Chapter 9

Social Service Provision – Summary

* Social Service Essentials
  Information, Resources, Advocacy

* Day to Day Necessities – Facilitates client's use of program's services
  Food; Clothing; Transportation; Emergency loans

* Social Service Aspects of Medical Care –
  Scary when clients receive big bills; Can be an impediment to treatment
  Fee reductions; Insurance – Medicaid (PRUCOL); Specialized services;
  Supplemental Security Income (SSI)
  Hospice care; Discharge planning

* Housing – Very difficult domain; Lack of resources; Potentially re-traumatizing
  Shelters; Community resources; Section 8
  Psychiatric reports which help prioritize clients for affordable housing

* Legal – First tier issue of immigration status
  Finding pro-bono legal services v. "volume lawyers"
  Acting as liaison for lawyers and doctors for supporting documentation
  Asylum, work authorization, family petitions, citizenship applications
  Permanent Residency applications
  Psychoeducation about one's rights
  Immigrant's rights at home, work, or if arrested
  311/911 and hotline information

* Educational Assistance – Empowerment; Advocacy at school; English literacy
  Diploma equivalencies/Transfers
  Training referrals

* Professional Assistance - Direct referrals; Professional development

* Family issues
  Reunification information/applications
  Folds back into other services
* Appendix A: Some Social/Legal Service Resources in the New York City Area

Social Service Provision

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Social Service Necessities

Social services are not seen as an adjunctive branch of services added to a client's clinical involvement with the Bellevue/NYU Program for Survivors of Torture; rather, they are seen as a critical component of the clinical care that serve to facilitate a client's use of the other clinical services. Aspects of social service needs are given significant weight during case formulations and treatment planning. The stressors facing traumatized refugees are varied and profound. Before addressing particular content areas, some mention should be made of three key concepts that are pertinent in social service provision across domains. They are information, resources, and advocacy.

Information

There are several factors that impede traumatized refugees from accessing pertinent and accurate information regarding social and legal services. Traumatized refugees' cognitive and psychological functioning may be impaired in areas that affect their ability to seek and retain information. Fear, mistrust, and a general sense of disempowerment may dissuade refugees from actively asking questions and seeking information within their communities, or from social service providers. For example, a significant number of our clients who did not file for political asylum within the required 12 month filing deadline simply failed to do so because they

were not aware that any such deadline existed. Acquisition and retention of information my also be compromised by survivors' emotional states.

In addition to a lack of information, our clients also find themselves in contexts where misinformation abounds. Rumors about changes in immigration law, shortcuts to asylum, and nightmare scenarios where anyone seeking information may be immediately deported, are among the myths and untruths that abound within expatriate communities. We have encountered situations where refugees are "steered" to substandard, or fraudulent, lawyers or social service agencies who exploit these disempowered people for the few material resources they possess.

As previously written, our clients have many intellectual, spiritual, and emotional resources. Generally, these are people who are not only able to fend for themselves, but are eager to do so. Sometimes the provision of pertinent information can be the key that allows clients to take control of their own situation and to act proactively to improve their lot. As such, social service providers must make it their goal to have access to as much pertinent information regarding the situations and challenges that traumatized refugees may be facing, as well as viable information regarding programs, processes, and resources that can help our clients.

Resources

External resources are needed to bolster the internal resources our clients already possess. Providing tangible items, or at least concrete referrals for services, can also help a survivor to realize that they are not alone in their daily struggles. Receiving essential resources, whether food, winter clothing, medicine, legal services, emergency cash, can help to provide hope to clients facing daunting situations. Clients have said that

"The difference between having no hope and a little bit of hope is infinite." So, it is incumbent upon the social services provider to identify and establish connections with community, philanthropic, or governmental agencies that can provide needed resources to our client population. This information should be updated frequently.

Advocacy

Traumatized refugees, who may be fearful of asking questions, may be even more afraid to argue or advocate for themselves with the individuals and bureaucracies that have so much power over them. As such, it often falls to the clinical team, including the social service provider, to advocate for clients when their rights are being compromised.

Program staff members have intervened with landlords, attorneys, and employers who treated clients in an unfair or exploitative manner. Having a partner who knows the "lay of the land" and who is willing to defend a client from potential exploitative situations can also serve to increase a client's confidence, and therefore his or her ability to advocate for themselves. As stated in the Acknowledgements section of this book, "Two watch dogs are ten times better than one." A survivor, who no longer feels isolated or exposed, is more willing to take reasonable risks and follow through on plans of action that can change their situation for the better. We will now discuss some of the particular areas in which social service provision is crucial.

