



**WORKING TOGETHER TO INCREASE IMMIGRANT WOMEN'S
ACCESS TO REPRODUCTIVE HEALTH CARE**

Report on Upstate Regional Meetings

**Albany - April 10, 2003
Rochester - May 21, 2003**

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Introduction

Family Planning Advocates of New York State (FPA) and the Center for Women in Government & Civil Society at SUNY (the Center) have embarked on a joint initiative that promotes improved and expanded access to culturally competent, quality reproductive health care services for immigrant women. The goals of the initiative are:

- To connect grassroots immigrant women leaders and reproductive health providers from across New York State.
- To identify both barriers to access facing immigrant women and obstacles facing reproductive health providers in delivering culturally competent services to immigrant women.
- To develop innovative change strategies to ensure culturally appropriate, accessible, and affordable reproductive health care for immigrant women.

The first stage of the initiative included a statewide roundtable in NYC on December 11, 2002. The second stage includes three regional meetings, which are being held in Albany, Rochester, and New York City in 2003.

The Statewide Roundtable identified a multitude of cultural, linguistic and immigration status barriers to care. It highlighted the intersection of nativism, gender, class and race/ethnicity in the lives of immigrant women and the enormous challenges facing providers in reaching and serving them. Yet, it also unveiled a number of promising models and innovative change strategies that can transcend the barriers and build bridges between providers and immigrant women's communities. These strategies included establishing two-way training and education, and building collaborative relationships between immigrant-serving organizations and family planning providers.

The regional meetings are designed to continue the process of building durable partnerships between immigrant women's organizations and family planning providers, and to provide training on concrete issues that were identified at the December roundtable. This report documents proceedings of the first two regional meetings held in Albany on April 10, 2003, and Rochester on May 21, 2003. Because the participants were all from upstate communities, and the content, format, and speakers were almost the same, it seemed useful to prepare a single report. Ten family planning providers and eighteen immigrant-serving programs participated in the Albany meeting, while twelve family planning providers and twenty-two immigrant-serving programs participated in the Rochester meeting. Please refer to attachments for each meeting's agenda, list of participants, speakers' biographies, and evaluation.

Morning Session

The morning session began with welcoming remarks and an overview of the program by Maud Easter of the Center. A summary of the barriers, strategies, and models identified at the December roundtable was presented by Karen Anderson of FPA, followed by a keynote panel, *Breaking the Barriers: Successful Models to Reach and Serve Immigrant Women*. Drawing on

the main issues identified at the roundtable, three panelists at each meeting explored existing models for strengthening services to immigrant women.

Albany Panel

Roopa Chakkapan
Yumiko Fukada
Deborah Bach

Rochester Panel

Felicidad Frenette
Alejandra Molina
Deborah Bach

The following is a summary of the key points of each model:

Model #1

Immigrant Serving Programs as Advocates for Their Communities

Roopa Chakkapan presented the SAKHI for South Asian Women Model (Albany meeting)

Ms. Chakkapan explained how SAKHI, meaning “woman friend,” tries to create a safe environment in New York City for South Asian women who are survivors of domestic violence. The agency operates with a staff of 5 employees and more than 100 volunteers. Over the past 5 years SAKHI has served over 3,500 survivors. While SAKHI’s focus is domestic violence, not reproductive health, its work linking immigrant women with health providers and other services illustrates the invaluable bridging role which can be played by agencies embedded in immigrant communities.

- Domestic violence is a serious problem in the South Asian community and opens the door to multiple challenges facing immigrant women. Traditional cultural norms prevent many South Asian women from reporting incidents of domestic abuse because they do not want to bring shame on their families. In addition, many women do not report domestic abuse because they are fearful of deportation.
- SAKHI’s services include referrals to health and legal services; health communication classes to improve both health knowledge and English communication skills; ongoing support groups; and economic empowerment, for example, computer classes.
- To facilitate access to culturally and linguistically appropriate health care providers, SAKHI has launched a Women’s Health Initiative. SAKHI has created a database of health care workers sensitive to cultural and gender issues, with information on language skills and the availability of pro bono or sliding scale services.
- SAKHI also recruits South Asian providers to train mainstream providers on the needs of South Asian women and the cultural context of this community.
- Outreach and education is also carried out at local health fairs, professional conferences, and religious and cultural events.

Felicidad Frenette presented the Refugee Cultural Competency Training Model (Rochester meeting).

Ms. Frenette described a model for providing culturally competent health services to refugees. This model is the result of collaboration between the International Institute of Buffalo,

a refugee/immigrant serving agency, and the University of Buffalo Department of Family Medicine, a mainstream health care provider.

