



Virginia Latino Advisory Board

Advocating for the Interests of Latinos across the Commonwealth

**Report
October 2006**

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Chair

Mrs. Beatriz Amberman, *Virginia Beach*
Vice-Chair
Chair, Public Safety Taskforce

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Mrs. Alicia Fernandez-Bobulinski, *Virginia Beach*

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Ms. Cecelia Espenozo, *Arlington*
Chair, Education Committee

Mr. Carlos Soles, *Arlington*

Mr. Andres Tobar, *Arlington*
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Report prepared by members of the Virginia Latino Advisory Board

Commonwealth of Virginia

October 2006

Table of Contents

Introductory letter to Governor Kaine

Table of Contents.....	1
------------------------	---

Executive Summary.....	2
------------------------	---

Introduction

Overview.....	3
Authority.....	3
Committees/Taskforces 2006.....	5

Business Committee

Committee Members.....	6
Recommendations.....	6
Supporting Facts.....	6

Education Committee

Committee Members.....	9
Recommendations.....	9
Supporting Facts.....	9

Health Committee

Committee Members.....	13
Recommendations.....	13
Supporting Facts.....	13

Consumer Affairs Taskforce

Taskforce Members.....	18
Recommendations.....	18
Supporting Facts.....	18

Language Access Taskforce

Taskforce Members.....	19
Recommendations.....	19
Supporting Facts.....	19

Public Safety Taskforce

Taskforce Members.....	24
Recommendations.....	24
Supporting Facts.....	24

Additional Issues of Concern

Education.....	30
Health.....	35

Conclusion.....	39
-----------------	----

References/Sources.....	40
-------------------------	----

Executive Summary

According to the latest U.S. Census, the Latino community in Virginia is approximately 6 percent of the state population.¹ Latinos are among the fastest growing ethnic groups in Virginia and represent native-born U.S. citizens from all parts of the country, and foreign-born residents from all over the world. Virginia's Latino community represents a diversity of cultures and languages, unique needs and skills, countless contributions, and endless potential for the Commonwealth.

The Virginia Latino Advisory Board (VLAB) serves as an important bridge and is directed under the Statute of Virginia to inform the Governor on issues that affect the growing Latino community in the Commonwealth as well as inform the Latino community about government initiatives, state services, and resources available to them. In the 2005-2006 calendar year, the VLAB formed three committees, 1) Business, 2) Education and; 3) Health. In addition, they formed three taskforces, 1) Consumer Affairs, 2) Language Access and; 3) Public Safety. The Virginia Latino Advisory Board first undertook the task to form committees and taskforces to identify and prioritize the most pressing issues confronting the Latino population in the Commonwealth of Virginia. Moreover, as VLAB members prepared the recommendations for this report, it was determined that the remainder of the recommendations should be included as additional issues to be addressed in order to place a greater focus and emphasis on the recommendations from each committee and taskforce. The Board then voted and prioritized the top three recommendations for the committees and the top two recommendations for the taskforces. As will be observed throughout this report, the extensive list of recommendations shed light on the immediate need to address these issues. The top three recommendations in priority order for the committees are:

1: Set new and high expectations for Latino children across the Commonwealth by helping parents navigate the educational system, creating partnerships that can ensure full access for Hispanic American students to enter college, implementing a statewide public awareness and motivation campaign aimed at increasing educational attainment and achieving the goal of a college education, and encouraging greater accountability in higher education for Latino recruitment and retention.

2: Conduct a health needs assessment of Virginia's Latino population. It is necessary that the assessment include the following:

- **Mental Health with a special emphasis on Alzheimer's**
- **Substance Abuse**
- **Domestic Violence**
- **Teen pregnancy**
- **Pre-natal Care**

Lastly, the assessment should identify possible health disparities and include a sub-section on migrant, immigrant, and refugee health issues.

3: Develop and disseminate educational materials to the Latino population focused on how to navigate the U.S. health care system. These materials would explain important systemic and cultural aspects of health care delivery in the United States.

The top two recommendations in priority order for the taskforces are:

1: Accept Consular Identification Cards as valid documents for identification. The Public Safety Taskforce of the Virginia Latino Advisory Board recommends accepting Consular Identification Cards (CIC), extended to foreign-born residents by their embassies and consular offices, as valid documents for identification purposes only.

2: The Language Access Taskforce of the Virginia Latino Advisory Board recommends that the Governor approve a state-wide telephonic interpretation service designed to make available a bulk telephonic interpretation rate for use by State agencies, public school systems, healthcare providers, law enforcement, emergency service providers, and other designated users.

Lastly, the VLAB launched its web portal with information that sheds light on the Virginian Latino community as well as the Board, meetings, and especial events. The website also includes issues that have an impact on the community and resources for the community. The website was designed to assist the Latino community as well as the general community. It serves as a tool for Latino and non-Latino media outlets thus providing an education venue to capture and disseminate relevant information.

¹ For purposes of clarification, the terms Latino and Hispanic are used interchangeably in this report.

Introduction

Overview

The Virginia Latino Advisory Commission (VLAC) was created by Executive Order in October of 2003 by former Governor Mark R. Warner to provide information about the growing Latino community in the Commonwealth of Virginia. The VLAC was signed into law and made a permanent board two years later on October 15, 2005.

Today the Virginia Latino Advisory Board (VLAB) serves at the pleasure of Governor Tim Kaine so that his administration can best serve the Latino constituents of Virginia. The VLAB meets four times a year to hear from local communities across the state, to discuss issues facing Latinos in Virginia, and to develop reports articulating their recommendations to the Governor on matters such as health, business, and education.

The Board consists of 21 citizen members appointed by the Governor, 15 who must be of Latino descent. The initial appointments of VLAB members are staggered to include seven members for a one-year term, six members for a two-year term, five members for a three-year term, and three members for a four-year term. After the initial staggering of terms, board members will serve a term of four years.

The Virginia Latino Advisory Board was created in recognition of one of the fastest growing ethnic groups in Virginia and the nation as a whole. The mission of the VLAB is to serve these Virginians who enrich our state and to call upon government officials, local communities, and all constituents to take part in the positive changes that are making Virginia an even better place to live.

Authority

CHAPTER 636

An Act to amend the Code of Virginia by adding in Chapter 24 of Title 2.2 an article numbered 21, consisting of sections numbered [2.2-2459](#), [2.2-2460](#), and [2.2-2461](#), relating to the Latino Advisory Board.

[H 2420]

Approved March 23, 2005

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 24 of Title 2.2 an article numbered 21, consisting of sections numbered [2.2-2459](#), [2.2-2460](#), and [2.2-2461](#), as follows:

*Article 21.
Latino Advisory Board.*

§ [2.2-2459](#). *Latino Advisory Board; membership; terms; compensation and expenses.*

A. The Latino Advisory Board (the Board) is established as an advisory board, within the meaning of § [2.2-2100](#), in the executive branch of state government. The Board shall consist of 21 nonlegislative citizen members, at least 15 of whom shall be of Latino descent, who shall be appointed by the Governor and serve at his pleasure. In addition, the Secretaries of the Commonwealth, Commerce and Trade, Education, Health and Human Resources, Public Safety,

and Transportation, or their designees shall serve as ex officio members without voting privileges. All members shall be residents of the Commonwealth.

B. After the initial staggering of terms, nonlegislative citizen members shall be appointed for a term of four years. Appointments to fill vacancies shall be for the unexpired terms. No member shall be eligible to serve more than two successive four-year terms; however, after the expiration of the remainder of a term to which a member was appointed to fill a vacancy, two additional terms may be served by such member if appointed thereto.

C. The Board shall elect from its membership a chairman and vice chairman. A majority of the members of the Board shall constitute a quorum. Meetings of the Board shall be limited to four per year and shall be held upon the call of the chairman or whenever the majority of the members so request.

D. Members of the Board shall receive no compensation for their services, but shall be reimbursed for all reasonable and necessary expenses incurred in the performance of their duties as provided in §§ [2.2-2813](#) and [2.2-2825](#).

§ [2.2-2460](#). Powers and duties; acceptance of gifts and grants.

A. The Board shall have the power and duty to:

- 1. Advise the Governor regarding the development of economic, professional, cultural, educational, and governmental links between the Commonwealth of Virginia, the Latino community in Virginia, and Latin America;*
- 2. Undertake studies, symposiums, research, and factual reports to gather information to formulate and present recommendations to the Governor relative to issues of concern and importance to the Latino community in the Commonwealth; and*
- 3. Advise the Governor as needed regarding any statutory, regulatory, or other issues of importance to the Latino community in the Commonwealth.*

B. The Board may apply for, accept, and expend gifts, grants, or donations from public or private sources to enable it to carry out its objectives.

§ [2.2-2461](#). Staff; cooperation from other state agencies.

The Office of the Governor shall serve as staff to the Board. All agencies of the Commonwealth shall assist the Board upon request.

- 2. That the intent of this act is to codify the Latino Advisory Commission, which exists pursuant to an executive order of the Governor, as the Latino Advisory Board, a permanent advisory board in the executive branch.*

3. That the initial appointments of nonlegislative citizen members in accordance with this act shall be staggered as follows: seven members for a one-year term, six members for a two-year term, five members for a three-year term, and three members for a four-year term.

