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Operator: Good day and welcome to the FEMA Stakeholder Engagement Conference Call. Today's conference is being recorded for transcription. At this time, I would like to turn the conference over to Jo Linda Johnson. Please go ahead.

Jo Linda Johnson: Thank you so much Mira. And good afternoon everyone. Thank you for joining us for our second stakeholder call related to COVID-19. I hope everyone who's joining us is safe and well and we appreciate your engagement as we continue to attempt to address comments and concerns from all of our stakeholders. It's very important to us to be in touch with you all, and it's important for you all to be in touch with us.

So, thank you. Before we jump into the call in earnest, just a few housekeeping items. I want to make everyone aware that there is captioning service. That was part of the invitation that you received. There is a link at the bottom of the invitation. So, if captioning is needed, please utilize that link to follow along. As well the operator mentioned that the call is being recorded and is being recorded for transcription services. We will make a transcript available just as soon as possible following the call. The transcript will be translated into Spanish to make that available to our Spanish speaking participants. If other languages are necessary, you need only make FEMA Office of Equal Rights aware and we will make it available in different languages as needed.

We had a call about three weeks ago and we offered up a lot of information based on questions that we received in advance. Similarly, we received dozens of questions in advance for this call and we're going to answer those questions as best we can. We also wanted to leave time during this call for individuals to ask questions on the call. So, we will do that at the end of the call.

That's why this call is a little bit longer. So, we appreciate you listening carefully to all the information that's shared. And then if there's something that is not addressed, questions will be taken. I will remind you now and will remind you again when we open it up for questions that we are taking questions on COVID-related issues and not all manner of issues under the jurisdiction of FEMA Office of Equal Rights (OER), HHS Office for Civil Rights (OCR) or DHS Office for Civil Rights and Civil Liberties (CRCL). COVID-related questions only please. So, with that I'm going to turn it over to our speakers to just provide very brief two-minute introductory remarks and I'd like to start with you, Victoria. Victoria Porto joins us from DHS Office for Civil Rights and Civil Liberties.

Victoria Porto: Hello everyone. I'm Victoria Porto, the Director of Programs for the Office for Civil Rights and Civil Liberties in the US Department of Homeland Security. Within DHS, the Office for Civil Rights and Civil Liberties is working to help ensure that the Department's response to COVID-19 incorporates civil rights and civil liberties protections is all of what DHS does. This includes activities such as screening of persons entering the country and immigration-related activities. During this pandemic, as with other emergencies, it's critical that all communities have meaningful access to the services to which they are entitled. Under civil rights law, this often means taking extra steps to reach and serve all individuals in our communities.

And that's why my office and other federal agencies are involved to communicate to recipients of federal financial assistance, and within our own agency, that we expect compliance with civil rights obligations through this pandemic. And that compliance can be achieved with the right tools, policies, and plans. Hearing from you is very important to us. Some of you may already be communicating with our staff and know how to file complaints with our office. For those of you who wish to reach the DHS Office for Civil Rights and Civil Liberties, you may email us at CRCLoutreach@dhs.gov. And to learn more about how to file a civil rights or civil liberty complaint about DHS activity, you may visit our webpage at dhs.gov/crcl. I appreciate this opportunity to be with you today.

Jo Linda Johnson: Thank you so much. We also have on the call many of our partners within HHS from the Office for Civil Rights as well as the Centers for Disease Control and Prevention (CDC). I'm going to turn it over to Roger Severino to do a brief two-minute introduction for HHS.

Roger Severino: Hi, this is Roger Severino, Director of the Office for Civil Rights. Our main message during this pandemic is that our civil rights laws are no way suspended and in fact we are more active in many ways than we've ever been in making sure that nobody's left behind. In this time of national emergency, we either see the best in people or we sometimes see the worst. We see the best in our first responders in advocacy organizations helping those who are most vulnerable. And we also see some bad effects where there's a competition when people might think resources are scarce and a lot of fear about the risk of stigma and stereotypes. We are making sure these concerns don't in fact occur and we are helping health and human services programs provide access to everyone.

We protect all of the statutory protective classes, race, sex, national origin, color, religion, exercise of conscience, age, and disability. We're very active in making sure our triaged policies in our various states do not leave anybody behind based on improper categorizations or exclusionary criteria. And we're also making sure that language access is a priority in the delivery of any of our services. We're here for you. Our website is hhs.gov/ocr and I'm going to hand it over to my CDC colleagues to introduce themselves.

Dagny Olivares: Hello, my name is Dagny Olivares, CDC Joint Information Center Co-Lead and that's a fancy response term for the public communication arm of the CDC COVID-19 response. First before I get started, I want to thank everyone who's joined the call today for your time and your commitment to helping the US government continue to meet the needs of these audiences and to improve the way we are responding. I want to address some things around the disaggregation of data, which was raised on the previous calls and in questions that were

submitted. CDC continues to work with our partners who manage and administer data systems that provide COVID-19 related data. And we're doing that to improve and streamline those systems so that we're collecting and reporting better data that give us the information that we need.

For the majority of COVID-19 cases and hospitalizations, no race or ethnicity data is currently available and that is a limitation that I know you all are experiencing. Information on comorbidities is also not available for most COVID-19 hospitalizations and the rates vary widely by surveillance sites. But we are continuing to work to improve those data streams, and provide better data that gives us a better picture of the impact of this disease on different populations. To that end, CDC has recently updated our COVID-19 case reporting form for public health officials to make it shorter and easier to fill out. The form will still include demographic and at-risk data about things like race and tribal affiliation. The intention is for the revised form to help CDC get more of the data quickly and get it out and publish it for others to use, by streamlining this form used by state and local public health staff. This case reporting form is the standard that health departments use to collect data.

We are expecting to see the effects of that in our data that we are releasing, and the form is now available on our website and we encourage use of it nationwide.

We also want to remind folks or introduce folks to the sources of this disaggregated data that CDC is already publishing—the National Center for Health Statistics mortality data, which you can access at cdc.gov/nchs, and the COVID net hospitalization data, which you can access at cdc.gov/coronavirus (scroll down the page and click on the data and surveillance tab). Other than that, I want to close my section by assuring you that CDC is continuing to work to ensure the health and safety of all Americans, not just by looking at these data system issues, but also increasing engagement with organizations and the partners who represent and serve racial and ethnic minority groups. And other groups who may either be at greater risk or who may not be

able to access the information they need to protect themselves without these efforts. And the studies are underway to confirm and understand the data we do have about the potential impact of COVID-19 on the health of racial and ethnic minority groups. And now I want to turn the call over to my colleague Mark Urban, who is going to address some of the other issues that have been raised.

