

MOVING FORWARD: A NYC Post 9-11 Project.

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I. Introduction

Coping with the loss of human life from the attack on the World Trade Center on September 11th, 2001 and on-going insecurities continue to be emotionally stressful for many New York City residents. The past three years have been a period of chronic strain and anxiety characterized by:

- ❖ *Unpredictable “red and orange” terror alerts*
- ❖ *Wars in Afghanistan and Iraq*
- ❖ *Reduced employment prospects*
- ❖ *New immigration laws and policies spreading fear among immigrant communities*
- ❖ *Perceived hyper-vigilant policing in communities of color*
- ❖ *Discrimination against people who look Arab or South Asian*



Practical experience and research document the relationship between prolonged stress and increases in mental health problems, family violence, and abuse of alcohol and other substances.¹ Thus, in May of 2003, NADAP received a non-renewable 15-month federal grant² to address the increased risk of alcohol and drug abuse among NYC residents living with persistent post 9/11 insecurity and stress. Target populations included, but were not limited to, people who were in recovery and faced a heightened possibility of relapse when exposed to recurring trauma.

Since the inception of NADAP's initiative, *Moving Forward*, we have been developing and refining ways to offer our services to communities whose members continue to be at particularly high risk since 9/11. *Moving Forward's* efforts include:

- Large-scale educational presentations in community venues on prevention of alcohol and drug abuse and managing stress;
- Small workshops in community and faith-based organizations and senior centers;
- Intensive support groups for attendees in harm reduction and relapse prevention/recovery maintenance programs;
- Workshops for participants in ambulatory and residential treatment centers on childhood trauma and responding to needs of vulnerable children;
- Short-term individual consultations and referrals to an array of services;
- Use of media to raise consciousness and start a dialogue about public health issues, e.g., domestic violence, alcoholism, and drug use in specific communities;

¹ Weisner, Connie. University of California, San Francisco. "Substance abuse problems outside of the clinic walls: the role of formal and informal services." December 2003. Unpublished paper.

² The Federal Substance Abuse and Mental Health Services Administration (SAMHSA) through a contract with the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and in partnership with the New York City Department of Health and Mental Hygiene (NYCDOH&MH).

- Participatory research and videography to engage older youth in positive community actions that strengthen resiliency and support idealism;
- Training staff, volunteers, and peer educators at community organizations to strengthen their knowledge, expand technical skills, and offer ways to promote staff wellness and prevent “burn out” to help sustain our Project beyond its grant period, and;
- Developing and disseminating materials and resources to individuals and organizations to enhance and expand community service networks.

Identifying Moving Forward Communities: Our task was to determine how best to identify and serve populations that most needed, but had not received 9/11 services, within a 15-month time frame. The professional literature is replete with reasons why certain groups are especially at risk during a major disaster and why their vulnerability persists. Historically, these groups have had limited access to traditional primary care, educational, vocational, and drug treatment networks. Other factors include fear of accessing services (e.g., fear of exposing other members of the community to harm), isolation, personal disillusionment, inadequate social networks to secure employment and other resources, and the lack of culturally and linguistically competent service providers.

Moving Forward, thus, sought to identify communities with which to work, using a broad definition of community. A community could comprise a geographical area (e.g., East Harlem; Jamaica, Queens; Bedford Stuyvesant, Brooklyn), an ethnic and/or immigrant population (e.g., Native American; Mexican), or an age group (children and youth living or attending school in Lower Manhattan, elders). And, groups were also identified that shared other characteristics (e.g., taxi drivers; Filipino domestic workers).

The results of a *Moving Forward* survey showed that NYC residents perceive the continued need for prevention, early intervention, treatment and other support services three years after 9/11. Of 1,415 individuals in our target communities who answered the survey,

- 37.9% reported that they continue to experience at least one “major” or “devastating” 9/11 related problem;
- 22.6% referred to an enduring emotional, drug and/or alcohol problem; and
- 22.2% reported similarly persistent 9/11 related job and/or financial problems.

We were particularly concerned about communities with a traditionally high prevalence of alcohol and drug abuse. This increased as we learned from that post-9/11 increases in police surveillance in these communities have had an acute and sustained impact on African American and Latino residents. African Americans continue to cope with discrimination and racism and Latinos, with the effects of colonization and migration. We reasoned that because of historical trauma, persistent health disparities and other effects of structural violence, some individuals in these communities were likely to be at increased risk for alcohol and drug problems in the post 9/11 context. Thus, *Moving Forward* identified communities in Brooklyn, the Bronx, Manhattan and Queens where more services were most likely to be needed.

Moving Forward also identified a number of other communities that are marginalized, or historically neglected, yet in need of supportive services to lessen increased risks of alcohol and drug abuse and mental health problems in a context of heightened apprehension. These were primarily communities of immigrants (both documented and undocumented) with limited or no

access to health care and other social services, and whose alcohol and drug problems are often hidden. Immigrant populations have been threatened by discrimination and rigorous enforcement of new federal immigration regulations with detentions and deportations in the past three years, and, thus, have been ever more fearful of seeking needed services. Native Americans were also included in our work because we learned from them that they had limited access to emergency services made available to NYC immediately after 9/11.

The post 9/11 context has radically increased the degree of vulnerability of immigrants. The discrimination that they experience and the new immigration laws pose undeniable threats to survival. A host of new “reality factors” have emerged that include the sharing of information between agencies as a post-9 11 response to security and a dismal job market that requires people to take any work available--frequently with working hours that make it impossible to seek out supportive services. These inherent dilemmas and obstacles hinder people’s willingness to seek needed services. Not only did *Moving Forward* aim to promote access to our services among all these populations, but we had to find safe ways to reduce the complex and inter-related barriers that they faced.

The potential needs of elders and young people under age 25 were highlighted by research conducted by the New York Academy of Medicine³³. The study reported that these groups were most likely to experience post-traumatic stress several years after 9/11. Furthermore, *Moving Forward* especially focused on reducing abuse of alcohol and drugs for participants in harm reduction programs. Participants in harm reduction, relapse prevention, and treatment programs were provided techniques to reduce and manage stress along with information to help them prevent drug use among their children

In all the communities with which we worked, *Moving Forward’s* approach was collaborative. That is, together with local community, faith-based, and voluntary organizations, we learned how to go about developing the most effective service delivery approaches possible. Through collaborations we:

- identified service needs and potential clients;
- identified barriers to services and devised strategies to address them; and
- developed, tailored, and delivered services, educational materials, and activities that would be culturally and linguistically appropriate, acceptable, and accessible.

Finally, *Moving Forward* provided training to staff members of community agencies. The objective was

to increase knowledge and skills, and hence, their organization’s capacity to respond to the substance abuse prevention and intervention needs in their communities during and beyond the period of the federal grant.

33. Galea, S. (2003) New York Academy of Medicine Research Findings on 9/11 Post-Traumatic Stress Syndrome.” Personal communication.

II. Moving Forward's Approach: A Culturally Competent Service Delivery Model ⁴

Individuals who abuse alcohol and drugs typically have multiple problems and often experience negative encounters with many social service institutions. Thus, successful treatment must provide on-going access to other services. It must also help people to integrate into positive social networks. Therefore, *Moving Forward* set out to understand how existing community agencies and social networks identify health and social problems, intervene in the course of these problems, and refer people to appropriate treatment and support services. Services could not be simply "delivered" to communities. Rather, we had to work in partnership with community agencies and networks to learn from and with them about culturally competent and appropriate services. *Moving Forward's* staff and consultants began to build collaborations with these agencies and networks.

Underlying this approach was a belief that cultural competency enhances community self-determination. Language fluency, of course, may not be considered to be a proxy for cultural competency. Rather, *Moving Forward's* staff set about to understand the values, beliefs, norms, and life experiences of each community that would receive our services and to recognize how these differed among class, gender, and age categories. Ways had to be found to engender trust in *Moving Forward*, an organization that was not located in the communities and to which residents had no historic reference.

Our success in reaching hard-to-reach groups and individuals lies with the quality of the relationships developed with local organizations and leaders and our linkages with the existing social networks that are sought out by and protect community members who are in crisis. These relationships enabled us to successfully identify and appropriately assess the need for services.

The success of this innovative model of service delivery depended upon the following steps:

- ***Hiring staff who were culturally compatible with the community***

A professional staff and cadre of consultants were hired who represented and had personal ties to the communities with which *Moving Forward* planned to work. In addition to English, they spoke the languages of the populations with whom they would work, such as Bengali, Cantonese, Garifuna, Haitian Kreyol/French, Hindi, Spanish, Tagalog, Urdu, etc. Several had, themselves, experienced drug/alcohol problems in the past. They were able to identify needs and

⁴ National Standards for Culturally and Linguistically Appropriate Services in Health Care. Final Report. March 2001. U.S. Department of Health and Human Services, Office of Minority Health. Castle, M.A. and Fisher. B. "Supporting Women with HIV Infection and Their Newborns in Communities in Africa and Asia." Paper prepared for Durban HIV Conference for Population Council. 2001. TL Cross, et al. "Toward a Culturally Competent System of Care." Vol. 1. National Technical Assistance Center for Chlordane's Mental Health, Georgetown University Child Development Center. 1989. Chamberlain, R. 1997. "Whose Reality Counts: Putting the First Last." London: Intermediate Technology Publications, 37. Zweifler, J. and Gonzalez, A.M. "Teaching residents to care for culturally diverse populations." *Academic Medicine* 1998. Oct. 73 (10). Betancourt, J.R., Green, A.R., and Carillo, J.E. October 2002, "Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches." The Commonwealth Fund.

