

Limited English Proficient And Immigrant Covid-19 Listening Session

CHARITY HOPE: Good afternoon, everyone. Thank you for joining our listening session on sustaining services for victims with limited English proficiency, and immigrants during COVID 19. My name is Charity Hope, I'm the deputy director of the Center on Victimization and Safety at the Vera Institute of Justice and the National Resource Center for Reaching Victims. All righty. With that, I will turn things over to my wonderful colleague, Leo Martinez with Casa de Esperanza. Leo has been leading the work on the National Resource Center for Reaching Victims around LEP and immigrant victims of crime. Leo take it away.

LEO MARTINEZ: Thank you so much, Charity, for a introduction and going through all-- role so we can-- so we're able to provide a multilingual space. I appreciate that, and I appreciate your patience. While we do this, we may have to be a little bit-- take a slower pace and be able to have the information out to everybody that is attending our webinar today. Like Charity mentioned, my name is Leo Martinez. And I am with Casa de Esperanza National Latina network, and I'm a project manager. I'm glad to be able to do this today with everybody that is attending. I appreciate everybody joining us.

We have heard a lot of things coming from victim service providers that we've worked with in the field. We read a lot of information through our different channels. But this is not about us talking in your direction and you just have so many information. The idea of this today is that you can provide information for everyone attending today, and that we are able to provide the services to those who are immigrants or refugees or if they have limited English proficiency. We have had a lot of things going on. And we want to make sure that you have some of that information, whether it's coming from up, or whether it's coming from anybody else that is attending today. So I'm going to go ahead and allow my colleagues that are going to moderate this with me today. Olivia?

OLIVIA GARCIA: Hello, everyone. I'm Olivia Garcia, and I am the public policy and training manager at Casa de Esperanza National Latino Network. And I want to just share a little bit with you about what we've heard at the national level with regards to language access during this time. We have heard about no language access in courts or medical centers. Emergency and stay at home orders and other instructions not translated or offered in other languages. Well we've also heard about misinformation shared in informal means like through WhatsApp and through text. And so it is really critical that we get the right information to everyone in as many languages as possible. And so I'm very happy to learn from you all and talk about some of

the needs and the policy needs that you all have moving forward.
Thank you.

LEO MARTINEZ: And I also-- I would like to ask Ana Paula Nouguez to be able to introduce herself and maybe mention some other issues around like, the taxes that we have been hearing about. I believe we cannot hear you Ana. Ana Paula.

ANA PAULA NOUGEZ: How about that? Is that better?

LEO MARTINEZ: Perfect.

ANA PAULA NOUGEZ: Right. So my name is Ana Paula Nouguez. I am with the Asian Pacific Institute on Gender-Based Violence. We are partners with Vera and with Casa Esperanza. And some additional topics that we've been hearing is the lack of trained interpreters. Interpreters in general are not knowing how to connect with us victim services. Many of them are not aware of how to use some of the remote interpreting platforms that are right now being used to access victims remotely. There's a lot of lack of translated material. There's a good amount of material that is being translated from English to Spanish, but we are seeing a very important lack of transit material in other languages. There's also no website information

CHARITY HOPE: Ana, this is Charity.

LEO MARTINEZ: I'm sorry, Ana. Ana Paula. I think we can't hear you right now. And really we have lost her for a second. So we'll get back to Ana Paula in just a second. I think she may be online now? Let's see. Can you hear us?

ANA PAULA NOUGEZ: Hello, can you hear me there?

LEO MARTINEZ: Yes.

ANA PAULA NOUGEZ: Great, sorry. So this is one of the challenges of working remotely, right? The bandwidth. So this is definitely one of the challenges that we've been hearing in terms of access to language-- that individuals don't have access to the technology. Many of the different agencies don't have access to an increased bandwidth with their employers working from home. And I don't know if you were able to hear me, the issue around trained interpreters lack of translation-- sorry-- lack of translated materials and also access to benefits.

CHARITY HOPE: Leo are you muted? This is Charity.

LEO MARTINEZ: Sorry about that. Thank you, Ana Paula. I forgot to mention before, I defer to Olivia and to Ana Paula about issues of language access is that we wanted to go over like three areas today. One is language access issues that we know that are going on right now. The other one is around challenges faced by immigrants and refugees. And the other area is about the rise in

hate crimes, especially in the Asian-American and Asian immigrant communities that we have heard a lot of the stories about that happening. So I'm going to defer now to Cannon so he can introduce himself, and I'll certainly give you some information about that topic that she has mentioned.

