

RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Spring Issue 2008

STRANGER IN A STRANGE LAND



The Challenge of Respect

Dr. Candace Cole-McCrea, Professor Emeritus, NH Community College, Stratham

We welcome to the Spring Issue of the Rap Sheet where we consider the changing face of New Hampshire. While still one of our nation's least diverse states, New Hampshire's minority population has doubled in recent years. Much of this has been due to the steady increase in immigrants – and particularly refugees – who are resettling in our state. In this issue we look at the special challenges faced by minority families who have children with disabilities.

How do we respect each other? How do we see each other? Is our perception of others colored by our own experiences and cultural beliefs? And is it personal arrogance, ignorance, or learned behavior that makes us think that our cultural values are preferred and should be universal? These are difficult questions to contemplate – and harder to honestly address on a personal level.

Those of us working in human services often define ourselves – at least partially – by how we support others. We strive to offer support with respect and compassion. Even as we see ourselves as respectfully inclusive, I propose that we are limited by our own blind spots. Too often our preconceptions about what is acceptable makes us judgmental, exclusionary, and at times even discriminatory.

In exploring this issue, I want to be clear that I too am limited by my perceptions, experience, and culture. However, I am hopeful that sharing what I have learned in my personal life and in my work as a human services professional and professor will help others consider the importance of acceptance. My goal is to find ways that we can truly respect and value our differences and by doing so better meet the psychological, social, spiritual, and material needs of those we serve.

The sociologist Georg Simmel has explored different aspects of being a stranger. As Simmel defines it, a stranger is someone who, for physical or cultural reasons, is set apart from the dominant culture and lives on the social periphery. (This is not the same as someone who chooses a life of solitude.) A disability, a physical trait, cultural or religious heritages, personal history, or unusual behaviors or mannerisms can all be reasons that a person is assigned the role of stranger.

In my own life I have found that being a stranger has been both a blessing and a curse. I am Mohawk AmerIndian, a widow, and a woman whose identity is complicated by a severe physical disability. As someone who is outside the dominant culture, I

(Continued on next page)

SUSAN COVERT, EDITOR

A COLLABORATIVE EFFORT BY THE

DISABILITIES RIGHTS CENTER, INSTITUTE ON DISABILITY, AND NH COUNCIL ON DEVELOPMENTAL DISABILITIES

(Cover story continued)

have a different take on the cultural assumptions and perceptions that others believe to be universally true." I also have struggled with boundaries that others have been imposed upon me because of my physical, cultural, and spiritual differences. I would like to share with you some of the ways I have been treated as a stranger in my own land.

In my work and in professional circles, I have been warmly welcomed. However, I have not been included in informal lunches, gatherings at people's homes (steps are impossible), company softball games, or other recreational outings. Not being included in these social situations means that I have missed opportunities for networking and support that my colleagues take for granted. Being shut out because of my physical limitation is not new to me. As a student at the University of New Hampshire, I can remember when the Center for Students with Disabilities was upstairs in a building that had no accessible entrance. While I wish I could say that we have moved beyond this, I continue to be invited to meetings and events that are held in inaccessible places. The irony is that these meetings are for professionals who work with people who have disabilities; the underlying assumption being that a professional who is providing services cannot also be a person who happens to have a disability.

To be fair, human service providers are not the only ones who are clueless. Every fall a multicultural dinner is held in Concord to celebrate diversity and every single year, that dinner is held in a space that is not accessible to someone with a physical disability. An event whose purpose is to celebrate inclusiveness, excludes people with mobility limitations.

My family's cultural and spiritual differences have also made acceptance more difficult. I have adopted a son who is Mayan Indian and who has a brain injury. Many members of his mental health and special education teams are concerned that my son does not make eye contact when they speak to him. I have tried to explain that in Native cultures, a lack of eye contact is a sign of respect. While I understand that my son must learn the norms of the dominant culture, I would like those who work with him to understand that his lack eye contact is not something that should be regarded as pathological.

I recently learned that I might lose my right leg in surgery. If my leg is amputated I want to be allowed to bring it home; I want to burn my leg in a traditional ceremony. I will not have my leg thrown into the trash heap at the hospital! In order for me to honor my Native culture, I have to go up against state laws and regulations. Not only must I contend with the emotional trauma of the amputation; I must also fight to make sure that my leg is not desecrated by the dominant culture. I feel that I have no rights to my own body.

I want to share a final example of how difficult it is to live a normal family life as strangers in a strange land. Like many aboriginal peoples, our main family meal and spiritual gathering is traditionally at 10 am. For us, this meal is a time of prayer, joining together in cooperative planning, and preparing for daily tasks. In the dominant culture, it is impossible for our family to come together for a midmorning gathering. Yet, without this family space, we often feel rudderless and alone. By losing this tradition, we lose an important and vital part of our identity. We also lose a tradition that holds us together as a people. I wonder how members of the dominant culture would react if they were told that they would lose their jobs and fail in school if they continued to have family meals.

In his long running comic strip, Walt Kelly's title character Pogo once commented, "We have met the enemy and he is us." As we walk into the lives of people who are different than we are, it is important that we seek to understand the impact of our interactions. In my practice and teachings I have challenged those working in human services first to listen to and learn from the people they seek to help and only after they accomplish this, to act. I hope that by encouraging respect and understanding, we will not be included among the enemy that Pogo has met.

NEW HAMPSHIRE'S REFUGEE POPULATION

Rebecca Sky, Cultural Diversity Director, Foundation for Healthy Communities

Who are refugees? Refugees are people who have been forced to flee their home countries because of a well-founded fear of persecution for reasons of race, religion, nationality, political opinion, or membership in a particular social group. Persecution can include physical violence, harassment and wrongful arrest, or threats to their lives. When refugees leave their homelands, they take with them only what they can carry and only what they have time to pack. For some refugees, their hopes and dreams, and the will to survive are all that they have.

Since the early 1980s more than 7,000 refugees have been resettled in New Hampshire. They have over-

come nearly insurmountable odds to get here and once in the United States, they face many more challenges as they work to lead self-sufficient and successful lives. Acculturation is difficult; all refugees must learn new societal rules and many must learn a new language. Job skills that were valued in their homeland may not be transferable to this country. The flight from persecution is typically circuitous and long; education for many refugees has been interrupted. There also are refugees who arrive with additional challenges; some come with a newly acquired or a life-long disability.