- The International Institute of Buffalo provides core services, including basic health screening, for a limited period of time to federally sponsored refugees, but wants to be able to link them with ongoing and comprehensive health care.
- The Institute refers clients to specialists and ensures that clients keep follow-up appointments.
- Institute staff members link refugees to clinics, advocate for interpreters, and arrange transportation.
- A Refugee Cultural Competency Training Program teaches medical students from the University at Buffalo Department of Family Medicine basic anthropology and the concept of culture, and it briefs medical students on the psychosocial problems affecting refugees and the medical problems common to the refugees' homelands.
- The medical students gather the patient's life story and health history, before conducting the physical examination with the attending physician. When necessary, diagnostic tests are ordered. The refugee patients receive increased personal attention and follow-through.
- After refugees are seen, students share their biomedical and emotional experiences at a debriefing session, and make suggestions for future care.

Model #2

Peer Education: A Culturally & Linguistically Sensitive Model for Reaching Immigrant Women

Yumiko Fukada, presented the Asian and Pacific Islander Coalition on HIV/AIDS, Inc., (APICHA) model (Albany meeting).

Ms. Fukada described how the APICHA program of New York City offers “one stop shopping” where education, preventive and testing services, and primary medicine are provided in one place, and where the peer educator model is used for effective outreach to Asian and Pacific Islander immigrants.

- APICHA serves Limited English Speaking (LEP) clients living with AIDS. The agency uses the peer educator model to provide services to approximately 150 clients affected with AIDS, 98% of whom are Asians. The agency is staffed by 30 full-time staff members, 50 stipend workers, and 30-50 volunteers. Every 6 months, 6-10 volunteer peer educators are recruited and trained to provide outreach education workshops to the community. After 6 months, trainees graduate and some are recruited as ongoing staff peer educators. 15% of APICHA's staff is from this pool.
- An \$8/hr training stipend makes it possible for people to participate in the program. During the training, the volunteer peer educators increase their understanding of ethnic identity and empowerment issues, building on their original motivation to address HIV/AIDS issues.

- Peer educators provide effective outreach and inform the entire agency concerning the dynamics of specific Asian cultures.
- APICHA serves a community of more than 100 different dialects. Services are provided in 7 major languages, and the majority of peer educators are bi-lingual.
- The coalition recognizes that to reach Asian clients successfully, addressing reproductive health issues is not the place to start. Instead, peer educators encourage clients to voice survival concerns, legal issues, general health issues, and eventually HIV/AIDS and domestic violence, which are more stigmatized issues in the community.

Alejandra Molina presented the Farmworker Women's Institute Empowerment Model (Rochester meeting).

Ms. Molina described the Farmworker Women's Institute, formed two years ago to enable farmworker women to break the isolation of their lives through empowering, group experiences. The Institute uses peer educators and uses theater to strengthen English (ESL) classes, education, and legal clinics.

Peer Educators

- The Institute encourages parents to read to their children using bilingual texts. Eventually, these parents are trained to reach out to involve their peers, other parents. The Institute uses immigrant women who have acquired some knowledge of English to teach newcomers. A major challenge is teaching English to those whose Spanish literacy is low.
- One goal of the Institute is to provide on-the-job training for farm-worker women as outreach workers linking providers and the community, so that the women can be permanently hired as peer educators.

Theater Model

- Immigrant women share real challenges in their lives using a model, developed in Florida, in which rural women dramatize harvesting dreams. The story line is similar to a soap opera in which the characters complain of problems such as tension, dizziness or illness associated with pesticide poisoning, or of ongoing illness such as diabetes. This model is popular due to the low literacy level among farm workers. Younger farmworker women have slightly higher literacy levels, but the average level is 3rd grade, with 6th grade being the highest.
- A farm-worker women's leadership project involves working with a Cornell University drama group, which presents a play depicting the tragic story of women and children left behind in Mexico. After the presentation, the play is discussed by farmworker women and men.
- The goal of the project is that, eventually, farm-worker women will themselves perform the play and lead the discussion.

Both these models also address farmworker women's need for socialization to break the cycle of isolation that is one of the factors contributing to their disempowerment.

Model #3

Taking the Service to Immigrant Women: The Mobile Unit Approach

Deborah Bach, of Planned Parenthood, Buffalo, presented The Mobile Unit Model (Albany and Rochester meetings).

Ms. Bach described how the mobile unit resulted from collaboration between the Planned Parenthoods of Niagara and Erie Counties. The mobile unit provides services to low-income persons of all ethnic groups in Western NY where the rates of unintended pregnancies, STDs, and breast cancer are all high.

- The mobile unit operates within a “spokes of the wheel” concept, a broad coalition of 30 partnerships with other health care providers, community centers, soup kitchens, churches, schools, domestic violence shelters, rehabilitation facilities, etc. The unit is at the center of the wheel and is the link between coalition partners and clients. The circle (wheel) represents the continuum of care clients receive.
- Since it was introduced in 2001, the unit has treated 1700 clients, 10% of whom are immigrants, 40% of whom are male, and 60% of whom are minorities.
- The unit is staffed by 1 full-time Nurse Practitioner (Caucasian), 2 full-time Clinic Specialists (1 Hispanic, 1 African American), 1 full-time Educator/ Domestic Violence Counselor (of Middle Eastern descent), 1 per-diem Women’s Health Practitioner (of Asian descent)), and 1 Coordinator.
- Services include STD testing & treatment (women and men); cancer screening (women and men); gynecology exams for women; condom distribution; birth control prescriptions; podiatry; and eye care.
- The mobile unit provides services in settings that feel accessible and safe to community members, and to which they come for other purposes.
- A lack of interpreters has to date hindered adequate outreach to immigrant populations.
- The clients’ lack of documentation, which is required for the complicated application processes of public health benefit programs, limits the program’s access to reimbursement funding.