Mark Urban: Thanks, Dagny. So, my name is Mark Urban. I am the Accessibility Program Manager here at the Centers for Disease Control and Prevention. I'm going to talk a little bit about some of the concerns raised about the CDC resources for limited English proficiency and how CDC is working to address some of those concerns. We're constantly improving our portfolio of resources to help communities with limited English proficiency. That includes our full translation site work. We now have four key languages based on case demographics where basically our whole site is available to be translated to the various foreign languages as well as translated resources in additional languages including American sign language.

This links this directly from the CDC COVID site landing page. So, if you go to the CDC COVID site cdc.gov/coronavirus immediately you'll see at the top of the page now links to language resources, including the site translations that we do have immediately available. We recently organized that to make it a better and available for persons who have limited English proficiency, so we didn't have to dig down into the page. There was also another question about utilizing automated translation tools. CDC utilizes automated translation tools, but they require human interaction to ensure clear and effective communication. So, and this is doubly so with information of high criticality such as COVID. To that end, even the materials that we do use some automation to connect translations are all reviewed by a CDC staff to ensure that information is clearly communicated in the language provided. Obviously, there are directly translated materials that are listed in the other languages section specifically are hand translated and then validated for medical clarity and communication. This gets to the challenge of balance in our speed and quality.

So, to provide the best information quickly, CDC focuses on providing quality translation of what we call evergreen materials, materials that are less likely to change on a day to day basis. As people who have been following this very serious national event know, things change on a day-to-day basis around COVID. We learn more information; we provide additional information. We focus on providing information that we know won't change quickly so that we don't have the delay of providing those resources to persons who may have limited English proficiency. For example, we have numerous translations of hand-washing materials. We get less translated materials around current triggers and guidelines for clinicians. Oftentimes as new symptoms appear or new activities or therapies appear, we try to update that information very quickly. There's always a lag time with those translated activities. We want to minimize those lag times in those efforts when we can provide additional information directly to people here in the country to the greatest extent possible: What has the most usable at the individual level.

We also provide a set of printable fact sheets - we don't just do other languages. We also provide these printable fact sheets that are for use in clinical and public environments that are designed to be graphical in nature. These are mostly graphics with some - with simple short words or a few short words for clarity. And they're designed for people with difficulty in reading English and clinicians and employers and other people who need these resources can get them directly off our site and print them out.

For the questions, we did have a question about the Tagalog and the public resources. We are actively translating more to Tagalog resources. CDC is partnering with the Department of Justice and the US State Department to include additional quality controls and increase the number of languages that were providing.

I want to thank you for the opportunity for CDC to participate in this discussion and certainly let everyone know that CDC is very strongly engaged in trying to improve the quality of the work

we're doing in this area. And there's a lot of people over here on the side of the house that are very interested and very active in improving these resources and the quality of the services that we're providing. I'm going to throw it back to Roger and thank you for the time.

Roger Severino: And we're going to break this down to address the questions that you submitted in advance. I'm going to deal with the HHS OCR questions and then we'll turn it back to our various colleagues on the line. We've received significant interest on limited English proficiency questions. We met with some stakeholders by phone within the last few days to discuss this very question. We want to make sure that to have effective communication, you have to meet people where they are and that includes interacting in a meaningful way and in a language they can understand. And those two things during this crisis come together in a unique way. With stay at home orders, we have so many people who cannot or should not be going to regular doctor visits and are using remote services. This does not discharge entities of their other obligations to provide meaningful access in the language in which the person can communicate.

I'm a child of Colombian immigrants and I grew up speaking only Spanish at home. I only speak Spanish at home with my kids. As a kid, I was translating for my mom in the doctor's office, and people in this day and age should not be put in that position. Even if there's an emergency circumstance, there is some flexibility, but the obligation remains of meaningful access based on what is reasonably available. However, it just takes a bit of foresight. Medical providers can exercise the option of telehealth, and by the way, my office --we're the regulator for HIPAA as well-- we've granted medical offices flexibility to use very common apps to communicate like FaceTime and Skype and Zoom without facing fines for HIPAA. You combine that with all sorts of technological resources that are already available for real time translation, then we should be able to meet people where they are and utilize language access lines as well.

So, the main point on the series of questions that we received on LEP is that the obligation is still there. That there still must be meaningful access even if it is done on a mostly remote basis. We

received a specific question from the Illinois Health and Hospital Association about Google Translate as a potential app. I am not a fan of something like an automated app tool. I think that it has real problems with whether or not that fits in with the requirement of providing meaningful access because there are two possible introductions of error. From the hospital provider, trying to type something in and getting whatever Google returns, which may be complicated in the medical context and then the person on the other side trying to respond as well in their own language and then trying to send that to a medical provider, makes it complicated. I think the possibility for introduction of error in the medical context is very, very high. So, I'd have some serious questions about the use of automated app tools, like Google Translate, in a medical context. We're working on a bulletin to flesh out these obligations for providing meaningful access to limited English proficient persons during COVID-19. We also received questions about mobile testing tests and community-based testing. We want to make sure that these testing sites are being placed in locations that serve all Americans, all underserved communities. We've been speaking with our HHS colleagues in the Office of the Assistant Secretary for Health who is very sensitive to this question and they are taking into account locations and making sure that underserved populations will not be left behind when it comes to that. So, we're very much aware of the issue of location.

We also want to make sure that physical accessibility of the locations is being considered as well as the HIPAA implications. This is an area that points to what I said earlier when I said that OCR is perhaps busier than ever before. This is one of the reasons why we have to be extraordinarily flexible in addressing this crisis, to serve as many people as possible, but also to make sure we're being thoughtful to make sure every segment of the community is being served. So be on the lookout for hopefully the LEP guidance and other guidance coming up soon.

I touched a bit on the disability rights issue. We've been focused a lot on crisis standards of care. We reached two agreements with the states of Alabama and Pennsylvania, which had some very troubling exclusions based on disability status and potential for using impermissible age cut-offs.

We want to make sure that if there ever is, and hopefully there won't be, but if there ever is a lack of resources during this crisis, that impermissible motives judging the relative worth of a person with a disability or disabilities or harsh age cut-offs don't come into play. So, we've been very encouraged by the response we've gotten from states on that issue. That issue is now expanding to other questions, such as reasonable modifications, auxiliary aids and supports, non-hospital settings, nursing homes, and community-based settings as well as to make sure that things like personal protective equipment (PPE) is being distributed on a non-discriminatory basis.

These are questions that have been brought to our attention that we're looking at. Hopefully we're moving beyond that immediate crisis triage question to the longer-term questions that include things like hospital visitation policies, allowing for people with disabilities to have support services providers or caregivers accompany them. Can there be a reasonable modification of policies to allow those caregivers to accompany persons who need assistance, whether intellectual or mobility to have that additional support in a hospital setting while still keeping everybody safe? We received several questions on those issues that we're absolutely aware of and indeed we've received some complaints.

