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HHS FACT SHEET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

October 21, 1999

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OFFICE FOR CIVIL RIGHTS CHARGES ENFORCEMENT ACTION AGAINST NEW YORK AGENCIES

The Department of Health and Human Services' Office for Civil Rights (OCR) announced today that it had completed a civil rights investigation of New York City Human Resources Administration (HRA), the New York State Department of Health (DOH), the New York State Office of Temporary and Disability Assistance (OTDA), Nassau County and Suffolk County Departments of Social Services (DSS), and found them in violation of federal civil rights laws.

Based on this investigation, OCR issued a Letter of Findings (LOF) concluding that the agencies are in violation of Title VI of the Civil Rights Act of 1964, Title II of the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act.

The violation finding comes at the conclusion of an investigation of allegations that HRA, DOH, OTDA, and Nassau and Suffolk Counties have failed to provide interpreter services to persons with limited English proficiency who are applying for benefits under Medicaid and the Temporary Assistance to Needy Families (TANF) programs. These agencies are required under Title VI of the Civil Rights Act of 1964 to ensure that people with limited English proficiency have meaningful access to federally funded programs such as Medicaid and TANF.

OCR also investigated allegations that HRA, DOH, OTDA, Nassau and Suffolk Counties discriminated against individuals with hearing impairments by failing to provide them with sign language interpreters or other communication assistance when applying for benefits. These agencies are required under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act to provide reasonable accommodations to persons with hearing impairments so they can readily access services and benefit programs such as Medicaid and TANF.

A Letter of Findings is not an actual finding of liability, but is the formal mechanism through which OCR communicates with government agencies who are the subject of an investigation. Following an investigation, the Letter of Findings provides the parties involved with a summary of the allegations, as well as the results of the OCR investigation, including evidence supporting the findings and the relevant statutes.

In addition, the Letter of Findings outlines the measures that the agencies may take to comply voluntarily with the law, and provides an opportunity for the agencies involved to reach a voluntary resolution of the case. During this period, OCR will work with the agencies involved and provide technical assistance to facilitate the resolution of the matter. If, however, the agency fails to comply with the law, OCR has the authority to proceed with administrative enforcement of the matter, or refer the case to the Department of Justice for formal litigation.

The investigation included unannounced visits to 14 sites by personnel from OCR and the Health Care Financing Administration (HCFA) to various offices in each of the five boroughs of New York City and Nassau and Suffolk counties. These included Job Centers, Income Maintenance Centers, as well as public assistance and Medicaid Only offices. During these site visits, investigators observed a number of barriers for people who were limited English proficient or hearing impaired, including substantial delays in service, insufficient numbers of bilingual employees or interpreters, and a lack of understanding among many workers of policies and procedures for serving clients who were limited English proficient or hearing impaired. For example, a number of city and county employees acknowledged that they frequently advised limited English speaking clients that they should return with an interpreter.

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Questions and Answers on the New York OCR Letter of Finding (OCR)

INTERNAL USE ONLY

Q1. What was announced today? Is New York in violation of the law? What do they need to do to be compliant? What are the next steps?

A1. The Office of Civil Rights of the U.S. Department of Health and Human Services charged the New York City Human Resources Administration (HRA), the New York State Department of Health (DOH), the New York State Office of Temporary and Disability Assistance (OTDA), Nassau County and Suffolk County Departments of Social Services (DSS) with violations of federal civil rights laws for failing to effectively serve limited English proficient and hearing impaired clients. This was the result of two complaints filed with OCR.

As a next step, OCR will work with the state and local agencies to develop an acceptable corrective action plan. OCR will provide technical assistance to the agencies and assist in the development of the corrective action plan.

It's important to remember that the Letter of Findings is not an actual finding of liability, but rather is the formal mechanism through which OCR communicates with government agencies which are the subject of a complaint and subsequent investigation.

Q2. What does OCR intend to do about these serious allegations?

A2. As a next step, OCR will work with the state and local agencies to develop an acceptable corrective action plan. OCR will provide technical assistance to the agencies and assist in the development of the corrective action plan.

It's important to remember that the Letter of Findings is not an actual finding of liability, but rather is the formal mechanism through which OCR communicates with government agencies which are the subject of a complaint and subsequent investigation.

Q3. This sounds like a "sting" -- is this kind of investigation Standard Operating Procedure for OCR? Has it been done before? Is OCR carrying out similar investigations elsewhere?

A3. Issuing a Letter of Finding is not unusual for OCR - the agency issued 14 such letters in fiscal year 1999. As it responds to complaints, it is also not unusual for civil rights agencies to employ "testers" who, as in this investigation, pose as potential program beneficiaries or clients with limited English proficiency or hearing impairment.

In this case, OCR's investigation was conducted jointly with a program review of New York's Medicaid program, being conducted by the Health Care Finance Administration (HCFA). That review was initiated after agency officials were apprised of a Federal Court case during which OTDA and HRA acknowledged the existence of significant problems in the processing of public

assistance applications in Job centers.

[Background: On April 29, 1999, OCR received a complaint filed by several advocacy groups alleging that HRA fails to provide Hispanic persons of limited English proficiency qualified interpreter services during application and eligibility reviews. This practice, the complaint alleges, denies LEP persons meaningful access to the Medicaid and TANF programs. At the time the Title VI complaint was received, OCR was already actively investigating a complaint alleging that HRA discriminates against individuals with hearing impairments on the basis of disability.]

[On May 27, 1999, OCR was informed by HCFA that the agency had initiated a program review of the New York State Medicaid Program in New York City and Nassau and Suffolk Counties. The review was initiated after agency officials were apprised of a Federal Court case during which OTDA and HRA acknowledged the existence of significant problems in the processing of public assistance applications in Job centers. In addition, HCFA had also received numerous complaints from advocacy organizations alleging that HRA Job Centers imposed significant barriers on individuals seeking to apply for Medicaid benefits. After discussing the complaints, OCR and HCFA agreed to consolidate their efforts and conduct a joint program review of the New York State Medicaid Program in New York City, and Nassau and Suffolk Counties.]

Q4. Many states have civil rights issues. Why was New York, and particularly New York City, selected? Was it a "test case?" Is this action politically motivated?

A4. OCR's investigation, and subsequent Letter of Finding, were triggered by two complaints filed with OCR. That is standard operating procedure.

Q5. Was New York given the opportunity to develop a voluntary corrective action plan prior to the Letter of Finding being sent?

A5. OCR met with the state agencies involved in today's action after the site visits were completed. While some cases are closed with a corrective action plan prior to a Letter of Finding, that is a more appropriate course in simpler cases. The issues in New York are complex, and many different local and state agencies are involved.

It's important to remember that the Letter of Findings is not an actual finding of liability, but rather is the formal mechanism through which OCR communicates with government agencies which are the subject of a complaint and subsequent investigation. As a next step, OCR will work with the state and local agencies to develop an acceptable corrective action plan. OCR will provide technical assistance to the agencies and assist in the development of the corrective action plan.

Q6. What exactly does New York have to do to comply? This sounds expensive and burdensome.