Day-to-Day Necessities

One such area that helps to strengthen clients' ties to clinical services is helping them with day-to-day necessities. These necessities include food, clothing, access to transportation, and financial support during times of crisis. Access to such resources can be extremely limited for individuals marginalized due to their immigration status, their lack of employment authorization, or other linguistic and cultural barriers that may prevent them from fending for themselves successfully in the realm of subsistence.

First, our social service department helps identify existing services, such as food pantries and soup kitchens, in the New York metropolitan area. Clients are then accompanied to these sites to help make sure that they and their families receive adequate nutrition and sustenance. After initially accompanying clients to these centers, clients are empowered to take responsibility for accessing these resources in the future. PSOT staff and volunteers are made available if there are continued logistical difficulties. If there seem to be medical or emotional reasons that clients are unable/unwilling to access services, these concerns will be communicated within the PSOT treatment team, and the appropriate clinicians will be kept abreast of clients' behavioral functioning.

> *On one occasion, Ms. Z, a West African woman with 5 children, attended her asylum hearing. Her "clock" which measures the amount of time elapsed before an asylum seeker is eligible for work authorization, had been stopped at 145 days out of the necessary 150 to become "work eligible." Her case was continued by the immigration judge to conduct forensic research and have birth*

certificates translated. The case was rescheduled for 6 months later. The judge was asked to allow the "clock" to continue moving, but since the client's lawyers had failed to translate the birth certificates, the delay was deemed to be the client's responsibility. As such, her "clock" was stopped until her next hearing.

In essence, the client was not able to work and independently provide for her children during the next six months. PSOT volunteers mobilized and identified food pantries and soup kitchens in the client's neighborhood in the Bronx. Occasional transportation was arranged for large food acquisitions. The family received their sustenance by these means for the six months until the following court date. The client was then granted asylum, and she subsequently entered the work force successfully, and became far more self-sufficient.

. To further explore the importance of providing basic necessities (such as food), and the importance of networking with other social service agencies in the city, consider the following example:

AZ, a 30 year old male from one of the former Soviet republics, was unable to find employment, and needed food assistance. We were able to address that immediately by referring him to a program that not only gave him some supply of food, but also gave him referral to food pantries and soup kitchens to utilize on an ongoing basis, while awaiting a change in his immigration status that would permit him to

work. These referrals helped to sustain him physically over a period of several months.

Another key element that plays a role in a client's ongoing health maintenance is locating and providing appropriate clothing. This is especially important for clients arriving from tropical climates, who usually do not own clothing that will keep them sufficiently warm during the winter months. Winter coat drives have been an essential part in this effort. Education regarding the importance of dressing in layers, and removing one's outer clothing when inside for a significant period of time are important tips for people who have never dealt with winter weather before. We also help to provide clients with clothes suitable for academic or professional interviews. We see that facilitating these efforts is a crucial part in empowering clients and helping them to achieve tangible successes.

Clients need to keep a plethora of appointments during the course of the week. Transportation costs can be a substantial impediment to clients accessing the services they need. Social service providers should orient clients to available public transportation. New York City is fortunate to have an expansive public transportation system. We raise funds to provide "metro cards" for our clients in need. While we cannot cover expenses for all of their travel, we try, at the very least, to provide round-trip fare to and from each hospital visit.

In crisis situations, we have been able to pay for cabs and arrange ambulette services for clients who were not able to use subways or buses. We have also been able to create a small "petty cash" account and identify emergency funds through local philanthropic groups to help when clients are on the verge of being evicted, or have collection agencies pursuing them

(due to circumstances the clients are not legally able to control or resolve). These funds are limited, however, and we are always seeking more "general operating expense" funds that can be put directly to clients' use.