To meet the needs of this group, the U.S. Committee for Refugees and Immigrants created the Resource Guide for Serving Refugees with Disabilities. This is how-to guide for caseworkers and advocates was developed in an effort to improve access to services for newly arrived refugees with disabilities. It addresses the unique challenges of serving this population with coordinated and effective care. The Resource Guide for Serving Refugees with Disabilities that can be downloaded at: <http://www.refugees.org/article.aspx?id=1965&subm=178&area=Participate>

Refugees who have made New Hampshire their home have greatly contributed to their communities. Through their hard work, they have strengthened our economy and their presence has enriched the cultural diversity of our state. For more information about refugees in New Hampshire, please contact Lutheran Social Services at (603) 224-8111, the International Institute of New Hampshire at (603) 647-1500, or the New Hampshire Refugee Program at the New Hampshire State Office of Energy and Planning at (603) 271-6361.

Resource Guide for Serving Refugees with Disabilities

United States Committee for Refugees and Immigrants
Assisting Refugees with Disabilities



Prepared by Dawn Blankeship, MSW, Program Officer
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Meeting the Need for Cultural and Linguistic Services

Aida Cases, National Program Coordinator, Cross Cultural Communication Systems

Legislation such as the Individuals with Disabilities Education Act and the Americans with Disabilities Act was enacted to ensure that individuals with disabilities have equal access to health, education, and other services. While these laws have resulted in significant progress, guaranteeing equal access to services for individuals and families who have limited English proficiency (LEP) continues to be a challenge.

Some safe guards are in place to protect the rights of individuals with LEP. For example, Title VI of the Civil Rights Act of 1964, Section 601 states that no person shall (1) "on the ground of race, color, or national origin, be excluded from participation in, be denied

the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Under this law, the term "national origin" refers to individuals who do not speak English. In addition, the federal Health and Human Services Office of Minority Health in 2002 developed National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care to assist agencies and organizations that receive federal dollars in providing equal access to services.

The CLAS Standards emphasize the importance of providing qualified trained interpreters for individuals with LEP when assessing, diagnosing, treating,

Are We Keeping our Promise to the Refugees?

Christopher J. Seufert, Esq., Seufert Law Offices

Manchester, New Hampshire is one of America's host cities for the U.S. State Department's relocation of Somali refugees. The refugees arriving in the Queen City have escaped violence in their homeland, made their way to refugee camps, and navigated the complicated process of immigration to the United States. The refugees who make it here are resilient and intelligent; if still in Somalia they would be their country's leaders.

Like our own immigrant ancestors, Somalis come to America with the dream of finding peace and security. They are hoping for a better life not only for themselves, but, especially, for their children. Unfortunately, the idea of America and the reality are often at odds. Refugees, especially those from poorer countries, face enormous obstacles. Language barriers and significant cultural differences make assimilation difficult. An example of one cultural difference for African refugees is the size of their families as compared to the average America family. In countries where war is constant and childhood diseases prevalent, having many children helps to ensure that someone will survive who can care for parents in their old age. It is not uncommon for Somalis to have families with six or more children.

For refugees coming to America, having a large family makes it much more difficult to find safe and affordable housing. In Manchester, refugee families typically are crowded into dilapidated, inner city apartments. These conditions pose very real dangers to children, as highlighted by the recent case where 23 refugee children were poisoned by the lead paint in a six-unit Manchester apartment building. There are likely many more cases, but most refugees are reluctant to complain to authorities about housing conditions. In their homelands, those in authority are often corrupt and brutal; for this reason, many refugees try to avoid any contact with officials.

and/or resolving issues. A competent interpreter plays a critical role in ensuring that the LEP person and the guardian or family have sufficient information to understand all the options that are available to them. Both CLAS Standards and National Council on Interpreting in Health Care recommendations call for interpreters to have a minimum of 40 hours of training. Interpreters should have a strong command of English, as well as their target language. Qualified interpreters are trained in interpreting skills, ethical, and confidentiality responsibilities; they are also aware of and respect cultural nuances and linguistic differences. Interpreters have knowledge of national and local standards of practice and have training in the field – health care, legal services, education – where they are providing interpretative services.

When working with LEP individuals, providing a qualified and trained interpreter is not only the right thing to do, if an organization receives federal dollars, it is the law. In order to deliver appropriate and cost-effective services to individuals with LEP who have disabilities or chronic health conditions, clear communication is essential. Cross Cultural Communications System is proud to help New Hampshire address its need for qualified interpreters. In 2007 CCCS became the first and only Licensed Interpreter Training Program in the state, offering training, consultation, and contractual services for interpreters to New Hampshire's health, education, legal, and social service providers. For additional information visit our website at www.cccsorg.com or contact Aida Cases at 1-888-678-2227 or email acases@cccsorg.com.

A common misconception, even among professionals, is that refugee children who come to the U.S. already are poisoned by lead. Refugees, including children, must be medically screened upon their entry into the country; lead poisoning would have been detected at that time. The poisoning of refugee children is directly linked to exposure to lead after arriving in America. Most Somali parents are unaware of how lead poisoning occurs. They don't realize that children can transmit lead contaminated dust from their hands to their mouth. Children who live in apartments with chipped lead based paint and play in areas where the soil is contaminated with lead are at great risk of being poisoned.

Much more needs to be done to educate and warn refugees – and all families living in substandard housing – about the dangers of lead poisoning. Unfortunately, the resources available for this education are limited. Providing refugees with accurate information about this health risk is particularly challenging. Most refugees have a limited understanding of English and with languages that have multiple regional dialects, finding a translator is no easy task.

But, there is hope. My law firm is currently representing many refugee families whose children have been poisoned by lead. I have found that the parents of these children are quick learners and once provided with the right information they are able to take the steps necessary to protect their children. While working with this community presents many challenges; there are great rewards in helping those who seek refuge in our country to realize a dream that includes the right to life, liberty, and the pursuit of happiness.

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Serving Individuals with Diverse Cultural Backgrounds

Lynn Clowes, Director of the Cultural Competency Group of the NH Minority Health Coalition

New Hampshire's population is increasingly a diverse mix of cultures, languages, and worldviews. Our region's Native Peoples are alive and well. Immigrants who arrived to work in New Hampshire mill towns during



Maura and Rosalva Flores with Christian

the Industrial Revolution have enriched our communities. A recent wave of immigration has brought additional newcomers from all over the world, including

refugees from many war-torn areas. At least 72 languages grace the homes of students in the Manchester School District.

As diversity increases, New Hampshire's health care workers and community service providers need to be sensitive to the challenges posed by a multicultural population. Clients' cultural values, language differences, and the assumptions of service providers all impact the delivery services. For example, a family from Mexico's indigenous Yucatan culture may value caring for aging parents or disabled family members, seeing this as part of their path, not as a burden. They may be uncomfortable with someone outside the family providing care. Service providers may need to adapt by sharing best practices with family members, rather than coming in to provide services.

