

# MY EXPERIENCES AT NYANA:

## A Memoir

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*This article is a personal account of Anna Halberstadt's experience as both a consumer of NYANA's services and as the clinical coordinator of the JBFCs-NYANA on-site mental health clinic for new immigrants. During her seven years on staff, she held many workshops designed to relieve tensions between American-born social workers and Russian-born interpreters. These discussions eventually resulted in a high level of sensitivity and mutual understanding that made NYANA unique among resettlement agencies.*

From 1989 to 1996 I worked as a supervisor and clinical coordinator of the JBFCs-NYANA on-site clinic for new immigrants. It all began with a conversation with Misha Galperin, now the Chief Executive Officer of the New York UJA-Federation, who invited me to work with him and help set up a clinic within NYANA. By then we had learned that most immigrants did not develop psychological problems in the course of resettlement; rather they brought their problems from the former Soviet Union (FSU), and many of them were in need of immediate intervention upon their arrival in the United States. At the time we spoke, I had been in this country for nine years.

Many immigrants, who like myself had come to this country in the 1970s or early 1980s, told me that even going to NYANA with matters concerning their relatives, who arrived with the next immigration wave, would make them sick, uncomfortable, and dizzy. When in 1989—the crest of the “fourth wave” of immigration—I came to NYANA to discuss details of the clinic project, I experienced a shock. I saw a crowd of immigrants in the waiting room—elderly men and women, parents with baby carriages—and the same receptionists whom I remembered from 1980, when I was a new arrival, kept shouting at the top of their lungs, “Dear ladies and gentlemen, stop yelling, please! The noise you are making makes us dizzy!”

I seemed to experience a double *deja vu*: my own first visit to NYANA nine years

before, against the background of the stories my parents told me of overcrowded railway stations in Russia in 1941, with the Jews trying desperately to escape from the approaching Nazi troops. My anxiety peaked, and my first impulse was to turn around and walk away.

Later on, for several years I regularly taught seminars and workshops on the treatment of emigres from the FSU for both American and Russian-born social work students; I observed extremely emotional reactions among staff members to clients and to each other, depending on their background: NYANA was becoming a perfect laboratory for studies in transference and countertransference reactions.

During the years of massive immigration—from 1989 to about 1995—the JBFCs-NYANA on-site clinic designed to provide mental health services to new arrivals had about ten staff members and seven to eight students. Now it continues to provide services at NYANA with the staff of two part-time workers. In addition to serving emigres from the FSU, the clinic provided services to Iranian and Syrian Jews, as well as to Bosnian and Tibetan refugees.

A large part of the clinic's work was real triage, an ER routine: serving clients who had been underdiagnosed, untreated, or poorly treated in the FSU; who were confused, unfamiliar with the American health system, often resistant, and scared of being labeled as “mentally ill”; who ran out of medication or

asked for medication to which they were addicted.

In those years, the immigration system was changing, along with Immigration and Naturalization Service (INS) and government policies. The refugees were coming directly to the United States, without a transient stage in Italy. The demographic picture also changed, as a large number of Bukharan Jews came to join their families and the proportion of aged emigres increased.

We had tragic, comic, and tragicomic experiences. One heartbreaking episode involved crisis intervention to help the family of a young scientist who had committed suicide in the hotel in which they were placed. The young man, speaking fluent English, with a wife and a 18-month old son, was a very unlikely candidate for disaster, even though his reconstructed history based on family interviews revealed emotional fragility and schizoid tendencies, which were not unusual among talented mathematicians and physicists. According to his wife, his last words to her were about a mouse running across the room: for him it was the ultimate proof of the horrible reality to which he had brought his family. Another staff member and I went to the airport with the widow to help her in her hard task of announcing the death of their only son to his arriving parents. I will never be able to forget the grief of the aged couple.

To reach out to new arrivals and to prevent more such tragedies, we began to go out to welfare hotels to tell our clients about our services, to educate them, and to help them "normalize" pathology; that is, to make it easier for them to seek help by explaining that they did not have to be scared of being labeled ill and that there would be no negative repercussions, such as being rejected from future employment.

According to INS regulations, all the immigrants from the FSU had to undergo, prior to their departure, medical and psychiatric evaluations. Therefore, we could not figure out why some chronically mentally ill persons came without any medical documenta-

tion, whereas other clients with relatively minor problems brought along their case histories, perhaps hoping to apply for disability benefits. More than once we passed those priceless documents among the clinic staff. A most memorable one attributed a chronic schizophrenic's inability to study to ringworm; that problem seemed to be the sole reason for his inability to obtain an education beyond the third grade.