CANNON HAN: Thank you, Leo. Hi, I'm Cannon, and I work with Ana Paula at the Asian Pacific Institute on Gender-Based Violence. So what we have been hearing is a significant increase in hate crimes targeting Asian-Americans. I believe last week, a report came out that over 1,000 incident reports were filed regarding hate crimes targeting Asian-Americans. And what we'd like to do is learn more about what you're seeing in your areas are your clients reporting that they've been a victim of a hate crime. What resources had you been using? And also to provide some national resources that have been created to help track this information.

Another area that we're hearing is also the increase in domestic violence incidences. And tied to that we are hearing from a lot of service providers that they are not seeing new clients. And obviously with the stay at home orders, it has created a very dangerous situation for a lot of victims and survivors as they are not able to communicate to shelters and gain services. So we would like to hear across the board what types of crimes that you're seeing. Hate crimes, domestic violence, have there been

increases, and what resources you're tapping into to help address that need.

LEO MARTINEZ: Thank you, Cannon. We'll get an opportunity for folks to tell us a little bit about their stories that has happened with any of your clients or any other folks that you've been working with. In addition, we also have seen a little bit of some rising and some looks like fraud or fraudulent activity within the Latino community, trying to take advantage of folks who are immigrants with different things like a trying to provide tax services promising that they will get a check and things like that. So we have heard a few stories about that and now we'd like to hear also what else. If there is any other crimes that we have seen an increase in a that you've seen across the country.

I'm going to take us into the other section that I want to make sure that we cover today and that is challenges faced by immigrants and refugees. And those may be more general, it may not be related to the condition of folks being a survivor or being a victim of crimes. But it may be just other things that's going on with the world and with this crisis. So for example, we know that immigrants, especially undocumented immigrants, or anybody or any immigrant who does not have a social security number would not receive a check that was included for many families in America under the CARES Act.

Also, we know that mixed status families may not get-- take it as well, we're not so sure. In some cases, depends on how they get the information, but we have heard that that may be the case for maybe mixed status families. We know a lot about that's going on-- about the fear, about accessing health care in general. People are afraid to go to the emergency room, so to call.

And we do know also that for many immigrants it is very common, especially if they're undocumented, they may not have a primary care physician. And for the most part, we have heard that some of the time people are saying, well stay in your home, but maybe you can call your primary care physician and they will give you guidance. So then, in the case of immigrants that don't have one are being left out.

We know that-- something that I've heard some people calling me about a having questions about, well, yes, I was going to the doctor, I received some kind of service. But then I will not be able to change my status because the public charge rule. So we do know that that has been suspended for the time being, and until this crisis is over. So those that may fear to seek a health care or sick services, that would be considered like wealth for services in some cases, if they're able to get those, they will now be considered public charged during this time. And in general, we have seen a lack of resources for immigrant communities.

So that's why it's so important that we create spaces so we can share those resources. We may have access to a little bit of the resources in the United States, and we want to make sure that everybody else can get those resources. So I'm going to go ahead and open it up. Charity could maybe start getting some comments, some stories. There are some questions if you do-- if we do get some questions, we probably could--

CHARITY HOPE: Yeah, Leo-- This is Charity. We actually need to pause for an interpreter switch real quick.

LEO MARTINEZ: Yes.

CHARITY HOPE: So we could just pause and we do have someone that's going to be ready to be un-muted. But we'll just pause for just a moment here. If our various staff could let me know when we are ready to start back up, I'd appreciate it.

All right, great. I think we are ready to go again. And we have Zakiah Shannon. We have just un-muted Zakiah on our end. Zakiah you should be able to un-mute your computer.

ZAKIAH SHANNON: OK, good afternoon.

LEO MARTINEZ: Good afternoon.

ZAKIAH SHANNON: I'm calling from Michigan, and as of all services right now, I work for our sexual assault program. We

actually are still open. We're only seeing clients like face to face if there's emergency, or we do get a SANE call doing like, if sexual assault has occurred we, are still able to go to the hospital and get them from the hospital if they need a place to go, or they don't have transportation to get to their safe place. So we still have that interaction with our survivors. And our domestic violence shelter is currently still open and we are still taking people, so it's hard to still work from home because we're so used to that face to face interaction.