Some matters seem straightforward; if you have a client from India who speaks little or no English, you will need to hire a trained interpreter. But does the staff in your agency know that this is the best practice? Does staff know if the agency will cover the costs, how to assess which language is needed (many languages are spoken in India), and how to find a trained bi-lingual interpreter? Are clients told that if they wish the services of

NH MINORITY HEALTH COALITION PROGRAMS

The New Hampshire Minority Health Coalition is a non-profit agency founded in 1993, with a mission "to identify underserved populations in the State with barriers to accessing appropriate health care, to advocate for adequate and appropriate services, and to educate and empower these populations to be active participants in their own health care." For more detail about our programs, visit our website at www.nhhealthequity.org or call us at 627-7703.

Bright Start provides education to limited-English proficient pregnant and parenting women with a focus on infant developmental stages. Services include home visits, nurse visits, and bilingual support for women in Manchester and Nashua.

Cultural Competency provides workshops and consulting for health and human services providers and the business sector to increase effectiveness in cross-cultural interactions.

Medical Interpretation trains bilingual individuals as medical interpreters, educates health professionals in the use of medical interpreters, and educates consumers with language barriers about medical interpretation. Over 280 Medical Interpreters and 80 Legal Interpreters have received training over the past six years.

Research and Evaluation provides quality health research, analysis, and services evaluation focused on under-

an interpreter that this will be provided at no cost to them? When resources are tight or staff is not properly trained, services may be compromised for non-English speaking clients.

Provider assumptions also play a significant role in how services are delivered. All agencies have their own protocols, practices, and policies. Does the organization take into account the provision of services to clients from diverse backgrounds? Do program or service providers appreciate the extent to which people coming from other places need a thorough orientation to services? Does agency staff understand that these clients may need additional support to know what to expect, what to do when, how to comply with agency requirements, or how to navigate the service system? Program accessibility and quality of service are negatively affected when providers make unfounded assumptions about what their clients know.

served minorities. We work with community-based service providers, public organizations, school departments, and businesses in New England.

NHMCP Prevention Programs

HIV Prevention reduces HIV infection in underserved minority communities through street intervention, small group education sessions, community building events, and bilingual support to collaborating agencies.

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CULTURAL COMPETENCIES

Generally the term cultural competency refers to respect, openness, and willingness to adapt practices so that individuals from all backgrounds can utilize services and have positive outcomes. It is important that agencies define competencies broadly and expect their staff to:

- ◆ Be aware that culture influences a person's experiences, communication style, definition of normality, and more.
- ◆ Seek out educational, consultative, and training experiences; recognize limits of competencies.
- ◆ Be aware of and examine negative emotional reactions to client and guard against stereotypes, personal bias, and preconceptions.
- ◆ Be aware of and work to eliminate discriminatory practices in society and communities.
- ◆ Embrace multicultural life experiences, and be open to multicultural social and professional interactions.
- ◆ Be aware and understanding of diverse racial, cultural, and ethnic minority groups
- ◆ Respect diverse religious or spiritual beliefs and values.
- ◆ Respect indigenous helping practices and networks.
- ◆ Understand multicultural family structure, hierarchies, values, and beliefs.
- ◆ Consult with traditional healers and spiritual leaders.
- ◆ Value bilingualism.
- ◆ Be sensitive to conflicts between program goals and values and cultural values.
- ◆ Understand institutional barriers and be willing to intervene on behalf of clients.
- ◆ Utilize multiple methods of assessment.
- ◆ Educate and inform clients.
- ◆ Understand one's own philosophical preferences and worldview.
- ◆ Be able to retain and increase minority client caseload.
- ◆ Be aware of legalities regarding visa, passport, green card, and naturalization.
- ◆ Be knowledgeable and tolerant of nonstandard English.
- ◆ Be able to solve problems in unfamiliar settings.
- ◆ Be sensitive to client mistrust.
- ◆ Understand countertransference and/or defensive reactions with minority clients.
- ◆ Be willing to self-monitor and self-correct.
- ◆ Use innovative approaches and methods that drawing upon research of minority preferences.
- ◆ Be sensitive to differences within minority groups.
- ◆ Consider minority identity in referrals or consultation.¹

¹Adapted from Multicultural Counseling Competencies (adapted from Sadowsky, Taffe, Gutkin, & Wise, 1994) Competencies – presented in Gargi Roysircar, P. Arredondo, J. Fuertes, J.G. Ponterolto, & R. Toporek (Eds.), Multicultural Competencies 2003. Association for Multicultural Counseling and Development. Alexandria, VA. American Counseling Association.



Choosing Life

Shortly after Elmqdad was born, his mother, Entesar Nazir, and father, Abdullah Fagir, were asked if they wanted to let their baby die. Their answer was an immediate and firm, "No!" They told the doctors that they wanted their son to live.

Today Elmqdad Fagir is nearly two years old. He is very much a wanted and loved child. With his chubby cheeks and mass of dark curls he is a baby who just begs to be kissed. Elmqdad's family loves to hold and play with him and when his mother or Aunt calls to him, Elmqdad turns his head and smiles.

Elmqdad's parents came to the United States over ten years ago, as refugees fleeing the conflicts in the Sudan. Entesar values the freedom she has found in this country and appreciates that here the government is held accountable. She explained that in the Sudan, if a police officer or government official commits a crime, they are not brought to justice. Entesar also is thankful that in American there is a safety net of services for people who are in tough circumstances, something that doesn't exist in impoverished and war-torn Sudan.

During his birth Elmqdad did not get enough oxygen causing him to be born with severe disabilities. The

Julia Freeman-Woolpert, Disabilities Rights Center

day after he was born he was taken by ambulance from the hospital in Manchester to Boston Children's Hospital. In Boston, the doctors talked with Entesar and her husband about the severity of Elmqdad's disabilities. Entesar cried as she remembered how the doctors told her, "He's not able to walk, not able to see, not able to talk. You know, many disabilities."

The medical team at Children's Hospital met with Entesar and Abdullah to talk about whether or not they wanted the doctors to withhold treatment for their baby. As Muslims, the family believes strongly in the sanctity of life and abhors the killing of innocents. Entesar explained that she felt the hospital was telling her that because of Elmqdad's extensive brain damage he was not truly living and that she should not keep him. Entesar told the doctors, "This is your way, but my way is a different way. I'm not throwing my child away." She went on to tell the hospital team, "You treat him best you can. Best you can. We accept everything. What God give me, I accept it. My heart tells me I'm not killing my son because he's disabled."

