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Assisting Immigrants And Refugees To Fully Participate In American Society

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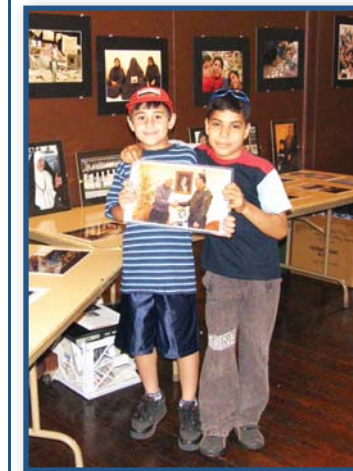
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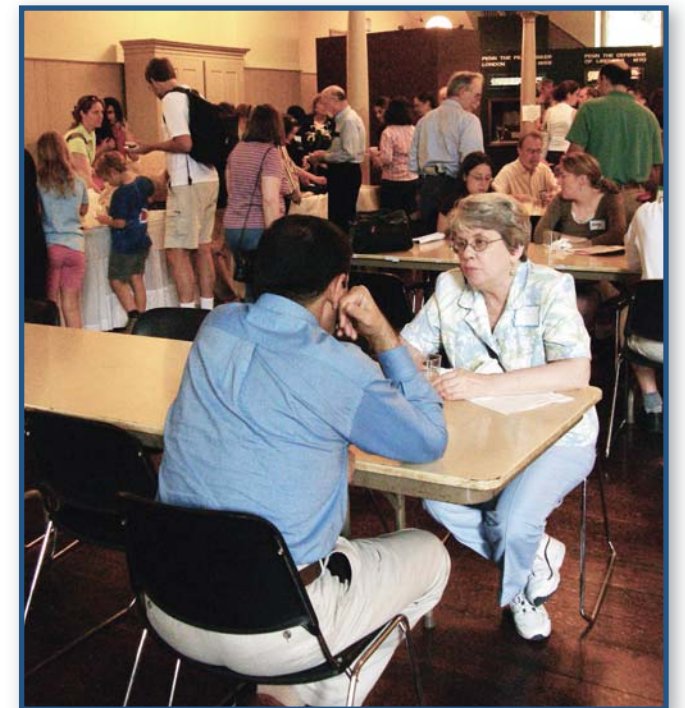
Welcoming Iraqi Families, Celebrating Iraqi Culture

On June 21, 2008 NSC held its first event aimed at raising awareness and mobilizing community support for over 100 Iraqi refugees who are expected to be resettled by NSC before September 30, 2008. The day-long event featured a photo exhibit by Linda Panetta; a healing youth art project lead by Lily Yeh; paintings by an Iraqi artist, Thamer Dawood; and an incredible array of speakers.

The more than 100 guests were engaged in dialogue with the recently arrived Iraqi refugees who told us about life in Iraq at its best, life during the occupation, and adjusting to life in the United States. Philadelphians who had recently traveled to Jordan, Syria, and Iraq spoke of their travels and called on participants to come together in solidarity in support of those Iraqis who now call Philadelphia home. The personal and extraordinary stories were confirmed by Raed Jarrer, who provided the audience with a concise yet detailed summary of the roots of violence in Iraq.



The highlight of the event was in the coming together of the nearly 45 Iraqi refugees whom NSC has resettled in the Philadelphia area. This was the first opportunity for them to unite, and through this event, we witnessed the formation of a community based on mutual support. They represented the diversity of Iraq. They were Sunni, Shi'ite, and Christian. Their views span the political spectrum. Professionals, parents, students, interpreters, and artists came from all regions of Iraq. Now that they are living in the Greater Philadelphia community, they are eager to rebuild their lives and find ways in which they can connect and become contributing members of American society.



From The Chair of The Board of Trustees



Zerihun Belay

Greetings to all supporters of Nationalities Service Center! I am Zerihun Belay, the Chairman of The Board of Trustees of NSC. In this summer newsletter, we describe some of the work NSC is doing to help newly arrived refugees to the Greater Philadelphia community, such as the Iraqi refugees described on page 1. We have also created a tremendous partnership with Jefferson University Hospital to provide more thorough healthcare services to all of the immigrants and refugees that we serve, and this is detailed on pages 6 and 7.

