you, even if you are not *qualified*, you may not be able to receive all types of service[s], but you still have access to certain service[s] depending on the known qualification[s] that you have ... For example ... for the ... Supplemental Nutrition Assistance Program, the SNAP program, ... [if it] says that you are ... not *qualified* ... and there is an asterisk [in the table,] that ... indicates that you may be *qualified* if, for example, you are a victim of trafficking, or ... a[n] ... American Indian ... born abroad. ... Because ... there are so many restrictions and exceptions ... you need to go ... to the reference under the National Immigration Law Center [www.nilc.org/table_ovrw_fedprogs.html] ... [to] see the entire table and ... all the ... qualifications, ... restrictions, ... [and] exceptions. ... Even if you qualify, it doesn't mean that [you] automatically ... get everything ... [and] the eligibility criteria [is provided there]. So if [an immigration category] is eligible and ... doesn't have any additional symbols by the side of the name eligible [such as a refugee], then it's easy, but ... a symbol [makes] it complicate[d] ... because [there are] a lot of restrictions or criteria that you need to meet.

Question: My understanding [is that] since 1996 ... "qualified aliens" – including all refugees and asylees – are NOT subject to the 5-year waiting period. [Is that correct?]

Rosalyn Correa: That's [correct]. If you are under that category that includes refugees, ... asylees, or people with disabilities, you automatically ... are eligible to receive those service without waiting for the 5-year period.

Question: If someone has a hearing and/or speech impairment, will he be considered eligible for a citizenship exam/interview waiver? How about blind?

Rosalyn Correa: ...Individuals with any type of disability can be considered for citizenship ... If you are blind or if you have any other type of disability such as hearing impairment ... you should have [the same] access as every other [resident] in terms of becoming a citizen of this country.

Post-webinar follow-up notes from the presenter: Most immigrants/refugees resettled in the U.S. are eligible to apply for naturalization (citizenship) after five years of residency. Some of these individuals may have severe disabilities preventing them from learning how to read or how to write or speak. These individuals are eligible to apply for a disability waiver, which provides exemption from having to take the

test if they have documentation of how their disability interferes with their ability to learn. Therefore, theoretically, yes, all individuals have access to citizenship.

Question: Are there any specific revisions in the PPACA [www.ppaca.com/] for language access [or] interpretation?

Rosalyn Correa: Yes, absolutely. We are working on many different issues regarding language access. *[Post-webinar follow-up notes from the presenter: The Affordable Care Act has provisions that address the issue of language access.]* [The office for Civil Rights at Health and Human Services has recently formed] a Language Access Steering Committee that is going to work on issues related to low-English proficiency or the need for translation, so there are recommendations that individuals or the system will need to make it available, because this is part of quality health care and ... safety in the care that is provided.

Post-webinar follow-up notes from the presenter: The Language Access Steering Committee['s] goal [is to] update[e] the Department-wide Health and Human Services' language access plan and implement... a process for ensuring the development of agency-specific plans for each component.

Resources

Question: Where would you recommend looking for materials [on] disabilities in multiple languages and formats? Who are the best [or] largest producers of materials?

Carrie McAvoy: USCRI has ... [some resources on] our website, www.refugees.org [as well as a number of health-related resources on other topics in different languages]. ... If you contact your local ... resettlement [programs], they might have special funding that will translate a lot of [information about] disability programs into different languages.

Colleen Mahar-Piersma: We at CAL can ... look around [for additional materials]. ... The Refugee Health Information [Network; www.rhin.org] ... has a lot of medical materials translated in different languages; I'm not sure [if] the relevant ones are currently posted there. ... And ... the Refugee Discussion listserv [www.cal.org/co/join], which we host, ... might be also a good place to reach out and try to find relevant resources.

Question: [Please talk more about] the *Living With a Disability* materials that you've put together and that are on your website. I think the pictorial nature of them could be useful for people. There was a question about where to find orientation materials for refugees here in the U.S. ... Of course the diversity and the type of disabilities any one office might receive can make it difficult, but that might be a good first resource.

Carrie McAvoy: You can ... find [the *Living With a Disability* booklet on our website at www.uscrirefugees.org/2010Website/5_Resources/5_3_For_Service_Providers/5_3_1_Working_with_Refugees%26Immigrants_with_Disabilities/livingWithADisability.pdf] ... [There are] a lot of really good

pictures ... illustrating what disabilities someone may have and some of the services [that may be available], and how those services locally can provide help and assistance for those disabilities. ... Everything I talked about in the webinar [was] based ... off that manual, so if you're looking for a script with pictures, that's the manual to go to.

From the Cultural Orientation Resource Center: USCRI offers:

- *A Resource Library on Working with Refugees and Immigrants with Disabilities:* www.refugees.org/resources/for-service-providers/working-with-refugees-1.html
- *A Resource Guide for Serving Refugees with Disabilities:* www.refugees.org/resources/for-service-providers/resource-guide-for-serving.html

Colleen Mahar-Piersma

I wanted to thank everyone who participated, and especially, of course, Carrie and Dr. Correa for contributing their expertise and sharing that with the group.

We'll be sending a follow-up message with some information about some resources that we have at the Cultural Orientation Resource Center. And also, as you close out of the webinar, you'll be linked to a survey. We really ask that you do in fact respond to it if that's possible for you, because we find feedback immensely helpful, and we're in discussion with ORR about other things that might be useful to you as a group and to help you assist with refugees with disabilities.

So thank you very much everyone, and we hope to be in touch in the future as well.