After two months at Children's Hospital, Elmqdad was stable enough to come home to his family. In the

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Let's Talk Diabetes/Hablemos de Diabetes educates and supports Latino and African Descendant community members who have diabetes.

Manchester Accesses Mammograms increases awareness of breast cancer, and promotes preventative screenings and behaviors that support breast health. Serves un- and underinsured women over 40 from Manchester's racial and ethnic minority communities. We provide referrals to free or discounted mammogram screenings, and offer bilingual and logistical support during screening appointments.

Prostate Cancer educates and informs African American males about prostate cancer and the importance of shared decision-making.



New Hampshire Minority Health Coalition staff member.

Sudanese culture family is extremely important, and one of the first things Entesar and Abdullah did after Elmqdad was born was to send for Entesar's sister Ahlam, who still lived in Northern Sudan. Entesar wanted her sister to live with them and help them to care for Elmqdad. When Ahlam's request for a visa was denied, Boston Children's Hospital intervened on behalf of the family and on her second application Ahlam was granted a visa.

Caring for such a sick child has been hard. Since his birth, there have been many doctor's visits, hospitalizations, and surgeries. Most recently Elmqdad had surgery to prevent gastric reflux and had a G-tube inserted in his stomach to help with his problems eating. He has been healthier since this last surgery. A visiting nurse helps the family and will soon be providing more hours of care, giving Entesar time to take classes to improve her English. She hopes to be able to go back to work one day when Elmqdad is more medically stable or when he is old enough to attend school.



Julia Freeman-Woolpert

Elmqdad Fagir with his mother Entesar Nazir

Entesar is thankful for the excellent treatment her son has received from the visiting nurses and therapists who come to their home. In the Sudan this care would only have been available for the very wealthy. She is thankful that Elmqdad was born here where he can get the medical care and therapy he needs to grow and develop as best he can.

***Disabilities Rights Center Presents** is a new feature on public access television. The program focuses on disability rights and resources, it includes personal stories of struggle and success, information about the law, advocacy tips, legislative updates, and more. Episodes include: a discussion about service animals in May, a conversation about Diversity and Disability in June, and In Our Own Voice, a program in July about mental illness. The show is broadcast on Channel 22 Concord TV and will soon be shown on other stations around New Hampshire. Learn more about Disabilities Rights Center Presents on the DRC website: <http://www.drcnh.org/tv.htm>*



IMPROVING LANGUAGE ACCESS FOR NEW HAMPSHIRE'S LIMITED ENGLISH PROFICIENT POPULATION

Lynne Parker, Esq., Deputy Director, New Hampshire Legal Assistance

While the majority of people living in the United States can speak, read, write, and understand English, there are many for whom English is not their primary language. Those individuals who have a limited ability to speak, read, write, or understand English are considered limited English proficient (LEP). Federal law protects LEP persons from discrimination based on language, but there is much work to do to enforce their rights in New Hampshire.

New Hampshire's Growing Diversity

New Hampshire's the population of LEP persons continues to grow. In 2006 New Hampshire had a household population of 1.3 million. Among people at least five years old living in New Hampshire in 2006, eight percent spoke a language other than English at home. Of these, the highest percentage (26%) spoke Spanish and 74% spoke some other language; nearly a third reported that they did not speak English "very well." Currently, there are over 120 languages spoken by students attending New Hampshire schools.

New Hampshire's LEP population is also made up of refugees who have come here as part of our state's refugee resettlement program. Since the early 1980's over 7,000 refugees from 30 countries have been resettled in New Hampshire.

Some individuals, due to language or cultural barriers or disability, have difficulty communicating, and are at high risk of not receiving the critical assistance they need. Language for LEP persons can be a barrier for accessing services, exercising important rights, or complying with applicable obligations and responsibilities.

Legal Protection for LEP Individuals

Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d (Title VI), provides that "no person in the United States shall on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

In *Lau v. Nichols*, 414 U.S. 563 (1974), the U.S. Supreme Court found that "national origin" covers limited English proficiency. This means that national origin discrimination includes discrimination based on a person's inability or limited ability to read, write, speak, or understand English. All recipients of federal financial assistance are required to take reasonable steps to ensure meaningful access to their programs and activities by limited English proficient (LEP) individuals. Federal fund recipients have an obligation, through the provision of language and communication assistance, to reduce language barriers that can prevent meaningful access to LEP persons to important benefits, programs and services. Through Executive Order 13166, issued on August 11, 2000, President Clinton called upon federally funded programs to ensure that they were accessible to LEP persons. Since then, most federal agencies have created their own LEP guidance.

The Challenge of Protecting Vulnerable People Seeking to Access Basic Services

Much is at stake for LEP individuals who seek services or benefits from an agency receiving federal funds. LEP individuals receiving Temporary Aid to Needy Families (TANF) may not understand a notice requiring them to recertify and consequently suffer the loss of important income. A tenant in subsidized housing may face eviction by the housing authority because she did not understand what was said during a hearing and the housing authority failed to provide her an interpreter. An applicant for Aid to the Permanently and Totally Disabled (APTD) may miss a deadline to appeal the denial of the benefits because he could not read the appeal notice and no one explained it to him.

How the Law Applies in New Hampshire

Many state departments, institutions, and organizations in New Hampshire receive federal funds. Public housing authorities, medical institutions, and state agencies such as the Department of Health and Human Services and the Department of Labor are only a few examples of institutions receiving federal funds. These federal

The Survivors: Refugees Need Support to Overcome Mental Health Challenges

Kelly Laflamme, Endowment for Health

There are nearly 10 million refugees throughout the world. Each year, the United States offers sanctuary to a fraction of the world's refugees; last year more than 41,000 refugees were resettled in our country. Since 1997, New Hampshire has welcomed approximately 7,000 refugees from more than 30 nations. More than half of the refugees resettling in New Hampshire are from Europe; their countries of origin include Bosnia, Croatia, Ukraine, and Russia. There are more than 1,500 African refugees who have resettled in New Hampshire from 15 African nations including Sudan, Somalia, Liberia, Rwanda, Nigeria, and Sierra Leone. A smaller number of refugees come here from the Middle East, Southeast Asia, and Cuba. While refugees comprise less than one percent of New Hampshire's total population, these newcomers have added greatly to our state's diversity. This diversity brings opportunities, assets, and challenges to our state.