4. That the provisions of this act shall become effective on October 15, 2005.

Committees & Taskforces 2006

EDUCATION COMMITTEE

Chair: Cecelia Espenoza

Vice-Chair: Veronica Donahue

Vice-Chair: Dr. Maricel Quintana-Baker

Ricardo Cabellos

Alicia Fernandez-Bobulinski

Doug Garcia

Dr. Teresa Gonzalez

Louis Orsatti

Carlos Soles

Dr. Gresilda Tilley-Lubbs

HEALTH COMMITTEE

Chair: Fabiana Borkowsky

Vice-Chair: Lenny Reyes

Beatriz Amberman

Rene Cabral-Daniels

Leni Gonzalez

BJ Northington

Yolanda Puyana

Maribel Ramos

Lenny Reyes

BUSINESS COMMITTEE

Chair: Ivan Gil

Vice-Chair: Mario Alfaro

Denise Goode

Alexis Thornton-Crump

Esteban Nieto

Gaby Rengifo

Andres Tobar

Michel Zajur

CONSUMER ISSUES

Chair: Andres Tobar

Mario Alfaro

Ivan Gil

LANGUAGE ACCESS

Chair: Dr. Maricel Quintana-Baker

Vice-Chair: Maribel Ramos

Ivan Gil

BJ Northington

Carlos Soles

Alexis Thornton-Crump

Dr. Gresilda Tilley Lubbs

PUBLIC SAFETY

Chair: Beatriz Amberman

Vice-Chair: Lenny Reyes

Fabiana Borkowsky

Ricardo Cabellos

Alicia Fernandez-Bobulinski

Esteban Nieto

Maribel Ramos

Business

Committee Members

Ivan Gil, Chair; Mario Alfaro, Vice-Chair
Members – Denise Goode; Esteban Nieto; Gaby Rengifo; Alexis Thornton-Crump; Andres Tobar; Michel Zajur

Recommendations

- 1: It is recommended that the Virginia Minority Business Enterprise establish an initiative to assist Latino businesses in getting certified to do business with the Commonwealth of Virginia.
- 2: It is recommended that an aggressive publicity campaign be conducted to attract more minority businesses, especially Latino business, to compete for contracts to do business with the Commonwealth of Virginia.
- 3: It is strongly recommended that an educational program be developed through public-public partnerships and public-private partnerships to educate and inform Hispanic businesses about the certification process and programs available to small businesses.

Supporting Facts

Hispanics are the largest minority in the United States, with an estimated population of **42,687,224** million.² Among the Hispanic population, two thirds (66.9%) are of Mexican descent, 14.3% are Central and South American, 8.6% are Puerto Rican, 3.7% are Cuban and the remaining 6.5% are of other Hispanic origins.³ As a group, the population is estimated to grow by more than 1.7 million a year.⁴

Nationally, there are approximately 2 million Hispanic-owned businesses that generate almost \$300 billion in annual gross receipts.⁵ For 2003, the 500 largest Hispanic-owned firms in the country reported record revenues of \$26.3 billion, an increase of 13.9% from the previous year. This increase marks the 500 largest Hispanic-owned firms' directory's best year-to-year growth since 2000, and a dramatic comeback from the 1.7% loss seen in 2002.⁶

It is estimated that nationally, Hispanic purchasing power has surged to nearly \$700 billion and is projected to reach as much as \$1 trillion by 2007, nearly three times the overall national rate over the past decade. The impact of the Latino community in the national and state workforce has a deep impact in the strength of our economy. The U.S. Census Bureau has reported that the median age for Hispanics is 25.8 years—10 years younger than the median age for the United States as a whole, making this community an asset to the overall wellbeing of our country and state.

² <http://www.census.gov/Press-Release/www/2006/cb06-123table1.xls>.

³ U.S. Census Bureau, June 2003.

⁴ U.S. Census Bureau.

⁵ Small Business Administration, HispanicTelligence.

⁶ Ibid.

The VLAB Business Committee is very concerned with the dismal participation of Virginia's Latino businesses that are doing business with the Commonwealth of Virginia. In a 2004 Disparity Study Report conducted for the Virginia Minority Business Enterprise, it was reported that Latino businesses received only 0.29% of the total contract dollars awarded by the Commonwealth of Virginia. Considering that there are several thousand Latino businesses in Virginia and a population approaching 6%, the results are appalling.

The contributions of Hispanic business owners in Virginia are unfortunately not widely reported, but they are impressive, and invaluable to our economy. For example, in the year 2000 alone, Hispanics put \$6 billion dollars into Virginia's economy. Currently Virginia ranks 10th among the 50 states for the number of Hispanic owned businesses. According to Hispanic Business Magazine's 2002 "Hispanic 500" list of the biggest Hispanic owned businesses in the country, 20 were in Virginia, with 10 of those located in Fairfax County.

Small businesses make up 98% of all businesses in the U.S. and create the majority of new jobs added to the national economy.⁷ In statewide forums held in Richmond, Northern Virginia, and Newport News, the Business Committee found that the overwhelming concern of Latino business owners and constituents were heavily focused on:

- Having difficulty understanding how to navigate the state procurement system, including but not limited to, understanding e-VA and the numerous programs available, the benefits associated with undergoing the process of certification, and experiencing a duplicative application process;
- Obtaining data and reports that are up to date as to the impact of Latino businesses in the Virginia economy and the purchasing power of the Latino community statewide,⁸ and;
- Lack of a central resource center for efficient access to business assistance services around the state and dedicated Latino business advocacy office/staff. This includes assistance in training the staff of small and disadvantaged business in both English and Spanish and ensuring that businesses understand the resources available to them at both the local and state level.

The VLAB Business Committee has identified 36 Latino-owned businesses that have been minority-certified by the Virginia Minority Business Council to date. In order for Latino businesses to increase their participation in the Virginia Procurement Program, the number of Latino businesses certified by the state will need to be significantly increased. The state and local governments can collaborate in a public-public partnership to inform the community of the resources available to them at all levels in both English and Spanish, carry out a publicity campaign through the Office of Minority Business Enterprise and state organizations that assist Latino businesses to do business with the state, and adequately inform the community, including

⁷ Small Business Administration.

⁸ The number of prosperous Hispanic households with incomes of at least \$100,000 rose 137 percent between 1990 and 2000 nationwide. U.S. Census Bureau.

potential business owners, of the process to business ownership, minority certification, and local and state procurement.

Education

Committee Members

Cecelia M. Espenosa, Chair; Veronica Donahue, Vice-Chair; Dr. Maricel Quintana-Baker, Vice-Chair

Members: Ricardo Cabellos; Douglas Garcia; Alicia Fernandez-Bobulinski; Dr. Teresa Gonzalez; Rev. Louis Orsatti; Carlos Soles; Dr. Gresilda Tilley-Lubbs

Recommendations

1: Adopt a cohesive written plan to ensure that Latino children are taught by experienced, highly qualified, and endorsed teachers. In addition, we recommend that the Virginia Department of Education evaluate whether the current data system requests and uses information to hold school divisions accountable in equitably distributing teachers who are capable of meeting the needs of the students they are educating.

2: Set new and high expectations for Latino children across the Commonwealth by helping parents navigate the educational system, creating partnerships that can ensure full access for Hispanic American students to enter college, implementing a statewide public awareness and motivation campaign aimed at increasing educational attainment and achieving the goal of a college education, and encouraging greater accountability in higher education for Latino recruitment and retention.

Supporting Facts

Virginia's Hispanic population grew from 4.7% in 2000 to 5.8% in 2004 and during that same time, the U.S. Hispanic population grew from 12.5% to 14.2%.⁹ The Southern Regional Education Board (SREB),¹⁰ reports that the number of Hispanic high school graduates is projected to grow more than any other population group between 2006 and 2018: from 14% to 22% in the U.S. and from 14% to 29% in the SREB states. In Virginia, Hispanic high school graduates account for 6% of the total number of 2006 high school students; that figure is expected to grow to 17% by 2018 (SREB, 2006).

During earlier times of high immigration in the United States, especially in the first part of the 20th Century, economic conditions allowed new immigrants to obtain employment in fields such as manufacturing, mining, construction, and agriculture; jobs which did not require high levels of education or fluent language skills.¹¹ At present, many Hispanic workers are attracted to the Commonwealth by the availability of similar jobs that require manual- or low-skills, mainly in such trades as construction, hospitality, and agriculture, but do not require English proficiency.

⁹ U.S. Census Bureau (2004, 2006).

¹⁰ SREB states include AL, AR, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA & WV.

¹¹ Bustamante, Jasso, Taylor & Paz, 1997.

However, as our growing and developing knowledge-based economy continues to generate jobs which require English proficiency, advanced education, and specialized knowledge, this fastest growing segment of Virginia's population will have to look to its college educated members to continue its journey into middle class.

To assure that the Latino community is prepared to meet future challenges, educational excellence must exist. Currently, too many Latino children are failing to meet educational norms. In effect, they are being left behind. The existence of an achievement gap, which leaves students unprepared, is ethically wrong and economically shortsighted. The achievement gaps emerge in the early grades and widen over time.¹² In Virginia 65% of Latino students in the fourth grade scored at or above the National Assessment of Educational Progress (NAEP) basic level in reading. This marks a 14% increase from 1998, but still represents a 15% gap from White students.¹³ A similar gap exists for 8th grade mathematics, with 63% of Latinos meeting the basic level compared to 84% of White students.

Recent studies have revealed that one of the most powerful factors in ensuring educational equity is qualified teachers. In Virginia we have relied heavily on the criteria required to designate a teacher as "highly qualified" without evaluating whether the criteria ensure equity for the students. In short, we do not have a way to determine whether our low income and minority students are receiving the type of education they need to eliminate the achievement gap and excel in the future. In fact, in a recent U.S. Department of Education required report on equity in teaching, Virginia did not provide data measuring the percent of highly qualified teachers or inexperienced teachers in high minority versus low minority schools.¹⁴ An inexperienced teacher can have a long-term adverse impact on the educational progress of a student and students seldom recover from consecutive years with a bad teacher.¹⁵

To close the persistent achievement gap that exists across the Commonwealth and the nation it is essential that we ensure that students with the greatest needs have access to qualified and experienced content area teachers. We recommend that the Virginia Department of Education evaluate whether the current data system requests and uses information to hold school divisions accountable in equitably distributing this valuable resource. Further, in establishing appropriate criteria we would encourage the inclusion of educational or professional development opportunities designed to increase cultural awareness and second language acquisition for all teachers. In addition, for regions that are hiring unqualified teachers because no endorsed English as a second language (ESL) teachers are available, and the salary scale in the region is not competitive enough to attract highly qualified teachers, we recommend a supplement from the Commonwealth to bring the ESL teacher salaries into parity with other regions in the Commonwealth to address this shortage.

In correlating the importance of post high school education to the impact of future earnings on individuals, the Pew Hispanic Center reports that wages are virtually the same for non-Hispanic White workers and U.S. native-born Hispanics who possess *similar skills and education*.

¹² Cooper, Denner & Lopez, 1999.

¹³ SREB, 2006.