A6. It is OCR's intention to work with the agencies involved to develop a corrective action

plan that responds to the needs of Medicaid and TANF applicants, but provides administrative flexibility for New York. The agencies are simply required to develop a workable system for identifying and responding to the potential special needs of applicants with hearing impairments or limited English proficiency. That could include actions like contracting with outside interpreter services or making formal arrangements for the services of volunteer community interpreters.

Q7. Your investigation only included centers in NYC and Long Island, yet you are holding New York State accountable. Can you explain this?

A7. While it is true that the various centers visited are run by local government agencies, the Departmental funds they use are given to the State Agencies via a number of block grants and direct funding. The State signs Certificates of Assurance that they and all their subunits (ie. Local agencies) will follow and uphold all the relevant Federal Civil Rights statutes and regulations (Title VI, Section 504, ADA, etc.). The State is ultimately responsible to supervise its subunits and subrecipients.

Q8. How did OCR and HCFA select which centers would be investigated?

A8. Sites were chosen to respond to two complaints filed with OCR against the city and the state, and to allow OCR to conduct a civil rights review of Nassau County and Suffolk County in partnership with HCFA. OCR believes that the sites chosen fairly illustrate how the state was overseeing these facilities.

Q9. Do the same problems exist at public assistance and social service offices in other parts of the state?

A9. Neither OCR nor HCFA visited centers other than those listed.

Q10. What was the methodology used to investigate these centers?

A10. Staff from Region II offices of OCR and HCFA were teamed up and assigned to visit specific sites. Teams included staff who were bilingual, who could pose as either Spanish speaking, Chinese speaking, etc. applicants. Some teams also included staff with disabilities who could assess facility and program accessibility. This included staff fluent in American Sign Language who posed as hearing impaired persons seeking help. Finally specific team members interviewed center administrators and line staff as to policies, procedures and knowledge of regulations. In addition applicants and beneficiaries were interviewed by OCR and HCFA staff as to their experiences with the system.

Q11. What laws have the agencies violated and what are they required to do?

A11. Based on its investigation, OCR issued a Letter of Findings concluding that the agencies are in violation of Title VI of the Civil Rights Act of 1964, Title II of the Americans with Disabilities Act , and Section 504 of the Rehabilitation Act.

Under Title VI of the Civil Rights Act of 1964 these agencies are required to ensure that people with limited English proficiency have meaningful access to federally funded programs such as Medicaid and TANF. These agencies are also required under Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act to provide reasonable accommodations to persons with hearing impairments so they can readily access benefit programs such as Medicaid and TANF.

As a next step, OCR will work with the state and local agencies to develop an acceptable corrective action plan. OCR will provide technical assistance to the agencies and assist in the development of the corrective action plan.

It's important to remember that the Letter of Findings is not an actual finding of liability, but rather is the formal mechanism through which OCR communicates with government agencies which are the subject of a complaint and subsequent investigation.

Q12. What penalties will be imposed on the State and localities if they do not comply with the law?

A12. OCR is authorized to bring an action before an HHS Departmental Administrative Law Judge which can result in the loss of all HHS funding to the agencies in question. Alternatively, the case can be referred to the Justice Department for appropriate litigation in Federal District Court.

However, as a next step, OCR will work with the state and local agencies to develop an acceptable corrective action plan. OCR will provide technical assistance to the agencies and assist in the development of the corrective action plan.

It's important to remember that the Letter of Findings is not an actual finding of liability, but rather is the formal mechanism through which OCR communicates with government agencies which are the subject of a complaint and subsequent investigation.

Q13. Wasn't this HCFA's responsibility to ensure that everybody is served?

A13. Although HCFA is responsible for the overall program, the state and local agencies that administer federal financial assistance sign an Assurance of Compliance form wherein they agree as a condition of receiving the financial assistance to comply with the federal civil rights laws administered by this department. OCR is responsible for ensuring that recipients of federal financial assistance from and through this department conduct their programs in compliance with the civil rights statutes.

Q14 Does the recipient have to hire bilingual staff?

A14. Recipients must provide for effective communication with any client with limited English proficiency. This can be achieved a number of different ways including: hiring bilingual staff,

establishing an employee language bank or contracting with outside translators.

Q15. How can a recipient provide the most effective communication services to clients with limited English proficiency?

A15. OCR recommends that recipients have a procedure for identifying the language needs of its clients. Recipients should have ready access to proficient interpreters in a timely manner during hours of operation. Recipients should develop written policies and procedures regarding interpreter services and disseminate these policies to staff. Staff should be trained in these policies and in their obligations to persons with limited English proficiency under Title VI.

For example, it is OCR's intention to work with the agencies involved to develop a corrective action plan that responds to the needs of Medicaid applicants, but provides administrative flexibility for New York. The agencies are simply required to develop a workable system for identifying and responding to the potential special needs of applicants with hearing impairments or limited English proficiency. That could include actions like contracting with outside interpreter services or making formal arrangements for the services of volunteer community interpreters.

Q16. What happens generally after an LOF is issued?

A16. Following an investigation, the Letter of Findings provides the parties involved with a summary of the allegations, as well as the results of the OCR investigation, including evidence supporting the findings and the relevant statutes. In addition, the Letter of Findings outlines the measures that the agencies may take to comply voluntarily with the law, and provides an opportunity for the agencies involved to reach a voluntary resolution of the case.

During the informal resolution phase, OCR will work with the agencies involved and provide technical assistance to facilitate compliance. If informal resolution is unsuccessful, OCR regulations provide for administrative enforcement or referral of the case to the Department of Justice for formal litigation.

Questions and Answers on the New York OCR Letter of Finding (HCFA)

INTERNAL USE ONLY

Q1. Has HCFA issued any findings of violations against the State? What does HCFA intend to do?

A1. Within the Department of Health and Human Services, the Office of Civil Rights is responsible for all matters related to civil rights laws and the Americans with Disability Act, including enforcement of those provisions. HCFA fully supports the actions taken by OCR and is pleased to have assisted OCR in its investigation. At this time, HCFA continues to monitor the situation and, in conjunction with OCR, will take any authorized, appropriate action that is warranted by the circumstances.

Q2. What will HCFA do if the State fails to come into compliance?

A2. HCFA looks forward to working with OCR and the State on these important issues and to helping the State come into compliance. We are hopeful that the State will cooperate with us in these efforts and come into compliance. However, HCFA is prepared, in conjunction with OCR, to take in all steps necessary to achieve compliance.

Q3. What could HCFA do to the State for being out of compliance?

A3. We look forward to working with the State, in partnership, to achieve compliance with the requirements of the law and regulations. Since the requirements cited in OCR=s Letter of Findings are applicable to the Medicaid program (as pointed out in HCFA=s Medicaid regulations at 42 CFR 430.2), HCFA could institute action to withhold Federal Medicaid funds if the State is not in compliance with these requirements. In addition, failure to comply with the regulation and law could result in HCFA taking action on the implementation of the waiver.

Q4. What has HCFA done previously to help inform the States of what they need to do to achieve compliance?

