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:

MARIK XAVIER-BRIER, Acting Deputy Staff Director

PAMELA DUNSTON, Chief ASCD

JULIAN NELSON, ASCD

MICHELE YORKMAN-RAMEY, ASCD

DAVID GANZ, General Counsel & Parliamentarian

COMMISSIONER ASSISTANTS PRESENT:

JOHN K. MASHBURN

CARISSA MULDER

THOMAS SIMUEL

IRENA VIDULOVIC

ALEXIS FRAGOSA

NATHALIE DEMIRDJAIN-RIVEST

YVESNER ZAMAR

STEPHANIE WONG

EXPERT WITNESSES

YUNJU NAM

DAN MORENOFF

WILLIAM RIVERS

JOHN TANNER

JACOB HOFSTETTER

EUGENE RHEE

LUCAS FONSECA

ELIZABETH MUNOZ

SILVINA DE LA IGLESIA

CHI-SER TRAN

ADAM CARBULLIDO

BRYAN LYNIP

CARLOS ALEMAN

ALLISON NESWOOD

JERRY RABURN

ZAHRA RAHIMI

A G E N D A

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

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

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

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

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

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

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

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

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

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

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

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

United States.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PANEL 1: OVERVIEW OF THE CURRENT LANGUAGE ACCESS LANDSCAPE

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

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

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

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

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

Fourth, I will discuss the role of

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Title VI provides protections against

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

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

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

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

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

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

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

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

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

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

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

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

origin group to trigger liability under the statute.

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

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

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

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

DR. RIVERS: Thank you, and thank you to

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

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

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

I work with an industry that can provide

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

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

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

And sometimes people will say that they

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

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

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

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

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

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

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

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

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

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

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

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

complex scale. It still makes mistakes.

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

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

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

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

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

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

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

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

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

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

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

The lack of activity since 2011 has been

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Many of these initiatives have also come

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

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

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

The full impact of President Trump's

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

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

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

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

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

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

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

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

guidance would be incredibly useful to the field.

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

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

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

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

a target rich environment.

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

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

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

VICE CHAIR NOURSE: Thank you, Commissioner Adams.

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

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

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

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

Hofstetter and Mr. Tanner?

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

VICE CHAIR NOURSE: Yes, yes, it does.

MR. TANNER: -- from general discrimination.

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

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

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

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

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

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

CHAIR GARZA: Okay. Commissioner Adams.

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

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

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

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

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

COMMISSIONER ADAMS: And the end result --

MR. TANNER: -- on many levels.

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

MR. TANNER: Oh, yes.

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

(Simultaneous speaking.)

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

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

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

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

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

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

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

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

MR. TANNER: Correct.

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

MR. TANNER: Right.

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

MR. TANNER: Was it six?

COMMISSIONER ADAMS: Six in Waco.

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

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

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

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

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

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

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

MR. TANNER: Correct.

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

MR. TANNER: Well, then they might mark it

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

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

MR. TANNER: Oh, yes.

COMMISSIONER ADAMS: And --

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

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

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

COMMISSIONER ADAMS: Are you aware of

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

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

COMMISSIONER ADAMS: Last question. Last question.

CHAIR GARZA: Okay. Commissioner Adams, yes.

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

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

COMMISSIONER ADAMS: Deportation?

MR. TANNER: Yes, you can be deported.

COMMISSIONER ADAMS: That's all I have.

CHAIR GARZA: Okay. Commissioner Jones.

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

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

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

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

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

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

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

COMMISSIONER JONES: Maybe you can follow up with --

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

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

MR. TANNER: Right.

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

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

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

COMMISSIONER JONES: Okay. All right. Thank you.

CHAIR GARZA: Okay. Vice Chair Nourse?

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

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

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

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

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

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

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

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

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

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

COMMISSIONER MAGPANTAY: Madam Chair?

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

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

So you need input from the community

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PANEL 2: LANGUAGE ACCESS IN GOVERNMENT SERVICES AND HEALTHCARE

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

services and health care.

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

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

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

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

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

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

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

person participation.

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

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

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

All of them have said yes in the affirmative.

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

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

My name is Eugene Rhee and I'm the Civil

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

meet the evolving needs of Georgia's diverse population.

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

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

CHAIR GARZA: Thank you so much, Mr. Rhee.

We're going to go ahead and hear from Mr. Fonseca. If you would please proceed.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

My name is Elizabeth Munoz, and I'm the

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

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

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

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

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

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

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

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

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

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

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

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

to.

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

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

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

Because many of our region are Spanish

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

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

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

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

campaigns in Spanish to ensure widespread access to healthcare information.

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

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

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

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

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

it feels to be a patient with limited English proficiency.

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

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

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

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

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

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

emergency situations, in patient units, or virtual encounters.

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

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

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

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

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

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

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

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

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

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

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

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

CHAIR GARZA: Ms. Munoz?

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

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

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

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

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

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

MS. MUNOZ: Yes. You can answer that.

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

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

COMMISSIONER MAGPANTAY: And then reviewed?

MS. DE LA IGLESIA: Yes.

COMMISSIONER MAGPANTAY: Thank you.

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

CHAIR GARZA: Okay. Commissioner Kirsanow?

