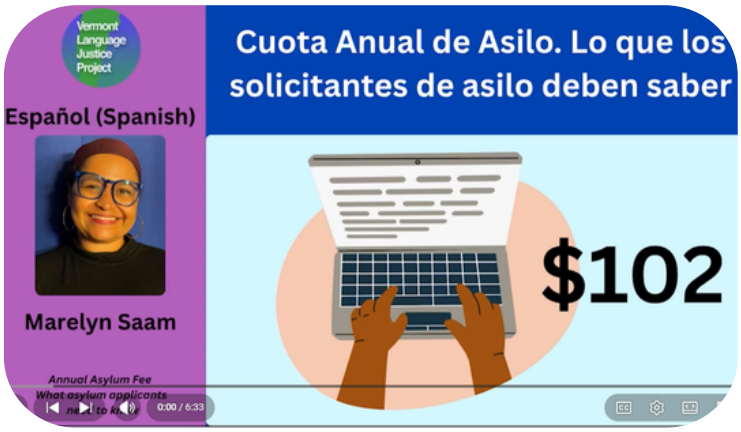
ODC OPEN DOOR CLINIC
Increasing Access to Healthcare

THE OPEN DOOR

SUMMER 2026

Meeting a critical deadline for asylum-seekers by working in partnership



The email from the Vermont Language Justice Project (VLJP) arrived with one word in the subject line: "URGENT." We clicked through, and what we learned sent us into action.

As of May 29, 2026, U.S. asylum seekers whose cases have been open for at least a year now have to pay a $102 annual asylum fee. Otherwise, their cases can be summarily dismissed. The VLJP, whose public service videos in up to 19 languages we regularly share with patients at vtlanguagejustice.org, had flagged this immediately.

We pulled every patient tagged in our database as an asylum seeker, checked with colleagues for others, and reached out individually to each on WhatsApp. As soon as the Spanish-language video went live, we shared it on ODC's social media.

Patients from several countries responded. Some had received notices of payment due; others had not. Each of the multiple possible payment websites were only available in English. All required a credit card or bank account, and the capacity to print the receipt for future court dates. These were barriers the ODC could address.

One patient came into the clinic unsure whether the fee applied to her and her two children. Another had a family member elsewhere in Vermont concerned about his wife's case. A third patient, recently arrived in Vermont from South America, couldn't take time from work to connect until the day the fee was due.

We checked with partners who serve the same communities. One confirmed that they had been supporting the first patient with her family's pending asylum case, filed in 2024: she needed to pay the fee. The patient found the required information, and came back into the clinic. Following the VLJP video step by step, we paid together, using a staff member's card. The patient repaid in cash on the spot.

Open Door Clinic helps both our Spanish- and English-speaking patients interface with local, state, federal and international agencies. That might be for reasons as varied as applying for patient financial aid, seeking health insurance, coordinating and documenting vaccinations for citizenship interviews, or helping an infant get a birth certificate from their parents' country of origin.

We also regularly share excellent health and informational videos from the Vermont Language Justice Project with our patients. Like the video we shared in this instance, all of VLJP's media is "co-produced with trusted community members from Vermont's refugee, migrant, and immigrant communities" (vtlanguagejustice.org).

At ODC, we depend on the dedicated work of partners like the VLJP, Vermont Asylum Assistance Project (VAAP), and Migrant Justice for their expertise to support patients beyond our direct scope of service. Recognizing the mental and physical toll of legal uncertainty on our patients, we sometimes stretch to meet urgent needs—and that's case management at its most human.

Above left: A screenshot from the Spanish-language version of the VLJP video, "Annual Asylum Fee: What Asylum Seekers Should Know", which we shared with patients.

Above: This fee renews annually on the anniversary of each asylum application. If someone you know may need to pay, you can learn more at the link in the image.

