

Refugee Reports

A News Service of Immigration and Refugee Services of America

VOLUME 25, NUMBER 4

JUNE 2004



Special Language Issue

This issue of Refugee Reports will focus on linguistic aspects of refugee life in the United States and abroad, beginning with the Evans Mburu's article about an ESL curriculum for Somali Bantu refugees in Kenya. Stephanie Wood assesses the impact of English language proficiency in the search for jobs and secure welfare within the system in Fairfax County, Virginia, while David Redd of World Relief discusses the protocols of a multi-agency group in place to provide cultural orientation and ESL to Somali Bantu refugees in Atlanta, Georgia. Dr. Maricel Quintana-Baker's extensive report on linguistic access to health care is supplemented with a fact sheet about funding for medical interpretation. The issue concludes with relevant publications and research, as well as job openings.

English Language Instruction in Kakuma Camp, Kenya

by Evans Mburu, with contributions from Mukhtar Mohamed and David Mwaniki

Background

Somali Bantu trace their origins from various countries in western, central and eastern Africa. As they were brought to Somalia by Arab colonialists in the 18th century, the community lost most linguistic and cultural ties with their ancestral homes. In their host country of Somalia, children worked as cleaners and dishwashers in restaurants and as domestic servants while their parents worked as porters

and as unskilled or semi-skilled manual laborers, mainly on public fruit farms and private farms. Few managed to own their own *shambas* (farms). The only source of income available to them was working for others through physical labor. This is the basis of their description, *Adoon*, which when translated into English, literally means "slave."

Many Somali Bantu did not benefit from any formal or informal educational opportunities, nor from the massive educational campaign for the Nomads in 1974 under the theme "*bar ama baro*," meaning "teach or learn." They claim to have been treated as second-class citizens in Somalia and therefore did not enjoy any political representation that would encourage their educational, social, or economic development. The few Somali Bantu who did have access to formal education in school faced discrimination from their peers and teachers. As a result, many discontinued learning and dropped out of school. Af-Somali was the first and official language in Somalia followed by Arabic. English was taught as a subject in high schools and in a limited number of faculties at the Somali National University. Somali-Bantus rarely made it to "O" and Advanced levels of education (in the British designation) while in Somalia.

In Dadaab refugee camp of North-Eastern Province, Kenya, where Somali Bantus stayed more than ten years as refugees, efforts were made by the United Nations High Commissioner for Refugees (UNHCR) to establish

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separate Somali Bantu primary schools that gave many Somali Bantu children access to free primary education. A few of them managed to go to secondary school in the three Dadaab camps. Unfortunately, these opportunities for learning were discontinued following the relocation of the Somali Bantu community from Dadaab to Kakuma prior to resettlement abroad. The actual relocation of the Somali Bantu by the International Organization for Migration (IOM) began in June and continued through October 2002.

In Dadaab, the situation for the Somali Bantu adult population remained status quo (as it was in Somalia) in terms of literacy and English language proficiency. Literacy and English language skills became a serious focus for the Somali Bantu in Kakuma refugee camp in February 2003. On 2003 International Literacy Day, Somali Bantu Community Chairman Mzee Abass Abdikadir Aweys remarked in his 30-minute speech, “the Somali-Bantu community lost more than 120 years in Somalia, wasted 12 years in Dadaab, but gladly, those who came to Kakuma recovered these losses in 12 months.” He was talking specifically about the adult Somali Bantu population and expressed gratitude to UNHCR and Cooperative for Assistance and Relief Everywhere (CARE) in Dadaab for the quality of formal education children received in Dadaab. He also expressed gratitude to IOM and IRC for the adult literacy, numeracy and English language education initiatives.

IOM and IRC raised the idea of having a Somali Bantu literacy program in Nairobi as part of a joint strategy to assist the Dadaab caseload of Somali Bantu refugees gain survival literacy and numeric skills, as well as basic English concepts, as they prepared for resettlement in the US. The project was named “Somali Bantu Survival Literacy.” IRC and IOM agreed on the modalities of the program in terms of funding, content and human resources. Funding was provided from the Bureau of Populations, Refugees and Migration through IOM.

IOM was responsible for the construction of what came to be known as “literacy shelters” throughout the Somali Bantu residential areas, while curriculum development was left to IRC. These survival literacy classes were originally conceived as supplementary to the existing pre-departure cultural orientation courses delivered by trained IOM instructors. The teaching content consisted basically of survival literacy and numeric skills, as well as

English as a Second Language instruction. The curriculum that was found to be most appropriate was “Literacy Plus,” as it contained literacy and language skills as well as civic concepts. The rationale behind teaching English and numerical concepts was to equip the Somali Bantu with basic communication, counting, and record-keeping skills.

The few Somali Bantu who managed to attain a secondary school education formed part of the human resources, which were tapped for the Somali Bantu Survival Literacy Project. Some took on supervisory roles in the SB Survival Literacy Kakuma Project while others were hired as teachers. The primary objective of the SB Survival Literacy Project was to equip Somali Bantu aged 15 and above with literacy and numeric skills along with American civic concepts seen as necessary tools in their resettlement process.

The project was named "Somali Bantu Survival Literacy." IOM was responsible for the construction of "literacy shelters" throughout the Somali Bantu residential areas.

Staffing

IRC recruited teachers, supervisors and an Assistant Counterpart Manager from the Somali Bantu community. In addition, IOM provided technical expertise in terms of training and

curriculum development. The project started with 80 teachers to man 40 learning centers, which were evenly spread throughout the Somali Bantu community. Eight project supervisors manned five learning centers. In close consultation with the Program Manager, the Assistant Counterpart Manager took the overall responsibility of the day-to-day operations of the project. However, it was difficult to assign the right quantity and quality of staff for the project. This required some delicate decision-making when selecting from the educated cadre of Somali Bantu.

All Somali Bantu teachers and supervisors were provided with a monthly cash incentive that made a significant contribution to the economic well-being of the community. In the meantime, however, many of the Somali Bantus’ coping strategies were disrupted by their relocation to Kakuma—a totally new and unfamiliar environment. Furthermore, IRC health workers identified significant health challenges among the community which included high malnutrition rates. Yet, the new literacy project continued to enhance the Bantu community. First, the cash incentive boosted the community’s level of income, specifically by supplementing the community’s food basket. Second, the project encouraged strong community participation by fostering project accept-

ability and ownership. In fact, the project formed literacy committees to assist in staff recruitment, conflict management, and community mobilization. Finally, the close relationship between the literacy staff and the community, along with the accessibility of teachers, contributed to significant program achievement within a short time frame.

Mobilization of Learners

The first priority was the sensitization of the community. Community leaders' meetings were convened and messages related to survival literacy were disseminated throughout the camp. Publicity efforts emphasized the importance of the project in relation to the Somali Bantus' resettlement needs. This alone inspired the community to attend classes in huge numbers. The realization that learning had a direct bearing on their chances of a successful resettlement experience further encouraged the community members to manage their time efficiently while attending classes, searching for food rations, collecting water, and completing domestic chores. The first enrollment registered 5001 learners, against the IOM targeted number of 2500, at the inception of the project in January 2003. Enrollment in the subsequent year doubled. Following the increased movement of the Somali Bantu to the United States this year, enrollment has gradually declined. By August 2004, 2723 learners had already been resettled since the project was initiated two years ago. Average class attendance remained at 79%, and classes were held for two hours per group, spread across three shifts a day.

Survival Literacy Curriculum

Learners were first introduced to the Adult Literacy curriculum by the teachers in IRC's Adult Education Program who currently teach existing refugees in Kakuma. This curriculum proved a bit difficult, as it was more academic than the more practical and much needed "pre-departure cultural orientation." At this point, IOM introduced their revised Somali Bantu cultural orientation curriculum, which was implemented immediately. This curriculum proved very effective as a starting point. However, as the movement to the United States intensified this year, goals shifted from literacy towards numeracy, English language

skills and cultural orientation. Whereas the Literacy Plus curriculum looked at literacy, language skills and civic concepts, the current curriculum focuses more on topics addressed in the IOM cultural orientation classes.

All teachers were given adequate training courses on methodology and curriculum. They were strongly encouraged to practice lesson planning and lesson presentation. Program officers supervised the teachers in the classrooms to ensure a general consistency in the teaching methods.

Evaluation and Teaching

The focus of the survival literacy project was to enable the Somali Bantu to acquire basic English language skills.

In effect, the project focused on the following areas:

- Conversation skills: To start, learners were introduced to simple greetings such as "Good morning," "Good afternoon," "How are you," and then proceeding to other areas such as "What is your name," "How old are you," and "Where do you come from?" Conversation skills were developed on a daily basis. Learners were to practice this amongst themselves both inside and outside the classroom. Teachers were encouraged to interact with the learners throughout the day and to encouraging them as much as possible to respond in the little English they had learned.
- The Roman Alphabet: Many assumed that for the Somali Bantu, memorization of the Roman alphabet was the only way they would master the foreign language; however, recognition and understanding are also important. First, it was important to identify the letters for them to be able to identify their names, especially for recognition on the IOM/DHS (Department of Homeland Security) boards as well as on medical interview schedules. Learners who did not recognize their names on the boards had to rely on others to inform them of their interviews. This can be risky, as some of the learners may have received false information. Learning the Roman alphabet was therefore critical for many of the Somali Bantu as it contributed directly towards a sense of empowerment and progress.