Another client whom I cannot forget was Mr. U., a manic-depressive computer programmer who became manic and psychotic upon arrival. He had a long history of psychiatric hospitalizations, and his ex-wife and children who had immigrated a few years earlier were quite terrified by the news of his arrival.

Mr. U. who looked very much like a Christian martyr with a pale face and burning eyes, would run into offices at NYANA and frighten staff members; he seemed to be aware of his impact on others and to enjoy it the way a five-year-old child enjoys scaring adults with a plastic gun. He was brought to the clinic after he grabbed someone's coffee in the medical department. The first thing we did was to get him coffee and a sandwich, as the explanation he gave for his behavior was simple: he grabbed the cup of coffee because he was hungry. Mr. U. continued to act his moods out, and security guards would call me when he showed up. Once, according to their report, he really managed to frighten everyone; I went to see him in the lobby and found him standing with a wet rag on his head. "Mr. U., you are such an intelligent man; why are you wearing a *shmate* on your head?" I asked him. "It was raining," he replied, and took the rag off. Later he was hospitalized and treated. Sometimes I ask myself where is he now. Is he receiving treatment in a community clinic, or is he somewhere on the streets, another homeless man with a Ph.D. from one of the best Moscow universities?

One of our favorite clients, a true "collective pet," was a little Jewish man from Ukraine named Shlomo; he emigrated with a fictitious Ukrainian wife who dumped him right on

arrival. A tailor by profession, who knew how to shorten sleeves and not much more and who was probably borderline retarded or of very limited intelligence, Shlomo thought he would make some money by making a deal. Yet, like a Sholom Aleichem character, he ended up where he had begun. Despite his poor judgment and somewhat dimmed wit, he had a good sense of humor, and his tales sounded like parts of Isaak Babel's Odessa stories.

Shlomo used to tell me, "Anna, I love you just like a sister, even more. So, now I live in Borough Park, and it is so quiet there, even the cemetery in Odessa was a livelier place. You know, I am trying to get work with the cleaners. They pay me \$1 an hour, and I have been able to save some money; do you think this immigration lawyer could help my ex-wife and daughter get out of Ukraine? You know, my daughter, she is so gorgeous, she is the very image of me!"

Eventually Shlomo was able to reunite with his family. Unfortunately, the happy reunion was tainted by family fighting from day one.

During my years with NYANA, I supervised and conducted seminars for NYANA employees who were also graduate students at the Wurzweiler School of Social Work at Yeshiva University. Our clinic members also gave Grand Rounds—literature reviews, case presentations and discussions—on different topics at NYANA staff conferences.

During these seminars and Grand Rounds, we spent much time discussing the specifics of working with emigres from the FSU, focusing on differences in family structure and therapy techniques. Two major themes that emerged from this work were the relationship between Soviet-born and American-born staff and the differences between the third- and the fourth-wave immigrants, both within the client-worker dyad and the supervisor-supervisee dyad.

Many workshops and conferences were held specifically to relieve tensions between American and Russian-born staff; several such workshops were held in 1989 to discuss

difficulties that repeatedly occurred between American social workers and Russian-born interpreters. At that time the social workers complained that translators were trying to advise and counsel the clients, rather than providing the social workers with a literal translation in a neutral and professional manner, as did simultaneous interpreters working for the United Nations or the State Department. In turn, the interpreters, many of whom were recent immigrants, would often accuse social workers of indifference and an inability to understand clients' needs or sometimes, on the contrary, of their inability to see through the clients' manipulations. From these workshops were developed professional guidelines for interpreters working for a resettlement agency.

Discussions on stereotyping the Russians by the Americans and vice versa at student seminars led to eye-opening discoveries and resulted in a remarkable degree of openness. For example, in the course of a series of seminars, one of my American students discovered a "family secret": Her mother had always told her that she was born in America whereas she was actually brought to this country as a child. During our classes the students talked about Russians who stereotyped Americans as being cold, materialistic, and withholding and about Americans who, in their turn, considered Russians to be loud, as lacking a poor sense of boundaries, and as manipulative and demanding. These discussions eventually brought about a higher level of sensitivity and mutual understanding resulting both from the "Americanization" of emigres and from the impact of Russian staff members on their American colleagues.

This level of sensitivity made NYANA unique among resettlement agencies, as I learned when I conducted workshops and seminars at various conferences on resettlement held in different parts of the country. At these seminars I would often hear envious remarks from Soviet-born employees of resettlement agencies about the high level of training and literature available to Russian-speaking staff of social agencies in New York.

When time allowed, the seminars would turn into heated discussions on the lack of understanding between Russian-born staff members and their American supervisors and colleagues.