COMMISSIONER KIRSANOW: Thank you, Madam Chair.

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

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

COMMISSIONER KIRSANOW: Okay.

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

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

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

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

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

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

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

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

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

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

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

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

CHAIR GARZA: Thank you.

Commissioner Gilchrist?

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

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

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

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

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

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

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

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

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

CHAIR GARZA: Vice Chair Nourse?

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

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

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

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

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

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

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

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

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

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

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

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

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

So, Commissioners, do you have other questions?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTICIPANT: 2:10.

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

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

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

PANEL 3: FROM THE FIELD: COMMUNITY ADVOCATES' VIEWS ON LANGUAGE ACCESS

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

continued attention on this important topic.

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

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

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

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

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

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

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

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

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

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

Affirmative from all panelists.

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

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

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

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

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

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

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

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

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

As we've heard, nearly 26 million people

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

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

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

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

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

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

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

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

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

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

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

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

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

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

They also often leave individuals with no

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

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

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

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

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

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

MR. CARBULLIDO: Carbullido.

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

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

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

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

lowering healthcare costs.

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

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

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

Additionally, language is a significant

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

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

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

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

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

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

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

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

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

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

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

information in a language they can understand.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIR GARZA: Thank you, Mr. Lynip.

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

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

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

At HICA we serve thousands of Latino and

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

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

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

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

We have had success in coordinating the

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

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

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

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

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

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

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

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

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

For example, we frequently assist

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

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

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

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

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

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

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

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

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

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

funding or support or resources.

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

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

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

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

MS. NESWOOD: (Native language spoken.)

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

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

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

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

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

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

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

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

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

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

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

safety.

So the failure to make such services fully available to Native Americans because they speak their traditional language would be an abdication of the federal government's trust responsibility. Furthermore, of course, Native Americans have rights to health and general public assistance programs, as other American citizens do, including the right to language access.

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

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

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

the assistance that they need.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COMMISSIONER JONES: Thank you, Madam Chair.

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

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

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

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

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

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

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

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

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

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

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

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

MS. TRAN: That's right.

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

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

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

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

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

really troubling to be moving in that direction.

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

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

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

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

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

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

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

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

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

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

Commissioner Jones.

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

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

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

our community.

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

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

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

CHAIR GARZA: Commissioner Adams I believe

had a question.

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

MS. TRAN: That's correct, Commissioner.

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

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

COMMISSIONER ADAMS: Not at all.

MS. TRAN: Not at all, thank you.

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

MS. TRAN: That's correct.

COMMISSIONER ADAMS: Does that make sense to you?

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

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

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

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

MS. TRAN: Sure.

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

MS. TRAN: It's actually 52 percent of

Chinese who are LEP. But some of them --

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

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

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

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

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

MS. TRAN: Sure.

COMMISSIONER ADAMS: Okay, thank you.

MS. TRAN: Thanks.

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

MS. TRAN: That's correct.

CHAIR GARZA: Okay.

COMMISSIONER ADAMS: I didn't suggest she did.

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

Commissioner Magpantay.

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

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

Would that be helpful for jurisdictions to

leverage limited resources?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

And in order to have accurate information

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

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

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

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

MR. CARBULLIDO: I'm sorry?

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

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

CHAIR GARZA: Dr. Aleman.

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

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

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

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

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

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

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

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

Ms. Neswood, did you have any?

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

what's already been said.

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

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

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

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

them.

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

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

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

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

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

in your recommendation to codify Section 13166 into federal law.

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

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

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

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

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

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

MS. TRAN: Yes, same here.

COMMISSIONER MAGPANTAY: Thank you, Counsels.

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

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

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

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

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

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

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

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

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

In the order in which they will speak, our

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

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

MR. RABURN: Yes.

MS. RAHIMI: Yes.

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

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

MR. RABURN: Is this supposed to be red?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

needed to perform the amputation.

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

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

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

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

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

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

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

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

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

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

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

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

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

We're going to hear from Ms. Rahimi.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIR GARZA: It's okay.

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

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

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

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

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

CHAIR GARZA: Commissioner Jones?

COMMISSIONER JONES: What hospital is this?

MR. RABURN: Huntington Beach Hospital in Orange County.

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

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

MS. RAHIMI: Yes.

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

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

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

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

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

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

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

COMMISSIONER ADAMS: A point of parliament --

CHAIR GARZA: -- personal --

(Simultaneous speaking.)

COMMISSIONER ADAMS: -- appeal the

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

CHAIR GARZA: That is not true.

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

CHAIR GARZA: Commissioner Adams, please be respectful.

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

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

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

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

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

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

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

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

CHAIR GARZA: Thank you. Commissioner Magpantay?

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

should probably be in language.

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

CLOSING REMARKS

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

And as a reminder, because there are a lot

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

ADJOURN MEETING

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

(Whereupon, the above-entitled matter went off the record at 3:43 p.m.)

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This is to certify that the foregoing transcript

In the matter of: Public Briefing

Before: US CCR

Date: 03-21-25

Place: Washington, DC

was duly recorded and accurately transcribed under my direction; further, that said transcript is a true and accurate complete record of the proceedings.

Neal R Gross

Court Reporter