A4. Medicaid regulations make clear that these civil rights requirements apply to States, as does the Medicaid State plan that all States are required to submit to HCFA for approval. In addition, the section 1115 waiver granted to New York State by the Department includes requirements that the civil rights laws in question be followed. Responsibility for the issuance of regulations and other guidance on what needs to be done to comply with these requirements rests with the Office of Civil Rights. HCFA will work with OCR to provide any technical assistance that we can.

Q5. Will all states have to come into compliance with the OCR letter for Medicaid programs? Will more money be provided to cover this?

A5. The civil rights laws and Medicaid rules apply to all state Medicaid programs. Therefore,

all states ~~will~~ need to comply with OCR standards. As with the entire Medicaid Program the cost of implementation will be shared between the Federal and State government.

Q6. How is the NY waiver doing?

A6. We continue to monitor the progress of the waiver and will work with the State to correct any issues, including the civil rights problems.

The Plain Dealer

October 25, 1999 Monday, FINAL / ALL

SECTION: HEALTH & FITNESS; Pg. 1F

LENGTH: 540 words

HEADLINE: SEEKING CURE FOR LANGUAGE GAP; INTERPRETERS BREAK DOWN CULTURE BARRIERS

BYLINE: By HARLAN SPECTOR; PLAIN DEALER REPORTER

BODY:

Dietitian Jan Anselmo holds up a plastic fish fillet, which isn't quite as recognizable as the fake fried egg, but makes the point no less. "A high-protein diet is hard on the kidneys," she says before her words are translated in Russian for 16 immigrants with diabetes at the Mayfield Jewish Community Center.

The nutrition education program can be as basic as explaining the "Diet" in Diet Coke.

"We're starting from scratch because they [Russians] have new sources of food. They walk into a grocery store and they're blown away," says Mary Ann Nicolay, minority outreach coordinator for the Diabetes Association of Greater Cleveland, which sponsored the class. The program is one example of how health-care agencies and providers are responding to growing ethnic and cultural diversity.

Hospitals offer interpreters and recruit doctors who speak the language or share the culture of the people they serve. Medical schools push diversity training. And groups such as Neighborhood Family Practice, which teaches a diabetes class for Hispanics on the West Side, try to break down language and cultural barriers to health care. Yet many are frustrated by the walls that still exist.

"I think there's not enough recognition that we're in the middle of one of the biggest explosions in immigration in history," said Dr. Rosina Hassoun, an East Lansing, Mich., medical anthropologist who researches Arab-American populations.

Hassoun says there are not enough translators for Arab-Americans in the medical setting. She and others say too often children are used to interpret,

which can lead to mistakes and create other problems.

"We try to discourage having family members be the interpreter. That can put them in a tough position. When the child does, that makes the parent feel more inadequate," said Kathy Cole-Kelly, associate professor of family medicine at Case Western Reserve University.

Nella Krupnik, a Russian immigrant who lives in East Cleveland, said she and other Russians haven't had problems in the health-care system "We have Russian doctors here. We have Russian pharmacy," she said.

But Cheryl Lewis, who coordinates the resettlement program for Jewish Family Services Association, said the language barrier remains significant despite the network of Russian physicians and interpreters in the eastern suburbs.

Health providers who work in Cleveland's ethnic communities say language translation alone isn't enough. Understanding cultural idiosyncrasies, such as the belief that asking questions of a doctor is disrespectful, is also necessary.

Researchers have noted that Hispanic mothers with diabetes often neglect their own care because they consider a treatment regimen as self-indulgent. To them, family needs are most important.

Even body language needs to be interpreted correctly.

Most hospitals in heavily populated areas rely on multilingual staff members or translators. Demand for telephone translation services has shot up in the past decade.

"We serve over 2,300 hospitals in the states," compared to 300 hospitals nine years ago, said Chris Ensign, president of Language Line Services of Monterey, Calif. The company offers on-demand translation in 140 languages around the clock.

GRAPHIC: PHOTO BY: STEVE CUTRI; Valentina Yanovsky holds a food chart, written in English and Russian, as she takes in nutrition information at a class for Russian immigrants with diabetes at the Mayfield Jewish Community Center.

LANGUAGE: ENGLISH

LOAD-DATE: November 4, 1999

Mother jailed when she refuses TB medication

Authorities deemed her a health threat to family

By John Ritter
USA TODAY

FRESNO, Calif.—Hongkham Souvannarath spent 10 months in the county jail without ever seeing a lawyer or a judge. She never was arraigned or charged with a crime. Her offense: She refused to take her tuberculosis medicine.

In a clash of personal freedom vs. public safety, authorities here decided Souvannarath, a Laotian immigrant who speaks little English, should be jailed rather than risk spreading TB to others, including four daughters and a granddaughter who live with her.

"They took me in and put me in a cell that had no light, no water, no heat, no food, and I was there for two or three days," Souvannarath said through a translator. "It was very dark, and I couldn't tell how long I was there. There was no cushion on the floor, just concrete. It was so hard to breathe, I thought I was going to die.

"I kept asking myself, 'How can they do this to me? What is going on?' "

Her case is rare but not unprecedented. Hundreds of TB patients have been detained against their will for refusing treatment, but usually in hospitals rather than jails. These cases spotlight the dilemma public health officials confront when TB, AIDS and other infectious diseases conflict with individual civil liberties.

Souvannarath, 51, has a particularly virulent form of TB that is resistant to the standard antibiotics used to treat the disease. She must take several potent drugs, similar to chemotherapy for cancer patients, that leave her nauseous, dizzy, short of breath and breaking out in rashes.

If Souvannarath takes the drugs, she is not infectious. If she doesn't take them, she can infect others and, authorities say, become a public health risk. Health officials say Souvannarath not only refused to take her medicine, but lied to health workers and tried to hide from them.

Resitant strains

David Haddan, Fresno County's coroner and health officer, ordered Souvannarath jailed last July. "I felt that I had no choice, and I feel I did the right thing," he says. "If she had infected one of her children and they became seriously ill, I would feel terrible."

Besides her daughters, Souvannarath has three sons. They do not live with her.

In 1997, the Centers for Disease Control and Prevention reported 19,851 cases of active, or infectious, TB in the USA, down from 26,673 cases in 1992, when a new outbreak of the disease peaked. Fewer than 300 of the reported cases were the type resistant to drugs, but those cases alarm health officials because they are potentially fatal.

For someone such as Souvannarath with drug-resistant TB, treatment can cost as much as $250,000 and last two years, compared with as little as $50 for six months of standard antibiotics for the less virulent strain. An outbreak of drug-resistant TB in New York in the early 1990s cost $1 billion to control. Drug-resistant TB is usually curable.

There is no national data on TB detentions, but the numbers are thought to be small compared with the 1950s. A report in the January issue of the journal *Chest* found that Denver had detained 20 patients from 1984 to 1994; Massachusetts had detained 166 from 1990 to 1995; California had detained 67 in 1994 and 1995; and New York City has detained more than 250 since 1993.