Unlike most other immigrants, refugees leave their countries of origin involuntarily. They are driven out by civil unrest, war, or fear of persecution and persistent danger at home prevents their return. By definition, refugees are persons who have experienced violence, instability, and/or trauma. Many have witnessed or experienced unspeakable acts of brutality. Not only are refugees traumatized by the circumstances which forced them to flee their homeland, they also are often adversely affected by their flight from home and the process of resettling in a new land. Exiled from their native culture and homeland, refugees typically feel isolated and unable to communicate or negotiate the world around them. Many refugees experience depression or post-traumatic stress syndrome.

There are significant challenges to addressing refugee mental health issues. While the resettlement process does screen for mental health

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fund recipients must follow the LEP guidance issued by the federal agency that provides their federal funding, and must create their own language access plan. For example, the New Hampshire Department of Health and Human Services must follow the LEP policy guidance document developed by the U.S. Department of Health and Human Services.

Practically speaking, federal LEP guidance requires agencies and programs receiving federal funds to develop LEP plans which outline the methods they will use to communicate with LEP individuals to ensure meaningful access. Recipients must provide quality communication assistance without charge to LEP individuals. The starting point for ensuring meaningful access is an individualized assessment that takes into account the following four factors:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee;
2. The frequency with which LEP individuals come in contact with the program;
3. The nature and importance of the program, activity, or service provided by the program to people's lives; and
4. The resources available to the grantee/recipient and costs associated with the provision of language services.

While a number of federal fund recipients in New Hampshire have developed LEP plans, or have policies in place to assist LEP constituents, these are meaningless unless they are implemented and enforced at every level in the organization. All staff must understand the policies and how to use them. There must be a shared understanding of the reason for language access policies and the obligation to adhere to them.

How You Can Help

New Hampshire Legal Assistance, a statewide program dedicated to providing legal services to low-income and elderly populations, is committed to improving access and reducing barriers for New Hampshire's LEP population. If you have a concern or complaint about an institution that you believe has failed to provide adequate language assistance to an LEP individual, please call Lynne Parker, at our Concord office, 1-800-921-1115, or 224-4107, extension 2826.

Strategies for Supporting Students with Cultural and Disability

Ellen Kenny, M.Ed., Concord District Schools and Mary Schuh, Ph.D., Institute on Disability, University of NH

Families from different cultures typically experience significant challenges when interacting with the education system. This is especially true for families who have a child with a disability or have a child where there is a suspicion of disability. Language barriers, compounded by differences in cultural norms, make it difficult for families from different cultures to understand proposed accommodations and legal entitlements. Even parents and children who can carry on a conversation in English, may still have trouble with listening comprehension. Parents cannot advocate effectively for their children when they don't understand the language and are not aware of the resources and supports that exist within the educational and service systems.

The following strategies can help support students and families who experience both cultural and disability differences:

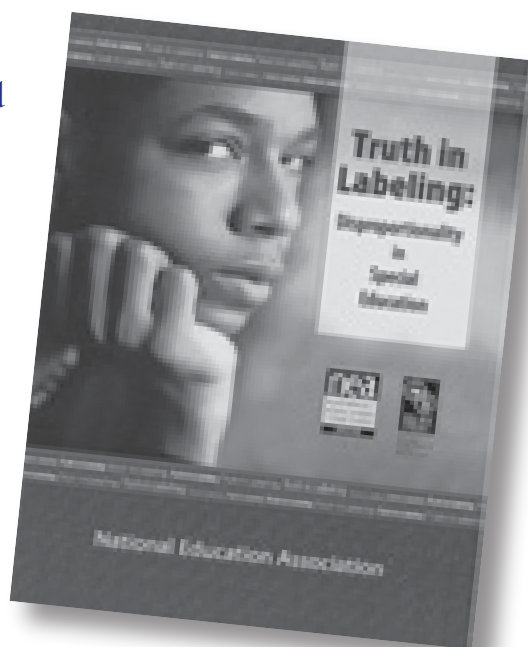
- ◆ Connect parents with strong advocates who can help support their involvement in the school system. Advocates can be found within the school system, through a liaison with a social service agency, or by contacting advocacy organizations such as the Parent Information Center.
- ◆ Provide interpreters for IEP meetings and for any other meetings where planning and decision-making are taking place. Interpreters allow parents and children to comfortably raise questions and ensure a more complete exchange of information. However, when working with an interpreter be sure to allot extra time as discussions will take longer. Also be careful not to make assumptions; what may be self-explanatory or obvious to you may not be evident to someone from another culture.
- ◆ Acknowledge the student's cultural background within typical classroom and school routines. This can be done by recognizing and celebrating different cultural holi-

Truth In Labeling

The disproportionate representation of culturally and linguistically diverse (CLD) students in special education classes is a national concern. The National Education Association's new educator's guide, *Truth in Labeling: Disproportionality in Special Education*, looks at contributing factors to this phenomenon, while offering suggestions for local practices that can effect positive change. The *Truth in Labeling* guide can be purchased from the NEA Professional Library at a special NEA member price of \$9.95 (nonmember price is \$12.95) by going to:

http://store.nea.org/NEABookstore/control/productdetails?item_id=2040500.

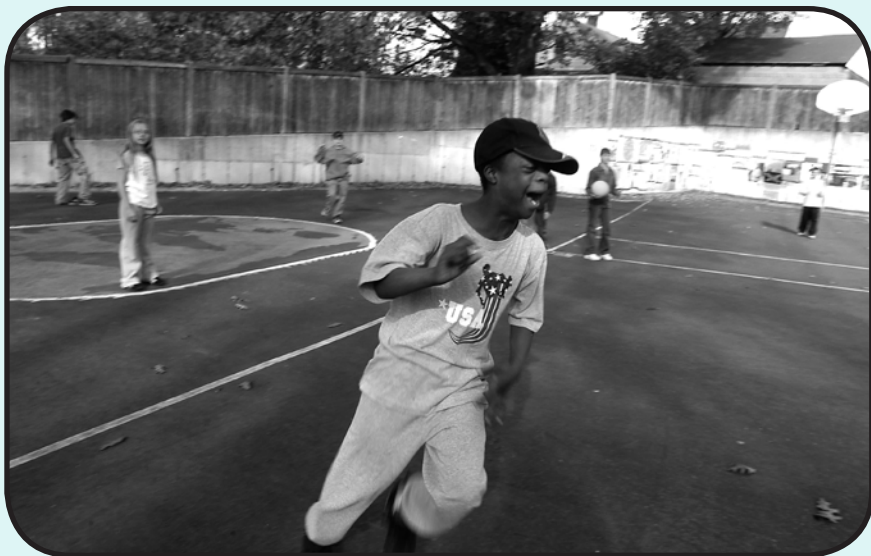
You can also download a free copy at: <http://www.nea.org/specialed/disproportionality.html>



Differences

days, translating common written materials, and taking advantage of natural opportunities to help fellow students understand and appreciate cultural differences.