The first priority was the sensitization of the community. Publicity efforts emphasized the importance of the project in relation to the Somali Bantus' resettlement needs.

- Reading: Based on the learners' interests, basic English language texts were introduced. The learners began with simple picture-word matching, combining letters to form basic words, and reading two, three, or four-word sentences for practice. Students had to rotate and share their books because books were scarce. Those who excelled in reading were given more difficult material to read. They were also requested to assist their fellow learners through peer tutoring.

"Speak English, Somali Bantu are listening"

English instruction in the Somali Bantu Survival Literacy Program has been tailored around the cultural orientation concepts that IOM identified as critical to the adjustment process in the United States. As a community in transit, the Somali Bantu population requires the instruction of basic skills that will help them as they navigate the myriad complexities of life in America.

"We are only teaching the cultural orientation concepts but have really not concentrated in learning English per se. The emphasis has been how much people understand and apply the American cultural concepts but not the level of language competency," explained Abdirahaman Abdi, a member of the Somali Bantu community and also a literacy teacher.

"There is a feeling among learners that when we get to the United States we will learn English there. Now what they are most interested in is understanding the general concepts about the United States, which may not necessarily be spoken," he adds.

All of teachers in this program are members of the Somali Bantu community. What do they say about the quality of English they are offering? In order to appreciate the benefits of learning English for the Somali Bantu, one needs to understand their background before they came to Kakuma.

"If a visitor who did not speak the Somali language came to the community and wanted to talk to the people, many would not understand anything. Sometimes it was simple information that was required, but they would wait for someone

who could interpret. But now they can give basic information without an interpreter," another teacher adds.

Arbai Daud Bare, a 48-year-old lady and a learner in the program, explains, "When we came here we could not communicate to others. We were like deaf people, we could not understand what other members of the refugee community were saying, and vice versa. Now we are no longer deaf. We can hear. We can also speak."

This is a feeling that permeates throughout the community. Initially, the Somali Bantu community looked at itself as inferior because they were not literate. But now they are a more confident people because they can hear and speak the language of the world, even if it's just a few words. This has given them a sense of purpose and identity.

Mzee Abass Aweis, the Somali Bantu chief says, "It is very important to learn English. I, myself, if I could



*Mohamed practices reading prices and budgeting.
Photo: D. Redd*

“If I go to America, I feel I will be able to say more about the kinds of jobs I can do,” states Arbai Bare.

speaking in English I could talk to you without needing an interpreter. We would communicate with each other.”

The community sees a lack of basic English as an important barrier in communication. And because English is the lingua franca in the camp, lack of it effectively denies them a variety of opportunities. Mzee Abass explains, “the community needed this language; we are going to another place, we will need to communicate. We shall not always [have access to] translators.”

Arbai Daud adds, “It has helped ease communication. We can say something to people who do not speak our language. We can also now be able to read. We can greet. We can [respond to] greetings.”

There is generally a great enthusiasm for learning English in the community. Another teacher states, “Learners want to practice concepts; they want a teacher to visit them in the homes so that they can ask questions. Sometimes they lack language partners to practice with. Though they may speak in disjointed sentences, they feel good that they are progressing.”

They are very excited to speak the little English that they know, which gives them confidence. But though the community has confidence that they can communicate, it is evident that they cannot sustain a long conversation. Their English speaking skills are still confined to greetings and questions about the welfare of the other person. Casual conversation with learners reveals that most of them do comprehend what is being said, but find it difficult to respond because their vocabulary is limited. They have learned names of many items but have not had enough practice to put them in a conversation.

“They can hear what someone is talking about but their limited vocabulary makes it difficult for them to respond. They can speak a few words, but are not able to complete a sentence, as they omit some words that are necessary for full comprehension. Sometimes they speak English at home. This demonstrates that they have the interest,” says Abdirahaman Abdi.

Through class practice and competition organized by the teachers, learners have perfected some aspects of comprehension. As a result, they feel they can perform simple operations with the language learned. “If I go to a shop, I will be able to describe what I want: the type

of clothes, the type of commodities and so on. If I go to America, I feel I will be able to say more about the kinds of jobs I can do,” states Arbai Bare.

Compared to the time when they first arrived in Kakuma, there has been discernable improvement in many areas, but of significant note is the opening of the community to interaction with other members of the refugee community.

Learning English has given the community confidence that they can face an uncertain future. The fact that they could learn a few things which were alien to them such as holding a pen, writing their names, and reading and speaking in English heralds great things. There are some who thought that they were beyond learning and initially did not think that they were worth much of anything. But now all these have changed; learning English and gaining

basic literacy and numeracy skills has brought new opportunities and possibilities for many of this Somali Bantu community.

“Yesterday at a food distribution center an old woman tried to tell her problem to UNHCR officials in English. This is a great improvement,” says Mohammed Aweis, a community leader. “Now they can tell their ration numbers and be able to say

that this is not my card or this card has a problem; during change of cards people were able to take their own cards unlike before when they would end up having the wrong cards because of ignorance.”

“People can use mobile phones and dial numbers and talk to their sons or daughters who had already left for the US, these are things we never thought could happen,” he adds.

The Somali Bantu are aware that the future in the United States will be difficult for everybody, but more so for those who have no English skills. This is a challenge that the community is taking positively and sees the provision of ESL classes as an important preparation to meet this challenge.

Mohammed Aweis says: “Members of the community are getting information from those already in the United States to learn English before they go there, because if you are without it you can’t get a job, you can’t communicate, and you will have a lot of difficulties. This is giving us a reason for learning even harder.”

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The impact of ESL classes has been felt in other areas of the resettlement process, notably in the Joint Voluntary Agency (JVA) and DHS interviews. Ukash Ali Ahmed, a member of the community and a literacy program staff says, "Before the literacy program was started many people had their cases rejected because they could not remember important information such as dates of birth for them and their children or such other information. Some were also rejected because the interpreters did not explain the right information and the community members did not have a way of finding out. But now things have changed. Many people are able to respond to some of the questions asked in the interview without the need of a translator. They are now be able to recall important dates and this has reduced cases of conflicting information. Interestingly, one of the learners was able to correct a misinterpretation by a translator during an interview with DHS."

There has also been a notable improvement in time management and showing up for their interviews. Says Ukash, "Earlier on, community members were either showing up late for their interviews or even missing them because they could not identify their names in the lists posted on the notice boards."

"Now that most adults in the camp are able to read and write, they are able to spot their names, case numbers and the dates and time of interviews. In the IOM cultural orientation classes, the problems of teaching Somali Bantu have been significantly reduced since at least eight out of ten people can now read basic statements about their lives and count and remember numbers," observes Ukash.

The road to English competency in the Somali Bantu community is definitely far from completion. The project faces numerous challenges on the way to record this achievement. The fact that the community lives in one area and everybody can communicate in their mother tongue means that people do not put a lot of effort in learning English. Nothing forces them to practice the concepts they learn in class.

With adults, there is also the problem of attitude. "Some fear that they will say the wrong word or say a bad word that could be interpreted as an abuse. Others fear they will be laughed at if they speak broken English," observes Ayub Osman Mohammed, a teacher in the community.

Women are reportedly more enthusiastic in learning and practicing the language concepts than men.

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Abdirahman explains why: "Women face problems when they go to the clinics, they are required to give information about themselves or their children and there may not be enough translators. When they came to Kakuma, women didn't know any English, and so they now want to take advantage of this opportunity. Men just want to learn about the United States but not English, therefore they just write and listen. They do not like talking in class."

"Shortages of teaching and learning resources hamper the learning process. Since we are teaching concepts that are not in the camp, it is important to have examples that learners can look at to form association with the words they hear and read. For example, the Somali Bantu learners had never been exposed to modern facilities such as telephones, flush toilets, electrical appliances, escalators and air transport facilities that they will encounter during their transit and arrival in the United States. But we don't have such materials available." IOM does, however,

have classes equipped with appliances and model kitchens and bathrooms that allow for a more hands-on approach in their cultural orientation classes.

For an outsider, the level of English for the Somali Bantu community is still very low. But for a people that has known far worse times, things are much better now.

They are full of confidence that the world is no longer strange. Whether this enthusiasm will continue once the learners are in the United States remains to be seen. At least for now, they can form a sense of what the world is saying and that is enough.

Evans J. Mburu has been in the field of education for the last 25 years, both in primary education and college teacher training. Another one of Mr. Mburu's articles appears in EENET (Enabling Education Network), a Manchester University publication.

Mukhtar Ahmed Mohamed is a Somali-Bantu refugee living in Kakuma refugee camp. He has worked with Education programs for CARE in Kenya and is currently the Counterpart Manager for the IRC, assisting the NGO in establishing and running the Somali-Bantu survival literacy project.

David Wang'ang'a Mwaniki is an Assistant Adult and Special Needs Program Manager with IRC Kakuma, working on teacher training, capacity building and curriculum development. He joined IRC one year ago from Windle Trust Kenya where he was an English Teacher.