Lunch Session: Confronting Gender: Strategies for Empowering Women

One of the frequently raised issues at the December 2002 Statewide Roundtable and, in fact, one of the major barriers facing immigrant women, is male domination. Gender disparities in their countries of origin often influence immigrant women’s health care choices. Dr. Vivien Ng, Associate Professor of Women’s Studies at the University at Albany, SUNY, was invited to discuss this issue over lunch, at both meetings. Dr. Ng initiated lively discussions on gender, race, and class issues, and she challenged participants to think critically when dealing with potentially stereotyped information about immigrant women. Included below are some of the main points raised by Dr. Ng.

- Immigrant communities are not uniformly poor, illiterate, and needy. Women within the same group may share the same language, but they are often divided by class and regional issues.
- Societal ills, such as racism, classism, sexism, heterosexism, and xenophobia are some of the challenges faced by immigrant women as well as other communities of color.
- Our own issues of racism and classism are barriers to serving immigrant women.
- Being “well-intentioned” does not mean that we do not create barriers by our attitudes and behavior.
- Racism and ethnocentrism are two different realities, both important to understand.
- We need to recruit peer educators and interpreters who are sensitive to class issues.
- It is important to avoid making cultural assumptions. For example, the assertion that domestic violence is more prevalent in immigrant communities than in the US (where it is widespread) could inaccurately affect our image of those communities. What is important to providing safety to a woman is how domestic violence operates in her culture.
- We need to provide not only interpreters, but also support groups, being mindful of regional and class differences among the women who need support.
- It will take more than a one-day conference to bring about social justice; it requires a lifelong commitment.
- Culture can be very empowering to immigrant women, and it can be very oppressive. It is critical to allow space for embracing culture, yet also to address the oppressive elements in a non-threatening manner.

Afternoon Session

The afternoon session was divided into two workshops, one to address language barriers and the other to discuss legal issues.

Workshop A: Overcoming Language Barriers: Basics of Interpreting in a Multicultural Setting

This workshop was presented by Cornelia Brown, Nadezhda Moyseyuk, Ofelia Dale, Roger Smith, and Raquel Tavaréz, of the *Multicultural Association of Medical Interpreters* (MAMI).

MAMI is a not-for-profit language bank (agency) in Utica, NY. The network offers professional interpreting services and translation of health-related documents in Oneida and Herkimer counties. The participants from MAMI, led by Cornelia Brown, conducted skits to demonstrate:

- Problems that occur in the absence of a trained interpreter.
- The health risk when a limited English proficiency (LEP) patient meets with a health care provider alone, without interpreting assistance.
- The health risk when an LEP patient is assisted by an adult ad-hoc “interpreter.”
- The health risk when an LEP patient is assisted by a child ad-hoc “interpreter.”

- How health facilities often seek to avoid compliance with legal requirements for language services (as required under the US Civil Rights Act and under an Executive Order).
- The cost to health facilities of non-compliance.
- The need of immigrant women for advocacy for language services.
- The importance of accurate and transparent translation.
- How a trained interpreter works.
- The importance of the interpreter being the Conduit, the “voice of the voiceless,” using first person language and encouraging direct communication between the provider and the patient.
- The need, sometimes, for the interpreter to intervene and act as Clarifier, if the patient does not understand.
- The role of the interpreter as Culture Broker, in the event that a cultural issue, which blocks communication between health care provider and the patient, arises.

Workshop B: Impact of Immigration Status on Access to Reproductive Health Care

This workshop was presented by *Barbara Weiner of Greater Upstate Law Project (GULP)*.

GULP is a non-profit legal resource center that provides technical assistance to local legal services programs and other community groups in upstate New York. GULP works on a broad range of legal matters, including immigrants’ access to public benefits. The following issues were raised:

- Issues common to immigrants and non-immigrants include the cost of health care and whether or not the person is insured.
- Issues unique to immigrants are language, culture, and immigration status.
- Undocumented persons have generally been ineligible for other than emergency assistance. Of great importance to serving undocumented immigrant women, however, NYS residents are currently eligible for certain programs regardless of immigration status:
 - ✓ PCAP
 - ✓ Emergency Medicaid
 - ✓ CHIP
- Under the PRWORA (1996 federal Welfare Reform Act), some legal immigrants, Persons Residing Under Color of Law (PRUCOL) who had previously eligible for benefits, were barred from most federal means-tested benefit programs. Even those immigrants whose status allowed them access to benefit programs were subject to restrictions if they entered the U.S. after August of 1996.
- NYS eliminated some of the harshest impact of the federal PRWORA following a successful lawsuit, *Aliessa v. Novello*, in which the Court of Appeals held that in NYS legal immigrants must be provided access to publicly funded health care on the same basis as citizens. This court decision was based on NYS constitutional responsibility for poor and needy persons, including immigrants.
- Generally, immigrants qualified for benefits are:

Lawful Permanent Residents (green-card holders), refugees, persons seeking asylum, persons with deportation withheld, Cuban/Haitian entrants, Amerasians, cross border Native Americans from Canada, conditional entrants paroled for 1 year or more, certain battered spouses and children (married to or parented by a US citizen or Legal Permanent Resident (LPR) and in process with INS to gain admittance as LPR).

- After PRWORA, Persons Residing Under Color of Law (PRUCOL) are qualified only for state means-tested benefits. PRUCOL is not an immigration status itself. It refers to categories of immigrants who do not have permanent residence status, but are considered to be in the U.S. “under color of law.” It is a concept developed in the context of public benefits’ eligibility and pre-dates PRWORA. PRUCOL immigrants include, for example, persons under “Deferred Action” or subject to an “Order of Supervision.” The PRUCOL category does **not** include undocumented persons and non-immigrants, such as students, visitors, and people on employment visas.

Closing Circle: Planting Seeds of Change

Maud Easter, Center for Women in Government & Civil Society

Gemma Pujadas Ribeiro, Family Planning Advocates of New York State

At the closing session of each meeting, soil and seeds were provided. Participants were asked to reflect on the day’s discussions and to plant a seed as a symbol of what was achieved and/or expected outcomes. Participants planted seeds expressing how the day had increased their sense of commitment, solidarity, perseverance, justice, passion, and friendship, in the struggle to increase reproductive health care for immigrant women.

Evaluation and Recommendations

What was most striking about the two Upstate Regional Meetings was the relative lack of previous contact between family planning providers and immigrant women’s programs. While a few family planning participants had already made local connections with immigrant-service programs, everyone expressed a need to deepen their relationships and requested assistance in connecting with legal and language resources. The recruitment process for both meetings underscored that immigrant women leaders have not been aware of the range of health services available for their communities through family planning providers, and that many family planning programs had not fully appreciated the seriousness of culture, language, immigration status and health insurance obstacles to their care. There was consensus among participants on the need to identify and promote strategies to overcome existing barriers and resources available in their communities.

Participants completed written evaluations of both events (see Attachment #8). Overall, participants’ responses to both meetings were very positive, indicating high ratings for all the regional meeting components and particular enthusiasm for the diversity and openness of the participants, the positive models presented, and the opportunity to network. One participant noted the value of the sharing, saying “I did not know a thing going in.” Addressing future needs

to strengthen the collaboration initiated at these events, participants expressed a desire to plan specific projects and to have more time for networking.

The Center and FPA recommend the provision of ongoing technical assistance to local partners in both their networks, to deepen the relationships that were initiated at the regional training, and to support local collaboration. Intensive technical assistance in organizing an ongoing collaborative relationship, provided to several selected local communities, would create models for mutual assistance that could strengthen reproductive health care for immigrant women across the state.

Attachment #1: Albany Meeting Agenda

Thursday, April 10, 2003

10:00 – 10:30 Registration

10:30 – 10:40 Welcome - Overview of the Program - Objectives of the Day
Maud Easter, Center for Women in Government & Civil Society

10: 40 - 10:50 Highlights of the Statewide Roundtable
Karen Anderson, Family Planning Advocates of New York State

**10:50 – 12:15 Breaking the Barriers: Successful Models to Reach and
Serve Immigrant Women: Keynote Panel**

- **Peer Education: A Culturally & Linguistically Sensitive Model for Reaching Immigrant Women**
Yumiko Fukuda, Asian and Pacific Islander Coalition on HIV/AIDS, Inc.
- **Immigrant-Serving Programs as Advocates for their Communities: The SAHKI Model**
Roopa Chakkapan, SAHKI for South Asian Women
- **Taking the Service to Immigrant Women: The Mobile Unit Approach**
Deborah Bach, Planned Parenthood of Buffalo
Moderator: Dina Refki, Center for Women in Government & Civil Society

12:15 –1: 15 Lunch

Confronting Gender: Strategies for Empowering Immigrant Women
Vivien Ng, Professor, Women's Studies, University at Albany
Introduction: Gemma Pujadas Ribeiro, Family Planning Advocates of New York State

**1:15 – 2:15 WORKSHOP A: Overcoming Language Barriers: Basics of
Interpreting in a Multicultural Setting**
*Cornelia Brown, Multicultural Association of Medical Interpreters
(MAMI)*
Nadezhda Moyseyuk, MAMI
Ofelia Dale, MAMI
Roger Smith, MAMI