Arella, L.R. et al. "Vocational Functioning of Clients in Drug Treatment: Exploring Some Myths and Realities." *J. Applied Rehabilitation Counseling*, Vol. 211, No. 2, 7-18.

respond by developing and implementing specific high quality, culturally appropriate services and activities in targeted communities.

- ***Seeking Local Knowledge * Establishing Trust * Building Partnerships***

Moving Forward asked for and listened to the local perceptions and priorities of people in specific un- or under-served communities who reported that they had limited access to programs that targeted 9/11 victims. Key groups and individuals shared their intimate knowledge and analyses of their communities' histories and cultural norms and values, including the importance of alcohol and substance abuse in the local context. This approach provided *Moving Forward* with legitimacy, fostering our credibility in the role of service provider.

In some communities, residents informed us that despite the huge number of drug-related arrests, the government's "War on Drugs" had sorely failed to remove the "drug king-pins"— those for whom the laws were supposedly meant to stop. In addition, some residents were deeply suspicious of the true nature of our "federally funded project" – having experienced coercive governmental interventions, such as the forced removal of children from mothers who reported domestic violence. Others expressed concern about the shortness of the funding cycle that would seriously curtail the sustainability of any benefits. Because of *Moving Forward* staff and consultants' personal relationships with these communities, trust and alliances were created, and collaborations with community groups resulted in developing activities that were sensitive to the predicaments of disadvantaged populations.

Building effective partnerships, obviously, requires sensitivity. It also takes a great amount of time. *Moving Forward* forged collaborations with respected change agents, with sources of social influence in communities and neighborhoods, with community and faith-based organizations, and informal networks, including religious and secular leaders, with businesses and ethnic media.

- ***Using Flexible Strategies***

Flexible strategies enhanced our success in reaching each of the target groups. Culturally competent providers delivered these services using methods that made sense within each community's context. For example, we reached Haitian immigrants through radio programming, Latinos in their churches, and older youth through a film production project. And, *Moving Forward's* messages and methods were tailored to communicate specific information based on class, demographic characteristics (e.g., age, gender, immigration history and status) and other factors such as perceived stigma of the topic, priority or hierarchy of needs, commonly held myths and fears. For example, large community forums devoted solely to alcohol and drug abuse would not be an effective method to reach residents in some communities.

It must also be emphasized that within any cultural group there are substantial differences based on class. These differences are not only expressed in the form of employment, but in language or dialect, religion, music and art, and literacy. Moreover, social and gender inequalities also result in differential life burdens and access to the services that might help alleviate them. When designing services to meet the needs of specific cultural groups, class and gender inequalities must, therefore, also be considered.

The information gathered in some communities shifted *Moving Forward's* focus from individual behavior to underlying and precipitating factors that needed to be addressed before alcohol and drug interventions could be conducted. In many communities, alcoholism and drug abuse were not defined as a high priority issue. A multiplicity of problems took precedence over seeking treatment in the lives of many.⁵ For example, a sole economic support of an extended family could not be expected to participate in a treatment program. Addressing non-drug abuse problems can free individuals and their families to begin to contemplate the problem and seek support or treatment. *Moving Forward* incorporated components on alcohol and substance abuse, violence, and stress management techniques within a broader strategy to increase people's awareness of and access to health, employment, and legal services overall. This approach was less threatening to community members and responded to their immediate needs.

III. Sustaining Recovery and Prevention

A. Services, Referrals and Training in New York City Communities

During its 15-month grant period, *Moving Forward* provided services, referrals and training to an impressive total of **6,740 individuals**:

- 2,612 individuals received information through large educational presentations and training workshops focusing on prevention (not including an estimated 50,000 audience of Radio Tropicales programs, health fairs, youth film screenings, participants at UN international youth day, etc.);
- 1,331 participated in intensive workshops and support groups for early intervention, many who were in harm reduction or treatment programs;
- 494 clients or community members received intensive training;
- 288 received in-depth assessments and 860 received one or more crisis consultations;
- 496 individuals received one or more referrals;
- 340 were referred to medical, legal, educational/employment, mental health, housing, financial or social services;
- 258 were referred specifically to alcohol and drug treatment programs;
- Older youth who attend school near Ground Zero were helped to gain new skills and a respected voice as they defined their vision of the rebuilding of Lower Manhattan; and
- 592 Staff, volunteers and peer educators in community organizations throughout the city participated in professional development and support workshops to strengthen networks and enhance their ability to provide quality services.

⁵ Brewington, V., Arella, L.R., Deren, S., Randell, J. (1987) "Obstacles to the Utilization of Vocational Services: An Analysis of the Literature." *International Journal of Addictions*, Vol. 22, No. 11, pp. 1091-1118.

B. Substance Abuse Prevention and Recovery Support Services

All of our alcohol and substance abuse services were informed by the expressed needs and best approaches for specific populations. Our model involved learning from qualitative evidence gathered by our staff and consultants in the communities in which they worked. We sought to provide a depth of services and identify and respond to underlying problems that lead to substance abuse -- such as unemployment, isolation, lack of social networks, etc.

In some contexts, the staff and consultants adapted a culturally specific model of healing that responds to the complex relationship between historical trauma, personal suffering, and drug and alcohol abuse. This approach enables a deeper understanding of persistent trauma over generations and current realities of life for people of color, and, therefore, holds promise for more effective healing interventions.⁶

Data from *Moving Forward's* survey shows a continued relationship between the reported 9/11 impact on people's lives and stress-related drug and/or alcohol use. That is, more than one-third of survey respondents who reported that 9/11's impact on them was "major" or "devastating," also reported that they often drink alcohol or use drugs under stress.

Respondents answering both questions	A. 9/11 Impact on Life was "Major" or "Devastating"		B. Often Drink or Use Drugs Under Stress**	
	N	%	N	%
Total	627	36.4	228	31.6
Men	306	40.7	124	36.3
Women	312	32.6	101	24.5
Youth-under 25 years	142	29.6	42	38.1

**Percentages are an expression of those in previous (A) column who also reported stress-related substance use.

A substantially lower number of women reported a major 9/11 impact and stress-related drug/alcohol use than males, but it was still surprisingly high. Men who reported a major 9/11 impact were more likely to also say that they "often" use drugs and/or alcohol when under stress compared with women in the sample. However, both indicators of stress-related substance use were unexpectedly high, 36.3% vs. 24.5% of males and females, respectively. These data suggest an acute need for educational prevention across a wide spectrum of City dwellers.

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The approach was introduced by Dr. Maria Yellow Horse Braveheart, of the Takini Network, Moving Forward consultant. See Native American section below.

The responses also point to the need to improve coping skills of young people and strengthen their resiliency to trauma. Simultaneously, the knowledge and skills of caring adults must be enhanced to support young people and effectively assist them to obtain help when under stress or experiencing trauma—post 9/11 or otherwise.

Moving Forward's educational and preventive services responded to these community needs. Staff and consultants conducted relapse prevention and sustained recovery skills workshops for participants in harm reduction programs. And, we offered workshops at health fairs, in churches and mosques, and at libraries and public schools, at programs for young people recently released from prison, and for young parents. Assistance was offered to strengthen resiliency and develop ways to cope with external “stressors” that can trigger relapse. The challenge was to tailor approaches to a new reality where the stress and uncertainty is perpetual.

The recovery process from drug abuse is complex and can be life-long. Our intensive relapse prevention work included conducting 6 and 8-week workshop series. For example, we held workshops at a Brownsville-based preventive case management program for peer educators (SESTA-Sisters Empowering Sisters Toward Achievement) and at the Positive Living Harm Reduction Program in the Bronx (Citizens Advice Bureau).⁷ We also worked with a few well-established

substance abuse treatment programs where our staff focused on how participants' children might have reacted to 9/11 and continuing insecurity, the potential for delayed emotional responses, and some guidelines for supporting these youngsters. In still other settings, such as at *Mujeras Latinas en Accion* and *Mujeres Hispanas Unidas*, we provided materials and support groups were facilitated in Spanish.

Through real-life experiential activities, individuals sharpened their problem-solving abilities to prevent issues from accelerating into crises. Participants recognized and anticipated warning signs and rehearsed responses to predictably difficult events that could lead to relapse or intensifying alcohol and drug use.

C. Parenting Skills Training

Traditional programs for parents did not meet the complex needs of our communities. A significant number of *Moving Forward's* participants were in relapse prevention, harm reduction, and treatment programs, and had children who were or had been in the foster care system. Some participants, who had been in prison when the World Trade Center collapsed, were anticipating or had recently regained custody of their children. Our presentations suggested ways to respond to the recurrent insecurities and fears of children who experienced 9/11 while in foster care or without their families' support. Yet, the topics covered also applied to all kinds of

“You’d think that in churches you wouldn’t have people suffering from relapse and drug abuse. But, the number of people who came up to me for individual consultations about their struggle and for referrals was astounding.”

- *Moving Forward* consultant, who

“How to deal with my children’s feelings and listen to what’s on their mind to feel their pain, seeing if I can reach out the best way of being a parent is to communicate with the children, talking to the child and get what the children’s understanding what’s wrong ”

⁷ Zaadya Martinez, *Moving Forward* staff.

experiences of loss and/or trauma in children. *Moving Forward's* workshops provided participants with a space for interactive, practical, and open discussion regarding their everyday struggles as parents and how they affect their recovery.