Few facilities

"California, unlike other states, doesn't have very many facilities available, and people are being detained in prisons instead of locked hospital wards," says Barron Lerner of Columbia University's College of Physicians and Surgeons, author of the *Chest* report. "But it's wrong. They haven't committed a crime."

California's tuberculosis control law authorizes detention only in health facilities. State health officials say a few places, including Fresno, sometimes detain patients in jail because they have no public health facilities with isolation wards.

But the law also says a judge must review a patient's detention after 60 days, then every 90 days after that. Souvannarath got no reviews during her 10 months in jail, and the lawyers who secured her release on May 27 say her constitutional due process rights were violated. A civil rights suit filed in state court seeks damages for Souvannarath and a court order barring further jail detentions of TB patients.

Fresno County Sheriff Richard Pierce says that for "many years" the jail has housed TB patients and that some have been detained "for quite awhile." He says patients with infectious TB are isolated in a hospital wing within the jail. Haddan says detained patients usually quickly agree to take their medicine and spend only a few days in jail.

Souvannarath apparently was not isolated, though Pierce said he could not provide an accounting of her stay in jail.

In a statement that was filed last week in state court, Souvannarath says she was treated like a criminal, denied adequate food, told to take medicine without an explanation of what it was and forced to communicate with health workers and jail guards through translators not fluent in Laotian.

She says she was taken to jail in July 1998, strip-searched and eventually housed with other inmates. She says she often had to clean urine and excrement out of her cell because neither guards nor other inmates would.

While she was in jail, her daughters — three were high school students, the fourth a single mother — lived alone in the family's apartment on Souvannarath's welfare and disability payments. The daughters were allowed 30-minute visits twice a week with their mother, separated by a glass barrier. The girls' father does not live with the family.

Souvannarath says that when she was moved from one floor to another in the jail, she was shackled. She never left her room to exercise because she was afraid of the other inmates.

"I could never sleep in there because I missed my children so much," she says. "I was always thinking, what would my children have for tonight?"

In court papers, lawyers for Fresno County acknowledge that Souvannarath should have had three judicial reviews— on Sept. 28, Dec. 27 and March 26 — but didn't "due to inadvertence."

Haddan said last week that he sent Souvannarath to jail partly because her daughters would have had a hard time visiting her if he'd sent her away to a state medical facility. A Fresno County hospital that had a locked ward and was used for detention has been sold to private operators.

Fresno County had 114 cases of TB in 1998, mostly among Asian and Latino immigrants. Nationally, immigrants accounted for 39% of new TB cases in 1997, compared with 22% in 1986.

Fresno County has a full-time TB control officer and health workers who keep track of patients and whether they're infectious and taking their medicine.

Reluctant patients usually agree to "directly observed therapy" in which a health worker visits them every day at home and watches them take their medicine. Haddan said Souvannarath "refused to participate in that program. She was offered many opportunities. But she hid and was hard to find. She's a flight risk. All we did was save her life."

One of her lawyers, Al Gallegos of Central California Legal Services, said she was confused and couldn't understand why, if she felt all right, she had to take medicine that made her sick.

No crime committe

Gallegos confirmed that Souvannarath had hidden from health workers. "She stopped taking the medicine because of the side effects, and because a translator provided by the county told her what the side effects were doing to her, and she thought that meant she would die," he says. "But she committed no crime. You can't warehouse someone in jail when they're sick."

A county judge who ordered Souvannarath's release agreed that the detention had been illegal. Souvannarath agreed to home detention — she wears an electronic monitoring bracelet — and to let health workers watch her take her medicine every day. If she violates those terms, she can be prosecuted and jailed again.

USA TODAY · MONDAY, JUNE 14, 1999

Date: 11/30/1999 04:24 pm (Tuesday)
Subject: Sandoval v. Hagan - decision

** High Priority **

The Eleventh Circuit issued its lengthy opinion in Sandoval v. Hagan this afternoon. The court agreed with our amicus brief across-the-board.

Primarily, it reaffirmed the validity of Lau v. Nichols and held that the state's requirement that people take drivers license tests only in English violated Title VI's disparate impact regulations because the State of Alabama had failed to articulate a substantial legitimate justification for the policy. In doing so, it deferred to the guidance issued by HEW, HHS, Ed, and DOJ.

It also held that Alabama had waived its Eleventh Amendment immunity by accepting federal funds and that there was a private right of action to enforce the Title VI disparate impact standard.

The opinion is attached.

Date: 12/16/1999 02:56 pm (Thursday)
Subject: Revised revised LEP Draft. -Reply

Los Angeles Times

Thursday, December 16, 1999

Non-English Speakers Denied Welfare-to-Work Services, Suit Says Jobs: The complaint contends that the county discriminates by not providing those who speak other than Spanish the help they need to make them employable and wean them from federal assistance.
ANNETTE KONDO
TIMES STAFF WRITER

Attorneys for four legal aid agencies intend to file a complaint today against Los Angeles County's welfare-to-work program that claims people who don't speak English are denied access to a full range of services, including job training.

The complaint alleges that the county's Department of Public Social Services violated the civil rights of an undetermined number of welfare recipients by denying them an equal opportunity to participate and succeed in a program that is supposed to wean them from federal assistance.

Los Angeles County, the complaint contends, has a two-tiered welfare-to-work system. The county social services department handles English and Spanish-speaking clients, but those who speak other languages are parceled out to 16 providers that often lack the county's resources.

In September, the county's welfare-to-work program, CalWORKs, had 218,754 clients. About 33%, or 72,647, are Spanish speakers and 8% speak other languages, including Armenian, Cambodian, Russian and Vietnamese.

However, many of the languages are so obscure that the county contracts with community groups that have experience working with immigrants and refugees, said Eileen Kelly, chief of the county's GAIN division, one of the programs in CalWORKs.

"The county certainly shares their concerns about the non-English, non-Spanish speaking clients," Kelly said. "There must be 30 languages in this category. Many of these issues are very complicated."

Lawyers contend that because the Supreme Court has ruled language discrimination is tantamount to discrimination based on national origin, the county has violated the Civil Rights Act of 1964. It bars any program receiving federal funds from such discriminatory practices. Lawyers plan to file the complaint in

San Francisco at the regional office of civil rights for the U.S. Department of Health and Human Services.

"Why is it that limited English proficiency folks have been marginalized?" said Muneer Ahmad, a staff attorney with the Asian Pacific American Legal Center of Southern California, the lead legal firm writing the complaint. "The county has failed to keep civil rights obligations at the forefront of their minds while crafting a program."

The danger, lawyers say, is that clients may have their five-year federal lifetime limits of aid wrongly reduced or terminated. Many also may not get the full range of welfare-to-work services that are available for only 18-24 months to help keep them from falling deeper into poverty.

Legal aid lawyers point to the case of Hong Tran, a 28-year-old mother of two whose husband is a Pizza Hut deliveryman. A refugee who moved to California in 1989, Tran twice requested forms in Vietnamese and a caseworker who spoke the language.