Refugees, ESL, and the Work Requirements of Welfare Reform: The Families Transitioning to Work Program in Fairfax, VA

by Stephanie Wood

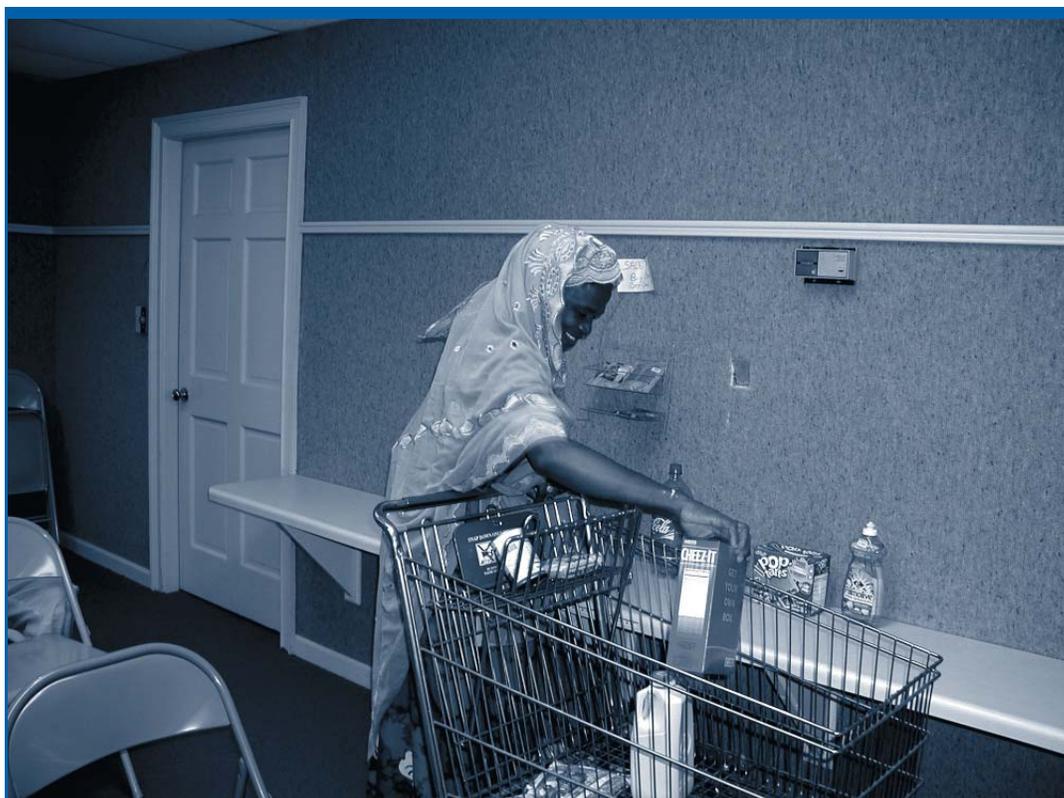
Gaining and retaining employment in the United States remains a great challenge for many newly arrived refugees. Some come to this country with enough education, English language proficiency, or other marketable professional skills to allow them to create a new life for themselves and their families fairly quickly. Some do not. In addition to initial refugee resettlement benefits, federal, state and local public assistance is available to many refugee families who need longer-term support in order to become self-sufficient. These benefits can include health insurance through Medicaid, Food Stamps and cash assistance referred to as TANF (Temporary Assistance for Needy Families).

A recent study on Immigrants and TANF by the Urban Institute cites "English as a Second Language" (ESL) welfare-to-work programs in New York and Los Angeles as public assistance models to help immigrants achieve long-term self-sufficiency. "By combining work with language training that counts toward work requirements, these initiatives further the goal of moving immigrant recipients into work while improving their chances for longer-term success."

The 1996 federal welfare reform instituted stricter welfare eligibility requirements, time limits for receipt of assistance, and a "Work First" basis for

welfare eligibility. "Work First" means that most able-bodied adults, both U.S. and foreign-born, must work or formally look for work for a minimum of 30 hours per week in order to remain eligible for benefits such as Food Stamps and TANF. Yet, the pending 2004 reauthorization of TANF by Congress may institute even stricter federal work activity requirements. These requirements may limit the types of programs which are considered acceptable work activities, including English language and skills training, and may increase the weekly required participation hours from 30 to 40. This will pose an even greater challenge for limited English-proficient and low-skilled refugees to be able to fulfill the TANF work component requirements, and continue to receive the assistance they need eventually to move off welfare and achieve the long-term goal of self-sufficiency. The Urban Institute Report urges Congress to retain combined English language and employment training programs as acceptable work activities for TANF eligibility.

National and local demographic research supports the significance of ESL training by directly linking formal education, English language proficiency



Khadija practices grocery shopping.

Photo: D. Redd

and earnings potential in the U.S. economy. A 2001 study by the National Center for Education Statistics showed that adults “who were not fluent in English, primarily immigrants who arrived at age 12 or older with low levels of formal education, were less likely to be employed, and earned lower wages...than individuals who were fluent and literate in English.” This study also showed that individuals who learned English as a second language and had higher levels of formal education were able to achieve “average income and continuity of employment” comparable to those of native English speakers. A Fairfax County survey of immigrant and refugee communities in 2000 also found a direct correlation between a good command of the English Language and household income.

The Families Transitioning to Work (FTW) Program

In Virginia, the work requirement component for the TANF program is referred to as VIEW (the Virginia Initiative for Employment not Welfare). VIEW defines acceptable work activities (including paid and unpaid employment as well as certain types of training) in which clients must participate for at least 30 hours per week in order to remain eligible for TANF. Appropriate county social service departments in turn determine their residents’ public assistance eligibility and administer these programs in accordance with federal and state regulations.

Fairfax County, Virginia, part of the greater metropolitan Washington D.C. area, is home to a significant and growing immigrant community. According to the U.S. Census Bureau’s 2002 American Community Survey Profile, 26 percent of Fairfax County residents are foreign-born; of these immigrants, over half entered the country in 1990 or later. Furthermore, 33 percent of county residents speak a language other than English at home and, of these, 45 percent report speaking English less than “very well.”

In 1998, Fairfax County Public Schools Adult Education and Fairfax County Department of Family Services joined forces to create the Families Transitioning to Work (FTW) Program, an intensive English for Speakers of Other Languages (ESOL) and pre-employment training program for refugees and other immigrants who receive TANF assistance. The FTW program aims to help recipients of public assistance with limited English proficiency acquire working skills in the English language and necessary job-readiness skills to become employed as quickly as possible.

Fairfax County Department of Family Service (DFS) workers refer appropriate VIEW clients to the FTW program. Usually, these are refugees and other immigrants who have not found employment, and who cite their limited English proficiency and/or little to no formal work experience as significant barriers to finding a job. On average, DFS refers 10 to 15 participants per 12-week session. The majority of participants are women, although each session usually includes one or two men. One recent participant, whose story is typical of many refugees referred to the program, is a middle-aged woman from Afghanistan whose first language is Dari. She had four years of education in her country and worked as a seamstress in the family shop. She came to the United States with her five children, age five to fourteen, after her husband was arrested and executed by the Taliban. The FTW program helped her re-establish a stable family home in the United States by facilitating her job search and rekindling her self-confidence.

The goals of the program are tailored to meet the needs of each participant in terms of individual literacy, English ability, and prior work history (if any). Most participants who join with a high-beginning or an intermediate level English leave the 12-week session with the skills required to conduct an effective job search, including the ability to complete job applications and interview with prospective employers. Participants who start with little to no English, and/or little to no literacy in their native language, usually achieve a basic understanding of how to seek employment in the United States and acquire the ability to communicate basic job-related information about themselves in English. Upon completion of the session some of these less literate participants are able to conduct a job search with additional support and assistance from DFS case managers and job developers. DFS funds eligible clients to participate in one, or at most two, FTW sessions.

Participants attend the FTW program Monday through Friday, 30 hours per week at the Willston Multicultural Center in Falls Church, Virginia. They take general ESL classes each morning, break for 30 minutes during lunch, and then spend the afternoon working on an employment-specific curriculum with the FTW facilitators. They learn to complete job applications, practice interviewing skills, develop a résumé, and gain an introduction to the culture and expectations specific to the American workplace. As a

group they attend job fairs and visit local businesses to learn about different types of jobs available in the United States, and to practice inquiring about employment opportunities in English. Participants also spend one hour each day in the center's computer lab. They use the computers not only as a tool to reinforce English language learning, but also to develop skills fundamental to participation in life and work in the U.S., and as an actual job search tool for on-line applications and job announcements.

One afternoon per week FTW participants volunteer at local area businesses to gain real-life "on the job" experience. For many, these volunteer positions are their first experience working outside the home. Examples of local businesses collaborating with the FTW program and providing these volunteer work opportunities include a local clothing department store, a childcare center, thrift shops, and other non-profit organizations. Robin Schrage, ESL instructional program supervisor at the Willston Center, maintains that the "volunteer work experience is a crucial component of the FTW program. It

provides an opportunity for participants to overcome their fears of the American workplace, to practice English in a real workplace situation and to interact with other workers and a supervisor." Once they are back in the classroom, participants discuss their new insights into American workplace procedures and expectations, ask questions, and build on English vocabulary and skills acquired during the job simulation.