I would like to tell you a little about myself and how NSC has made a powerful, positive impact in my life. I was born in Ethiopia on June 4, 1955. I fled Ethiopia at the age of 24, after the military dictatorship seized my family's property and executed a number of people I knew. I walked for about a month with only hope, determination, and a couple of dollars in my pocket to the relative safety of Sudan, where I stayed for 18 months. I was granted refugee status and came to the United States to resettle on July 16, 1982.

When my younger brother and I arrived in Philadelphia, NSC helped us immediately. Through NSC we received medical attention and obtained social security cards, which of course we needed to be hired. Even though I had a college degree in political science, my first job in the United States was as a parking lot attendant. NSC took me over to Parkway Corporation, and I was interviewed on the spot. I got the job which paid \$3.35 per hour.

I understood the need to start with an entry-level job, but I decided that I would go back to college to study

management. After I worked as a parking lot attendant for a while, I became an assistant manager, then a manager, and things progressed from there. Now, 25 years after I arrived in the United States, I hold an MBA degree. In addition, I am the General Manager of Parkway, responsible for more than 60 parking operations in North America, as well as the Public Information and Ground Operations at the Philadelphia Airport. I also manage the Corporate Supply & Purchasing departments, as well as Security Operations. Parkway's ownership is wonderful. They do not care about where you were born; they are just looking for high-quality people. If you have talent, integrity, and you are honest, they will recognize that.

I will never forget the endless help and support I received from NSC and its staff when I first arrived in Philadelphia. For over 85 years, NSC has provided crucial assistance to thousands of immigrants and refugees whose stories are in many ways my story. Every day NSC's staff is helping hundreds of newcomers to the Philadelphia area find jobs, adopt the culture, learn English, and apply for green cards. Every day we are feeding elderly immigrants food at our senior center, and arranging for interpreters to help with medical care and other essential services.

The American story is the story of immigrants. NSC has been helping immigrants and refugees in need for many years and continues to be a beacon of hope for thousands today. Please continue to support us in our work, so that NSC will be able to continue to expand its extraordinary mission for many years to come.
 - Zerihun Belay

NSC Mission

The mission of NSC is to help immigrants and refugees participate fully in American society. We implement this mission by focusing on four main objectives:

- Protecting legal rights | Strengthening families and promoting self sufficiency
- Eliminating barriers created by language and cultural differences
- Promoting public awareness of the benefits of diversity in American society

NSC Services

NSC provides services that help immigrants and refugees become self-sufficient and to be active participants in their communities

- English language classes | Legal services
- Refugee resettlement, employment and social services | Services to elderly immigrants at our Senior Center
- Translation and interpretation services for individuals, as well as for government and private organizations



Iraqi Refugee Advisory Committee

Your Support for Iraqi Families is Needed

The large number of Iraqi refugees has created the biggest refugee crisis since 1948, with more than 2 million Iraqis now living in neighboring countries and millions of others displaced within Iraq itself. Of these millions, we have welcomed 45 Iraqis to the Greater Philadelphia community so far and expect a hundred more by the end of September. This is a very small number in terms of the magnitude of the problem, but nevertheless, it is still a tremendous challenge for us. Why?

The United States State Department gives us just \$425 *in total* to resettle each individual refugee. That includes everything. NSC receives \$425 to cover the cost of rent/ security deposit, furniture, household goods, clothing, transportation, and food. Can you imagine trying to start life in a new country with just \$425?

To make this work and ensure that we can welcome these families, we need your support!

Please consider giving:

\$500 to help off-set the cost of rent for one family

\$200 to put food on the table for a family for a week

\$75 to provide an Iraqi with a monthly transit pass

\$25 to provide school supplies for an Iraqi child starting the school year

If you can contribute today, thank you. Please use the attached envelope and send in your contribution to help these families. Also, if you would like to be involved in supporting Iraqi refugees in Philadelphia, please consider joining the Iraqi Refugee Advisory Committee (IRAC). Contact Leyla Dursunova at (215)893-8400 for more information.