¹⁴ See, *Missing the Mark: An Education Trust Analysis of Teacher-Equity Plans*. (August 2006).

¹⁵ Carey, 2004.

The attitudes of Latino parents regarding the need for and merits of higher education are extremely important due to a couple of significant factors. First, as a rule, Latinos are a younger than average group that continues to fill the school-age ranks, with 37% versus 27% of the non-Hispanic population in the 5-24 age bracket (US Census Bureau). Second, the role of parents and family is an important one in the Latino culture, making parental involvement and support an important factor for college attendance, persistence and graduation.

In its *2004 National Survey of Latinos: Education*, the Pew Hispanic Center reported that the majority of Latinos feel that young people will need a college degree in order to succeed in life. In addition, the Center also reported that nearly 95% of all Latino parents think a college education is very important. However, in order for parents to be positively and actively involved in helping their children pursue a college education, they must be informed as to the steps, requirements, and time-sensitive activities which are required to achieve this goal. The Tomas Rivera Policy Institute has called this bundle or category of informational knowledge “college knowledge.”¹⁶

This category of related information includes such issues as:

- What does the system of higher education look like in Virginia?
- What is college life like—academically and socially?
- What is the time-line that must be followed in order to help a student get into college?
- What academic path during middle and high school will help a student get into college?
- What is the best way for parents to work with teachers and high school counselors to help their children achieve success in school and thus prepare for acceptance and admission to college?
- What is the cost of college and how to pay for it—especially, what is the difference between loans, scholarships, and other forms of financial aid?
- What is the lifetime impact and relationship of a post-high school education on the children - and their children’s children?
- What is the relationship of education to employment, earnings potential, and social mobility?

To remedy the inequity in knowledge that might exist we propose that the Governor endorse and support an educational campaign aimed at Latino high school parents and students about the system of higher education in Virginia. This initiative should provide information regarding the value of a college degree as well as an explanation of the necessary process for college admission.¹⁷ To facilitate integration, the audience for this effort should include the high school counselor, the community, and higher education recruiters.¹⁸

¹⁶ Tomás Rivera Policy Institute (2002). *College Knowledge: What Latino Parents Need to Know and Why They Don’t Know It*. Available at www.trpi.org/PDFs/College_Knowledge.pdf.

¹⁷ Links to existing resources such as: *Improving Your Child’s Education: A Guide for Latino Parents*, (available in English and Spanish from The Education Trust at <http://www2.edtrust.org/edtrust/>).

¹⁸ Suggested components of the campaign can be found in the Education committee appendix.

Components of an educational campaign should be multifaceted to ensure that this effort reaches its target audience. The following are examples of some of the potential actions that should be used to implement this recommendation:

- Develop benchmarks and incentives both at the individual parent and institutional levels;
- Adapt existing or develop new materials to inform parents of Latino students and increase their “college knowledge.” (These informational materials should be bilingual to make them useful for parents with limited English proficiency as well as for English-speaking counselors and college recruiters);
- Feature Governor Kaine in bilingual public service announcement(s) for use by the Spanish media highlighting the need for Latino parents to learn how to help their children get to college work with Latino-serving community and non-profit organizations to help disseminate the information to parents;
- Work with Latino-serving community and non-profit organizations to help disseminate the information to parents;
- Work with high school counselors and college recruiters at the individual, school, and membership organization levels and educate them about how to work with Latino parents;
- Work with the VA Department of Education to enlist its support for the effort; especially in dealing with the individual school districts, working with present counselors, making available bilingual materials aimed at parents, and increasing the number of bilingual counselors throughout the state;
- Encourage individual colleges and universities to increase their outreach and recruitment efforts to Latino parents;
- Encourage individual colleges and universities to have their admission pages available in Spanish.
- Create a task force to evaluate the feasibility of developing private funding sources to subsidize the difference between in-state and out-of-state tuition for Virginians who cannot meet the legal presence requirements, but who demonstrate educational promise and ties to Virginia.

Finally we would suggest that the Commonwealth act as a catalyst to create a collaborative coalition of such established entities as the Virginia Latino Advisory Board (VLAB), the College Board, the Virginia Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP/ACCESS), interested colleges and universities (both private and public, as well as two- and four-year institutions), the State Council of Higher Education for Virginia (SCHEV), the VA Department of Education, and other appropriate organizations involved either directly or indirectly in higher education in the Commonwealth.

[Please refer to the section titled, Additional Issues of Concern, for more recommendations by the Education Committee]

Health

Committee Members

Fabiana Borkowsky, Chair; Lenny Reyes, Vice-Chair

Members: Beatriz Amberman; Rene Cabral-Daniels; Leni Gonzalez; BJ Northington; Yolanda Puyana; Maribel Ramos

Recommendations

1. Conduct a health needs assessment of Virginia's Latino population. It is necessary that the assessment include the following:
 - Mental health with a especial emphasis on Alzheimer's
 - Substance Abuse
 - Domestic Violence
 - Teen Pregnancy
 - Pre-natal Care
2. Develop and disseminate educational materials to the Latino population focused on how to navigate the U.S. health care system. These materials would explain important systemic and cultural aspects of health care delivery in the United States.
3. Assess how health related race, ethnicity, and primary language data are collected within the Commonwealth's health care agencies and organizations and offer recommendations regarding how data collection could be improved.

Supporting Facts

Latino Health Needs Assessment: A health needs assessment is an important first step in the development of any new health program for a particular population. It provides objective, dependable data regarding the health needs of the population, monitors progress in achieving health goals over time, facilitates the development of strategies and ideas and can also serve as a catalyst for action. The data contained in population or community health assessments can be used to facilitate planning, make better informed decisions, and set priorities about program development and improvement needs.

A comprehensive health needs assessment of Virginia's Latino population has never been conducted. There have been need assessments for disparate health issues. For example, a need assessment conducted by Blue Ridge Hospice in 2004-2005, which interviewed 23 different organizations and contacted over 200 various agencies, unanimously confirmed the need for grief and loss services for the Latino community. Latinos do not receive any type of help when it comes to issues associated with mental health. According to an investigation done nationally by Duke University, Alzheimer's disease will increase among Hispanics by 600% in future decades, affecting more than 1.3 million Latinos by the year 2050. It is important to assist

individuals establishing domicile in Virginia in order to ensure these individuals successfully integrate into their new community. In addition, counselors, psychologists, and all other mental health professionals need to be educated about the Latino culture and need to have a certified interpreter for their sessions if they are not bilingual themselves.

Due to the growth of the Latino community and its special makeup, it is important that this segment of the population is paid close attention in terms of substance abuse. In fact, demographic projections in the 21st century of Latinos in the United States estimate that this population will grow up to 25 percent by 2050.¹⁹ Currently, the Latino community is one of the youngest segments of the U.S. population. The median age of Latinos is approximately 26.6 years compared to 35.9 years for the U.S. population overall.²⁰ In a study done by the National Institute on Drug Abuse, it was estimated that the risk of becoming drug dependent are at peak values between the ages of 15 and 29.²¹ It is believed that Latinos are particularly vulnerable to alcohol and other drug use due to various factors afflicting this population (low educational attainment, unfriendly community environment, access to resources). Moreover, drug abuse may be higher in this community due to the wide socioeconomic disparities that exist and the stresses associated with constrained economic conditions as well as the impact of racism on self-esteem.²²

Domestic violence is an issue that needs to be addressed promptly. Latinos need to be educated, and women especially need to empower themselves by understanding the laws in this country and the options available to them as victims. It is important that state agencies, particularly the Virginia Department of Health and the Virginia Department of Social Services, culturally and linguistically train providers servicing the community.

In addition, through interaction with the Latino community across the state, pre-natal care and teen pregnancy were identified as issues to be addressed in prevention. Teen pregnancy rate is especially high among Latinas under the age of 21. According to The National Campaign to Prevent Teen Pregnancy, 51% of Latinas get pregnant at least once before age 20, compared to the national average of 35%. Further, another study done by Federal Interagency Forum on Child and Family Statistics suggests Latino children are most likely to be uninsured, and the study goes on to say that 21% of all Latino children under the age of 18 do not have insurance. It is estimated that Latino children are less likely than their White peers to be in very good or excellent health, 74% vs. 88%.

While community health needs assessments are important in identifying health challenges for any population, they are imperative when addressing the health needs of the Latino population. The literature on the health status of the American Latino population reveals an epidemiologic paradox. Unlike other populations, there is an inverse relationship between socioeconomic status and morbidity and mortality in the Latino community. In other words, there is a tendency for Latinos to have lower than average illness and death rate despite experiencing higher than average incidence of poor social or economic conditions. For example, despite a high incidence

¹⁹ U.S. Census.

²⁰ Ibid.

²¹ "Drug Use Among Racial/Ethnic Minorities", Revised September 2003.

²² Ibid.

of poverty and challenges in accessing health care, Latinos have a significantly lower infant mortality rate than the national average. However, relative to the White population, Latinos have higher rates of death from various diseases such as diabetes and cervical cancer. The Latino paradox makes it clear that only a comprehensive targeted health assessment will yield informative data regarding this population and that extrapolating data from similar socioeconomic groups should be avoided.

Recent studies on health disparities underscore the unique health challenges in the Latino population as compared to other populations. The 2005 *National Healthcare Disparities Report*, developed by the Agency for Healthcare Research and Quality, finds that significant disparities between Whites and minorities continue, albeit with some signs of improvements. In measures related to the quality of care, more disparities related to race were narrowing than widening. For example, rates of late stage breast cancer decreased more rapidly among Black women than among White women resulting in a narrowing of the disparities. Treatment of heart failure improved more rapidly among American Indian Medicare beneficiaries than among White Medicare beneficiaries.

However, the same report noted this trend has been reversed for Latinos. Disparities in quality and access to care are growing wider in a majority of areas. Only 41 percent of quality disparities were narrowing for Latinos, while 59 percent were growing larger. The report also indicated that disparities were growing for most measures related to access to quality health care services. For example, the quality of diabetes care declined among Latino adults as it improved among White adults. In addition, the quality of patient-provider communication (as reported by patients themselves) declined among Latino adults as it improved among White adults. In general, access to a usual source of care increased more slowly among Latinos than among Whites.