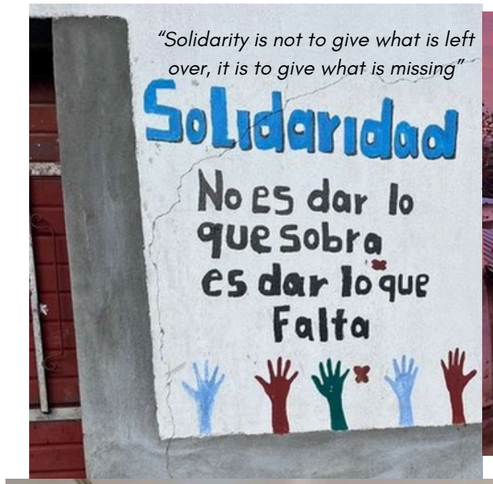
Julia Doucet, ODC's Clinical and Program Director, spends the month in Mexico with Partners in Health

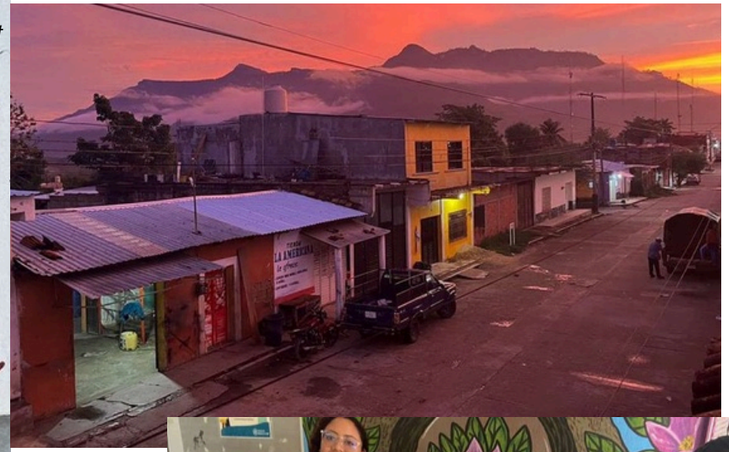
Why did you choose Partners in Health for your Masters in Public Health project?
Partners in Health (PIH; pih.org), or Compañeros en Salud, here in Mexico, is an organization grounded in social justice and equality. PIH provides healthcare for the most vulnerable and impoverished people worldwide by partnering with local organizations. Their mission is fundamentally both medical and moral. It is based on solidarity, rather than charity, driven by the conviction that healthcare is a human right and that all human lives have equal value. Their focus on accompanying and centering the patient in care are two values that speak to me. Plus, I was hoping to better understand both the culture and medical system in Chiapas, as many of our patients come from this region. And, to improve my Spanish! 😊

What is the focus of your program or project?
I am working with Casa Materna, a maternity home run by PIH/Compañeros en Salud in Jaltenango de la Paz. Jaltenango is a rural community of 11,000 people in the mountains of Chiapas—just a little larger than the town of Middlebury. It has the only basic hospital and maternity home in the region. Patients come from the surrounding 10 villages (from 1-4 hours away) to seek health care. Casa Materna opened in 2017 and is now pursuing international accreditation through Goodbirth Network. Goodbirth has created 43 internationally-informed operational standards focused on dignity, quality, and community integration, based on Wold Health Organization (WHO) guidance. Compañeros en Salud asked me to help collect and compile Casa Materna's existing policies and procedures to begin the accreditation process. I will be identifying and/or creating additional, outstanding policies to create a comprehensive operations manual. This manual will assist in documenting the high-quality, patient-centered care that they provide based on Goodbirth Network's "Global Operating Standards for Midwifery Centers" (goodbirth.net). In addition, the manual will serve as an important resource that documents standardized practices for training new staff and volunteers, ensuring that care is delivered in a consistent manner.

Name three things that you've learned so far.
External, systemic forces inhibit access to high-quality (or any quality, for that matter) healthcare, which complicates even the simple provision of acute, routine, or preventative care.