Neither materialized and after receiving documents in English that she couldn't read, Tran lost her benefits two years ago because she had not signed a welfare-to-work contract. The family, Ahmad said, was forced to borrow money to pay for food and rent.

Last summer, Asian Pacific American Legal Center attorneys successfully reinstated Tran's $3,500 in back benefits.

"She signed the forms," Ahmad said. "My understanding was this was the first time she understood what was going on in her case."

The complaint cites several alleged deficiencies in the county's welfare-to-work program, including:

* Failure to provide translated notices, despite state law and the availability of many such translated forms from the state.

* Failure to offer bilingual caseworkers or free interpreter services.

* A lack of language-accessible job training and vocational education programs for many limited English speakers.

* Lack of bilingual providers to offer key components of GAIN, including child care,

vocational assessment, domestic violence counseling and mental health and substance abuse services.

* For nearly a year, people who didn't speak English or Spanish

were denied access to ESL classes.

English-and Spanish-speaking clients can often find services at one county office, while those who speak other languages often don't receive the services at all, the complaint states.

As a result, these clients often end up "parked" in a work experience program that offers only low-level clerical or maintenance skills, "and they're not getting skills to move them out of welfare," said attorney Christina Chung, of the Asian Pacific American Legal Center.

The complaint, which is being brought by three other co-counsels--the Legal Aid Foundation of Los Angeles, the Western Center on Law and Poverty and the San Fernando Valley Neighborhood Legal Services--seeks corrective action by the county, including bilingual services and a roll-back on welfare-to-work benefits if time limits have passed and participants have suffered discriminatory policies.

The Santa Fe New Mexican

December 23, 1999, Thursday

SECTION: Local; Pg. B-1

LENGTH: 479 words

HEADLINE: Activist challenges legality of English-only drivers tests

BYLINE: MARK HUMMELS

BODY:

Jose Villegas Sr.'s complaint claims the policy is illegal under the Civil Rights Act of 1964

A Santa Fe activist claims New Mexico's English-only policy for driver's-license testing is discriminatory and unconstitutional.

Activist Jose Villegas Sr. hopes to overturn the policy with the same arguments used by advocates who shot down English-only driver's license testing last year in Alabama.

Those advocates convinced a U.S. District Court judge that Alabama should be forced to offer testing in other languages because the English-only policy discriminated on the basis of national origin, which is prohibited by the Civil Rights Act of 1964.

The 11th U.S. Circuit Court of Appeals upheld that ruling Nov. 30.

Villegas, who is fluent in both English and Spanish, filed complaints about the New Mexico policy this week with state and federal officials.

If necessary, Villegas said, a lawsuit will follow. He said New Mexico's policy is unfair to Mexican Americans who speak only Spanish and need to drive in order to make a living.

"I found that to be offensive, because that's my idioma," Villegas said. "They (state officials) are not being held accountable, so I'm holding them accountable."

So is Senate President Pro Tem Manny Aragon, according to a pledge the

Albuquerque Democrat made Tuesday.

If Aragon can't convince the Motor Vehicle Division to reinstate testing in Spanish and perhaps other languages he will push the Legislature to act, he said.

Aragon might even try to withhold part of the MVD's money next year if the tests are not expanded to include Spanish at least, he said.

Many other states offer the tests in multiple languages. California offers the test in more than 30 languages.

New Mexico scaled back to English-only about five years ago. Officials say that the previous administration made the change, but they have been unable to show any written policy directive on the subject.

State rules are supposed to be recorded in an administrative code. Efforts to find a copy of the English-only rule have been unsuccessful.

John Chavez, secretary of the Department of Taxation and Revenue, said he is not opposed to offering the tests in other languages, but the change will not come cheap.

"The question is, once you do it for the MVD, you're going to have to do it for the income tax forms, in both Spanish and Native American languages. Then you have to do it for professional licensing exams.

"You're on a very slippery slope, and that costs money. If the Legislature makes a decision that they want to pursue it, then we'll do it."

Chavez said he had not seen Villegas' complaint.

He said he also was unaware of the Alabama court ruling. He said attorneys from his department would need to review any relevant decisions from other states.

LIMITED ENGLISH PROFICIENCY (LEP) INDIVIDUALS
ACCESS TO GOVERNMENT SERVICES
June 2, 1999

I. INTRODUCTIONS

II. BACKGROUND

III. REPORTS FROM AGENCIES

IV. NEXT STEPS

(2) Info from - ~~[illegible]~~
- HUD
- USDA - FSA, etc
- Transportation
- Labor
- OFCCP

F&I/Follow-up
HHS - share guidance
SSA - authority?
Ed - any WH involvement?

(3) Decide if we have sufficient info for a Best Practices guide or wait to come up w/ ~~a~~ overall plan

(4) DOJ -
- Current - written guidance for LEP only EPA + Energy
- Proposed - beyond written but would not apply to Fed agencies only grantees?
- Why - What controlling Fed Agencies?
- How apply to Fed Agency → Best Practices?

• Need to discuss if ~~we should~~ how + should we promulgate

(5) Cultural Competency Working Group?

(6) HHS Regs that were w/drawn - maybe focused approach like to consult w/ HHS programs or shorter + publicized guidance

LIMITED ENGLISH PROFICIENCY (LEP) INDIVIDUALS
ACCESS TO GOVERNMENT SERVICES
June 2, 1999

I. INTRODUCTIONS
- Welcome
- Introduction

II. BACKGROUND - Since some are new - want to
- CRCC
- Asked Agencies to ID - Civil Rights issues and LEP access to government services was raised
- There is great interest in addressing this issue on a comprehensive basis with the leadership from the WH
- Initial meeting where we discussed a number of issues related to LEP individuals including employment discrimination and access to government services.
- This meeting is in follow up to that meeting.
- Need to help LEP individuals is evident throughout this country not just in the large metropolitian areas but sometime in rural areas as well.
- The government has a some obligation to ensure that LEP individuals have access to government programs.
- To determine what we as Administration should do,
(1) find out what are our legal obligaitons
(2) what are agencies currently doing or not doing to address this issue
(3) What more should be done ?

- Ask agencies to report starting with:
Education (background on Lau and current issues)
HHS - current activities
HUD
SSA
Labor
USDA
DOJ (current state of legal issues, policy guidance)?

- Questions?

Juan - USDA

- rural - community, Latino pop. - agriculture, processing
- Michigan - US Post Office - barriers - could not communicate
  State College of Agri
- USDA/OCR - Not many grants
  - Rural Development - housing
  - Farm owner operators - Hispanic largest growth but women
-

DOJ

- Coordinating Reg -
- Only written - application - only Energy + EPA include reg.
- advising Groups 29 agencies - Another Draft/DOJ
  6/504

  [illegible]

  to extend beyond written. Title VI does not apply to Fed Agencies.

HHS

HCFA Reg - Medicare Plus-Choice Reg - culturally compet. better

Cultural Competency Working Group - what

Native Am - ?

DOJ

Sandoval case - Drivers License Case in AL.
DOT had a policy only in English - coordinating Reg.
Case is still pending - argument.

