

U.S. COMMISSION ON CIVIL RIGHTS

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PUBLIC BRIEFING

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LANGUAGE ACCESS FOR INDIVIDUALS WITH LIMITED ENGLISH
PROFICIENCY

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FRIDAY, MARCH 21, 2025

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The Commission convened at 1331
Pennsylvania Avenue, NW, Suite 1150, Washington,
D.C., at 10:00 a.m. EDT, Rochelle Garza, Chair,
presiding.

PRESENT:

ROCHELLE GARZA, Chair

VICTORIA FRANCES NOURSE, Vice Chair

J. CHRISTIAN ADAMS, Commissioner

STEPHEN GILCHRIST, Commissioner

GAIL HERIOT, Commissioner

MONDAIRE JONES, Commissioner

PETER KIRSANOW, Commissioner

GLENN D. MAGPANTAY, Commissioner

STAFF PRESENT:

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Director

PAMELA DUNSTON, Chief ASCD

JULIAN NELSON, ASCD

MICHELE YORKMAN-RAMEY, ASCD

DAVID GANZ, General Counsel & Parliamentarian

COMMISSIONER ASSISTANTS PRESENT:

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THOMAS SIMUEL

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ALEXIS FRAGOSA

NATHALIE DEMIRDJAIN-RIVEST

YVESNER ZAMAR

STEPHANIE WONG

EXPERT WITNESSES

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DAN MORENOFF

WILLIAM RIVERS

JOHN TANNER

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EUGENE RHEE

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P-R-O-C-E-E-D-I-N-G-S

10:05 a.m.

INTRODUCTORY REMARKS

CHAIR GARZA: Good morning, everyone.

This briefing of the United States Commission on Civil Rights comes to order at 10:05 Eastern on March 21st, 2025, and it takes place at the Commission's headquarters at 1331 Pennsylvania Avenue, Northwest, Suite 1150, Washington, D.C. 20425.

Good morning again. I am the Chair of the Commission, Rochelle Garza. And participating in person for this briefing are Vice Chair Nourse, Commissioner Adams, Commissioner Gilchrist, Commissioner Heriot, Commissioner Jones, Commissioner Kirsanow, and Commissioner Magpantay.

Will the court reporter confirm you're present? Court reporter is present. Staff director is present, I believe, yes. I will say yes for him. And I welcome everyone to our public briefing titled Language Access for Individuals with Limited English Proficiency.

So last year marked 50 years since Lau v. Nichols, the landmark Supreme Court decision that established language access as a civil right under Title VI of the Civil Rights Act. Today's briefing

1 builds on that foundation and the Commission's ongoing
2 work, including our 1997 Miami Report which
3 highlighted how language barriers contribute to
4 unequal treatment in immigrant communities. This
5 briefing will explore the challenges that millions of
6 limited English proficient individuals face when they
7 are trying to access government services and
8 healthcare.

9 And now as we examine the current
10 landscape of language access, we must also acknowledge
11 the challenges presented by recent policy shifts,
12 including the executive order rescinding federal
13 language assistance requirements. This order
14 threatens to exacerbate barriers for millions of
15 limited English proficient individuals seeking to
16 access government services, healthcare, and other
17 critical resources. And while some agencies may
18 choose to maintain language access programs
19 voluntarily, the lack of a federal mandate puts
20 essential services at risk for those who need them the
21 most.

22 This Commission remains committed to
23 ensuring that all individuals can access the resources
24 they need to thrive. While millions of Americans rely
25 on federally funded programs, too many encountered

1 barriers simply because English is not their first
2 language. This discussion will help identify
3 solutions and reinforce our commitment to breaking
4 down these obstacles so that no one is excluded from
5 essential services. So to fully understand these
6 challenges and explore potential solutions, today's
7 briefing will feature expert testimony from leaders in
8 the field.

9 We will hear from four panels that will
10 cover the following area. On Panel 1, we will hear an
11 overview of the current language access landscape. On
12 Panel 2, we are going to discuss language access and
13 government services in healthcare.

14 And on the third panel, we're going to
15 hear directly from community advocates about the views
16 on language access. And the fourth and last panel, we
17 will hear from people with limited English
18 proficiency. And following the conclusion of the
19 hearing, the Commission will accept written public
20 comments until April 21st of 2025.

21 So I'd like to thank all of the
22 individuals who joined us today to focus on this
23 critical topic. Your testimony will help fulfill our
24 mission to be the nation's eyes and ears on civil
25 rights. And finally, I would like to thank the

1 Commission staff, including our special assistants,
2 the Office of Civil Rights Evaluation and General
3 Counsel, our technology team, and all of the
4 individuals that made this briefing substantively and
5 logistically possible. It takes a lot of folks to
6 make this work. I will now turn the floor over to
7 Commissioner Glenn Magpantay, the lead Commissioner on
8 this report for his opening statements.

9 COMMISSIONER MAGPANTAY: Thank you very
10 much. And I'm proud to be leading this investigation
11 and this report for the Commission. And as our Chair
12 said, last year was the 25th anniversary of Lau v.
13 Nichols in 1974 that brought language minorities into
14 the Civil Rights Act of 1964.

15 Today, 26 million Americans are limited
16 English proficient. That is 8 percent of the United
17 States population. One in five Americans speak a
18 language other than English in their homes.

19 I said 8 percent is limited English
20 proficient, but that number is higher. For Native
21 Americans, 9 percent are limited English proficient,
22 Asian Americans, 12 percent, Latinos, Latinas, 32
23 percent, and Vietnamese, 57 percent. As our Chair
24 said, the President issues an executive order on March
25 1st declaring English as the official language of the

1 United States.

2 I want to be very clear as a lead on this
3 study that there is no conflict between this hearing
4 and the investigation and that executive order. In
5 fact, I believe that the executive order in this
6 hearing and this report and investigation are
7 consistent. Number one, in the executive order,
8 agencies are still allowed to provide language
9 assistance. That is explicit in the order. Nothing
10 has been taken down from any websites in languages
11 other than English.

12 Two, the order does repeal Executive Order
13 13166, which has enjoyed bipartisan support from
14 President Clinton, President Bush, President Obama --
15 who's next -- President Biden, and President Trump in
16 his first term. Oh, there's been so many of them.
17 And we're so proud of all of them.

18 In this study, we will look at the
19 efficacy of Executive Order 13166 for the historical
20 record because we think it is important for the public
21 and for America to know what was done during that time
22 and what were the challenges and what are some of the
23 improvements. And lastly, that executive order from
24 the President directs the Attorney General of the
25 United States to issue guidance. We as a Civil Rights

1 Commission are authorized under a federal statute to
2 advise the President, his administration, and Congress
3 on equal opportunity and civil rights.

4 I hope that we will be able to develop
5 recommendations to the Attorney General so that she
6 will be able to issue guidance regarding his new
7 executive order. Let me just talk a little bit about
8 the efficacy of 13166. And I want to note that many
9 local and state laws recognize -- have language
10 assistance.

11 We happen to have the D.C. Mayor's office
12 here which is one of those jurisdictions that provides
13 language access. Title VI of the Civil Rights Act and
14 Section 1557 of the Affordable Care Act all have
15 provisions that require language access. And in this
16 work, we will identify problems and successes. Many
17 years ago, I was looking a New York form that was
18 translated to Chinese and it asked to offer the last
19 four digits of your Social Security number, but the
20 translation was offer four nuclear submarines.

21 I've also seen best practices where
22 jurisdictions have used and understood that
23 translations are both an art and a science, that it's
24 really a two-step process where a professional
25 translator translates a document and then a community

1 person proofreads or back translates that document to
2 make sure that the initial translation was not too
3 formal or too colloquial that it can reach the
4 targeted community. And there are even challenges in
5 understanding how this is done. For the record,
6 written materials are translated, oral materials are
7 interpreted, not the other way around, unless you're
8 doing Shakespeare.

9 Chinese is one written language with many
10 dialects, Toisan, Mandarin, Cantonese that are spoken.
11 Hindi and Urdu is similar in the spoken but are very
12 different languages in the writing. Urdu is a
13 derivative of Arabic; Hindi a derivative of Sanskrit.

14 Filipino has dialects of Tagalog, Ilocano,
15 Cebuano. Russian, Hebrew, Korean, Arabic has an
16 alphabet, but they do not use the Roman alphabet.
17 Navajo is an oral language.

18 And so these are challenges that we have
19 in a pluralistic society that is inclusive of all. We
20 need to figure out and provide guidance on how to try
21 to do this work as best as we can. I just want to
22 end, language access does help Americans read English
23 and learn English because it has the English and has
24 the translation. And it begins and assists in that
25 acculturation.

1 I also want to caution our goal is not to
2 say all languages everywhere for every jurisdiction.
3 I would not necessarily say that Hmong is a language
4 that needs to be provided to large numbers of people
5 in Ohio. But in Minnesota where you have large
6 refugee Hmong populations, of course.

7 I do understand that there are limited
8 English proficient Hmong people there. But there is
9 a legal test that looks at the need and the community.
10 Patti DiCostanzo at Bergen County Board of Elections,
11 we can't translate materials into this language. In
12 Bergen County, there's 132 languages that are offered.

13 And I said, Ms. DiCostanzo, the reality,
14 though, is that the Germans speak English, that they
15 are bilingual. So we look for, one, are they limited
16 English proficient? Two, what is the percentage of
17 limited English proficient people in the catchment
18 area, three, the frequency of contact, four, the
19 importance of the service, and five, the resources
20 that are available.

21 Whether we will translate a fishing
22 license, a driver's license, or service notices on a
23 commuter rail placed in different contexts and
24 different jurisdictions. We will explore these
25 concepts over the next -- today and over the next

1 couple of months. I'm so grateful to everyone, and I
2 want to thank my partner in this, J. Christian Adams,
3 Commissioner Adams for his tremendous support and
4 expertise in this work. Mr. Adams.

5 CHAIR GARZA: I'll go ahead and turn the
6 floor over to Commissioner Adams for some opening
7 comments. Thank you, Commissioner Magpantay.

8 COMMISSIONER ADAMS: Thank you very much,
9 Commissioner Magpantay. I'm so pleased that you're
10 focused on this issue. A different perspective
11 perhaps, but I have seen example after example after
12 example through documents produced through either
13 litigation or public records requests of non-citizens
14 getting registered to vote.

15 Yes, that's when everyone can run to their
16 silos. But the reality is it is happening. And it
17 has been a priority of this President to address this.
18 But one of the reasons it's happening is because the
19 non-citizen in the motor voter process is not English
20 proficient.

21 And they're presented with options. Do
22 you want to register to vote? They don't understand
23 it. And before you reach a reflexive conclusion,
24 understand the non-citizen is a victim of the process
25 and faces deportation because they registered to vote.

1 And example after example after example
2 I've seen of non-citizens registering to vote and then
3 writing letters saying, I didn't understand the
4 English. And it's creating there needs to be a fix.
5 So I thank you for this. I'll ask more questions
6 obviously of our panel on this topic. But thank you
7 very much, Commissioner Magpantay.

8 CHAIR GARZA: All right. I'm going to
9 turn us to our briefing with a few housekeeping
10 matters. During the course of the testimony and the
11 question and answer period, I'm going to caution all
12 speakers, including our Commissioners, to refrain from
13 speaking over each other for ease of transcription and
14 to allow for sign language translation. I'd ask that
15 we allow for any individuals who might need to view
16 the sign language translation to sit in the seats with
17 a clear view.

18 And for any member of the public who would
19 like to submit materials for our review, our public
20 record will remain open until April 21st, 2025.
21 Materials can be submitted by mail to the U.S.
22 Commission on Civil Rights, Office of Civil Rights
23 Evaluation, 1331 Pennsylvania Avenue, Northwest, Suite
24 1150, Washington, D.C. 20425 or by email. And the
25 email address is languageaccess@usccr.gov.

1 During the panel -- during the briefing,
2 each panelist will have seven minutes to speak. And
3 after each panel's presentation, Commissioners will
4 have the opportunity to ask questions with the
5 allotted period of time. And I will recognize
6 Commissioners who wish to speak.

7 I'll strictly enforce the time allotments
8 given to each panelist to present his or her
9 statement. And unless we did not receive your
10 testimony until today, you may assume that we have
11 read it. So you can summarize it, and we will
12 appreciate that so we can make the best use of the
13 seven minutes that are allotted.

14 So please focus your remarks on the topic
15 of our briefing. I ask my fellow Commissioners to be
16 cognizant of the interest of each Commissioner to ask
17 questions. So please be brief in asking your question
18 so we can move quickly and efficiently through today's
19 schedule. I will step in to move things along if
20 necessary.

21 Panelists, if you will please notice a
22 system of warning lights that we have set up in front
23 of you. When the light turns from green to yellow,
24 that means two minutes remain. When the light turns
25 red, you should conclude your statement so you do not

1 risk me cutting you off mid-sentence. And my fellow
2 Commissioners and I are going to do our part to keep
3 the questions and comments concise.

4 So we're going to go ahead and turn to our
5 first panel, an overview of the current language
6 access landscape.

7 PANEL 1: OVERVIEW OF THE CURRENT LANGUAGE

8 ACCESS LANDSCAPE

9 CHAIR GARZA: And so I'm going to
10 introduce our speakers for this panel in the order in
11 which they will be speaking. We have Dr. Yunju Nam,
12 Associate Professor, University of Buffalo, School of
13 Social Work. We have Dan Morenoff, Executive
14 Director, American Civil Rights Project, Dr. William
15 Rivers, Principal at WP Rivers and Associates, John
16 Tanner, former Chief, Voting Rights Section at the
17 DOJ, Jacob Hofstetter, Policy Analyst at the Migration
18 Policy Institute.

19 And so I'm going to ask each of you to
20 raise your right hand to be sworn in. Will you swear
21 and confirm that the information that you're about to
22 provide us is true and accurate to the best of your
23 knowledge and belief? Affirmative from all. Thank
24 you so much. We're going to go ahead and start with
25 Dr. Nam. You can begin.

1 DR. NAM: Thank you for the opportunity to
2 testify at the U.S. Commission of Civil Rights. I'm
3 an associate professor at School of Social Work,
4 University of Buffalo where my research is in the
5 language access policies and programs through
6 community engaged multi-method research. In
7 collaboration with community and policy advocacy
8 organization, I have observed the challenges LEP
9 individuals face, their resilience in overcoming
10 language barrier, and the way community mobilize
11 resources for them.

12 This testimony draw from existing
13 literature, my research, and my direct observation of
14 immigrant and refugee communities. This is an
15 overview of my testimony. First, I plan to give an
16 overview of the -- who are the people with limited
17 English proficiency.

18 But it is already well covered at the
19 opening, so I will skip this part. And I will cover
20 the data on LEP and access to government benefit and
21 services. Third, I will examine how limited language
22 services affect access to the government benefit and
23 services both in general and during the COVID-19
24 pandemic.

25 Fourth, I will discuss the role of

1 informal social network and community organization in
2 filling language access gap. Fifth, I will address
3 the impact of limited language access on communities.
4 Finally, I will conclude the testimony with
5 recommendations.

6 So I will skip this part. Although U.S.
7 has high quality public data from national represented
8 samples, existing data set are insufficient in giving
9 question -- giving answer -- in answering questions
10 about LEP individuals' challenges. Large-scale
11 national data enabled researchers to compare
12 participation rate between LEP and non-LEP
13 individuals. However, this data set cannot establish
14 causality as English proficiency is also linked to
15 factors like education and labor market outcome that
16 influence program participation.

17 Additionally, current data do not allow
18 researchers to study mechanisms through which limited
19 English proficiency affect access to benefit and
20 services. To expand our understanding, we need more
21 detailed data on LEP individuals' experience. Limited
22 language access create barriers to government benefit
23 and services by increasing administrative burdens, the
24 cost and bureaucratic challenges of interacting with
25 government agencies.

1 First, it increase learning costs, making
2 it harder for LEP individuals to find information
3 about available benefit and how to apply. Second, it
4 increase compliance cost requiring more time and
5 effort to meet program requirement. Evidence support
6 the high processes (phonetic) of administrative
7 burdens with the interpretation and translation
8 service individual -- LEP individuals face significant
9 challenges in applying for government benefit and
10 maintaining their eligibilities.

11 A recent survey found that 25 percent of
12 LEP individuals experience language related
13 difficulties. At the same time, research showed that
14 language access service improve enrollment. Bilingual
15 application assistance and translated government
16 document significantly increase participation rate
17 among the LEP individuals.

18 Language access became a critical issue
19 during the COVID-19 pandemic. LEP individuals
20 struggled to access COVID-19 relief programs because
21 of language -- limited language services, especially
22 only in the pandemic. Information was available only
23 in English and translated materials were delayed,
24 sometimes become accessible only after program fund
25 have been depleted.

1 Reliance on online application further
2 exacerbate these barriers. Without translated
3 instructions or language assistance, many LEP
4 individuals were unable to apply for benefit because
5 online application required applicant to read,
6 complete, and submit (inaudible due to accent). An
7 immigrant small business owner shared her experience
8 during COVID-19.

9 I often feel depressed because of the
10 language. Native speakers of English obtained
11 information much quicker than us. Accordingly, they
12 receive every benefit available and maximum amount
13 possible. However, it was extremely hard for us to
14 apply for these benefits. We received much less than
15 we deserved.

16 Informal social network and community and
17 ethnic organization help fill the language access gap.
18 LEP individuals openly rely on family members,
19 including young children or community members for
20 assistance. In an area with strong ethnic
21 communities, ethnic and community organization provide
22 language support.

23 With a shared language and cultural
24 background, these network offers linguistically and
25 culturally competent assistance. However, many

1 informal interpreters lack professional training,
2 increasing the risk of misinterpretation, resulting in
3 spreading misinformation and potential harm within the
4 communities. Limited language access has profound
5 psychological and economic consequence for LEP
6 individuals and their communities.

7 LEP individuals face financial strain and
8 emotional distress. Many report frustration and
9 depression struggling to access government benefit and
10 services. Children in LEP households often serve as
11 language broker interpreting their parents in
12 connection with government officials.

13 This push them into other responsibility
14 interfering with their education and leading to
15 significant psychological stress and mental health
16 challenges. Inviting community members in area with
17 few English speakers feel obligated to assist others
18 often at the expense of financial stability and well-
19 being. Community and ethnic organization became
20 overburdened with linguistic services.

21 This strain there already limited
22 financial and organization capacity. To improve
23 language access, I offer recommendation. First,
24 government must expand language services that are both
25 linguistic and culturally competent. Second, to

1 ensure service meet the need of LEP individuals, the
2 government should collaborate with the community
3 leaders and organization incorporating their insight
4 and expertise.

5 Third, governments should provide
6 professional language support to ease the burden on
7 children and community members as unpaid language
8 brokers. Fourth, many LEP individuals are unaware of
9 language service available. Government must improve
10 outreach effort. Thank you.

11 CHAIR GARZA: Thank you so much, Dr. Nam.
12 We're going to now here from Mr. Morenoff.

13 MR. MORENOFF: Thank you. Congress knows
14 how to protect language minorities as language
15 minorities. We know that because they've done so in
16 the Voting Rights Act.

17 In 1975, Congress amended the statute to
18 specifically provide protections for language
19 minorities and defined the term to mean foreign only
20 for subgroups. One of those that matters for these
21 purposes is persons of Spanish heritage. The statute
22 doesn't define persons of Spanish heritage, but all of
23 the standard tools of statutory interpretation point
24 in the same direction, clearly indicating that the
25 phrase in the statute means native Spanish speakers.

1 The record is also clear that the primary
2 evil that Congress was seeking to remedy in creating
3 this protection was vote dilution of Spanish speakers
4 and a larger English speaking electorate. Yet despite
5 that fact, no case ever applied the Voting Rights Act
6 in redistricting context to protect Spanish speaking
7 Americans. And there's only one case that's even
8 peripherally dealt with the issue.

9 It's Portugal v. Franklin, and it's a
10 Washington state court case, interpreting the
11 Washington Voting Rights Act, not the federal Voting
12 Rights Act at all. There the Supreme Court of
13 Washington dodged the substance of the issue on the
14 basis that no case law supports treating the statutory
15 language as a protection of Spanish speakers. The
16 Supreme Court of Washington literally refused to
17 address an issue of first impression because it was an
18 issue of first impression.

19 To say the least, this leaves this area
20 ripe for further development. Meanwhile, Congress has
21 not included parallel language in its major civil
22 rights statutes, not in the Civil Rights Act of 1866,
23 not in the Civil Rights Act of 1964. As a result,
24 Section 1981 and its ilk are about race.

25 Title VI provides protections against

1 discrimination because of race, color, national
2 origin. Title VII does the same for race, color,
3 religion, sex, and national origin. What they have in
4 common is that language minority status is notably
5 absent from all of those lists. Since Congress knows
6 how to protect language minorities as language
7 minorities, when it wants to do so, this absence must
8 be treated as a choice. Congress has chosen not to
9 protect language minorities as language minorities in
10 these statutes.

11 Nonetheless, there are cases under Title
12 VI and Title VII, finding such protections by reading
13 disparate impact into the statutes, and claiming
14 there's a sufficient correlation between national
15 origin on the one hand and English proficiency on the
16 other to jump the tracks and just treat the two as if
17 they're synonymous. The two leading cases for the
18 Title VI context would be *Lau v. Nichols* and
19 *Guardians*. *Lau* is a 50-plus year old case declaring
20 Title VI a disparate impact statute.

21 *Guardians* saw five justices opine on the
22 propriety of agencies administratively imposing
23 disparate impact liability under the statute. There
24 are major problems with reading either of these cases
25 as good authority in the present. The clearest

1 problem for Lau would be that the Supreme Court
2 overturned it in 1977 in the Bakke case.

3 Guardians, Guardians did see five votes
4 for -- five votes -- five justices comment on the
5 propriety of administratively imposing disparate
6 impact liability. But that was not the holding of the
7 case. After all, the Supreme Court affirmed a denial
8 of liability.

9 And you don't have to take my word for it
10 because later cases have made this very clear. In the
11 Sandoval case in 2011, the Supreme Court both
12 expressly labeled language in Guardians dicta and
13 described the Lau concurrence as dead authority
14 itself. More broadly, more recent Supreme Court cases
15 have gutted the reasoning of both of these opinions.