The following case is illustrative of many of the domains in which social services are called to the fore:

> *Ms. K, a 54 year old woman from Central Africa with two teenage children had been in treatment with us for three years. She had already earned her political asylum, and had moved to another state that was "quieter than New York City." Unfortunately, Ms. K was diagnosed with advanced stages of liver cancer. She decided to return to New York with her children, and began receiving medical care at our hospital, including chemotherapy.*
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> *During this time, her social benefits (including public assistance and housing benefits) were caught between the bureaucracies of two different states. The PSOT social service staff intervened to help her family find temporary housing while her case was being transferred. Our Program also helped to pay for ambulette service and taxis, as the client was too weak to utilize public transportation. During a particularly intense summer heat wave, PSOT paid for her to stay for several nights in a local hotel with air conditioning, because the client's non air-conditioned 11th floor apartment was a risk to her health during this time.*

We will revisit this particular case as we discuss other aspects of social service provision. We believe that this case serves as an appropriate

transition to issues concerning liaising between medical services and other service providers.

Social Service Aspects of Medical Care

The social service aspects concerning medical care should not be underemphasized. When our clients receive large medical bills, or are confronted with undecipherable medical or insurance bureaucracies, it can be a significant impediment to treatment. Patients may decide that receiving medical care "is not worth it" after receiving threatening letters about financial liabilities, or even requests for follow-up medical testing, or procedures that they do not understand. These realities are not unique to our hospital or to our population, but the feeling of vulnerability may be particularly stressful for traumatized refugees who have tenuous immigration, and therefore legal status.

One of the first steps in intervening in this domain is to make sure that there are staff members or volunteers who are able to translate letters and other medical communication to clients in a language in which they are proficient. Many misunderstandings are just that – misunderstandings. Beyond that, awareness of bureaucratic and medical realities, and sharing this information with patients, also helps to break down barriers and facilitates access to necessary medical services.

PSOT staff work closely with the medical staffs at both Bellevue Hospital and NYU Medical School to arrange fee reductions for our indigent clients. Bellevue even created a special billing category for survivors of torture that would allow them to receive their medical care free of charge while their asylum cases were being adjudicated. In most cases, asylum

seekers were not able to access Medicaid, and therefore could not pay for their care. We were able to work out arrangements so that these most vulnerable of patients would receive the needed services. Fortunately, things have changed for the better in New York State.

Court decisions led to the creation of the PRUCOL mandate (Persons Residing Under the Color of Law) in the state of New York. This states that people who have a pending asylum case are not living in the US "unlawfully." As such, they have the right to be covered medically, and we have been able to successfully sign-up our asylum-applicant clients for Medicaid benefits. This has been of great importance to our clients (who receive the necessary care), to the participating hospitals (which are now reimbursed for a significant portion of the costs for treatment of our clients), and our program (which is in a stronger position regarding clinical and financial productivity within the hospital systems).

There are also times that special advocacy is necessary. We have had two occasions when clients were in need of liver transplants. Ironically, both clients were from the same West African country. The first client is the one that prompted us to begin making the calls, writing letters, and beseeching medical services to expedite her eligibility for such services, and then to locate and secure a donor, and facilitate the transplant.

We encountered many engaged and energetic individuals who helped to expedite the process. Unfortunately, we also encountered many pitfalls and missteps that hindered the process. In the end, we were able to obtain Medicaid status – but for this patient it was too late. The patient expired before her name could be added to the priority list for transplant recipients.

We would like to think that the first client's efforts and struggles were not in vain. The second time we were confronted with a similar situation, we

were better informed and better equipped to move ahead with alacrity. The transplant was completed successfully, and the second patient is now a healthy member of the community – working hard to take care of his burgeoning family (he and his wife have had a healthy baby son since then).

End of life issues are another area where the social services and medical realms overlap. We have been called upon to work with various departments within the hospital (i.e. HIV services, cardiac care, palliative care, oncology) to help facilitate hospice care, or other discharge dispositions. Often, we play an educative role in terms of what resources are available for our clients with the immigration statuses that they possess, and often we can provide focused advocacy for those that might otherwise "fall through the cracks" of large city and state bureaucracies. We help to facilitate addressing cultural issues, which are important in all phases of interaction with clients, but become especially salient during end of life situations – with their myriad of stressors and potential triggers for retraumatization.

We find that many of the departments we work with are grateful to have collaborators who are able to put more time into a particular case than they may be able to do, or to be available to consult on cultural issues. We must always be mindful of sensibilities of "turf" and authority issues to make sure that we do not alienate fellow service providers we are trying to assist. To date, our collaborations with other departments have been fruitful, and guided toward the best interest of the patients.