Contributions can be mailed to:

**NATIONALITIES SERVICE CENTER
Attn: Iraqi Resettlement
1216 Arch Street, 4th Floor | Philadelphia, PA 19107
(215) 893-8400**

The horrors of domestic violence are compounded for female refugees and immigrants, who have an even harder time than most escaping abuse. Language barriers, social isolation, fear of authorities and limited information about legal rights can all exacerbate an already dire situation. Many fear that reporting the abuse or fleeing their abusers will mean deportation without their children.

NSC provides free legal services to over 1,000 low income immigrants each year. We represent persons seeking to sponsor family members, victims of persecution applying for asylum, and cases involving deportation defense, green card applications, and citizenship.

For over ten years NSC has been working to ensure the safety and well-being of immigrant and refugee women who are victims of domestic violence. In 2007, NSC's Legal Department handled 193 domestic violence cases. Accredited Legal Representative Brenda Nogales has been handling this formidable case load for the past two and one-half years with the assistance of only a limited number of volunteers. She also provides outreach to lawyers and paralegals every three months, and twice a year (along with Women in Transition and Lutheran Settlement House) conducts a 40-hour training session for service providers about options available to this vulnerable population.

"I always want to do more outreach, even though we have so many clients," Nogales says. "It is important to do trainings and speak out about these issues because people do not know about their options."

The clients NSC serves in its domestic violence program are primarily from African and Latin American countries, with the third-largest group being European. Only about four percent of the program's

participants are from Asian countries, but Nogales points out that the issue is gravely underreported among that population.

Even among women who manage to take a step toward ending the abuse, very few are knowledgeable about their rights. The Violence Against Women Act (enacted in 1994 and amended in 2000) contains provisions that limit an abuser's ability to use immigration laws to threaten and control his immigrant spouse or child. This law enables women to obtain lawful permanent resident status through "self-petitions," without the knowledge, cooperation or participation of the abusive partner.

Having moved great distances to an unfamiliar place - itself an extremely traumatic experience - many immigrants and refugees have left behind the support of family and friends, only to face isolation and obstacles once they settle in their new country. Many women do not have a social network they can rely on, and their abuser may be their only means of financial and even emotional support.

In addition to this there are the usual issues of silence and shame surrounding domestic violence, often compounded by cultural values about weathering adversity, keeping marital matters private, and remaining with a spouse at all costs. Add to that the stress of immigration and settling in a new country, and it is a nearly impossible burden.

As Nogales explains, "These women are dealing with child support, custody, divorce, protection orders, sometimes criminal cases, plus immigration. They're bombarded with it all at once. And then they can't get food stamps and other services because they aren't citizens. So many go back to the abuser because at least they have a home with him, and they hope that the abuse may not be perpetual."



Many women contact NSC on several occasions before they are ready to make a move to end the violence. Often it is an escalation of the abuse - for instance, when the violence first becomes directed at their children - that prompts their ultimate resolve to muster the necessary strength and courage to make a change.

On top of all this, financial issues are another formidable hurdle. There is a severe lack of funding to support immigrant and refugee victims of domestic violence. Many immigrant women are unable to legally work and retaining legal assistance to stop the abuse can be quite expensive.

Women who self-petition for legal permanent residency must spend more than \$1,000 in government fees just to file, and fee waivers are increasingly difficult to obtain. There is an \$80 fee for fingerprints, and that fee is never waived. In addition, the cost of the required medical exam is \$200-300, and it can only be provided by designated doctors (who do not ordinarily offer any price reductions) and cannot be obtained from free clinics. There are also fees for acquiring pictures and having documents translated (although Nogales can provide this service free of charge if the documents are in Spanish). Copies of police reports, necessary to document the abuse, cost \$25 each.

Simply gathering the supporting documents required with a self-petition can be a challenge. It is not a simple matter to find the abusive husband's bank account number, for instance, if he has made sure he retains sole control over access to that information. It is especially difficult to gather documents if you are fleeing for your safety in a hurry.