LEO MARTINEZ: Mm-hmm. Thank you, Zakiah Yes, definitely, that's something that we have heard from other advocates across the country. And it is an issue having to go to the hospital or any a medical facility when we're thinking that that's probably a more likely place to actually get infected with, or get COVID-19. So we are trying to advise folks to take measures to try to avoid that-- only as an emergency like you mentioned. We do know also that in those cases, some doctors have had problems getting to have-- or they're just running scared from one patient to the next one that they don't allow the time for finding an interpreter, or getting an interpreter for somebody that may need an interpretation. So that's something that we definitely have heard in different places across the country. So do we have anybody else that would like to comment, or have a question, or a story? You can raise your hand.

CHARITY HOPE: Leo, I see another hand up. CJ, I'm going to help you switch on your video. Hold on just a second. All right, CJ. You should be able to turn on your video now.

INTERPRETER: Hi, everyone. My name is CJ, and I wanted to bring up some specific folks that have limited English proficiency because of language deprivation. Now, regarding this virus, if they were to go to the hospital, there most hospitals are preferring to utilize sign language interpreters over a remote connection, typically on my iPad that wheels around on little stand. And the thing is, if they're not using VRI, there's a concern that the virus could stick to that iPad.

So people are less inclined to use even Video Remote Interpreting in the hospital. And so, without sign language interpreting, the communication is just a complete breakdown. And the hospitals, often because of privacy, will not allow patients to access interpreters remotely via Wi-Fi because it's not secure, and so, they're concerned about HIPAA violations. And so what's happening is that some deaf people are getting zero communication in the hospital because of this crisis, and they have no idea what to do about communication. And we're also interested in keeping everyone safe from the virus, so it's a very difficult situation that everyone is in right now. Thank you for letting me share that.

LEO MARTINEZ: Thank you, CJ, for sharing that. That is definitely an issue that we've been hearing about. And would you happen-- with ASL-- no provision of ASL interpreters, no provision of spoken language interpreters. I was in a webinar, I think like a week and a half ago. It was called Interpreter America, and they were mentioning that interpreters are losing their jobs. They're not being called to a to interpret. So that means that even though we think that there is a high demand for interpreters in medical settings, they're not being called for those jobs.

And some of the information that I've read is that doctors are prioritizing the health of the people, even though they are leaving those out who are deaf or hard of hearing, or maybe limited English proficient and they are not able to communicate. You can imagine the amount of grief, and the amount of uncertainty and despair that someone can have if they already know quite a bit about this disease and not being able to get the care that they need to receive. So it is dire for folks who are deaf, hard hearing, limited English proficient to not get interpretation to not get access through the mode of their choice to receive information. I don't know.

Charity or anybody that's with Vera, do you have any other information that you might want to share in regards to that? I know that we are having also other sessions about including people with disabilities, and the deaf and hard of hearing, I

believe. But I'll let Charity mention some of that maybe at the end, if we do have some scheduled. I don't remember the dates.

CHARITY HOPE: Hello, this is charity. Yeah, we have actually had several sessions focused on either victims and survivors with disabilities, and deaf victims and survivors. So we are hearing the same thing that even video remote interpreters are being denied, particularly in hospital settings, because of concerns over decontaminating the equipment. But we have reached out to folks who know more than us as far as what you need to do to decontaminate that equipment and have heard that it is absolutely possible. So I think that folks are just fearful right now, and maybe kind of reacting in that moment and not thinking it through. But you can sanitize video remote interpreting equipment, as well as iPads and other equipment to make them to allow them to be utilized by multiple people.

LEO MARTINEZ: All right. Thank you, Charity. I know for myself, I've been isolated for like, I think, 25-26 days now. Here at home, at least maybe twice my partner has been in charge of doing most of the grocery runs. I only left-- one of the times I left it was to get blood drawn out because my doctor required that because you needed to know some more information about my health and help me with some things. And I went to one of the labs-- one of the private labs that do that kind of stuff. And I was

faced with a lot of people with masks. And that's a big issue for folks who are hard of hearing or have limitations on their hearing.