At one point, *Moving Forward* was inundated with requests to provide training on parent communication, re-establishing relationships with children/teens, and how to keep children away from drugs. Parents were both eager to learn to become more effective parents and fearful that their older children would develop drug problems. Training was viewed both by parents and community organizations as a significant intervention to support relapse prevention and recovery as well as prevent inter-generational alcoholism and drug abuse.

On one hand, we were able to provide several educational workshop cycles, of 5-6 group sessions each, for example, one at a 150-bed residential treatment program in Queens, and another at a Brooklyn-based ambulatory and residential treatment program that mainly serves the Latino community. Each cycle offered different techniques to manage stress and hence, prevent relapse and maintain a program of recovery while working at being a successful parent. On the other hand, we also offered one-time large-scale educational presentations focusing on "Raising a Drug Free Child," at housing projects in Central Harlem and the South Bronx and church groups in Coney Island, Brooklyn.⁸

Working with young parents can be a daunting experience, as communications across generations can be strained. Thus, *Moving Forward* engaged Art Smart (a local hip-hop group) to conduct culturally relevant presentations to young parents, whose children attended the Association of Black Social Workers Child Development Center.

Group topics in parenting skills education

- ❖ Child and adolescent development and sexuality
- ❖ More effective communication with children
- ❖ Positive family management and reinforcement,
- ❖ Family attitudes about drugs, recognizing signs of stress and trauma in children, when to seek help
- ❖ Helping children cope with trauma or loss

Using artistic expression through music, this group imparted information in an entertaining way on negotiating life in an inner city and the concomitant stresses placed on parents as well as healthy ways to respond. The aim was to encourage these young parents to become involved in their children's schooling.

VI. Examples of Moving Forward's Work in Diverse Contexts

Moving Forward offered services to people from a wide range of classes, cultures, ages, gender, ethnic and racial groups. The influence of discrimination and prejudice as well as the effects of historical trauma on alcoholism and drug use are highlighted below in the examples of our work with Native American, Mexican, and South Asian populations. However, examples of *Moving Forward's* prevention, early intervention, and support groups were also described in the sections

⁸ Zaadya Martinez, *Moving Forward* staff, Karen Bernstein, Samuel Halstion, Regina Lawson-Hughes, Maria Linares, Amu Ptah, *Moving Forward* consultants.

on Sustaining Recovery and Prevention above. The long-term, insidious effects of poverty-- structured by racism-- on African Americans and Latinos are, unfortunately, writ large in prevalence rates of substance abuse in NYC and nationally. The following table shows the number of participants by race/ ethnicity who participated in our services and activities.

**Ethnic/Racial Backgrounds of
6,740 Total *Moving Forward* Participants**

	<i>N</i>	%
African	168	2.5
African American	2,956	43.9
Arab/Mid-Eastern	21	0.3
Asian/Pacific Islander	208	3.1
Caribbean Black	217	3.2
Hispanic	1,602	23.8
Native American	42	0.6
South Asian	882	13.1
Non-US Born White	98	1.5
US-Born White	281	4.2
Multi-racial/Blank/"other"	265	3.9
Total	6,740	100.1% (.1% rounding error)

55.7% of participants are female, 43.5% are male, 0.8% are Transgender or not known.

Moving Forward provided services and activities in languages other than English as follows: 31 in Spanish; 2 in Kreyol; 1 in Chinese, 15 in Hindi, 18 in Urdu, and 14 in Other languages (such as Tagalog, Korean).

Moving Forward's understandings of the specific needs of different communities enabled us to create services that were needed, wanted, and meaningful to its members. Following are examples of several communities that had limited access to 9/11 services, yet were in need of them and required very specific service approaches to effectively reach them.

New York City's Native American Community

The effects of September 11th on New York City's Native American community have not been sufficiently recognized. Native Americans, including many undocumented Mexican, Central and South American Indians, died at the World Trade Center. Natives were prominent among the ironworkers who built the World Trade Center; and they assisted in the 9/11 recovery efforts. The membership and staff of the American Indian Community House (AICH), a multi-service non-profit organization located in lower Manhattan, also suffered increased trauma from the tragedy. It is also useful to note that the National Museum of the American Indian is located a few blocks from the World Trade Center.

Approximately 61,000 residents of New York City are identified as American Indian and Alaskan Native (U.S. 2000 census), representing more than 150 tribal groups in the U.S., as well as Canada, Mexico, Panama, Colombia, and elsewhere. Yet, Native Americans told us that they did not receive post 9/11 assistance.

Lack of attention to the 9/11 related concerns and needs of New York City's Native populations were perceived as a continuation of the historical neglect and discrimination that Native Americans have long faced. As a group, they have received little, if any, culturally appropriate assistance to cope with the effects of historical trauma on their everyday lives. *Historical trauma* has been defined as the cumulative emotional and psychological wounding over a lifespan and across generations emanating from massive group trauma. The reported neglect of Native Americans following the trauma of 9/11 increased the risk of the very same emotional and behavioral responses to massive historical trauma, including depression, attempts to numb pain through alcohol and drug use, and other "induced self-destructive" coping behaviors.

Moving Forward's consultant, Dr. Maria Yellow Horse Brave Heart (a member of the Lakota Sioux, a well-known social worker and expert on historical trauma response) led, for the first time in New York City, educational presentations and open discussions on the effects of 9/11 within the context of massive historical group trauma on Native Americans in the City.⁹ This program¹⁰ clarified the relationship of historical and 9/11-related trauma for the City's Native populations, discussed their responses, and the need to develop community interventions to stimulate healing.

Dr. Brave Heart provided (1) an orientation to AICH staff to increase their understanding of historical trauma, (2) a focus group with AICH community members, and (3) an introductory workshop on the theory of historical trauma at the Columbia University School of Social Work. Finally, at a community-wide workshop at AICH, Mr. Birgil Kills Straight, a Lakota elder, described psycho-educational healing interventions developed by the Takini Network. He described how historical trauma resulted in high rates of drug and alcohol use, suicide and violence among Native American youth. He underscored the need to intervene in culturally appropriate ways to assist with prevention, harm reduction, healing, and replacement of "induced self-destructive behavior" with healthier ways of living.

Workshop participants revealed their frustrations and need for guidance in the healing process. For example, surviving family members of undocumented Mexican Indians reported that they were deemed ineligible for, afraid to seek, or refused help because there were no records of the company for which they had worked prior to 9/11. In addition, participants believed that the Indian Health Service's restriction on service delivery to only members of federally recognized tribes was unrealistic and discriminating, given the enormous tribal, multi-national, and multi-tribal identities of Native Americans in New York City.

The non-Native intervention paradigm of psycho-therapy and/or substance abuse prevention was viewed by some participants as neither culturally appropriate, nor sensitive, nor effective for them. Some felt a responsibility to pray at the site of the World Trade Center for the release of the spirits of those who died. They expressed painful feelings about being invisible in the

9 The assessment of historical trauma has been applied to African Americans as a result of the consequences of slavery

and has been termed, Post Traumatic Slave Syndrome by Joy DeGruy Leary, Ph.D.

10 The presentations were accomplished with the support of Anthony Hunter, Director of Health Services, NYC's American Indian Community House, and Onaje Mu'id, *Moving Forward* staff.

dominant New York City culture and mistaken for other ethnicities. And others expressed interest in learning about the ways that Native American communities in other urban centers have attempted to incorporate spirituality into healing.

The diversity within the Native American community in New York City is, in itself, a challenge to developing culturally appropriate, accessible, and acceptable healing rituals and interventions for responses to massive historical trauma. Bringing these issues to the forefront is critical for understanding the mental health needs, as well as preventing increased substance abuse, in this vulnerable population.

B. New York City's Newer Immigrant Communities

Consideration had to be given to the need for group solidarity and self-protection by marginalized immigrant populations that could intensify in the post 9/11 environment. When individuals do not feel safe and are fearful of governmental authorities, few will use social and health services and job-related assistance that could lead to long-term economic security and enhanced well being for themselves and their families. The relationships we built with community support networks provided us with deep and realistic information enabling us to design the most culturally acceptable and safe way to offer our services. By consciously shaping programs and activities to suit each cultural group, the chances were increased to identify the most hard-to-reach individuals.

The Haitian Community

Neither the need for post-9/11 services among Haitians had been identified, nor had their patterns of alcohol or drug abuse been well documented. Nevertheless, *Moving Forward* conducted outreach to Haitian immigrants in New York City, which is the country's largest Haitian community. We recognized that the Haitian immigration experience is unique--shaped by political instability, repression, economic hardship, and extreme poverty in Haiti. In the U.S., Haitians immigrants have been stigmatized by the media and the public in the unfounded view that HIV originated in Haiti. And, Haitians have been denied immigration status as political refugees, as they are pejoratively labeled as "mere" economic refugees or "boat people." Again, in the winter and spring of 2003-2004, a tumultuous and violent political upheaval occurred in Haiti that was followed by deepening poverty. New York City's Haitian residents were extremely anxious about their families, friends, and neighbors in their country of origin.

To assess how Haitian residents in New York City would benefit from *Moving Forward's* services, we sought advice from community leaders, scholars, service providers, and other experts. They confirmed the importance of opening a discussion about several largely hidden, but crucial, issues in their community, including drug and alcohol abuse. However, they cautioned that those who suffer from prejudice and stigma are reluctant to publicly discuss such problems because of fear of reinforcing existing stereotypes.