While the types of community and population health assessment tools are many, there is one that has been created specifically to quantify the health needs of the Latino community. The National Alliance for Hispanic Health has developed a Hispanic Health Needs Assessment (HHNA) instrument. Two of the most promising features of the HHNA process and instrument are that they provide Latino communities with tools to self-identify critical health issues and priorities and they use the Healthy People objectives to document current community health status and progress. The Healthy People objectives are set every ten years by the U.S. Department of Health and Human Services as health goals for the Nation for the decade ahead. They have been used by the Virginia Department of Health as well as other community planners. Therefore, by empowering the Latino community and using goals accepted by health planners throughout the Commonwealth, this community assessment would be most likely to result in data that would be useful to government policy analysts and community planners.

When assessing the health needs of the Latino population, the process must reflect the diversity within the population. This is particularly true of the special health care concerns likely to be faced by migrant, immigrant, and refugee Latinos. Data from 2003 state there are currently 42,000 migrant farm workers in Virginia.²³ Areas of the state where migrant workers are located include the Eastern Shore, Northern Neck, central and southwest Virginia. Generally, national data show migrants are likely to suffer illnesses caused by poor nutrition, lack of resources to

²³ Virginia Chamber of Commerce.

seek care early in the disease process, and infectious diseases from overcrowding and poor sanitation. The incidences of diabetes, cardiovascular disease, and asthma have also been found to be higher.

Refugees likewise experience special health challenges. These challenges include, but are not limited to lead poisoning in children, certain infectious disease exposure, and behavioral health issues. The issue of refugee health is an important one as Virginia ranks among the top fifteen states for refugee resettlement, the top ten states with the largest immigrant resident population, and the top ten states for intended residence for new arrivals.²⁴ Almost 10,000 refugee health assessments were completed by the health districts that received refugees in Virginia from 1998-2004. In this time period Virginia received 12,817 refugees.

The paucity of health data on Virginia's Latino population in general, and migrant and refugee sub-populations in particular, underscores the challenges community leaders and health policy analysts' face in trying to design programs to meet Latino health care challenges. In order for leaders to make informed decisions regarding the best use of health resources to best serve the Latino population, they will need valid and reliable data.

Racial, Ethnic, and Primary Language Data Collection: The second recommendation involves an assessment of how language, race, and ethnicity data are collected within the Commonwealth's health care agencies and organizations and how such data collection could be improved. The American Health Insurance Plan's (AHIP) has a document developed in May 2005 entitled Tools to Address Disparities in Health: Data as Building Blocks for Change that highlights the benefits of collecting data on race, ethnicity and primary language. Its members stated the top five reasons for collecting race and ethnicity data are to 1) identify enrollees at risk for certain conditions; 2) support culturally and linguistically appropriate communications; 3) base quality improvement efforts to reduce disparities; 4) assess variation in quality measures; and 5) develop disease management or other specialized programs. In addition, health insurance plans collect data on enrollees' primary language to determine the need to translate materials, assess the need for interpreter services, and identify opportunities for culturally appropriate interventions.

Unfortunately, recent examinations into the data collection practices of health care agencies and organizations indicate that although many agencies and organizations report the collection of data on race, ethnicity, and primary language; some still do not. Additionally, even when the data are collected, the collection is not done in a systematic or standard manner and the data are most often not shared. Clearly, the ability to consistently and systematically collect standardized data regarding race, ethnicity, and primary language and to disseminate such data will be of benefit to Virginia's Latino population in informing health policy and program activities.

In a related matter, a recent January 2006 article in Preventing Chronic Disease: Public Health Research, Practice, and Policy reported the results of an assessment of the impact of race, ethnicity, and linguistic isolation on measures of public health surveillance survey participation using county-level data from the 2003 Behavioral Risk Factor Surveillance System (BRFSS) survey. The BRFSS is one of the world's largest health surveillance systems and has been

²⁴ <http://www.vdh.virginia.gov/ohpp/clasact.asp> .

instrumental in tracking health disparities across populations in the United States. Results from this assessment indicated that participation rates were significantly lower in counties with higher percentages of Black people and people who did not speak English. Response rates decreased by 4.6% in counties with the highest concentration of Black residents compared with counties with few Black residents. Likewise, response rates decreased by approximately 7% in counties in which a larger percentage of the population spoke only Spanish or another Indo-European language compared with counties in which all residents spoke English. The authors felt that the negative relationship between the percentage of Spanish-only-speaking households and participation rates is particularly troubling given that the BRFSS is conducted in both Spanish and English. The author concluded that more needs to be done to improve participation among minorities. Health leaders and Latino community leaders will likely welcome an opportunity to identify ways to improve participation among Latinos in public health surveillance survey efforts.

Health Education: The third recommendation is to develop and disseminate educational materials to the Latino population focused on how to navigate the U.S. health care system in both English and Spanish. The Virginia Department of Health (VDH) initiated a statewide research project aimed at identifying the healthcare needs of Virginia's racial and ethnic populations in 2000. Seventeen focus groups with a total of 203 men and women representing various ethnic and cultural populations in Virginia were conducted to gain insight into the opinions, perceptions and expectations of multicultural health care consumers regarding their health care experiences. One of the barriers to care identified through these focus groups is the lack of understanding about the U.S. health care system. New arrivals from other countries are confused by both the systemic differences (e.g., where to get health care, how to pay for health care) and the socio-cultural differences (e.g., why I need an appointment, why I need to be on time for my appointment). There is a dearth of educational materials for new arrivals in the United States regarding these issues.

Input through focus groups and/or key informant interviews should be used to develop content for the educational materials. Content should address barriers to care from both a systemic (e.g., knowledge, information, understanding of the system) and socio-cultural (e.g., why I need an appointment, why I need to be on time) perspective. Educational materials should be developed in the form of brochures/pamphlets and as a web-based tutorial. The content, structure, and format should be reviewed and adapted to be culturally appropriate for a Latino population and then translated into Spanish.

Latinos are a powerful and important component of our communities throughout the Commonwealth. It is of special importance that they are healthy physically, emotionally, and psychologically. As this community continues to grow, it is important that educational material be provided and that cultural and linguistic training be offered to the various health service providers who tend to the needs of this community. The Commonwealth needs to address these issues to ensure the well-being of its constituents and maintain a friendly-educative environment in the state.

[Please refer to the section titled, Additional Issues of Concern, for more recommendations by the Health Committee]

Consumer Issues

Committee Members

Andres Tobar, Chair

Members: Mario Alfaro; Ivan Gil

Recommendations

The Consumer Issues Taskforce request the support of the Governor for legislation that will prohibit lending institutions from offering payday lending practices in excess of 36% per year.

Supporting Facts

There have been two editorials in the *Virginian Pilot* harshly criticizing the existence of payday lending in Virginia, where loans can be offered at an interest rate that when compounded over the year, will exceed 390% per year. These loans are prevalent near military bases and poor neighborhoods, especially in African American neighborhoods and now increasingly in Latino neighborhoods. To curb payday lending, Delegate Kenneth Alexander, an African American Legislator, introduced legislation last session. He recognized the increased presence of these lending institutions in his community, but his bill failed to pass in Committee.

Language Access

Committee Members

Dr. Maricel Quintana-Baker, Chair; Maribel Ramos, Vice-Chair
Members: Ivan Gil; BJ Northington; Carlos Soles; Alexis Thornton-Crump; Dr. Gresilda (Kris) Tilley Lubbs

Recommendations

The Language Access Taskforce of the Virginia Latino Advisory Board recommends that the Governor approve a **state-wide telephonic interpretation service** designed to make available a **bulk telephonic interpretation rate** for use by State agencies, public school systems, healthcare providers, law enforcement, emergency service providers, and other designated users.

The cost of this service is to be **borne by each user**—not centrally by the state—by allocation of incurred costs via individual user codes or account numbers. The selected telephonic interpretation service provider should comply with all Virginia procurement requirements and provide evidence of relevant experience with federal/state entities.

In addition, the service provider will institute an effective monitoring system to track all calls by date, usage time, user, language, and duration of call. This information will be provided electronically to the central administrator (Department of General Services) and to each user on a monthly basis. In turn, this monitoring system will provide the data necessary for on-going and summative project evaluation to determine feasibility, cost effectiveness, and merit of continuance.

The availability of the service, as well as existing avenues of cost recovery, should be promoted and publicized to potential users via appropriate channels to maximize its impact and utilization.

The proposed recommendation is viewed as a temporary language accommodation measure designed to assist with the acclimation process of all LEP individuals in Virginia while they become English proficient.

Supporting Facts

Demonstrating need: Virginia's Limited English Proficient (LEP) population is growing rapidly and one of the main responsibilities of state government is to provide for the basic needs of its residents. Language access is a tool to enhance equal opportunities for all Virginians.

According to the 2000 U.S. Census, there were over 570,000 foreign born residents in Virginia, representing 8% of the population. The majority of Virginia's foreign-born population is from

Asian and Latin American countries. A large percentage of Virginia's foreign-born population resides in Northern Virginia but recently there has been a shift. This shift is due to job opportunities in other parts of the state, as well as a standard of living that is more affordable in areas outside Northern Virginia. This is represented by Harrisonburg's foreign-born population, which increased 404% between 1990 and 2000. Since 1992 the number of LEP students in Virginia public schools has more than tripled, resulting in LEP students residing in all eight regions of the state, speaking over 118 different languages, and representing over 72 countries.

Learning a second language is a complex process that develops in five stages. The first stage of learning a second language is called the "silent period" during which the student concentrates on comprehension and responds using non-verbal means of communication (Krashen, 1985). The next stage is when students begin to produce one or two word responses. In the third stage students start to produce simple sentences and in the fourth stage students begin to use more complex statements. At the final stage of language acquisition, most LEP students can understand grade-level classroom activities (Krashen, 1982). These five stages of language acquisition are general and differ with each student. **Learning a second language can take years and will take longer the older the person is.** Older language learners are often more inhibited to speak in front of peers because they feel vulnerable about taking risks and making mistakes.