Although the program continues to focus narrowly on job search and employment readiness skills, over the last six years FTW facilitators and VIEW program managers have adapted the curriculum to include supplementary, pre-employment topics as necessary. Such additions to the curriculum include a discussion of how to obtain identification and work authorization documentation in the years following September 11, as well as practice with on-line and "kiosk" applications as employers have shifted toward this hiring trend.

Participants leave the program with a master job application to use later as a guide, a résumé on paper and on a computer diskette, and a personalized letter of recommendation from the FTW facilitator. The résumés and master job application document the participant's FTW volunteer experience and previous employment history, as well as their ESOL education and skills acquired as part of the FTW program.

The DFS VIEW workers monitor their clients' participation in the program and refer clients to other supportive services to help them gain and retain employment, including subsidized child care and transportation assistance. DFS case managers and FTW facilitators meet at the beginning and end of each session to discuss the progress, strengths and issues of each participant, and identify recommendations for future directions.

Participants take general ESL classes as well as an employment-specific curriculum with the FTW facilitators. They learn to complete job applications, practice interviewing skills, develop a résumé, and gain an introduction to the culture and expectations specific to the American workplace.

If, after completion of the FTW program, participants have not found paid employment, they are referred either to an independent or assisted job search program with DFS job developers, or additional volunteer work opportunities coordinated directly through DFS. DFS may also fund additional

ESOL classes for participants who continue to work in paid or volunteer employment.

According to Diana Reing, VIEW program manager for Fairfax County, many factors contribute to a FTW participant's success in becoming employed, including his or her willingness and ability to adapt to a new way of life and possibly a new way of supporting the family. She also cited the important roles played by the VIEW case managers and county job developers who specialize in the particular employment needs of refugees and have cultivated contacts and employment networks within the community.

Implications for Future Policy and Practice

Although the FTW program serves as a springboard to employment for many of the participants, the 12-week session is a very short time for those with the lowest literacy levels and little to no previous work experience to make enough progress in English and

employment-readiness skills to successfully find a job. Yet federal and state assistance time limits (currently 24 months for VIEW program participants) and work participation requirements mandate that even these clients become employed as quickly as possible.

The processes of language acquisition and acculturation, as well as the development of the life skills necessary to succeed in a new country, can be burdensome for many newcomers. Current realities of welfare reform, however, dictate that all individuals, native and foreign-born, have very short time periods during which they can receive assistance, and mandate that they find employment as soon as possible in order to remain eligible for these benefits. Public assistance agencies are held accountable for the number of people in their caseloads who are employed, the total hours they work, and for the average wages they earn. Yet many non-citizen welfare recipients have significant issues that prevent them from acquir-

ing and keeping the first minimum-wage job, let alone employment that would provide long-term independence and self-sufficiency for their families. Because joint ESL, training, and employment programs successfully address these short- and long-term goals and requirements, communities should promote these initiatives as work activity options for refugees and other limited English-proficient clients who receive public assistance.

Stephanie Wood has served as both a founding teacher of the Families Transitioning to Work Program and as a VIEW case manager in Fairfax County, VA. The views expressed in this paper are the author's alone and should not be attributed to Fairfax County Adult Education, the Department of Family Services or any other organization.



The Community Orientation group in Atlanta, GA.

Photo: D. Redd

TECHNICAL ASSISTANCE FOR ENGLISH LANGUAGE TRAINING PROGRAMS

The Spring Institute for Intercultural Learning, based in Denver, Colorado, is the Office of Refugee Resettlement's designated provider of Technical Assistance for English Language Training Projects for refugees. As such, their mission is not only to assist refugees in obtaining self-sufficiency, but also to assist service programs in assessing their own effectiveness and areas of need in designing and implementing performance-based English Language Training.

Members of the Spring Institute can evaluate and improve operations of any scale, and receive grants to make site visits and help teachers with challenges related to refugee mental health and cultural adjustment in the ESL classroom. Areas of expertise include:

- Updated Mainstream English Language Training performance-based curricula
- Technology in the classroom
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A Model of Collaborative Cultural Orientation for Refugees: The Somali Bantu Working Group in Atlanta, GA

by David Redd

In December 2003, Atlanta welcomed the first of an anticipated 800 or more Somali Bantu refugee arrivals to the city. Given the expected level of need for extensive and ongoing orientation for this group from rural Somalia, the refugee-serving agencies of Atlanta came together to form a working group to provide this extra support. This report outlines the formation of this working group and proposes it as a possible model for other non-funded or low-cost collaborative cultural orientation projects.

Refugee Resettlement in Atlanta

Because of its standing as the principle urban hub of the southeast, Atlanta has long been a site for refugee resettlement. There are currently six voluntary agencies in the city, representing seven of the ten national agencies. Also found throughout the city are a number of mutual assistance associations and community service organizations dedicated to refugee and asylee needs. Most refugees are located not in the central city but rather in outlying metropolitan-area towns where there are large apartment complexes that offer lower rents and access to public transportation. Atlanta has a wide variety of refugee ethnic groups including individuals from Somalia, Ethiopia, Sudan, Bosnia, and older populations from Russia and Vietnam. The city will also receive one of the largest Somali Bantu populations in the United States.

The Collaborative: Initial Steps

Based on the recognized need to prepare for a large influx of refugees without an existing community to help in their transition, the directors of the voluntary agencies in Atlanta began to meet on a regular basis to discuss plans for the Somali Bantu set to arrive in the near future. Soon these meetings were expanded to include personnel from local refugee service agencies, mutual assistance associations, and the state refugee coordinator's office. The stated desire of these meetings was to find a way to address the recognized needs of the Somali Bantu in the midst of shrinking budgets and resources. The group

drew up a general proposal that outlined the current services available for refugees in Atlanta and the expected areas where additional or expanded orientation would probably be needed. These categories would serve to define the cultural orientation curricula that would later be developed.

By the beginning of the 2003 fiscal year, the informal group began to take more formal steps to develop a plan for the arrival of the Somali Bantu group. The first part of this process involved organizing a cross-agency informational session and planning meeting. (This format to inform, educate, and form collaborations across a wide variety of agencies had already been successfully used prior to the arrival of the first HIV+ refugees in Atlanta after the Class A waivers were granted.) In addition to the refugee agencies and state personnel already involved in preparation for the meeting, representatives from general sector community agencies including the school systems, public transportation, law enforcement, and health departments were also invited to the event.

At the meeting, the refugee agencies presented information about the background and expected needs and challenges of resettlement for the Somali Bantu. The other agencies attending also offered information about their current services and policy changes in turn. The meeting was then followed by a breakout session in which everyone present divided into groups by topic area (health, education, community, etc.). These groups discussed the needs in more detail and offered possible avenues of orientation for the newly arriving refugees.

The Curricula

Using the ideas raised in the large meeting, the core members of what had come to be a regular working group focusing on the needs of the Somali Bantu began to formulate an extended cultural orientation (CO) curriculum that could be incorporated in the general process of refugee resettlement. The cultural orientation topic areas were divided between the agencies represented, in most cases with two agencies collaborating to provide the service. Each of these partnering groups would take charge of developing a specific curriculum and course outline for that topic area and teach it for the clients of their own and other agencies. It was decided to base the cultural orientation curricula loosely on the same model as that of the International Organization of Migration (IOM) in their training of refugees. Over time the class curricula came to include the following elements:

- Practical Skills - This initial class offers an opportunity to introduce the Somali Bantu to the cultural orientation class and to encourage them to participate and ask questions. Topics covered include a very basic introduction to currency and prices, bills, addresses and the postal system, time and dates, and telephone usage.
- Community Orientation - The community orientation class offers a general overview of typical elements in an American community: the grocery store, bank, clinic, police department, library, etc. While it is not intended to replace the experience of an actual in-community orientation, the class serves as a basic orientation to concepts perhaps unfamiliar to a group from a more rural area. In this way, caseworkers and volunteers know that clients at least have some background when trying to demonstrate these services.
- Law - This course gives an introduction to laws which might differ from the expectations of newly arriving refugees or which other refugees have had problems in following. It also includes a reinforcement of basic home safety.
- Health and Nutrition - This collaboration grew from a regular discussion of topics like the health system, the use of medicine, and home care as well as a forum to address special health-related topics. One such session included an invited nutrition group to talk about food and nutrition since so many families had children with iron deficiency.
- Employment - This two-part orientation session first offers classroom instruction about entry-level jobs in America and practice with interviewing through group exercises and discussion. It later offers a public transportation orientation that includes a trip to the downtown center.
- Parenting/Youth - These classes for both parents and children take place simultaneously. Adults meet as a group for instruction on child-care and child safety laws in America, positive parenting, and a description of the local school system. Children and youth, meanwhile, are separated from their parents for their own session to discuss about what they will face in the school environment and the expected behavior for children in the United States. Also included if possible is a tour of a local school itself.

