

The New York Immigration Coalition  
275 Seventh Avenue, 9th Floor  
New York, NY 10001

Margie McHugh is the Executive Director of the New York Immigration Coalition (NYIC). Formed in 1987, the NYIC is a non-profit umbrella advocacy organization for approximately two hundred groups in New York State that work with "newcomers" to our country - immigrants, refugees, and asylees. Its membership includes immigrant rights advocates, immigrant community leaders, social service providers, community-based ethnic and non-profit organizations, as well as leaders from labor, academia and the legal professions.

The purpose of the NYIC is to provide a forum for the state's newcomer community to discuss urgent issues, and to provide a vehicle for collective action in addressing these issues. In addition to its wide-ranging efforts to coordinate advocacy with and on behalf of newcomer communities, the NYIC also sponsors projects or tasks force activities in several specific areas. These include citizenship and naturalization, legal services, elementary and secondary education, workplace discrimination, voter registration, and community education and action.

Ms. McHugh joined the NYIC staff in 1990, prior to which, she worked in the Mayor's Office as Deputy Director of the 1990 Census Project, and as Executive Assistant to Mayor Koch's Chief of Staff. Since 1992 Ms. McHugh has served on the Board of Directors of the National Immigration Forum in Washington, DC., the country's leading advocacy organization on immigration policy issues.

Ms. McHugh has been a frequent commentator on immigration policy issues, having appeared on CNN, the Jim Lehrer Newshour, and dozens of national and local news programs. She has testified on a wide range of community issues at numerous city and state hearings, and also before federal commissions. She is a graduate of Harvard and Radcliffe Colleges.

\* \* \*



**THE NEW YORK IMMIGRATION COALITION**

275 Seventh Avenue, 9th Floor

New York, NY 10001

Tel: (212) 627-2227

Fax: (212) 627-9314

*Comments by Margie McHugh, Executive Director of the New York Immigration Coalition  
9/11 Recovery Forum - Health and Mental Health Panel*

September 3, 2003

Thank you for providing the opportunity to comment on Project Liberty and the ongoing mental health needs of immigrant New Yorkers two years after the September 11<sup>th</sup> disaster. My name is Margie McHugh, I am the Executive Director of the New York Immigration Coalition, an umbrella advocacy organization representing over 150 groups in New York that work with immigrants and refugees.

Before I begin, I would like to thank Congresswoman Carolyn Maloney for being one of the leading voices fighting for fairness around access to FEMA's eviction prevention program – the Mortgage and Rental Assistance program. Through joint advocacy, we were able to accomplish a great deal, expanding access to the Mortgage and Rental Assistance program from 3,500 to over 17,000 individuals and their families. Unfortunately, tens of thousands of New Yorkers who were September 11<sup>th</sup> victims were barred from applying for Mortgage and Rental Assistance. We must recognize that our City's recovery from September 11<sup>th</sup> is ongoing, and we cannot afford to let New Yorkers down again. That brings us to today's topic: government has put into place a highly successful mental health disaster response initiative in partnership with community organizations in the form of Project Liberty; we are calling on our elected officials to ensure that the high demand for mental health services is addressed, even as Project Liberty phases out.

September 11<sup>th</sup> Impacts and Aftermath

The September 11<sup>th</sup> attacks profoundly affected all New Yorkers. For immigrant residents of New York City and their family members, the events that transpired since September 11<sup>th</sup> have been particularly devastating, including widespread job loss, deportations, and dramatic delays in immigration processing. Compounding the stress of heightened terror alerts, the Anthrax scare, and SARS, many immigrants and refugees are vulnerable to an unprecedented backlash.

According to the New York City Department of City Planning, Population Division, as of the Year 2000 Census immigrants comprise 40 percent of New York City's population, and immigrants and their children account for almost two-thirds of the City's population, and just over one-third of New York State's. Forty-seven percent of New York City households speak a language other than English at home, and more than one-quarter of the City's residents are limited-English-proficient, meaning that they would not be able to undergo a psychiatric evaluation, crisis intervention, or counseling using English.

While immigrants were impacted by September 11<sup>th</sup> similarly to other New Yorkers, some aspects of the immigrant experience have been distinct.

- Family members of victims and displaced workers found their access to relief programs hindered by geographic restrictions, language barriers and confusion or outright bars to eligibility due to immigration status restrictions.
- The social and school environments have changed: immigrants have become suspect, and have been made to feel less welcome and accepted.
- The psychological burden of the federal government's array of responses to the attacks of September 11<sup>th</sup>, most particularly the special call-in registration program and NYPD/INS joint initiatives, have undermined any sense of security and much of the trust previously cultivated with government agencies.
- Many immigrants and refugees have experienced trauma in their native countries and in the often difficult process of migrating to the United States. Having believed that they'd made it to a safe haven, many immigrants found September 11<sup>th</sup> to be particularly devastating.