Jo Linda Johnson: Roger?

Roger Severino: Yes.

Jo Linda Johnson: This is Jo Linda, if I can just break in for two seconds, two things.

Roger Severino: Okay.

Jo Linda Johnson: Time - just a time check, two more minutes please. And, we've gotten reports that you're a little bit muffled. So, I just wanted to make you aware of that in case there are any adjustments you can make. Thank you.

Roger Severino: Great. I'll speak louder if that may help. The last issue or group of issues is on sex discrimination questions from the National Center for Transgender Equality. I know we didn't get to your questions last time. We are currently in final rulemaking on Section 1557. We're getting close to issuing the final regulation. It's been years since this issue first came about. There was a particular question on the scope of sex discrimination under that rule, and how it could possibly apply in the COVID-19 situation. I can't comment specifically on the rule. I can say that the position of the federal government on the scope of sex discrimination has been laid out in recent litigation before the Supreme Court on the full scope of it. We're also operating under a federal court that issued an injunction and vacated two provisions of our rule. One, the definition of sex based on discrimination on the basis of sex cannot cover gender identity or termination of pregnancy. So that portion of the rule was vacated under a court order and we're abiding by that rule.

Under the question of sexual orientation and the proposed rule, it continues the policies from the previous administration that did not encompass sexual orientation as a protected category under Section 1557. Now sex discrimination of course, is something that we're continuing to enforce. We had a settlement with Michigan State for sexual harassment so that's clearly an issue we're working on.

The very last thing and I'll wrap up very quickly. On HIPAA we had a specific question as to reporting under medical surveillance guidelines and whether a notice could be given to employees about COVID infection status and yes, that is an allowable practice. If there is a written individual notice, if you have a very specific question on that, please reach out to us to follow up and we're happy to give technical assistance. Thank you.

Jo Linda Johnson: Thank you very much [Inaudible] We appreciate that. I'm now going to turn it over to our colleagues at CRCL who are part of DHS as well. Victoria Porto. I know Victoria, you wanted to address questions on health disparities and language access, so we'll turn it over to you.

Victoria Porto: Yes, thank you Jo Linda. I wanted to add thank you, Roger for that holistic overview of information. In that vein, I would like to add that the DHS Office of Civil Rights and Civil Liberties is responsible for ensuring that DHS-wide compliance with the Executive Order titled "Improving Access to Services for Persons with Limited English Proficiency" is adhered to. And so pursuant to this authority, CRCL is reviewing the accessibility of DHS Covid-19 public messaging for LEP communities, and we're working across DHS with all components to increase translations. In addition, I want to share that we did get some questions. Let's see here.

We got a question from the Immigrant Family Safety Project and the writer informs us of a situation now in ICE facilities. It reads, as you know, the consequences of missing an ICE check-in could be detention or even deportation. And she shares with us that she called the Jacksonville office and was able to speak with an ICE officer who did not speak Spanish. So, when she asked, "What would you do if a non-English speaker called your office to inquire about whether or not their check-in appointment has been rescheduled?" The ICE officer said he would tell the caller he doesn't speak English and typically the callers will call back and have their own translators accompany them on the call.

The writer is sharing with us that it appears ICE in Florida is not following its language access plan and therefore individuals are not able to communicate with ICE offices. They could miss their ICE check-in appointment, which could result in detention or removal. We do take this very seriously. So, thank you for sharing your findings. I will be looking into this specific issue. In addition, information about ICE and its response to Covid-19 is available at [ice.gov](https://ice.dhs.gov) and that is also available in the Spanish language at [ice.gov/us/coronavirus](https://ice.dhs.gov/us/coronavirus). And in conjunction with ICE healthcare, the ICE healthcare core and ICE's enforcement and removal cadre developed and

issued a Covid-19 flyer for detainees which outlines steps that ICE is taking related to Covid-19. The flyer also states what detainees can do, as well as temporary changes to ICE visitation policies. The flyer is available in the following eight languages, English, Spanish, Creole, French, Punjabi, Chinese, Portuguese and it is also available in Russian.

We also received a question about data. The question reads, in the context of individuals who are detained, what measures are FEMA, DHS, HHS taking to collect and report data about Covid-19 cases in depth. Within DHS immigration detention facilities, they report Covid-19 cases to their local Enforcement and Removal Field Office or ERO. Those offices roll up that data and it is aggregated at the headquarters level. All of that information is available on the public website at ice.gov/coronavirus. At this particular website, ICE also provides the number of detainees that have been tested for Covid-19.

Jo Linda Johnson: Oh, sorry. I thought you were done, but go ahead.

Victoria Porto: Another question that came in is about phone calls, and I'll read the question. In order to help prevent further spread of the Coronavirus, ICE suspended social and legal visits. Providing free phone calls and access to confidential communication for people with their attorneys is necessary and in light of these changes. When will ICE take steps to provide all individuals in their custody access to free phone calls and ensure access to confidential communication for those who are represented by an attorney? today I'm happy to report a few things have happened to make progress in this area. To start, the week of March 23rd, DHS began offering detainees at over 30 facilities four-five minutes free calls or two 15-minutes video calls per week. These calls are in addition to any pro bono calls that the detainees opt to make.

Also, on April the 22nd, DHS began offering detainees 260 minutes of free calls every two weeks. This has been rolled out at 33 detention facilities, which share a common phone system and covers about 57% of the detained population. Expansion is being explored at all other immigration facilities at this time. And lastly, ICE has worked with numerous NGOs and

independent attorneys to have calls from detainees forwarded to attorneys' cell phones because many of the attorneys are working from home. These calls would traditionally be routed through organizational landlines. And that's it from me. Thank you, Jo Linda.

Jo Linda Johnson: Thank you Victoria. That was very helpful. I appreciate that and I'm sure all our attendees appreciate the good news that you had to share about the progress that ICE has made. At this point, what I'd like to do before having the FEMA internal programmatic staff answer questions. I'd like to afford an opportunity to one of our speakers who didn't get to do introductory remarks. Apologies. Linda Mastandrea is the Director of the Office of Disability and Integration within FEMA. Linda, do you want to do a quick two-minute intro?

Linda Mastandrea: Thanks, Jo Linda. This is Linda. Yes. So very briefly my name is Linda Mastandrea. I am the Director of FEMA's Office of Disability Integration and Coordination and I appreciate the opportunity to be with all of you this afternoon. The mission of my office is part of FEMA's overall mission, but our particular piece of it is helping people with disabilities before, during, and after disasters.