All of the courses emphasize the need to put the information presented in use and encourage students to go to their individual caseworkers for follow-up and questions. It was also intended for key concepts to be repeated across courses. Many of the more immediately important topic areas like safety and home care were left to the individual agencies alone rather than receiving a specialized orientation class. However, elements of these topics have been interwoven in the various CO curricula.

Classes

Once the curricula were defined, the agencies met together to discuss a general framework to the frequency and timing of classes so as not to conflict excessively with other programs (ESL, health screens, etc.). It was decided that each partnering agency (i.e., whomever was teaching a specific class) would be responsible to schedule the classes and provide or arrange to “borrow” an interpreter for the session. Individual caseworkers within each agency, on the other hand, would be responsible for scheduling their refugee clients to attend the class. A checklist for use in individual case files was developed for this purpose. Issues of childcare and transportation were also left to the referring agency unless it was included as part of the curriculum.

As time has gone, it has been proven convenient to make some of the classes mobile—holding them in an apartment complex where a number of families have recently settled. The Somali Bantu families have been very gracious in allowing the groups to meet in their homes for this purpose. This arrangement saves time and resources in terms of transportation and space though it does require more prior organization by the agency teaching the class.

Coordination

One of the keys in making the collaborative orientation ongoing and sustainable is an emphasis on communication and feedback. This need is partly filled through monthly meetings between representatives from the agencies involved at which reports are given regarding expected arrivals, experiences with orientation classes, and emerging issues and needs. However, it was also recognized that a more readily accessible form of collaboration needed

to be established. This has been accomplished through the use of the free online web group service offered by Yahoo! Groups. This web group allows for a number of important collaborative functions to be easily accomplished using the features of the website as follows:

- Message board - This function enables members to post announcements/emails concerning upcoming trainings. It is also available for refugee caseworkers to note recurring needs which they encounter and which other group members can take into account in their own trainings and interactions.
- Calendar - The online calendar is a key component in successfully scheduling orientation courses and allowing individual case managers to know the time and location of scheduled meetings.
 - Files - All group members have easy access to copies of curricula and other orientation materials with this feature.
 - Database - The searchable online database allows agencies to enter arrival numbers and generalized client data. A list of the ages of arriving refugee clients, for example, allows the members in charge to have an idea of the number of school-age children arriving in a given month.

It has proven convenient to make some of the classes mobile—holding them in an apartment complex where a number of families have recently settled.

This collaborative effort has potential for expansion and use as a model.

Reproducibility

From the start, the collaborative was seen as not only an immediate solution to the orientations needs of the Somali Bantu, but as a possible model for the cultural orientation of all refugee arrivals as well. For this reason, many aspects of the collaborative are intended to be used with other groups in the near future and are not specific to the Bantu. Any basic orientation curriculum (such as that used by IOM) could be used to start since the emphasis on discussion among the group members allows for curricula to be adjusted and revised easily. The Yahoo! web group system is available free of charge and is easily useable for anyone with basic Internet skills.

Multi-Agency Collaboration

One of the core goals of the collaborative group is an emphasis on sharing resources and reducing the burden of instruction on any one agency. This task is particularly easy in Atlanta because of the number of resettlement organizations. Not all resettlement communities will have this number of refugee organizations with which to collaborate. However, many of the same tasks could be accomplished through collaboration with community organizations, religious groups, ethnic associations, and volunteer groups.

Refugee Arrivals

The orientation groups were started in response to a large influx of a particular population and thus are able to assume a common language and background. The increasing trend towards group refugee referrals makes this possibility more likely at a given resettlement site. It should also be noted, however, that due to the frequency of the trainings and the inconsistency in the number of arrivals at any given time, most of the individual classes in Atlanta have not been particularly large. They could thus be “micro-managed” for a particular language and address the needs of a variety of other populations just as easily.

As with any such endeavor, there are a number of areas in which the collaborative cultural orientation classes have presented challenges or evidenced a need for improvement.

Consistency and Commitment

Because the number and frequency of refugee arrivals is often inconsistent, it has sometimes meant that one agency may have many more clients for the classes than another. Not only does this mean that one agency might be “benefiting” more from the orientation, it obviously affects the level of investment that any individual agency places in the collaborative project as well. For this reason, it is important to find a way to ensure that all of the groups involved receive some gain from their partnership. The sharing of information and experiences in the group meeting and website plays an important role in this process since everyone can learn from and use the lessons of the experiences shared.

Central Organization

While one of the key benefits of a collaborative orientation is avoiding the need to hire and maintain a staff solely for this purpose, it also requires more coordination

between the various players involved. For example, all the agencies have noted difficulty in getting individual caseworkers to remember to check schedules and refer their families for classes. Ideally, each agency involved could benefit from having a single individual participating in the planning of agency’s classes and facilitating and encouraging staff in accessing classes. Because of the time commitment this would involve, however, not every agency would be able to dedicate one person alone to this task.

Formalized Review

As of yet, the collaborative orientations in Atlanta do not have any formalized mechanism for evaluating the classes offered. Informal comments and observations seem to indicate that the refugee clients are interested in and gaining from these orientations. This perception continues to fuel the interest of the partnering agencies. However, there is currently no way for the groups involved to gather definitive data and outcomes from the project. The creation of such an evaluative tool falls outside the time and resources of any of the agencies involved in teaching and coordinating classes. One possible solution, however, would be to find an additional partnering community agency to take on this responsibility.

Conclusion

The cooperation of agencies in cultural orientation classes is not unique to Atlanta nor is it a wholly unusual concept. It is far from being the norm of refugee resettlement as a whole, however. While there are challenges associated with such an endeavor, the experience of the Atlanta voluntary agencies and other service agencies does demonstrate that organizations can come together to create workable cooperative cultural orientation solutions without having to wait for large grants or national level direction. In a time when more and more emphasis is being placed on the collaborative use of resources and the reduction of agency budgets, such a model might prove useful.

David Redd has been a case manager with World Relief in Atlanta, GA since August 1999 and now serves as the Somali Bantu cultural orientation coordinator for the office. For further information on his work, please visit his personal website at www.davidredd.com or contact him directly at dredd@wr.org.

Fact Sheet: How To Pay for Health Care Language Services, “Promising Practices”

Mara Youdelman, National Health Law Program (Youdelman@healthlaw.org/ 202-289-7661)
Adapted from a presentation made February 27, 2004

What Funding Is Available for Providing Linguistic Access To Health Care Patients?

Federal Sources

- Medicaid/SCHIP – CMS Letter 8/20/00
<http://cms.hhs.gov/states/letters/>
- OMH Bilingual/Bicultural Demonstration Program
<http://www.omhrc.gov>
- HRSA “Models that Work” Campaign
<http://bphc.hrsa.gov/programs/MTWProgramInfo.htm>
- HRSA – HIV/AIDS Bureau
<http://hab.hrsa.gov/>
- Offices of Refugee Resettlement
<http://www.orr.gov>
- State/County Departments of Health/Social Services

Statewide Medicaid/SCHIP Programs

- Reimbursement is available for language assistance including translation and interpreters to Medicaid/SCHIP enrollees
- States can draw down federal funds at either their administrative match rate (50%) or their “covered service” match rate (59% Medicaid, 71% SCHIP) depending on how they choose to provide language services
- Only 10 states have set up programs to provide direct reimbursement using federal matching funds to pay for language services.

Private/Local foundations

- Robert Wood Johnson Foundation Invites Proposals for Changes in Health Care Financing Initiative
- Verizon Launches ‘Cyber-Foundation’
- Association of Operating Room Nurses Foundation Research Grant Program
- The Annie E. Casey Foundation
- Joint American Academy of Family Physicians Foundation - AAFP Grant Awards
- Common Counsel Foundation
- The Robert Wood Foundation - “The Developing Leadership In Reducing Substance Abuse”
- Sarah Lee Foundation Awards Programs
- American Association of University Women Education Foundation
- William Bingham Foundation Grants
- Jackie Robinson Foundation Scholarship Program

What are Different Implementations and Procedures in Place to Ensure Funding for Linguistic Access?

Model 1 – Language Service Agencies

- HI, WA and UT contract with interpreter organizations; providers schedule interpreters who bill the state
- WA offers testing and certification – interpreters must be certified (7 prominent languages) or qualified (other languages)
- HI & UT – reimbursed as “covered service”

Model 2 – Provider Reimbursement

- ME and MN require providers to pay for interpreters and then reimburse providers
- Providers have discretion on who to hire
- ME – interpreters must sign code of ethics; cannot use family members/friends
- Considerations – state oversight; quality of interpreters; provider concerns

Model 3 – Payments to Interpreters

- NH requires interpreters to become Medicaid providers
- Interpreters submit bills directly to the state
- Considerations – requirements of becoming a provider; low reimbursement rates

Model 4 – Language Line

- Kansas – starting 10/10/03, the state will pay for a telephonic language line which fee-for-service providers can access for Medicaid/SCHIP patients
- Coordinated through the state’s fiscal agent (EDS); providers receive a code for access
- Estimated budget – \$275,000 for first year Current State Reimbursements
- \$1.1 million budgeted in 2002

Resources

- The Access Project & NHeLP – Language Services Action Kit available from The Access Project
- NHeLP – Ensuring Linguistic Access: Legal Rights and Responsibilities available from NHeLP
- NHeLP – Providing Language Interpretation in Healthcare Settings: Examples from the Field
<http://www.nhelp.org>

Bridging the Gap: Language Interpretation in the Delivery of Health Care Services

by Maricel Quintana-Baker, Ph.D

Introduction

Global migration rates have increased steadily over the last four decades. It is estimated that, worldwide, the number of individuals residing outside their birth country has risen from approximately 75 million in 1965 to 150 million in 2000, and experts agree that the rate of increase is unlikely to slow down in the near future. These rising migration rates are attributed to increased globalization, the fall of communism, and ideological and civil conflicts in certain countries.