So to me, I just couldn't hear. And I had to point to the nurse, I wear hearing aids, so you're going to have to be a little louder because I'm wearing a mask and you're wearing a mask and this is not going to work. So she makes the effort, but the feeling was hard. And I'm someone who can stand up for myself and get my rights-- what is being respected. But we know sometimes people may not have that determination. They feel like maybe bothering the medical professionals, so that's an issue.

CHARITY HOPE: Hey, Leo, This is Charity. Can we pause for another quick interpreter switch right now?

LEO MARTINEZ: Yes.

CHARITY HOPE: All right. Vera staff, please let me know when you are ready. Fantastic. This is Charity. Leo, I think we are ready.

LEO MARTINEZ: Thank you. So let's go ahead to see if we have anybody else that would like to share any stories-- whether it is about language access, or whether it is about issues that immigrants and refugees are facing, or either it is about the rise in hate crimes or other crimes that you've seen in your community. Do we have any hands raised?

CHARITY HOPE: This is Charity. I'm not seeing any hands, but there has been a robust conversation happening in the chat pod. Everything from outreach to some great resources for folks, so I would encourage everyone to check the chat pod, and we do have some hands raised. Let's see. Noor, I'm going to go to you first. You should be able to mute yourself now.

NOOR: Hello, can you hear me?

LEO MARTINEZ: Yes.

NOOR: Hi. So my name is Noor, and I'm a case manager at the Family Justice Center in New York City. So one, I guess, concern that a lot of my clients were immigrants are facing is that with the stimulus package that currently has been passed, many of them don't qualify for it. So it's like a really stressful time in terms of financial resources. So just, maybe if you have any advice, or any pointers for those who don't qualify for that package what they could do.

LEO MARTINEZ: Yes. I'm not sure if anybody has said already, but there are different organizations sometimes in different states. There are differences between states on what is available to immigrants, or undocumented immigrants if that's the case, because they don't have access maybe do a do the stimulus check. Cannon, or Ana Paula, or Olivia, do you know if any other resources or things that we can share? I think Ana Paula, you

shared something with us earlier that we're probably going to send with our email, and that's multilingual also-- multilingual resources.

ANA PAULA NOUGEZ: Sure. I was going to post it on the chat, but it seems that there's problems with the links. I can post there for later, and I can send that. There's a list that was shared and it's actually on our api-gbv.org website with multilingual resources on different topics. Feel free to reach out to any of us at the end of this call, and we can see how we can provide any additional technical assistance in specific topics. I will post on the chat right now.

LEO MARTINEZ: Yeah. And I saw another that Olivia posted a link to the informedimmigrant.com. I have been on that website, and it does have a lot of resources, including some-- there are financial for immigrants and they are also divided by state or national resources. And I know also that the University of Illinois has been working on a pretty comprehensive list. I will send that as well with an email to everybody after we're done with the webinar. So there are some resources on there. Some states is better than others unfortunately, but the idea is that we are able to share those resources with each other so we can point people in the right direction. Unfortunately some of those resources are also limited, so they may be first come first serve. So once the money's run out, they might not be able to provide anything else.

CHARITY HOPE: Hey, Leo. This is Charity. Just a quick note, I'm seeing a lot of questions about links in the chat pod. If you post a live link, an actual link, copy and pasted, or you've gone to a website into the chat pod, participants will be able to navigate immediately to those links. It is a ZOOM security setting that we have set to protect everyone's confidentiality that you cannot cut and copy and paste from the chat pod because then that integrates it into the recording and we want some level of safety and anonymity that folks can't access that information. So in the meantime, if you are posting a link, please post the live link to the website, and you should be able to click on that any link and navigate immediately to that resource. And we will also post and send out resources after we completed the session today.

LEO MARTINEZ: Thank you, Charity. Let's move on to see if we have anybody else that would like to share a story, or resources, or anything related to the challenges that immigrants are facing right now-- or if we have any questions. I know there was a couple of questions submitted ahead of time. So maybe we can post maybe one of those if we don't have anybody.