In the case of Ms. K, we were in the midst of beginning to plan for her children's future when she received a prognosis of having less than

six months to live. Case workers from both the inpatient unit, and the temporary shelter where her family lived, were involved. Physicians from PSOT and the oncology unit were involved in trying to treat her illness and ease her physical suffering. Her PSOT psychologist and case worker were involved in providing support for Ms. K, her children, her extended family members, and the other program clients who mourned her loss.

It looked like things were moving toward resolution in terms of finding stable housing and enrolling her children in school, when her health took an extreme turn for the worse. The months we counted on turned to days, and Ms. K died soon thereafter.

There was no living will and there was no money. There were questions about whether Ms. K would be buried in a common grave, with no viewing, no headstone, and no opportunity for her family and children to mourn in a culturally appropriate way. There were many questions in terms of where the children would live. Would the eldest child (who had just turned 18) be able to be "head of household" and keep the family together (the youngest child was fifteen years old)? Was there any potential that the children would be repatriated? Who would be able to register the youngest child for school as "next of kin?" Would the children be able to keep the mother's housing benefits? How do we provide information to the children without overwhelming them during their period of grief, but also get enough information and positive direction to move things in an appropriate direction?

The answer to this plethora of questions is that through our social service providers, and their careful coordination with other care givers and agencies (such as the Department of Homeless Services; Administration for Children's Services; The New York Legal Assistance Group; the Board of Education, etc.), the majority of these questions were resolved positively.

Through funds raised by PSOT, and by the extended support network in the expatriate African community (largely mobilized by other African clients in our program), there was a viewing, a church funeral, and a burial in a cemetery where her children can visit Ms. K's grave. The siblings lived together with the eldest sibling serving as legal guardian, while social workers and members of their religious and national community provided supervision and support. They enrolled in school, and received the financial assistance necessary to support them. Both siblings continued to receive medical treatment and supportive psychological services through our program for some time. Perhaps most importantly, they had the opportunity to bury and mourn their mother in a way that was appropriate given their religious beliefs, cultural background, and emotional needs.

This case helps to illustrate the complex and overlapping roles that social service staff members take on when working with this multiply-challenged population.

Housing Issues

One area that remains very difficult for our clients and our social service staff is the domain of adequate housing. This is especially true for our clients who are asylum seekers, who have not yet been accorded any sort permanent status such as asylum, refugee status, or a green card. These clients are generally in a disadvantaged position relative to other populations in need of scarce housing resources, because our clients do not have legal access to publicly subsidized housing. Many of our clients find themselves at the mercy of other members of their expatriate community; many of whom are in marginal living situations themselves. Our clients find themselves in the position of being "an extra burden" to already struggling members of their extended families or ethnic communities. Often when clients are sleeping in other people's living rooms, hallways, or sleeping in shifts in overcrowded apartments; they can be made to feel unwelcome. The circumstances, including a general lack of privacy and a sense of being in someone else's space, can potentially be re-traumatizing. These issues tend to keep feelings of insecurity, self-reproach, and loss of status very much alive for traumatized refugees.

The ways in which the social service provider can intervene in these circumstances are, unfortunately, limited. Clients may be guided into the shelter system, but this is often less than optimal. The New York City shelter system is one of the most largely populated systems in the country. Its shelters are often crowded, with people from all walks of life and frequently suffering from substance abuse and/or other psychological and behavioral issues. As such, the shelter environment can often be noisy, chaotic and serve to reactivate a trauma survivor's sense of insecurity and perceived

threat. There have been times when a homeless shelter may be the appropriate referral given someone's housing status, but it may be an inappropriate referral given their emotional state.

A social service provider may also be able to assist in registering the client in specialized housing programs. In New York State, specialized "Section 8" housing exists for New York residents with demonstrable mental illnesses. Our social service coordinator is instrumental in arranging supporting documentation from program psychiatrists, to put forth formal Section 8 applications. Axis I Diagnoses, such as PTSD and Major Depression have been deemed appropriate diagnoses for clients to participate in this special housing program.