Limited language proficiency is a barrier to accessing important benefits or services, understanding and exercising important rights, complying with applicable responsibilities, or understanding other information provided by federally funded programs and activities. The federal government has the exclusive authority for setting U.S. immigration policy and for setting eligibility requirements for federally funded programs. Title VI of the Civil Rights Act of 1964 is a federal law that has had a big impact on the acclimation of Virginia's immigrants. Title VI prohibits discrimination on the basis of national origin and has implications at both the state and local level. There are many individuals for whom English is not their primary language. The 2000 census estimates that over 26 million individuals speak Spanish and almost 7 million individuals speak an Asian or Pacific Island language at home.

Current efforts to provide language assistance to non-English speakers are hindered by such factors as the multiplicity of languages spoken in the Commonwealth; inappropriate levels of funding based on the demand for services; lack of awareness and, in some cases, lack of enforcement of the applicable laws and regulations. **The benefits of providing high-quality language interpretation and translation must be demonstrated to consumers and providers—as must the consequences of the lack of, or inappropriate, language assistance.** Telephonic interpretation is an efficient way to make language assistance available to a wide variety of users. There are a number of telephonic interpretation providers which are national in scope, provide on-demand service in over 100 languages on a 24/7/365 schedule, and require nothing more than basic telephone equipment on the part of the user. Interpreters employed by these providers are bilingual/bicultural professionals that are specifically trained to perform the complex task of listening to the English speaker, quickly analyzing the message in its entirety, and then interpreting the message into the target language while preserving the inherent cultural characteristics.

Interpretation Services- Bilingualism does not automatically qualify an individual to perform as an interpreter. Using family and friends, children, or other ad hoc interpreters can compromise confidentiality issues, create imbalance in the family structure, and promote the chance for errors and omissions by untrained persons. It is, indeed, important to note *who* delivers the message.

Interpreters and translators have the same goals but use different methods. For both, the goal is to convert one language into another—words, ideas, and concepts—in an accurate and culturally sensitive manner. Translation converts written text from one language into written text in another language. Interpretation differs from translation in that interpretation deals with the spoken word and translation with the written text. Interpreters are often called to work with varied and different subject matters (for judiciary and healthcare interpretation specialized training may be required). Judiciary interpretation, also referred to as legal or court interpretation, deals with the practice of language interpretation in the legal setting. As the demographic profile of the U.S. population has changed, the presence of interpreters has become more common in the Nation’s courts, and colleges and law schools have incorporated instruction on working with interpreters in their curricula. Health care interpreters not only must have language proficiency and strong interpreting skills but also must be culturally proficient and have a good command of medical terminology. Most health care interpreters work in hospitals, clinics, or other medical settings. Conference interpretation is well known and has become an indispensable service in our increasingly global and multilingual society.

The most applicable form of interpretation for the purposes of this effort is **consecutive interpretation** (there are four interpretation modes: simultaneous, consecutive, sight translation, and summary). During the actual provision of services, the majority of encounters (whether in-person or remote) involve consecutive interpretation. The interpretation triad comprises two monolingual speakers, one English speaker and the other non-English, and the interpreter. The first person speaks in the first language; the interpreter interprets the information into the target language; the second person responds in the target language; and the interpreter repeats the information back to the first person in the first language. Consecutive interpretation is a dynamic process of moving back and forth from one language to another to convey the desired meaning.

Although telephonic interpreting does not have the advantage of visual communication, it is more affordable—**especially when users can pool their service requirements via cost sharing and discounts based on volume**. The complexity of assessing the costs of providing language interpretation cannot be underestimated. Factors such as the required language, the locality, the availability of interpreters, the mode of interpretation used, the date and time of the required service, the context in which the service is provided (emergency settings), the type of facility, and the level of effort that a facility or entity has already undertaken to provide language interpretation have to be considered.

The Federal Office of Management and Budget’s (OMB) 2002 *Report to Congress* explains that providing language accommodation to LEP individuals in the form of interpretation substantially improves access to a variety of services “ranging from the delivery of healthcare and access to food stamps to motor vehicle licensing and law enforcement, and that language assistance services may increase the efficiency of distribution of government services to LEP individuals (p.4).” The availability of language access services is also a crucial issue in emergency

situations, especially in instances of national emergencies. **The report also suggests that to reduce costs, agencies should (1) provide consistent guidance and enforcement and identify best practices and (2) facilitate or mediate the availability, access, and use of telephonic and other interpretation services to negotiate discounted purchasing prices for agencies and federal funds recipients (OMB, 2002).**

Language accommodation services for the LEP population are already being provided by some public entities in the Commonwealth. These services include translation and interpretation as well as web sites with portions which have been translated into other languages, mainly Spanish. Some examples of public service entities that have non-English information available on their websites are the:

- Commonwealth of Virginia at www.commonwealth.virginia.gov
- Virginia Judicial System at www.courts.state.va.us
- Virginia Department of Business Assistance at www.dba.virginia.gov
- Virginia Department of Motor Vehicles at www.dmv.virginia.gov
- Virginia Department of Labor and Industry at www.doli.virginia.gov
- Virginia Department of Transportation at www.virginiadot.org
- Virginia Tourism Authority at www.virginia.org
- Virginia Housing Development Authority at www.vhda.com
- Virginia Workers' Compensation Commission at www.vwc.state.va.us
- Virginia Department of Health at www.vdh.state.va.us
- Virginia Office for Protection and Advocacy at www.vopa.state.va.us

Evidence of the provision of translation and telephonic interpretation services by state agencies can be gleaned from review of eVA Spend Reports. It is important to note that recent e-VA Spend Reports for NIGP Codes #96146 (Interpreter Services—Foreign Language, Hearing Impaired, etc.) and #96175 (Translation Services) indicate procurement of these services. However, it is also important to note that most of this procurement activity was for sign language interpretation. The following public service entities procured services in these categories:

- VA Department of Business Assistance
- Hanover County Public School System
- Virginia Department of Social Services
- Virginia Employment Commission

- Virginia Department of Juvenile Justice

- Virginia Parole Board

Other purchasers of interpretation services—not necessarily included in the eVA figures—include public school systems, emergency service providers, hospitals and other healthcare providers, local law enforcement, social service providers, and other.

Public Safety

Committee Members

Beatriz Amberman, Chair; Lenny Reyes, Vice-Chair

Members: Fabiana Borkowsky; Ricardo Cabellos; Alicia Fernandez-Bobulinski; Esteban Nieto; Maribel Ramos

Recommendations

1: Accept Consular Identification Cards as valid documents for identification. The Public Safety Taskforce of the Virginia Latino Advisory Board recommends accepting Consular Identification Cards (CIC), extended to foreign-born residents by their embassies and consular offices, as valid documents for identification purposes only.

2: Reject the Memorandum of Understanding. The Public Safety Taskforce of the Virginia Latino Advisory Board recommends that the Commonwealth of Virginia reject entering into a Memorandum of Understanding (MOU) with the Department of Homeland Security (DHS).

Supporting Facts

Issue/ Current Law: Virginia’s 2003 General Assembly passed legislation known as the “Legal Presence Law” (SB1058 and HB1954) that requires applicants to show proof that they are legally present in the United States in order to obtain a Virginia original driver’s license, permit or special identification card. The provisions of this Act became effective on January 1, 2004. As a result of this law, many in the same community have lost the ability to prove their identity.

The Commonwealth of Virginia should accept the Consular Identification Cards (CIC) as valid for identification purposes only. It is a fundamental human right to have a name, to have an identity, and to prove that you are who you say you are. The Consular Identification Card does not constitute a form of “immigration status regularization,” and it does contribute to homeland security. The CIC assists law enforcement officials’ communication with migrant communities by ensuring that people are not afraid to come out of the shadows and report crimes to which they may be victims and/or bear witness. It also allows them to speed up legal proceedings.

Mexico, Colombia, El Salvador, Honduras, Guatemala and the Dominican Republic provide Consular Identification Cards to their nationals. In our examples, we will use the Mexican CIC, since it is the oldest, and is the standard used by other Hispanic countries.

Characteristics: The CIC is a portable document in the form of a card that meets the requirements stated by the Real ID Act. The data that it includes are: name, age, city and country of origin, current address, name of consular office that issued the card, date the card was given, expiration date, and registry number.

The document is printed both in English and Spanish, and includes a digital picture of the bearer as well as 13 security measures to protect the document and prevent falsification. The security measures include holograms, protective seals, encoded text, ultraviolet logotypes, micro-text,

and infrared bar, among others. The CIC confirms that this is a formal document given by the Mexican government, and that the bearer is a Mexican person living abroad. The cards do not include data regarding the migratory status of the bearer. The CIC is not a visa to enter the United States, nor is it a resident card. It does not facilitate work acquisition, nor access to public services meant for US citizens.

Getting the Facts Straight: Acceptance of the CIC provides U.S. authorities with an instrument to comply with section 312 of the USA PATRIOT ACT, according to which banking institutions shall "...ascertain the identity of the nominal and beneficial owners of, and the source of funds deposited into, such account as needed to guard against money laundering and report any suspicious transactions under subsection (g)..." In addition, Virginia's acceptance of Consular Identification Cards will allow individuals to open bank accounts previously unattainable to them. Those individuals will not have to carry a large amount of cash, another important benefit in the fight against crime.

In July 2003, the US Treasury Department conducted a survey via internet to obtain input about acceptance of the CIC in banks. They received 24,000 responses, and 83% were in favor of accepting the cards to open bank accounts.

Consular Identification Cards enable law enforcement officials to comply with the provisions on consular notifications included in article 36 of the Vienna Convention on Consular Relations.

An important function of an embassy or consular office in a foreign country is the creation of a consular registry of individuals living abroad to facilitate their protection and to have access to consular services. This practice is recognized by International Law in the 1963 Vienna Convention on Consular Relations. The United States and other nations have signed this agreement. Consular offices from every country in the world have the responsibility to have a registry of their nationals living abroad.

As a prime example, Mexico has used in the US and in other countries Consular Identification Cards for more than 136 years, since 1871. In March 2002, Mexican authorities designed a new version of the card with high security features (Matricula Consular de Alta Seguridad, MCAS.) There is an estimate that more than 4 million Mexicans have Consular Identification Cards (including persons such as Mr. James J. Padilla, Vice-President of Ford Motor Company).