16 I would point you especially towards West
17 Virginia v. EPA and Loper Bright. The bottom line
18 would be that however admirable it might be, however
19 good an idea it might be for the federal government to
20 assure that non-English speakers can access services
21 funded by the federal government, Title VI does not do
22 it. The story in Title VII is parallel but a little
23 bit different.

24 The difference is not in the statutory
25 language. The statutory language is functionally the

1 same. It again includes nothing about language
2 minorities at all.

3 What is there in all of the subsections of
4 the prohibitory language of Title VII was interpreted
5 by the Supreme Court last year in its Muldrow opinion.
6 One certainly could read that discussion to indicate
7 that language to only cover intentional
8 discrimination. By all appearances, that would
9 indicate that Title VII should be no more of a
10 disparate impact statute than Title VI is. Still, the
11 Supreme Court has not held that yet.

12 And until and unless it reverses Griggs v.
13 Duke Power, it remains possible for parties to bring
14 disparate impact Title VII suits. Still, anyone doing
15 so on behalf of a language minority would face some
16 high factual hurdles due to intervening factual
17 developments. I know that Commissioner Magpantay has
18 spoken to some of the statistics there.

19 The Census Bureau has parallel statistics.
20 It says that 84 percent of Hispanic Americans speak
21 English at least well, 70 percent of Asian Americans.
22 These are supermajorities. If supermajorities of all
23 of our national origin groups speak English at least
24 well, where -- any policy impacting those with limited
25 English proficiency sufficiently affect any national

1 origin group to trigger liability under the statute.

2 I'll put it more concretely. If no more
3 than 16 or perhaps less than 10 percent of Hispanics
4 don't speak English well, where would an English only
5 requirement sufficient affect a national origin group
6 to trigger liability? I would hazard to suggest that
7 these facts on the ground mean that for a claim to
8 survive a Rule 12 dismissal motion, a plaintiff is
9 going to have to show their work.

10 They're going to have to explain and
11 plausibly demonstrate how what they're talking about
12 is actually discrimination on the basis of national
13 origin. And at least generally nationwide, that
14 should be a very hard thing to prove. It appears that
15 that would counsel -- that we probably should expect
16 to only see such cases in the most exceptional
17 circumstances.

18 There's obviously much more to these said.
19 I've said a good deal of it in the written version of
20 my testimony. Nonetheless, I'd be happy to answer any
21 questions you all might have.

22 CHAIR GARZA: Thank you. Thank you very
23 much Mr. Morenoff. We're going to now turn to Dr.
24 Rivers. If you would please proceed.

25 DR. RIVERS: Thank you, and thank you to

1 members of the United States Civil Rights Commission
2 for taking up the vitally important subject of
3 language access in civil rights and for the
4 opportunity to brief you today on the current state of
5 language access. My name is Bill Rivers. I have
6 worked on language access at the national, state,
7 local, and municipal level and within the language
8 industry for the last quarter century.

9 Notwithstanding the comments from Mr.
10 Morenoff, and I'm a linguist, not a lawyer. Both
11 starts with L. There's a lot of reading involved.
12 But I don't claim any legal expertise.

13 What we understand is a legal framework
14 for language access as a civil right has been fairly
15 well established in the record with Lau in particular
16 and some of the other cases. And there are other
17 statutes where Congress did, in fact, include
18 explicitly language access as a civil right in
19 particular. Section 1557 of the Affordable Care Act
20 and the enacting regulations at 45 CFR 92 provide
21 extensive guidance, including notably a prohibition
22 against the use of minor children as ad hoc
23 interpreters and language brokers absent truly exigent
24 circumstances.

25 I work with an industry that can provide

1 24/7/365 over the phone or virtual remote interpreting
2 language access in more than 350 languages. So that
3 exigent circumstance is actually sort of hard to come
4 up with even as a hypothetical. And in most of those
5 languages, if there's a service level agreement in
6 place between the medical provider and the language
7 services company, those 350 languages can usually be
8 obtained within 90 seconds to minutes.

9 So Executive Order 13166 did help clarify
10 the civil rights requirements as they apply to the
11 executive branch. And it had a salutary effect on
12 many state and local governments that were in the late
13 '90s, early aughts dealing with the incredible
14 diversity that occurs in the United States. As
15 Commissioner Magpantay noted, there's more than 75
16 million people who speak a language other than English
17 at home, 26 million of whom are classified as limited
18 English proficient.

19 The Bureau of the Census lists 350
20 languages spoken in the U.S. The actual number is
21 much higher for reasons that have to do with sampling
22 theory and sample sizes and such. And that's a
23 different thing that I actually use to teach being
24 it's a lot of smaller communities.

25 And sometimes people will say that they

1 speak English well, and maybe they do, maybe they
2 don't because the real test is what happens when they
3 show up at the emergency room, at the doctor's office,
4 in the courtroom. Can they be understood? Can they
5 make themselves understood?

6 Can they understand what is going on? Can
7 they give informed consent? Can they participate
8 meaningfully in the court case? There are at least
9 800 languages we know of. That comes from a recent
10 survey in the City of New York, and that's immigrant
11 languages.

12 You can add 150 Native American,
13 Asia/Pacific Islander, Hawaiian, and Alaska Native
14 languages. So we're talking about 950 or so languages
15 spoken in the U.S. As I said, language access is
16 strongest in the healthcare system thanks to Section
17 1557 and the enacting regulations which I mentioned 45
18 CFR 92 and in the federal and state courts.

19 We have a Federal Court Interpreter Act
20 and most state courts also have parallel acts. And of
21 course, if state courts receive funding from one or
22 another federal agency, then they are subject to Title
23 VI as well even though they're a judicial branch of
24 that particular state. Other service providers, we
25 see certainly more uneven patterns, especially the

1 local government level where school systems and
2 municipal governments may lack the expertise to
3 provide effective language access and may face large
4 numbers of languages in their municipalities and their
5 services areas, albeit mostly spoken by small
6 populations.

7 For example, I was told yesterday that
8 Tulsa, Oklahoma has more than 70 languages in its
9 school system. That's the kind of diversity we were
10 talking about. And again, if we rely on Title VI,
11 Title VI says, no one shall be discriminated against.

12 I'll also point out that the four-factor
13 test that Commissioner Magpantay mentioned was
14 developed as guidance by the Department of Justice
15 under Executive Order 13166. So you can still use it,
16 but it's just no longer official guidance. At least
17 that's my understanding. And guidance, of course, is
18 guidance.

19 There are lots of cases where it's very
20 hard to find interpreters, languages like indigenous
21 languages of Southern Mexico and Guatemala, Zapoteco
22 where you might need a Spanish Zapoteco interpreter
23 and English-Spanish interpreter called Relay. And
24 that provides additional barriers. Certainly, in
25 another case that I just want to highlight quickly is

1 that during natural disasters, often the local talent
2 as it were, the people who'd be relied on locally for
3 language access and for all sorts of other services
4 during a natural disaster, they may well be victims of
5 a disaster itself. And so that poses an additional
6 challenge.

7 One of the things I wanted to highlight
8 too is that unlike -- provision of language access is
9 much more like the provision of access under the
10 Americans with Disabilities Act in that it requires
11 affirmative actions be taken. I mean, not affirmative
12 action, per se. But you actually have to do
13 something, and you have to expend resources.

14 And that can pose an additional threshold
15 for entities who are -- they're public agencies
16 budgets have to pencil out. And so it's always a
17 challenge to find those resources whereas refraining
18 from discrimination, I mean, there are likely costs
19 for that too. But it's not so obvious or so easy to
20 put into a line item.

21 I'll wrap up a little bit with the
22 question I get very often as, well, isn't AI or
23 machine translation going to solve this? And AI
24 really can be seen as an outgrowth of statistical
25 machine translation, just on a much larger, more

1 complex scale. It still makes mistakes.

2 There's a civil rights complaint filed
3 against the state of Virginia for a mistranslation on
4 their website during the COVID crisis. That was the
5 vaccine is not mandatory. It was translated into
6 Spanish, that translation of which would've been the
7 vaccine is not necessary. That is a significant
8 difference, wasn't caught.

9 There is regulatory language around
10 machine translation that requires review by a
11 qualified human translator in the healthcare context.
12 We also have seen since the rescission of the
13 executive order at least seven federal language access
14 contracts have been rescinded. This is probably not
15 entirely attributed to the rescission of the executive
16 order but also to DOGE.

17 And it begs the question how those
18 agencies then engage with those citizen residents,
19 whether they're here legally or not. The
20 recommendation that I have made in my text is that the
21 Commission should strongly consider whether the
22 protections that were made explicit by Executive Order
23 13166, binding only on the executive branch as we
24 understand, whether that would be a subject for
25 legislation. Thank you.

1 CHAIR GARZA: Thank you so much, Dr.
2 Rivers. We're going to now hear from Mr. Tanner. If
3 you could please proceed.

4 MR. TANNER: I thank the Chair and the
5 Vice Chair and members of the Commission for inviting
6 me here to discuss the vital -- this vital topic. My
7 experience is in voting rights which were rights
8 literally vital to the health of democracy. I kept a
9 Justice Department career as Chief of the Voting
10 Section where our duties included language access
11 enforcement.

12 And I saw how without full language
13 assistance, elections amount to multi-layer literacy
14 tests. The Voting Rights Act provides it in counties
15 where large numbers of U.S. citizens of voting age
16 rely on Spanish or on Asian and Native American
17 languages. They must get assistance that meets that
18 need.

19 It's a statute. It's not affected by any
20 executive order. Where the county provides
21 information to voters in English, it must also provide
22 it in an equally effective manner in the minority
23 language.

24 With Census about to announce new counties
25 subject to the language requirements back in 2000 as

1 it will again this year through the American community
2 survey, we met face to face with state and local
3 officials and with local minorities and advocates in
4 each and every county with new obligations and
5 identified and then offered best practice. The key
6 lesson we learned which I think has been mentioned by
7 about everyone here is that you suit your program to
8 the needs of the actual voters. How to communicate in
9 Navajo, an historically unwritten language orally to
10 isolated voters without telephones is simple really.

11 You learn how businesses in the tribal
12 government communicate with them and use those same
13 channels which proved effective in those other uses.
14 Where officials refused or neglected to comply with
15 federal law, we file lawsuits. Beginning in 1978, the
16 Voting Section has filed a total of 51 language access
17 cases. That's based on the Voting Section's website.
18 And those first 14 years, we filed 0.6 per year or a
19 little better than one case every two years.

20 In the ten years from 2001 to 2010, we
21 filed 31 language access cases, 3.1 per year, more
22 than five times the prior rate. In the 14-plus years
23 since 2011, the Voting Section only filed six language
24 access cases or less than one every two years.

25 The lack of activity since 2011 has been

1 disheartening, especially since once filed, lawsuits
2 quickly bore fruit. A case against San Diego County
3 in June 2004 resulted in 1,000 additional bilingual
4 poll workers for the 2004 general election and sharp
5 increases in minority participation. After San Diego
6 and after a face-to-face meeting in their office, Los
7 Angeles County was inspired. They had 2,200 minority
8 language poll officials.

9 Compliance requires monitoring. We had to
10 sue Alameda County a second time. And I fear that
11 backsliding as usual has been widespread and that new
12 unmet language access needs have arisen across the
13 country.

14 Some of the problems the counties face are
15 just sloppiness. New York City reversed yes and no on
16 Chinese language ballots on the ballot proposition.
17 One of my favorites, a local school bond issue in
18 Kansas translated school children as cabritos or
19 goats.

20 Other issues are appalling. All too often
21 is the experience of the Philadelphia citizen who took
22 her daughter to the polls. The poll workers were
23 laughing at the fact that I cannot speak English. My
24 daughter told the poll worker in broken English that
25 I needed help in Spanish. They cannot help me in

1 Spanish. I became very upset at being laughed at,
2 being made fun of, and I started crying. And I walked
3 out of the polling place.

4 In Westchester County, poll workers stood
5 in front of the voting booth in the schoolhouse door
6 as it were to block Spanish speaking citizens from
7 receiving assistance as did a police officer in
8 Springfield, Massachusetts. A Philadelphia citizen
9 testified our people are good enough to fight in any
10 war. And now when it is our right to vote as United
11 States citizens, we're laughed at, pushed. If we're
12 good enough to die for the United States, are we not
13 good enough to vote?

14 Voters are as Commissioner Adams mentioned
15 vulnerable to fraud as well as abuse as detailed in
16 our Boston complaint and Philadelphia. Poll workers
17 reported that a voter came in who, quote, spoke
18 Oriental, but we voted for him. And too often,
19 Commissioner Adams mentioned, non-citizens fill out
20 voter registration forms in person and online and
21 through their motor voter without translation of the
22 citizenship oath they understand.

23 The immigrant gets in legal trouble. And
24 illegitimate names remain on the voter rolls where
25 unscrupulous persons will cast ballots in those names

1 in some places. Our programs of relief were
2 customized to the needs of the particular county.

3 Each is both complex and comprehensive.
4 They're based on citizen participation. And that
5 citizen participation is very important. The San
6 Diego case was built largely on the efforts of 14
7 Filipino and Vietnamese students interested in
8 monitoring the polls.

9 They went with the help of an enterprising
10 attorney in our office, and they formed the basis of
11 a lawsuit. Private suits can be brought and should
12 be. A San Diego voter thrilled to find a Vietnamese
13 poll worker exclaimed, America is the greatest country
14 in the world. I'm going to tell everyone. I hope
15 that we can all make it even better.

16 CHAIR GARZA: Thank you very much, Mr.
17 Tanner. We're going to now turn to Mr. Hofstetter.
18 If you would please begin.

19 MR. HOFSTETTER: Good morning. My name is
20 Jacob Hofstetter, and I am a policy analyst at the
21 Migration Policy Institute's National Center on
22 Immigrant Integration Policy. MPI is an independent,
23 nonpartisan think tank located here in Washington.

24 Our research focuses on immigration and
25 integration policy, both in the United States and

1 internationally. Thank you for the opportunity to
2 testify today on language access which is a primary
3 area of my research at MPI. I'll begin my remarks by
4 giving the sense of the size and the population
5 affected by this issue.

6 As the Commissioners noted and other
7 panelists have noted, MPI analysis of American
8 community survey data showed that there were over 26
9 million limited English proficient or LEP individuals
10 in the U.S. as of 2022. LEP individuals make up 8.4
11 percent of the total U.S. population. In addition, 20
12 states have over 250,000 LEP individuals, and 6 states
13 have populations of over one million.

14 The LEP population is primarily made up of
15 those born outside of the U.S. But it also includes
16 9.2 million naturalized citizens and over 5.3 million
17 U.S. born citizens. Language barriers can limit LEP
18 individual's access to public information and
19 government services.

20 This can hinder their economic mobility,
21 well-being, health, and safety by disrupting their
22 access to key public services like healthcare,
23 emergency services, and education. Language barriers
24 can also disrupt the efforts of government agencies to
25 reach linguistically diverse communities which can

1 undermine the effectiveness of those government
2 programs. As disasters and emergencies like the
3 COVID-19 pandemic have demonstrated, not adequately
4 delivering communications and languages other than
5 English can have serious impacts for both public
6 health and safety as well.

7 Beyond these practical impacts, providing
8 language access has been a requirement under federal
9 civil rights laws and regulations for decades as this
10 Commission is well aware. The original intent of my
11 testimony was to describe the current policy landscape
12 at the federal, state, and local levels related to
13 language access as well as describe some opportunities
14 for improvement. However, given the recent shift in
15 federal policy on this issue, I feel it is important
16 today to explore the potential consequences of that
17 action.

18 To start off, I'll provide some more
19 background on the federal policy framework for
20 language access that was in place until recently. The
21 foundation of this was federal civil rights law and
22 regulations, including Title VI of the Civil Rights
23 Act of 1964 that require all recipients of federal
24 funding to ensure that individuals are not denied
25 access to programs solely because they're LEP.

1 Previously as has been noted, Executive Order 13166
2 also required federal agencies themselves to take
3 steps to provide language access.

4 The policy framework built out from this
5 executive order helped ensure that federal agencies
6 provided language assistance, develop language access
7 plans, and issued guidance to funding recipients on
8 how to achieve compliance with language access
9 requirements. But on March 1st, 2025, the Trump
10 administration revoked this policy with its own
11 executive order, 14224. The full impact of this
12 policy shift remains to be seen but has removed a key
13 part of the framework that helped provide access to
14 federal programs for LEP individuals.

15 Due to the new executive order, federal
16 agencies are no longer required to provide language
17 access in the programs they deliver directly to the
18 public. They're still permitted to do so as the
19 executive order directly states. But agency
20 leadership now have increased leeway to decide the
21 extent to which they will provide language access.

22 This could mean a reduction in efforts by
23 federal agencies to provide LEP individuals with
24 access to critical services and information. The
25 Trump administration's new policy is likely to have

1 less of an immediate impact on programs that receive
2 federal funding but are delivered at the state and
3 local levels since their obligations to do so stem
4 primarily from Title VI rather than Executive Order
5 13166. However, the recent executive order did direct
6 the Attorney General to rescind longstanding guidance
7 documents on language access issued by the Justice
8 Department and other federal agencies.

9 This guidance has provided key information
10 to federal funding recipients on how to achieve
11 compliance with these requirements. We don't know
12 exactly what the new reissued guidance from the
13 Justice Department will look like. But there is a
14 chance it may provide less detailed guidance or seek
15 to downplay requirements around language access for
16 federal funding recipients.

17 This could eventually have a downstream
18 effect on LEP individuals' access to a wide range of
19 government programs across the country. In light of
20 these policy changes and uncertainty at the federal
21 level, it is increasingly important to examine action
22 at the state and local levels on language access as
23 well. Both federal civil rights requirements play a
24 role in state and local efforts.

25 Many of these initiatives have also come

1 about on their own due to practical concerns that
2 state and local governments face. These include
3 concerns related to increased demand for language
4 assistance from constituents and a pressing need to be
5 able to communicate with a multi-lingual public. Many
6 states and localities have also developed their own
7 formalized language access laws and policies.

8 Our research at MPI has shown a growth in
9 the number and reach of these laws and policies along
10 with shared common futures across many jurisdictions.
11 In the places they do exist, these laws and policies
12 have generally been successful. They have expanded
13 efforts to plan for and coordinate language assistance
14 for LEP individuals, and they've also improved access
15 to government programs for LEP residents.

16 The growth of these state and local
17 policies nationally also stands as its own success
18 into creating greater responsiveness to the importance
19 of providing language access by states and localities.
20 To conclude, progress has been made in the past 25
21 years on language access across all levels of
22 government. The recent shift in federal policy,
23 however, presents a potential challenge to these
24 advances.

25 The full impact of President Trump's

1 executive order will depend on two things. First, the
2 extent to which federal agencies continue to provide
3 and support language access. And second, the nature
4 of the administration's reissued guidance for federal
5 funding recipients on language access.

6 State and local efforts related to
7 language access will not only remain in place, but
8 they will likely become even more consequential in
9 ensuring that individuals are not blocked from
10 accessing government programs solely because of
11 language barriers that they face. Thank you for the
12 Commission's attention to this important issue as well
13 as the opportunity to testify today. I look forward
14 to answering any questions you have.

15 CHAIR GARZA: Well, thank you, Mr.
16 Hofstetter. At this point, we're going to accept
17 questions from the Commissioners. Commissioner
18 Magpantay, you're recognized.

19 COMMISSIONER MAGPANTAY: Thank you.
20 Outstanding. Thank you all for your feedback. Mr.
21 Hofstetter, you mentioned the Attorney General's
22 guidance that she'll be providing.

23 If you were to advise the Attorney General
24 which is our role, right, what would that be? And
25 actually, like you say, you don't have to answer that

1 now if you want to think about it and submit it. But
2 I would like to hear your thoughts on what we could
3 suggest to the Attorney General for guidance in
4 promulgating the new executive order.

5 MR. HOFSTETTER: I think ideally based on
6 our research at MPI, we've done an extensive amount of
7 research on language access and federally supported
8 programs. And in fact, what's needed is more guidance
9 in a lot of cases. Many times, recipients of federal
10 funding are not fully aware or understanding of the
11 obligations that they face.

12 So even more detailed guidance from the
13 Attorney General, building on the existing guidance,
14 would be very useful to federal funding recipients.
15 In addition, this guidance that exists currently or
16 that was rescinded has been incredibly foundational
17 for folks at the state and local level who are working
18 on language access as well as all recipients of
19 federal funding seeking to comply with these
20 requirements. So providing less detailed guidance or
21 seeking to downplay requirements to provide language
22 access could create new uncertainty and confusion
23 amongst recipients in state and local programs and
24 ultimately lead to a decrease in language access as
25 well. So maintaining the existing elements of the

1 guidance would be incredibly useful to the field.

2 COMMISSIONER MAGPANTAY: Very good. And
3 just one more. Mr. Tanner, you mentioned the language
4 access cases that you filed with the Department of
5 Justice. And again, thank you for your service to the
6 country. Who is the -- which administration was in
7 office during that time?

8 MR. TANNER: Well, I gave the data by
9 decade because I really don't like people thinking of
10 language access as a partisan issue. And you know who
11 the Presidents were when in 2012. That's the end of
12 President Clinton's term was in the big decade and
13 then the Bush administration for eight years and was
14 followed, as you know, by the Obama administration.

15 COMMISSIONER MAGPANTAY: Very good. No,
16 I just wanted to note for the record that I remember
17 the Department's testimony before Congress on the
18 extension of the Voting Rights Act and recommending --
19 and the descriptions of how the Bush Justice
20 Department had done tremendous work in advancing
21 language assistance under the Voting Rights Act which
22 is separate from the Civil Rights Act. But I do want
23 to commend you and the Bush Justice Department for
24 that pioneering work.

25 MR. TANNER: Well, thank you. We did find

1 a target rich environment.

2 CHAIR GARZA: You're going to defer to the
3 Vice Chair?

4 COMMISSIONER ADAMS: Well, I think she has
5 a media question.

6 CHAIR GARZA: Okay. All right. Vice
7 Chair Nourse.

8 VICE CHAIR NOURSE: Thank you,
9 Commissioner Adams.

10 CHAIR GARZA: Vice Chair Nourse, you're
11 recognized.

12 VICE CHAIR NOURSE: I just want to get
13 some legal clarification. So I have questions for Mr.
14 Morenoff and Mr. Tanner and Mr. Hofstetter. So it
15 seems, Mr. Morenoff, we're clear that the ACA and the
16 Voting Rights Act do have provisions covering language
17 access explicitly in the text. Is that correct?