Those women who do manage to leave often face linguistic and other impediments to accessing the services that could help them. In some cases in

outlying counties, police have arrested the woman rather than her abuser even though she has visible injuries, or shelters may put up unnecessary red tape for immigrants because their situation is more complex and may require more work.

"A client living with her abuser can go to a shelter, call police, get counseling - but what happens after the 30-45 days in the shelter is up?" Nogales points out. "Often they do not speak English, have no Social Security number, and are not authorized to work legally. In some cultures, divorce is always the woman's fault, and she might not be accepted back, even by her own family members."

There are no easy answers. But with NSC's assistance and Brenda Nogales' dedication, these women at least have a chance to pursue the security and dignity they deserve in life.



Partnering for Refugee Health

By the time they arrive in the United States, many refugees and asylees have been living in refugee camps for several years, some warehoused for more than a decade. Throughout their time in the camp, they do not have access to adequate health care, if any at all. The toll on their mental and physical health can be devastating, and as a result, many develop serious health issues. Once in the United States, they are given access to Medicaid, but integration into the health care system is harder to obtain.

Refugees are required to have a formal health evaluation in the U.S. within their first thirty days. Those with identified health conditions must be seen even sooner. Though most states have protocols in place to assist with this health screening process, Pennsylvania does not. As one of the three resettlement agencies in Philadelphia, NSC has long struggled to get health providers to address the issues specific to the diverse refugee population in the Greater Philadelphia community.

Last summer this changed. In July of 2007, NSC and Jefferson Family Medicine Associates (JFMA) began a collaborative program to comprehensively address refugee health care. Since then, refugees and asylees have found a medical home in Philadelphia that provides both preventative and acute medical care in addition to that initial health screening.

Juliane Ramic, Director of Refugee and Community Services at NSC, continues to be a huge force behind this effort. Prior to last summer, NSC referred clients to a myriad of health care providers in a catch-as-catch-can manner. Ramic sought to forge the partnership with Jefferson to provide consistency in the quality of the care of NSC's clients. "We knew we had to do something. We are committed to ensuring that each refugee who arrives in Philadelphia has access to appropriate care. We see their first encounter with the U.S. health care system as setting the stage for their continued access. We wanted to forge a partnership where we could work hand-in-hand with a medical provider to ensure that refugees had access to culturally sensitive care."

Dr. Marc Altshuler, an assistant professor in Jefferson's Department of Family and Community Medicine, heads the Refugee Clinic at JFMA. Family medicine seemed to be a natural fit for the partnership because it serves patients of all ages. JFMA provides obstetrics/gynecology, newborn care, pediatrics, adolescent medicine, general adult medicine, and geriatrics. "If they have to be hospitalized, the doctor taking

care of them is one of our doctors," says Altshuler, "and 90% of the time we can manage all their care ourselves and they don't need to bounce from doctor to doctor." The Refugee Clinic also offers a valuable teaching opportunity to Dr. Altshuler's residents and students.

Besides being a faculty member and practicing physician, Dr. Altshuler is the assistant residency director for the Jefferson Family and Community Medicine Department. He is using the Wednesday afternoon clinic as a training program for Jefferson's family medicine residents and it has become one of their projects. "It has been a great teaching and learning experience," says Altshuler. "Our goal is to put together a successful model that provides great health care to refugees, which students and residents can learn from, and that other health providers can duplicate."

One resident who has been involved since the project's inception, and who leads the project from the residents' end, is Dr. Jeff Panzer. In discussing the model of care JFMA developed for the refugee health screenings, Dr. Panzer notes the difficulty given the lack of national consensus for refugee health: "We read about refugee medicine to make sure we would not be doing them a disservice, but there is no set protocol across the country with how they are screened. It varies from just getting a stethoscope on their back to states like Minnesota where they do at least three visits, getting patients plugged into the clinic, oriented to the system, and a full medical history. We knew there would be growing pains, but at least we could model after a successful program." In the year since its start, the Refugee Clinic has itself begun to be a model. Other resettlement agencies in the area have inquired about the partnership and the model of care provided. As a result of this unique partnership, NSC is being recognized as having increased capacity to welcome and serve a more difficult caseload. Now, medically needy cases are referred to NSC because of the NSC-JFMA partnership.