### The Gap in Access to Mental Health Services

An enormous amount of unmet need for mental health services exists as a result of September 11<sup>th</sup>. The disaster response effort has begun to address some of these needs, and has revealed a larger set of systemic reforms that are urgently called for. Research shows that stress and other predictors of mental health and substance abuse problems are consistently high within the immigrant population. Many immigrants and refugees experience high levels of economic and social marginalization intensified by communication barriers once in America. The lack of availability of adequate mental health services in languages other than English, coupled with under-utilization of available services by immigrants in general resulting from fears, costs, and stigma, point to an area of fundamental need in New York in the aftermath of the September 11<sup>th</sup> attacks.

Prior to September 11<sup>th</sup>, the enormous shortage of trained bilingual counselors, therapists, and social workers made it impossible for many limited-English-proficient New Yorkers to obtain referrals and timely, appropriate mental health services. This situation has been made worse by the almost complete absence of trained medical and mental health interpreters in New York's clinics and hospitals. While mental health services are unfamiliar or culturally suspect to many newcomers, the fact remains that immigrants who seek care or are referred for such services typically face waits of weeks and months to be seen by a provider who can speak their language.

### Bridging the Gap: New Service Delivery, Innovative Outreach and Programs

As a direct result of Project Liberty, the government's September 11<sup>th</sup> disaster response initiative, immigrant communities that have faced enormous obstacles to accessing mental health supports have benefited from a new array of culturally and linguistically accessible programs and services. Project Liberty has been a model for serving immigrant communities. Over the past eighteen months, community-based organizations, clinics, and social service agencies have recruited and trained bilingual, bicultural professionals and paraprofessionals and done significant outreach resulting in high utilization of innovative new mental health and support services.

Project Liberty is a free and confidential crisis counseling program funded by the Federal Emergency Management Agency (FEMA), whose goal is to assist New Yorkers to return to their pre-disaster level of functioning. The project is administered at the state level by the New York State Office of Mental Health (OMH), and at the city level by the DOHMH. Project Liberty services are open to all residents of the five boroughs of New York City and ten additional designated disaster counties outside of the city, with no immigration status restrictions. Outreach is a key component to the program and all providers were charged with ensuring that their target populations were aware of these free and anonymous services. Project Liberty has encouraged providers to staff their programs with culturally and linguistically competent individuals who are indigenous to the communities they serve.

Project Liberty programs that work largely with immigrant communities in Lower Manhattan, South Brooklyn, and Central Queens all report that the number of individuals reached in April, May, and June of 2003 remain high, with intake increasing in some cases. This is a reflection of the time it has taken immigrant-serving groups to recruit and train linguistically and culturally appropriate paraprofessionals, foster partnerships, engage in outreach, and build interest and comfort in the community regarding these new services. At the precise moment that services have been created which are distinctly well suited to immigrants, funding for the entire mental health disaster response effort is being phased-out.

Project Liberty funding has had the effect of expanding the capacity of organizations that are embedded in immigrant communities to provide free mental health services and programs in a range of languages to many individuals who have not been able to access crisis supports in the past. Tragically, without sustained funding, these culturally and linguistically accessible programs and community-level supports will disappear, leaving many immigrants once again without urgently needed care and complimentary services. The programs and services that have been introduced to bridge the gap to immigrants since September 11<sup>th</sup> have become vital and must be sustained.

### Recommendations

To address the unmet mental health needs of immigrants and other New Yorkers, the following recommendations must urgently be addressed. The first three recommendations directly address the current disaster response effort; the other recommendations concern the pressing need for systemic change:

- New York State should request additional federal resources and a deadline extension for Project Liberty.
- Public funds should be allocated to address the ongoing mental health needs stemming from September 11<sup>th</sup> that are not crisis-oriented.
- **The 9/11 Mental Health Care and Substance Abuse Program should revamp its model of funding in order to reach a broader range of individuals who are in need of mental health services.**
- In order to ensure that hospitals and clinics can fully serve patients in need of mental health services, government should immediately undertake structural reform of the mental health funding and service delivery system. For example, long-overdue

adjustments should be made to Medicaid reimbursement rates.

- The capacity of immigrant-serving community organizations must be sustained and strengthened to allow them to offer complimentary services, identify mental health needs and make appropriate referrals.
- Providers of mental health services must expand outreach in immigrant communities in order to address immigrants' concerns about accessing services, and to communicate essential information about the cost of services, languages in which they are available, and rights of immigrants to access programs.
- A New York State scholarship fund should be created, in partnership with local universities, to encourage the development of mental health providers who are able to serve immigrant populations.
- Funds must be dedicated to support bilingual and bicultural interpreters who can facilitate immigrant access to existing mental health services and providers.

###