The United States continues to be the most popular migration “destination—a magnet for immigrants from around the world.” Data from the 2000 Census indicate that more than 31 million U.S. residents are foreign-born; of these, approximately 54 percent are from Latin America and 26 percent are from Asia.

The influx of foreign-born individuals has meant an increase in the number of persons who may not be proficient in English, and who are often referred to as having limited English proficiency or LEP. The number of individuals living in the United States whose native language was not English increased from 32 million in 1990 to 46 million (roughly 18 percent of the population) in 2000. In addition, the 2000 Census revealed that 8 percent of our total U.S. population declared that they spoke English “less than very well.” The linguistic barriers encountered by the LEP population deteriorate their ability to communicate and understand the process of navigating our system, affecting everything from education and job training to healthcare and economic welfare.

Language and Culture

For forty years, Title VI of the Civil Rights Act of 1964 has prohibited discrimination on the basis of race, color, and national origin. Inherent in national origin is the practice of a unique culture generally expressed in tandem with a particular language. In the United States, in

many cases, foreign national origin means a language other than English as well as a different culture. Linguistic and cultural barriers can be especially challenging in the health care setting, when, for example, in emergency situations, quick communication can mean the difference between life and death.

The sharp increases in immigration coupled with recent policy reaffirmations have brought the underprovision of language access to the forefront of the national conscience. Efforts to clarify Title VI’s inherent responsibilities for language accommodation include Executive Order 13166 and the concurrently issued Department of Justice Policy document Enforcement of Title VI of the Civil Rights Act of 1964 B National Origin Discrimination Against Persons With Limited English Proficiency. Another recent and major

effort to address the cultural and linguistic gap in the provision of health care services is the Office of Minority Health (OMH) of the U.S. Department of Health and Human Services’ CLAS Standards (National Standards for Culturally and Linguistically Appropriate Services).

These policy efforts support the Nation’s commitment to improving access to convenient health care services for our immigrant and LEP population.

The Health Care Interpreter

More and more, because of the potential for miscommunication, possible adverse health consequences, and concern about legal actions, health care organizations are providing qualified health care interpreters. In the health care setting, the interpreter’s function is to convert the spoken information from the source language into the target language, in a way that conveys the meaning correctly. Indeed, sometimes the health care interpreter becomes “the cultural bridge between a provider and a patient...who do not share a common worldview.” The interpreter must understand that notions of health care and medicine take different forms across ethnic and national divides.

The role of the interpreter may expand or contract depending on the context and the skills of the interpreter and the provider. For example, although the goals of the interpreter are to translate both lin-

More and more, because of the potential for miscommunication, possible adverse health consequences, and concern about legal action, health care organizations are providing qualified health care interpreters.

guistically and conceptually, the conceptual translation may require culture-specific knowledge. In cases where the interpreter has to serve as a cultural bridge—that is, go beyond mere linguistic conversion—the interpreter must perform his or her role in a transparent manner, thus ensuring that both parties understand what was said by the interpreter and by each other. When the interpreter becomes the cultural bridge, he or she “builds shared meaning...allow[ing] the interpreter the freedom to interpret, [and] to provide additional context. The goal of health care language interpretation, then, is the conveyance of meaning rather than mere reproduction of the words into another language.

Who Delivers the Message?

Just because a person claims to speak another language does not mean that he or she qualifies as an interpreter, especially a health care interpreter. While these individuals “may be able to communicate in a second language, they may not understand more complicated health matters such as diagnosis, the treatment recommended, or the risks involved”

Using ad hoc interpreters (i.e., anyone nearby who claims to speak the other language) or the patient’s family or friends may potentially create difficult or dangerous situations. The majority of ad hoc interpreters have not been tested for language fluency, may know

little about medical terminology, and are uninformed about interpreter roles, ethics, or interpreter techniques. Using family and friends may raise the possibilities of inaccuracy because of insufficient English language skills, a lack of knowledge of medical terminology, and errors that distort the information exchanged between patient and provider. There is also a concern over compromised confidentiality. Children are an especially vulnerable population and should never act as interpreters because they may “be exposed to sensitive subjects, cause censoring of vital information, undermine confidentiality, and deteriorate family social dynamics.”

Potential interpreters can be recruited from existing bilingual staff and from the general community as long as previous language screening establishes their degree of fluency and they receive appropriate training. However, it is important for health care providers to understand that bilingual staff, who must interpret in addition to conducting their regular activities, carry an often unanticipated and weighty burden. On the other hand, the commitment of community volunteers may be short-lived and their medical knowledge limited, therefore making them more effective in non-clinical situations such as admissions, intake, and scheduling.

A trained professional interpreter has total command of the source and target languages, demonstrates thorough knowledge of medical terminology, and can move



Bashir and Abdiaziz help with a post office role play.

Photo Credit: D. Redd

easily along the interpretation continuum from providing mere language translation to acting as cultural broker. Furthermore, professional interpreters understand and subscribe to an ethical code that includes a commitment to confidentiality, the importance of accuracy, the concept of transparency, and the essentialness of achieving meaning in a cultural context. Five important ethical principles for health care interpretation are shared by numerous professional interpreter organizations: confidentiality, accuracy and quality, impartiality, integrity, and cultural competence.

Working with Interpreters

Providing health care services to LEP persons takes extra time and extra effort. For interpreter service programs to work effectively, health care providers and staff must learn not only about cross-cultural sensitivity but also how to work effectively with interpreters. Staff and providers must be educated about the nature of interpreter services; the dynamics of the triadic interview; and the roles of the interpreter, the provider, and the patient.

However, health care providers are often not familiar with the use of interpreters. To facilitate the utilization and improve the efficacy of interpreters, providers should 1) meet and speak with the interpreter before meeting with the patient; 2) understand that they may need to allow extra time for the appointment or encounter; 3) speak in a normal voice and directly to the patient (not the interpreter) and allow the interpreter time to seek clarification, if needed; 4) make sure that the patient repeats back the instructions to confirm understanding; 5) be careful of general comments, as some patients understand English even though they may have requested an interpreter; and, 6) include the name of the interpreter in the progress notes in case further clarification is needed in the future.

Funding Interpretation Services

The complexity of assessing the costs of providing language interpretation services cannot be underestimated. Providers must consider factors such as language, locality, availability of interpreters, mode of delivery (in-person, telephonic), and time of day.

Hospitals can improve their cash flow and help themselves recruit new patients if they provide language interpretation. For example, hospitals can be reimbursed for care provided to those who cannot afford to pay, and hospitals can recruit and attract future insured patients

who are LEP. Furthermore, the availability of language assistance can be an incentive for increased enrollment of Medicaid patients for managed care providers, who may consider LEP individuals an indirect source of additional revenue. In the Boston area, interpreters have been good for business. For example, in 1995, St. Elizabeth's Hospital saw approximately 500 Russian-speaking patients. In 2001, that figure rose to 17,000. Other Boston area hospitals have created market niches by creating language access programs that attract specific language minorities. Armenians prefer to go to Mount Auburn; Portuguese travel long distances to go to Cambridge Hospital; Boston Medical Center attracts many Kurds and Somalis; and Chinese residents do not need to go far to get to Tufts-New England Medical Center, the nearest facility to Chinatown.

There are numerous ways for providers to recover the costs of providing language assistance in the health care industry. Funds may come from the federal government, states, foundations, and non-profit organizations. Federal agencies have notified states that cost recovery for LEP services for recipients of Medicaid and the State Children's Health Insurance Program (SCHIP) is available. "States can obtain a 50 percent administrative match or, if they adopt language assistance as a covered service under their state plan, can receive a higher match based on the state's Federal Medical Assistance Percentage." Two programs at the Department of Health and Human Services (HHS) also provide assistance with the cost of language interpretation programs. The Office of Minority Health (OMH) provides funding

Several states are providing funds for language assistance in health care, among them Hawaii, Idaho, Massachusetts, Maine, Minnesota, Montana, New Hampshire, South Carolina, Utah, and Washington, with Oregon and Pennsylvania expected to have policies in place in the near future. (Personal Communication, Mara Youdelman, National Health Law Program, 3/26/03; and Maria Michalczyk, Portland Community College, Institute for Health Professionals, 3/26/03).

On the private sector side, the Robert Wood Johnson Foundation, through its Hablamos Juntos program, has provided grants for the development of health care interpretation programs, tests, signage, and print materials in ten cities. In Chicago, the Fund for Immigrants and Refugees funds the development of interpreter programs; and the California Endowment has a program for language assistance services.

through its Bilingual/ Bicultural Service Demonstration Program, and the Health Resources Services Administration (HRSA) identifies and promotes model programs through its Models That Work campaign.