And our focus is really on building capacity across FEMA's programs and services and helping our state, local, territorial, and tribal partners do the same so that together we can better serve people with disabilities who are impacted before, during, and after disasters. We provide technical assistance and advisory services to FEMA leadership and our state, local, territorial, and tribal partners, to help all emergency managers improve services for people with disabilities across the phases of emergency management. We look at how to proactively design programs, services, policies, and procedures to consider the needs of people with disabilities from the start.

In terms of our COVID-19 roles and responsibilities, the Office of Disability Integration Coordination, we have disability integration advisors deployed to assist in the response in several reasons, but we're also engaging in regular coordination calls with our Regional Disability

Integration Specialists. And for those of you who don't know, those are our staff across the regions who ensure that our mission of serving people with disabilities before, during, and after disasters is met across the region.

We're also coordinating on a regular basis with our federal interagency partners, ensuring that we're sharing the most up to date information, ensuring that our Regional Disability Integration Specialists as well as our federal interagency partners have the most relevant and up to date information so that they're able to keep their stakeholders informed. And it also gives us the opportunity to gain situational awareness and understand what is happening and what the issues, concerns, and impacts are on people with disabilities across the region from the states. We staff what's called the National Response Coordination Center. And in that process, we are working across the response effort to ensure that the needs of people with disabilities are integrated into the planning and implementation of programs and services that are being developed to serve people impacted by COVID-19.

And we've been involved in the development of some fact sheets to inform stakeholders on the availability of public assistance dollars for accessible communication efforts as well as some best practices on how to make information accessible to and available for everyone. And we work very hard to make sure that information resources that are being developed by our partners at every level are shared with people with disabilities and their families, like information on local hotlines, transportation resources, food, safety messaging or policies being implemented to allow a personal care assistant or a family member to accompany a person with a disability who is hospitalized. This is one of the issues that has come up.

And all of this is to say that we can help people with disabilities and their families take the steps that they need to stay healthy and safe during this challenging time. We of course worked very closely with the Office of Equal Rights and DHS, CRCL and our other partners on the call to

ensure that we are coordinated and responding to the needs of people with disabilities across this response. And that's really all I have by way of introduction, Jo Linda, so back to you.

Jo Linda Johnson: Thank you so much Linda. We appreciate you being on the call. And so next I'd like to turn to FEMA and FEMA staff to answer some questions that were specifically directed towards us. And where I'd like to start is - we have Mr. Tod Wells on from FEMA's Public Assistance program. Tod, I believe we got some questions on Public Assistance that you're here to help us with.

Tod Wells: Certainly. And thank you Jo Linda and thank you everyone for your time this afternoon. Appreciate the opportunity of being able to talk a little bit about the provision of Public Assistance and address some of the specific questions that you all have with regard to Public Assistance funding. The first question that we received had to do with hazard pay for certain professional employees who may be providing services to groups of people and individuals. And the way that the Public Assistance program is administered, it is a grant program to state, local, tribal, and territorial governments. And we provide grant funding to provide a reimbursement for costs that they incur in response to disasters and emergencies.

In this case it is the COVID-19 pandemic incident and what is authorized under those declarations are emergency protective measures actions that are necessary to protect public health and safety. So, in the conduct of those actions there may be costs that are incurred to include costs related to staff time for the provision of emergency actions. And we can support those costs for eligible emergency protective measures for the additional costs such as overtime, bringing on additional staff through a contract, or other sources. It can include a hazard pay but the way that we provide funding is through the pre-disaster personnel policies that an eligible applicant would have in place. So, we would go to the personnel policies of that applicant, look at that, and if there's hazard pay, overtime, or some additional costs for staff in provision of those emergency measures, we can look to support that through Public Assistance funding.

So just to summarize on that, a couple of key points is, one, an eligible applicant, whether it's state, local, or tribal territorial government, or an eligible private non-profit (PNP) as defined in this case as healthcare providers. And then looking at the work they're doing, whether that's an eligible emergency protective measure. And then the additional costs for that for staff time based on the personnel policies that applicant may have in place.

We also received a couple of questions as well on support for language assistance. And again, we can look to support that cost in the provision eligible services. So, in the healthcare arena we have issued a fact sheet on eligible medical care services in the pandemic incident. And for visibility, we are in the final stages of developing a policy itself on the provision of medical care in the COVID pandemic and it outlines the types of activities per provision of healthcare by health care, providing entities and eligible applicants that would be eligible. And to the extent that language support and language assistance services are necessary to conduct those eligible activities such as the provision of healthcare to see to someone who is a COVID patient then we can look to support those costs through the Public Assistance program.

The other component of language assistance is what Linda had touched on and we did issue a fact sheet on accessible public service announcements for the provision of communication access on our emergency protective measures in general. There's information that state and local governments are providing on either access to, or provision of emergency measures to include provision of healthcare, then we can support those costs as well through the Public Assistance program.

The last question that we received had to do with personal protective equipment. And the Public Assistance program is providing substantial levels of funding for PPE, again to help state, local, tribal, and territorial governments and eligible PNPs, healthcare providers, for the cost of acquiring personal protective equipment. Today, Public Assistance has obligated about a billion

and a half dollars total in grant funding for Public Assistance. A fair portion of that is for PPE. So again, healthcare providing entities whether they are operated by the state or local government or eligible PNP healthcare providers, the costs for PPE is again, something that we can support through the Public Assistance program.

We are also in close coordination with HHS in terms of securing supplies of PPE and the distribution of that equipment to those who need it, and in particular to the healthcare sector to ensure that those folks have what they need to be able to provide health care and emergency care to those who are impacted with COVID virus or need those healthcare services in conjunction with the pandemic. So those are the questions that we've received for Public Assistance. And again, appreciate the opportunity to address it. I surely do.

Jo Linda Johnson: Thank you so much Tod. We appreciate it. I want to turn it over to Zachary Usher to - who is with the FEMA Mass Care program to address questions that came in for that group.

Zachary Usher: Thank you Jo Linda, and good afternoon folks. Appreciate the time to talk with you all. My name is Zachary Usher. I serve as the Branch Chief for our mass care function within FEMA's Individual Assistance Division. And what I've been asked to speak on is regarding a series of questions that came in regarding sheltering requests and how FEMA awards apply to people with disabilities in congregate settings. But also, the complication that's presented under the COVID-19 pandemic, where there's a tension between the desire to ensure that we're not promoting unnecessary isolation or segregation of people with disabilities. But on the other hand, some folks with disabilities may have an increased vulnerability to COVID-19 and the risks that it presents.