18 MR. MORENOFF: Ma'am, I know that the
19 Voting Rights Act does. I will not purport to have
20 any expertise about Section 1557.

21 VICE CHAIR NOURSE: Okay. All right.
22 Fine. Thank you. But there are separate statutes
23 covering language access other than Title VI is all
24 I'm trying to say because your focus of your testimony
25 was about Title VI. And do you agree with that, Mr.

1 Hofstetter and Mr. Tanner?

2 MR. TANNER: I agree as to the Voting
3 Rights Act which covers not only the specific language
4 in these but also protects language minority groups --

5 VICE CHAIR NOURSE: Yes, yes, it does.

6 MR. TANNER: -- from general
7 discrimination.

8 MR. HOFSTETTER: Yes, I will note that I
9 am not an attorney. However, there are additional
10 regulations and laws beyond just Title VI that affect
11 particular federal programs that carry language access
12 requirements.

13 VICE CHAIR NOURSE: Okay. And the Supreme
14 Court has actually had a 1557 case recently where they
15 acknowledged that it was possible to sue for lack of
16 language access in the health environment. This was
17 in the last couple of years. They denied emotional
18 recovery damages, but the cause of action still
19 exists.

20 So Mr. Morenoff, on Title VI, so I'm not
21 a Title VI expert. But I do know a lot about
22 discrimination in general and the lawsuits that are
23 brought there. And so I'm a bit curious as to why you
24 -- I mean, I guess I have to agree with you, but I
25 would go at it a very different way.

1 I mean, Washington v. Davis and a whole
2 series of cases have held that intentional
3 discrimination is required. And so you would like an
4 affirmation that intentional discrimination would be
5 required under Title VI. Is that your claim?

6 MR. MORENOFF: Title VI is a disparate
7 treatment statute which bans intentional
8 discrimination. Yes, and particularly intentional
9 discrimination on the basis of race, color, and
10 national origin.

11 VICE CHAIR NOURSE: Right. Okay. I just
12 would've gone at the problem with a different set of
13 cases. That's all. That's it. Just legal
14 clarification. Thank you.

15 CHAIR GARZA: Okay. Commissioner Adams.

16 COMMISSIONER ADAMS: Thank you, Madam
17 Chair. Mr. Tanner, I have a number of questions for
18 you. I'm glad you're here. It's my hope that your
19 answers appear in the report drafts that we see. That
20 is not always the case, but I hope it is in this case.

21 You spoke about -- and I draw the staff's
22 attention to your written materials about election
23 fraud. Hope that shows up in the drafts. But I want
24 to ask you a question. What is imposition of
25 assistance? Does that have a --

1 MR. TANNER: Section 208 of the Voting
2 Rights Act gives people who need help in marking their
3 ballots the right to choose their own person, anyone
4 they want other than their employer or an officer of
5 their union, to provide that assistance, people who
6 are visually impaired or have limited language skills
7 or disabilities.

8 COMMISSIONER ADAMS: And while you were
9 chief of the Voting Section, you encountered
10 circumstances and cases where assistance was being
11 imposed on voters somewhat against their will. And my
12 question is what does having interpreters in the
13 polling place do to mitigate against imposition of
14 assistance?

15 MR. TANNER: The -- well, it changed
16 things in Boston and Philadelphia. I'm hopeful,
17 although Philadelphia is Philadelphia. Just having a
18 member of a minority group in the polling place
19 changes the dynamic dramatically. Everyone behaves a
20 lot better --

21 COMMISSIONER ADAMS: And the end result --

22 MR. TANNER: -- on many levels.

23 COMMISSIONER ADAMS: When assistance is
24 imposed, sometimes it creates a fraudulent vote,
25 right?

1 MR. TANNER: Oh, yes.

2 COMMISSIONER ADAMS: Okay. Next question,
3 let's talk about --

4 (Simultaneous speaking.)

5 COMMISSIONER MAGPANTAY: -- the
6 interpreters who are nonpartisan from the Board of
7 Elections will provide non-nonpartisan fair
8 assistance. That is the Boston v. U.S., correct? Or
9 U.S. v. Boston.

10 MR. TANNER: Yes, the poll workers who do
11 not speak Chinese or Vietnamese were in some instances
12 just taking the ballots away from voters and marking
13 them without reference to the voters' wishes.

14 COMMISSIONER ADAMS: And I want to make
15 sure the record is clear. Not having interpreters
16 working in the polls as election officials allows the
17 bad guys to get away with it and cast illegal votes,
18 right?

19 MR. TANNER: It certainly enhances their
20 ability to do so. But there are poll workers who are
21 problems themselves. And in Philadelphia I recall
22 some years ago, there was poll workers just marking
23 ballots at the end of the day.

24 COMMISSIONER ADAMS: So I have a lot more
25 questions. I want to make sure the record has your

1 answer. So let me get through them. Statutorily,
2 what -- let's talk about the statutes involved.
3 Section 203, Voting Rights Act, what does that do?

4 MR. TANNER: That's the one I was talking
5 about. There's also a Section 4(e) which because
6 Puerto Rican citizens of the United States are
7 educated in the Spanish language, they have special
8 protection.

9 COMMISSIONER ADAMS: Section 2 has a
10 minority language provision in the Voting Rights Act,
11 correct?

12 MR. TANNER: Correct.

13 COMMISSIONER ADAMS: And now you've done
14 a lot of litigation on this, Section 2032, right?

15 MR. TANNER: Right.

16 COMMISSIONER ADAMS: And in fact, you sent
17 me off to Texas once to file six cases in one day. I
18 don't know if you remember that one.

19 MR. TANNER: Was it six?

20 COMMISSIONER ADAMS: Six in Waco.

21 MR. TANNER: And I remember you also were
22 involved in -- or did the Fort Lauderdale. So I sent
23 you to nice places too.

24 COMMISSIONER ADAMS: Right. But I want to
25 ask you about the Texas one because that's another

1 statute involved, isn't it, in Texas for minority
2 because 4F4.

3 MR. TANNER: Yes, it was at that time
4 because the 4F4 trigger is the same as the Section 5
5 trigger.

6 COMMISSIONER ADAMS: Now I want to ask you
7 about the motor voter process. In motor voter, you go
8 to DMV and up pops the screen that says, do you want
9 to register for vote? Now what language that almost
10 always is going to be in?

11 MR. TANNER: It will always be in English
12 unless there's some device that is directing the voter
13 to another language. And I honestly don't know at
14 this stage nationwide with the advances of technology,
15 I would hope it always would have some signal for
16 other languages.

17 COMMISSIONER ADAMS: And then in motor
18 voter process at DMV, up pops a question that says,
19 are you a United States citizen, yes or no?

20 MR. TANNER: Correct.

21 COMMISSIONER ADAMS: And if that is in
22 English and the American citizen who's not so good at
23 English, doesn't speak English, what happens
24 potentially there?

25 MR. TANNER: Well, then they might mark it

1 anyway without -- inadvertently. And that does
2 happen, and there are cases that pop up of voter fraud
3 where there's a whole lot of inadvertence in there.
4 There are people who steal votes for evil reasons.
5 But there is also a lot of friction in the election
6 process that is exacerbated by language issues.

7 COMMISSIONER ADAMS: In your opinion, does
8 compliance with 203, Section 2 in providing minority
9 languages in the registration process help prevent
10 non-citizens from registering to vote?

11 MR. TANNER: Oh, yes.

12 COMMISSIONER ADAMS: And --

13 COMMISSIONER MAGPANTAY: And you're asking
14 it prevents fraud?

15 COMMISSIONER ADAMS: Both, but
16 particularly the registration side. Does it prevent
17 -- help prevent non-citizens from registering to vote
18 by having the voter registration process in a covered
19 minority language?

20 MR. TANNER: Yes. Well, if the -- an
21 individual doesn't understand what buttons they're
22 pushing which happens to me a lot, my computer and
23 various other things with QR codes. Then you make
24 mistakes.

25 COMMISSIONER ADAMS: Are you aware of

1 whether or not now in 2025 covered 203 jurisdictions
2 are complying with 203 in the registration process?
3 Would it surprise you if they were not complying with
4 it?

5 MR. TANNER: No. The -- one of the
6 problems with motor voter is it is something that's
7 tacked on to the central duty of the people working
8 there. And some motor voter -- or some driver's
9 license and Department of Motor Vehicles office do not
10 have great reputations for customer service.

11 COMMISSIONER ADAMS: Last question. Last
12 question.

13 CHAIR GARZA: Okay. Commissioner Adams,
14 yes.

15 COMMISSIONER ADAMS: So again, I hoping
16 this appears in the draft that I see. We'll see,
17 staff, whether it does. Last question, if a non-
18 citizen registers to vote because they couldn't read
19 what was up on the screen, what are some of the
20 potential penalties to this perhaps green card holder
21 who registered to vote at DMV?

22 MR. TANNER: Well, in the worst case, some
23 years in prison. I don't know what the guidelines are
24 for that now. And --

25 COMMISSIONER ADAMS: Deportation?

1 MR. TANNER: Yes, you can be deported.

2 COMMISSIONER ADAMS: That's all I have.

3 CHAIR GARZA: Okay. Commissioner Jones.

4 COMMISSIONER JONES: Thank you, Madam
5 Chair. I'm sure that whatever draft that ultimately
6 is set forth, if it's going to discuss voter fraud
7 would refer to the fact that it is extremely,
8 extremely rare in this country. And that's been well
9 established over the years.

10 Mr. Tanner, I wanted to ask you,
11 especially given your reference to Westchester County
12 in your written and oral testimony in my own
13 experience having represented parts of Westchester in
14 Congress, can you tell me more about the situation?
15 I did a cursory level of research to try to find out
16 what you're referring to and I couldn't find anything.
17 So can you talk more about that Westchester County
18 example?

19 MR. TANNER: Well, we had people
20 monitoring the polling places in Westchester County.
21 We had a lawsuit way in the southern district of New
22 York which is fairly territorial. We did all the work
23 and they took all the credit.

24 COMMISSIONER JONES: Was it countywide, or
25 was in a particular jurisdiction?

1 MR. TANNER: A particular jurisdiction.
2 We target places to monitor based on the population
3 profile and changes in the population profile because
4 when minorities are moving -- when one group is moving
5 into an area, the people who were there before tend to
6 not like it as a general phenomenon.

7 COMMISSIONER JONES: Your testimony refers
8 to poll watchers keeping citizen non-English speaking
9 voters away from the polls. What jurisdiction was
10 that within -- I mean, we've got, like, 43 different
11 towns. I'm just not familiar with that.

12 MR. TANNER: And I don't know this --
13 recall the specifics.

14 COMMISSIONER JONES: Maybe you can follow
15 up with --

16 MR. TANNER: The -- well, you'd have
17 better luck getting files from the -- information from
18 the Justice Department than I would.

19 COMMISSIONER JONES: I tried to find that.
20 So I was curious about that. I also did a review of
21 some of the articles. I'm familiar with a lawsuit
22 against Port Chester which --

23 MR. TANNER: Right.

24 COMMISSIONER JONES: -- resulted in a
25 cumulative system of voting under the theory that

1 under the Voting Rights Act, an at large system of
2 voting was racially discriminatory. But the specific
3 example of poll watchers keeping out citizens from
4 voting was not sort of a factual matter that I could
5 find.

6 MR. TANNER: I believe that it was in the
7 court papers or now in FOIA-able files in the Justice
8 Department because it's a closed case.

9 COMMISSIONER JONES: Okay. All right.
10 Thank you.

11 CHAIR GARZA: Okay. Vice Chair Nourse?

12 VICE CHAIR NOURSE: Mr. Hofstetter, could
13 you just tell us what programs you think will be
14 significantly affected? Obviously, there's some
15 statutes like the Voting Rights Act and the ACA that
16 have specific protections. But what is your estimate
17 of the kinds of programs if you can be specific that
18 would be affected by the new executive order?

19 MR. HOFSTETTER: Well, I think the initial
20 component of the new executive order that repeals
21 requirements on federal agencies. So any federal
22 agency that's delivering services and information
23 directly to the public, for example, the Social
24 Security Administration, may -- now has leeway to
25 decide the extent to which they want to provide

1 language access. I should note that some agencies and
2 some federal programs do have laws related to language
3 access that cover them in addition to Executive Order
4 13166. I couldn't detail those for you at the exact
5 moment. However, if as I mentioned, depending if the
6 guidance has shifted in really serious ways from the
7 Department of Justice, the downstream effects could be
8 to the huge number of state and local programs in
9 various sectors that are federally funded across the
10 entire country as well.

11 CHAIR GARZA: Dr. Rivers, do you want to
12 add anything to that?

13 DR. RIVERS: The breadth of the federal
14 government -- and I've talked to housing advocates in
15 Rochester, New York and Boise, Idaho over the last
16 couple of weeks where they're seeing now HUD documents
17 that had been available in other languages, notices of
18 language assistance, for example, no longer on the
19 website or no longer easily searchable on the website
20 in some cases. And as my colleague, Jacob Hofstetter,
21 said, it's every municipal government, every court
22 system in the country, every state government agency
23 in some ways is a covered entity under Title VI as
24 well as under the ADA. And so I think the potential
25 impact is pretty significant, bearing in mind that are

1 -- and Jake has written the report on this -- a number
2 of states with their own language access laws.

3 And the practical matter of how do you
4 effectively provide that service still argues in favor
5 of the provision of language access. For example, in
6 healthcare, we know that provision of language access
7 correlates with better patient adherence and fewer
8 readmissions and lower rates of malpractice claim.
9 Those are all good things aside from the civil right
10 itself.

11 There's a bottom line aspect. There's
12 better patient -- better lives for the patient. So I
13 think a lot of that argues for continued access. But
14 the concern that members of the National Language
15 Access Coalition have is that the removal of -- the
16 revocation of the executive order and the removal of
17 guidance will start to create permission structures
18 that make it easier for someone to say, no, go home
19 and get an interpreter, or, no, we're not going to
20 provide language access.

21 CHAIR GARZA: Thank you for that. And I
22 would invite Dr. Nam to come into this conversation as
23 well considering the gaps, right, the gaps that need
24 to be filled in, families, communities, sometimes
25 children of third language speakers.

1 DR. NAM: Yeah, I think it will have a
2 very negative impact, especially when we have a more
3 disaster situation. I started the New York State
4 where -- the language access state (inaudible due to
5 accent) language access barrier is passed (phonetic).
6 But when the pandemic came, all the language access,
7 they didn't work because the federal government or,
8 like, a state government didn't have infrastructure.
9 So, like -- so I think that, like, the new executive
10 order have very significant negative impact on
11 existing ongoing program. But when we have unexpected
12 situation like a pandemic or natural disaster, then it
13 will have a lot more significant negative impact.

14 COMMISSIONER MAGPANTAY: Madam Chair?

15 CHAIR GARZA: I had a follow-up question
16 for Dr. Nam. Just what do you think are some of the
17 strategies that government agencies can implement to
18 support that infrastructure of some of the
19 organizations that are filling in the gaps?

20 DR. NAM: I think that language usually
21 comes with a culture. So the word-to-word translation
22 never worked. So if you do not understand the culture
23 and context of a community, the language access
24 provision may not be effective.

25 So you need input from the community

1 because the community know what is needed and what
2 culture consideration should be included in
3 interpretation and translation services. And then
4 also there are many community members who are willing
5 to help but they are unpaid. So I think that existing
6 community members who understand the community, who
7 also understand the English may help the preparation
8 for language services.

9 And I already started some research on
10 just the preparation. And I interviewed the community
11 leaders. But what I heard is very little preparation
12 for the next disaster or unexpected things.

13 CHAIR GARZA: Thank you. We're coming up
14 on time. Last question to Commissioner Kirsanow.

15 COMMISSIONER KIRSANOW: Thanks very much
16 to all the witnesses. It's just a generalized
17 question and anyone can answer. To what extent do you
18 think the advent of AI may reduce or obviate many of
19 the issues that have been raised here this morning?

20 DR. RIVERS: So I'd be happy to start that
21 and pass it on to my colleagues. One of my many
22 volunteer roles, I chair something called the
23 Stakeholders Advocating for Fair and Ethical Use of AI
24 in Interpreting. Noted earlier that AI is essentially
25 an outgrowth of machine translation, there are now

1 voluntary guidance published by the coalition on the
2 adoption of AI as well as some very good empirical
3 research on the use cases.

4 So where is AI appropriate? Where is some
5 support from AI that might improve the interpreter's
6 productivity? Where is that appropriate, and where is
7 it completely inappropriate?

8 So for example, I've briefed a number of
9 state AOCs and state Supreme Courts in their work on
10 considering how to -- whether to integrate AI in terms
11 of language access. A question that I have thought
12 about asking but have not yet had the nerve to do is
13 would you replace yourself, Justice Garza, with AI as
14 presiding over the case? Because what Professor Nam
15 talked about, there's still -- it's not just the word-
16 for-word.

17 AI is neither artificial. It's made by
18 people. It's not intelligent, not in any way that a
19 priest or a neurologist would recognize as
20 intelligent. And all it's doing is creating a stream
21 of text.

22 Whether that text is accurate or
23 appropriate is not always the case. It will -- much
24 of machine translation -- machine translation is used
25 very widely in the translation localization

1 industries. But it's always -- almost always with a
2 human in control.

3 There are use cases where it's
4 appropriate. But anything -- you're not going to
5 machine translate a deposition. You're not going to
6 have an AI interpreter in a court case.

7 And the consequences and mistakes and the
8 accountability for those mistakes, who's paying if
9 there is a significant medical injury because of a
10 misinterpretation by AI? There's clear accountability
11 when that happens with a human interpreter. And the
12 interpreter has insurance with a company providing the
13 interpreter has insurance.

14 What happens with AI? Who's responsible
15 if we rely on it? Now I'm an American. I love my
16 technology. Prying this out of my cold, dead hands,
17 right? Although my daughter keeps telling me to put
18 it down at dinner. She's right. We love technology.
19 We love easy solutions. But sometimes the better
20 solution is the one that's worked for more than 70
21 years.

22 MR. TANNER: I'd like to just add that
23 there have been a lot of machine translation errors in
24 the voting area. And what you would need for any
25 language access situation is very close participation

1 by the community. There's so many variables of
2 dialect.

3 There's so many political sensitivities in
4 some areas like Vietnam. The title for the office of
5 a local official is highly sensitive. And the
6 educational level in the language is a big variable.

7 And I think when you factor in all the
8 variables you need and if you look at our orders, our
9 relief orders, it's very complex that you've got the
10 thing translated anyway, especially since in the
11 election context, the ballot is the same basically
12 every year. So you just see what someone else has
13 done and run it by the community. And it works.

14 CHAIR GARZA: Dr. Nam, we'll give you the
15 last word.

16 DR. NAM: The AI-based translation and
17 interpretation makes the minority of language users
18 more vulnerable because the quality of the AI-based
19 interpretation and translation depends on the number
20 of people using their language and number of people in
21 using the technology. So probably Korean, it is a lot
22 better than, like, Burmese. And then Burmese phone
23 doesn't work in regular smartphone system. So when
24 the language -- the number of language users is
25 smaller, the AI -- quality of the AI translation was

1 a lot worse. And then they make a lot -- their
2 minority status, it would be become more minority
3 status.

4 CHAIR GARZA: Thank you for adding that.
5 That's a lot for us to consider. We just did a report
6 recently on facial recognition technology. So the
7 Commissioners are very interested in the intersection
8 of civil rights and technological advances. So thank
9 you so much.

10 Well, thank you to this panel for your
11 testimony. Really appreciate you being here today.
12 We're going to go ahead and take a break, and we're
13 going to commence with our second panel. We're a
14 little bit behind, but we'll make up that time. Let's
15 reconvene at 11:30.

16 (Whereupon, the above-entitled matter went
17 off the record at 11:23 a.m. and resumed at 11:35
18 a.m.)

19 CHAIR GARZA: The time is 11:35 a.m.,
20 Eastern.

21 PANEL 2: LANGUAGE ACCESS IN GOVERNMENT SERVICES

22 AND HEALTHCARE

23 CHAIR GARZA: We're going to go ahead and
24 proceed with our second panel, and we're going to hear
25 from experts on language access and government

1 services and health care.

2 Each panelist will have seven minutes to
3 speak. And following the conclusion of the panel
4 presentations Commissioners will have the opportunity
5 to ask questions within the allotted period of time.
6 And I will recognize Commissioners who wish to speak.

7 I will strictly enforce the time
8 allotments given to each panelist to present his or
9 her statement. And unless we did not receive your
10 testimony until today, you can assume we've read it.
11 So please summarize it. We would appreciate that so
12 we can make the best use of the seven minutes that you
13 have allotted. And again, please focus your remarks
14 on today's topic of our briefing.

15 Panelists, please notice the system of
16 warning lights that you have in front of you. When
17 the light turns from green to yellow, that means you
18 have two minutes remaining. When the light turns red,
19 you should conclude your statements so I don't risk
20 cutting you off. I don't want to cut people off, but
21 just kind of wrap it up.

22 And my fellow Commissioners, we'll do our
23 part to keep questions and comments concise. We've
24 got a lot to get through, so we're trying to stay on
25 time.

1 The order in which our panel is going to
2 be speaking: We have Eugene Rhee from the Civil
3 Rights and ADA, Section 504 Coordinator of the Georgia
4 Department of Human Services. We have Lucas Fonseca,
5 CEO of Language Matters; Elizabeth Munoz, the ADA
6 Corporate Compliance Officer from HDR Health; Silvina
7 de la Iglesia, Expert on Language Access in
8 Healthcare.

9 And just to note before we proceed with
10 our second panel, I want to address that for Panel 2
11 we had hoped to hear directly from the government
12 representatives about their language access practices,
13 specifically the Department of Health and Human
14 Services, to discuss their practices at the federal
15 level and with hospitals receiving federal funding.
16 We also invited the U.S. Department of Agriculture to
17 address their language access practices for the
18 Supplemental Nutrition Assistance Program and other
19 social safety net programs.