- ◆ For school events where food is served, arrange for alternate menu options, including vegetarian choices.
- ◆ Be clear and very specific about what you mean by "on time." Different cultures vary in their interpretations of what is meant by being on time, early, and late.
- ◆ Recognize the importance of cultural values and the influence that these have on a student's behavior at school and in the community.
- ◆ Educate yourself about the manners and customs of students who come from different cultures. This will help you to have a better appreciation for how these students and their families interact with the school community.
- ◆ Finally, be patient. It is easy to underestimate how much there is to know about another culture and how long it can take a newcomer to feel comfortable and accepted.



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concerns, it may be several months or even years after resettlement before symptoms arise or before individuals are ready to seek assistance. In addition to obvious language challenges, there are also significant cultural barriers that inhibit refugees from accessing mental health interventions that might help them overcome their distress and ease their adjustment. Some of the challenges to providing appropriate care for refugees include:

- ◆ Physical manifestations of distress or discomfort such as head aches or stomach aches – that aren't easily recognized as mental health issues;
- ◆ Stigma associated with mental illness in a person's native culture;
- ◆ Preferences for non-Western approaches for handling trauma or loss; for example, staging a symbolic burial for a loved one, as a ritual to drive out ghostly visions;
- ◆ Past persecution may make a person reluctant to seek help from authority figures; and

- ◆ Refugees may have varying levels of acculturation or integration.

As New Hampshire continues to receive a growing diversity of refugees, it is critical that we find ways to identify and address the mental health needs of these newcomers. The successful integration of refugees and their families depends on both their physical and emotional wellbeing. Currently, the Endowment for Health is funding two research projects to examine the mental health needs of African refugees. One project offers stakeholders in the refugee community the opportunity to discuss the research and explore options for potential interventions. The Endowment wants to be a partner in identifying and funding culturally appropriate interventions to assure the health and wellbeing of immigrants and refugees in our state. For more information, please contact Kelly Laflamme, Program Director for Addressing Social and Cultural Barriers to Health, at klaflamme@endowmentforhealth.org.



Making a Difference

Julia Freeman-Woolpert, Disabilities Rights Center

Thousands of candles can be lighted from a single candle, and the life of the candle will not be shortened. Happiness never decreases by being shared.

~ Buddha

Just for fun, go to this website:

http://nepali-boi.imeem.com/music/k9ZBShjo/victor_sherpa_biteka_pal/. You'll soon be listening to singer-songwriter Victor Sherpa, a rising star in Nepal who was recently nominated for Best New Artist by a popular Nepali radio station. (Be forewarned: South Park character Eric Cartman will moon you while Victor is singing.)

So you might ask, what does Nepalese popular music have to do with disability and New Hampshire? Victor and his wife Pratistha Bhandari are homecare providers for Lifeshare and share their Rochester town house with Rick.*

In 2001 Victor immigrated with his family to the United States. His mother formerly worked in the American Embassy in Nepal; her faithful service and outstanding work for the U.S. government qualified the family for immigration. Victor's uncle lives in New Hampshire and the family came here on his recommendation. They felt that it would be a good place for Victor's younger brother to grow up and with Boston nearby Victor could choose from a number of colleges and universities.

Victor's uncle, Robin Thapa, is a direct support provider. Thapa enjoys his job and encouraged his nephew to consider working with people with disabilities. In his first job, Victor and his roommate shared a house and provided support for two brothers with developmental disabilities. In 2003 Pratistha arrived from Nepal to marry Victor; she too was interested in helping people with disabilities. At the same time Victor and Pratistha were looking for someone to share their home, Rick was advertising for a young couple to be his homecare providers. Rick wanted to live with people who

enjoyed the same things that he did, especially watching movies and eating out. Victor and Pratistha love movies, eating out, and Pratistha is a great cook.

When the couple interviewed with Rick and his family, everyone clicked. In 2004 Victor and Pratistha opened their home to Rick, and in turn, Rick's parents welcomed Victor and Pratistha as part of their extended family. Pratistha explained that this has been the key to having the arrangement work, "Because of their goodness, this has been successful. They have been supporting us and helping us; so credit goes to the parents."



Lifeshare home care providers, Victor Sherpa and Pratistha Bhandari

Julia Freeman-Woolpert

Rick, an area agency client, is in many ways very independent. He works part time, drives, and owns his own car. However, he needs some supervision and assistance in managing his affairs; he especially needs help with his budget. Victor and Pratistha share their home and offer guidance and support when Rick needs it.

This support has gone both ways. Rick has helped Pratistha adjust to a new country. When she arrived, she was still learning the culture and did not know how to drive. Rick drove Pratistha on errands, helped her learn her way around, and introduced her to New Hampshire. Pratistha remembers, "He used to take me to church. I didn't have my driving license; I was taking lessons. And he was so familiar to the places."

Victor added, "He would take her around to the ice cream place. You know, like this is the best ice cream place in town. He'd take her to the coastal area, to show her the sights."

Today Rick, Victor, and Pratistha all lead very busy lives. Rick has a job and receives vocational support from Work Opportunities Unlimited. Pratistha, an environmental scientist by profession, is currently working part time in the educational testing field. Victor, a student at Berklee College of Music, commutes to Boston several days a week for classes. Victor appreciates that as a home care provider, he is able to earn a salary and has a schedule that is flexible enough to allow time for studying and practicing his music.

Living together, Victor, Pratistha, and Rick have learned about one another's cultures. "He's open minded and we're open minded too," explained Victor. "He sometimes participates in our Hindu and Buddhist festivals and we go to his parents' house to celebrate Thanksgiving and Christmas." One of the aspects of the Nepalese culture that Rick especially enjoys is the spicy food. Nepalese cooking is very healthful, with lots of vegetables, lentils, and little meat, the very diet that Rick's nutritionist has been promoting. In the four years since moving in with Victor and Pratistha, Rick, who had been very overweight, has lost 100 pounds.

Both Victor and Pratistha recommend home care as a rewarding lifestyle. Victor, however, cautioned that the first few months of providing in-home support can be rough and that people need time to get used to each other. "You have to have good communication," said Pratistha. "You have to develop trust." But with time everyone adjusts and you become a family.