At present, the most often-used methods of interpretation are in-person or telephonic. But, technological advances in video conferencing, high-speed communications, video relay services, and cellular phone technology are beginning to have an impact in how these services are provided. Innovative programs such as “consecutive remote interpretation” (multilingual video conferencing over an extended period of consecutive interactions) are being tested, and there is great potential in the possible use of telemedicine. A number of these technologies should have a positive effect on the cost and the manner of delivery of language interpretation in the health care setting.

Interpreter Training

The goal of health care interpreter training must be to prepare the student and provide him or her with the necessary tools to ensure full communication between patient and provider across language and cultural barriers. Training programs for health care interpretation come in various types and levels of depth and complexity—some are listed among the course offerings of institutions of higher education, whereas others are part of the work of community-based organizations, states or counties, and private entities.

Some state and county health and human service departments have taken the initiative to train bilingual individuals as health care interpreters. Among them are Hennepin County (Minnesota), Fresno County (California), and Multnomah County (Oregon). In an effort to respond to the needs and demands for health care

interpreters, some non-profit organizations have also begun to offer training. The Center for Immigrant Health at the New York University School of Medicine and the MassHealth Access Program run programs for health care personnel. Another active player in the health care interpretation training field is the Cross Cultural Health Care Program (CCHCP). One of its most popular offerings is Bridging the Gap, a 40-hour course that covers basic communication and interpretation skills, cultural awareness, and professional development (<http://www.xculture.org>).

Many providers develop and implement their own training programs for their health care staff and in-house interpreters. Research has shown that this training is most effective when adult training strategies are used and the sessions are incorporated into other health care seminars. It is important to note that interpreter proficiency and reliability are not a given, even for those who are professionals. Training is necessary, both initially and as on-going professional development, and so is formal testing and assessment of qualifications.

Health Care Interpretation Services

The reality governing health care interpretation programs is that individual contexts dictate their nature and composition. Essentially, the great majority of programs consist of complementary combinations of various interpretation approaches based on individual needs and circumstances. Among the different approaches are using bilingual staff as interpreters when needed; having in-house and staff-dedicated interpreters; hiring outside interpreters, either freelancers or agency personnel; participating in a geographically based interpreter pool; working with interpreters from a community-based organization; using volunteers; and contracting for remote or telephonic commercial interpretation services.

A detailed analysis and description of the advantages and disadvantages pertaining to different models for the delivery of health care interpretation services can be found in the following publications:

1. Linguistically Appropriate Access and Services: an Evaluation and Review for Health Care Organizations, by C.C. Anderson, and available at <http://www.ncihc.org/LLAS.pdf>.
2. Models for the Provision of Language Access in Health Care Settings, by B. Downing and C. Roat, available at: http://www.ncihc.org/Language_Access_Models.pdf.

Interpreter Certification Resources

University of Minnesota

www.cce.umn.edu/certificates/interreting.shtml

Cambridge College of Massachusetts

www.cambridgecollege.edu

City College of San Francisco : www.ccsf.edu

Cape Cod Community College

www.capecod.cc.us

Portland Community College

www.healthprofessionals.pcc.edu

3. Best Practice Recommendations for Hospital-Based Interpreter Services, by the Massachusetts Department of Public Health (MDPH), available at <http://www.state.ma.us/dph/bhqm/2bestpra.pdf>.

4. Providing Oral Linguistic Services: A Guide for Managed Care Plans, by K. Paez and M. Gunther, available at <http://www.cms.gov/health-plans/quality/project03.asp>.

The Need for Translated Written Materials

The use of written materials permeates every aspect of the health care setting. “Oral interpretation is most effective when accompanied by properly translated written materials that can “reinforce, clarify, or augment verbal instructions.” Written materials supplement the verbal interchange between provider and patient, making available information regarding important issues such as informed consent, follow-up instructions, prescriptions, hospital and surgical procedures, health education, and advanced directives. The major types of materials that should be translated include signage, administrative and legal instruments, clinical information materials, and patient education and preventative health materials.

When translating materials, one must keep in mind literacy rates because “high levels of functional illiteracy and low socioeconomic levels co-exist among ethnic minorities.” Alternative formats, such as audio and video tapes, picture cards, or comic books, may be useful in reaching those with low literacy levels. Ensuring that all patients have the benefit of understanding published material is the key to providing equal access to quality health services. In essence, the objective of both interpretation and translation is to ensure that patients have access to information and materials in a language they can understand.

Looking to the Future—Bridging the Language Gap

Demographic projections for the 21st Century indicate that the number of persons with limited mainstream language proficiency will continue to increase throughout the world owing to global migration and globalization. In the United States—the world’s most frequent global migration destination—language barriers for new immigrants will continue to limit their full participation in, and full contribution to, society. This poses a threat to their well-being and their access to quality health care. Although the optimum solution to limited mainstream

language proficiency is the acquisition of the mainstream language, the reality is that learning a second language is a long and complex process that requires time, dedication, and resources. In the meantime, even while the learning process is going on, those with limited English proficiency must live and function in a society where communication is a daily struggle.

Communication is a fundamental and essential element of the health care encounter, and this basic tenet is not likely to change in the future. Although Title VI of the Civil Rights Act of 1964, Executive Order 13166, and multiple other Federal and State requirements dictate that language assistance be available to non-English speakers, current efforts to provide such assistance are stymied in a system characterized by a multiplicity of spoken languages, inappropriate levels of funding based on the demand for the services, a lack of awareness among the general public and health care providers, and a lack of enforcement of the applicable laws and regulations.

As a profession, health care interpretation is a fast expanding, yet very young field—a field that is developmentally behind others that are closely related, such as judiciary or court interpretation, conference interpretation, and sign language interpretation. For a successful future, the profession must embrace technology, encourage the replication of successful practices, standardize the education and certification process for attainment of professional interpreter status, and adopt uniform methods of quality control. Furthermore, to facilitate and encourage usage, professionals must publicize and encourage expanded use of current and future cost recovery methods. Finally, the benefits of providing high-quality language interpretation and translation must be demonstrated to consumers and providers—as must be the consequences of the lack of, or inappropriate, language assistance.

Dr. Quintana-Baker lives in Richmond, VA and can be reached at maricel@crosslink.net. This article is based on an extensive report for which the author was principal researcher and writer:

American Institutes for Research (2003). Health Care Language Services: An Environmental Scan. Under contract to OMH: Contract No. 282-98-0029, Task Order No. 48. Washington, DC: American Institutes for Research.

Note: A bibliography of resources for this article can be furnished upon request to the author.

Resources

Mental Health of Refugee Children: A Guide for ESL Teachers

By Dina Berman

In providing information to ESL service providers focusing on the topic of cultural adjustment and mental health for youth, the authors hope that teachers can do a better job of meeting needs and knowing how, when, and where to refer students to other parts of the service provider network. Published by the Spring Institute. <http://www.spring-institute.org>

The Bantu in Our Midst: A Resource for ELT Classrooms

Published pursuant to an ORR grant, this publication focuses on adults who do not read or write in any language and have not lived in a society which relies heavily on literacy. The first section provides some background information, while the second section is a hands-on guide to practical strategies for the classroom. Published by the Spring Institute. <http://www.spring-institute.org>

Getting To Work: A Report on How People with Limited English Skills Can Prepare for Good Jobs

The Working for America Institute announces the publication of a new resource for employers and employment trainers. The account identifies many successful strategies for obtaining jobs that provide family-sustaining incomes and benefits to refugees, immigrants and other populations who are new to English. The fifty-page report reminds us that fluency and literacy in English are not prerequisites to good jobs, that English language instruction should be tailored to fit the requirements of various occupations, and that continuing language instruction is in the interest of employers, employees, and communities—all the while offering detailed snapshots of successful programs and suggesting future directions for pilot projects. This is an excellent resource for those working with LEP populations at the job search stage, but can certainly help refashion the structure of language training programs as well.

The full report can be found at the Working for America Institute's Website:
<http://www.workingforamerica.org/documents/PDF/GTW50704.pdf>

You can also request a hard copy from Jean Pierce at (202)974-8123 or at info@workingforamerica.org for \$5.00 per booklet.

Creating Access: Language and Academic Programs for Secondary School Newcomers

Deborah J. Short and Beverly A. Boyson

This book describes the ins and outs of an exciting new education model: newcomer programs for immigrant students. Based on a 4-year study of 115 middle and high school newcomer programs, *Creating Access* describes important features for newcomer program implementation, offers practical advice for existing programs, and presents in-depth case studies of three successful, long-standing newcomer programs.

Creating Access is an important resource for—

- School districts planning to establish a newcomer program
- Newcomer sites interested in modifying their programs
- Researchers wishing to examine implementation practices and program outcomes
- Policy makers interested in programmatic options for immigrant students

For details or to order, please visit:
<http://calstore.cal.org>

Current Research

Writing Trauma: Emotion, ethnography, and the politics of suffering among Somali returnees in Ethiopia

Zarowsky, Christina

CULTURE MEDICINE AND PSYCHIATRY
28 (2): 189-209 JUN 2004

This paper affords an understanding of the complex socio-political-economic factors behind “ethnographies of trauma” by juxtaposing Somali refugees’ narratives of their hardships with scientific literature about emotion and loss. Their stories document the inequality and inaction characteristic of institutions affecting them. Analyzing the way that distress among Ethiopian Somalis was

about social injustice and not private suffering, and how this led to a collective narrative of dispossession, the paper tends toward description of experienced emotion rather than psychological investigation. Keeping in mind that research on emotion trauma has an impact on institutional policy, the author addresses the practical and political implications of her interpretation.