NSC offers all its refugees the opportunity to utilize JFMA's Refugee Clinic to fulfill their health screening requirement and find a medical home at Jefferson. So far, over 200 refugees and asylees have been seen at the clinic. All of these patients have required some sort of follow-up care whether it be for more immunizations or something more serious. One of the first clients to go to the clinic will soon be receiving a new kidney. Another patient-client has had open heart surgery and continues to be followed by "Dr. Marc" as he calls his primary care physician. Recently a seven year-old Vietnamese girl with cerebral palsy and

epilepsy was seen at the clinic, as was a ten year-old Iraqi boy who had been hit by shrapnel from a U.S. bomb. NSC and JFMA coordinated closely on these last two cases to make sure that not only the needs of the children were met but that focus was placed on the families to enable them to provide support to their children.

"As a result of our partnership with JFMA, NSC staff have become stronger client advocates. We are able to speak with refugees with greater confidence and empower them to become their own health advocates as well. We know that this will aid refugees in achieving self-sufficiency which is the ultimate goal of refugee resettlement," notes Juliane Ramic. NSC is learning Jefferson's system well and forging relationships not only with Dr. Altshuler and his residents, but also with nurses, billing personnel, schedulers, and medical students. "It helps to know who you're calling and also how their system works," reports NSC Case Manager Diana Stratis. The link also extends between doctor and patient. Beyond continuity of care, JFMA doctors offer culturally sensitive care, something NSC could not always count on before the partnership.

In the future, the partnership hopes that Pennsylvania steps up its commitment to refugee health by providing greater leadership and assistance. A state refugee health coordinator has recently been named, though no programming, outreach, or budget has been announced. Still, this partnership brings hope and provides an example for others to emulate. Last week, Dr. Altshuler's residency program received a small Health Resources and Services Administration (HRSA) grant that will allow him to devote some of his time exclusively to the project. Before this he has donated many hours of his own time to the project because he finds the work to be a great educational experience and "incredible, both personally and professionally." NSC is hoping that it too will soon find funding for a position that would be solely responsible for coordinating the partnership.

Until this summer, NSC caseworkers and interns transported clients to JFMA, after struggling to do so given the incredible demands of their jobs. In June, three Jefferson medical students joined the NSC team and

began overseeing the process wherein NSC's refugee clients became JFMA patients. They also have served as medical case managers for those refugees and asylees with significant medical needs. While future coordination is uncertain as these students will soon return to the classroom, all agree that there must be someone on NSC's end who can keep up its end of the partnership. "NSC's dedicated case managers work around the clock. The demands of their job are so great. If we are to truly meet the health needs of refugees and encourage continued access to preventative care, we need a dedicated staff member to implement this initiative. Likewise, we owe it to our partners at JFMA to do our best to coordinate the project. For this initiative to be successful, both partners, NSC and JFMA, need to be adequately staffed and funded," says Ramic.



Dr. Panzer summed up the venture aptly when he said "it is exciting on several levels - giving care to an undeserved population coming to a new place, being part of trying to help ease their orientation to the health care system - it's a pleasure on our end to be a part of that. It's a win/win situation - for the refugees because we are putting in a lot of time, not just signing forms, and making sure they are healthy, and learning about conditions we do not see every day. It helps promote people being more open-minded

about foreign populations. For people who do not have much exposure to other cultures, even just a little can go a long way to erase stereotypes and get them familiar." Along those lines, Juliane Ramic has been asked to teach a course to the in-coming Jefferson Family Medicine interns about cultural sensitivity and working with refugees and asylees. She and Dr. Altshuler hope that this cross-education will extend to other places at Jefferson. Specifically, they hope to find a partner to help address the significant mental health issues of some refugees and asylees.

