

JUL 29 1975

# States Confused Over Aid to Refugees

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The child's convulsions were unexpected.

They started on the plane that brought him and his family from the Indochinese refugee camp at Ft. Chaffee, Ark., to Orlando, Fla.

The 1-year-old boy had two seizures the day the family landed, July 13, grew worse during the night and was hospitalized at 4 the following morning.

The child, an epileptic, ran up bills of more than \$1,000 for a spinal tap, brain scan, other tests and medicine. The treatment of the son of Mr. and Mrs. Dao Quang Binh, started an unresolved dispute over who should pay the bill—the sponsoring agency, Trinity Lutheran Church of Orlando, or the state's Medicaid program.

The state welfare agency and the hospital say they want the church to pay because they fear the federal government will not make the Medicaid reimbursements it has promised, according to Darlene R. Sabin, head of the church's sponsorship committee.

The child, meanwhile, has been released from Orange Memorial Hospital, and his family, which is living in a house the church found for them, hopes a local chil-

dent's medical service will pay for his medicine.

Under Department of Health, Education and Welfare guidelines, states are to be reimbursed 100 per cent for public assistance costs for refugees, who are eligible for Medicaid, food stamps and, if sponsorship has broken down, welfare. But volunteers involved in the refugee placement effort say officials of many states, such as Florida, are confused by the guidelines and uncertain of procedures.

On the other hand, there are places such as San Diego County, California, where the 412 applications for public assistance, which would cover 1,003 of the 1,218 refugees in the county, apparently will be handled routinely.

The confusion over the handling of public assistance from increasing numbers of the more than 130,000 refugees is one of the remaining stumbling blocks in the resettlement program.

The inconsistency of state refugee workers say, has further hindered sponsorships, which were declining as sponsors grew reluctant to take the responsibility for complete support—especially the obligation to pay for major medical bills—of families as large as 15 members.

The inconsistent policies re-

sult from the HEW guidelines which are "negative in tone and ambiguous," said Worthington Linen, assistant to the director of the Lutheran Immigration and Refugee Service, one of the nine voluntary agencies with government contracts to settle refugees.

"The HEW guidelines are negative in tone and ambiguous," said Worthington Linen, assistant to the director of the Lutheran Immigration and Refugee Service, another voluntary organization working with the refugees.

The problem centers around the requirement that sponsorships must have broken down before public assistance is made available.

Resettlement agency officials voiced their opposition to the provision at recent congressional hearings and at meetings with officials of the federal Interagency Task Force for Indochina, which oversees the refugee program.

Voluntary agency officials believe the guidelines mean that a welfare agency must confirm that a sponsor has done everything possible for the refugee before public aid can be received. Agency workers tell this to potential sponsors and it is "discouraging" said William Maes of the United Hebrew Immigrant Aid Society (HIAS) Service, an-

other of the voluntary agencies working with the refugees.

Confusion arose over whether the sponsorship breakdown requirement applied to welfare, food stamps and Medicaid or just to welfare. HEW has told the states it applies solely to welfare.

But that hasn't solved all the problems.

For one thing, the clarification hasn't always filtered down to the local level, as the Orlando situation shows.

"In the State of Washington, it has been very easy to qualify for Medicaid, but in some of the other states it has been almost impossible to get any aid," said Neil Brenden, director of social services for the Lutheran agency.

Some states have been reluctant to open up their Medicaid programs because of uncertainty over receiving reimbursements, Brenden said. Michigan, for example, refused to issue Medicaid cards to refugees because the state is unable to separate, for purposes of reimbursement, the benefits refugees receive from benefits others receive, he said.

A meeting in Washington called by HEW to discuss the guidelines with state officials "didn't have any ef-

fect on field operations," Linen said. Part of the problem is the federal government's lack of leverage over the states because the public assistance programs are state-run, he said.

But the biggest complaint the voluntary agencies have is the attitude of the federal government toward the use of public assistance by refugees.

There is no complaint about the \$65 million appropriated for public assistance for an estimated 42,000 refugees. At least 5,000 are believed to be receiving public assistance so far, according to preliminary task force figures.

What the voluntary agencies object to is the linking of public assistance to breakdowns in the sponsorship program. The confirmation-of-breakdown requirement was not included in the Cuban refugee program, they say.

The use of public assistance should be viewed as "the utilization of an important available resource to assist in achieving the agreed-upon goal of effective resettlement," not as an indication of failure of the program, Wells C. Klein, an official of the American Council for the Americas Service, told a Senate subcommittee on refugees last week.