We learned that 50,000, or one-quarter of Haitians in the Greater Metropolitan Area, obtain information from Radio Tropicale, the first NYC Haitian radio station, currently broadcasting 24 hours a day, 7 days a week to the Haitian Diaspora. We were fortunate that Jean D. Vernet II, the host of "Democracy in Action," offered his radio show as a venue to begin public education and dialogue about critical issues facing the Haitian community.

Two *Moving Forward* consultants, a sociologist and an anthropologist,¹¹ and Jean D. Vernet II, planned an innovative radio series in a call-in format for the Haitian community. In four successive Thursday evening shows, and two follow-up programs, *Moving Forward's* Haitian consultant sociologist and the show's host invited Haitian public health professionals, experts, community activists, journalists, ethnographers,¹² and youth, to discuss (in Kreyol) different topics, including immigration, alcohol/drugs, HIV/AIDS, sexuality, and domestic violence.

The first radio program introduced the history, stages and character of Haitian immigration to the New York area. This was compared with other urban centers such as Boston, Miami, and Montreal.

Caribbean peoples have frequently fallen through the cracks as "invisible immigrants." That is, as immigrants of color, they are subsumed or "lost" within the larger African-American population without regard for their differences in culture and national origins. The Haitian case is even more complex. Haitian cultural practices, such as language (*kreyol*) and religion (*vodou*), have set them apart from other people of African descent. And the racism and discrimination faced by African-Americans generally has also affected their assimilation. First-generation Haitians did not identify with African-Americans and maintained their own ethnic identity. Second-generation Haitians have responded differently, frequently identifying with African Americans or assuming a transnational Haitian-American identity.

Alcohol and substance use and abuse was the theme of the second program. This proved to be a groundbreaking moment for Haitian listeners since this topic is rarely discussed in public forums. While alcohol forms an important part of the Haitian cultural system (for example, rum is used in *vodou* ceremonies), the excessive use of alcohol can lead to abuse and violence. It also appears to be acceptable for boys to drink openly, but girls frequently must do so "en cachette," or in hiding. Studies in Boston and Miami now show that more Haitian girls drink than boys, illustrating how cultural and behavioral practices may be changing and mirroring inner city norms.

Radio show guest speakers (an ethnographer, a physician, and two young women) reported that youth consume drugs, such as marijuana, ecstasy, crack (though stigmatized), and cocaine. These drugs are affordable and popularized in the youth media through hip-hop culture and other musical genres. Anecdotal information also suggests that some young Haitian Americans have been arrested and are serving drug-related prison sentences in New York State. However, because of common categorization of Haitians as African Americans in police and prison files, the number is unknown. A different pattern of drug use characterizes some from an older generation. Some Haitians in their 30's to 50's, with a socio-professional status, were reported to be using heroin on a regular basis as a drug of choice.¹³ It was noted that the legality of drinking might contribute to alcohol's acceptance, even though drugs have entered Haitian culture, both in Haiti and in the U.S.

HIV/AIDS was the subject of the third program, an important topic--Haiti has the highest number of AIDS cases of all Caribbean countries. It was reported that "people don't speak about AIDS in our community." The primary vector for HIV transmission within the community is heterosexual contact with an infected person. Yet, Haitians do not acknowledge that multiple sexual partners and

"Moving Forward was able to start, at least, an exploratory dialogue and communication about some of the most crucial issues in the community. People made requests to continue programs of this nature and to publicize community resources where individuals can obtain assistance. What came out of these shows is that we need time to do more---people were sending me emails and saying this is incredible, we need to have that conversation among ourselves – we need to talk about drug prevention and alcoholism – and I hope that additional

11 Carolle Charles, Ph.D., sociologist, and Ellen Schnepel, Ph.

12 Alex Condé, personal communication, Summer 2004.

13 Alex Condé, *Moving Forward* consultant.

homosexuality are behaviors that contribute to the disease's spread. One expert stated, "This [radio] program was the first time that issues of homosexuality were raised in a public forum." In fact, many Haitians, primarily new immigrants, have limited information about HIV and AIDS and lack knowledge about services. Clinics, however, remain inaccessible to many. Reluctance to seek treatment at clinics is frequently related to immigration status, fear of surveillance, and stigma. We were told of the possibility that increased policing and surveillance of immigrant communities since 9/11 may have forced injection drug users not to carry their drug paraphernalia, but to share their "works" in people's homes, which increases the risk of HIV and Hepatitis C infection.

The final program was dedicated to the issue of domestic violence. Prevalence statistics from neighborhood police precinct reports, as well as information about the factors precipitating domestic and family violence, were discussed. Violence between partners, parents and children, and different generations was linked to both alcohol drinking and an ideology of machismo that pervades Haitian culture. A Haitian community organization, Dwa Fanm, which offers services to women who escape domestic violence, conducted an interactive discussion. Overall, the radio talk-show series received highly positive feedback from the Haitian community.

South Asian Community Initiatives

In the past ten years, New York City has experienced a dramatic increase in the number of immigrants from Bangladesh, India, and Pakistan. This has been accompanied by a proportional growth in the need for social and health services for this population. Yet, there are very few culturally and linguistically appropriate service providers for South Asians, particularly with regard to alcohol and drug prevention and treatment services and to mental health services.

New immigration laws enacted after September 11th have resulted in enormous increases in stress and insecurity among South Asian immigrants who have experienced or fear detentions, deportations and increased discrimination. In this situation, families do not feel safe to seek much-needed services. During these periods of high insecurity, some people turn to alcohol and drug use to cope with these problems.

Because of the stigma attached to substance abuse in many cultures, including the South Asian communities, *Moving Forward* could not begin to offer prevention and treatment services without first building trust. A holistic approach was needed to address a range of health, mental health, and employment needs in the South Asian community. Thus, alcohol and substance abuse, violence, and stress, were incorporated as components in a broader strategy to increase awareness of and access to health services overall.

After identifying and meeting with leaders of community based organizations and other community members, *Moving Forward* organized a series of community-based efforts in different venues, such as a neighborhood restaurant, mosques, and schools – both Islamic and public. These events provided information and direct access to free and low-cost services: primary and specialty medical care, mental health services, legal assistance, and counseling by employment specialists.

Our First Step: A Community Wide Forum: In collaboration with New Immigrant Community Empowerment (NICE),¹⁴ *Moving Forward* held a large community forum. By conducting the forum in Jackson Heights, Queens, where many South Asians live and work, we were able to reach un-served and underserved immigrants in their own neighborhood where they felt more comfortable seeking help and asking questions. Culturally constructed gender roles and class differences might have made it difficult for some women to attend. Thus, members of a grass-roots advocacy association for South Asian domestic workers conducted outreach to bring women residents to this event.

We also took a chance on holding a forum for people of the many different cultural and class backgrounds that make up the “South Asian” community in NYC, i.e., people from Bangladesh, India, Pakistan, Nepal, Sri Lanka and the Caribbean Diaspora. Because the “South Asian” identity is a political construct, many individuals may not identify themselves as such in given situations, but rather with their country of origin, religion, class, and other characteristics. However, many South Asians across these lines were experiencing discrimination and racial profiling, and had limited access to services. Therefore, we chose initially to hold a large inclusive community event. This first forum was well attended by over 100 community residents of different backgrounds. Although participants were primarily from the Bangladeshi community, some Pakistanis, Indians and Sikhs attended as well. In an effort to ensure that everyone was able to participate, *Moving Forward* provided interpreters for Bengali, Hindi, Punjabi, and Urdu speakers.

At the forum, a panel of providers offered information. This was followed-up with immediate individual consultations at which time referrals and appointments for services were made with mental and physical health care professionals as well as with employment specialists. Immigration and/or employment status was not considered. Agency staff remarked that there is currently no forum or opportunity to come together and share experiences, questions, needs or solutions with each other. Thus, the idea of a South Asian service provider Task Force was born.

Having successfully conducted the community forum, *Moving Forward* began to establish the credibility and visibility needed to forge partnerships with numerous other South Asian community organizations over the subsequent months of the grant period.

Harm Reduction/Relapse Prevention: In the winter of 2003, *Moving Forward* entered into a partnership with Nav Nirmaan Foundation. This community-based organization offers substance abuse/alcohol abuse/violence prevention and counseling services primarily to South Asian men. Many of Nav Nirmaan’s clients are mandated to counseling by New York City courts for operating vehicles under the influence of alcohol or for domestic violence arrests. Faced with a shrinking budget and loss of professional staff, the organization welcomed a *Moving Forward* consultant, who conducted a 32-session men’s support group on drug and alcohol relapse prevention, stress and anger management. The consultant co-conducted these groups with a volunteer from Nav Nirmaan to model effective group facilitation skills. *Moving Forward* was able to provide high quality and consistent assistance to Nav Nirmaan which is one of the few South Asian organizations offering counseling to men. In a small way, we helped to strengthen their organization’s capacity to offer these vital community services.

14 Partha Banerjee, Ph.D., NICE.

Collaborations with Islamic Religious Organizations: *Moving Forward's* credibility with South Asian community organizations also enabled our consultant¹⁵ to counsel and provide direct assistance to parents with children attending an Islamic elementary school as well as members of two mosques in Queens and Brooklyn. Educational workshops, support groups, and one-on-one consultations and referrals were offered at the school. The goal was to enhance parenting skills and communication with second generation children and youth in order to help prevent drug and alcohol abuse and violence in families. *Moving Forward's* consultant also encouraged parents to become more active in the PTA/PA at their children's school as a means to address issues of sex, drugs, and cultural conflict.