So, there's a tension there. And it's not a - there is no easy resolution to it. But I'll speak to some of the points that we've been discussing with our state, territorial, local government, and tribal partners, as well as I think importantly are non-governmental and voluntary organizations that

play key roles in the provision of mass care, and in particular in the operation of sheltering, whether it be evacuation sheltering or longer-term sheltering for those in need. So, some of the aspects that I think are important to point out are that from a federal perspective, FEMA and other federal agencies support the plans and the decisions that are made at the local government level as it relates to providing sheltering for their constituents and for their citizens.

And the way this typically manifests in disaster response and recovery operations is that FEMA, through our regional offices, through our field operations, through our Incident Management Assistance Teams, and through our headquarters function, provide technical assistance. We provide guidance and resources to decision makers at the local and state levels regarding sheltering plans, concepts of operation, but decisions that go to the heart of some of the challenges of this question to include if congregate sheltering, meaning the use of facilities like libraries, gymnasiums sports, sporting events, public halls, the congregate sheltering is going to occur.

In what way is it going to be conducted in a way to minimize exposure or risk of transmission of or possible exposure of COVID-19. There are some specific technical techniques that can be applied. But of course, we also recognize that risk cannot be eliminated given the current state of testing and some of the unknowns around the degree of transmission and penetration of the virus within the population. So what we are doing now at FEMA is we are very much actively engaged in conversations with our partners at the governmental level, the non-governmental level trying to ensure that technical resources on best practices, on how sheltering can be best approached if a local government or a state government continues operating congregate sheltering, how that can be done.

We also are developing guidance and resources for decision makers on other considerations. Whether that be utilizing facilities such as hotels that might provide a higher level of privacy. But then of course with that you do start to face some of the challenges regarding populations being

segregated or probably more basically isolated in a way that it's more difficult to provide things like feeding, emotional and spiritual care, and other aspects of mass care in a hotel or a more private setting. So, there's some tension there. We continue to talk through that with our partners. And I think it's important to recognize too that disaster response has not in any way halted. If anything, it seems like based on the spring severe storm season, it's been a very, very busy spring for many of our partners throughout the country.

Whether it's fire risk, whether it's tornado or extreme storms, states and local communities have already had to make decisions about what it means to provide sheltering. Whether it's immediate evacuation sheltering to avoid or stay out of the harm's way of a tornado, or whether it's a short-term congregate sheltering. In some cases, we are seeing jurisdictions move immediately to a non-congregate sheltering situation and perhaps in partnership with volunteer organizations, moving folks in need of a place to stay into a commercial lodging. And that carries with it a lot of need for wraparound services. So, we continue to develop plans, guidance, and technical assistance for our partners. And that will continue iteratively, I think throughout the weeks and the months ahead.

The last point that I'll make, and then I'll hand things back over to Jo Linda, is that we also want to stress that on an individual, on a family level, all of us, I think in our personal lives, in addition to those of us who are professionals in emergency management, but all of us in our personal lives have an obligation now to be thinking about the realities of life in this pandemic environment. And that includes thinking about what an individual or a family plan is in response to a potential emergency. So, you know, I will say it personally for me, for my family members that are in areas that are prone to hurricanes, that's a conversation I'm trying to start within my own family about what we need to be thinking ahead about this. This COVID-19 has really fundamentally changed the world that we're living in. And we need to be thinking ahead about this. So, there is an obligation on personal preparedness as well, that I think needs to go along with the governmental

aspect of getting ready to respond. So, with that Jo Linda, I'm going to hand things back over to you and again, I appreciate the chance to speak with folks today. Thanks.

Jo Linda Johnson: Thank you so much Zachary, we appreciate you being on the call. And what I'd like to do now is go through some of the questions that came in through FEMA. I will answer some as well as my colleague Stephanie Fell. She will answer some. We will do this quickly so that we can turn to opening the phone lines up for questions from individuals who are participating today. So, I'm going to start with language access questions. We've heard quite a bit from both DHS and HHS on language access. There were some questions that came in directly for FEMA to address. The first question is, can FEMA confirm whether or not we're using the DOJ guidance for state and local governments and other federally assisted recipients engaged in emergency preparedness? Yes, we are using and working with federal interagency partners, including DOJ, on enhancing technical assistance, regarding language access, and other civil rights issues that are being discussed in the context of our COVID response. So yes, we are using that.

Can FEMA provide detailed steps we're taking to ensure meaningful access for limited English proficient individuals given the importance of providing culturally, and linguistically appropriate communications? Certainly. So first and foremost, of course FEMA issued a Civil Rights Bulletin back in the beginning of April. If you have not seen that bulletin, please take a look. It's on [fema.gov](https://www.fema.gov) and that provides explicit reminders to our state, local, tribal, and territorial partners about language access. We've also provided limited English proficiency guidance to FEMA senior leadership to share with their programmatic staff to ensure that everyone understands the expectations and the requirements for FEMA to provide language access.

We also have in my office what are called Civil Rights Advisors or CRADs. The Civil Rights Advisors are normally deployed in response to disasters in the field. We have also deployed them in response to COVID and we have CRADs deployed to all 10 FEMA regions and they're assisting programmatic staff in the regions as well as working directly with our state, local, tribal,

and territorial partners to ensure that language access needs are being met. That includes doing a very comprehensive assessment of the communities in those local jurisdictions that FEMA is serving, to make sure that we understand the dynamics and the demographics of the community so that we can ensure language access among all access considerations. So those are some of the concrete steps that we are taking. Stephanie, I'd like to turn it over to you for the next question. Can FEMA recognize sign language interpreters or support service providers as an essential employee?

Stephanie Fell: Hello everyone, thank you, Jo Linda. My name is Stephanie Fell and I'm just trying to find that question. We got a lot of really good questions, so thank you everyone who submitted questions. This question really would of course depend on the context. But we've stated this many times in our publications and continue to state it, that the civil rights requirements remain in effect even during a pandemic. And so, depending upon where this is occurring, if someone needs a reasonable modification or a change in program delivery, like having someone accompany them into a space because they're providing assistance to the individual with a disability, that would still stand.

Again, this would be fact specific. I think Zach's point though about working in this COVID environment and a transmission of a contagious virus. There may have to be other considerations because of the social distancing requirements. Like the use of remote services, things like perhaps PPE, things like that. It would depend on the context to ensure safety of the people involved. If it's a sign language interpreter or a person providing support services to an individual with a disability.

Jo Linda Johnson: Super. Thank you, Stephanie. And if I could just follow up and add to your response, I want to make sure everyone understands that FEMA does not have the responsibility for identifying who are essential employees within any jurisdiction. So, where there is a concern, I would encourage you to reach out to the state emergency manager, the locality, if this is a city-

based issue, territory or tribe, tribal government and ask, you know, how they are making their decisions. That's not a decision that's made by FEMA, it's up to the states or localities.