In July 2004, the Mexican Ministry of Foreign Relations reported that the Consular Identification Card had been accepted as a valid ID by 178 bank institutions, 1180 Police Agencies, 377 cities, and 163 counties. Thirty-three states in the American Union recognize the CIC as a document to prove identity. Nine states allow the CIC as a valid document to get a driver license: North Carolina, Delaware, Indiana, Iowa, New Mexico, Michigan, Oregon, Pennsylvania and Tennessee.

The issuance of a Consular Identification Card does not intend or seek any kind of change in the migratory status of foreign people in the United States or any other country. On July 22, 2004, Nancy Pelosi, Democrat Minority Leader, House of Representatives, was quoted by the Newspaper La Prensa expressing this same opinion and also added "The Consular Identification Card has more than a dozen security elements that guarantee their authenticity and is one of the most secure forms of identification used in the United States".

The CIC serves to prove the identity of foreign nationals to authorities and other local entities such as banks and companies that provide utility services. The CIC uses the same security standards used by the United States Government, in its own official documents. United States Consular offices around the world provide these same registration services for their nationals who live in another country.

On May 10, 2003, the Treasury Department ruled on the acceptance of the CIC as a valid ID card for banking and financial services. An avenue should be created in which individuals can feel free to report any form of abuse and discrimination.

In addition, the recognition of consular certificates has precedents in U.S. law:

- A New York Federal Court stated “consular certificates carry greater weight than those of a notary public in determination of nationality” (114NYS (2d) 280 (1952), cited in 47 AJIL 152 (1953). Additionally, the United States District Court in New York, SDNY, in accepting as a sufficient proof a certificate from a foreign Consul General in New York, said, “Each country has the undoubted right to determine who are its nationals and it seems to be general international usage that such a determination will be accepted by other nations. Since regularity of the procedure of foreign agencies is to be presumed ... the certificate of the Consul General is sufficient proof of the facts stated therein”. (133 F.Supp.496 1955, cited in 50 AJIL 139 (1956))
- According to testimony by James Walter, a pilot program was launched in December 2001, on behalf of Bank of America, to accept CIC as a primary form of identification for opening new accounts. Since June 2002, more than 4,000 Bank of America Centers accept the ID card, resulting in more than 15,000 new accounts in the second half of 2002 alone
- By 2004, Wells Fargo had opened 400,000 new accounts
- The acceptance of the CIC by key financial institutions improved the ability to trace a sizable amount of resources. This has helped to shrink informal channels associated with the potentially dangerous existence of a financial “black market”
- Although estimates vary, several studies indicate that as many as 10 million American households (65 million people) do not have bank accounts (Statement of Chairman Spencer Bachus’ Subcommittee on Financial Institutions and Consumer Credit)
- Only in the Chicago area, the FDIC’s office recently began surveying banks accepting the MC Card. Of the eight banks surveyed so far, 12,978 new bank accounts had been opened, representing \$50 million in deposits. (Statement of Sheila Blair, University of Massachusetts, before the Subcommittee on Financial Institutions and Consumer Credit “Serving the Underserved”)
- The Consular Identification Card helps prevent the use of fraudulent documents of identification

We conclude our recommendation to accept Consular Identification in the Commonwealth of Virginia with a statement by Robert S. Jacobson, Acting Deputy Assistant Secretary of State for

the Bureau of Western Hemisphere Affairs. Mr. Johnson declared on June 26, 2003, before the US Subcommittee on Immigration, Border Security and Claims:

The U.S. Government must also carefully avoid taking action against Consular identification Cards that foreclose our options to document or assist American citizens abroad. The Department itself issues documentation other than a passport for U.S. citizens abroad and at times occasionally issues similar identity cards or travel.

Issue: The possibility that the Governor and the State Police of Virginia sign an agreement with Immigration and Customs Enforcement (ICE) and the U.S. Department of Homeland Security (DHS) either through an MOU or through legislation. The Taskforce will continue the efforts of past requests to the Governor to not support any MOU or legislation that will allow State Police to enforce immigration laws. In 2004 Virginia was considering signing an MOU with the DHS which would have provided training to approximately 30 officers in the State police to enforce federal civil immigration laws. Governor Warner did not sign this agreement during his administration.

During the 2006 General Assembly Session Delegate Jeffrey Frederick introduced House Bill 487. This bill would make it the responsibility of the Governor or other eligible authority to enter into an agreement with the United States Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE), to authorize certain members of the Virginia Department of State Police to enforce civil immigration violations in the Commonwealth of Virginia. This bill was passed by indefinitely in the Senate Courts of Justice. This bill would have made it the responsibility of the Governor to enter into agreement with DHS, without taking into account recommendations from State Police or the various immigrant communities that would be impacted by such a law.

The Public Safety Taskforce urges the Governor to exercise his authority to reject the MOU and any legislation that mirrors these efforts. Virginia would be added as the third state to have signed an agreement with DHS if an MOU is approved.

Current Law: Virginia has tools already in place to guard against the most dangerous criminal immigrants through HB570/SB943 which went into effect on July 1, 2004. This law applies to a person who: 1) was previously convicted of a felony, 2) is currently suspected of engaging in criminal activity, 3) is confirmed by the Department of Homeland Security (DHS), to have a prior deportation or departure after a deportation order was entered, and 4) has returned to the United States without permission. If these conditions are met, the individuals may be held without a warrant for up to 72 hours. Despite the limited nature of the law, in some places the law has caused fear and panic in communities that they will be arrested by local police and deported or imprisoned. Although police may make assurances that there will not be adverse consequences this is inaccurate. As Rockingham County Sheriff Don Farley said, "If we start questioning someone and find out he's illegal, our hands are tied. We will go through proper channels."²⁵

On July 24, 2002, the DOJ issued regulations under section 103(a)(8) of the Immigration and Nationality Act (INA) deputizing state and local police to enforce immigration laws if the Attorney General declares an emergency due to a mass influx of aliens.

²⁵ See, *Some Immigrants Can be Held For Up to Three Days*, by Will Morris Daily News Record.

Therefore Virginia has sufficient legal authority to detain the most violent of criminals without giving further authority to State Police to become ICE officers.

What does the proposed MOU authorize? The Illegal Immigration Reform and Immigrant Responsibility Act (IIRAIRA), effective September 30, 1996, added Section 287(g), a voluntary program, involving performance of immigration officer function by state officers and employees, to the INA. This authorizes the Secretary of the DHS to enter into agreements with state and local law enforcement agencies, permitting designated officers to perform immigration law enforcement functions, pursuant to a Memorandum of Understanding provided that the local law enforcement officers receive appropriate training and function under the supervision of sworn U.S. Immigration and Customs Enforcement officers. The training requires that a minimum of 20 officers participate. These immigration law enforcement functions are to: identify, process, and when appropriate, detain immigration offenders encountered during regular, daily law-enforcement activity.²⁶

Specific MOUs may authorize slightly different procedures for different law enforcement entities. Generally speaking, under 287(g) authority, when a trained and certified officer encounters, during his/her regular activities, an individual who is an immigration violator, he or she may question and detain the individual for potential removal from the United States by ICE.²⁷

Costs: U.S. Immigration and Customs Enforcement (ICE) will provide the training instruction and materials. The requesting agency is required to pay their officers' salary and any travel expenses. Currently ICE does not have the funding to pay for the Information Technology (Computer and Network Systems) that is needed to access the ICE databases. The requesting agency is required to fund these costs.²⁸ Virginia must also factor in adequate jail space to house detainees in considering an MOU.

287(g) Participants: Currently only Florida and Alabama are the only two states that have signed an MOU with the Department of Homeland Security. In 2002, the Florida Department of Law Enforcement (FDLE) entered into the first agreement under Section 287(g). Thirty-five law enforcement officers, consisting of FDLE agents and state and local officers participated in the training program. Currently there are a total of 70 trained and certified officers in FDLE. The MOU signed by the state of Florida gives the authority the power to interrogate any alien, or person believed to be an alien, as to his right to be or remain in the United States, power to arrest (without warrant) any alien in the United States, if the officer has reason to believe the alien to be arrested is in the United States in violation of law. The INS, FDLE, and all other participating employing agencies understand and agree that, except as otherwise noted in this MOU or allowed by federal law, they will be responsible for their own liability and bear their own costs with regard to their property and resources, or personnel expenses incurred by reason of death, injury, or incidents giving rise to liability.²⁹

In November 2003, ICE and the Alabama Department of Public Safety (ALDPS) signed an

²⁶ See, U.S Immigration and Customs Enforcement, http://www.ice.gov/partners/287g/Section287_g.htm.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Florida Memorandum of Understanding.

<http://www.immigration.com/newsletter1/mouflorida.pdf#search='INS%20and%20Florida%20Enter%20MOU%20to%20Allow%20State%20Officers%20to%20Enforce%20Immigration%20Law'>

MOU to provide immigration authority to 21 Alabama state troopers.³⁰

Problem: An MOU or legislation that sets out to do the same will only hinder the ability of the State Police to conduct their duties to “protect and serve” because this will only send a message of fear and distrust of law enforcement to all immigrant communities. This will in turn increase the number of “racial profiling” cases and the reluctance of immigrants who are victims of crime to report and cooperate with law enforcement. This in turn will have negative outcomes and would jeopardize public safety.

"The personnel that it would require to enforce federal laws, not just immigration, could overwhelm the agency," said Kraig Troxell, a spokesman for the Loudoun County Sheriff's Department. "We already feel we're behind the numbers we need here in Loudoun just to deal with the crime we're working with in the county."³¹ The cost of training one officer is about \$500, but the type of training officers receive and the federal authority granted depends on the type of agreement the agency enters into with ICE. Mr. Troxell said the department, with 198 field deputies, decided against the agreement because it cannot absorb the added responsibility.

Recommendation: The rationale for signing the MOU is to give police an additional tool to fight gang activity and terrorism, although the cost of implementing the MOU will outweigh any law enforcement benefits. Individuals who pose those types of threats are already subject to laws, which allow for higher scrutiny. The Commonwealth of Virginia will not receive federal resources to further implement these policies. Virginia should effectively allocate its limited resources on fair community policing and protecting all residents of Virginia without further limiting the civil rights of a group of individuals.