20 And unfortunately both agencies are unable
21 to participate in person today, but I would like to
22 acknowledge that we received the USDA's written
23 testimony, which will go into the official record.
24 And I recognize that USDA has come under some recent
25 travel restrictions that have prevented their in-

1 person participation.

2 Regarding HHS, they have informed us that
3 while they cannot attend today's hearing, they will be
4 completing our submitted interrogatories to inform our
5 investigation and we appreciate both agencies
6 commitment to providing information for our
7 investigation through alternative means and we look
8 forward to incorporating their insights into our
9 findings.

10 So now to proceed with Panel 2, I now ask
11 each of the speakers to raise your right hands to be
12 sworn in.

13 Will you swear and confirm that the
14 information that you are about to provide us is true
15 and accurate to the best of your knowledge and belief?

16 All of them have said yes in the
17 affirmative.

18 We're going to go ahead and start with Mr.
19 Rhee. You can please begin.

20 MR. RHEE: Good morning and thank you,
21 Chair Garza and the distinguished members of the
22 Commission for the invitation to share with you today.
23 I'll be speaking on behalf of Georgia Department of
24 Human Services, as we refer to as DHS.

25 My name is Eugene Rhee and I'm the Civil

1 Rights and ADA Section 504 Coordinator for Georgia
2 DHS. I'm honored to participate in this briefing and
3 share some information about our Language Access
4 Program for individuals with LEP.

5 I would like to start by sharing with you
6 some information about our agency. DHS is one of the
7 largest state agencies in Georgia with nearly 9,500
8 employees. We are comprised of three main divisions,
9 which are the Division of Aging Services, the Division
10 of Child Support Services, and the Division of Family
11 and Children Services. In addition, we are supported
12 11 administrative offices.

13 DHS delivers a wide range of services
14 designed to provide self-sufficiency, independence,
15 and protect Georgia's most vulnerable populations.
16 This would include of course individuals who do not
17 speak English as their primary language or have a
18 limited ability to read, speak, write, or understand
19 English.

20 Georgia has as growing population
21 individuals with LEP who require assistance to access
22 DHS programs, activities, or services, thus effective
23 communication is essential to providing individuals
24 with LEP meaningful access to these programs and
25 services.

1 Moreover, the provision of language
2 assistance services aligns well with our agency's core
3 values, which is to deliver services professionally
4 and treat all clients with dignity and respect,
5 develop our employees at all levels of the agency, and
6 provide access to resources that offer support and
7 empower Georgians and their families.

8 DHS is committed to ensuring that
9 individual with LEP have access to our many programs,
10 services, and activities. To fulfill this commitment
11 DHS engages in proactive and strategic activities to
12 ensure the delivery of a comprehensive and efficient
13 Language Access Program.

14 As a foundation to our Language Access
15 Program DHS has developed and implements a Language
16 Access Plan that includes policy, contracts with
17 vendors to provide interpretation and translation
18 services, and training for employees, but I would like
19 to highlight a few additional key features of our
20 program.

21 The first highlight is the LEPSI program
22 manager. And I would like to acknowledge Kamilah
23 Traylor who is -- who accompanied me today as she is
24 our LEPSI manager. She came here in her show of
25 support.

1 To support the implementation of DHS'
2 Language Access Plan and policies DHS employs an LEPSI
3 program manager, who's primary responsibilities
4 include overseeing and coordinating language access
5 initiatives. Our LEPSI program manager also works
6 with each division to enforce LEP policies, resolve
7 language access issues, and ensure continuous
8 improvement in the provision of language access
9 services.

10 This position is housed within our Office
11 of General Counsel and reports directly to me and
12 indirectly to our deputy general counsel and to our
13 general counsel. This reporting structure is
14 strategic in that it not only allows for a more
15 comprehensive Language Access Program from the entire
16 agency, but also ensures that language access
17 initiatives receive the necessary program and legal
18 support.

19 The second highlight is the certified
20 bilingual staff. DHS offers bilingual employees an
21 opportunity to assist in providing real-time language
22 access services to our clients with LEP. DHS
23 employees who speak a language other than English can
24 qualify by passing a standardized language proficiency
25 test. By utilizing our bilingual staff we are able to

1 foster a more direct communication between our clients
2 with LEP and DHS staff who have direct knowledge of
3 our services and programs.

4 The third highlight is quality assurance.
5 DHS engages in quality assurance initiatives designed
6 to enhance customer service for our client with LEP
7 and ensure our staff adhere to established LEP
8 policies and procedures.

9 One such initiative is our Mystery Shopper
10 Program. DHS contracts with a language access vendor
11 to conduct unannounced in-person visits or random
12 telephone calls to our offices. During the office
13 visits or telephone calls an interpreter employed by
14 the vendor will pose as an individual with LEP who is
15 seeking DHS services or assistance. The interpreter
16 documents the interactions with our staff and then
17 these encounters are reviewed by DHS programs to
18 identify best practices or areas of improvement and to
19 implement any necessary corrective actions or
20 training.

21 The fourth highlight is community
22 engagement. DHS recognizes that an effective Language
23 Access Program also requires engagement with the
24 communities we serve. DHS actively participates in
25 monthly and quarterly meetings with community

1 organizations that work directly with LEP populations.
2 These meetings provide an opportunity for our agency
3 to hear firsthand of language access issues from
4 representatives of community organizations that also
5 provide services to their clients who are LEP.

6 The feedback obtained helps to ensure that
7 DHS policies and practices remain responsive to the
8 needs of the LEP communities we serve. By
9 establishing partnerships and advocacy groups in
10 community organizations we not only strengthen
11 language assistance services within DHS programs, but
12 also throughout the state of Georgia.

13 Although DHS takes great pride in sharing
14 these key features of our program we recognize that
15 challenges still remain in ensuring equal access to
16 our programs, activities, and services for our clients
17 who are LEP. At times we experience challenges in
18 arranging interpretation services for our client with
19 LEP who speak in a language or dialect that is rare
20 which directly aligns with few or no interpreters who
21 speak in the rare language or dialect. But DHS
22 continues to explore creative solutions to such
23 challenges that may impact our ability to deliver
24 timely and meaningful services. We will continue to
25 evaluate and enhance and language access efforts to

1 meet the evolving needs of Georgia's diverse
2 population.

3 In conclusion, the Georgia Department of
4 Human Services Language Access Program remains
5 committed to providing essential services to
6 individuals with LEP as outlined today. This program
7 embodies our agency's core values, particularly our
8 dedication to have our staff deliver services
9 professionally and ensuring that all clients are
10 treated with dignity and respect.

11 Thank you for the opportunity to share
12 this testimony on behalf of the Georgia Department of
13 Human Services.

14 CHAIR GARZA: Thank you so much, Mr. Rhee.
15 We're going to go ahead and hear from Mr.
16 Fonseca. If you would please proceed.

17 MR. FONSECA: Hello. Thank you for having
18 me today. My name is Lucas Fonseca. I'm the CEO of
19 Language Matters and in the last two years have been
20 meeting with mayors in the Midwest. And I would like
21 to begin my statement by sharing one common comment
22 that we hear from municipal leaders: The lack of
23 engagement from non-English speakers with city
24 services indicates a lack of the need for language
25 access services. This often leads to the question why

1 would we invest into something that doesn't get
2 requested?

3 So I have the graph. It's a two-year
4 performance for the city of Warsaw, Indiana. This is
5 a small community in northern Indiana. And the reason
6 I'm sharing this is because these small communities
7 amount for most of the communities -- most of the
8 cities in the U.S. and we believe that understanding
9 how to better serve small communities could really
10 help us understand the hope of the U.S., the whole
11 language access issues that we face as a country.

12 This graph is evidence that the
13 communities that we serve take time to adopt to the
14 new services that are being offered and it's also show
15 -- it also shows that there's an upwards trajectory
16 that shows the need for these language access services
17 when the community is engaged correctly.

18 Now there are two main distinct challenges
19 that we face in local municipalities when it comes to
20 language access services. The first one is the lack
21 of reliable systems. And we usually see this when a
22 city might say that we have one or two people that can
23 speak the second or third most spoken language in the
24 community to support non-English speakers. The
25 problem with this is that this is a system that will

1 disappear if there were -- if it's one or two people
2 away from the system disappearing and also it causes
3 a lot of stress and strain on this new person or
4 people that are not absorbing new roles additionally
5 to the role they were hired to do in the local
6 government.

7 But there are municipalities that do
8 recognize the need for language access services,
9 usually municipalities with a more prominent immigrant
10 community. And they face a different challenge. They
11 have a full sense of adequate service provision,
12 meaning that -- and we see this when cities may
13 implement a language line that offers 2 or 300 -- over
14 200 or 300 languages, but uses a rather impersonal and
15 transactional approach. And this is the main point
16 that I want to make in my presentation today because
17 we've realized that through the research and the time
18 we have working with these municipalities that while
19 language is the primary barrier that we face when it
20 comes to accessing local government, navigation is the
21 biggest challenge.

22 So if I could have the next slide, please?
23 Through our help centers we've seen that in the last
24 few years that 3 and 5 people that we support required
25 services beyond interpretation services alone. And

1 the way we see this issue is when we offer
2 interpretation services we're able to get people into
3 a cycle. Now they can understand what is being told
4 to them and they -- they can speak with someone in
5 their language. But this does not guarantee that
6 they're going to be able to successfully exit the
7 cycle and resolve inquires that they connect to local
8 government for. And this is the majority of the
9 people that we encounter through our help centers as
10 we help people.

11 Over the past few years we've been able to
12 successfully implement a city-wide proven model that
13 allows us to collect data and really focus on
14 gathering input from the community so that we can
15 support engagement for those communities and ensure
16 that community members are utilizing the services that
17 are being offered from the local municipalities, but
18 also including the navigation piece that we find to be
19 so important as we can see it will support the
20 majority of the people that are calling and connecting
21 with the local government.

22 If I could have the next slide, please?
23 I want to share the main two recommendations that I
24 would have when it comes to language access for local
25 government. And the first one is to shift language

1 access services from impersonal and transactional to
2 impact and results-driven so that we can ensure that
3 community members are receiving the services that they
4 need and that they are successfully exiting this
5 cycle.

6 If not, then I fear that community members
7 might go back into the same cycle in which they are
8 receiving interpretation, but they're not able to
9 accomplish the goal for which they contacted the local
10 government for and this creates about -- brings about
11 a lot of inefficiency at the local government level.

12 The second solution, or second
13 recommendation would be to implement systems that
14 include these important elements: the data collection,
15 the community input, community engagement, and
16 navigation.

17 Data collection for us has been extremely
18 important to understand the needs of a community, but
19 also to get the feedback from both service seekers and
20 service providers so that we can create and better
21 allocate resources through initiatives that are going
22 to be well-received and popular on both sides. And
23 this is what we're doing to ensure that people that
24 we're serving are becoming engaged with the services
25 that we have to offer instead of implementing a

1 service that we don't know, we are not sure if people
2 are going to want to use.

3 I would like to end my testimony by
4 thanking the Commission for allowing me to be here
5 today. I really appreciate the opportunity to be a
6 part of this important conversation. And I would also
7 like to offer myself and my team as a long-term
8 resource in any way that you see that we could help.
9 We'd be happy to be a part of anything that we can do
10 to help. I thank you so much.

11 I appreciate your time and happy to answer
12 questions about my presentation or also my written
13 testimony. I've included a lot of information, so in
14 seven minutes I clearly cannot unpack everything, but
15 I'm happy to answer questions about those as well.
16 Thank you.

17 CHAIR GARZA: Thank you so much, Mr.
18 Fonseca.

19 We're going to go ahead and now hear from
20 Ms. Munoz, if you are ready to begin.

21 MS. MUNOZ: Thank you. And first of all,
22 I want to say I'm deeply honored to have this
23 opportunity and thank you again for the invitation to
24 be here today.

25 My name is Elizabeth Munoz, and I'm the

1 ADA Corporate Compliance Officer for Doctors Hospitals
2 at Renaissance, also known as DHR. I started my
3 position there in fall of 2021 managing interpretive
4 services and since we have been able to take on ADA
5 under our wing. And so we do oversee those two
6 departments around our organization.

7 This is personal to me. So my commitment
8 to serving my community has been a lifelong calling.
9 And I apologize for the emotions because this is
10 really something that's personal. Raised in a small
11 Hispanic community along the U.S.-Mexico border I grew
12 up understanding the value of service, compassion, and
13 the responsibility to serve and support those around
14 us.

15 My professional journey began as a
16 trilingual interpreter assisting deaf students in sign
17 language, interpreting for them, and also interpreting
18 Spanish for the families in the McAllen Independent
19 School District. I later spent eight years at South
20 Texas College, again interpreting for a deaf community
21 and also working with students with disabilities.

22 So this -- all of this further expanded my
23 understanding of accessibility and advocacy. So today
24 in my role as an ADA compliance officer my mission
25 continues ensuring that individuals receive equitable

1 access to not only healthcare, but other essential
2 services as well.

3 Through firsthand experience I have seen
4 how critical effective communication and reasonable
5 accommodations affect people in everyday life.
6 Whether interpreting for my own family members or
7 assisting patients in their healthcare facilities I
8 have seen firsthand how accurate communication plays
9 such an important role in patient care.

10 At DHR we serve a diverse population of
11 nearly -- 2 million people is what we have approximate
12 in the Rio Grande Valley. And this region is unique
13 as it is defined by its bicultural identity, economic
14 growth, and strong sense of community. While the area
15 has expanded significantly in the past two decades, we
16 remain committed to serving our communities, ensuring
17 that access to quality healthcare continues to grow
18 alongside our region.

19 Again, DHR Health created a role for the
20 -- my -- my position now, ADA Compliance Officer and
21 Interpretive Services Coordinator. So both of us
22 oversee language and accommodation services across the
23 organization. We currently have in-house interpreters
24 for Spanish and American Sign Language. To ensure
25 comprehensive language access we do utilize several

1 avenues because we have approximately -- I want to say
2 90 percent of the Rio Grande Valley population is
3 Spanish speaking.

4 We have developed an internal course to
5 assess employee's Spanish proficiency in both
6 conversational and medical context. Our verification
7 process ensures that Spanish-speaking staff members
8 can effectively communicate with patients, and
9 therefore reducing the risk of miscommunication. We
10 also collaborate with two local agencies who provide
11 our in-person sign language interpretation.

12 And then finally, we do work with a third-
13 party vendor who offers real-time video and phone
14 interpretation for a wide variety of languages. And
15 some we see as Vietnamese, Haitian Creole, French,
16 Mandarin, Arabic, Korean. And those are just the ones
17 we most often, but we do have a wide variety of
18 languages.

19 This multi-tier approach ensures that
20 language barriers do not impede patient care. And so
21 when it comes to cost, most of our language -- our
22 Spanish language services are provided by our own
23 staff. So when it comes to that there's no additional
24 cost or burden on the organization. And we also use
25 our third-party vendors to cover what we are not able

1 to.

2 Language services are included in our
3 annual budget so each year we evaluate the demand and
4 adjust funding as needed to ensure that interpretation
5 and translation services remain available to all of
6 our patients.

7 Our translation and interpreter --
8 interpretation efforts are based on our community
9 need. Given that Spanish is the predominant language
10 in our region, we do proactively translate essential
11 documents, signage, education material into Spanish.
12 So we already have that readily available. And for
13 all the other languages we do take them upon request.
14 As they come in or we foresee an influx of a certain
15 type of demographic, we do proactively work towards
16 that as well.

17 So while DHR has established a robust
18 language access service, some challenges still remain.
19 So we are not perfect. Common languages like Spanish
20 and ASL are readily accommodated, but less frequently
21 requested languages requiring advanced scheduling we
22 do have to again be proactive when -- when new
23 languages and demographics come through your
24 facilities.

25 Because many of our region are Spanish

1 speakers, fluency in medical terminology is less
2 common as well, and so this is why we established our
3 in-house proficiency course in -- which includes the
4 medical terminology assessment, and this ensures that
5 staff can accurately communicate with our patients as
6 well.

7 With a workforce of approximately 6,000
8 employees we are currently -- a two-person power team
9 is what I like to call us. We remain dedicated to
10 providing guidance, resources, and keeping staff up to
11 date on anything pertaining to ADA and language
12 access. Together we have developed an internal web
13 page and language access information that are
14 available also at any time for anybody within our
15 organization. And then we're also available for real-
16 time support via phone.

17 Additionally, our corporate compliance and
18 legal team also provides crucial support to ensure
19 that both regulatory compliance and high-quality
20 patient care is always available.

21 We recognize that effective communication
22 is an important component of patient care. Our
23 language access initiatives include our Spanish
24 language community outreach so we do conduct community
25 events, educational seminars, and social media

1 campaigns in Spanish to ensure widespread access to
2 healthcare information.

3 And while challenges -- again, we still
4 remain -- we still have some of those such as
5 interpreter availability for less common languages, we
6 commonly access -- assess, and expand our resources to
7 meet patients' needs. So language access is a
8 fundamental part of delivering quality healthcare.
9 Our efforts are rooted in the understanding that
10 effect communication empowers patients to make
11 informed healthcare decisions, improving both health
12 outcomes, and overall well-being. For this reason we
13 remain committed to ensure that every patient receives
14 the care they need regardless of their language
15 barrier.

16 So once again, thank you for your time and
17 having us here today.

18 CHAIR GARZA: Thank you so much, Ms.
19 Munoz.

20 We're going to go ahead and move on to Ms.
21 de la Iglesia. If you would please proceed.

22 MS. DE LA IGLESIA: Thank you for having
23 me. As an immigrant from Argentina who arrived in
24 this country 25 years ago without speaking the English
25 language, I experienced firsthand what it is and how

1 it feels to be a patient with limited English
2 proficiency.

3 For nearly two decades I have dedicated my
4 career to improving language access in healthcare. I
5 am currently the Director of Language and
6 Accessibility Services at the Mount Sinai Health
7 System in New York. I'm also a Board Director of the
8 National Association in -- of Medical Spanish. And
9 today I'm deeply, deeply honored to be representing or
10 speaking on behalf of our patients and families with
11 limited English proficiency and non-English language
12 preference.

13 I'm also proud to represent our healthcare
14 workers, our doctors, nurses, social workers,
15 transplant coordinators who interact with our patients
16 on a daily basis, and our vital language services
17 providers, interpreters, translators, voice-over
18 specialists, language educators, students pursuing
19 careers in healthcare, researchers, and vendors. All
20 these remarkable individuals really deliver equitable
21 healthcare to our patients and make sure that every
22 patient receives accessible, safe, and dignified care
23 regardless of the language they speak.

24 In New York City, one of the most
25 culturally and linguistically diverse cities in the

1 nation, we have over 100 languages spoken across our
2 communities. Our healthcare organization is
3 positioned at the heart of this remarkable diversity.

4 To meet patient communication needs we use
5 a variety of qualified resources that were already
6 mentioned, phone interpretation services, video remote
7 interpretation services imbedded in our technology
8 platforms. We also provide in-person interpreters,
9 whether staff or from our local agencies. And even
10 though organizations in general have made great
11 progress at the -- using qualified and certified
12 medical interpreters, there is much work to be done on
13 the language concordant care, meaning when provider
14 and patient speak the same language. This is
15 something that has not been nationally standardized
16 and that would really, you know, help on the language
17 access piece as well. We also provide translation,
18 written translation, develop patient education
19 material in multiple languages and provide auxiliary
20 aids for communication.

21 Technology integration is really central
22 to our approach. By imbedding interpretation services
23 into tele-health platforms and electronic medical
24 records we ensure the services are available when
25 needed at the different scenarios, whether it's

1 emergency situations, in patient units, or virtual
2 encounters.

3 Our approach is proactive. We anticipate
4 patient communication needs and make sure that -- or
5 try at least to have resources readily available,
6 especially also for patients with sensory disabilities
7 who besides requiring an ESL interpreter or a tactile
8 interpreter may benefit from using auxiliary aids.
9 Every patient communication needs is different, and so
10 we need to really come up with different solutions to
11 address the language gap.

12 Interpreters are really critical in -- you
13 know, vital every patient interaction. They do not
14 just translate words; they save lives. They
15 interpret, you know, on conversations related to
16 obtaining consent for surgery, for procedures, for
17 blood transfusions, for very lengthy transplant
18 evaluations, right, conversations that have to do
19 sometimes with end-of-life care, right? So difficult
20 to make for some family members. They also facilitate
21 encounters when multiple members of the clinical team
22 need to address the family or several care takers need
23 to be present in conversations.

24 We manage the cost by assessing the nature
25 of each encounter. While some encounters can -- can

1 readily be satisfied with phone or video, definitely
2 bringing an in-person makes a big difference. They
3 key for us to never compromise on quality and patient
4 safety. That's the priority.

5 Serving our multilingual community
6 presents challenges while securing interpreters for
7 the most commonly requested languages like Spanish,
8 Mandarin, Cantonese, Bengali, Arabic, something that
9 we could obtain relatively easier, we struggle often
10 with languages of less -- lesser diffusion, or rare
11 languages as we call them. These complexities really
12 intensify when non-language English preferences
13 intersect with disabilities.

14 As we navigate the rapidly evolving
15 landscape of healthcare, language services continue to
16 transforms. We embrace this journey knowing that
17 medical interpreters ensure understanding, preserve
18 dignity, and build trust in moment when patients are
19 most vulnerable. This work really transcend policy
20 and politics. It speaks to our shared humanity and
21 our belief that every person deserves to be heard in
22 a moment -- in their moment of need. With each
23 conversation we facilitate we move closer to a
24 healthcare system where compassion is never lost in
25 translation. So thank you. Muchas gracias.

1 CHAIR GARZA: Thank you so much for your
2 testimony, Ms. de La Iglesia.

3 At this time we can open to questions to
4 Commissioners for our panelists. Would anyone like to
5 be recognized? Commissioner Magpantay?

6 COMMISSIONER MAGPANTAY: Briefly. Mr.
7 Rhee, please send my regards to Governor Kemp and
8 thank you for your service. Your testimony was really
9 great. And I'll note for the staff the best practices
10 that you identified I think were really outstanding.

11 Ms. Munoz and Ms. de la Iglesia, could you
12 just say a little bit more, because I want to look at
13 best practices, specifically about translating in
14 Español or what -- any language the website of a
15 hospital? Because I think we want to look at that and
16 I think that is a source of information, but would
17 love to hear challenges and successes, either now or
18 in supplemental testimony on the hospital websites.