Our next question, I - we heard HHS address this and there was also a portion of the question that was directed towards FEMA regarding discrimination on the basis of sex or religion. And specifically, the question is, what is FEMA doing to make sure help reaches all eligible persons in need without discrimination, including on the basis of sex or religion. So, there are many laws that relate to FEMA in our provision of disaster assistance and ensuring that it's provided without discrimination. And that includes sex, that includes religion. As Stephanie has emphasized, as I heard Roger emphasize, as I heard Victoria emphasize, the provision of civil rights has not stopped. They remain in effect even during this pandemic. And so, we are here to make sure that that continues.

FEMA has a primary publication called Pub-1 or Publication-1 that really lays out our intent and that document is available on fema.gov if individuals would like to take a look at that. Again, it's called Publication-1 where we lay out our expectations for the provision of disaster assistance in a non-discriminatory manner. If you're interested in the actual laws that are in that are called into question through this, I would encourage you to see our website and you'll get a fairly well laid out detailing of the laws that are called into question. I don't want to spend time on this call doing that. But ultimately what I would encourage the questioner to do is take a look at the civil rights bulletin that our office put out, where we do discuss the applicability of civil rights laws across the board. And the fact that that has not changed with the onset of this pandemic.

The next question Stephanie, I'm going to throw to you. Section 308 of the Stafford Act requires assistance be provided in an equitable and impartial manner. Does FEMA understand this to prohibit discrimination on the basis of non-merit factors by private non-profit groups such as sexual orientation or gender identity? And I know I just touched on it a little and I'm sure this question would require a little more detail, but is there anything you want to say about that?

Stephanie Fell: Thanks, Jo Linda. This is Stephanie Fell speaking. The only thing I'd like to say is we'd have to get a specific concern brought to our attention through our complaint channel, a telephone number, and an email address. The email address is fema-civilrightsoffice@fema.dhs.gov. Our regulation, FEMA regulation 44 CFR 206.11 specifically talks about entities carrying out disaster assistance activities and those entities being bound by our non-discrimination provisions, and they include all of the bases, race, color, religion, nationality, sex, age, economic status, and then another statute has added disability. So, all of those non-discrimination provisions would be in play for an entity we've contracted with to carry out services. And if there were any concerns about discrimination occurring by one of those entities, it certainly could be brought to our attention and we would investigate it.

Jo Linda Johnson: Super. Thank you so much. The next couple of questions again quickly and then we'll open it up for questions from the audience. We did get a question about, how is - how can FEMA make PPE available for people with developmental disabilities and their families which could be distributed through developmental disability councils nationally. So, I know this is just one question that we received on PPE and the distribution of PPE. I realize that that's been a question on the minds of a lot of different groups and I'm pleased to say that internally there has been developed a short video that demonstrates how PPE are distributed across the country and how those decisions are made. And so, what we are going to do is we're going to distribute that video to individuals who signed up for this call. So, if you are hearing my voice, you will get a copy of the video. And it really demonstrates exactly how PPE are distributed and hopefully answers a lot of the questions that I think folks have about PPE and its distribution.

The next question it was a little bit broader than what we can answer, but I want to acknowledge the question. It's about the supply chain. We've heard - all of us have heard on the news about the supply chain of PPE, the supply chain of tests, the supply chain of lots of things that are needed to keep our country moving forward. And there was a question about how FEMA will

ensure that the supply chain is secured. What I want to say is that this is broader than FEMA's disaster response, which is really our current posture. So, I can't provide an answer at this time, but I do want to acknowledge the question and let you know that we'll pass that on. I'm not sure that that answer will be taken on by FEMA exclusively, frankly. That may be up to other entities to address securing the supply chain for future events.

The next question, how can a civil rights advocate be included in issues of prevention and preparedness and planning when it comes to disasters? And quite simply, first of all, thank you for your interest in being engaged. And secondly, the best way to get engaged and stay engaged is to reach out to the regional assets. We heard Linda Mastandrea talk about the Regional Disability Integration Specialists in each of the 10 FEMA regions. And when there is a disaster, my office deploys Civil Rights Advisors and you can engage with those folks directly on the ground to be engaged and get your questions answered as well as raise concerns to FEMA for us to address.

And then the last question I want to take before we open it up is, what steps are being taken to improve emergency response at all levels of government, including ensuring civil rights are protected, especially for the most vulnerable? So, I want to end with this question because I - it gives me an opportunity to really reiterate things that have been said already. First FEMA has a whole-community approach and we do that in conjunction with the Civil Rights Advisors who are deployed to disasters as well as the Regional Disability Integration Specialists. Both of those entities in a disaster, in a region are working with programmatic staff like our colleagues from Public Assistance and our colleague for Mass Care. We're having conversations with our colleagues from Environmental and Historic Preservation within FEMA to ensure environmental justice issues are addressed and to ensure that the day-to-day on the ground decisions that are being made are being made with regard to the whole community in mind.

The Civil Rights Advisors in particular do a great job of creating a community assessment and an analysis of who is in the community that we're serving, if we're going into a particular community. What the demographics of that group look like, what the socio-economic status of that group looks like, what the languages are that are being used predominantly in that community are so that when FEMA programmatic staff carry out their activities, when we go out, we can actually serve the whole community. So, there's actually quite a bit being done. Thank you for the questions. Thank you for the opportunity to share some of that. And now I'd like to turn it back to our operator to open it up for questions.

Operator: Thank you. If you would like to ask a question, please signal by pressing star one on your telephone keypad. If you are using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment. A voice prompt on the phone line will indicate when your line is open. Please state your name before posing your question. Again, press star one to ask a question and we'll take our first question. Please go ahead.

Dr. Brown: Hello. This is Dr. Brown out of Columbus, Ohio at Columbus State Community College. And it was a little unclear about the availability of statistics. And I was wondering will those be available for scholars to do some research and evaluation on what we're seeing happen with COVID, particularly as it relates to African American populations?

Dr. Brown: Oh, okay. Were you able to hear me?

Mark Urban: I'm sorry. Yes, I was. Thank you. This Mark Urban from the CDC. And the answer is yes, there is in fact. We already have an MMWR article about some initial studies related to this. If you look at [cdc.gov/mmwr](https://www.cdc.gov/mmwr) the morbidity and mortality weekly report, and there are several other studies underway at CDC around that data. I think there was a good conversation already about the challenges we have in getting real time data. But there are definitely activities going on

around minority health and also around health equity that will involve follow-up studies and hard data for researchers to just dig into and make evaluations of what's happened here.

Dr. Brown: But currently that's not available. You plan to have that available in the future? Is that what I'm hearing?

Mark Urban: Yeah. Oh, well, yes, it's as we discussed earlier, there's a process for getting the quality of the data that's necessary to ensure that we're getting accurate data. So that those, like I said, there's an MMWR article already out on that and there will be more information provided as we move forward. Some of that data is retrospective though, so it won't be immediately available for real time response.