Therefore we urge that the Governor continue the initiatives of the past administration and not support a Memorandum of Understanding that will allow State Police to enforce federal immigration laws.

³⁰ See, U.S Immigration and Customs Enforcement, http://www.ice.gov/partners/287g/Section287_g.htm.

³¹ See, *Police avoid alien law training*, Gary Emerling, The Washington Times August 17, 2006.

Additional Issues of Concern

Education

Additional Issues to address:

Continue to advocate on behalf of education for all Virginians and veto any efforts to further limit access to Higher Education in the Commonwealth.

Designate a grant coordinator who will work from the Department of Education (DOE) with authority to gather data across state agencies and who will work with school divisions who desire to write grants to improve the education of students with limited English proficiency.

It has come to the attention of the Education Committee Board members that there are projects that are underway to enhance data collection and management at the state level. We applaud the efforts of the state Department of Education (DOE), to collect this information in a manner that will allow the state of Virginia to more readily apply for funding from federal sources. However, we encourage the appointment of an individual within the DOE to oversee and assist with grant applications. This individual needs authority to coordinate the effort across state agencies including the DOE, the Department of Labor (DOL), and the Virginia Employment Commission, which currently collects data that is often needed to complete a federal grant application.

Monitor data collection to ensure that it is collected in ways that honor cultural differences in order to assure the accuracy of the data collected.

Many students have had misinformation coded into the permanent records because the person collecting data is unaware of or unwilling to accept names that differ from what they perceive as the standard. This has led to significant difficulty for the students. In fact, we have seen that different secretaries in the same school division may each use a different way to list the same child. Some tell students or parents, to delete the second last name because “it doesn’t fit.” Some tell them to hyphenate it and others just decide that the first last name will become the middle name so the records “will match.” As databases are created, it is imperative that programs are designed to accept different naming systems. In addition, persons charged with collecting the data, must be trained to understand that they must not alter names. This is an area where choice should be based on information provided by the parents. Furthermore, to facilitate accurate data capture, the persons charged with developing databases should be required to design systems that will easily accommodate different ways of presenting legally valid names.

Reinstate Migrant Education Funding in the 2007 Budget

Migrant students are most often U.S. citizens who face barriers to educational attainment because they move with their parents from harvest to harvest. The migrant and seasonal farm workers, (MSFW) are 98% Latino in origin. Their willingness to work in Virginia creates a net economic benefit of \$600 million. However, the constant mobility of these workers and their families requires adaptation of the content delivery provided by the local school.

Until 2003 the Commonwealth set aside a line item for migrant education. Since the funds have been eliminated, the number of services, students, and school divisions willing to provide

services for migrant children have declined significantly as demonstrated by the following figures:

School Year participation

2002-03 session: 2452 total served 47 school divisions

2003-04 session: 2182 total served 41 school divisions

2004-05 session: 1884 total served 41 school divisions

2005-06 session: 1685 total served 36 school divisions

Summer Participation

Summer 2002:2000 total served 35 school divisions

Summer 2003:1624 total served 28 school divisions

Summer 2004:1368 total served 28 school divisions

Summer 2005:1448 total served 20 school divisions

To remedy this situation and reverse this decline in services, we urge the inclusion of a separate line item to fund migrant education in the 2007 budget. We hope that the Department of Education will seek information from the school divisions that have eliminated services about the reasons for this decline. (Please see the Migrant Participation reports attached for a division-by-division account.)

Migrant Participation -2002-2006
(Regular school session)

Divisions	2002-03	2003-04	2004-05	2005-06
Accomack	603	547	388	517
Albemarle	141	74	114	77
Augusta	29	42	34	33
Charlottesville City	1	0	3	3
Culpeper	0	0	4	6
Fluvanna	3	0	0	0
Greene	3	0	0	3
Madison	4	12	7	9
Orange	3	3	3	1
Rockbridge	4	2	1	0
Waynesboro City	46	52	46	35
Staunton	0	0	0	0
Hanover	0	0	6	9
Colonial Beach	34	22	20	16
Middlesex	3	3	3	0
King George	3	0	0	0
Richmond Co.	25	26	13	0
Spotsylvania	0	2	0	0
Westmoreland	117	116	102	67
Northumberland	11	21	20	12
Caroline	1	0	2	0
Northampton	192	171	126	108
Pittsylvania	46	22	23	11
Halifax	10	14	13	1
Nelson	39	50	32	32
Amherst	8	4	6	0
Buckingham	6	0	0	0
Nottoway	30	34	32	32
Amelia	3	12	6	8
Cumberland	33	40	43	26
Lunenburg	7	8	3	0
Prince Edward	12	18	0	0
Shenandoah Valley	212	171	184	129
Winchester	87	75	69	57
Harrisonburg City	178	190	203	167
Rockingham	196	163	149	115
Clarke	6	4	4	4
Frederick	70	72	66	50
Fauquier	6	4	5	8
Page	18	6	4	0
Loudoun	0	2	0	0
Rappahannock	2	1	0	0
Warren	0	0	3	3

Prince William	0	0	0	0
Carroll	63	39	28	25
Floyd	10	17	9	13
Galax City	116	93	67	56
Grayson	7	2	0	2
Patrick	29	42	25	27
Pulaski	6	0	0	0
Scott	7	3	13	14
Smyth	4	1	3	4
Russell	1	0	0	0
Washington	17	2	2	5

Summary:

2002-03 session:	2452 total served	47 school divisions
2003-04 session:	2182 total served	41 school divisions
2004-05 session:	1884 total served	41 school divisions
2005-06 session:	1685 total served	36 school divisions

MIGRANT PARTICIPATION

Summer 2002-2005
(Summer 2006 not complete)

Division	2002	2003	2004	2005
Accomack	514	461	402	367
Albemarle	80	82	41	48
Augusta	27	33	39	33
Charlottesville	1	1	0	5
Fluvanna	0	2	0	0
Madison	4	7	5	9
Orange	0	4	2	0
Rockbridge	7	2	2	0
Waynesboro	12	49	31	34
Culpeper	0	1	4	4
Hanover	0	0	4	5
Northampton	173	150	103	200
Colonial Beach	121	93	105	90
Richmond Co.	1	0	0	0
Spotsylvania	1	0	0	9
Westmoreland	0	1	7	5
Pittsylvania	9	0	0	0
Halifax	9	4	0	0
Nelson	26	37	37	0
Amherst	6	0	0	0
Nottoway	20	13	6	0
Amelia	0	1	3	0

Division	2002	2003	2004	2005
Lunenburg	6	0	2	0
Cumberland	27	1	20	0
Prince Edward	12	0	0	0
Shenandoah	172	157	121	198
Winchester	56	62	44	37
Harrisonburg	153	152	155	180
Rockingham	177	146	122	165
Clarke	0	0	4	7
Frederick	65	55	33	42
Fauquier	6	4	3	5
Page	13	5	5	0
Prince William	0	0	0	5
Carroll	119	44	20	0
<i>Floyd</i>	10	0	0	0
Galax City	98	55	47	0
Grayson	7	0	0	0
Patrick	52	0	0	0
Pulaski	6	0	0	0
Scott	8	0	0	0
Russell	1	0	0	0
Washington	1	2	1	0

MIGRANT PARTICIPATION
Summer 2002-2005

Summary:

Summer 2002:	2000 total served	35 school divisions
Summer 2003:	1624 total served	28 school divisions
Summer 2004:	1368 total served	28 school divisions
Summer 2005:	1448 total served	20 school divisions

Health

Additional recommendations for health include:

Launch a publicity campaign regarding the impact of HIV/AIDS in the Latino community at the state level.

HIV/AIDS-Latinos in the United States are affected in greater proportion of new HIV infections and AIDS cases than their representation in the population.³² According to the HIV Fact Sheet released by the Henry J. Kaiser Family Foundation, “HIV remains one of the leading causes of death for Latinos between the ages of 25 and 44”.³³ In addition, this report notes that subgroups, of Latinos, women and teens, are experiencing in disproportionate numbers the impact of HIV/AIDS.

According to the Virginia Department of Health:

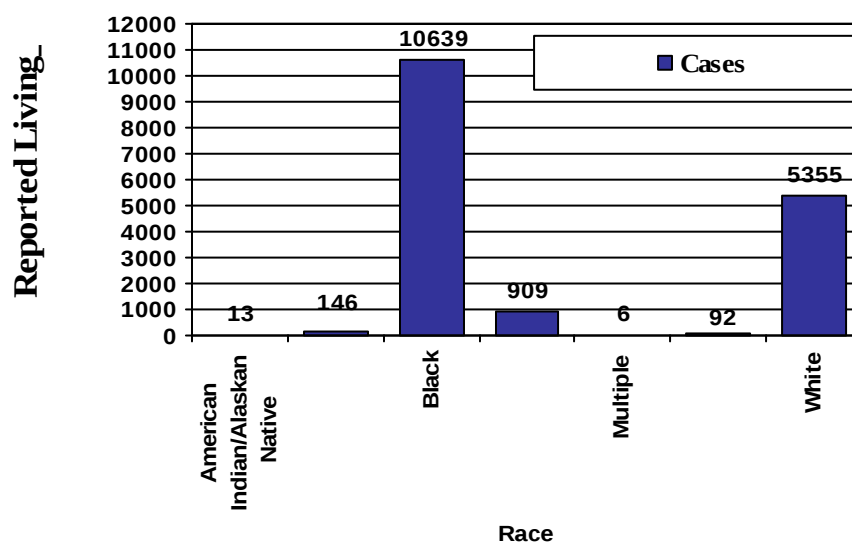
- Between 2004-2005, overall statewide decrease (8.6%) in reported HIV (not AIDS) and AIDS cases.
- In the Hispanic population there was a 15% increase in reported cases of HIV (not AIDS) and AIDS between 2004-2005.³⁴
- Data from 2005 indicate that 61% of reported cases of HIV (not AIDS) and AIDS were Black, 27% White, 9% Hispanic and 3% reported another race.
- Majority of the reported cases of HIV (not AIDS) and AIDS among Hispanics, in 2005, were male (79%).
- In 2005, 59% of reported cases of HIV (not AIDS) and AIDS of Hispanic origin were in the Northern Health Region, 41% of these cases are in Fairfax.