"It feels good!" enthused Pratistha. "It makes a difference to somebody's life."

* "Rick" preferred to remain anonymous

Reaching Out

Barbara Trader, Executive Director TASH

People with developmental disabilities are among the most vulnerable Americans. Many have trouble accessing the services they need to obtain housing, education, or employment. Often, the quality of services they receive is dependent on where they live or who they know.

For children and adults of color with disabilities, these challenges can be even more daunting. They are especially vulnerable to abuse, neglect, and segregation. People of color also are more likely to live in poverty, have more secondary health conditions, experience much higher unemployment, and tend to be chronically underserved.

According to the National Council on Disability, people of color with disabilities, as well as their families, believe that there is a cultural bias on the part of the disability service community. They feel that available services don't reflect the values of diverse cultures, and that they don't typically demonstrate respect for different values, beliefs, and treatment or healing methods. It doesn't help matters that the vast majority of rehabilitation and special education professionals are white, and do not have a cultural connection to people from other backgrounds.

In New Hampshire, people of color make up a much smaller percentage of the population than is true for most other states. In a state that is largely rural, this sense of isolation can be particularly profound. Fur-

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ther exacerbating the situation is the fact that people of color who have disabilities often experience negative perceptions of disability within their own cultural community. This group is confronted by two levels of discrimination: they face the barriers to receiving care because of their background and they are at times shunned, or at least misunderstood, within their own cultural community.

Disability advocates and disability service providers need to reach out more effectively to people of color. We must identify people and groups who are underserved and create culture-specific programming that meets both their therapeutic and their cul-

tural needs. Advocacy groups also must fully evaluate the reasons that the system is failing people of color, and why these individuals are so likely to feel disaffected and unconnected to the disability service community. Only when we have these answers, can we begin address the unique challenges that these citizens face.

We also must work with universities and other training centers to recruit and train people of color to serve as professionals and educators. Currently more than 87% of our nation's rehabilitation professionals are white, while less than 8% are African American and less than 2% are Hispanic. Nationwide, only 15% of special education

teachers are people of color. We must remedy this disparity to assure that, in the future, people of color have caregivers and teachers with whom they feel truly connected.

Finally, our lawmakers and other policy makers must create rules, regulations, and systems that address the unique needs of people of color who have disabilities. We, as advocates, can play an important role in assuring that the laws that are enacted in the future meet the needs of all people with disabilities

Barbara Trader is the Executive Director of TASH, the international leader in advancing inclusive communities through research, education and advocacy. She can be reached at btrader@tash.org.



**Equity, Opportunity and Inclusion for People
with Disabilities since 1975.**

PARTNERING FOR EQUALITY

TASH, the world's leading advocacy organization for people with significant disabilities, is committed to expanding opportunities for people of color with disabilities. TASH recently received a \$159,000 grant from the Kellogg Foundation to reach out to people of color with significant disabilities and their families. As part of this program, TASH will partner with several organizations, including the National Down Syndrome Congress, The Arc of the United States, and the Joint Center on Economic and Political Studies, to determine the extent to which people of color have access to membership in each group and how active they are.

This pilot project will begin with an audit of each participating group to quantify the extent to which people of color retain membership in these groups, and evaluate their experiences as members. At the same time, families of color will be actively recruited and involved in

the national conferences of all three disability organizations: NDSC in Boston in July; The Arc in Albuquerque in October, TASH in Nashville in December. Once the results of these efforts are tabulated and evaluated, the groups will collaborate to create and implement strategies for increasing membership, creating networks of civil rights leaders and other community leaders to create educational opportunities, and developing partnerships with civil rights organizations and other groups serving people of color.

TASH and its program partners hope that the success of this pilot program will lead to ongoing efforts to promote greater participation among people of color in the disabilities rights movement.

For more information about TASH visit their website at <http://www.tash.org>



INSTITUTE ON DISABILITY / UCED
A University Center for Excellence in Disability

UPCOMING IOD TRAINING AND EVENTS

Life as a Paraprofessional I: Preschool & Elementary School

Comprehensive full-day workshops designed specifically for first-year or seasoned classroom paraprofessionals to present strategies for supporting students with challenging behavior.

Date & Location: Thursday, May 1, 2008: Granite State College, Conway, NH
Time: 8:30am – 3pm
Registration Fee: \$90
Presenter: Cathy Apfel, M.Ed.

Picture This! The Art of Graphic Facilitation

An accelerated learning experience in graphic recording and facilitation

Date & Location: Friday, May 2, 2008: UNH Institute on Disability, Concord, NH
Time: 9am – 3pm
Registration Fee: \$99
Presenter: Patty Cotton, M.Ed.

Methods, Models, & Tools: Facilitating Person-Centered Planning

An intensive five-day course designed to help develop the competencies needed to facilitate consumer and family directed career, education, and life planning

Dates: June 5, 6, 12, 13 & 20, 2008
Time: 9:00am – 4:00pm
Registration Fee: \$650
Location: University of New Hampshire, Durham, NH*

Credit: The course is being offered for both undergraduate and graduate credit at UNH. To register for credit, please contact the UNH Registrar's Office at 603.862.1500.

**All dates to be held at Pettee Hall, Room G13, with the exception of June 13, which will be held at the Browne Center.*

SAVE THE DATES
NH's 2nd Annual Assistive Technology Summer Institute
DATES: AUGUST 4-8, 2008
NH's 10th Annual Autism Summer Institute
DATES: AUGUST 11-14, 2008

4 EASY WAYS TO REGISTER!



1 online
WWW.IOD.UNH.EDU



2 call to register or to request a registration form
603.228.2084



3 mail a completed registration form
INSTITUTE ON DISABILITY
56 OLD SUNCOOK ROAD, SUITE 2
CONCORD, NH 03301



4 fax a completed registration form
603.228.3270

Resources

Concord Multicultural Project

A grassroots, community supported, volunteer group, dedicated to supporting diversity and sustainable living for the refugee community in the Concord area.

<http://www.concordmulticulturalproject.org/>

Cross-Cultural Communications Systems, Inc.

The Millyard Technology Park
43 Technology Way, 2E3
Nashua, NH 03060

Mailing Address:

PO Box 733

Nashua, NH 03060

(781) 729-3736

<http://www.cccsorg.com/>

CCCS specializes in translation services, interpreter services, consultation and training for medical and legal interpreters, diversity issues, and conflict resolution.

Latin American Center

521 Maple Street
Manchester, NH 03104
(603) 669-5661

The Latin American Center is committed to providing culturally and linguistically appropriate services to Manchester's Latino community including bilingual assistance, assistance with forms and applications, insurance, jobs, housing, and more.