I was able to do relapse prevention work in inner city Islamic schools in very conservative environments, where I hadn't thought I would be welcome or have access to the target population. [This was] a very innovative project, [and] I was really able to meet the need of the communities rather than just satisfy a narrow agenda typical of funded

Other Collaborative Work: *Moving Forward* also collaborated with Sakhi for South Asian Women, an organization that advocates against domestic violence and provides services for South Asian women who experience abuse. Our staff¹⁶ and consultant planned and conducted educational workshops in conjunction with Sakhi's Outreach Coordinator¹⁷. These took place at community health fairs in Brooklyn that were co-sponsored by Bellevue Hospital's outreach department.

Bangladeshi and Pakistani parents attended workshops at PS 174 and at a large mosque in Brooklyn. Topics included communication within families, the effect of discrimination, violence, and racial discord on children growing up in the aftermath of 9/11, and the importance of positive role models. Emphasis was on effective communication techniques about sensitive issues, such as violence, alcohol abuse, and sex. The workshops provided a safe space for women to talk about their lives and to learn about health and legal resources available to their communities. Several participants raised the issue of domestic abuse—often difficult to discuss because of the stigma attached to it. This elicited various responses from other participants. South Asian immigrant women who experience abuse also face additional challenges such as lack of family support, limited proficiency in English, uncertain residency status, social isolation, and vastly different cultural norms that govern daily life in a new country.

Domestic violence for immigrants directly affects women's rights and access to health, legal and employment services. For example, some women who wanted to use *Moving Forward's* referral to low cost health services often felt they needed to hide their visit from their husbands or families. All of the women who called *Moving Forward* for assistance stated the overwhelming desire for economic independence and to gain financial control over their lives.

A City-wide Group: Finally, *Moving Forward* collaborated with Cab Watch (a membership organization of taxi drivers) and Positive Health Care (a not-for-profit medical group) to conduct an educational workshop for immigrant taxi drivers. Cab Watch members were provided free health screenings for blood pressure, hearing loss, and diabetes. Held at the Long Island City, Queens, Positive Health Care medical office, *Moving Forward* consultants¹⁸ were available to provide information and consultations and referrals to individual taxi drivers on the risks associated with substance/alcohol abuse, on stress reduction and management.

15 Kashif Iqbal, *Moving Forward* consultant.

16 Subuhi Asheer, *Moving Forward* staff.

17 Oisika Chakrabarti, Sakhi Outreach Coordinator.

18 Kashif Iqbal, MSW and Ram Kumar Iyer, MSW, *Moving Forward* consultants.

The Garifuna Community in New York

At present, 150,000 Garifuna immigrants from Central America are estimated to live in the New York Greater Metropolitan Area, largely in South Bronx neighborhoods. Garifuna are descendants of West African captives--who were being taken in a slave ship that ran aground in 1675 near St. Vincent and the Grenadines in the Caribbean--and Arawak Indians. In 1797, other colonizers forcibly transported the Garifuna to Honduras, where most of them now live. There, they remained poor and stigmatized because of their African ancestry and language. Much later, some migrated to Nicaragua, Guatemala, and Belize. As many as 500,000 Garifuna live on the Atlantic Coast of Central America. The Garifuna language spoken today is derived from Arawak and Carib languages; it has helped the Garifuna community to maintain a distinct cultural identity.

New York City's Garifuna community lost members who worked at the World Trade Center. But this group is rarely mentioned in dialogues about New York City's diverse immigrant communities.

Here, in New York City, Garifuna continue to suffer from discrimination based on race, language, poverty, undocumented immigration status, and high unemployment.

Like other "hidden" immigrants, many Garifuna fear governmental authorities, especially in the climate of post 9/11 immigration policies and practices. This community is also discouraged from using health, social and employment services because of a lack of culturally and linguistically competent service providers. The Garifuna face increasing economic insecurity coupled by a growing prevalence of HIV/AIDS, alcohol and drug abuse, diabetes, asthma, and family violence. Most have no health insurance.

Moving Forward's Work with the Garifuna: A slow, step-wise approach was initiated to build rapport, minimize fear, and gain trust – all prior to actually offering services to the Garifuna community. First, staff met with leaders and community activist members of the grassroots organization, Hondurans Against AIDS.¹⁹ Here, we learned that some residents would attend a general discussion in which we could ask them if, how, and in what ways we might assist them, their families, and neighbors. Together with Hondurans Against AIDS, *Moving Forward* planned small, but deliberate, efforts to engage community members in educational activities. At each of our activities community women prepared and served Garifuna food, as food is a critical component of every Garifuna event. It was important to integrate this cultural norm into our service delivery model for this population.

Only a handful of adults attended the first group meeting in the Bronx, but many youth and children participated. A *Moving Forward* staff member and a Garifuna

"It is very difficult or impossible—from the moment that you arrive, any time you appear with a cough, fever, diarrhea or symptoms of diarrhea, dehydration, [and] you arrive at any hospital in the State of New York, the tests start and once they begin the tests, they ask you for your social and migration status. Once they have the information, and if you are infected [with HIV], you are doomed. You have to leave because if you are illegal, automatically you do not qualify for procedures for treatment, and that is what is happening now in the Garifuna community."

- a Garifuna man (translated from Spanish)

* This information is not correct. In New York

19 Mirtha Colón, MSW, Founder and Christina Gomez-Nuñez, MSW, *Moving Forward* consultants.

social worker consultant²⁰ began a discussion with these young people, who were eager to talk about the problems they face living in the Bronx, e.g., racism, lack of summer and after school employment, and sex. They even requested follow-up support group sessions. Adult participants also identified community issues, including domestic violence, communicating with children, and various health problems.

Subsequently, a Spanish speaking physician from Positive Health Care (a *Moving Forward* partner) addressed a group of community members and leaders at a local Bronx church about health problems that had been identified by the community as important. In a safe and familiar environment, community residents felt comfortable to ask questions and receive information and suggestions from the physician and our consultant. Referrals to low-cost health care services with Spanish-speaking providers were made.²¹

Following this event, *Moving Forward* supported and participated in a larger interactive forum, organized by Hondurans Against AIDS, on problems faced by second-generation Garifuna children and youth, including drug and alcohol prevention, HIV, discrimination and bullying. A follow-up intervention with young Garifuna was conducted as well.

Finally, *Moving Forward* participated in a meeting held in a church to honor and grieve for a group of well-known and highly regarded Garifuna musicians who lived in the Bronx neighborhood and had just died in an automobile accident. This community had experienced group trauma several years earlier as a result of a fire that swept through the Happy Land Social Club in the Bronx, in which dozens of community members died. This new social injury revived the trauma and feelings from their prior experience as well as from 9/11. Our staff and Garifuna social worker consultant offered follow-up support, one-on-one consultations and referrals. It took over a year with many efforts to get to a point where some Garifuna felt sufficiently safe to accept our services and, then, *Moving Forward*'s grant period ended.

Filipino Immigrant Women

The social service needs of Filipino immigrants, particularly women, have been largely ignored, despite the fact that in New York City Filipinos are now the fourth largest Asian American population. Filipino women often arrive in New York as a result of pre-arranged marriages with U.S. citizens, often in exchange for money, or as domestic workers: nannies, cooks, baby-sitters, and housekeepers. Every year, thousands come to work in the homes of foreign diplomats or officials of international agencies. Live-in domestic workers with special employer-sponsored B-1 visas are prohibited from quitting jobs or changing employers.

20 Onaje Mu'id, *Moving Forward* staff and Christina Gomez-
21 Research has identified intra-cultural differences and complex providers who speak the same language, yet come from countries acculturation may play a part in perceptions of bias in treatment acceptability of services. For example, staff from some Latino courtesies in social interaction" as required by the cultural norms efforts to address these intra-cultural issues included hiring providers Dominican Republic, Mexico, and the Garifuna community from networks with respective communities and provided culturally M.G. and Shulman, L.C. March 2002. The HIV Health and Human Qualitative Needs Assessment of HIV Services among Dominican Populations Living in the New York Eligible Metropolitan Area

"First we started with a recollection phase, talking about the weather back home, favorite songs, and using body movements to loosen up physically and establish a rapport between me and the group. We used different techniques, like drawing maps, which aren't very direct, but allow the women to talk about themselves, where they come from, why they left home, and identify their sources of stress. Some women talked about their husbands, [saying] that they were abused by their husbands who were alcoholic. As the process went on, I asked

Thus, many Filipinos are “invisible” and unprotected by laws, regulations, or government oversight. Whether documented or undocumented, Filipino domestic workers and “mail order brides” in New York City are often extremely isolated from their families and lack social and emotional supports. Their situations make them particularly vulnerable to abuse and exploitation by their employers or husbands. The average wage of Filipino domestic workers has been reported as \$2.14 an hour, from which deductions for room and board are sometimes made. Thus, many earn extremely low wages, living far below the 200 percent poverty line.²²

Filipino women rarely report abusive conditions, wage violations, or employer exploitation for fear of detention or deportation, regardless of their immigration status. In response to insecurity and stress among Filipino women, exacerbated in the aftermath of 9/11, *Moving Forward* forged links with three Filipino community-based service and advocacy organizations in New York City—Damayan, Filipino American Human Services Inc. (FAHSI), and the Philippine Forum. Through this collaboration, *Moving Forward* offered culturally appropriate support groups in which women could talk about and seek help in dealing with the difficult issues they faced.