In one such seminar, I once asked an executive officer of a Jewish Community Center what she considered to be the primary task in her agency's work with new arrivals. She answered, "Our main task is to help Russians understand the American way of life, which is to work and not to go on welfare." I felt compelled to point out that the overwhelming majority of her clients were people over 55 years old, that they all had extensive work histories spanning over 30 to 35 years, and that they did not immigrate with the goal of obtaining public assistance. In fact, in the FSU many of them were retired and received pensions. This kind of conversation occurred more than once.

What has been achieved at NYANA is a remarkable freedom of expression among American and Russian-born staff members of the agency, which has become a model for the American Jewish community. As Mark Handelman noted in his introductory article, not only the emigres have become Americanized but American Jews have also been influenced by the new emigres.

American-born NYANA employees encountered a great number of emigres from different regions of the former Soviet Union, with different social, educational and cultural backgrounds. They met them during family interviews, and witnessed their clients' expressions of joy, anger, desperation, hope; they heard heartbreaking stories, often associated with emigration. Over the years more bilingual staff members were hired as translators, case aides, and social workers; for several years the assistant executive vice president of NYANA was an immigrant. A number of Russian-born bilingual musicians, writers, and would-be artists worked or moonlighted at the NYANA translation department, later taking jobs as ESL teachers and case aides. Socializing and interacting with Russian-born colleagues on a daily basis

substantially helped bridge the cultural gap. Through them their American colleagues learned about Russian traditions, habits, food, and customs.

At the same time, Russian-born NYANA staff members who came with the third wave of emigration from the FSU in the late 1970s through the early 1980s would sometimes become extremely emotional in their encounters with clients from the fourth wave—those coming after *perestroika*, in the late 1980s and 1990s. The staff members would often perceive new immigrants as demanding, manipulative, and as having unrealistic expectations; they would be extremely upset by the attempts of the new arrivals to circumvent the difficulties and struggles of resettlement. Once in a while one or another worker would be tempted to lecture the clients inappropriately or give them examples from their own life stories, rather than keeping a neutral and objective tone. Sometimes the new clients would compare their Russian-born social worker to a relative who came to this country 15 to 20 years ago and had become "Americanized"; that is, developed a cold, distant, and materialistic persona. They would complain about feeling judged and criticized.

Somewhat similar dynamics would also take place among Russian-speaking staff when a recent arrival was hired by NYANA, as the newcomers were often perceived as opportunists who did not leave the FSU twenty years earlier because they were actually very well adapted to the Soviet system. All these issues had to be acknowledged, examined and resolved, most often with the help of our clinic staff.

In my position with NYANA I interviewed and provided orientation for most mental health professionals from the former Soviet Union who had been assisted by NYANA; in this way I met the majority of Russian-speaking professionals that at present provide services to clients in the New York area. I also meet many of my former clients on the subway or in a social situation; quite a few have done extremely well. Working at the JBFCS-NYANA on-site clinic and interacting with

NYANA staff on a daily basis added an important dimension to my professional experience, a dimension that I can only describe by sharing a story my late mother used to tell me.

In 1941, my mother and her younger sister escaped German troops entering Lithuania and ended up in a collective farm in Uzbekistan. They were starving, and soon, one after the other, fell ill with malaria and typhoid. Miraculously surviving three weeks of high fever, with vague recollections of a nurse's aid who would give her food that she could not eat, my mother emerged from the hospital, paper thin and pale, dressed in a soldier's sheepskin jacket with a wide Army uniform belt. She told her sister, "We must run away from here, to a place where they have bread. Here we will not survive."

They decided to go to Tashkent where the Lithuanian mission was located during the war years. The problem was that they did not have the proper documents and only had enough money to get to the nearest small town. As they boarded the train, they found an empty spot next to a family of Rumanian

Jews running away from the Germans. My mother and her sister—both blond, starved, with shaved heads—did not look anything like the nice Jewish girls from Lithuania they had been before the war. The Rumanians spoke Yiddish, and one of them said that the girls sitting next to them looked like *ganovim* (thieves) and warned the family to look after their belongings. Then my mother who spoke beautiful Lithuanian Yiddish told them the sisters' sad story, and when the ticket collector appeared, the Rumanian family covered the girls with old coats and showed their tickets to Tashkent, mentioning their old grandmother who was sleeping under the coat. In this way the strangers helped the sisters reach Tashkent, possibly saving their lives.

The story of a Jewish family saving two strange girls has stayed in my memory and has come to symbolize what NYANA people do. They often act as strangers helping their fellow human beings in their journey to freedom, but it is the kindness of strangers that we rely upon so often in our lives to go ahead.