19 MS. DE LA IGLESIA: Sure. I can speak to
20 that. On our website we particularly have Google
21 Translate plugged into the website, right? As we
22 know, this is AI, or you know, a translation machine
23 that has been mostly perfected for certain languages,
24 but not for all languages, right? But that -- because
25 we need to serve such a large diverse population this

1 is the best solution that we could, you know, put in
2 place given the diversity that -- that we serve. And
3 we say -- we have professional linguists at our, you
4 know, hospital, including myself -- I'm a translator
5 and interpreter myself -- that we, you know, take a
6 look at the Spanish content and, you know, we -- we
7 make changes when -- when needed. But this is the --
8 the solution that we were able to -- to put in place.

9 CHAIR GARZA: Ms. Munoz?

10 MS. MUNOZ: Yes. As far as our website is
11 concerned for the public we have something very
12 similar as to what Ms. de la Iglesia mentioned. We do
13 also -- are constantly working with it and just making
14 upgrades as -- as seen. Sometimes our own staff
15 members will call things that are -- might look
16 incorrect. And so we do look at those things
17 immediately.

18 What we have also implemented is that our
19 EmployeeConnect web page, which is any employee under
20 our organization has access to -- we have set up a --
21 a web page on there. And we've made it to where any
22 question, any -- anything that might come up regarding
23 language access or accommodations, they have access to
24 that. So we have links, PDF files on there that they
25 can click on. And they would have guidance resources.

1 We're -- we're available 24/7 per se, but sometimes we
2 aren't, you know, maybe in the middle of the night for
3 overnight shifts. They -- they would also have access
4 to all of that information as well.

5 One of the down sides to that is because
6 sometimes nursing staff, for example, are so busy they
7 don't have the opportunity to actually sit down and
8 look. But we continue to work to bring awareness to
9 the organization itself.

10 And a lot of that we see that it needs to
11 come internally. So if our staff is ready for -- for
12 those challenges and those questions that come up,
13 they're better able to answer them. We work with them
14 as much as we can and we -- awareness is really what
15 we try and bring to our staff. So that way whenever
16 the public needs any information, they're able to --
17 to get that from us.

18 COMMISSIONER MAGPANTAY: So it's basically
19 a two-step process where you have the translation
20 done, but then you have someone check the translation
21 to make sure it's accurate. Is that right?

22 MS. MUNOZ: Yes. You can answer that.

23 MS. DE LA IGLESIA: For the website we --
24 it's Google Translate. We don't have an opportunity
25 to really edit. But for a lot of the patient-facing

1 material that goes on the website sometimes on -- as
2 a PDF, that has been professionally translated and --
3 and edited after that, so -- and proofread.

4 COMMISSIONER MAGPANTAY: And then
5 reviewed?

6 MS. DE LA IGLESIA: Yes.

7 COMMISSIONER MAGPANTAY: Thank you.

8 MS. DE LA IGLESIA: There is a quality
9 check.

10 CHAIR GARZA: Okay. Commissioner
11 Kirsanow?

12 COMMISSIONER KIRSANOW: Thank you, Madam
13 Chair.

14 And thanks for your testimony. Ms.
15 Fonseca and Ms. -- I'm sorry, Ms. Munoz and Ms. de la
16 Iglesia, do your institutions malpractice coverages
17 require translation services? If you know.

18 MS. DE LA IGLESIA: I do not know that
19 answer. I -- I guess it does, but I -- I'm -- I
20 really wouldn't -- I -- I'm not able to comment on
21 that.

22 COMMISSIONER KIRSANOW: Okay.

23 MS. MUNOZ: I know for us there is a
24 process for it. Our legal team is usually what takes
25 over whenever something like that comes through. And

1 then we're called in when -- as needed, when it comes
2 to those issues. Yes, I have not seen anything in the
3 time that I have been there, so I wouldn't be able to
4 accurately answer.

5 COMMISSIONER KIRSANOW: And what
6 percentage do you think of our professional staff are
7 multilingual or bilingual?

8 MS. MUNOZ: From our staff I -- it's a
9 pretty high amount. The vast majority of it -- now
10 we're seeing more international languages come
11 through, but as far as Spanish is -- is concerned, we
12 do have a -- a very large percentage that does speak
13 Spanish.

14 CHAIR GARZA: That was -- I'll recognize
15 Commissioner Gilchrist. I wanted to ask a question of
16 Ms. Munoz.

17 So I'm also a resident of the Rio Grande
18 Valley. I live in Brownsville. And I wanted to kind
19 of fill out what your -- what the hospital is really
20 doing and where you're situated. You said 2 million
21 people are in the region. What percentage of the
22 people there speak Spanish? And now you've already
23 kind of touched on the percentage of your staff that
24 speak Spanish as well. I kind of see it as
25 potentially a model that can be implemented and

1 replicated, so I wanted to hear a little bit more
2 about -- just giving us more background and details on
3 what that looks like in your language services on the
4 day-to-day hospital services.

5 MS. MUNOZ: Yes, like mentioned before, we
6 do have approximately 2 million people in the valley.
7 About 90 percent of them do speak Spanish. A lot of
8 them are coming over from Mexico or have lived/married
9 into. You know, so we have this big -- just
10 overwhelming amount of people from -- from both sides
11 of -- of -- of the border from the U.S. and Mexico.

12 And so we -- we do -- we -- we do have
13 that access. I've always said the same thing: you
14 know, I think that we -- we -- we are a -- we -- we
15 are in a position to set the example for -- for many
16 regions in -- in the country because of what we have
17 there. It's very unique. If you've ever visited, I
18 -- if you haven't, I recommend that you do. Let us
19 know. We'll take you out for dinner.

20 But we -- we do -- it -- it's a double-
21 edged sword sometimes. People take it for granted
22 because it's so overwhelmingly available. And I'm
23 speaking about Spanish. But when it comes down to the
24 critical part of -- of providing services with a
25 medical context and terminology, that's where we come

1 in. And -- and again, people are always willing to
2 help. Sometimes, you know, they shy away because they
3 feel like it might be too much, they're not qualified,
4 but again by bringing awareness and just communicating
5 with them and educating our staff as well when it
6 comes to those types of services.

7 We've been able to -- to improve a lot of
8 -- of best practices that were already set before.
9 And we're implementing new one as well. So I mean, I
10 think it's -- it's something really good that's
11 happening in the valley.

12 CHAIR GARZA: Thank you.

13 Commissioner Gilchrist?

14 COMMISSIONER GILCHRIST: Thank you, Madam
15 Chair. Let me thank all of you for your testimonies
16 today. I wanted to direct my question directly to Mr.
17 Rhee.

18 I was curious about the language
19 efficiency test in Georgia. Could you elaborate a
20 little bit more on that? Is that a state-mandated
21 thing in Georgia?

22 MR. RHEE: No, it's not. It's just a
23 practice that we've implemented into our department.
24 It allows our bilingual staff or staff who -- who
25 speak another language other than English have the

1 opportunity to be able to use their language to assist
2 our customers, our clients.

3 COMMISSIONER GILCHRIST: Have you seen
4 pretty good success with that?

5 MR. RHEE: Yes, we have -- I know we have
6 over 100 bilingual staff who are able to assist as
7 needed and they're spread throughout the states. And
8 so if they do speak a different -- a different
9 language, they can make a request to take the language
10 test. We test their proficiency. And then once they
11 pass it -- so we have a certain standard. Once they
12 pass that standard to be able to provide the best
13 possible service in terms of communicating directly
14 with the -- with the clients -- and then they'll be
15 able to speak the language as -- as it's requested by
16 the constituent.

17 COMMISSIONER GILCHRIST: Does any of the
18 other state agencies in Georgia provide that service
19 you know of?

20 MR. RHEE: Not that I'm aware of.

21 COMMISSIONER GILCHRIST: Okay. All right.
22 That's all I have, Madam Chair. Thank you.

23 CHAIR GARZA: Vice Chair Nourse?

24 VICE CHAIR NOURSE: Many Americans have
25 been worried about whether they can make ends meet,

1 and so I value all of your service and your dedication
2 to the vulnerable and those who need help. But I just
3 want to ask you, Mr. Rhee and Mr. Fonseca, what do you
4 say when someone is skeptical about the value of these
5 services in a time of perhaps economic worry?

6 MR. FONSECA: So we actually -- we get
7 asked a lot about is it worth to invest into these
8 services at a local government level when we have not
9 the best economic situation right now, but the way
10 that we see this is as an opportunity to actually
11 improve economic opportunities in the communities that
12 we serve because -- and I just have a -- a quick
13 anecdote from one person that called our help center
14 in one of these communities.

15 And she had a lot of pending bills that
16 she wasn't paying to the city because she didn't
17 understand the bill. And so she was racking all these
18 different invoices. And it took having someone to
19 explain this to her to allow her to understand that
20 she had to just make a payment and explain what that
21 was.

22 And so I think that there are a lot of
23 things that go on in local communities that bring
24 about a lot of inefficiency. What I've seen too --
25 and one thing that we like to do with the cities we

1 work with is to analyze how many hours are we saving
2 a local government or a local municipality. Because
3 let's say when someone is pulled over and they can't
4 communicate, that's the stuff that should take five
5 minutes, it's taking 20, 30, or sometimes it's going
6 unresolved and creating about more and more steps that
7 usually are not necessary.

8 And so we see providing these services as
9 a means, as a way to actually bring about more
10 efficiency at every level, to protect our budgets and
11 ensure that the time and the utilization of those
12 services is done the way it's -- the way possible. So
13 that's always my response in terms of is it worth to
14 invest into these services? A hundred percent. I
15 think it helps.

16 MR. RHEE: I'm also in agreement with Mr.
17 Fonseca. I mean, our leadership for the department is
18 very supportive of the services that we provide to our
19 clients with LEP. And so year after year we've always
20 seen an increase of services that are needed for
21 client with LEP and our department has always been
22 supportive in being able to support that. So
23 regardless of, you know, where we may stand in terms
24 of, you know, the economy -- but our department has
25 always been supportive of that.

1 VICE CHAIR NOURSE: -- be clear about what
2 the services are. Do these include things like
3 applications for small business loans, or do they
4 include -- what kind of services are we talking about?
5 Obviously paying taxes, you know, other things. That
6 would be helpful for the record.

7 MR. RHEE: Oh, well, our department -- I
8 mean, we -- we -- we administer the federal benefits
9 program like SNAP, TANF, Medicaid. Those are the
10 services that -- that we provide for our constituents.
11 Child support services. So when clients come to our
12 department to -- to be able to apply for these
13 services, you know, we'll be able to support them, our
14 clients, to be able to, you know, efficiently assist
15 them with the services that they need, particularly
16 the client with LEP.

17 MR. FONSECA: We -- we function usually as
18 an extension of the city. And so fire, water, all of
19 the essential services, police. That's -- those are
20 the services that we support with. And so again, just
21 an extension of the local government.

22 CHAIR GARZA: Yes, it sounds like it's
23 very basic services that people need to survive,
24 right? Being able to get access to the fire
25 department, police department, even just getting

1 services at a hospital, making sure that somebody
2 understands what you're saying when you walk into an
3 emergency room, right? I think these are all -- or
4 even like a foreclosure, right? These are the kind of
5 things that directly impact people's lives and
6 language access I think -- based on the testimony
7 you're providing and personal experience and seeing
8 the world, I think that all of this is critical to
9 making sure that we don't see people fall deeper into
10 poverty and lose their basic services.

11 So, Commissioners, do you have other
12 questions?

13 Well, we still have some extra time, so I
14 would actually just invite you all to give us any last
15 words. We can go down the line. Any last thoughts
16 that you want give us, recommendations? A lot of
17 times what we do is -- we're doing this -- these
18 investigations. We're trying to gather information.
19 And the intention is to put together not only
20 findings, but recommendations as to how to improve
21 services and how to further support the civil rights
22 aspects of these issues. So happy to hear from each
23 of you some final words. Whoever would like to start.

24 MS. DE LA IGLESIA: Sure. So would like
25 to start by saying that we often say language is a

1 barrier, but it's really not. It's really an
2 opportunity to improve our services. So what we hope
3 is really that we -- you know, we made great progress
4 in the past 20-25 years with language access. We just
5 want to make sure that we keep the same provisions
6 that we have in place. And -- and perhaps, you know,
7 federal funding for -- to support language access
8 would be, you know, a great addition.

9 MS. MUNOZ: I -- I don't want to repeat
10 what Ms. de la Iglesia just said, but I basically
11 agree with what she's saying. I second that. And
12 also I just wanted to mention what you had asked about
13 them. The same thing would apply in the medical
14 setting and something that I've seen personal while
15 I've been in -- in the interpreting -- wearing the
16 interpreter hat. It's just something so basic.

17 In our -- in the valley we see a lot of --
18 for example, diabetes is something very big in the
19 valley. And so we do see how that miscommunication
20 between doctor and patient -- we see higher cases
21 where there's complications, for example, with
22 diabetes, with fall risk, you know, things that we see
23 as something that can be simply fixed or, you know,
24 completely avoided altogether because of something as
25 significant as -- as -- you know, as small as that.

1 It -- it does cause a lot of change and it
2 also -- for -- for insurance purposes, you know, it
3 costs more because now they have to go back and get
4 retreated or because now they have to be treated for
5 a fall. We see a lot of that. And just basic -- I'll
6 just give a really basic example for that where I've
7 seen that personally as an interpreter where they ask
8 the patient -- and this would be in Spanish -- even in
9 sign language I've seen where is it like did you
10 already -- are you allergic to any medications? But
11 the -- the patient understands it and they're answer
12 would be, oh, I took some medication some last week
13 because I had a little bit of a cold. So clearly the
14 question was not understood.

15 And so when you have that clear
16 communication, you can identify those important
17 questions to be answered correctly and accurately
18 because of -- of that language access.

19 MR. FONSECA: I would like to say that I
20 -- I've seen that it's really difficult for most
21 communities to implement language access
22 infrastructures that can include -- and pulling all of
23 the resources that we have as a community. We think
24 that this is true because there are needs that happen
25 that are very scattered across the communities and

1 it's really hard for an agency to say we really need
2 this because they might not be having so many requests
3 about that. But if we pull all of that information
4 together, we're able to see that there are a lot of
5 needs, but they're scattered. So there's -- it's
6 really hard for organizations to say we're going to
7 invest into this because it's something we need.

8 I think that is why it is so important
9 that we can really look at the data that we can
10 collect, we can extrapolate data as we look at the
11 results and historical data from other communities.
12 I think we can really understand better and prepare
13 communities better as they grow. Some communities are
14 early when it comes to the language access needs they
15 have, but others are already experiencing different
16 challenges.

17 I think that if we get ahead we can
18 prepare our cities and build the right infrastructure
19 to ensure that some of the issues we're seeing in
20 other communities don't happen again. And then again,
21 this is an opportunity to ensure that we have more
22 efficiency across local government as we are able to
23 allocate -- resources that are not infinite -- we can
24 allocate them better as we understand those issues
25 better, too. Yes.

1 MR. RHEE: Again, I just want to thank you
2 for -- for the invitation. And to -- to share just in
3 regards to what the Georgia Department of Human
4 Services has done, it really is about communication.
5 I think that really helps in terms of knowing what we
6 really need to do as a department, working with
7 federal partners and -- and we have worked with
8 federal partners to help us better understand what
9 services that we do need to provide to our clients
10 with LEP. And that has been very helpful.

11 Also, just to reiterate, just the
12 communities that we -- that we serve, just in
13 communication with them, that really gives us a really
14 better understanding of how we can provide those
15 services. And that has really helped us in terms of
16 providing those services to the communities of LEP.

17 One of the things I'm really proud about
18 in terms of our department is just the customer
19 service value that we provide and -- and just
20 providing that -- that's -- so that it's not just a
21 legal obligation, but that it's good customer service,
22 or great customer service that we're providing to not
23 just client with LEP, but for all of our constituents
24 that -- that come through your department. So these
25 are some of the things that really has helped us to

1 establish our program for language access towards
2 clients with LEP. And hopefully some of the
3 information will be helpful for you as a Commission.
4 Thank you.

5 CHAIR GARZA: Great. Well, thank you all
6 very much. If there's anything you would like to add
7 to the record you can submit further information, even
8 specific infrastructure recommendations. Would love
9 to hear those.

10 And that concludes the Panel 2, so we are
11 going to break for an hour. So we should come back
12 here by -- get started by 1:30. Yes. No.

13 PARTICIPANT: 2:10.

14 CHAIR GARZA: Or 2:10. So I'm sorry. We
15 have an extended lunch break. If we can get here at
16 least and get started by 2:00. Let's reduce it by 10
17 minutes.

18 All right. Thank you all so much. We'll
19 see you out there.

20 (Whereupon, the above-entitled matter went
21 off the record at 12:26 p.m. and resumed at 2:05 p.m.)

22 PANEL 3: FROM THE FIELD: COMMUNITY ADVOCATES'

23 VIEWS ON LANGUAGE ACCESS

24 CHAIR CASTRO: Welcome back, everyone. We
25 are reconvening at 2:05 p.m. Thank you for your

1 continued attention on this important topic.

2 We will now return to the third panel,
3 where we will hear directly from community advocates
4 about their views on language access. As I've
5 indicated to our previous panels, each of the
6 panelists will have seven minutes to speak.

7 Following the conclusion of your
8 presentations, the commissioners will have the
9 opportunity to ask questions within the allotted time
10 period. And I will recognized commissioners who wish
11 to speak. I will strictly enforce the time allotments
12 given to each panelist to present his or her
13 statement.

14 And unless we did not receive your
15 testimony until today, you may assume that we have
16 read it. So you can summarize it. And we appreciate
17 you doing that so we can make the best use of your
18 time. So please focus your remarks on the topic of
19 the briefing.

20 Panelists, please notice the system of
21 warning lights that are in front of you that we have
22 set up. When the light turns from green to yellow,
23 that means that you have two minutes remaining.

24 And when the light turns red, panelists
25 should conclude your statement so you don't risk me

1 cutting you off. Don't want to cut folks off, but we
2 want to make sure we have enough time for questions.

3 My fellow commissioners and I will do our
4 part to keep our questions and comments concise. So
5 in the order in which they will be speaking, the
6 panelists are Chi-Ser Tran, the Supervising Attorney
7 and Director of the Language Access Project, Community
8 Legal Services of Philadelphia.

9 We have Adam Carbullido. I don't know if
10 I pronounced that correctly. You'll have to correct
11 me. Director of Policy and Advocacy, Association of
12 Asian Pacific Community Health Organizations. Brian
13 Lynip, a teacher from Richland One School District in
14 South Carolina. Dr. Carlos Aleman, CEO, Hispanic and
15 Immigrant Center of Alabama. And we have Allison
16 Neswood, Senior Staff Attorney at Native American
17 Rights Fund.

18 So I'm going to ask each of you to raise
19 your right hand to be sworn in.

20 Will you swear and confirm that the
21 information that you are about to provide is true and
22 accurate to the best of your knowledge and belief?

23 Affirmative from all panelists.

24 We're going to go ahead and begin with Ms.
25 Tran, if you would like to get us started.

1 MS. TRAN: Good afternoon. Thank you to
2 the Commission for the opportunity to speak with you
3 today. My name is Chi-Ser Tran. I'm a Supervising
4 Attorney at Community Legal Services of Philadelphia,
5 where I work in the SSI Unit and I head our language
6 access project.

7 CLS is an independent nonprofit that
8 provides free civil legal services to low income
9 Philadelphians. I'm speaking with you today as a
10 legal services attorney specializing in representing
11 individuals with disabilities who are seeking or
12 trying to maintain disability benefits from the Social
13 Security Administration.

14 I also lead CLS's language access advocacy
15 by addressing systemic challenges that people with
16 limited English proficiency face when accessing the
17 courts, healthcare, or government services.

18 I'm also speaking with you today as the
19 daughter of two refugees who fled genocide in
20 Cambodia. As the eldest child, I often helped my
21 parents and other adults navigate complex legal and
22 financial matters from a young age. I vividly recall
23 an interaction one evening as I stood next to my
24 mother in our family's Chinese takeout restaurant in
25 West Philadelphia.

1 A police officer entered our store and
2 asked if my mother could step outside to help him
3 communicate with a Mandarin speaker. My mother
4 explained to him that she couldn't leave the counter.
5 She was the only one working and there were several
6 people waiting for their orders.

7 The police officer then pointed at me and
8 said, Well, what about her. My mother in disbelief
9 replied to him, No, she's only nine years old.

10 Fortunately, I was not forced to go
11 outside into the dark to interpret for two adult
12 strangers that evening. However, throughout my
13 childhood, I became accustomed to serving as a de
14 facto interpreter for my parents and other adults in
15 various settings, including at medical offices, school
16 conferences, and even emergencies involving law
17 enforcement, situations that were entirely
18 inappropriate for a child to witness, much less be
19 expected to act as an interpreter.

20 And this experience is not atypical for
21 children of people with limited English proficiency
22 when navigating government or healthcare services.
23 Today's briefing comes at a pivotal moment in our
24 nation's landscape.

25 As we've heard, nearly 26 million people

1 in the U.S. identify as LEP. According to ACS data,
2 57 percent of those who speak Vietnamese, 52 percent
3 of those who speak Chinese, and 39 percent of those
4 who speak Spanish at home have limited proficiency in
5 English.

6 These high percentages underscore the
7 significant language barriers that particular
8 communities face and highlight the critical need for
9 language access in healthcare and social services.

10 Less than three weeks ago, a longstanding
11 executive order aimed at allowing individuals with LEP
12 to meaningfully access federal programs and activities
13 was replaced by another executive order.

14 Although the text of the new executive
15 order says that it does not require or direct any
16 change in the services provided by any agency, it's
17 unreasonable to assume that agencies will continue to
18 prioritize language access as essential to their
19 agency's mission, considering the federal government's
20 funding cuts, the workforce reductions, the
21 elimination of civil rights offices, and the
22 declaration of English as the official language of the
23 United States.

24 We're already experiencing the impact of
25 federal cuts to services that individuals with LEP

1 receive from federal agencies. For example, there's
2 the national reporting on SSA spending freezes and
3 that some offices cannot pay their phone bills.