> *Housing bureaucracies can necessitate social service interventions that go beyond the norm. In one instance, a family from the Caribbean (a mother and two young children) had been given temporary shelter by another family in their expatriate community. After a period of time, the host family rescinded their offer, and told the family that they needed to vacate the premises immediately.*
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> *The family tried to access services at a shelter for homeless families, but were refused by the housing authority because they had it on record that the family was "currently domiciled" by the family who had just evicted them. Homeless services were being denied to this family because the system did not consider them to be truly homeless – despite the fact that they had nowhere to go besides the streets.*

Our social services team intervened in this housing crisis during the weekend (the family was evicted from their previous residence on a Friday evening). We tapped into our limited "emergency funds" to place the family at a hotel, so that the young children would not be on the street. Our social services coordinator then accompanied the family to their previous residence to "witness" them being denied entry to the home. Afterwards, they went to a police station to have an "official record" that the family had been refused entry.

With the subsequent affidavit from our program regarding the family's situation, shelter officials re-evaluated their request, and allowed them to re-enter the shelter system the following Monday morning. The emergency funds from the program, coupled with the advocacy effort, were enough to keep this family of traumatized survivors off of the street in the short-term. We recognize that the challenges with housing are longer-term and very broad in scope.

Legal Issues

A crucial issue with which our social service providers must grapple is our clients' immigration status. Much of the general context regarding immigration law has already been covered in Chapter 3. However, it is worth exploring some of the associated activities and issues that our social service and legal liaison team encounters.

Accessing pro-bono legal services for asylum seekers is a very important task. Most asylum seekers do not have proper work authorization, and therefore find it difficult to pay for legal services. There are many

asylum attorneys who offer "discount" services for asylum seekers. Even these "discounted" services may cost between $1,500 and $3,000 in New York City for people with limited or no income.

While the grand majority of immigration attorneys (whether private or pro-bono) are ethical and diligent, the demand for services and the vulnerability of the population can lead to a potentially exploitative situation. Some immigration judges have made reference to "volume lawyers," who make their money by maintaining extremely high-volume case loads. In this scenario, many clients may not have adequate access to their lawyers for case preparation, document procurement or verification, or even adequate information regarding the structure, processes, or expectations of an asylum hearing.

Finding pro-bono (derived from Latin, meaning "for the public good") attorneys has helped many of our clients to navigate the asylum process. Not only do the pro bono services reduce costs for our clients, but we have found that legal teams doing such work tend to have more time to devote to the particular cases. In the New York Metropolitan area, we find pro bono attorneys through programs such as: Human Rights First (formerly the Lawyers' Committee for Human Rights), HIAS (The Hebrew Immigrant Aid Society), Catholic Charities, NYANA (the New York Association for New Americans), and through law school legal clinics (i.e. NYU Law School, Fordham University Legal Clinic, CUNY Law School, Brooklyn Law School, Hofstra University Law School, etc.). Generally, these schools provide teams of law students who provide the bulk of the direct services, under the supervision of experienced law professors. These teams have proven to be so motivated and enthusiastic, that at times it has been our duty to provide them with psycho-education about the potential of re-traumatizing

a client who is expected to recount his or her story repeatedly, as part of the preparation process. We sometimes need to reassure a client that just because the services are free does not mean that they are somehow sub-standard.

Part of helping our clients to prepare for their asylum cases also means serving as a liaison between the lawyers and the doctors to provide supporting documentation, when appropriate. Not all clients who apply to our program are accepted, and no one is promised an affidavit (whether medical, psychiatric or psychological) upon acceptance to our program. But for those clients who engage consistently and conscientiously in their treatment, and for whom we have clinical data and observations that can shed light on their functioning, we provide supporting documentation for their asylum hearings (see Chapters 7 and 12). A large part of the legal liaison work has to do with facilitating reports coming from the appropriate doctors, in a timely fashion. Scheduling clinicians for potential testimony (usually telephonically) is another logistical detail we try to arrange.

Legal assistance also stretches into other domains, such as helping clients to obtain legal work authorization, reunifying the families of asylees by helping to file family petitions, facilitating green card lottery applications, and aiding with permanent residency and citizenship applications. We also provide legal and civic education about one's rights. Workplace law, domestic law, tax law, and child protection laws are discussed with individuals, and also covered during sessions of the psycho-educational "orientation" groups we conduct for newly arrived clients. In addition, issues regarding the rights of those who have been arrested and about the use of "911" and other emergency services are discussed. We also

give information about the use of "311" and other government information sites found in the New York Metropolitan area.