Workshop A will be held in Milne 200

**WORKSHOP B: Impact of Immigration Status on Access
to Reproductive Healthcare**

Barbara Weiner, Greater Upstate Law Project

Workshop B will be held in Page Hall Lounge

2:15 – 2:30

Break

2:30 – 3:30

WORKSHOPS

(Same workshops, Participants switch)

3:30 – 4:00

Closing Circle: Planting Seeds of Change

Maud Easter, Center for Women in Government & Civil Society

Gemma Pujadas Ribeiro, Family Planning Advocates of New York State

4:00

Adjourn

Attachment # 2: Rochester Meeting Agenda

Wednesday, May 21, 2003

9:30 – 10:00 Registration

10:00 – 10:30 Welcome - Overview of the Program - Objectives of the Day
Maud Easter, Center for Women in Government & Civil Society

10:30 - 10:45 Highlights of the Statewide Roundtable
Karen Anderson, Family Planning Advocates Of New York State

**10:45 - 12:15 Breaking the Barriers: Successful Models to Reach and
Serve Immigrant Women: Keynote Panel**

- **Peer Education: A Culturally & Linguistically Sensitive Model for Reaching Immigrant Women**
Alejandra Molina, Farm Workers' Women's Institute
- **Immigrant-Serving Programs as Advocates for their Communities**
Felicidad Frenette, International Institute of Buffalo
- **Taking the Service to Immigrant Women: The Mobile Unit Approach**
Deborah Bach, Planned Parenthood of Buffalo
Moderator: Dina Refki, Center for Women in Government & Civil Society

12:15 –12:30 Break

12:30 – 1:15 Lunch

Confronting Gender: Strategies for Empowering Immigrant Women
Vivien Ng, Professor, Women's Studies, University at Albany
Introduction: Gemma Pujadas Ribeiro, Family Planning Advocates of New York State

**1:15 – 2:30 WORKSHOP A: Overcoming Language Barriers: Basics of
Interpreting in a Multicultural Setting**
*Cornelia Brown, Multicultural Association of Medical Interpreters
(MAMI)*
Lyubov Vasyukhnevich, MAMI
Ofelia Dale, MAMI
Raquel Tavarez, MAMI

2:30 – 2:45

Break

2:45 – 4:00

WORKSHOP B: Impact of Immigration Status on Access to Reproductive Healthcare

Barbara Weiner, Greater Upstate Law Project

4:00 – 4:30

Closing Circle: Planting Seeds of Change

Maud Easter, Center for Women in Government & Civil Society

Gemma Pujadas Ribeiro, Family Planning Advocates of New York State

4:30

Adjourn

Attachment #3: Albany Regional Meeting Participants

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Attachment #4: Rochester Regional Meeting Participants

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Speakers' Biographies & Organizational Profile

Deborah Bach

Planned Parenthood of Buffalo & Erie County

Deborah Bach has been the Project Coordinator for Planned Parenthood's Mobile Outreach Unit since its inception in January of 2001. The project is a collaborative endeavor between Planned Parenthood of Niagara County and Planned Parenthood of Buffalo & Erie County. The project is funded by the Office of Population Affairs. The project serves to provide access to quality reproductive health care and family planning services, by breaking down barriers that may keep people from accessing care. The Mobile Outreach Unit targets populations who are uninsured or under insured, low-income or homeless, living in group homes, drug or alcohol dependent, physically or mentally disabled, immigrant populations, and victims of domestic violence.

Deborah received her Bachelor of Arts in Economics and her Master of Arts in Applied Economics from SUNY @ Buffalo. Her career in women's health began January of 2001 with Planned Parenthood. Since then, she has forged partnerships and collaborations with over 30 agencies in the WNY area. The Mobile Outreach Unit recently received funding approval from the Office of Housing and Urban Development for the expansion of services among homeless populations. Deborah is secretary for the WNY Coalition for the Homeless and an active member with the Erie County Commission on Homelessness. Deborah also actively serves on the National HIV testing Day Planning Committee as well as other HIV/AIDS related groups in the WNY community. Planned Parenthood is also well represented in the community among minority health related coalitions and committees.

Cornelia E. Brown

Multicultural Association of Medical Interpreters (MAMI)

Cornelia E. Brown is the founding Director of MAMI since 1996. MAMI Medical and Legal interpreter in Russian. MAMI medical interpreting trainer and licensed instructor of the interpreter curriculum Bridging the Gap. She holds a MAMI Certificate in Medical Interpreting and has completed the MAMI course on Interpreting for Survivors of Domestic/ Sexual Violence. She serves on the Board of the National Council on Interpreting in Health Care as Chair of the Advisory Committee. She is an accredited member of the American Translators Association for translation from Russian into English. Scholar-In-Residence at Hamilton College.

The Multicultural Association of Medical Interpreters of Central New York operates a network for delivering culturally competent health care services. MAMI has established a fee-for-service, not-for-profit language bank (agency) in Utica, N.Y. It offers professional interpreting services and translation of health-related documents to Oneida and Herkimer counties and, eventually, all of Central New York. As a fee-for-service organization serving an entire community, it will be the first of its kind in New York State. The language bank supplies professional health interpreting and cultural brokerage, and translation and related services.