Address:

Zarowsky C
Governance Equ & Hlth Int Dev Res Ctr
250 Albert St
POB 8500
Ottawa, ON
K1G 3H9
Canada

Job Board

LIRS/LWR Director of Human Resources

The director for human resources will provide overall vision, strategic leadership and direction in the area of human resource management for Lutheran World Relief (LWR), Lutheran Immigration and Refugee Service (LIRS), and Lutheran Services in America (LSA). This is a shared senior position. This position will serve as a key leader to help shape the cultures of these organizations consistent with each organization's values and policies. This person will provide proactive support and work to implement a best practices approach to the human resources function. LIRS, LSA and LWR share their human resources functions. The three organizations are co-located and share similar values.

Qualifications include: Ten or more years experience in human resources-related position; bachelor's degree required; master's in relevant field preferred; experience in nonprofit arena preferred; international experience desirable; excellent interpersonal skills; excellent written and verbal communication skills; high proficiency in using in Microsoft Word, Excel, e-mail, payroll software and web browser software; experience with Ceridian payroll software desirable; previous supervisory experience required; demonstrated success in teaching and coaching other supervisors; demonstrated success in developing training programs; knowledge of Hay system helpful; knowledge of the organizational structure of the Evangelical Lutheran Church in

America and the Lutheran Church—Missouri Synod preferred; ability to work effectively within Lutheran faith-based agencies.

Responsibilities include: Leading the formulation and implementation of policies and procedures that contribute to a productive and constructive workplace environment, are consistent with organizational values and goals, and are in compliance with all relevant federal and state laws and regulations; helping each organization build and maintain a high-quality, committed, and congenial staff team; managing and implement all human resources-related functions; working closely as a resource to deployed personnel both domestically and internationally; integrating these staff into the culture of each organization and include these offices in wider human resources issues and debates; performing other job-related duties as assigned.

Salary is negotiable and commensurate with experience. This full-time position is based in Baltimore. This position is exempt from the fair labor standards act. An excellent benefit package is offered.

Contact: Send cover letter, including salary requirements, résumé and proof of legal eligibility to work in the United States to:

Human Resources Department
LIRS
700 Light Street
Baltimore, MD 21230.
FAX: 410/230-2844
hrmail@lirs.org
No telephone inquiries, please.

Date Posted: August 24, 2004

Executive Director of RepresentAction, Haiti Office

RepresentAction, The Alliance of Haitians Overseas, is an association, forum and special interest advocacy group devoted to research, analysis, strategic planning, communications, campaigns and actions designed to promote the legal, fiscal, economic, social and political agenda and rights of Haitians overseas. The Executive Director is responsible for carrying out the mission, projects and day-to-day operations of RepresentAction Haiti in accordance with the policies established by the Membership and Board of Directors. He/she will represent the agenda and interests of Haitian communities overseas through our office in Pet-

ionville, Haiti, by insuring that the membership objectives are properly understood and taken into consideration by decision makers in Haiti. The Executive Director reports to the Chairman of the Board of RepresentAction and is expected to contribute organizational vision, proactive leadership and measurable results.

Responsibilities include:

Board Support, Formation of the Organization, Lobbying and Negotiations, Programs and Activities, and Office Administration

Qualifications include:

- BA/BS or Masters in Political Science, International Relations, Communications or Marketing
- Leadership experience and a strong sense of Teamwork
- Strong Knowledge of Haiti and of the Haitian communities Overseas
- Ability to assume responsibility and be autonomous

- Strong research capabilities.
- Ability to communicate fluently in oral and written French, English and Kreyòl
- Dynamic, Creative, Mature, Responsible, Street-smart, Practical and Results Oriented
- Extensive Knowledge of MS Office 2003 applications, Including Outlook 2003, Microsoft Project and PowerPoint.

Contact:

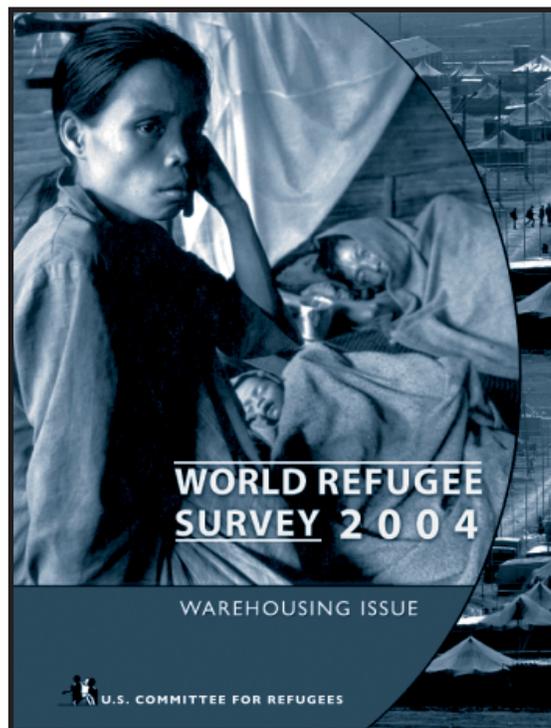
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The World Refugee Survey 2004

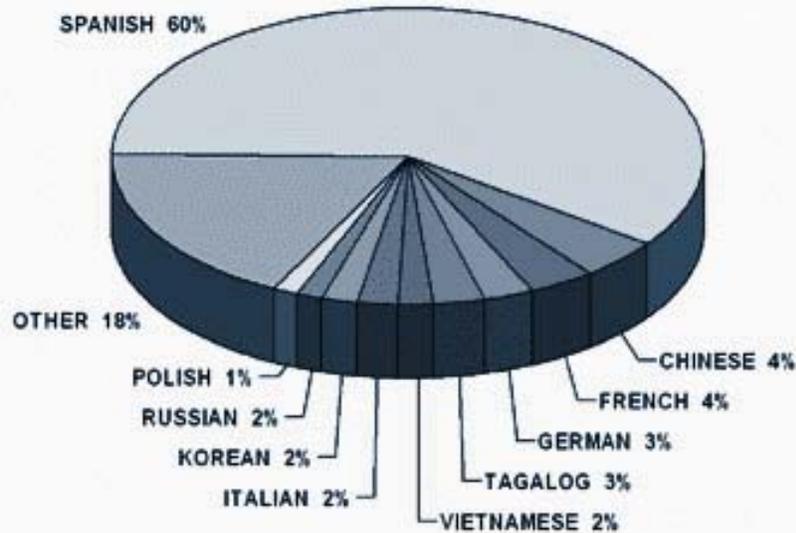
IRSA's U.S. Committee for Refugees has published the *World Refugee Survey 2004*. The 110-page report reviews refugee conditions in 145 countries worldwide and has 14 pages of comprehensive statistics. Also included is a CD-ROM which offers the entire *Survey* plus individual country updates. The *2004 Survey* focuses on the theme of refugee warehousing and features full-length articles on refugees in Lebanon, Syria, Thailand, Pakistan, Nepal, the Sovereign Base Areas of Cyprus, and several African countries.

The *World Refugee Survey 2004* documents the state of refugee protection, human rights, and adherence to international law in an era when refugees are spending increasingly more time as refugees unable to exercise basic rights waiting in constant limbo.

The *2004 Survey* costs \$25 (reduced rates for bulk orders). To order, visit <http://www.refugees.org>.



English is spoken at home by 82.12% of people over 5 years old in the entire United States. Languages other than English are spoken at home by 17.88%. Census data are based on responses to the question, "Does this person speak a language other than English at home?"



Proportions of speakers of languages other than English

This chart was generated by the *Modern Language Association's Language Map of the United States*. The *MLA Language Map* uses data from the 2000 United States census to display the locations and numbers of speakers of thirty languages and three groups of less commonly spoken languages in the United States. It can be found at:

http://www.mla.org/census_main

REFUGEE REPORTS (USPS-001-465) is published monthly for:

\$60.00 one-year subscription

\$100.00 two-year subscription

Overseas postage is an additional \$50.00.

Single copies of back issues: \$5.00

Periodicals postage paid at Washington, D.C. and additional mailing offices.

POSTMASTER: Send address changes to Refugee Reports, IRSA 1717 Massachusetts Ave., NW, Suite 200, Washington, DC 20036.

Editorial comments and communications regarding subscriptions should be sent to:

Refugee Reports

Immigration and Refugee Services of America

1717 Massachusetts Ave., NW, Suite 200

Washington, D.C. 20036

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Distribution Manager: Raci Say **Production:** Raul De Leon

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Refugee Reports

A News Service of Immigration and Refugee Services of America

1717 Massachusetts Ave., NW, #200

Washington, DC 20036-2003

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