The Healing Circle: FAHSI assisted us to identify a Tagalog-speaking consultant,²³ who developed culturally sensitive and creative techniques to use in a series of support groups, discussions and informal workshops with Filipino women. A traditional dancer, nurse and pastoral Islamic counselor, *Moving Forward*'s consultant used an artistically rich and multi-layered approach to stress reduction, crisis intervention, individual support, pastoral counseling and service referrals. Her program, called a “Healing Circle,” incorporated traditional dance movements, artistic expression, writing, and poetry to help participants discuss their experiences and problems, encourage them to seek professional assistance, and develop healthy coping mechanisms to reduce stress.

A total of 108 women participated in the Healing Circle program. Discussions focused on the importance of open communication with families, how alcoholism can lead to domestic violence, stress reduction techniques, and the need to gain practical skills such as English and computer skills. Several were involved in physically violent relationships with alcoholic spouses and were in need of counseling and assistance. Others revealed problems, including trauma, stress, and legal issues, that also required referrals to service providers. The consultant referred those who needed professional counseling to *Moving Forward* staff or to other agencies.

“[I was able] to address the needs of people who are invisible—people who won’t tell you who they really are even though they may tell you they are sick or have fever, but [will not let you] penetrate what the real source of their stress is. It is through this program [the Healing Circle] that I reached their hearts and trust. What really caused the stress was being covered up, [but with the program] really surfaced—like domestic abuse, which is taboo [to discuss] in Filipino culture. Another issue that surfaced was their needs in their jobs. [We] actually started a jobs referral system within the group itself, where

Participants reported that *Moving Forward*'s work, through the Healing Circle program, was helpful to them. They learned techniques for managing stress, and gained awareness of available resources when they need to talk to someone who is sensitive to their problems, fears,

22 Filipino American Human Services, Inc. (FAHSI)

23 Potri Ranka Manis, a trained nurse, Muslim pastor, dancer, playwright and poet. Artistic Director and Founder of Kinding Sindaw, she performs traditional classical and tribal Filipino dance.

and cultural background. Using art, humor, and emotional engagement, the experienced consultant was able to help women in a way that produced honest testimony to their own circumstances in a setting in which they felt free of stigmatizing responses. The intervention by *Moving Forward* was a beginning effort toward meeting the need for social supports and services of Filipino women in New York.

C. Life Cycle

Listening to & Helping Youth Take Action in Their Communities

Moving Forward was concerned with promoting resiliency and preventing risk of drug and alcohol use among youth who live in diverse neighborhoods in New York City. A New York Academy of Medicine study had identified youth as highly vulnerable and likely to suffer from the symptoms of post-traumatic stress disorder many months after 9/11.²⁴ Anecdotal evidence confirmed that some youth were immobilized and not moving ahead with plans for their future. Others had increased their use of drugs and alcohol to deal with heightened stress.

Our response was to support two interrelated youth-led projects: The Phoenix Project and The Youth-Led Film Project. The goal was to enhance young people's knowledge and skills while strengthening their ability to express their opinions about life in the post 9/11 political, economic, and social environment. We sought to engage youth in activities that were personally empowering—that is, allow them to use their personal voice and gain self-confidence and a greater sense of self-efficacy. At the same time, we aimed to inform adults about youths' views and encourage them to incorporate youths' perspectives into community action geared to reducing social disparities. Strengthening resiliency using youth participatory models is an important, widely recognized, approach to prevention of less healthy life choices.²⁵

The Phoenix Project: At the High School for Leadership and Public Service, located a block and a half from the World Trade Center, students experienced first-hand the tragedy of 9/11 and its aftermath—missed opportunities, displacement from their school for months, lack of confidence in the future. The Phoenix Project, created by a former teacher at the High School, and a *Moving Forward* consultant²⁶, brought the voice of youth to the planning table as adults considered how to rebuild Lower Manhattan.

Five 10th graders, from diverse economic, geographic and ethnic backgrounds came together in the summer of 2002 to develop their ideas for a multicultural/recreational center open to youth and adults who live, attend school or work in Lower Manhattan. Virtually no other group had expressed an interest in developing a recreational and cultural center at that time.

“First and foremost, my main goal is to enrich the lives of the people in my community. I believe that building a multicultural/recreational center is one way to achieve this. In addition, I hope to inspire other people, particularly teenagers, to take an active role in public service.”
- A participant in the Phoenix Project describing her commitment to her community.

The students developed a survey and collected over 800 responses from youth and adults in Lower Manhattan. Inspired by the young people and the power of participatory models, *Moving Forward* assisted *Phoenix Project* youth to create a survey database, code and enter survey response data, analyze, and report on the findings. *Phoenix Project* participants learned how to

24 Galea, S. Op.Cit. (2003)

25 “Approaches to Conducting Action Research with Youth.” *Practicing Anthropology*, Vol. 26, No. 2, Spring 2004.

26 Ann Gilligan, High School of Leadership and Public Service; Linda Nessel, MSW, *Moving Forward*, consultant.

conduct research and analyze the results—skills that can be applied in high school, college, and future professional work. Survey results documented a perceived need for a recreational center, and drew others to their ongoing efforts.²⁷

The 92nd Street Y, the Municipal Arts Society/ImagineNY, LCAN and other groups have welcomed the opinions, perceptions, and inspiration of *Phoenix Project* youth, and the youth were invited to present their findings to the 92nd Street Y. Their data were favorably received and will be incorporated as the “Y” explores the feasibility of its plan to build a community center in Lower Manhattan. The “Y” issued a press release, which included the *Phoenix Project’s* survey results’ strong support of a community-based cultural/recreational center in Lower Manhattan.

Although it is not guaranteed that the *Phoenix Project’s* findings will be incorporated into community revitalization plans, it is clear that the youth participants have gained community action skills that can be transferred to other arenas of their lives.

The Youth-Led Film Project - “9/11: The Future”: The post 9/11 landscape has evoked a range of feelings, views and analyses among many of our City’s young people. Yet, rarely have these been reported by the mainstream media or considered in communities’ plans for services that could address the needs of all age groups.

Moving Forward recognized the need to explore youths’ experiences and views of how life has changed after 9/11. We decided to engage youth in designing and producing their own film that would highlight the concerns, fears and ideas of youth in the post 9/11 world. Through this project, the young film producers could achieve a sense of self-efficacy and power from actively communicating their ideas to the public. Offering positive alternatives, such as social action, may be the most promising approach to preventing unhealthy responses—such as drug and alcohol use, depression, suicide, violence—to the stress and sadness experienced by young people in the aftermath of 9/11.

In partnership with Cornell Cooperative Extension-NYC, *Moving Forward* trained six young people (who were given a small stipend) to interview other youth for the film about their feelings in the post 9/11 period, offer their own perspectives, and produce a film that incorporated a host of views and opinions. Some of the youth participants offered the following:

The film, “*9/11: The Future*” has already stimulated community dialogue. Audience responses from post-screening evaluations show that viewers were impressed with the knowledge, ability to articulate ideas, and commitment of the youth who expressed their opinions in the film. Many were surprised by the serious questions that the young producers raised about mainstream media. A shortened version of the film was produced, and parts of the film were shown on the CBS Early Morning Show.

“We see our future going down the drain;” “Youth now are more close-minded and apathetic;” “There is a war on the poor; I needed to educate myself, to learn about countries with unfamiliar names;” “Turn on the media and its just lies, lies, lies. Youth need to get organized.”

Recognizing the power of the film to generate discussion and community action, we prepared a **Facilitator’s Guide**.²⁸ The Guide and film were shown in workshops for adult community

²⁷ Students’ survey and their views can be seen on their website: <http://phoenix.cce.cornell.edu>.

²⁸ The Youth Film Project was supervised by Ariff Hajee and N’Jeri Mitchell, Cornell Cooperative Extension, and Subuhi Asheer, *Moving Forward* staff. For copies of the Film and the Guide, “*9/11: The Future -- A guide for using a youth-designed documentary to generate discussion and community action,*” by Mary Ann Castle, Ph.D. and Linda Nessel, MSW, contact:

leaders and social service agency staff to help them become aware of youths' concerns and their potential role in developing solutions for change. Participants were asked to conduct workshops with community members that would lead to action plans incorporating youth in community activities. This is one way that the project could result in greater opportunities for the development, empowerment, and effectiveness of youth in contributing to social action for positive change in communities.

Managing Stress & Making Healthy Life Choices for Elders

Data shows that among City residents who are 55 years of age and older the rate of heavy alcohol consumption is 3.4%, and as many as 7.6 per 100,000 people in this age category committed suicide in New York City in 2001.²⁹ Moreover, a New York Academy of Medicine study identified people over the age of 65 years as likely to experience traumatic stress syndrome at 18 months post 9/11.³⁰ Based on these alarming statistics, *Moving Forward* created a targeted project to provide practical stress management tools for seniors experiencing prolonged stress and anxiety that resulted from 9/11 as well as from the challenges of aging in an urban setting.

Ten Senior Centers participated in the *Moving Forward* initiative. They were part of churches, housed in small apartment buildings or brownstones, located in a New York City Housing Authority project, a Nursing Home, and in SROs. They were located on the Lower East Side, in Midtown, the Upper West Side, and Harlem in Manhattan, in Bay Ridge, Brooklyn, and Flushing, Queens.