4 One Social Security office was forced to
5 cancel three disability hearings because staff could
6 not use charge cards to pay for interpreters. Last
7 Friday, another news outlet reported that USCIS
8 canceled an interpretation contract for those seeking
9 to access or correct their immigration status.

10 Now is the time to strengthen federal
11 language access protections, not weaken them. Despite
12 longstanding civil rights protections that require
13 government agencies to provide meaningful access, the
14 need for compliance and enforcement is substantial.

15 Frequently, individuals with LEP or their
16 advocates must make repeated requests for an
17 interpreter. Even after an interpreter is finally
18 provided, sometimes a call drops or the -- and the
19 interpreter is disconnected, forcing the individual to
20 start the process over again.

21 Or, they try to get by in their limited
22 English because they're accustomed to seeing service
23 providers express annoyance over the need for an
24 interpreter. Or the wait to obtain language
25 assistance is too long.

1 My client, K, who I recently represented
2 in a Social Security disability hearing, encountered
3 severe audio issues with the Vietnamese interpreter
4 who participated by phone. The interpreter couldn't
5 hear anyone in the room, forcing K to switch seats
6 repeatedly to try to get closer to the speakerphone.

7 But the interpreter still struggled to
8 hear her. After nearly ten minutes of playing musical
9 chairs, the judge suggested that K attempt to answer
10 her questions in English. Faced with the prospect of
11 further delays in a process she had already waited six
12 months for, K complied, doing her best to testify in
13 her limited English.

14 The failure to provide reliable
15 interpretation services resulted in wasted time and
16 resources and placed an undue burden on K, adding
17 frustration and anxiety to an already stressful
18 process.

19 Even when individuals manage to file
20 administrative complaints, the complaints can take a
21 long time to resolve. For example, it can take HHS up
22 to four years to resolve a civil rights complaint.
23 These lengthy processes are often not conducive to
24 language access needs that are immediate.

25 They also often leave individuals with no

1 means of effective communication that'll permit them
2 to get and keep the life-essential public benefits
3 that they're eligible to receive.

4 I provided a longer list of
5 recommendations in my written testimony, but I'd like
6 to highlight two of them here. The first is to
7 enshrine language access protections for federally
8 conducted programs into law. Individuals with LEP
9 should not have their access to vital benefits and
10 services left to the discretion of agency leadership,
11 particularly amid funding shortages and workforce
12 reductions.

13 The second is to enhance enforcement of
14 language access obligations and improve responsiveness
15 to administrative complaints. These complaints can
16 take years to resolve, often resulting in ineffective
17 remedies and lacking assurances for compliance or
18 enforcement, leaving complaints with a diluted
19 outcome.

20 Through stronger compliance and
21 enforcement of language access protections, we can
22 fulfill the promise of Title VI of the Civil Rights
23 Act and ensure access to services for all. Thank you,
24 and I look forward to answering any questions.

25 CHAIR GARZA: Thank you so much, Ms. Tran.

1 We're going to go ahead and hear from Mr.
2 -- can you please pronounce your name for me?

3 MR. CARBULLIDO: Carbullido.

4 CHAIR GARZA: Carbullido, thank you, Mr.
5 Carbullido. Please began.

6 MR. CARBULLIDO: Good afternoon, Chair
7 Garza, Vice Chair Nourse, and members of the
8 Commission. Thank you for the opportunity to testify
9 on the importance of language access programs in
10 federal and state social safety net programs.

11 I am Adam Carbullido, the Director of
12 Policy and Advocacy with the Association of Asian
13 Pacific Community Health Organizations. AAPCHO is a
14 national nonprofit association that works to improve
15 health access and outcomes of Asian Americans, Native
16 Hawaiians and Pacific Islanders in the United States,
17 the U.S. territories, and the freely associated
18 states.

19 Our members are mostly community health
20 centers that provide primary, dental, and behavioral
21 healthcare to nearly three-quarters of a million
22 patients annually in more than 80 different languages.
23 AAPCHO's member community health center recognize the
24 link that language access has in improving patient
25 care, increasing operational efficiencies, and

1 lowering healthcare costs.

2 Language access is essential to ensuring
3 that communications between patients and their
4 healthcare team are clear and understood. In the
5 healthcare setting, in-language communication can
6 quite literally be the difference between life and
7 death, and it helps reduce medical errors, which
8 ultimately lowers healthcare costs.

9 Language access protections required by
10 civil rights laws, including Title VI of the Civil
11 Rights Act and Section 1557 of the Affordable Care
12 Act, have been instrumental to improving the ability
13 of all individuals to get the care they need.
14 Community health centers provide care to 31 and a half
15 million patients each year, nearly a quarter of whom
16 are best served in a language other for English.

17 For AAPCHO members' patients, language is
18 the second largest barrier to care, following health
19 insurance status. Language access services, including
20 the use of interpreters, translated materials, and
21 multilingual staff, help patients understand their
22 conditions and treatment options. This leads to
23 better decision making and increased efficiencies
24 across the healthcare ecosystem.

25 Additionally, language is a significant

1 factor in a patient's decision to seek and obtain
2 care. Non-English speakers are significantly more
3 likely to not have a routine checkup with a doctor,
4 more likely to have no usual healthcare provider, and
5 more likely to not have had a primary care visit in
6 the past year.

7 It is our members' experience that
8 patients who know they will have difficulty explaining
9 their medical needs are less willing to seek care,
10 which can lead to less preventive care, most costly
11 treatment in the long term, more adverse health
12 outcomes, and decreased trust in the healthcare
13 system.

14 Improving language access is especially
15 important for Asian Americans, Native Hawaiians, and
16 Pacific Islanders that are comprised of more than 50
17 ethnicities speaking more than 100 different
18 languages. Our communities have long faced
19 difficulties in accessing healthcare due to the lack
20 of language interpretation and translation services.

21 And for many, their situation is
22 exacerbated by high rates of uninsurance. While the
23 Affordable Care Act and successive health legislation
24 did much to decrease uninsurance rates among Asian
25 Americans, Native Hawaiians, and Pacific Islanders in

1 the aggregate, disaggregated data demonstrate that
2 certain subgroups face high rates of uninsurance, 24.6
3 percent for Mongolians, 23.3 percent for Marshallese,
4 13.3 percent for Tongans, and 11.1 percent for
5 Burmese.

6 These difficulties pose significant
7 challenges to developing interventions to address
8 chronic conditions faced by our communities. For
9 example, Asian Americans are 50 percent more likely to
10 have diabetes, cancer is the leading cause of death
11 among Asian Americans, and more than half of all
12 hepatitis B cases in the United States are within the
13 Asian American community.

14 Similarly, Native Hawaiians and Pacific
15 Islanders are two and a half times more likely to have
16 diabetes, 80 percent more likely to be obese. And
17 Pacific Islanders adults have the second highest
18 cardiovascular disease rates -- death rates in the
19 United States. Language access is a key strategy for
20 addressing high rates of chronic and infectious
21 disease and can help improve patient care.

22 AAPCHO's members' experience demonstrate
23 that when language assistance is provided at each
24 level of the patient encounter, patient satisfaction
25 and health outcomes are improved.

1 Specifically, we strongly recommend the
2 utilization of a combination of translated materials,
3 live interpreters, and native speakers from initial
4 outreach and intake throughout the patient visit, and
5 in all follow-up communication. Our members have also
6 taken care to ensure that all materials are community-
7 vetted and accessible to those with low literacy, both
8 online and over the phone.

9 Moreover, AAPCHO strongly encourages more
10 investment in cultivating multilingual staff, both
11 clinical and non-clinical, by supporting pipeline
12 initiatives, workforce development training, loan
13 repayment, and mentorship programs specifically for
14 individuals who speak languages needed at their
15 provider facility. Non-clinical staff, including
16 community health workers, physician assistants, and
17 pharmacy technicians play key roles in a patient's
18 continuity of care.

19 On behalf of the Association of Asian
20 Pacific Community Health Organizations and our member
21 community health centers, thank you for the
22 opportunity to provide testimony on the importance of
23 language access. We hope the Commission will continue
24 to support the civil rights of individuals with
25 limited English proficiency to obtain services and

1 information in a language they can understand.

2 And as we say in my native Chamorro
3 language from Guam, (native language spoken). I look
4 forward to answering any questions you may have.
5 Thank you.

6 CHAIR GARZA: Thank you so much, Mr.
7 Carbullido.

8 We're going to go ahead and hear from Mr.
9 Lynip. If you would like to proceed.

10 MR. LYNIP: Again, thank you for the
11 opportunity to speak with you. I'm going to spend the
12 bulk of my time talking with you about some language
13 that you use in the Commission, it's in your mission
14 statement, and I think it's pretty important. And it
15 is that word, meaningful access.

16 In some ways, translation and technology
17 and interpretation has become easier and even allowed
18 parents to have agency where perhaps they wouldn't --
19 the organization had to have agency before.

20 Most of my parents that I serve in
21 Columbia, South Carolina and Richland One School
22 District are literate and also technologically
23 literate enough to use some of the tools that are out
24 there. So they are not completely reliant on an
25 agency to do that.

1 Having said that, that is not the same as
2 meaningful access. And I want to talk about four
3 students or maybe five students if we have time, and
4 how lack of meaningful access impacted them.

5 The first of which is a student who was
6 suspected by the school to have a disability. And the
7 school-based team suggested that that student receive
8 testing. That happened in the spring of 2023. As the
9 summer of '24 rolled around, that student had yet --
10 not yet received educational testing.

11 Like many districts, the district I work
12 are strapped for school psychologists. That lack of
13 parent agency and voice I believe is instrumental in
14 -- that lack of voice is what allowed, I believe,
15 that, you know, amount of time to pass without that
16 student getting that access.

17 An advocate like myself did everything
18 that I thought that I could do, including going to
19 board members, and yet it was not enough. Sometimes
20 the parent voice is essential. And it has to be
21 meaningful. It's not just a matter of having
22 translated materials or interpreted materials.

23 This past month, a student enrolled in
24 school. This is at the current school. This was
25 January 25. Didn't actually show up to school until

1 the 7th of February. That's about two weeks of missed
2 instructional time. That's because he didn't have the
3 proper vaccinations.

4 Now, that is a problem that continues to
5 plague some of our parents who don't have the, perhaps
6 the ability to push those guidelines or to know that
7 just having the appointment scheduled is enough to go
8 ahead and return to school. So again, a lack of sort
9 of parental voice was -- allowed that parent to
10 believe that that was acceptable to be missing two
11 weeks of school.

12 Last year, a parent requested her child
13 not to be put in the fourth grade but rather in third
14 grade. She was age-appropriate, though, for fourth
15 grade. School placed her in the fourth grade. The
16 school later discovered that the child had not
17 attended school her first or second grade year in
18 Honduras because they didn't have any access to
19 education during the Covid crisis.

20 On the one hand, we as teachers are
21 inclined to go, well, we age-appropriately place our
22 students. That's what we're supposed to do. We don't
23 want to put somebody in a lower grade. On the face of
24 it, that would be the right thing to do, except that
25 the parental had information that was not accessible

1 to us or at least in a voice that was loud enough for
2 us to hear.

3 So meaningful access to language is
4 something over and above having access to being able
5 to communicate in the same language. And you have
6 that inside your own mission statement, which I
7 appreciate that nuance.

8 I want to talk a little about some things
9 that are going well. And I don't know exactly the
10 origin of this, but we have a program in -- that was
11 have access to called Healthy Learners in Columbia,
12 South Carolina.

13 And it is a health agency, and I have used
14 it several times to get my students something that
15 they needed. They will come to the school and take
16 the student where they need to go to access healthcare
17 services. That is a remarkable, remarkable thing that
18 eliminates barriers.

19 It's something that we like -- it's part
20 of a design, a universal design. It has eliminated
21 some of the barriers to access. So that is a
22 positive, positive thing.

23 I wish there was more intentional
24 collaboration between hospitals, parks, recreation,
25 and church, civic groups, other government agencies.

1 There are bright spots in this. I recently talked to
2 the Assistant Director of Albemarle County here, close
3 by here in Virginia.

4 And they have done significant work to try
5 to bring folks of different agencies together to
6 realize some efficiencies. Why couldn't immunizations
7 happen at the school, for example, to eliminate that
8 in a timely way that students do not miss
9 instructional time?

10 It seems to me that there are things that
11 we can do more efficiently. Thank you.

12 CHAIR GARZA: Thank you, Mr. Lynip.

13 We're going to go ahead and hear from Dr.
14 Aleman, if you will go ahead and get started.

15 DR. ALEMAN: Yes, thank you,
16 Commissioners, for taking the time to listen to our
17 testimony today.

18 I work at the Hispanic and Immigrant
19 Center of Alabama, where we serve over 4000 residents
20 every day across the system, wrap-around services,
21 family services, enriched legal services, workforce,
22 education, college access, entrepreneurship,
23 homeownership. And we provide that all in culturally
24 -- culture-competent, language accessible ways.

25 At HICA we serve thousands of Latino and

1 immigrant families across Alabama. And language
2 access remains one of more persistent barriers to
3 equity and opportunity.

4 Many of our clients face difficulty
5 accessing essential services due to the lack of
6 adequate interpretation and translation resources.
7 This affects their ability to obtain healthcare,
8 enroll their children in school, access legal
9 protections, and navigate everyday interactions with
10 government agencies.

11 Language access remains critical for our
12 clients to understand processes and engage with
13 critical information, such as emergency updates
14 related to Covid-19 and severe weather conditions. A
15 specific challenge we have seen repeatedly is a lack
16 of professional interpreters in courts, hospitals, and
17 public service offices.

18 We have encountered cases where children
19 are relied upon to interpret for their parents in high
20 stakes medical situations or legal proceedings,
21 something that's not only -- that can have severe
22 consequences when you ask a nine-year-old child to
23 interpret severe health conditions or court
24 proceedings.

25 We have had success in coordinating the

1 Alabama Language Access Coalition advocacy at
2 Jefferson County Family Court, resulting in the court
3 agreeing to create a language access plan. They
4 included training for court personnel.

5 Through HICA's advocacy, Jefferson's
6 Children's Policy Cooperative provided 18,000 in
7 funding to support five organizations in creating
8 language access plans, including the city of Homewood,
9 where I am also a city counselor.

10 We also work with the United Way of
11 Central Alabama to engage in the language access team
12 to advance language access in their agency. HICA
13 staff has also continued providing language access
14 training for service providers, including sessions for
15 all law enforcement officers as part of their
16 training.

17 This led to policy updates to prevent the
18 use of children and family members as interpreters.
19 The Birmingham Police Department and other agencies
20 now utilize language learning services to communicate
21 with individuals with limited English proficiency.

22 Importantly, on April 15, 2024, HICA
23 invited and hosted former Assistant Attorney General
24 Kristen Clarke to our office. Community partners,
25 judges, law enforcement, and other stakeholders

1 participated in a meaningful conversation about
2 improving language access in Alabama.

3 When protection from abuse cases were
4 transitioned to Jefferson Domestic Relations Court,
5 there was no language access plan in place. After
6 discussions with judges and engagement with the DOJ
7 Civil Rights Division, court processes changed and
8 interpreters are now provided for PFA cases. LEP
9 individuals are now empowered to use their voices to
10 communicate their concerns directly before a judge.

11 For us, this is very much a public safety
12 issue. If we want our communities to be safe, we need
13 to have language access for police officers, for
14 federal officers, and for court systems so when we
15 engage with the criminal justice system, the family
16 justice system folks are able to have their
17 perspectives honored and heard and so we can provide
18 better services and keep all of our communities safer.

19 Language remains a barrier in both
20 government services and healthcare, leading to
21 disparities in access to outcomes. In Alabama, many
22 agencies still do not provide materials or services in
23 Spanish or other languages spoken by immigrants,
24 despite federal requirements to do so.

25 For example, we frequently assist

1 individuals who cannot renew their driver's licenses,
2 complete Medicaid enrollment, or access housing
3 assistance. They struggle understand their diagnoses,
4 treatment options, or medication instructions.

5 And this is also all the more true for
6 folks who don't necessarily speak Spanish but perhaps
7 speak indigenous languages from Latin America, whether
8 it be a Mixtec, Mam, or K'iche, as well as folks who
9 speak Arabic, Vietnamese, and Haitian Creole.

10 These communities face a double burden: a
11 lack of access to interpretation services in their
12 native language, and limited proficiency in Spanish or
13 English.

14 Also hear me say that we are big advocates
15 for English acquisition for all immigrant communities.
16 At the same time, while children will become
17 bilingual, their parents need access to resources in
18 their native languages so that they can parent to the
19 best of their abilities.

20 We have seen some success stories in
21 Alabama. The Jefferson County Department of Health
22 has implemented and expanded interpretation services,
23 including hiring bilingual staff and incorporating
24 video remote interpretation services in clinics.
25 Hospitals like UAB have expanded their use of

1 telephonic and video interpretation services, ensuring
2 non-English speakers receive more effective
3 communication.

4 Some school districts have hired bilingual
5 family engagement specialists, but not nearly enough.
6 And legal aid organizations have worked to ensure that
7 immigrant families facing legal challenges have access
8 to interpretation services.

9 Like my fellow panelists, I highly
10 recommend the institutionalization of language access
11 plans mandating professional interpretation services,
12 investing in multilingual outreach and materials,
13 expanding language access beyond Spanish, and
14 improving digital language access.

15 I'll also say that I myself am a first
16 generation immigrant. My family migrated to this
17 country when I was two years old from Nicaragua. It
18 was language access services that helped my mother be
19 able to survive while she was a single mother raising
20 two children.

21 I now have a ten-year-old boy that I am
22 adopting from Nicaragua. And we are engaging the
23 system in very different ways as we try to educate him
24 in schools in Alabama. There are teacher aides that
25 are helping his transition, but there's not enough

1 funding or support or resources.

2 My wife and I have often had to translate
3 whole lesson plans for sciences, particularly history,
4 so that he can stay on track with his class. We are
5 luckily both bilingual and so we're able to do that
6 for him, but we need more support. And most families
7 don't have access to those sorts of resources or
8 opportunities.

9 I very much appreciate the opportunity to
10 talk to you today because this affects us on personal,
11 legal, institutional ways, and your support is
12 critical to making sure that we are able to provide
13 services to our communities and our families. Thank
14 you.

15 CHAIR GARZA: Thank you, so much Dr.
16 Aleman, for your testimony.

17 We're going to now hear from Ms. Neswood.
18 Please begin.

19 MS. NESWOOD: (Native language spoken.)

20 Good afternoon, Chair Garza and
21 Commissioners. Thank you for the opportunity to
22 testify today on this important issue.

23 My name's Allison Neswood, I'm a citizen
24 of the Navajo Nation and a Senior Staff Attorney at
25 the Native American Rights Fund, the nation's oldest

1 and largest nonprofit law firm focused exclusively on
2 the defense of Native American rights.

3 As a voting rights attorney at NARF, I
4 lead on efforts to ensure that election officials meet
5 obligations to provide language-accessible elections
6 for native language speakers with limited English
7 proficiency. And prior to NARF, I worked for eight
8 years at a Colorado health justice organization,
9 including on-language access to public benefit
10 programs.

11 According to recent ACS data, of the 2.7
12 million people who identified themselves as American
13 Indian or Alaskan Native alone, about 40 percent speak
14 a language other than English at home and about 10
15 percent report speaking English less than very well.
16 And by comparison, for the rest of the population, 22
17 percent speak a language other than English at home,
18 and about 8 percent reported speaking English less
19 than very well.

20 And I want to emphasize what I think a
21 earlier witness said about the speaking, the reports
22 of speaking English less than very well. You know, I
23 have a lot of family members and community members who
24 use English in their day-to-day communications. But
25 when they want to speak about something personal or

1 important, they want to shift back into Navajo, in my
2 community, into Navajo.

3 And I think, you know, that's important in
4 the context of receiving healthcare or accessing
5 public services where you have to provide a lot of,
6 you know, deeply personal private information or
7 communicate personal needs.

8 And so I think, you know, the number of
9 people that would get the best services possible is
10 much higher than that 10 percent if they were
11 provided. Or, get the best services possible in their
12 traditional languages is higher than that 10 percent.

13 So the federal government has trust and
14 treaty obligations it owes in perpetuity to native
15 people, including those who speak their indigenous
16 languages. Those trusts and treaty obligations were
17 prepaid-for with our land and resources, and they
18 include the responsibility to provide healthcare and
19 other critical programs and services.

20 And so Natives are, you know, a bit unique
21 in, or somewhat unique in the fact that the federal
22 government provides a lot of services directly to our
23 population. So direct provision of healthcare, direct
24 provision of food assistance, in addition to, you
25 know, Social Security and direct provision of public

1 safety.

2 So the failure to make such services fully
3 available to Native Americans because they speak their
4 traditional language would be an abdication of the
5 federal government's trust responsibility.

6 Furthermore, of course, Native Americans have rights
7 to health and general public assistance programs, as
8 other American citizens do, including the right to
9 language access.

10 The right to general public assistance
11 programs is really critical from a public or from a
12 policy perspective, given the chronic under-funding of
13 programs specifically for Native Americans. But it's
14 also a matter of basic human rights.

15 The UN Declaration of the Rights of
16 Indigenous Peoples, which the United States has
17 endorsed as the aspirations of our law and policy,
18 provide that indigenous individuals have the right to
19 access without any discrimination to all social and
20 health services. And that access would necessitate
21 the provision of language assistance to Native
22 Americans with limited English proficiency.

23 The provision of quality interpretation
24 and translation services in the public assistance
25 context is critical to ensuring that native people get

1 the assistance that they need.

2 Many in my community, similar to what Ms.
3 Tran talked about, have stories about having to ask
4 deeply sensitive and private questions of their elder
5 family members in order to communicate that
6 information to the family member's doctor or service
7 provider or person helping with their public
8 assistance application or police officer.

9 And this can, you know, put unfair burdens
10 on native youth. It can strain familiar relations, it
11 can inhibit communication between providers and
12 patients, and it can ultimately prevent people from
13 accessing services they need.

14 Native Americans have long experienced
15 lower health status when compared to other Americans.
16 Native people are more likely to suffer from many
17 chronic diseases and have the highest rate of suicide
18 compared with all other racial and ethnic groups and
19 a shorter life expectancy than the general population.