III. REPORTS FROM AGENCIES - Turn now to the agencies to discuss in 5 minutes or less the questions that were posed to you. Thank you for your hard work.

A. Agencies current activities to serve LEP individuals

B. Legal authority to require programs or grantees to serve LEP individuals

EDUCATION - may need more than 5 minutes - legal authority, background on agencies activities - if time, let's come back to those issues - or more likely we will need a separate meeting.

- Lau case - school failure to not provide English language instruction to students on Chinese ancestry denied the students meaningful opportunity to participate in public education programs in violation of Title VI.
- What are the current issues relating to serving LEP students?
- What is status of compliance by school districts,
- What is going on in CA in light of Prop. 227 (even though Prop. 227 does not relieve their obligations under Lau?)

DOJ - I would like to begin with DOJ for sort of overarching view of the issue of Legal Obligations to provide services to LEP individuals and then to turn to the agencies about what they have been doing.

- Policy guidance

- Recent cases- Alabama drivers' license case

HHS

- HHS Guidance - status of compliance?
- What more can we do to ensure compliance?

- No one stage fits all approach but some basic requirements but depends on # of LEP populations.

- Deficient
  - Internal Policy Guidance - not entitled to deference in Ctr.
  - Too vague for providers + LEP individuals - duties

- Meetings in regions + groups - LEP

- Attempt a few years ago to put a reg. into place but pulled back
  - Different political climate

- HHS Reg - informally - conversations ~~about~~ about the guidance as a starting point - too vague - Reg may be difficult but reach consensus on guidance.

HUD – ?

SSA – Ed/Frank – ~~[illegible]~~ applicants could not speak English . SSA working group – bilingual staffing
Background – SSI denied b/c
Career –
104th Congress – Bills

DOL

USDA

EEOC –

IV. NEXT STEPS

– Best Practices –

DOJ – Policy Guidance – Bill Lann Lee

~~ATTACHMENTS~~?

– later in June
– Policy guidance – not published on website
– NOT an outlet of agency reg.

Agreement

. Training issue Atts

Title IX –

SSA

Bilingual Staffing - ~~TA~~ technical training program - Typ program for bilingual staff

Comm - interface - customer service, program integrity, moral thing to do.

* Working Groups. Hispanics. Asians - inform SSA staff + customers

Vision Statement - Charter (9/95) - access to services (387) - regardless of LEP

Agency Strategic Plan -

Poster in various language (photo project)

Outreach - lots

Web site, Fax Catalog, etc.

Total Effort - operations + program, human resources, - tracking of staffing

FY1993 - 2,365 bilingual staff

40% of new hires " "

3 Pilots - FY98 - 8% of

Cost - less than ~~2~~ $1 million year

Too ~~start~~ early to ~~call~~ claim victory

Quarterly Phone Call w/ Advocates.

- Hammer award - ?

- outstanding issue - certification of staff language capability ($) - Clear action? -

- Classification/OPM - part of job description - Clear action

DOL / ~~OFCCP~~

- OCR - ~~need~~ want to discuss w/ them

- OFCCP - mandate includes ~~?~~ aff. act.

- How do we include LEP in their mission

- Compliance review w/ Fed Contractors

- MOU - OSC/DOJ - National Origin Discrim.

- Tester $ Pilot - want to expand ~~to~~ Latinos ~~$~~ - SW, LA

- Getting more info

- Ombudsman -

- 1800 -

NEXT STEPS

DOJ Guidance issues
- What does it say
- Who does it apply – fed grantees only? What about contractors-do they provide services?
- Why not fed agencies
- Should we issue this guidance
- What the process- DOJ consulting with other agencies

HHS Guidance
- reg or guidance
- Guidance – strengthening guidance
- Related issues – civil rights conference, health disparities initiative, health disparities legislation, etc
- SSA- info about HHS

Best Practices Manual
- Do we have good examples that agencies could follow
- Should be clear about legal authority
- Is better to focus on certain agencies – HHS, HUD, etc

Need Info from
- HUD
- USDA
- Transportation – Sandoval case – consequences of the decision?

Cultural Competency group?

"Beane, Ed" <Ed.Beane@ssa.gov>
06/04/99 02:51:40 PM

Record Type: Record

To: Eugenia Chough/OPD/EOP

cc: See the distribution list at the bottom of this message
Subject: LEP Access to Government Services (Meeting 6/2/99)--INFORMATION

Genie,

It was a pleasure meeting you. As promised, attached are SSA's NES/LEP policy principles and the status report of Agency activities (in Powerpoint).

Since Wednesday's meeting I've given a great deal of thought to the authority to develop or implement a national policy. While I'm not sure of the particular vehicle, I wanted to share some Pre-Determination Settlement Agreement background information I found in my history files. They all deal with HHS/OCR and compliance with Title VI of the Civil Rights Act of 1964. I'm not trying to steal Tom's thunder or overstep my bounds.

Excerpted from testimony of the National Senior Citizens Law Center and Evergreen Legal Services to the Chairman of the Select Committee on Aging House of Representatives (102nd Congress; second session; 8/6/92 - Comm.Pub.No. 102-869)

State welfare agencies provide bilingual services to clients under the "mandate" of HHS's Office of Civil Rights. OCR has taken the position that failure to provide bilingual services results in unequal access to benefits and is prohibited national origin discrimination in violation of Title VI of the Civil Rights Act of 1964. Under Title VI of the Civil Rights Act of 1964, "[n]o person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." HHS' OCR has taken the position that failure to provide services to people who do not speak English is national origin discrimination, and requires states offices in its jurisdiction to provide bilingual services.

In 1983, HHS' OCR negotiated a pre-determination settlement agreement with the Washington State welfare department (DSHS) requiring extensive bilingual services. That agreement was expanded in a 1987 amendment to the predetermination settlement agreement, further specifying what bilingual services DSHS must provide in Washington state. Following DSHS's failure to comply fully with OCR agreements, litigation by Evergreen Legal Services resulted in DSHS signing a class action consent order mandating DSHS's full compliance. (Reyes v. Thompson, Civ. No. 91-303 W.D.WA 1991). NOTE: This required DSHS to provide notices in Spanish, Vietnamese, Cambodian, Laotian,

Chinese, and Russian.

OCR has entered into a similar Pre-Determination Settlement agreement with Oregon's State welfare department in (Sardinia et al. v. Adult and Family Services Division, Oregon Department of Human Resources, OCR Docket Number 10893009. In 1979, OCR found the State of New York DSS out of compliance with Title VI due to lack of bilingual services and required DSS to implement a corrective plan for bilingual services (Mendoza v. Blum, 560 F.Supp.284 (S.D.N.Y. 1983).

I don't know if this helps or hurts. Nonetheless, I wanted to share. If you have any questions, please call me. Thanks for allowing me the opportunity to share some of SSA's LEP initiatives.

eddie beane, SSA
410-965-9866 <<PRINCIPL.DOC>> <<KI2000.REV.doc>> <<Overview99.ppt>>

 - PRINCIPL.DOC

 - KI2000.REV.doc

 - Overview99.ppt

Message Copied To:

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"Jasmine, Frank" <Frank.Jasmine@SSA.Gov>

ISSUE: What is the Agency-wide policy for providing service to non-English speaking customers?