In essence, two of our major goals in the provision of legal liaison services have to do with access to information and access to services. We endeavor to place our clients in a position where they can best adjudicate their cases and advocate for themselves.

Educational Assistance

Another major issue for social service providers is educational assistance. Beyond the concrete benefits that continued education can bring, it provides clients with concrete skills, such as English and computer literacy, and empowers clients to look toward a future they can construct, as opposed to being emotionally dominated by their traumatic past.

This kind of support takes place on multiple levels. For example, one challenge that service providers working with refugees face is educational integration for children and adolescents from traumatized populations attending American schools. In our program, we have been called upon to help facilitate communication between school administrators, teachers, and the families of young survivors around cultural and disciplinary issues.

Some traumatized children and young adults may manifest behaviors in school that are disruptive and disconcerting to school personnel. Our staff has intervened on occasion to help provide psycho-education to school staff regarding some of the sequelae and secondary effects of torture and refugee trauma, particularly as they pertain to young survivors. PSOT service providers have spoken with teachers who have "just assumed that the kid was ADHD" because of disruptive behaviors, without a full understanding

of the context of what the child has experienced, and is experiencing. Our clinicians have often been able to provide therapeutic support for children that the school has identified, and we have responded when parents have called us in to advocate for their children, where they have felt that they did not have the ability to advocate for themselves.

For adults, our efforts include facilitating inscription into English as Second Language (ESL) courses for those coming from the non-Anglophone world. This can have extraordinary therapeutic value, especially when the client may be awaiting the decision of their asylum case, and are not yet authorized to work legally. These ESL courses help them to have concrete tools to survive in our society, but they also serve the purpose of allowing them to feel as though they are making some progress, even while they feel stuck in the immigration and employment domains.

Helping clients to access vocational training or specialized schooling are other concrete steps that can help clients to move toward economic self-sufficiency. This can help recently arrived immigrants, who may have marginal English skills, to branch out beyond the menial labor or service jobs they are often forced to occupy.

Seeking educational equivalencies for those clients who arrive in the US with advanced degrees is another important aspect of helping the clients to progress logistically, which also helps them feel valued by the larger society. These concrete steps counteract the multiple levels of disempowerment that clients are facing. As one francophone support group member put it: “You never know who is driving your taxi in this country. You never know who is sweeping your floor.” Information and access to educational resources is a key element in helping clients to ameliorate their circumstances, such that they will be more in line with their capabilities and

talents. Assisting clients to identify, access, and pay for university studies is another way of assisting them educationally, professionally and emotionally. Helping clients to apply for financial aid is another way to make their educational aspirations become their reality.

Professional Assistance

Educational issues are intrinsically linked to issues surrounding work and career development. For many of our clients, who not only are struggling to survive, but are responsible for the economic survival of their families, issues surrounding work are of the utmost importance.

Job referrals are made to job development social service agencies. PSOT staff members also refer to our own volunteer program and other social service resources to help prepare clients with regards to their English proficiency. These volunteers have also been active in helping clients to prepare for job interviews. They discuss matters particular to the field for which the client is applying, and they speak of general concerns, including aspects of the "culture of work" in the US, such as the importance of being punctual for appointments, self-motivated, and dressing in a professional manner.

One pertinent example of the overlap between educational, professional, and clinical issues is the case of Dr. KN. It helps to illustrate the complexities facing refugees who wish to advance educationally and/or professionally.

Dr. KZ, a 33 year old physician from central Africa, was forced to leave his country without any diplomas or documentation of his status

as a physician. KZ had broad medical experience in sub-optimal circumstances; working with limited medical resource in a theater of war. He had delivered more than 2,000 babies, done open heart surgeries, and had provided emergency medical care on battle fields.

Even with proper documentation, he would not have been able to practice medicine in the US without going through residency training. The process for gaining a residency position is extremely competitive. With a lack of accredited diplomas here in the US, the outlook for Dr. KZ was bleak. This was emotionally troubling for KZ, who had already surpassed that level of training in his home country.

After studying English and gaining his political asylum, KZ was able to take a GED Course and took placement exams at a local university. He was eventually able to provide some documentation of his former academic and professional status. As such, he began working for a phlebotomy lab. He at least felt like he was back in "his field."