20 The context for these disparities is of
21 course a history of colonization and forced
22 assimilation, processes which left many of our
23 communities to contend with the brutalities and
24 poverty and despair. And language barriers that
25 prevent native peoples from accessing health and other

1 services they need only serve to reinforce poor
2 outcome -- poor health outcomes in our communities.

3 While the right to language access in
4 health and public assistance contexts is well-
5 established, Executive Order 13166 was critical, not
6 least for the direction it provided to federal
7 agencies to prepare in consultation with stakeholders
8 plans to improve access to federally conducted
9 programs and activities by eligible people with
10 limited English proficiency.

11 We hope that the direction for federal
12 agencies and service providers to keep language
13 assistance plans will be continued, and that further
14 direction related to the provision of native language
15 assistance specifically will be provided.

16 Many native languages have multiple
17 dialects or regional variations. Many are
18 historically unwritten languages, meaning that fluent
19 speakers may not know how to read or write in that, in
20 their language. In addition, medical and bureaucratic
21 terms and concepts often don't have direct translation
22 in native languages.

23 And as a results of these factors,
24 providing accurate and culturally competent language
25 assistance and notice of the availability of that

1 assistance to native language speakers with LEP
2 requires planning and consultation with tribal
3 leaders, who best understand the language needs of
4 their tribal citizens.

5 You know, I've agreed with a lot of the
6 best practices identified by prior witnesses, and I've
7 included some specific to native language speakers in
8 my testimony. But, you know, but just want to say
9 here that, you know, I appreciate the Commission's
10 commitment to studying this issue.

11 I recognize that, you know, making sure
12 that there's language access to public programs is a
13 bipartisan, there's bipartisan commitment. And
14 appreciate the Commission including the perspectives
15 of native people and experiences of native people in
16 the work.

17 CHAIR GARZA: Thank you so much for your
18 testimony, Ms. Neswood.

19 At this point we're going to go ahead and
20 open it up to commissioners for questions. I see
21 Commissioner Jones.

22 COMMISSIONER JONES: Thank you, Madam
23 Chair.

24 Just for whoever on the panel would like
25 to opine on this, can one or more of you speak in

1 greater detail to the impact of the repeal of
2 Executive Order 13166? I think it's really important
3 to document that.

4 MS. TRAN: Thank you, Commissioner, for
5 your question. I can start off. I think the full
6 impact is yet to be realized. But as I mentioned in
7 my testimony, we're already seeing the impacts now,
8 given the example of hearings that are being canceled
9 or -- and language access plans being taken down.

10 I believe that in the new executive order,
11 the Attorney General is charged with coming up with
12 more guidance. But right now we are -- right now
13 without additional details, it's hard to know what is
14 going to be provided to individuals who are limited
15 English proficient.

16 And I think this gets at another point
17 that I'd like to make about the importance of language
18 access. Because we're talking about access to
19 critical life-sustaining benefits here. And without
20 the ability to communicate effectively with the
21 service provider, the individual, you know, things
22 don't work well.

23 I think we can all agree that
24 communication, effective communication helps society
25 work better. If law enforcement is able to get

1 information, accurate information from a witness,
2 we're all safer. If a healthcare provider is able to
3 understand or if an LEP patient is able to effectively
4 convey their symptoms to a healthcare provider, then
5 that -- then there's going to be better medical care.

6 So I think the point is that effective
7 communication is going to only serve everyone in the
8 long run.

9 COMMISSIONER JONES: You mentioned that
10 there were hearings that were canceled. Can you talk
11 more about that?

12 MS. TRAN: Yes. This was a report in one
13 of the national, from one of the national news
14 outlets. And there were -- this was also related to
15 staffing cuts that are happening right now, and
16 funding freezes.

17 So because staff at SSA were unable to use
18 charge cards to pay for interpreters, the hearing
19 couldn't go forward and the hearings had to be
20 canceled.

21 COMMISSIONER JONES: And of course by SSA,
22 you mean the Social Security Administration.

23 MS. TRAN: That's right.

24 MS. NESWOOD: Yeah, and I'll go ahead and
25 add a bit on that too. As I mentioned in my

1 testimony, there is chronic underfunding already of
2 critical health, public assistance programs for Native
3 Americans, longstanding, well-documented. I cited
4 some of that in my testimony.

5 And what that means is that native
6 communities, native people are already in kind of a
7 scarcity mindset sometimes when it comes to the
8 services that our communities need. And you know, one
9 of the reasons that the, you know, 13166 is so
10 important is because it, you know, it directed the
11 agencies to take certain -- to take actions around
12 public -- or to language assistance and to have a plan
13 for that.

14 But as soon as that direction goes away
15 and we're looking at sort of scarce resources and
16 increasingly scarce resources with potential budget
17 cuts and staff cuts, or the administration's
18 reductions in force, things like language assistance
19 are often the first to go. And they are -- and it's
20 an area where there's so much need still, even under
21 13166.

22 And so, you know, my testimony really
23 wants to make the point that there's need for sort of
24 more guidance and more direction in terms of native
25 language assistance, definitely not less. And it's

1 really troubling to be moving in that direction.

2 MR. CARBULLIDO: And if I could just add,
3 I think I agree with both these panelists that 13166
4 I think provided a certain level of expectation that
5 the federal government would provide language
6 assistance across government.

7 And when we remove that expectation from
8 the White House level, from the President, from an
9 executive order level, and leaving to the discretion
10 of the agency heads, it makes so that each agency may
11 have a hodgepodge of language access provisions and
12 plans in place. And I really do think that it could
13 lead to less efficiencies within government.

14 When there's that expectation, agencies
15 are able to lean on one another who do have good
16 language access programs in providing best practices
17 across government. And I think that while there's
18 still the full impact has yet to be seen, because this
19 was only done a couple weeks ago, it is that
20 expectation and prioritization that I think is being
21 eroded.

22 And as my fellow panelists said, is that
23 once that starts happening, especially in a period of
24 austerity and budget cuts and workforce reductions,
25 that could have implications across the government.

1 So I think we are paying very close attention to how
2 individual agencies are implementing this, the
3 language outline.

4 We do hope that all the agencies will
5 continue to provide language assistance, but already
6 at HHS we've seen them at least pull down the language
7 access plans publicly. And so we're trying to get
8 more information on whether or not they're going to
9 continue with the last language access plan that was
10 developed so that we can ensure, particularly in a
11 healthcare setting, that patients are getting the
12 resources that they need in a language that they can
13 understand.

14 DR. ALEMAN: Just as a -- oh, I'll just
15 add briefly that, and to put it bluntly, people will
16 die. If this is a public safety issue in terms of
17 folks being reluctant to come forward with law
18 enforcement. We work with the federal government
19 around human trafficking, around labor trafficking.
20 We work with the local government around domestic
21 violence issues.

22 And if people are unable to present their
23 cases in their languages, they will not come forward
24 and they will die. And this is a critical life-and-
25 death issue for many of our communities, and we need

1 to have partnerships with local law enforcement so
2 that people can access hospitals, courts, and law
3 enforcement and receive services in their languages.

4 CHAIR GARZA: Yeah, I'll let you, and I
5 just wanted to note this for the record. I mean, the
6 first panel that we heard from, we're talking about
7 over 26 million people that this would impact in all
8 these areas that you all are talking about.

9 Commissioner Jones.

10 COMMISSIONER JONES: Just as a follow-up
11 for you, Mr. Carbullido, your organization includes
12 federally funded community health centers, correct,
13 according to your testimony? And I couldn't help but
14 notice that last week, a funding bill, some people
15 refer to it as a continuing resolution, was passed
16 that included cuts to CHCs to the tune of billions of
17 dollars.

18 And so can you speak to the impact that a
19 reduction in funding for community health centers
20 would have on your organization and the lifesaving
21 work that you do?

22 MR. CARBULLIDO: Absolutely. I think that
23 right now, there are two pieces to this question.
24 First is that community health centers provide
25 critical access to some of the most marginalized in

1 our community.

2 So many of our patients are low income.
3 Like I said in my testimony, about a quarter of health
4 center patients are limited English proficiency --
5 have limited English proficiency. And cuts to the
6 health center program will be detrimental to -- for
7 our ability to provide these lifesaving care, primary,
8 behavioral, and mental health -- mental health
9 services.

10 When we're -- I think when we're talking
11 about what that will actually mean at the patient
12 level, staffing reduction means that community health
13 centers will either have to close locations, will have
14 to consolidate locations, lay off staff, or be unable
15 to provide the full spectrum of primary care that
16 their patients have come to expect.

17 Also, I think that in some of the cuts
18 that are being contemplated to the Medicaid program,
19 where again, most of our patients, a good number of
20 our patients are low income, rely heavily on the
21 Medicaid program. Cuts to that program may have --
22 will significantly undermine the ability of health
23 centers to provide the care that they have for nearly
24 50 years.

25 CHAIR GARZA: Commissioner Adams I believe

1 had a question.

2 COMMISSIONER ADAMS: Thank you. Ms. Tran,
3 I want to ask you some questions about the census
4 question you refer to on page 3 of your testimony. We
5 derive these numbers, don't we, from the census
6 question that asks how well you speak English in the
7 house, correct?

8 MS. TRAN: That's correct, Commissioner.

9 COMMISSIONER ADAMS: And there's four
10 choices to choose from to answer, right?

11 MS. TRAN: That's correct. I believe it's
12 very well, well, not well, and I believe it's poor.

13 COMMISSIONER ADAMS: Not at all.

14 MS. TRAN: Not at all, thank you.

15 COMMISSIONER ADAMS: Okay, to calculate
16 limited English proficiency, they draw the line, don't
17 they, below very well. And so if you answer the
18 question well, you're counted as limited in English.

19 MS. TRAN: That's correct.

20 COMMISSIONER ADAMS: Does that make sense
21 to you?

22 MS. TRAN: Well, so I'd like to point out
23 that the level of English that's needed to navigate
24 everyday life is not the same as the level of English
25 that's needed to navigate complex healthcare and

1 government services. So someone who is, considers
2 themselves speaking English well, they might not feel
3 comfortable speaking English in a court setting, for
4 example.

5 So there's -- it's self-reported, yes, but
6 the point is that there are different variations in
7 the level of English that's needed to do different
8 things. And as I mentioned before when we were
9 talking about access to the court system, which
10 relates to access to justice or lifesaving benefits
11 such as Social Security, someone's ability to
12 communicate in English shouldn't be the barrier to
13 those things.

14 COMMISSIONER ADAMS: Well, but they can
15 communicate in English because they said they speak
16 well, right?

17 MS. TRAN: Sure.

18 COMMISSIONER ADAMS: Okay, so let me ask
19 you a question. Why can't we disaggregate this data
20 on page 3 of your testimony to see what the response
21 rate is for well? Because that seems to be hidden in
22 all of this. And for example, Chinese, 39 percent are
23 LEP. But some of those speak English well, don't
24 they?

25 MS. TRAN: It's actually 52 percent of

1 Chinese who are LEP. But some of them --

2 COMMISSIONER ADAMS: Oh, I'm sorry, 52.

3 MS. TRAN: Yeah, some of the do speak
4 English well. But I can use the example of, you know,
5 even if you can speak English very well, it doesn't
6 mean that you can understand everything that's being
7 asked.

8 For example, I work in social -- work with
9 Social Security disability claims. I speak English
10 very well, but I sometimes I have trouble
11 understanding the complex rules that are --

12 COMMISSIONER ADAMS: I couldn't understand
13 what one of our witnesses said earlier, okay. I don't
14 speak Navajo at all.

15 So my question, though, is shouldn't we
16 know that number so we can make better policy
17 decisions to know what the I speak English well number
18 is in all these percentages? Shouldn't we know that,
19 isn't that a helpful data point that is nowhere in any
20 of these materials?

21 MS. TRAN: Sure.

22 COMMISSIONER ADAMS: Okay, thank you.

23 MS. TRAN: Thanks.

24 CHAIR GARZA: I don't think, Ms. Tran, you
25 write the census questions, correct?

1 MS. TRAN: That's correct.

2 CHAIR GARZA: Okay.

3 COMMISSIONER ADAMS: I didn't suggest she
4 did.

5 CHAIR GARZA: It was just clarification.
6 Are there any other questions from commissioners?

7 Commissioner Magpantay.

8 COMMISSIONER MAGPANTAY: Mr. Lynip, thank
9 you very much. So I enjoyed reading your testimony,
10 your written comments about collaboration. We heard
11 in the morning panel how the Voting Rights Act
12 requires certain jurisdictions to have translators to
13 translate the written materials that interpreters for
14 all materials.

15 But elections don't happen every day. In
16 the spirit of collaboration and working across
17 government agencies and to conserve resources, is it
18 possible that when a jurisdiction is covered for
19 language assistance under the Voting Rights Act, and
20 we know that there's a large Bengali-speaking
21 population or Korean or Hopi population, that in other
22 times of the year, they can, another agency could use
23 those interpreters and translators to assist them in
24 their work?

25 Would that be helpful for jurisdictions to

1 leverage limited resources?

2 MR. LYNIP: I don't think I can speak very
3 intelligently about that specific question. I can
4 tell you that the general comment I was making is that
5 even when the language resource is there, and our
6 district uses something called Language Line.

7 It is a great resource. It allows us to
8 dial up the phone and make a, you know, make a
9 connection with an interpreter. It's less than 70
10 cents a minute.

11 Did all our schools, even having had
12 access to that, know about it and utilize it? The
13 answer to that is no, and it took advocacy on, you
14 know, on many of our -- in my case, I'm an English as
15 a second language teacher, a multilingual specialist.
16 Making that advocacy, I had to do that advocacy to
17 make our school more familiar with that tool, and now
18 they are. But they still are not utilizing it to its
19 capacity.

20 So you know, could there be efficiencies?
21 Absolutely. We don't actually use live translators
22 are much. So that as a shared resource is not our
23 particular way of handling it.

24 We have only or two on-staff interpreters
25 at our school -- we primarily use this resource

1 language -- is it does something for basic
2 communication. It doesn't do as much in terms of what
3 my statement was, in terms of sort of creating and
4 manifesting parent voice.

5 CHAIR GARZA: I have a question. I think
6 each of you have kind of touched on this issue of
7 children translating for their parents. And I kind of
8 wanted to dig into that a little bit more,
9 considering, you know, the rescinding of the order and
10 the strains that it might put additionally on
11 children.

12 So I would love to hear a little bit more
13 about what that's like. Why is it difficult for a
14 child to be put into a situation where they're
15 translating for their parents? I can think of a
16 couple of situations, like maybe not feeling
17 comfortable translating medical information.

18 But if you all would give me some examples
19 of it, I would love to hear some additional ones. And
20 whoever would like to go first.

21 MS. TRAN: I'd like to start off by
22 pointing out that interpretation is a very specialized
23 skill. And a trained interpreter converts a message
24 from one language to another. And interpreters are
25 bound by certain standards, ethical standards and

1 certain rules, like confidentiality, accuracy, they're
2 supposed to be impartial.

3 And these are expectations that a
4 layperson may not be familiar with or even be willing
5 to abide by.

6 So if you have the example of a child who
7 is forced to interpret in a domestic violence
8 situation, or you have someone who is uncomfortable
9 interpreting in a rape case, if they're uncomfortable
10 saying certain terms, that's definitely going to
11 impact the message that comes out. And it's going to
12 impact the outcome of that. So that's one example.

13 MR. CARBULLIDO: And I'll just add that in
14 healthcare, oftentimes the communication between a
15 doctor and a patient is very complex. And if you're
16 relying on children to interpret for a doctor very
17 complex medical terms, medical needs, and medical
18 procedures, a lot of that can get lost in translation.

19 One, because a child may not have the full
20 understanding of the English language, even if the
21 language is their first language that they've learned.
22 And two, being able to translate between English and
23 another language, as my fellow panelist had said, Ms.
24 Tran has said, it's a very specialized profession.

25 And in order to have accurate information

1 being conveyed, particularly in a healthcare setting,
2 it is essential that we have translators who
3 understand medical terminology, are able to translate
4 that in a way that is not just word-for-word verbatim
5 translated, but put in a cultural context that may
6 have different implications for the individual
7 receiving, for the patient receiving that information.

8 So you know, one of the things that
9 Section 1557, the regulations implementing it, is it
10 does remove the ability for children to translate in
11 a healthcare setting for their parents or for other
12 family members, unless it's in an emergency situation.
13 Only in very rare cases and only for a limited time
14 until a qualified translator can come into the health
15 setting to relieve that burden.

16 But we've seen that child interpretation
17 does have difficulties in a health setting. And I
18 think that's why, particularly for healthcare, it is
19 no longer allowed.

20 COMMISSIONER MAGPANTAY: And what's the
21 enforcement mechanism for that?

22 MR. CARBULLIDO: I'm sorry?

23 COMMISSIONER MAGPANTAY: And what's the
24 enforcement mechanism? I hear it's not allowed, but
25 what if it happens?

1 MR. CARBULLIDO: So if it happens, then a
2 patient can submit a civil rights complaint to the
3 Office of HHS, and HHS will investigate and provide
4 some sort of enforcement mechanism through that.

5 CHAIR GARZA: Dr. Aleman.

6 DR. ALEMAN: Yeah, and I'll just say that
7 we've seen cases where a woman has come to us, has
8 been a victim of domestic violence, and then the law
9 enforcement officer who came to the scene was then,
10 turned to the child and started asking the child to
11 interpret.

12 First of all, the child doesn't have the
13 emotional EQ to handle that. We're also exposing
14 children to secondary trauma in those sorts of
15 instances.

16 And it just complicates the nature of any
17 kind of testimony collected in those sorts of things
18 so that who's going go to -- a judge will have to
19 decide whether that testimony's even valid because it
20 was based on the interpretation of a child.

21 Second, in health cases, I think this is
22 also very problematic in that these it's highly
23 specialized vocabulary. I mean, I'm an adult and I'm
24 not sure I could translate what a doctor tells my wife
25 if I had to do it into Spanish.

1 And so I think that the trained
2 professionals, these are very highly specialized
3 individuals who can provide the interpretation and
4 translation necessary. A child does not have the
5 capacity to do that.

6 MR. LYNIP: I would just add something
7 that on the face of it is maybe more mundane than what
8 the other panelists are talking about. There is an
9 upsetting of the power structure of a family when
10 you're asking a child to do the interpretation. And
11 that's undermining those first caregivers.

12 So giving them appropriate power and voice
13 is part of what an interpreter and a professional
14 interpreter, much better, can do that a child of
15 course can't do. By very nature of them translating,
16 they are disrupting a family order.

17 CHAIR GARZA: It's also a psychological
18 impact is really I think what you're getting at, is
19 you know, the parent is supposed to be the caretaker,
20 the -- and to lead. And you're putting a child in a
21 position where they feel like they have to take care
22 of their parent a very young age, so.

23 Ms. Neswood, did you have any?

24 MS. NESWOOD: I don't -- I have similar
25 experiences, similar stories. Don't need to reiterate

1 what's already been said.

2 I mean, I guess one thing that occurs to
3 me because of the prevalence of mental health issues
4 in native communities is a family where, you know, the
5 child, I was told this story when the child was an
6 adult at the time but talked about when they were a
7 child, translating for their elder caretaker. It
8 wasn't their parent, but their caretaker.

9 And that caretaker needed to tell their
10 doctor that they were having suicidal thoughts. And
11 that had to go through the child.

12 And then another sort of, it's like seeing
13 the other side of it, there's a elder in my community
14 who stopped taking her blood pressure medication after
15 her adult, the child who was, adult child who was
16 living with her, passed away due to suicide or died
17 due to suicide.

18 And so this person didn't -- had been
19 relying on this child in their life for a long time to
20 help them with their access to medical care and their
21 access to their medications. And they stopped the
22 medications after this person was gone. You know,
23 believing that, or probably out of sadness surely, but
24 also just out of a lack of connection to any kind of
25 system that could help or that they thought could help

1 them.

2 CHAIR GARZA: Thank you. Are there any
3 other questions from commissioners? Commissioner
4 Magpantay.

5 COMMISSIONER MAGPANTAY: Yeah, Ms. Tran and
6 Ms. Neswood, so I heard you say, I just want to be
7 really clear, I heard you say strengthening 13166. So
8 I think the suggestion that you are saying is that we
9 should recommend to the United States Congress to
10 codify the Section 13166 into federal law.

11 My question becomes what do we do about
12 Sandoval and the disparate impact analysis? Sorry to
13 give you a lot of school stuff, but suggestions on how
14 we should -- because we could still do 13166. But we
15 still have a deficiency, I think we've heard, of
16 implementation because of Alexander v. Sandoval.

17 Thoughts? Or any lawyer can talk, opine
18 on the law, so. Oh, do you want me to -- y'all
19 remember Sandoval? Well, you know what, maybe let
20 me, sorry. Let me invite, if you could submit
21 comments as a follow-up, because maybe you didn't
22 memorize all of constitutional law before you came to
23 talk to a law professor, apologies.

24 If you could submit comments, follow-up
25 testimony to what should we do with Sandoval in the --

1 in your recommendation to codify Section 13166 into
2 federal law.

3 MR. CARBULLIDO: If I could just add one
4 -- so not opining on the Sandoval question. But at
5 least in healthcare, if we're talking about codifying
6 language access, one area that I would point to is the
7 Health Equity and Accountability Act, Title II, that
8 has been introduced in Congress, in every Congress
9 since about, since 2002.

10 There's an entire section on language and
11 providing meaningful access in a healthcare setting
12 for patients with limited English proficiency. I
13 would recommend that the Commission take a look at
14 that section or that Title II of the Health Equity and
15 Accountability Act.

16 Because that piece of legislation has
17 received input from a number of advocacy
18 organizations, over 150 provider, patient, and civil
19 rights organizations came together to write this piece
20 of legislation. And it also includes input from
21 members of Congress in both the House and the Senate.

22 So that's one area that I would encourage
23 the Commission to look at on language access in a
24 healthcare setting.

25 MS. NESWOOD: And I'll just say yes, we'd

1 be happy to submit follow-up testimony on that.
2 Thanks.

3 MS. TRAN: Yes, same here.

4 COMMISSIONER MAGPANTAY: Thank you,
5 Counsels.

6 CHAIR GARZA: Okay, well, I believe that
7 covers all the questions. Before we move on, I just
8 want to -- well, I just want to say thank you for
9 being here today and thank you for your testimony. I
10 appreciate some of our -- some of the questions have
11 been colorful.