Jo Linda Johnson: Thank you. Thank you so much.

Mark Urban: Oh, sorry. Well, one more thing. We do have some we some data on deaths and hospitalizations available on the website. If you click on data. That's on the bottom of the page. And that's some information- but some of that information is contextual and does have a lot of, you know, boundaries around the resource and information.

Dr. Brown: Okay. I appreciate that.

Jo Linda Johnson: Great. Thank you so much. I appreciate it, Dr. Brown. Thank you for your question. We're ready for the next question and again, I want to remind the audience to keep your questions to COVID related. I know that we have lots of folks on the phone who can answer lots of different questions, but that's the subject of our call today.

Operator: Thank you. And we'll take our next question. Please go ahead.

Shirley Husar: Good afternoon. My name is Shirley Husar. I'm with Urban Game-changers where we go into urban communities and we hold elected officials accountable. One of my main concerns is the African American descendant of Negro slave. In the conversation that we just heard from everyone of you, and thank you so much for giving us all of this opportunity to speak with you. But our main concern is that we have not heard anything, particularly making it clear that the African American descendant Negro slave is an entity that needs to be dealt with. Knowing that COVID-19 has hit our community the hardest. Will there be a special task force or department that our people can go to? Because as I hear you speak, you've mentioned LGBT community, you've mentioned a lot of different communities, but we don't like to be called minorities, and we don't like to be called - any of those things they are not related when there's not clear of who we are as an entity of people. People of color means everybody. And so, it's very muddled in your messaging. And that's all I want to ask you, is there going to be a special taskforce or set aside or something to address the numbers regarding COVID-19, that has hit the black community harder than anyone in the United States?

Jo Linda Johnson: Ms. Husar, thank you for your question. This is Jo Linda Johnson from FEMA. I don't know that there will be a task force. I do know that - and I can tell you very specifically that my office, the Office of Equal Rights is very interested in the impact on the African American community and we're very interested in the data that we gather on a daily basis. And we'll be looking at this for months to come. I also want to give our colleagues at HHS and CDC a chance to speak as I know the CDC is collecting data with regard to African Americans and the impact that COVID has had on the African American community specifically. Do you all have anything that you'd like to add?

Roger Severino: This is Roger Severino from OCR HHS. Before getting to the statistical side of things, yes, the African American community absolutely has been hit hard. HHS has an Office of Minority Health that is separate from the Office for Civil Rights that does focus on things like

specific community-based outreach and programs of that form. I'm not aware of a specific task force on that question on the federal level but the underlying issue is certainly one about which I am concerned.

Jo Linda Johnson: Thank you so much for your question. Is there another question in there?

Operator: Yes. We'll take our next question. Please go ahead.

Speaker: This is Erica[?] from Colorado. My question is regarding PPE delivery in the workplace for people with disabilities and specifically the access for the masks, is there a sheet or could there be issued that would address our accommodations? For example, people who need to use a mask in the workplace because we're dealing with furloughed populations and then many of us may have disabilities and the accommodation of removing and moving mask and putting it back is very difficult. Would there be like a sheet that we could have about other forms of accommodation, so we got the masks or things that we can do without help.

Jo Linda Johnson: Thank you for your question.

Speaker: And I'm sad. I'm thinking about [inaudible].

Jo Linda Johnson: Okay. Thank you for that question. CDC are there any plans to issue any additional PPE guidance for individuals with disability to provide services to vulnerable populations who perhaps cannot use a mask for whatever reason? Do you all have any plans to address that in that way?

Mark Urban: Yeah, I'm going to - this is Mark Urban. I'm going to take that information back to our PPE taskforce and that we will be exploring that as an opportunity for additional guidance.

Jo Linda Johnson: Super. Thank you. And I obviously we're all guided by the science first and trying to keep everyone safe, which does limit our ability to communicate effectively for lots of populations. But if there are options that can be explored, that would be terrific. So, thank you for that. And thank you for the questions. Let's go ahead and move to our next question.

Operator: Thank you. And we'll take our next question. Please go ahead.

Karen Coco: Yes. Hello. My name is Karen Coco. I'm calling from the Center for Independent Living in North central Pennsylvania. We're located in Carbon[?] County. One of the great barriers that we're experiencing right now. We are a federally funded facility. We are mandated to provide nursing home transition for persons with disabilities that are residing in nursing facilities to transition to independent living in the community. We are encountering barrier after barrier to getting access to people in these facilities. We have been told that we are not permitted to come in. They are using the excuse of COVID-19 pandemic as a reason to keep our staff out of the facility. We've reached out to many supports in Pennsylvania, advocacy agencies, et cetera to assist us with this. I just, I - it's just a great concern as to what is going on behind closed doors. As we've already discussed, the huge death rate that involves individuals that have been in institutional settings and just any guidance that you could give to us would be appreciated. Thank you.

Roger Severino: If I may do this one. This is Roger Severino. If there is a specific concern at a particular entity or facility, you're free to file a complaint with OCR, [hhs.gov/ocr](https://www.hhs.gov/ocr) and we're very interested in the question of access, especially of caregivers. And of course, safety is preeminent. However, part of keeping people healthy is making sure if they have a disability, that they have the support that they need for activities of daily living or sometimes their own health. We want to make sure that there's reasonable modifications to policies and to explore what can keep everybody safe and not somehow lead to policies that exclude persons with disabilities. And additionally, with religious accommodations as well. We don't want to lose our basic

humanity in all of this. And when we have issues of life and death, many people take extraordinary solace in having access to clergy in a hospital setting or in recovery. We want to remember those basic principles to allow those sorts of accommodations where it can be done safely. We're interested in exploring that question further.

Jo Linda Johnson: Thank you so much, Roger. I appreciate that answer and thank you for the questions. Ms. Coco, thank you. We'll move on to the next question.

Operator: And we'll take our next question, please go ahead.

Christie Cruz: Thank you. This is Christie Cruz with the Northwest Justice Project and the Washington State Coalition for Language Access. We talked a lot today about multilingual, translated information. Most of that information seems to focus on sort of prevention and preparedness information. We're hearing here in Washington concerns for access to healthcare services in the testing, screening, and treatment of COVID-19, including providers requiring LEP individuals to provide their own interpreters for telehealth appointments. Are you getting complaints about denial of interpreter services, what enforcement is happening, and how is complaint information getting out to communities including, you know, outreach about the complaint process itself in translated form? Thank you.