After two years working as a phlebotomist, KZ applied for a graduate program in Public Health. Our program wrote recommendation letters, and helped nominate him for a "Disadvantaged Student" scholarship. KZ once again felt that he would be able to help the large underserved population that he left behind. His focus is different than when he was a physician working directly with patients. But now he might still be able to affect change from a distance, while bringing new resources to bear. This struggle has helped KZ reclaim "the

person he was" by making him feel useful, and feeling that he had not "abandoned his people" in the end.

Family Issues

One of the dreams that many recently arrived survivors of torture and refugee trauma often share, is the hope of one-day reuniting their families in their new homeland. After being granted asylum, it is possible for clients to engage in this process, but the bureaucracy can be daunting. There are applications to fill out by specific deadlines. There may be medical exams, including DNA analysis to determine parenthood. There is a lot of coordination between offices to be facilitated, in addition to the financial burden of paying for all of the exams, visas, and the plane tickets needed to come to the US.

Social service providers can play an important role in assisting with these logistical challenges with the client and his/her legal team (which may or may not still be involved after the grant of asylum). But the social service challenges of reuniting the family pale in comparison to the social service challenges posed by the reunited families themselves. These tasks overlap with the general themes outlined already in this chapter, meaning that the newly arrived family members will need support in the three general domains of information, resources, and advocacy.

Specific tasks and challenges include: day-to-day necessities, such as food, clothing, and shelter. Frequently, the family member who is receiving newly arrived family members was already in a financially precarious situation. Often, people are forced to leave the studio apartment, or the room they inhabited in someone else's home, because the family has become too

large to stay in such lodgings. Perhaps the costs of feeding the newly enlarged family goes beyond what the person with political asylum can afford. Helping these families to access financial and day-to-day resources is an extremely important step in facilitating family reunification.

Specific issues regarding health insurance and access to care will vary depending on one's location within the US. Keeping current with local and state laws regarding access to medical care is essential for social service providers. At PSOT, we are able to enroll newly arrived family members in our program for initial health screenings, check-ups, and interventions. We also seek to enroll them in Medicaid as soon as possible, so that they can access care elsewhere if they so desire. Many of our clients move to the outer-boroughs (i.e. Queens, Bronx, Brooklyn or Staten Island), so it may be more pragmatic for arriving family members to have access to medical services in their own neighborhoods.

Generally, newly arrived family members come with a valid I-94 document which proves their asylum status, if they have been petitioned by a family member who already has asylum. Therefore, the needs for legal assistance with immigration are not as great with this population. However, there can be pressing needs for legal advocacy in terms of educational, professional, housing, and social service resources.

Many times, the social service coordinator will be the primary contact for the newly arrived family members. Not all of these family members have been tortured, but there are issues surrounding long separations, feelings of resentment or abandonment toward the family member who came to the US first. The social service provider must have his or her eyes and ears open to potential emotional discord within the family, and be prepared to make appropriate referrals to mental health clinicians in the program to help

family members navigate this potentially difficult transition period. The family issues can fall into the domain of culture and acculturation. As extended families regroup here in the US, there may be varying attitudes regarding one's view of their "original culture" v. their "host culture."

CS, a torture survivor from West Africa is also the father of six children. His years in exile in a neighboring country in Africa, and then his time in the US fighting for asylum status, necessitated an absence from his family that stretched to eight years. During that time, his 8 year old son became a 16 year old adolescent, who grew up largely without paternal supervision.

When the son arrived with his younger siblings, there was initial euphoria for the family. Over time, however, schisms began to come to the surface. The boy (or young man) was used to being the "man of the house." He did not take kindly to his father's redirection, stating that his father "had not been around," and striving to emphasize his independence.

The father, by contrast, had more traditional beliefs from his culture, stating that young people were to respect and obey their elders without question. As the son began sporting some of the popular hip-hop styles (i.e. saggy pants, baseball caps), and began staying out late with his friends, sparks flew within the household.

Referrals were made for individual counseling for the son. He now had a safe place to express his frustrations and pain. He also received

information on some of the pitfalls (legal, social, and cultural) he may encounter if he continued to "hang out" with some of the rough kids from his neighborhood. The father was supported in his frustrations, and supportive interventions were made at the level of the school.