12 But I really appreciate what you all have
13 done to highlight all of these different issues and
14 access to language, and just how critical it is in all
15 of the services. Because each of you have really
16 touched on that particular issues.

17 So thank you to our panelists, and we are
18 going to go ahead and recess for ten minutes and
19 return at 3:15 p.m. Thank you.

20 (Whereupon, the above-entitled matter went
21 off the record at 3:04 p.m. and resumed at 3:17 p.m.)

22 PANEL 4: FROM THE FIELD: THE LIVED EXPERIENCES OF
23 INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

24 CHAIR GARZA: All right. We are back.
25 We're coming back to order. It is 3:17 p.m. We're

1 going to proceed with our fourth and final panel and
2 we're going to hear directly from impacted individuals
3 with limited English proficiency. Each of the
4 panelists will have seven minutes to speak. Following
5 the conclusion of your presentation, commissioners
6 will have an opportunity to ask questions within the
7 time period that we have allotted and I'll recognize
8 commissioners who wish to speak.

9 I'm going to strictly enforce the time
10 allotments we have given to each panelist to present
11 his or her statement and unless we have not received
12 your testimony until today, you may assume that we
13 have read it. So please summarize what you would like
14 to say and we appreciate that you do that and make the
15 best of your time.

16 Panelists, please notice the system of
17 warning lights that we have set up. The light turns
18 from green to yellow. That means you have two minutes
19 remaining. And when the light turns red, panelists
20 should conclude your statements so you do not risk me
21 cutting you off mid-sentence. I will not do that, I
22 promise. Just try to wrap up, please, and my fellow
23 commissioners and I will do our part to keep our
24 questions and comments concise and respectful.

25 In the order in which they will speak, our

1 panelists are Jerry Rayburn, UCLA student and Thai
2 immigrant; and Zahra Rahimi, a William and Mary
3 student and Afghan immigrant.

4 So I'm going to ask each of to raise your
5 right hand to take an oath to be sworn in. Will you
6 swear and confirm that the information that you are
7 about to provide us is true and accurate to the best
8 of your knowledge and belief?

9 MR. RABURN: Yes.

10 MS. RAHIMI: Yes.

11 CHAIR GARZA: Great. Affirmative from
12 both of the panelists. Thank you. You may put your
13 hands down.

14 Thank you so much for being here. I
15 really appreciate this. Take your time and we're
16 going to go ahead and let Mr. Rayburn begin. Whenever
17 you're ready, push the button in front of you.

18 MR. RABURN: Is this supposed to be red?

19 CHAIR GARZA: It's supposed to be green.
20 So you can go ahead and start.

21 MR. RABURN: It's supposed to be green?

22 CHAIR GARZA: Yes. You're fine. Go ahead
23 and start.

24 MR. RABURN: Good afternoon, everyone. I
25 would like to thank the United States Commission on

1 Civil Rights for organizing this briefing. It's an
2 honor to be to invited to share with the Commission my
3 Thai immigrant mother's healthcare struggles caused by
4 the lack of language access.

5 My name is Jerry Raburn, and I am a Thai-
6 American activist from Southern California, a UCLA
7 student, and an immigrant to the United States. I
8 came to this country at the age of eight, not knowing
9 what life here would be like. My mother grew up on a
10 rice farm in a town called Phitsanulok, and my sister
11 and I were born in the capital city of Bangkok, while
12 my brother, my youngest brother, was born in
13 California.

14 My mother moved her children to the United
15 States believing that if you work hard enough, you
16 would be guaranteed the American Dream. However, the
17 search for the American Dream has been excruciatingly
18 painful and precarious for my family. My mother is a
19 hard worker and she found employment in the United
20 States through various staffing agencies. She was
21 always placed in temporary positions that paid little
22 money and was frequently laid off. Her employers
23 never provided her with healthcare. She at least
24 qualified for Medi-Cal, California's Medicaid for low-
25 income individuals.

1 The day before she was admitted into the
2 Intensive Care Unit, the ICU, my mother went to a
3 Medi-Cal certified primary care physician and tried to
4 communicate to her doctor that she was experiencing
5 severe back pain. My mother has limited English
6 proficiency. She has a high school education from
7 Thailand and does not speak English well enough to
8 have a large vocabulary. The doctor simply gave her
9 Tylenol and sent her home without performing any
10 tests. It turned out my mother had kidney stones that
11 worsened into sepsis.

12 The next day, I was taking classes at the
13 local community college with plans to study later that
14 day when my brother and told me that my mother was
15 brought to the hospital because of her severe back
16 pain. October 31st, 2016, my mother experienced a
17 traumatic health catastrophe that placed her into the
18 Intensive Care Unit, the ICU. My mother and her
19 doctors could not understand each other to explain
20 what was happening and when I asked for an interpreter
21 for her, they did not provide one.

22 Code Blue shouted the doctor and nurses as
23 her blood pressure dropped rapidly and the race to
24 save her life, medicines that contract blood vessels
25 to raise my mother's blood pressure were immediately

1 administered. This directed the blood to her vital
2 organs, especially her heart and brain. I didn't
3 understand what was happening. All I knew was that
4 she was dying.

5 My mother survived, but at a terrible
6 cost. The medications to save her life cut off
7 circulation to parts of her hands and feet. The
8 doctors tried to obtain consent from my mother to
9 amputate her fingers and toes. However, she was
10 unable to understand due to her limited English
11 proficiency. She does not have the linguistic ability
12 to express ideas nor understand complex meanings in
13 English, making it difficult for her to communicate
14 effectively.

15 Although I was born in Thailand, I do not
16 speak my mother's language as fluently as I once did
17 during my early childhood. I could not help my mother
18 process what was going on. I asked for a translator
19 for my mother, and an interpreter as well, but the
20 doctor not provide one, nor did he know how to obtain
21 one. He was dismissive of my concerns and told me it
22 was my responsibility to find a translator or an
23 interpreter although I had no idea how.

24 No medical provider at the hospital could
25 explain to my mother what was going on and why they

1 needed to perform the amputation.

2 We, as her children, struggled to explain
3 to her in basic English that for her to live she
4 needed to have this surgery. When my mother woke up
5 from the surgery, she fell into a deep depression
6 after seeing the results. Much of her hands and feet
7 were gone. My mother is now a quadruple amputee. She
8 is now shorter than before, no longer able to do the
9 things a woman like her may want to do. She can't get
10 a manicure or a pedicure. She can't swim. She can't
11 even write her name in her own native language.

12 This is the part I was actually going to
13 use profanity to express how traumatic this is, but
14 I'm not going to use profanity, but I just want to
15 repeat the severity of what happened that the fact
16 that my mother cannot write her name in her native
17 language is a travesty beyond belief.

18 She was unable to return to work, relying
19 on small amounts of disability payments which in
20 California is not enough to live on. During my
21 mother's three-month stay in the ICU, she was in a
22 coma for two weeks, on a ventilator with an
23 endotracheal tube down her throat. When she woke up,
24 the tube was removed. She had lost her voice and
25 ability to speak. We struggled to communicate with

1 her through lip reading and hand gestures and I knew
2 there was miscommunication at times. It was
3 heartbreaking to see my mother temporarily lose her
4 voice. Many specialists met with my mother while she
5 was hospitalized, including a psychiatrist who
6 prescribed her medication for depression. I do not
7 know how informed consent was obtained given by my
8 mother at this time especially without an interpreter.
9 It took over two months for my mother to receive
10 speech therapy, but the therapist assigned was not
11 cultural competent and often infantilized my mother.

12 My mother was receiving home care, but
13 again, never once was she provided with an interpreter
14 which often caused confusion with after-care
15 instructions.

16 What my mother survived was a traumatic
17 order. I believe that had the hospital provided an
18 interpreter for when I first asked, my mother's
19 illness would not have been so prolonged and traumatic
20 for her. My mother may have been able to accurately
21 communicate her symptoms to her providers even before
22 she was admitted into the ICU, particularly with her
23 primary care physician, which could have allowed her
24 diagnosis and intervention and maybe prevented her
25 from losing body parts.

1 We and many other LEP families need
2 language access. When provided, patients can
3 accurately communicate symptoms to help care providers
4 make an early diagnosis and intervention possible.
5 Effective communication with patients in preferred
6 language builds trust, allows active participation in
7 healthcare decisions. Patients can understand their
8 diagnosis and treatment plan and follow-up care
9 instructions, leading to better health outcomes.

10 Recently, President Donald Trump signed an
11 Executive Order designating English as the United
12 States' official language. The Executive Order
13 rescinds a Clinton-era mandate that requires agencies
14 and recipients of federal funding to provide language
15 assistance to LEP persons. Language access can save
16 lives, change health outcomes, as it might have for my
17 mother and its elimination would jeopardize minority
18 communities like the ones my family belongs to.

19 Language access should be considered a
20 human right and we need to ensure continued protection
21 of these services as part of federal civil rights law.
22 My family's pursuit of the American Dream has been a
23 tragedy. My mother, brother, and sister, and I shared
24 -- we used to share a single room when my mother was
25 sick, we shared a single room in another family's

1 house, often sharing the same bed. Currently, I drive
2 for UberEats after 12 hours a day usually earning
3 below minimum wage and struggle to make ends meet.
4 But I will not give in to despair. As a soon to be a
5 40-year-old Thai-American who is neurologically
6 divergent and on the autism spectrum, I'm in the
7 process of getting my undergraduate degree from UCLA
8 and am planning to reclaim the American Dream for my
9 mother.

10 I urge the Commission to protect language
11 access and I'm counting on the Commission to develop
12 recommendations for the administration and Congress so
13 families like mine can receive the needed help they
14 require in this resource-abundant country. Please
15 encourage our leaders to leave out the partisanship
16 that's not working for the American people.

17 I am open to any questions you might have
18 and thank you for your time.

19 CHAIR GARZA: Thank you so much for your
20 testimony, Mr. Raburn.

21 We're going to hear from Ms. Rahimi.

22 MS. RAHIMI: Thank you. Good afternoon.
23 My name is Zahra Rahimi, and I'd like to thank you
24 guys for giving us the chance to share our experience
25 as navigating the language barriers and today, I'm

1 going to talk about how my experiences impacted me as
2 an immigrant and how it led me to support other
3 Afghans facing similar challenges.

4 Five years ago, we moved to the United
5 States. As the oldest child in my family, I naturally
6 took the role as a translator for my parents. Neither
7 of them spoke much English and nor did I. But I was
8 more familiar with using technology, so I quickly
9 learned how to use Google Translate. Every
10 interaction outside of our home, whether it was
11 visiting a government office, going to the doctor, or
12 sitting at school meetings, it required someone to
13 bridge the language gap. That someone was me.

14 I remember sitting beside my parents
15 helping them translate documents using Google
16 Translate. It wasn't easy. The forms were filled
17 with complicated words and official terms I hadn't
18 learned yet in school. Translating and understanding
19 just one document often took more than an hour because
20 we wanted to understand everything and making sure
21 that we didn't misunderstand any important things.

22 Even with the technology, the translations
23 weren't always accurate and we often found ourselves
24 second guessing whether we truly had understood the
25 instructions.

1 When going to the doctor, I had to explain
2 the symptoms using Google Translate. There were
3 moments when we struggled to find the right words and
4 I could see the frustration on both sides. My
5 parents, anxious about not knowing what to do, and the
6 doctor, trying to provide care, but limited by our
7 communication barriers. It was very challenging to
8 get a translator on the phone call.

9 These experiences have stayed with me and
10 as I grew older, I wanted to use what I had learned to
11 help others. That's how I found myself working as a
12 translator for Afghan refugees who had recently
13 arrived in Alexandria, many of whom faced the same
14 struggles as my family did. Through this work, I saw
15 firsthand how many refugees struggled to schedule
16 medical appointments because they couldn't navigate
17 the automated phone system or online booking platforms
18 which were only available in English. Even when they
19 managed to get an appointment, they often
20 misunderstood important documents like prescriptions,
21 follow-up instructions, or health insurance paperwork.

22 One of the most heart-breaking challenges
23 I saw was how language barriers affected not just
24 physical health, but mental well-being, especially for
25 Afghan women. Many of these women had already

1 experienced immense trauma from situations they fled,
2 war, displacement, the loss of lost ones, and the
3 uncertainty of rebuilding life in a new country so
4 different from where they spent most of their lives.

5 Yet, when they arrived here, the support
6 they desperately needed was often out of reach simply
7 because they couldn't understand English. Mental
8 health resources, counseling, and therapy are almost
9 always offered in English. Even if there were Farsi,
10 Dari, or Pashto speaking mental health professionals
11 available, most women didn't know how to navigate the
12 system to find help.

13 The struggles extend beyond healthcare.
14 Many families missed their appointments for asylum or
15 immigration status interviews and meetings because
16 they couldn't understand the forms. Some missed
17 important deadlines for government benefits, while
18 others couldn't enroll their children in a school. The
19 school system themselves are facing challenges due to
20 the increasing number of Afghan students and the lack
21 of translators. Teachers and the staff often struggle
22 to communicate with students and their families,
23 making it difficult to provide the necessary support
24 for their education. Without proper translation
25 services, students fall behind in their studies,

1 parents remain unaware of school policies and events,
2 and the gap in education continues to grow.

3 This is why I helped to start a tutoring
4 program with a local nonprofit in Alexandria for my
5 peers that is still going on to this day and uses
6 translators to ensure that newly arrived Afghan
7 refugees youths are able to learn the curriculum,
8 while at the same time they are learning English.

9 Through this program, students can get
10 help with their homework, improve their English
11 skills, and gain the confidence needed to succeed in
12 school. Through this program, we work closely with
13 school administrators to bridge the communication gap
14 ensuring that Afghan families and students understand
15 school policies and available resources to them.

16 My experiences helping both my parents and
17 other Afghan refugees has shown me how important
18 having professional translation services are where
19 family members, like myself, can step in. We are not
20 always equipped to handle complex conversations,
21 especially in medical, legal, or official settings.

22 My families and individuals are
23 illiterate, making this very hard for them to use
24 Google Translate or read documents that are in Farsi,
25 Dari, or Pashto. Providing translations and

1 interpreters can make an effective difference for
2 refugees in receiving proper healthcare, understanding
3 important documents and paperwork, and accessing other
4 essential services which they would not be able to
5 receive without translation. Having trained
6 interpreters can mean the difference between receiving
7 proper healthcare or not, accessing essential services
8 or being left behind.

9 By investing in interpreters and multi-
10 lingual resources, we can ensure that refugees and
11 immigrants receive the help and support they need and
12 are not left alone in a new country where they don't
13 and can't speak the language here.

14 I appreciate the opportunity to share my
15 experience today. I hope it sheds light on the ongoing
16 challenges many newcomers face and the importance of
17 providing translation support to bridge these gaps.
18 Thank you.

19 CHAIR GARZA: Thank you both for your
20 testimony. Now we move on to the question portion of
21 this, but I just wanted to say, Mr. Raburn, I'm so
22 sorry to hear about what happened to your mother. And
23 you know, it's really -- we heard in other panels
24 about the real-world impacts that could happen, right,
25 that this is a life-or-death situation to not have

1 access to language services and I appreciate you being
2 here, sharing your story and talking about that. Do
3 you have a comment? You have to push the button,
4 please.

5 MR. RABURN: I don't have a comment
6 really. I'm a little shy.

7 CHAIR GARZA: It's okay.

8 MR. RABURN: But I appreciate the
9 opportunity to tell my story.

10 CHAIR GARZA: But I just wanted to ask you
11 a question because -- just so for our understanding,
12 the doctors, were they unable to get a translator for
13 your mother in your mother's language or they just
14 didn't know how to get one?

15 MR. RABURN: The doctor was not
16 knowledgeable about how to even go about -- he didn't
17 know what to do. He didn't offer a translator because
18 he didn't think that he needed to. He just didn't do
19 it.

20 I'm not sure this makes any difference or
21 not, but the doctor was not like an American doctor.
22 He was born overseas. His medical education was
23 received overseas and he came here to practice in the
24 United States. So I don't think he -- because he was
25 also an immigrant, as well, and he was probably not

1 familiar with the law or what he needed to do as well.
2 He was not Thai, he was not Asian. So I guess it was
3 like a situation of him being a minority. I don't
4 know. I guess he just didn't know, as well, that he
5 needed to provide one.

6 CHAIR GARZA: Commissioner Jones?

7 COMMISSIONER JONES: What hospital is
8 this?

9 MR. RABURN: Huntington Beach Hospital in
10 Orange County.

11 CHAIR GARZA: Commissioners, do you --
12 Commissioner Adams?

13 COMMISSIONER ADAMS: Thank you. Ms.
14 Rahimi, I have a question for you. Obviously, we
15 heard about a lot of problems today, and things that
16 could be improved. You grew up in another country, I
17 think, you said, you testified.

18 MS. RAHIMI: Yes.

19 COMMISSIONER ADAMS: Other than the United
20 States, what countries do you know of and I thought
21 maybe speculating Canada and the U.K., offer any
22 translation services for anybody? I assume that
23 doesn't happen in Afghanistan. I've been on the
24 internet here looking at like the Turkey Health
25 Ministry and Sweden, and I'm not seeing any

1 translation services there. Is this unique to America
2 that we do this? Or are you familiar with other
3 countries that have a robust effort at translation?

4 MS. RAHIMI: I'm not aware of other
5 countries that provide translation, but I believe that
6 there are at least some to a certain level resources
7 that provides for immigrants. And to your other
8 question, I think yes, because America is a country
9 that has a diverse group of immigrants and like as we
10 see, we have a lot of people coming from overseas
11 every day and I think it's a necessity and important
12 to provide these opportunities, so yes.

13 COMMISSIONER ADAMS: Other countries have
14 diverse immigrants, wouldn't you agree? Turkey,
15 Italy.

16 CHAIR GARZA: I would -- I'm so sorry.

17 COMMISSIONER ADAMS: I always get cut off,
18 Madam Chair.

19 CHAIR GARZA: Well, I -- she's here to
20 speak to her --

21 COMMISSIONER ADAMS: A point of parliament
22 --

23 CHAIR GARZA: -- personal --
24 (Simultaneous speaking.)

25 COMMISSIONER ADAMS: -- appeal the

1 decision of the Chair. I mean, I get cut off after
2 two questions repeatedly in this Commission.

3 CHAIR GARZA: That is not true.

4 COMMISSIONER ADAMS: Oh, yes it is. It
5 is.

6 CHAIR GARZA: Commissioner Adams, please
7 be respectful.

8 COMMISSIONER ADAMS: I am. I'm entitled
9 to ask questions.

10 CHAIR GARZA: We're appreciative of you
11 being here to tell your personal story, and to talk
12 about the things that you are experts in which is your
13 story.

14 COMMISSIONER ADAMS: Well, she testified
15 that she grew up in another country. I'm curious;
16 this is curiosity about what goes on in other
17 countries.

18 CHAIR GARZA: Would you entertain us with
19 giving us a little more information about the program
20 that you've put together and the project and kind of
21 tell us how it works, please?

22 MS. RAHIMI: Sure. So the program that
23 I'm working in is called Northern Virginia Resettling
24 Afghan Families Together. And they support a lot of
25 help for the new arrived Afghan refugees in Alexandria

1 and they provide classes for youth which has helped a
2 lot of newly arrive students to help them succeed in
3 school and prepare them to pass their SOL exams in
4 high schools and besides that, they also provide
5 classes for adults, for their parents, to learn
6 English and support them.

7 CHAIR GARZA: And how does your tutoring
8 program, like how does it bridge that gap between
9 communications, between families and administrators
10 exactly?

11 MS. RAHIMI: We partner with the schools
12 in Alexandria City High School and we have volunteers
13 who help us to communicate with the families, with the
14 school administrators, and we are also providing
15 translations to help schools support with the students
16 or if there's anything going on in school to
17 translate.

18 CHAIR GARZA: Thank you. Commissioner
19 Magpantay?

20 COMMISSIONER MAGPANTAY: Yes, sorry. Ms.
21 Rahimi. Just one question. You had mentioned online
22 booking platforms to make appointments. That's a
23 website. I just wanted a clarification because we're
24 looking at the importance of translating websites and
25 if that's increasingly how people make appointments it

1 should probably be in language.

2 But one other thing, Madam Chair, I just
3 want to recognize -- should have done this earlier, we
4 received written testimony from Bigz Aloysious Bigirwa
5 from the Simba Talents Group, was not able to be here.
6 But I did want to point out in his testimony how he
7 talked about -- his written comments -- how language
8 access addresses employment barriers and is helpful in
9 securing employment and also advancing in career. So
10 we haven't heard a lot about workforce development. I
11 appreciated these comments and I just wanted to point
12 them out for the record. Thank you.

13 CLOSING REMARKS

14 CHAIR GARZA: Anything else? Okay. Well,
15 thank you all so much for being here again today. We
16 really appreciate you coming here and tell your
17 personal story and how this has impacted you. We
18 appreciate all of the panelists. This is bringing us
19 to the end of our hearing, so again, thank you for
20 being here. Thank you for the audience for being here
21 today and online. This has been tremendously
22 informative for us and on behalf of the entire
23 Commission, I want to thank all of you for your time,
24 your expertise, your experiences.

25 And as a reminder, because there are a lot

1 of folks that want to submit testimony, the record for
2 the briefing will remain open through April 21st of
3 2025, so if any of the panelists that were here today
4 or members of the public would like to submit
5 materials for the Commission's consideration, we
6 welcome them. You can mail them to the U.S.
7 Commission on Civil Rights at the Office of Civil
8 Rights Evaluation, 1331 Pennsylvania Avenue, N.W.,
9 Suite 1150, Washington, D.C. 20425 or you may email
10 them to rfit@usccr.gov. That may be incorrect --
11 languageaccess.gov. I ask all of our attendees move
12 any continuing conversations that we have outside of
13 the hearing room so our staff can complete any
14 logistics necessary to close out.

15 ADJOURN MEETING

16 CHAIR GARZA: I have concluded with the
17 public briefing on language access for individuals
18 with limited English proficiency and I am going to
19 adjourn this briefing at 3:43 p.m. Eastern Time.

20 (Whereupon, the above-entitled matter went
21 off the record at 3:43 p.m.)
22
23
24
25

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