Resources are scarce. For example, there are not enough sheets in Casa Materna to change them after each patient. This is exacerbated in the rainy season when the clean sheets don't dry on the line. Also, many people are so impoverished that they are forced to forgo medical treatment because of the burden the costs will impose on their families. While medical care is free to everyone, the system is overwhelmed, understaffed and underresourced. That means timely care requires great expense, a place to stay, and the cost of transportation and medication, which many people just do not have. Either that, or they would have to sell their house or land to get the money, which would leave their family homeless, especially if the medical care did not cure the patient and they could not return to work. Lack of hot water, on the other hand, is not so bad when every day is in the 90s!





How does this enhance your current understanding of the culture of so many people we serve - those particularly from Chiapas - and how might it change how you practice back in Addison County Vermont?
Gaining a deeper understanding of the cultural context in which care is provided, and witnessing the pervasive poverty in the community, has given me a much more empathetic perspective on our patients' lives. I've come to see how this reality shapes their daily decisions, often pushing them to work tirelessly in hopes of improving their families' future.
It has brought into focus not just what they endure, but what they are striving for and sacrificing along the way. Seeing the real impact of their efforts on their families back at home has strengthened my sense of empathy and respect for their resilience.

This experience has also made me reflect on the limits of language alone. I've realized that speaking a language without understanding the culture behind it misses many of the subtle, unspoken meanings that shape communication. During this time, I've begun to recognize those nuances more clearly, and hope it will deepen both my understanding and my connection to the people I work with.

I have also deeply appreciated seeing the integration of holistic healing practices and the work of traditional midwives in maternal care and the birthing process. The depth of intergenerational knowledge they carry feels, in many ways, unmatched by modern medicine. Witnessing how these practices coexist alongside clinical care has been both inspiring and humbling. I will be bringing back some of these practices that can be used by ODC's Community Health Worker and shared with Porter Obstetrics, Midwifery and Gynecology (if they are interested!).

—Julia Doucet, RN

Welcoming Summer Changes

Lillian Prime has served as Open Door Clinic's Patient Services Coordinator since January of 2025. Before that, she volunteered in the office and as an interpreter, and served as a summer intern. In July, she will step fully into her new role as ODC's bilingual Community Health Worker, working closely with expectant parents, infants and families to connect them to health care, systems and services. This role expands how ODC serves our patient community. We are thrilled that Lillian will bring her calm, compassionate approach and her brilliance at collaboratively managing complex systems and competing demands to this critical new position.

Numi Moreno Belaen joined the Open Door Clinic team as Bilingual Patient Services Coordinator in June 2026, following her graduation from Middlebury College, where she majored in International & Global Studies on the Latin American Studies track, with a concentration in Portuguese and a minor in French. A native Spanish speaker, Numi is Costa Rican and Belgian and grew up in the South Pacific of Costa Rica, in a family of farmers and food enthusiasts. That passion followed her to Middlebury, where she interned at the Knoll organic farm and served as prep chef, board member, and eventually president of Dolci, the college's student-run fine dining restaurant. She also spent semesters abroad in Brazil and France. At the Open Door Clinic, Numi is excited to bring her languages, her background in food systems, and her commitment to community-based care to support the clinic's work serving the uninsured and migrant worker populations of Addison County.

Andrea "Andi" Martinez Hernandez joined us in May as one of ODC's summer interns. She supports patients and staff through administrative and patient-facing work in our dental program, and assists as an interpreter during our medical clinic on Tuesdays. From Kentucky, she is a Biology major at Berea College pursuing a career in medicine. On campus, she is involved in community outreach through the Yahng Discovery Center, including helping organize the Women in STEM Conference. She is passionate about community service and expanding access to healthcare for underserved communities.

Amelia Castillo Recio is a rising senior at Middlebury College majoring in History. Amelia says, "I am very excited to be interning at Open Door Clinic this summer through Middlebury's Privilege and Poverty internship. I started volunteering at ODC as an interpreter this past spring semester, and ever since then I've loved being part of this incredible and meaningful community that does such admirable work. I love speaking Spanish and connecting through it even more. I'm originally from New York City, but I lived in the Dominican Republic for a large part of my childhood. My roots and my Spanish are things that I've always cared for and remain tied to greatly. I am grateful for this opportunity and to continue growing alongside the clinic. I look forward to a great summer with the ODC!"