The situation remained tense and somewhat volatile, for a number of months. The son did eventually pick up a minor charge. The Administration for Children's Services (ACS) did open a case within the home regarding child custody. Happily, the son was found not guilty of the charges against him and the father and mother retained all parental rights and privileges after an investigation by the ACS. The supportive therapeutic environment provided for this family helped them to navigate this situation in a way that respected their current needs and traditional norms. We endeavored to help this family cope with the emotional realities of this tenuous transitional situation that they never asked for.

As can be seen by these examples, the role of social service providers is vast, complex, and nuanced. We work with clients from their first entry into the program, and follow them through beyond when their family members are able to join them. It can seem daunting at first, when one considers the vast needs of our client population. But one can also take heart in the fact that there are so many ways to intervene, and that small concrete steps that help to improve someone's day-to-day lives can have a large impact on their social, educational, medical, and psychological functioning.

Appendix A: Some Social/Legal Service Resources in the New York City Area

Community/Immigration Service Agencies

African Services Committee, 429W 127th St, 2nd Fl, NY, NY	212-222-3882
American Friends Society Committee, 89 Market St, 6th Fl, Newark, NJ	973-643-1924
Catholic Charities of New York, 1011 First Avenue, NY, NY	212-371-1000
CAMBA, 1720 Church Avenue, 2nd Fl, Brooklyn, NY	718-287-2600
Int'l Inst. of NJ (IINJ), 1 Journal Square Plaza, 4th Fl, Jersey City, NJ	201-653-3888
International Rescue Committee, 122 East 42 St, 12th Fl, NY, NY	212-551-3000
Nah We Yone, Inc., 2417 Third Avenue/138th St, Suite #607, Bronx, NY	718-292-0509
New York Association for New Americans, 2 Washington St, NY, NY	212-425-2900

Legal

City Bar Justice Center, 42 W 44 St, NY, NY	212-382-6629
Comite Nuestra Senora De Loreto Sobre Asuntos de Immigracion, 856 Pacific St, Brooklyn, NY	718-783-4500
Hebrew Immigrant Aid Society, 333 Seventh Avenue, NY, NY	212-967-4100
Human Rights First, 333 Seventh Ave, 13th Fl, NY, NY	212-845-5200
Immigration Equality, Inc., 40 Exchange Place, 17th Fl, NY, NY	212-714-2904
Legal Aid Society Immigration Unit, 199 Water St., NY, NY	212-577-3300
Lutheran Family and Community Services, 308 West 46th St, 3rd Fl, NYC	212-265-1826
Sanctuary For Families, PO Box 1406 Wall St Station, NY, NY	212-349-6009

United States Citizenship and Immigration Services (USCIS) website: www.uscis.gov

Education Resources

Riverside Language Program, 91 Claremont Avenue, NY, NY	212-662-3200
The International Center in NY, 50 West 23rd St, 7th Fl, NY	212-255-9555
International Rescue Committee, 122 East 42nd St, NY, NY	212-551-3000
Literacy Assistance Center, 32 Broadway, 10th Fl, NY, NY	212-803-3300

Health

NY City Dept of Health and Mental Hygiene Call Center	212-447-8200
Immunization Clinic General Information	212-349-2664
Child and Maternal Programs Hotline	800-522-5006

Public Housing Application Offices

Minors (up to age 21 yrs) Covenant House, 460 West 41rst St, NY, NY	212-613-0300
Bronx: 1 Fordham Plaza, 5th FL, Bronx, NY	718-329-7859
Brooklyn: 350 Livingston Street, 2nd Floor, Brooklyn, NY	718-250-5900
Manhattan: 55 West 125th Street, 7th Fl, New York, NY	212-828-7100
Queens: 59-17 Junction Boulevard, 2nd Fl, Corona, NY	212-828-7100
Staten Island: 120 Stuyvesant Place, 2nd Fl, Staten Island, NY	718-448-7326

Food Pantries/Soup Kitchens

Yorkville Common Pantry, 8 East 109th St, NY, NY	917-720-9700
Bronx: Abraham House Inc., 340 Willis Avenue, Bronx, NY	718-292-9321
Brooklyn: First Baptist Church, 360 Schermerhorn St., Brooklyn, NY	718-875-1858
Manhattan: African Services Committee, 28 E 35th St, NY, NY	212-222-3882x.116
Queens: United Methodist Center, 1521 Central Ave, Far Rockaway, NY	718-327-8460
Staten Island: Salvation Army, 15 Broad St. Stapleton, Staten Island, NY	718 448-8480