³² It is estimated that they account for 18% of 816, 149 AIDS cases reported since the beginning of the epidemic. “Latinos and HIV/AIDS Policy Fact Sheet”, The Henry J. Kaiser Family Foundation (July 2003).

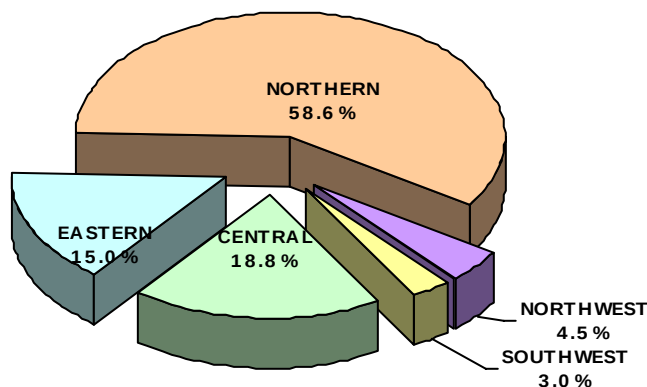
³³ Ibid.

³⁴ This trend should be interpreted with caution due to low reporting numbers.

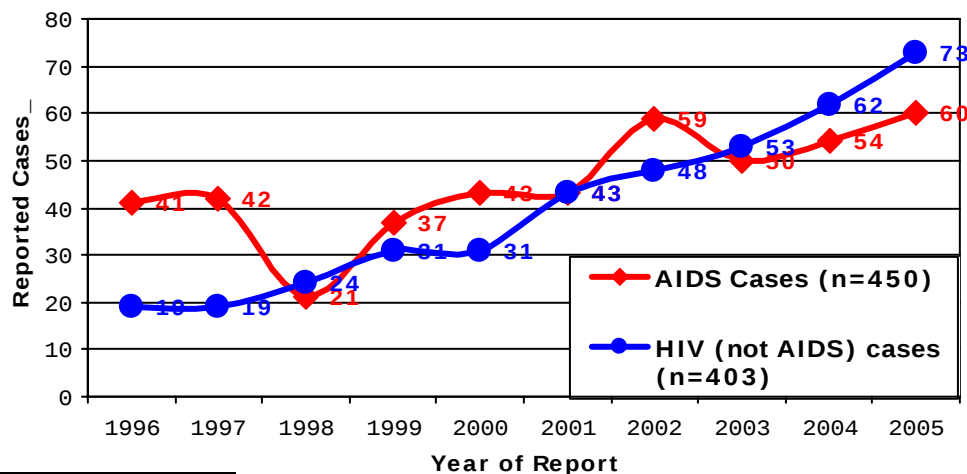
Graph I: Individuals Thought to be Living with HIV (not AIDS) or AIDS (through December 2005) in Virginia by Race³⁵



Graph II: Reported Cases HIV (not AIDS) and AIDS among Hispanics, by Region, 2005 (N=133)³⁶



Graph III: Reported Cases of HIV (not AIDS) and AIDS (1996-2005) among Hispanics (N=853)³⁷



³⁵ Virginia Department of Health.

³⁶ Ibid.

³⁷ Ibid.

Launch a publicity campaign regarding cancer, diabetes, heart disease, immunization (both children and adults), and stroke.³⁸

Cancer

- In 2001, Hispanic men were 19% less likely to have prostate cancer as non-Hispanic white men.
- In 2001, Hispanic women were 42% less likely to have breast cancer as non-Hispanic white women.
- Hispanic men and women have higher incidence and mortality rates for stomach and liver cancer.
- In 2001, Hispanic women were 2.2 times as likely as non-Hispanic white women to be diagnosed with cervical cancer.

Diabetes

- Mexican American adults were 2 times more likely than non-Hispanic white adults to have been diagnosed with diabetes by a physician.
- In 2001, Hispanics were 1.5 times as likely to start treatment for end-stage renal disease related to diabetes, as compared to non-Hispanic white men.
- In 2002, Hispanics were 1.6 times as likely as non-Hispanic Whites to die from diabetes.

Heart Disease

- In 2003, Hispanics were 20% less likely to have heart disease, as compared to non-Hispanic whites.
- In 2002, Mexican American men were 30% less likely to die from heart disease, as compared to non-Hispanic white men.
- Mexican American women were 1.2 times more likely than non-Hispanic white women to be obese.

Immunization

- In 2002, Hispanic adults aged 65 and older were 30% less likely to have received the influenza (flu) shot in the past 12 months, as compared to non-Hispanic whites of the same age group.
- In 2002, Hispanic adults aged 65 and older were 50% less likely to have ever received the pneumonia shot, as compared to non-Hispanic white adults of the same age group.
- Although Hispanic children aged 19 to 35 months had comparable rates of immunization for hepatitis, influenza, MMR, and polio, they were slightly less likely to be fully immunized, when compared to non-Hispanic white children.

Stroke

- In 2002, Hispanic men were 20% less likely to die from a stroke than non-Hispanic white men.

³⁸ The following health issues represent the top mayor health disparities affecting Latinos nationwide. The information was acquired from The Office of Minority Health in the U.S. Department of Health and Human Services. www.omhrc.gov.

- In 2002, Hispanic women were 30% less likely to die from a stroke than non-Hispanic white women.

Conclusion

There has been significant progress in acknowledging the vibrant Latino community in Virginia. However, there are still many issues that affect this community that need to be addressed. This Administration has an important role to play in helping to properly address these issues. It is important that the Administration become familiar with the issues affecting the Latino community by reading the information included in this report and acting on its implications.

It is the request of the Virginia Latino Advisory Board that the Administration take into consideration the recommendations made by the committees and taskforces. The Board will continue to work closely with various state agencies to help meet many of the needs that have been included in this report to the Governor. The importance of addressing these issues are of high priority as the Latino community in Virginia continues to grow and thus have a greater impact on the state.

Additional References/Sources

Education

Bustamante, Jasso, Taylor, & Trigueros, (1997). *Characteristics Of Migrants: Mexico-To-U.S. Migrant Characteristics From Mexican Data Sources*. In Mexico-U.S. Binational Migration Study Report, U.S. Commission on Immigration Reform, University of Texas.

Catherine Cooper, Jill Denner and Edward M. Lopez, *Cultural Brokers: Helping Latino Children on Pathways to Success*, (1999).

Improving Your Child's Education: A Guide for Latino Parents, (available in English and Spanish from The Education Trust at <http://www2.edtrust.org/edtrust/>) (2004).

Migrant Education Data Center, provided upon request July 25, 2006.

Missing the Mark: An Education Trust Analysis of Teacher-Equity Plans. (August 2006).

Pathways to Hispanic Family Learning: Highlighting public and private efforts to meet the needs of the Hispanic family (2005). Program of the White House Initiative on Education Excellence for Hispanic Americans.

Pew Hispanic Center (2004). *Fact Sheet: Hispanic School Achievement: Catching Up Requires Running Faster Than White Youth*. Available at <http://pewhispanic.org/files/factsheets/7.2.pdf>.

Pew Hispanic Center (2004). *National Survey of Latinos, 2004*. Pew Hispanic Center and Kaiser Family Foundation. Available at <http://pewhispanic.org/files/reports/25.pdf>.

Pew Hispanic Center (2002). *Fact Sheet: Hispanic Economic Prospects Depend on Education and a Strong Economy*. Available at <http://pewhispanic.org/files/factsheets/4.pdf>.

Southern Regional Education Board (SREB) (2006). *Goals for Education: Challenge to Lead, Virginia 2006*. SREB State Reports, available at www.sreb.org/main/goals/publications/06BW_PDF/VA-2006BW.pdf.

Thinking K-16, *The Real Value of Teachers: Using New Information about Teacher Effectiveness to Close the Achievement Gap*, Kevin Carey, Vol. 8, Issue 1 Publication of The Education Trust (Winter 2004).

Tomás Rivera Policy Institute (2002). *College Knowledge: What Latino Parents Need to Know and Why They Don't Know It*. Available at www.trpi.org/PDFs/College_Knowledge.pdf.

U.S. Census Bureau (2000, 2004). *American FactFinder: Virginia, 2000; 2004*. Available at www.census.gov.

Health

Agency for Healthcare Quality and Research (2005). *National Healthcare Disparities Report*, available at <http://www.ahrq.gov/qual/nhdr05/nhdr05.pdf>.

National Alliance for Hispanic Health. *Hispanic Health Needs Assessment*, available at <http://www.hispanichealth.org/hhna.lasso>.

Consumer Issues

The sources for this concern are coming from newspaper reviews on this issue, as well as the expressed need for action as determined by at least one legislator.

Language Access

Krashen, S. (1982). *Principles and Practice in Second Language Acquisition*. Oxford: Pergamon.

Krashen, S. (1985). *The Input Hypothesis: Issues and Implications*. New York: Longman.

New York State Department of Labor (2004). *Workforce Development System Technical Advisory #04-14*, available at www.labor.state.ny.us/workforcenypartners/ta/ta04-14.htm.

Office of Management & Budget, Federal (OMB) (2002). Report to Congress. Assessment of the Total Benefits and Costs of Implementing Executive Order No. 13166: Improving Access to Services for Persons with Limited English Proficiency, available at www.Whitehouse.gov/omb/inforeg/lepfinal3-14.pdf.

Quintana-Baker, M. (2004). *Bridging the Gap: Language Interpretation in the Delivery of Health Care Services*. Refugee Reports, 25:4, p.15, available at http://www.refugees.org/data/refugee_reports/archives/2004/rr_jun04.pdf.

Public Safety

Virginia's 2003 General Assembly "Legal Presence Law" SB1058 and HB1954.

USA PATRIOT ACT, section 312.

1963 Vienna Convention on Consular Relations, articles 36, 37, 38.

Real ID Act: Address of Principle Residence Section.

US Treasury Department survey, July 2003.

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Mexican Ministry of Foreign Affairs: <http://www.sre.gob.mx/>.