SSA is committed to providing fair and equitable World Class Service to all of its customers. In meeting its goal of providing world class service, SSA faces significant challenges in that the number of customers and the size of associated workloads are growing. At the same time, SSA does not have unlimited resources to devote to improve services.

SSA recognizes the diversity of our customers and the need to be sensitive to their special needs. NES customers generally need more personal service (e.g., interpreter services for face-to-face interviews and assistance in translating documents) across program lines. NES workloads are often higher in offices serving large metropolitan areas. Recognizing that there will be continued staffing and funding constraints, the Agency is committed to working smarter and creatively developing better ways of serving the NES clients with available resources. By providing services to meet the communication needs of the NES customers, SSA benefits because this is the most efficient way to do business.

The following principles provide clear direction to the Agency in the delivery of efficient, effective and caring services to the NES customer in a logical and consistent manner. These principles build upon those expressed in the Customer Service Pledge and the General Business Plan, and promote flexibility in service delivery at the national, regional and local levels.

POLICY PRINCIPLES

1. **Resource Allocation**

   NES customer needs will be considered in all agency policies and long range business, strategic and tactical plans. Service needs of NES population will be factored in the allocation of SSA resources. SSA only adopts service delivery initiatives that it can fully fund.

2. **Service Delivery**

Customers have access to SSA's services through its network of field offices and the national 800 telephone number. Field offices are empowered to develop strategies tailored to the needs of their community to provide efficient and effective service.

Customers have access to the national 800 telephone service in English and Spanish. SSA explores ways to expand 800 Number Telephone Service to NES groups beyond Spanish.

3. **Bilingual Staffing**

The most effective method for providing quality service to our NES clients is through field office and 800 number telephone service bilingual employees. SSA makes hiring bilingual staff a major consideration for every hiring decision.

Our standard for field office staffing is to achieve proportional representation for each NES group constituting a significant portion (i.e., 10%) of the workloads generated in an office's service area.

4. **Qualified Interpreter Services**

SSA recognizes the services of a qualified interpreter of the claimant's own choosing such as a bilingual member of a claimant's family, friend of the claimant or third party provided that s/he is acting in the claimant's best interest and there is no indication of fraudulent activity. Generally, SSA does not accept children under age 16 as qualified interpreters in dealing with complex and/or sensitive matters. However, the Agency invests in the FO the authority to make these determinations based on local office experience and judgment.

Recognizing that qualified interpreters facilitate our processes and deter fraud, SSA provides an interpreter if the claimant does not have one to ensure that s/he is not disadvantaged and his/her interests are served. SSA uses whatever qualified interpreter or interpreter service is most appropriate to the situation and is the most reliable and readily available source.

5. **Public Information**

SSA recognizes the value of public information to educate, improve access, address customer concerns, promote program integrity and build public confidence. SSA produces and distributes public information materials utilizing national and local media outlets to inform the NES public.

6. **Written Communications**

SSA empowers field offices to produce, translate, and share local public information material, notices, posters, and other written communications to improve service and operational efficiency, when not produced nationally.

In order to facilitate access to its programs and to improve administrative effectiveness, the Agency nationally produces written communications such as public information materials, notices and form letters, in using the following criteria:

- o number of NES customers
- o number of impacted field offices
- o literacy level in the non-English language
- o anticipated demographic growth
- o cost-effectiveness--national vs. local

SSA is pursuing full implementation of automated Spanish notices. As a long term goal, SSA produces automated notices in languages other than English and Spanish. In the short term, when it becomes more cost effective, SSA will nationally develop standardized pre-printed form letters, notices similar to those now locally produced, cover notices and basic publications.

7. **Contributions of Third Parties**

The Agency recognizes the contributions of third parties (e.g., community and advocacy groups) and the services they provide to meet the needs of our NES customers.

8. **Listening to Our Customers**

SSA has mechanisms in place to respond to customers' concerns and comments and continues to assess the quality of service provided to our NES customers.

9. **Technology**

SSA improves field office service and 800 telephone number service to its customers through systems modifications and by taking advantage of technological advances within its established Agency-wide criteria. When evaluating existing and new technologies, we consider the needs of our NES customers.

10. **Training**

SSA provides training in cultural diversity and sensitivity to all employees, especially for its public contact employees for them to better serve NES customers. SSA provides additional training in language skills for its bilingual employees.

11. **Monitoring Our Services**

SSA identifies and tracks NES workload data on an ongoing basis at the national, regional and local levels to determine what the needs are and to allocate resources.

SSA monitors its NES policies and practices to ensure that they continue to be effective. Also, SSA periodically reevaluates the language groups most represented among our clients to determine shifts in non-English speaking population.

Explanation of Key Initiative Budget Request

(Dollars in Thousands)

Key Initiative Name : Service to the Non-English Speaking/Limited English Proficient
Number: ACCESS 140
Submitting Component : DISP; Office of Program Benefits

Brief Description of Key Initiative: To comprehensively address the activities needed to provide comparable service for non-English speaking (NES), limited English proficient (LEP) customers who do business with SSA and promote program integrity. This plan strives to fulfill the service delivery vision approved in 1995 by then Commissioner Chater while taking into account the real world service constraints SSA operates under.

Major Assumptions/Implementation Dates (There are no changes to assumptions that were presented in the KI Profile): Original funding for interpreter services was level funded at $160,000 per year. According to monthly transaction reports, we spent $190,945 for interpreters in FY'97 and $211,396 in FY'1998. Based on the data attributed to SOC 252A, we estimate there is a $75,000 shortfall in FY'99 funding for interpreter services.

See attached deliverables from ACCESS 1.4 key initiative.

Calculations Supporting Key Initiative:

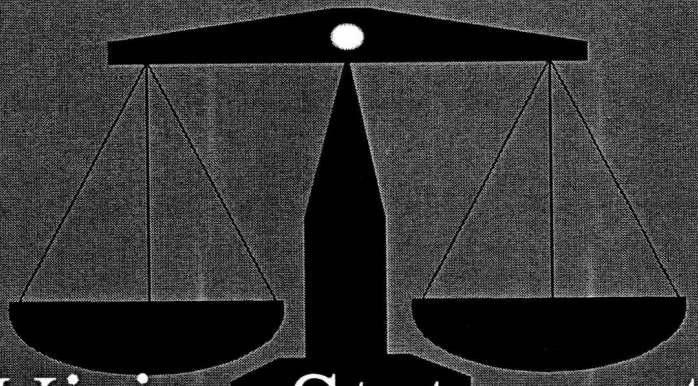
Component		FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
DCO	Interpreters	260	289	321	356	356	356
	Training	300	300	300	300	300	300
	TOTAL	**560**	**589**	**621**	**656**	**656**	**656**
DCCOMM	Contract	130	100	75	75	75	75
	Focus gps	12	12	12	12	12	12
	Travel/ Per diem	36	36	36	36	36	36