Roger Severino: This is Roger again. Sure. We have multi-language materials on our website. That's part of the outreach we're doing is these calls as well to help get the word out and to leverage our connections with the advocacy community and groups that reach people with limited English proficiency to help amplify our voice in many different languages. In terms of the number of complaints, I don't think - I can't go into any particular complaints- but I've not, we've not seen a large influx of language access complaints. Not to say that there isn't a problem out there. But just based on what we've seen in our numbers, it hasn't been an avalanche. However, we do

want to say, maybe because the word hasn't gotten out sufficiently, to people that this is their right even during an emergency.

We want to make sure that that's not the reason. We have to make absolutely certain that when you have complaints, we work as much as possible to address them. We had one in New York where the New York hospital system was running short on translators, and they asked us, can we use med students who are bilingual? And we said, yes, you can. Under the circumstances, they're qualified interpreters, they know the medical language and they can translate it. And that's sort of the flexibility that we're facilitating to help make sure that language access to being fulfilled.

Jo Linda Johnson: Thank you so much for that. Why don't we go ahead to our next question?

Operator: Thank you. And we will take our next question. Please, go ahead.

Susan Prokop: Yes, thank you. This is Susan Prokop with Paralyzed Veterans of America. And I think it was Jo Linda who mentioned in her presentation that there is a FEMA assessment done by the Civil Rights Advisors that are deployed to communities to assess what's on the ground there. And I just wondered is that available for public review? Thank you.

Jo Linda Johnson: So, this is Jo Linda thank you for the question. We have not made it available for public review, but if there was a specific concern that you want to share with us, please feel free to use the email that Stephanie mentioned, which is fema-civilrightsoffice@fema.dhs.gov. These assessments are living documents that change obviously with new information and they're shared programmatically to assist our program staff in making sure that they get information out to the right folks in the right way, so that it can be effective. If there is a specific concern in a community that a group is not being reached, whatever the group might be, you can always share that directly through that email address and we will make sure that the Civil Rights Advisor in that

location gets the information. Thank you so much for your question. Why don't we go ahead and move to the next one?

Operator: Thank you. And we will take our next question. Please go ahead.

David Juan: Hello. This is David Juan from Minnesota. And I have this question for your OCR person. Mr. Severino. You mentioned zoom was permissible during the COVID crisis to be used for telehealth. Problem is there are three different versions of the Zoom and one is Zoom for healthcare, which is approved I think even outside of the pandemic. But what about regular Zoom or Zoom pro? I've looked at multiple sites and guidance documents and it's not quite clear if those two versions of Zoom are acceptable for tele-health during the pandemic.

Roger Severino: Okay. The question was which of the various flavors of Zoom can be used in tele-health settings. There are HIPAA compliant versions of many commercially available software and there are some that – it doesn't mean that they're not private, but they are not necessarily fully HIPAA compliant. What we said is that you can use the commonly used ones without having to take the extra step or pay extra money to get the fully HIPAA compliant version during the emergency. This is so people can be served where they are. We have additional guidance on our website that lists some particular name brands, but generally speaking, if it's one of the commonly used apps, you are allowed to use them for delivering medical services during this emergency because we have to serve people where they are as soon as we can who don't want regulatory impediments.

In terms of things like translation, one way of using it is having a translator or interpreter on a Zoom call as they easily can get more than one person on at the same time. Of course, they have to be qualified, but that's just how you combine the HIPAA flexibility with the LEP flexibility to serve everybody where they are.

Jo Linda Johnson: Thank you so much, Roger. And we have time for one more question.

Operator: Thank you. And we'll take our last question. Please go ahead.

Veronica Robleto: Good afternoon. My name is Veronica Robleto and I'm calling from Florida Legal Services, a legal non-profit. I submitted a question regarding ICE check-in office - ICE offices and folks calling to check if their check-ins had been rescheduled due to COVID-19. I just wanted to clarify as far as getting that complaint heard by your office, is the best and most efficient route to email crcloutreach@dhs.gov.

Victoria Porto: Hi there. This is Victoria. Yes, that is a very good email to reach out to our office and we can further communicate with you and make sure that we follow up on that along with our colleagues within ICE.

Jo Linda Johnson: Thank you. Super. Thank you so much. Thank you for your question Ms. Veronica and thank you Victoria for the information. I want to leave an opportunity for both Victoria and Roger to have any closing remarks. We've got two minutes left, so Roger, one minute.

Roger Severino: Sure. Thank you all for the opportunity to address you. There has been a tremendous outpouring of support from the civil rights community and it's good to see. This is a whole government response to a whole America and whole world problem. I'm very encouraged by the cooperation we've had in a way that directly engages the civil rights community. It was such a flurry of activity and you are the eyes and ears on the ground for us. So, keep bringing your issues to us and we'll be as responsive and flexible as possible. Also file those complaints when you feel anybody's rights for health information, privacy, or civil rights, or conscience and religious freedom rights have been violated and we're here to serve you.

Jo Linda Johnson: Thank you so much. And Victoria.

Victoria Porto: Yes. So, as I echo those remarks and I'm really appreciative and I'm deeply honored to be here and be part of this community. We can only make a government better with the input that we receive from the public that we serve. So, it is very valuable input that we're receiving today. And I would like to say if there are complaints that you want to file for the experiences that the public is having with DHS entities, definitely we are here to serve. Please do reach out to us at CRCL. And again, very honored to be here and to serve you.

Jo Linda Johnson: Thank you so much for that. I want to extend my sincere thanks to all of our partners at HHS, including the folks from the CDC who joined us today. I also want to thank CRCL for joining our call and of course I want to thank all of the FEMA employees who made this possible and who are working very hard in our effort to lead the government's response to ensuring that we're all safe as we move forward in this COVID environment. As you all might imagine, it is an incredibly heavy lift and we in OER certainly could not do it without the support of the individuals in ODIC, the individuals in Public Assistance, the individuals in Mass Care, the individuals from Individual Assistance. It's a tremendous effort from all of the hardworking folks at FEMA and DHS-wide. We greatly appreciate all of our stakeholders joining us for this call.

We very much appreciate all of the questions that you submitted. We had an opportunity probably to get to about 75% of the questions today, which is probably 50% better than we did in our last call. And when we have another call which we will, we will attempt to continue to answer your questions and concerns. So please continue to reach out to all of the offices that you heard from today. As I mentioned at the start, we will have a transcript of this call made available in both English and Spanish and we will send it out to all individuals who've received the original invite. And if you did not receive the individual invite and you would like a copy of the transcript, you need to only send an email to fema-civilrightsoffice@fema.dhs.gov and we will make sure to make that transcript available to you. It will probably be two to three days before it's available, so

don't panic if you don't receive it today. With that, I want to thank everyone for joining us and please keep an eye on [fema.gov](https://www.fema.gov) or information on the next call. Have a great afternoon.

Operator: This concludes today's call. Thank you for your participation. You may now disconnect.