Lutheran Social Services

261 Sheep Davis Road
Concord, NH 03301
(603) 224-8111

LSS has a refugee resettlement program:

<http://www.lssne.org/interfaithrefugee.html>

And a Language Bank

<http://www.lssne.org/languagebank.html>

International Institute of New Hampshire

315 Pine Street
Manchester, NH 03103
(603) 641-6190

A community and refugee resettlement center.

National Council on Interpreting in Health Care

A multidisciplinary organization whose mission is to promote culturally competent professional health care interpreting as a means to support equal access to health care for individuals with limited English proficiency.

<http://www.ncihc.org>

New Hampshire Minority Health Coalition

25 Lowell Street, 3rd Floor
Manchester, NH 03101
(603) 627-7703

<http://www.nhhealthequity.org/>

The Coalition's mission is to identify underserved populations in the state with barriers to accessing appropriate health care, to advocate for adequate and appropriate services, and to educate and empower these populations to be active participants in their own health care.

New Hampshire Office of Minority Health

Department of Health and Human Services
Thayer Building
97 Pleasant Street
Concord, NH 03301
(603) 271-3986

<http://www.dhhs.state.nh.us/DHHS/MHO>

NH Office of Refugee Resettlement

57 Regional Drive
Concord, NH 03301
(603) 271-2155

<http://www.nh.gov/oep/programs/refugee/index.htm>

The New Hampshire Refugee Program at the Office of Energy and Planning provides federally funded services to refugees resettled in New Hampshire. The major goal of this program is to assist refugees in achieving economic self-sufficiency and social adjustment upon arrival to the United States.

Resources

Somali Development Center

84 Trahan Street
Manchester, NH
(603) 622-0771

<http://www.sdcbboston.org/>

Established by a coalition of Somali-Americans to provide multiple services to Somali newcomers, SDC is proud to offer assistance to New England's newest residents as they work to bridge cultural divides and become productive members of their communities.

Southern New Hampshire Area Health Education Center (AHEC)

128 State Route 27
Raymond, NH 03077
(603) 895-1514

<http://snhahec.org/flmi.cfm>

AHEC runs foreign language medical and legal interpretation courses.

U.S. Committee for Refugees and Immigrants

1717 Massachusetts Avenue, 2nd Floor
Washington, D.C. 20036-2003
(202) 347-3507

<http://www.refugees.org/>

The mission of the U.S. Committee for Refugees and Immigrants is to address the needs and rights of persons in forced or voluntary migration worldwide by advancing fair and humane public policy, facilitating and providing direct professional services, and promoting the full participation of migrants in community life. The U.S. Committee for Serving Refugees and Immigrants has published a Resource Guide for Serving Refugees with Disabilities that can be downloaded at:

<http://www.refugees.org/article.aspx?id=1965&submit=178&area=Participate>

Women for Women Coalition

518 Spruce Street
Manchester, NH 03103-3651
(603) 641-0826

Women for Women is the collaborative effort of several African women from various ethnic groups who want to empower and strengthen the role and participation of African women and girls in all spheres of development, promote self-reliance and self-sufficiency, and to provide a forum where they can be actively involved and where their voices can be heard.

Resources in Spanish:

NAMI newsletter in Spanish:

<http://www.nami.org/template.cfm?section=Avanzamos1>

Other disability resources in Spanish can be found on the website of the Disabilities Rights Center:

<http://www.drcnh.org/recursos.htm>

(1) Hablamos Juntos Report Part One – Government Guidelines

www.hablamosjuntos.org

HHS OMH, www.omhrc.gov

HHS Office of Civil Rights, www.hhs.gov/ocr/

HIPAA Privacy Rule, HHS Office for Civil Rights,
OCR Privacy Brief: Summary of the HIPAA
Privacy Rule-Language Services in Health Care.
www.hhs.gov/ocr/privacysummary.pdf

IMIA, www.mmia.org

Diversity Rx, www.diversityrx.org

SUPPORT THE RAP SHEET!

For the past three years, the Rap Sheet has provided an in depth examination of issues affecting people with disabilities and their families. The federal grant dollars that have helped to finance the publication of the Rap Sheet are drying up. We are asking for your support to help ensure that we can continue to bring you the latest in disability research, advocacy, policy, and practice. To make an online donation, please go to: <http://www.drcnh.org/donate.htm>, or send your check to the Disabilities Rights Center, 18 Low Avenue, Concord, NH 03301. Donations are tax deductible.

Thank you!

DISABILITIES RIGHTS CENTER, INC.

18 Low Avenue, Concord, NH 03301-4971

Voice and TDD: (603) 228-0432 ♦ 1-800-834-1721 ♦ FAX: (603) 225-2077

TDD access also through NH Relay Service: 1-800-735-2964 (Voice and TDD)

E-mail: advocacy@drcnh.org ♦ Website: www.drcnh.org

"Protection and Advocacy System for New Hampshire"

The Disabilities Rights Center is dedicated to eliminating barriers to the full and equal enjoyment of civil and other legal rights for people with disabilities.

INSTITUTE ON DISABILITY/UCED – UNIVERSITY OF NH

10 West Edge Drive, Suite 101, Durham, NH 03824-3522

Phone (Tel/TTY): (603) 862-4320 ♦ Fax: (603) 862-0555 ♦ Website: www.iod.unh.edu

Institute on Disability/UNH – Concord

56 Old Suncook Road, Suite 2

Concord, NH 03301

Phone (Tel/TTY): (603) 228-2084

Institute on Disability/UNH – Manchester

340 Commercial Street, 2nd floor

Manchester, NH 03101

Phone: (603) 628-7681

The Institute on Disability advances policies and systems changes, promising practices, education and research that strengthen communities and ensure full access, equal opportunities, and participation for all persons.

NH COUNCIL ON DEVELOPMENTAL DISABILITIES

21 South Fruit Street, Suite 22, Room 290

Concord, NH 03301-2451

Phone: (603) 271-3236 ♦ TTY/TDD: 1-800-735-2964 ♦ Website: www.nhddc.org

Dignity, full rights of citizenship, equal opportunity, and full participation for all New Hampshire citizens with developmental disabilities.

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The contents are solely the responsibility of the grantees and do not necessarily represent the official views of the federal grantors.

New Hampshire

RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Spring Issue 2008

NH COUNCIL ON DEVELOPMENTAL DISABILITIES

21 South Fruit Street, Suite 22, Room 290

Concord, NH 03301-2451

RETURN SERVICE REQUESTED

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