TOTAL	178	148	123	123	123	123

Service to Our Non-English Speaking (NES) and Limited English Proficient (LEP) Customers

Status Report

Amelia Longoria, OCOMM

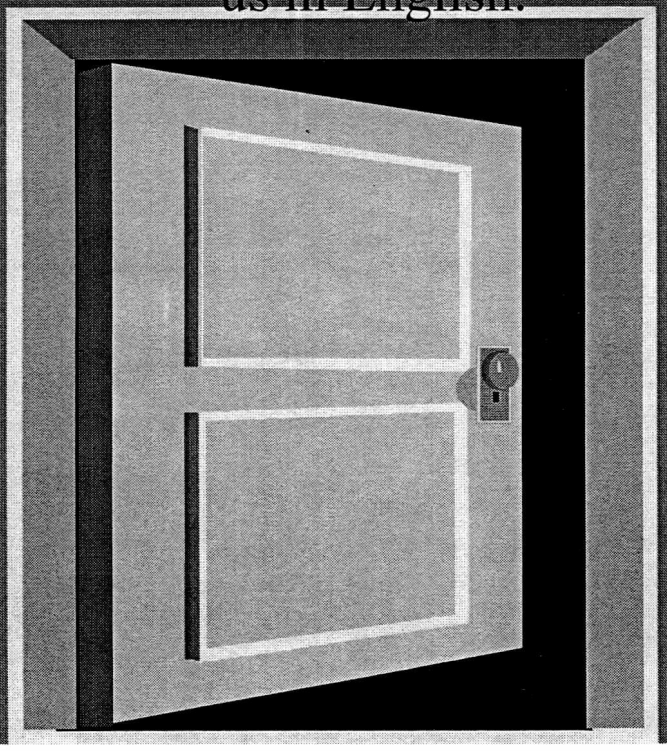


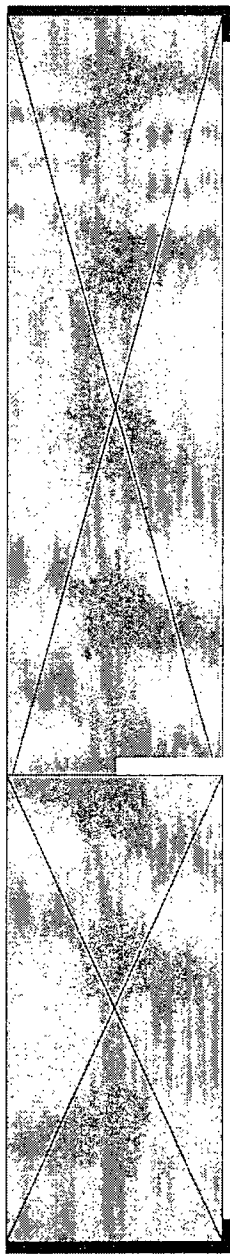
Vision Statement

SSA provides effective, efficient and equitable service to all of its customers. All customers have access to SSA's services regardless of their ability to speak, read or write English. Service delivery options are available to SSA's non-English speaking customers, enabling them to communicate effectively with SSA in person, over the phone, in writing or through electronic media.

Policy Statement

SSA's policy is to ensure that individuals have access to SSA's services regardless of their ability to communicate with us in English.





- Principles approved----------September 1995
- OASIS article----------December 1996
- Admin.Officer handbook----------December 1996
- Revised interpreter POMS----------March 1997
- Teletype released----------September 1997
- IVT Broadcast on interpreter policy----------March 1998
- DDS Admin. Letter----------May 1998
- HALLEX revised----------November 1998
- IVT Training on identifying language for DDS's-----November 1998
- IVT Training - Qualified aged aliens ----------February 1999
- Message to all Regional Commissioners (Policy/Funding)--May 1999

- Translating public information materials into languages most frequently used by customers. Examples of some translated materials include: "Good News About SSI for Legal Immigrants", "Good News About SSI for Certain Childhood Disability Recipients" and "SSI for Non-Citizens". These factsheets were **translated into as many as 12 different languages and made available on the FAX Catalog.**
- Obtaining feedback and recommendations from our NES customers by conducting focus group testing. OCOMM has conducted focus group testing of **Chinese and Russian** speaking customers and with Community Based Organizations throughout the country that assist NES customers.
- Translating into Spanish, an array of public information materials, Monthly Information Packages, and the **Correo** (SSA Today Magazine) and by maintaining the **En Espanol web site which contains over 100 Spanish documents.**
- Assisting other components by reviewing, translating and typesetting forms, notices, memoranda and telephone scripts for the 800#.
- Revising and reproducing the **"Language Card"** and poster to reflect SSA's interpreter policy.

Bilingual Hires:

1993--286 of 531
1994--481 of 1,099
1995--434 of 1,546
1996--436 of 1,908
1997--148 of 708
1998--580 of 1,331

TOTAL

2,365 of 7,123

Separate funding for NES interpreter services:

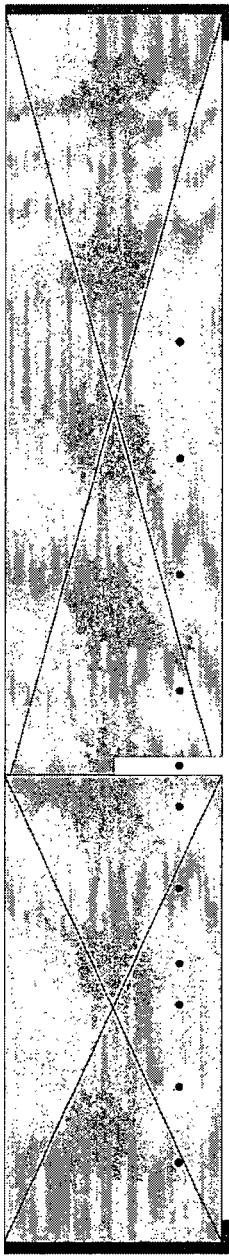
1996 = $150,000
1997 = $190,945
1998 = $211,396

DCOs' 7 Year Training Initiative

2,037 of 5,367 Spanish speaking CR's and SR's trained in FY's 1997 and 1998;

San Francisco developed training guides in Spanish, Russian, Korean, Vietnamese, Tagalog and Chinese;

- Chicago developed and delivered Polish training;
- Dallas piloted Vietnamese training;
- SFRO piloted Chinese training;
- New York piloted Russian training and
- Boston piloted French training (Haitian & Creole)



Workload	T2 IC	T2 DIB	SSI AI	SSI DIB	RZ	Earnings Enum.
Sample Rate	15%	17%	60%	13%	18%	75% 4%
Est. volume	1,570,347	1,199,212	118,170	2,088,215	998,200	117,020 8,032,625
Customers prefer language other than English	14,244	63,560	43,800	31,075	140,892	81,317 786,175
Percent prefers language other than English	12%	4%	4%	26%	7%	8% 10%
Claimants using non-SSA interpreters	900	8,940	6,841	11,460	36,946	20,994 71,375