ANA PAULA NOUGEZ: Hi, Leo. This is Ana Paula. I just wanted to mention also very quickly some of the things that have been coming up is the need of very, very targeted outreach to many of the limited English proficient communities. In regards to use of technology, in regards of using many of these applications, many

of them don't have even access to smartphones. So there's some organizations that are developing educational campaigns very, very targeted to the communities that they work with to ensure that they're able to utilize all of the services that are now being-- organizations are shifting towards to provide the services.

So I'm curious to know if this is something also that's coming up for participants. They can share some challenges or some professional practices that can to be helpful for the rest of the people joining this conference call.

DIANA: Hi, can you hear me?

LEO MARTINEZ: Yes.

CHARITY HOPE: We can. We have Diana un-muted.

DIANA: OK, hi. So I'm an advocate in northern Virginia. So I'm having that-- I'm glad you mentioned that. That's exactly the issue I'm having, specifically with clients that really just know how to WhatsApp and use text message and that don't know-- don't even have an email address. So right now, our services are still available by phone. We're not doing anything in person, and it's a struggle when they get served like protective orders. They don't know what it says, they can't send me a picture because our phone line doesn't have SMS messaging, and they don't know how to email. And it's really hard to teach somebody that's not

really literate with smart technology over the phone. That's something that we've just been struggling, our organization, to find solutions for. You know, should we get a phone, like a separate phone, just for our organization, where it's exclusively for texting clients. How are those messages safe and compliant with VAWA. That's kind of sharing the problem. I don't really have a solution. I'm hoping to find one in this session.

LEO MARTINEZ: Yes. Thank you for sharing that. There is-- we're going to include a link when we send all our links from NNEDV-- the National Network to End Domestic Violence. They have done a great job over the years-- not now, but they've been working for years on the use of technology in our field that is compliant with the limitations that we have under VAWA or FVPSA, which is the Family Violence Prevention Services Act. And they have recommendations for different technology that it is compliant.

So that's one resource that you may be able to get-- I know that they have their website in English and Spanish, so you can access those in those two languages. You might be able to request if you need it in a different language-- the information. But I agree with the challenge of having to work with folks that maybe technology challenged-- or better said is, they are not used to the technology. And whether it is because they are older adults, or because they come from different cultures that may not be more apt to technology-- whatever the reason is, it is a challenge.

And I saw a comment. I think it's Martha in North Carolina mentioned that some folks are using WhatsApp and Facebook Messenger, which I know in the Latino community, those are use a lot. And I know some other immigrant communities use those apps a lot. So even though we might think that our communities don't have the literacy when it comes to technology, they might have-- they might know some specific apps like those. And so try to figure out if there are something that is specific to your community that may be of use in technology.

So do we have any other questions, Charity, or-- let me see. Maybe we do. We have questions from the Lisset Pacheco. Lisset says, hello. Lisset from Refugee Services of Texas. We provide services to victims of any crime in the Rio Grande Valley for immigrant families. Our immigrant families are very, very limited-- have very, very limited resources. We had families disconnected yesterday, and we really had a difficult time finding a resource for them. Yeah, and that's something that is the effect of using technology is that sometimes we're in the middle of something and technology is going to be interrupted. It's not going to work, and we may have to try to find other ways to connect with them, which is very difficult right now.

If it is the situation that is domestic violence, we know that it's going to be really hard for us to reach out to those survivors. They're going to have to be able to reach out to us whenever

they are able to with their limited resources that they may have. And that may be whether it's email, or chat of some kind, or WhatsApp, or any of those apps that we were mentioning.

So do we have any other questions or comments? Feel free to raise your hand, and we'll un-mute you so you are able to share that with us. It could be a story that you have heard. Maybe about one of your clients, just don't give us a identifying information, but at least some information that give us the idea of what's going on in your community. No? We do have about 333 attendees, I think, right now. So we should be able to get some folks sharing with us. Don't be shy. In the meantime, do we have anything else that we can share, Ana Paula, Olivia, or Cannon, that you might think that we may not have mentioned? Ana. Yes?

ANA PAULA NOUGEZ: Hi, Leo. I am posting also on the chat a list of resources for indigenous communities. It's very important to also understand that for indigenous communities throughout Latin America, many of their languages are oral and there's no availability for translated material. So Cielo, which is an organization located in Los Angeles serving indigenous communities from Latin America, developed different videos informing communities about the coronavirus and some additional information. So I'm linking, right now, some of that

information for some of you that may work with indigenous clients.