Roopa Chakkappan
Sahki for South Asian Women

Roopa Chakkappan serves as the Women's Health Initiative Coordinator at Sahki for South Asian Women. She has worked on a variety of public health projects. She completed a publication on cultural competency among providers working with Latina substance abusers in collaboration with Columbia University's Mailman School of Public Health.

Sakhi, meaning "woman friend", was established to fill a critical need - - survivors needed to be served and supported, and the community needed to be mobilized and organized. Sahki's mission is to empower women, particularly survivors of domestic violence, and to build a society where women can live without fear and abuse. Since 1989, Sahki has not only made a visible difference in the lives of thousands of victims of violence, but also in the attitudes of thousands of community members who more readily admit the reality of abuse and the need for Sakhi.

Sahki pursues its mission through a strategy that combines service-provision, advocacy, leadership development, community education and organizing. Sahki believes that the best way to realize its goal of social change is through mobilizing the community to take a stand against abuse, while also addressing the immediate and critical needs of individual survivors of violence. Sahki is the only New York-based organization of its kind and one of the leading South Asian women's groups with national visibility.

Ofelia Garbony Dale
Multicultural Association of Medical Interpreters (MAMI)

Ofelia Garbony Dale serves as MAMI's medical and legal interpreter in Spanish. She assists in the teaching of the MAMI medical interpreting course. She holds a MAMI Certificate in Medical Interpreting and has completed the MAMI course on Interpreting for Survivors of Domestic/ Sexual Violence. She was raised in bi-lingual, tri-cultural Mexican –American family with residences in Mexico and Arizona and has lived in Germany and France. In Coletio Guadalupe, Mexico City, she took the total immersion Spanish program for translation in textbooks and prose.

Yumiko Fukuda

Asian & Pacific Islander Coalition on HIV/AIDS

Yumiko Fukuda was born and raised in Japan, trained in social work in United States and holds a MS in Social Work. She Joined APICHA (Asian & Pacific Islander Coalition on HIV and AIDS, Inc.) in 1994 as a volunteer working with Limited English speaking APICHA clients living with AIDS. She was hired as a case manager in 1997 and then promoted to the director of client services. Ms. Fukuda is currently serving as the director of programs, managing both client services and prevention intervention at the agency. She was also an active member of a grass roots group that provide HIV prevention message to Japanese Immigrants communities in New York. APICHA provides comprehensive HIV services including free HIV testing that provides result in 30 minutes, Client Services for HIV positive people and HIV prevention education. APICHA recently opened a Community Health clinic for people with HIV that provides primary care to clients regardless of their legal and insurance status.

Nadezhda Moyseyuk

Multicultural Association of Medical Interpreters (MAMI)

Nadezhda Moyseyuk serves as MAMI's medical and legal interpreter in Russian, Ukrainian, and Bulgarian, for one-and-a-half years. She assists in the teaching of the MAMI medical interpreting course. She holds a MAMI Certificate in Medical Interpreting and has completed the MAMI course on Interpreting for Survivors of Domestic/ Sexual Violence. Eleven years ago, she arrived in the United States as a refugee from Ukraine.

Vivien Ng

Women's Studies, University at Albany

Vivien Ng is Associate Professor of Women's Studies at the University at Albany, SUNY. Prior to joining the Women's Studies Dept. in Fall 1995, she taught Chinese history and women's studies at the University of Oklahoma for 13 years. She earned her Ph.D. in Chinese History at the University of Hawaii.

She was President of the National Women's Studies Association in 1993-94, a member of the Board of Directors of the Center for Lesbian and Gay Studies, CUNY Graduate Center from 1991-95, and served on the board of the American Association of University Women Educational Foundation from 1989-94. She was a Mellon Fellow at the Aspen Institute for Humanistic Studies in 1984-85 and a Rockefeller Fellow at Hunter College in 1990-91. She has served on the editorial board of the NWSA Journal and is currently on the board of the Journal of Women's History.

She has published a book, Madness in Late Imperial China: From Illness to Deviance (1990) and numerous articles and short stories. Her groundbreaking articles include "Ideology and Sexuality: Rape Laws in Qing China," which appeared in the Journal of Asian Studies in 1987 and "Homosexuality and the State in Late Imperial China," in Hidden from History: Reclaiming the Lesbian and Gay Past (1989). Her research interests have undergone significant change since

1995, moving from Chinese social history to Asian American studies, transnational studies and critical race theory. She is working on a book-length project, "The Making of Multiethnic America," which undertakes to analyze the new social realities of the United States, with Census 2000 used as a point of departure. It includes a discussion of the history of structures of oppression, as well as the commonality and intersectionality of oppressions. Additionally-and significantly-it also includes an exploration of the possibilities of a just society and strategies to create such a society in a racially and ethnically complex United States of America. Vivien Ng indulges her creative side by writing short stories.