A *Moving Forward* stress management consultant³¹ provided services at eight of these Centers. By interviewing the Center's Directors, she was able to identify the characteristics of each Center's population, as well as its unique concerns, in order to tailor the curriculum to each Center's needs. At each senior center, our consultant presented one or two "Managing Stress & Making Healthy Life Choices" workshops, reaching a total of two hundred participants, aged 55 to 96 years.

The seniors were concerned with a range of issues: health problems, isolation, loneliness, financial difficulties, relationships with children and grandchildren (including drug problems of the latter), dealing with doctors and clinics, alcohol and depression, dangers of mixing alcohol with medications (prescribed, over-the-counter, and herbal remedies), the perils of transportation in NYC, and fears related to post-9/11 government alerts. Lively, interactive, and practical, the workshops provided participants with information and techniques on stress management that they could use in their everyday lives. Participants were motivated to practice the new stress management skills in order to master them. The goal was to increase seniors' understanding that they have a *choice* in how to respond to the "stressors" in their lives.

Each workshop was divided into several components covering the involvement of the mind, body, emotions, and breath in stress reduction and health enhancement. The consultant used expressive masks to dramatically demonstrate the varied and often unruly thoughts and feelings everyone has each day, such as worrying, anger or playfulness. Participants were informed

NADAP - 212 986 1170.

29 NYCDOH&MH Office of Vital Statistics, 2001; NYC DOHMH Community Health Survey, 2002.

30 Galea, S. (2003) Op. Cit.

31 Joyce Weiss, *Moving Forward* Consultant.

about the effects of negativism and positive feelings on the body's immune system. Discussions centered on ways to increase positive, self-valuing thoughts, keep one's perspective and maintain a sense of humor.

As the body is also a stress receptor, participants were asked to identify the part of their bodies where they feel stress. Then, movements and exercises were modeled to relieve stress from "head to toe." Other self-care, including self-massage, exercises were also presented. This was a new experience for many who were not used to nurturing themselves and taking responsibility for their health.

When people are anxious, their breathing becomes shallow. Thus, the consultant demonstrated breathing techniques to increase oxygen intake and promote a feeling of well-being. As a follow-up to the training, the consultant provided assistance to participants who requested additional help to individualize stress management techniques to meet their personal needs.

"Many of the seniors who attend our program are faced with multiple challenges, illnesses and disabilities, isolation and care giving for spouses and friends. Several seniors in our group are also Holocaust survivors and were very hard hit by the tragedies of 9/11. The fear that we may have more terrorist activities and all the horrendous suffering going on in many countries continue to impact people and make coping with the 'normal' challenges of aging more difficult and complicated. We welcomed and appreciated the opportunity for our population to find comfort and ways to decrease this on-going

The workshops were extremely well received in each senior center. Most seniors reported that they felt energized and much more relaxed after the workshop. Center Directors and participants requested continued workshops on this subject. Unfortunately, the number of workshops was limited by the *Moving Forward* grant requirements.

In another of our efforts to provide a health and wellness program to seniors, a *Moving Forward* consultant ³² helped bring services to the Korean American Senior Citizens Center in Flushing, Queens. A stress management program was created to help Korean seniors better cope with feelings of vulnerability associated with heightened discrimination, immigration-related concerns, and general anxiety due to on-going government alerts about potential terror attacks. Much of the time, Korean elders are home alone because their children own businesses and work long hours and their grandchildren are in school. Because music and meditation are essential elements in the lives of Korean elders, these art forms and gentle movement exercises became the basis of a series of workshops. Elders felt reassured through their participation in a collective and culturally familiar activity.

D. Strengthening Grassroots Organizations

The benefits of our collaborations were also realized in the form of capacity building of some of the local organizations with which we worked. We provided materials in different languages and strengthened referral networks. Professional development opportunities were offered to staff, volunteers, and peer educators. Counselor wellness support workshops strengthened staffs' ability to continue to provide quality services, set realistic boundaries with clients, and prevent "burn-out."

Chinatown Organizations Serving Immigrant Children and Youth

32 Rosalie Sanchez, *Moving Forward* consultant.

Chinatown's 60,000 residents were severely affected by 9/11 and its aftermath. With over 80 percent of its population foreign-born, and about one-third living below poverty level, Lower Manhattan's Chinatown is one of the poorest communities in New York City.³³

Immediately following 9/11, workers in Chinatown were dislocated, businesses languished and collapsed, and main road closures caused long-term financial and transport problems for those who live and work in this neighborhood. Many families continue to be financially unstable as a result of losing jobs in the garment industry and severely reduced incomes from the devastating effects on restaurants and retail shops from lost tourism. Residents and workers were subjected to toxic fumes, smoke, airborne debris, and months of noise and air pollution from police and fire equipment sirens and exhaust vapors of heavy diesel equipment used to clean up the site.

Obviously, this traumatic upheaval led to heightened stress and health concerns among residents and workers. A study conducted of 414 Lower Manhattan residents 14 months after 9/11 showed that more than 40% continued to suffer from depression, anxiety, and emotional numbness—all symptoms of post-traumatic stress syndrome.³⁴ During this period, the SARS epidemic in China intensified health concerns among residents, at the same time as it added to Chinatown's economic distress by discouraging tourism.

Despite these findings, the Chinatown community has largely been overlooked in the plans for redevelopment of Lower Manhattan and for increased social and health services for residents. Programs and services addressing youth and children's needs in the post-9/11 context are particularly poor. In addition, the traditional 9/11 responses to addressing such symptoms (based on Western psychological therapeutic approaches) are not culturally appropriate for many of New York City's Asian residents.³⁵ Emotional and family issues are considered highly personal, and the idea of discussing them with strangers in an alien setting is believed to be unacceptable.³⁶

Moving Forward approached the Coalition of Asian American Children and Families (CACF) to assess how our resources could best assist Chinatown residents in the post 9/11 period. CACF identified a need to develop culturally and linguistically appropriate curricula and conduct staff development for organizations in Lower Manhattan that provide services to Asian children, youth and their parents.

The Early Childhood and After School Programs

In the aftermath of the traumatic event of 9/11, it has been important for educators and caregivers of children to learn to identify trauma and unusual stress and offer appropriate responses to help both the children and their families.

A unique challenge for service providers in the Chinatown community is to find effective ways of communicating with parents. Here, many parents work at small businesses or in factories,

33 New York City Asian American Census Brief. Asian American Federation of NY Census Information Center, 2000.

34 Press Release, New York City Dept. of Health, Office of Public Affairs. NYC Dept. of Health Releases Community Needs Assessment of Lower Manhattan. January 2002.

35 Chan, Erin. Asian Americans Face Cultural Barrier to Counseling. NY Times, 2003

36 Ibid.

with long shifts, seven days a week to support their families. Many rarely see their children as grandparents or extended family members care for them. This makes it nearly impossible for staff to communicate with children's parents. In addition, the culture and language of many of the long-term staff differ from some of the new immigrant families they serve. Staff members of the Chinatown Methodist Center for Early Children and Families Services lived more years in the U.S., and also represent an earlier generation of Cantonese-speaking immigrants. Lately, increasing numbers of families enrolled in their programs come from Fukien Province and speak only Fukenesse.

CACF designed a curriculum in Cantonese to impart these understandings and skills to eight program staff members at the Chinese Methodist Center. A four-week training workshop covered the range of developmentally appropriate behaviors in children, those that might indicate trauma or unusual stress, and strategies for assisting them to develop healthy coping skills. Staff also learned techniques for creating a safe physical environment in which children would feel more comfortable expressing themselves. In addition, the workshops provided information about community resources for staff to use for referring parents who face legal, alcohol or drug problems.

Workshop for Asian American Youth Development Staff and Youth

CACF reported that the post 9/11 traumatic effects on Chinatown's youth include increased difficulty in relating to adults, increased or initiation of drug and alcohol use, self-destructive or violent behavior, and school problems, e.g., poor attendance, lower grades, behavioral issues. CACF with the support of *Moving Forward* developed and implemented a program to learn about youths' needs and then to train service providers to address them.

To learn about youths' needs and effective ways to meet them, a consultant offered an eight-week *pilot* workshop for youth. Most of the participants were new immigrant Chinese youth. Many live in New York City without family support, as their parents had left them to study in the city while they worked long hours at jobs in other parts of the country. This situation led to increased isolation and homesickness in youth who already feel vulnerable due to lack of English language skills and unfamiliar surroundings. The pilot workshops highlighted the relationship between these stressors and the overall health and well-being of the young people.³⁷

To increase the comfort level of the youth and help them discuss the problems they were facing, the consultant used creative techniques such as story-telling, art projects, field-trips to various parts of New York City, and journal-writing. Through these activities, youth participants built relationships and drew support from each other and from their trainers.

Following the pilot workshops, CACF recruited and trained six providers (case managers, social workers, mental health professionals, and youth leaders) from a variety of community organizations and professional backgrounds to conduct workshop series for immigrant Chinese youth between the ages of 15-21 who live, work or attend school in Chinatown. The objective was to increase their knowledge and strengthen their skills in leading youth groups.

37 Judy Yu - Training Coordinator, CACF.

Training covered age-appropriate behaviors, cognitive behavioral models of coping, and identification and appropriate responses to symptoms of trauma in immigrant youth. They learned to respond to a range of issues arising from the increased stress experienced by youth, such as relationship issues, identity struggles, inadequate support systems, peer pressures, violence, and drug/alcohol abuse. In addition, guest speakers, including musicians, artists, and other performers who use art in working with youth, trained them to use creative strategies to meet the needs of youth.