CHARITY HOPE: And can we pause? This is Charity, again. For an interpreter switch, and then we've got several hands raised. Vera staff, let me know when we're ready on our end. OK. Fantastic. And Adeline? You should be able to un-mute your line now if you'd like to share. Adeline Perez, you should be able to mute your-- oh, there you go.

ADELINE PEREZ: Yes. Sorry. OK, so the reason for-- well, I wanted to get to know from this webinar was-- or this call was to just ask around what others are doing, or if your organization has support groups. In ours, in Nebraska, we have a support group on Mondays where we see our clients and we talk about a topic, about healthy relationships. We were thinking about doing it like this, the way we're doing it right now, or by phone.

But I just thought that it would be hard for our Spanish speaking clients, because like others mentioned before, it's hard for them to have even internet at home, or to even know how to download these kind of apps. And some of my clients don't know how to read or write, so it would be very-- I would feel that it would be very hard for them. And if, let's say, they would do something like, if they wouldn't know how to download these apps, I just find it very hard for them to stay connected and talk about their

victimization while their kids are at home in the living room running around or things like that.

So when it was brought up to me from my leadership team or other co-workers, I didn't want to sound negative, but I just thought personally that it would be something very hard for our Spanish speaking clients. So I just want to know what you guys are doing.

LEO MARTINEZ: Yeah, I hear you, Adeline. Definitely makes it a lot more complicated. Definitely not impossible. And maybe some of what our friend-- I forgot to jot down her name-- in northern Virginia mentioned that-- I think it was her, or maybe it was Ana Paula that mentioned that we have to do a lot more education around technology, or how to use certain things. So maybe that has to happen first before we're able to provide the services. So we may have to train folks how to use certain media technology before we're able to provide that service with that piece of technology or whatever that is. But I hear you about that. It's probably more difficult if you have a group of Spanish speakers. Definitely they may not have access to ZOOM because they don't have a computer at home. Maybe the only way they access the internet is through their smartphone, which we know they tend to have, but it's definitely more limiting for your work.

CHARITY HOPE: Leo, we have we have Graciela.

LEO MARTINEZ: Graciela.

GRACIELA: Yeah, hi. I wanted to know if any of you has any ideas to help our clients that-- undocumented clients that have of course their families in other countries where the coronavirus is hitting as we speak. So then they are losing-- I wouldn't say whole towns, but you know they are losing nurses, and doctors, and family members. And clearly, this is a shock for everyone, but what can we do to help those clients that are having this huge trauma.

LEO MARTINEZ: Thank you for your question, Graciela. Let me see-- maybe anybody else-- Cannon, or Ana Paula, or Olivia may have an answer for this? Any ideas that you may have? I know we have people with families in other countries that ask also to the level-- to the problem-- to the crisis because people can connect with their family members abroad. I, myself, have family in Argentina, so I do know what is to have family away and be limited in what we can do to see each other, or to connect with each other. And I am one of those that use WhatsApp to connect with my family because that's what they're using in Argentina.

So there may be ways in which you know-- and there's a way to use WhatsApp to do face to face, sort of like FaceTime, and that may be a way. It does not take away the trauma-- that's something we have to focus when we work with them because they are seen with no-- they're having probably these feelings of

helplessness because they can't do anything to help their families that are away, so I hear you. Anything else that anybody else can add about that? Have any other ideas or maybe post in the chat if you know of any other ideas in which we can lessen the trauma of those who have families abroad. Cannon?

CANNON HAN: So what my school district has done is they have made their counselors available to talk to families and to the students about COVID, and the impact of COVID. So any kind of mental health professional services that you can provide or connect families to is key.

GRACIELA: Thank you.

CHARITY HOPE: And Leo, this is Charity. I think Martha-- we might have lost Martha. Martha Gomez had her hand up, but now I think that she has gone. But now, I'm going to-- Salmawitz I'm going to-- you can un-mute your line.

SALMAWITZ Yes, hi. So I had a client. Can you hear me?

CHARITY HOPE: We can.