Roger B. Smith

Multicultural Association of Medical Interpreters (MAMI)

Roger B. Smith has served as the Outreach Coordinator at MAMI since December, 2002. Roger was a VISTA (Volunteer in Service to America) worker for the two years prior, acting as a healthcare advocate in poverty programs in Utica, and Norwich, New York. With VISTA, he assisted the underserved in obtaining prescription medications directly from the pharmaceutical manufacturers; he also worked in the Tobacco-Free Coalition, Chenango County and collaborated with Catholic Charities, Planned Parenthood, and other civic organizations. With MAMI, Roger acts as liaison between the Limited-English-Proficient (LEP) community and the medical, legal, political, religious and civic organizations in Utica and surrounding area.

Barbara Weiner

Greater Upstate Law Project

Barbara Weiner has been a staff attorney with the Greater Upstate Law Project, Inc. (GULP), specializing in poverty law issues, since August of 1990. Admitted to practice in California in 1976 and in New York in 1982, she has spent most of her legal career with legal services programs, both in New York and in California.

In 1983 and until she joined GULP, she was employed by the Legal Aid Society of Northeastern New York, Inc., a field legal services program serving six upstate counties around the tri-cities area of Albany, Schenectady and Troy. As a staff attorney, she represented low income clients in a variety of poverty related cases, including challenges to the denial, reductions or terminations of public assistance; appeals of the denial of Social Security Disability and Supplemental Security Income (SSI), and representation of low income tenants in both public and private housing.

At GULP, Ms. Weiner provides support to New York's legal services programs and community advocacy organizations in the form of training and litigation support. Her primary areas of expertise include the federal Food Stamp Program and the non-citizen eligibility rules of federal and state public benefit programs. She is also engaged in policy and administrative advocacy on a state and national level in these areas.

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Felicidad Frenette

International Institute of Buffalo

Felicidad Frenette is a senior director at the International Institute of Buffalo. She supervises the Refugee Resettlement & Social Services programs. She designs and oversees multi-cultural and interpreter training. She presented extensively on cultural competency and interpretation guidelines within health care and social service settings. Ms. Frenette holds a Ph. D Administration, a M. Sc. in Guidance Counseling and a B.A, in Educational Psychology.

Alejandra Molina

Farm Workers' Institute

Alejandra Molina is an Assistant Professor of Spanish and Hispanic Studies at Hobart & William Smith colleges. She holds a Ph. D in Spanish American Colonial Literature, and Master degrees in Latin American Literature, and in Spanish Literature. She serves as the Farm Workers Women's Institute Executive Board co-chair. She is also the editor of the Institute's newsletter. Ms. Molina is a member of the Hispanic Network of the Finger Lakes in Geneva, NY and a member of the Board of Geneva Family resource Center. She has written and presented extensively on the needs and concerns of farm worker women. She has received several honors and awards for her work.

Vivien Ng

Women's Studies, University at Albany

Vivien Ng is Associate Professor of Women's Studies at the University at Albany, SUNY. Prior to joining the Women's Studies Dept. in Fall 1995, she taught Chinese history and women's studies at the University of Oklahoma for 13 years. She earned her Ph.D. in Chinese History at the University of Hawaii.

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Rafael Tavarez

Multicultural Association of Medical Interpreters (MAMI)

Raquel Tavarez has been MAMI's Office Coordinator and a MAMI medical interpreter trainee in Spanish, since April 2003. She grew up in the Dominican Republic, making summer visits to the United States. She has a DDS in dentistry and practiced for 3 years in the Dominican republic. In 1994, she moved to the US and now lives in Utica with her husband and child. For 4 years, Raquel did assistant teaching in NYC and Utica public schools. Now, in addition to her position with MAMI, she works as an emergency family advocate in the Domestic/Sexual Violence program of the Mohawk Valley YWCA.

Lyubov Vasyukhnevich

Multicultural Association of Medical Interpreters (MAMI)

Lyubov Vasyukhnevich is a MAMI medical interpreter in Russian who began training with MAMI in November, 2002. Eleven years ago, Lyubov arrived in the United States as a refugee from Belarus. In 2000, she graduated from Mohawk Valley Community College in office technology, with a medical specialization. She has taught religious studies for 10 years in Slavic Pentecostal Church of Utica, NY.

Barbara Weiner

Greater Upstate Law Project

Barbara Weiner has been a staff attorney with the Greater Upstate Law Project, Inc. (GULP), specializing in poverty law issues, since August of 1990. Admitted to practice in California in

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GULP works on a broad range of legal matters, including civil rights, disability, domestic violence, housing, health care and public benefits issues, including child care, cash assistance and immigration access to public benefits.

Attachment #7

Albany Regional Meeting

Thursday April 10, 2003

EVALUATION

Participants and responses

- Number of participants: 34
- Number of responses: 19

Content and format

Figures below show number of responses for each category.