Following their own training, pairs of service providers initiated a series of eight workshops with 6-10 Chinese youth. It was designed to help them cope with the traumatic effects of 9/11 without necessarily focusing on the event itself. In addition, the workshops offered youth skills to help them become advocates for their families, schools, and communities.

Outreach to New Mexican Immigrants

Mexican immigrants are one of the fastest growing populations in the New York City Metropolitan area. In fact, the number of Mexicans in the city has tripled since 1990 to nearly 187,000 (2000 census data), and immigration is continuing. This statistic, however, is certainly an undercount, considering that a large number of undocumented immigrants are from Mexico. The greatest concentration of Mexican immigrants in New York City is in Brooklyn, while others live in East

Harlem, Queens and the Bronx. Mexican immigrant families lost husbands and partners in the World Trade Center tragedy, and increases in alcohol and drug use have been occurring as stress and insecurity rises.

The post 9/11 environment has compounded the chronic anxiety felt by many Mexican immigrants. A large number are men with little education who immigrated from small towns, villages, and rural areas in the Mexican states of Puebla, Guerrero, Morelos and Oaxaca. Working at very low-paid manual labor jobs, they often live in substandard and overcrowded quarters that increase their vulnerability to tuberculosis, sexually transmitted infections (STIs), and HIV/AIDS. Alcoholism among immigrant men is often the precipitating factor in violence.

Alcoholism has also been on the rise among Hispanic women. Although the rate of heavy drinking among Hispanic (including Mexican) women is lower than among men, it has increased as they have become integrated into the U.S. society. The health and family consequences and the treatment of alcoholism are not yet adequately addressed in this community. Drug abuse is another significant health problem for this population.

Recognizing the high rate of HIV among Hispanics, Mexican immigrants' fear of seeking health services, even when ill, and their lack of knowledge of available resources, Dr. Rincon founded the Mixteca Organization, a non-profit organization that links Mexican immigrants with social, educational, and health services.

Mixteca Organization

Moving Forward contacted Dr. Rincon, who welcomed a consultant to provide workshops to the organization's volunteer peer educators to increase their knowledge about health issues critically

important in the Mexican community. In the winter of 2004, *Moving Forward's* consultant³⁸ conducted (in Spanish) a 4-week workshop series. The volunteer peer educator participants learned to recognize the signs of alcoholism and substance abuse, to understand the physiological effects of different substances, and to describe the physical, emotional, social, and financial consequences of addiction. They acquired information on new methods of peer education, referral resources for treatment, and techniques for relapse prevention that would be most effective for their targeted population.

Moving Forward's consultant followed up the first series with a second 4-week workshop series, offered in May and June, 2004, which was open to the general community in addition to Mixteca's volunteer staff. This series was the first time that the organization offered Mixteca volunteers and other community members the opportunity to openly discuss health and family life in the context of different American cultural norms. Workshops dealt with stress and stress reduction, parent/child communication, and prevention of child abuse. These topics are not openly discussed in this community. The experience of sitting in a circle to talk about difficult issues was new for many.

But with the sensitive guidance of the consultant, participants felt free to talk about them, and to openly reflect on their own behavior in a warm, supportive atmosphere.

38 Genoveva García, *Moving Forward* consultant.

Conclusions and Implications for Program and Policy

The past three years since the collapse of the World Trade Center have been far more difficult and more unsettling than anything New York City's residents have known in recent memory. And when or how this persistent apprehension will end is unknown. This makes it imperative to glean lessons from successful strategies and programs.

Moving Forward's model successfully bridged class, gender, age, ethnic/racial, immigrant status, trauma history, language, and cultural barriers by hiring culturally competent professional staff, seeking local knowledge, establishing trust, working in a host of community venues, building partnerships with community and religious organizations, being responsive to requests from the community, and collaborating with local leaders. Our results show that *Moving Forward's* model can be implemented and does work. It needs, however, sufficient resources, an extended period of time, and creativity and flexibility to design, implement, and sustain the outcomes.

Moving Forward's understanding of chronic stress is based on the knowledge gained from providing educational, support, and alcohol and substance abuse prevention and intervention services to more than 6,000 of New York City's residents. Data from *Moving Forward's* evaluation demonstrate that the continued relationship between the reported impact of 9/11 on people's lives and stress-related drug and/or alcohol use is profound. Each of the diverse populations that participated in *Moving Forward's* services needs on-going post 9-11 assistance to cope with the new reality of unending threats and limited resources for the foreseeable future. Short-term quick fixes to specific 9/11 losses — family members, jobs, economic security, etc. — are insufficient and, sometimes, can even benefit one group while excluding others.

To enable communities to sustain their recovery, outside resources must be joined with inside expertise and leadership to effectively respond to the on-going, complex, and interrelated problems related to 9/11 and its aftermath. A commitment from government, foundations, service providers, and community organizations is required to accomplish the following:

- New York City residents' economic security and continued self-sufficiency;
- Resolving underlying survival issues related to immigration status, persistent unemployment, drug and alcohol abuse;
- Developing culturally appropriate interventions to prevent and reduce alcohol and substance abuse and care for the mental health needs of NYC's diverse communities—including understanding the personal and communal cost of historical trauma in new crises;
- Creating sufficient opportunities for older youth to engage in positive community actions and gain marketable skills;
- Researching the nature, extent, and meaning of drug and alcohol use in communities in which there is only anecdotal information;
- Providing comprehensive services, including follow-up supports, that address identified problems and gaps; and
- Maintaining a commitment to providing resources to move the effective partnerships developed by *Moving Forward* to a level where communities become sufficiently strong to sustain their

recovery and health.

In the face of uncertainty, choices must be made by policy makers, service providers, and community leaders. This document was written to show how *Moving Forward's* culturally competent service model and strategies had good outcomes for people who had received limited help in dealing with chronic stress and trauma exacerbated by 9/11.

It is critical that models that work with and for the community have the necessary time and financial support to demonstrate their success and sustain their components. Short term, limited services may raise participants' expectations, which cannot be met beyond the confined funding period. Nevertheless, uncertainty can lead to creative and imaginative interventions that bring about greater equity in services by offering them in ways that people understand, accept, and use. We fervently hope that the lessons of *Moving Forward* will inform policy makers and promote creative and optimistic solutions for and by all New Yorkers.

Moving Forward

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AIDS Service Center of Lower Manhattan
Al-Ihsan Islamic Elementary School
American Indian Community House
Amethyst Women's Project
Andolan Organizing South Asian Workers
Art for Change
Asociación Tepeyac
Association of Black Social Workers
Aurora Concept, Inc
Bay Ridge Senior Center
Bellevue Hospital Outreach Department
Beulah Church
Black Veterans for Social Justice
Breakthrough
Brooklyn South Asian Community Forum CPS
Cab Watch
Care to Cure Inc
Children Welfare Organization Project (CWOP)
Chinese Methodist Center Corp.
Citizen's Advice Bureau (CAB)
Claremont Neighborhood Center
Clinton Senior Center
Coalition for Asian American Children and Families
Concord Family Services/Bedford Stuyvesant Adoption Resources
Coney Island Child Day Care
Coney Island Gospel
Consumer Action Program
Cornell Cooperative Extension NYC
Damayan
Daytop Village Inc
Dorot Senior Center
El Centro de Desarrollo de la Mujer Dominicana
El Regreso Inc
Encore Senior Center
Filipino American Health Services Inc (FAHSI)
Friends of the Island Academy
Greater Harlem Nursing Home Co. Inc
Hamilton Senior House
Harlem Children's Zone
Harlem Dowling Westside Center
Heartshare
Hondurans Against AIDS
Housing Works -- East New York Adult Day Health Care & Residence

Islamic Council of North America
Jamaica High School
JASA West Side Senior Center
Jobs For Youth Apprenticeship Program
John Adams High School
Korean American Senior Citizens Society of Greater NY
Lexington Center for Deaf and Hard of Hearing
Madeline Jones Head Start
Makki Masjid
Miracle Makers
Mixteca Organization Inc
Mujeres Hispanas Unidas Inc.
Mujeres Latinas En Acción Inc.
National Puerto Rican Forum
Nav Nirmaan
Nazarene Church
New Americans Program at the Queens Public Library
New Immigrant Community Empowerment (NICE)
New York Taxi Workers' Alliance
Northern Convent
Our Lady of Sorrow Head Start and Community Services
Phase Piggy Back
Philippine Forum
Positive Health Care
PS154 Harriet Tubman Learning Center
Promesa
Puis XII Youth and Family Services
Queens County Neuro-Psychiatric Institute
Radio Tropicale (Haitian Radio Station)
Safe Space
Sakhi for South Asian Women
SESTA - Sisters Empowering Sisters towards Achievement
South Asian Community Forum, Jackson Heights
United Bronx Parents/La Casita
United Jewish Council
Woodstock Senior Center

NADAP is a citywide 501©(3) not-for-profit organization with a 33 year history of successfully providing substance abuse prevention, education, case management, vocational, and employment services to disadvantaged and vulnerable populations. In partnership with business, labor, educational and governmental entities, NADAP has created training, job placement, and support programs that enable individuals to embrace opportunity and sustain hope as they make critical transitions in their lives. Today, we operate six model programs in New York City and Westchester that address the extensive employment barriers of some of the most disadvantaged individuals in our community. More than 1,000 businesses, corporations, and not for profit organizations have hired our clients.

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