SALMAWITZ OK. So I had a client who, I think, had something similar that had our family back home weren't taking the virus as serious. And she was getting extremely depressed, and she was crying, and she was like, I really don't know how to tell them that this is a serious issue. So I suggested that if she can find

something very brief-- like maybe on YouTube, or something in their language-- that she can share with them that will help them see that this is a serious issue. And also tell them what they need to do to be safe because I didn't want her just to scare them, but also to help them so that they know how to stay safe. Because, I think, she said that they are in a very remote area and that might be one of the reasons that they are not getting all the information. And she is very scared because she has a young daughter who lives there and I don't know. That might be helpful.

CHARITY HOPE: Leo, you're muted.

LEO MARTINEZ: Sorry about that. Thank you so much, Salmawitz I hope that I will get it right. Sorry if I'm butchering your name. Thank you for offering the option. That's another thing that you mentioned there that sometimes people don't take this as seriously as many of us are taking it. And we know that other countries, maybe our countries of origin, don't have the same infrastructure that we have here. So that adds a whole other level of worries to folks. They're thinking, my goodness, if we have so many people dying here, imagine in my country where there is no infrastructure. There's very few hospitals, there's very few doctors, and people are going to get sick and won't have the resources to get better. So I definitely understand your concern. Do we have any other any other questions, or any other hands raised?

CHARITY HOPE: Yes. Martha Gomez is back and I want to make sure that we get her. This is charity. Because she has raised her hand a few times so I want to make sure we make space for Martha. Martha, you should be able to on your line now.

MARTHA GOMEZ: Hello, I'm very sorry. My computer got disconnected and I have to run from one room to another.

CHARITY HOPE: No worries.

MARTHA GOMEZ: OK. So I'm a social worker. I'm at therapist and I work with trauma victims. And one of the things we have done for all of our patients is that we connect them with a special program that we have at the universities called video connect, and so we have continued to therapy with them in this way from here on cell phones. One thing that surprised me a lot was I was underestimating my patients, and I was underestimating my community. I thought that they truly were not going to be able to use it, but they surprised me.

People that don't even know how to read and write, they will be able to get somebody that can help them to unlock and download the app and therefore they can receive the treatment and we have progress. And this has even opened up a huge opportunity for many of them of, oh, so this is something that I can use now with my family. I can finally see my daughter that I haven't seen for 15 years through video call, through WhatsApp, and through

Facebook. Those things are what community, the Latino community, uses a lot. Anywhere in the United States, they communicate through that with their family.

Don't be afraid to use that. Make it used for the purposes of what we need. Over here, we have made a small videos with doctors and psychologists to make videos about coping, and what the Corona virus is. Talking about grief, talking about anxiety, talking about all these things. I'm going to send some videos now, about domestic violence and child sexual abuse in reference to COVID to help the community be aware. People passing the voice are making sure that people in the other states are receiving the information. I have had people from Georgia that is receiving the information that we are sending them from here.

LEO MARTINEZ: That's awesome.

MARTHA GOMEZ: Thank you.

LEO MARTINEZ: Thank you so much, Martha. Definitely, telehealth for some of the folks that you're working is an option. And yes, don't underestimate your clients, definitely. There's going to be folks who are able to figure it out. And I know that we're pretty much at time, aren't we, charity? So I don't want to hold folks longer than past 3 PM as we had prepared for just one hour for this listening session.

CHARITY HOPE: Yes, Leo, this is Charity, we are at time. I just want to point out one great resource I just saw popped up in the chat from CJ in Salt Lake City. Which VRS Providers are friendly to deaf undocumented immigrants? Uh, per CJ. And it's V-- I'm sorry. Let me start over. ZVRS. They are more friendly than others. Again, that is ZVRS. And I would just like to also confirm to everyone that we will comb through the chat, pull together all these links and make sure you get this information. It will be posted on the Reaching Victims website in the next week, or so. Just as soon as we have a chance to pull it all together. But we'll get access to everyone to this information as soon as possible, but we are at time.

LEO MARTINEZ: Thank you so much, Charity. Thank you so much, everybody, for joining us. And I hope that you are able to use the resources that we're able to share with you in the coming days. And please reach out if you need anything we're here to help you.

CHARITY HOPE: Thank you. Thank you so much to our partners of Casa de Esperanza, to our partners at API. Thank you, all the attendees today for participating and having such great dialogue and sharing such fantastic resources. And also a thank you to all of our interpreters working on screen and behind the screen.