	Excellent	Good	Average	Fair	Poor	Blank
Morning keynote panel	9	9	1			
Luncheon presentation	15	4				
Workshop A: Overcoming Language Barriers	13	2				4
Workshop B: Impact of Immigration Status	12	2	1			4
Overall content	15	4				
Overall organization	14	4	1			
Meeting packet	14	3	2			
Overall meeting experience	13	6				

Questions and responses:

1. What did you like most about the Meeting?

Responses:

- The diversity of the group.
- Everything. The day was very informative.
- Everything.
- Information.
- The various topics discussed and shared.
- Learning of solutions, not just statement of problems.
- Diversity of providers, openness of participants.
- Everything.
- The diversity of the participants and the amount of ideas that were offered.
- Learning from other participants.
- Warmth and acceptance of divergent views.
- Knowledge imparted.
- Keynote.
- Discussions.
- MAMI presentation and lunch presentation.
- Diversity of presenters.
- Quality of presentations. Sharing at the end.

2. What did you like least about the Meeting?

Responses:

- Too little time.
- Too short.
- Late start.
- No water. Not enough time to network.
- Immigration status.
- Running overtime on various sections.
- Not enough time to cover issues.
- Would have liked time to plan as a group.

3. What aspect of the Meeting will be most relevant for your work?

Responses:

- The challenge.
- Networking to help provide services we are unable to, at present.
- All of them.
- Ongoing respect for what I learnt.
- Realizing the needs I have as a medical person to our immigrant clients.
- Solidarity and diversity understanding.
- All aspects – providing legal services and addressing other issues.
- The legal aspects of care for immigrants and the value of professional interpreters.
- Policies. Barriers facing immigrants,
- Ideas for expanding services in our agency. Need more information and ideas on funding grants.
- Connections with other providers.
- All.
- General networking and discussion.
- Mobile van. Contacts and communities.
- All relevant.
- Overcoming cultural and language barriers.
- Networking around the state. Ideas we can use for our organization, e.g., mobilizing patients to help us push for interpreter services.

Rochester Regional Meeting

May 21, 2003

EVALUATION

Participants and responses

- Number of participants: 38
- Number of responses: 23

Content and format

Figures below show number of responses for each category.

	Excellent	Good	Average	Fair	Poor	Blank
Morning keynote panel	12	7	1	1		2
Luncheon presentation	15	7	1			
Workshop A: Overcoming Language Barriers	16	5	2			
Workshop B: Impact of Immigration Status	12	8	1			2
Overall content	16	7				
Overall organization	16	7				
Meeting packet	15	7	1			
Overall meeting experience	12	11				

Questions and responses:

1. What did you like most about the Meeting?

Responses:

- Opportunity to meet others and learn about the work they are doing.
- Good information. Great skits!
- The sharing. I did not know a thing going in.
- Enthusiasm of participants. Professional organization.
- I enjoyed the information and the opportunity for discussion and exchanging ideas.
- Luncheon speaker.
- Variety.
- The topics discussed, the networking, and, most of all, the seed planting.
- Networking; great ideas.
- Everything.
- Amount of information shared.
- Excellent speakers. Everything was good – nice variety of topics, excellent overview of barriers and strategies for improvement, and opportunities.
- Luncheon discussion.
- Good.
- The exchange of information; networking – establishing essential contacts, vital to perform my work; resources.
- Workshop B. Barbara Weiner is excellent.
- The presenters, the themes of the workshops and the guest speaker, Vivien Ng – great!
- The network/information and some resources.
- Information received because it was very practical.
- Meeting and networking with migrant programs and others – programs with which we can work to increase access to family planning services.

2. What did you like least about the Meeting?

Responses:

- Not enough time for networking among attendees.
- The physical space was too crowded.
- Liked additional discussion. Want even more in the a.m. Hope we move toward planning specific projects.
- The first room was a little small.
- Rooms not big enough.
- Crowded. No room to move.
- The first room.
- Not enough time for networking.
- Cramped space.
- Room too small.
- Need note paper, more room space, and more time for workshops.
- The setting. More time or less speakers.
- Room was too small. Too much material for a one-day training.

3. What aspect of the Meeting will be most relevant for your work?

Responses:

- Good day; very beneficial. Great lunch! Thank you.
- Accessing health care.
- Networking and plans for the future.
- Legal issues regarding insurance. Also multicultural interpretation.
- Networking.
- All of it.
- All information presented were relevant to my work.
- MAMI presentation.
- All of it. Think about funding scholarships to send staff to MAMI.
- Public benefit and interpreting.
- All the information presented was very important.
- The information sharing.
- Advice and insight into use of interpreters. Legal rights/qualifications of immigrants.
- Resources I can contact to help clients and to refer them; growth in knowledge in the areas discussed; networking with people who can help me with my job.
- Knowledge about available models to reach and serve immigrant /refugee communities, especially cultural competency. The immigration information was excellent. Interacting with peer professionals and establishing future contacts outside the Center's area.