

Fatima Bamba ([00:02](#)):

Okay, we are recording now. So, our first question for you today, I mean, we asked you a little bit about yourself, but I suppose a follow-up question to that would be a little bit, if you could maybe provide some more details, and specificity about how you've come into this work, and what the organization is really about, what it does on a day-to-day in the community.

Tiffany Nelms ([00:35](#)):

Sure. So, my specific background is in social work. Primarily, I started in the US working with undocumented, mostly Central Americans and Mexican immigrants. And my first job out of grad school was at an organization that worked with Spanish-speaking survivors of domestic violence and some trafficking survivors, and seeing their lack of access to the legal system, to protection orders, and the lack of response by law enforcement, and how they were treated in the court setting. That really sparked my interest in continuing to work with this population. And then I spent some time in South America and Central America and seeing that same dynamic repeated. For example, in Costa Rica, with the unauthorized Nicaraguan immigrants in Costa Rica, and in Venezuela with Brazilians that were living over the border without status.

Tiffany Nelms ([01:53](#)):

So, when I came back to the States, I started working with unaccompanied children, so kids who arrived alone to the US, crossed the border, were detained, and in these government run facilities. I did that for about 10 years. The intersection there with detained children's issues, with family detention issues, and most of the detained children and families are from the Central Triangle, Honduras, El Salvador, and Guatemala.

Tiffany Nelms ([02:31](#)):

So, lots of asylum seekers, some survivors of crime, so pursuing U-Visas, mostly people who started as asylum seekers, who've found themselves in trafficking situations as a result of their unique vulnerabilities and lack of access to resources. And then from there, I joined Asylee Women, historically served affirmative asylum seekers. So, asylum seekers who are coming mostly from various countries in Africa and the Middle East on a visa, and then starting the asylum process, versus defensive asylum seekers from Central America, Mexico, who were presenting at a border and were in a defensive asylum process.

Tiffany Nelms ([03:28](#)):

So, recognizing the overlap in those two groups, certainly the legal situation is a little different. How they get here is a little different, why they're, the kinds of persecution they've experienced are different, in some cases, but there are also a lot of similarities. So, we started to broaden out the scope of the work that we did at Asylee Women and continuing to serve most of the asylum seeking women we work with from Africa and the Middle East. They were fleeing religious persecution, persecution based on their political opinion. And the majority of our asylum seekers from Central America are, they have asylum cases based on their particular social group. So, survivors of domestic violence, survivors of abuse and trafficking, but still the shared experience of having to flee the loss of community, culture, family, and then finding themselves here with very limited resources.

Tiffany Nelms ([04:41](#)):

They're not eligible to work in the beginning stages of their asylum case, which makes them more vulnerable to people who present as good Samaritans, but who, in fact, lead them into trafficking or other exploitation. The lack of access to public assistance, asylum seekers can't get SNAP or food stamps. They can't get Medicaid, they can't get housing assistance. And so, people who've already fled trauma, in many cases, torture, they're in this very difficult legal process and they have no access to resources. So, that kind of shared experience, regardless of how they came or why, we broadened the scope of our work. We've always, our goal has always been to offer community, or a space for community, for building community.

Tiffany Nelms ([05:40](#)):

Just recognizing that, in addition to the material resources, the orientation around the legal process, advocacy, to connect to medical, mental health, legal services. When you arrive alone as an asylum seeker, which many our women do, they arrive alone pregnant, or with children, they don't have any social ties, and how isolating that is, and how it exacerbates the trauma, the symptoms of trauma they already have experienced, or are displaying currently, and how powerful it is to be in a community of other women who have that shared experience understand, and then support one another. It makes a huge difference in the lived experience of going through this asylum process.

Fatima Bamba ([06:37](#)):

Thank you for that. Thank you for that.

Tiffany Nelms ([06:38](#)):

Sure.

Fatima Bamba ([06:40](#)):

I wanted to ask, because you all work with asylum seekers that are coming in internationally, how has corona, what does the day-to-day look like, or operations look like before corona on a day-to-day, and then how has that changed and what does that look like now?

Tiffany Nelms ([07:06](#)):

Yeah. So, before coronavirus, we provide holistic services and in our model is a little bit, is very unique, actually. We're the only one-stop shop that I know of for asylum seekers. We offer transitional emergency and transitional housing for asylum seekers, again, primarily women and children. We have a day program that runs Monday to Thursday, 10 to 2:30, 10 to 3:00. We do English in the morning. We have a shared lunch. And then in the afternoon, some kind of job readiness, parenting classes, computer skills, based on the interest of the community at any given time. And we try to always make sure that our class offerings are informed by feedback from the participants. And we do have social workers on site that help people connect to a medical services for the uninsured. And we work closely with Intercultural Counseling Connection, they're based in our building.

Tiffany Nelms ([08:11](#)):

So, they provide individual and group therapy for free in the person's native language. And so, and the therapists are pro-bono. So, in exchange for this specialized training and working with trauma and torture survivors, which your average therapist, US born therapist, I mean, they're very few people in the US that have been tortured by the government, right, unless you've fled your country. So, not all

therapists are oriented to be able to treat people with that experience. So, in exchange for this very specialized training, they're able to match clients with pro-bono counselors.

Tiffany Nelms ([08:57](#)):

And just to demonstrate how much care they take in making sure it's the right match, instead of using telephonic interpreter, and every day, every session it's somebody different. You can't see the person. And when you've had these experiences of persecution, it's hard to trust who's on the other end of the line. They also match an interpreter who is, it's the same interpreter that's present for every session with the client. So, the client is building trust and rapport also with the interpreter.

Tiffany Nelms ([09:30](#)):

And it matters. For example, if you're a Rwandan genocide survivor, if your Kinyarwanda interpreter is Hutu or Tutsi, right, which you may not get that level of care when you call a language line to just get an interpreter over the phone. So, those services are also available in our building. We offer material support. So, we have a food pantry, a clothing closet, diaper bank. The idea is that while we're helping people get through that period where they have very limited financial resources, and they're waiting for their work permit, but in that time they are able to learn some English. We are able to do some cultural orientation, so that that transition, things that may be different from what they're used to, makes that transition a little bit easier.

Tiffany Nelms ([10:30](#)):

And when you've experienced trauma, it is hard to know who to trust. And I think our model is so unique in that our professional staff are able to build rapport with people in a very neutral setting. So, instead of, in traditional social service setting, you make an appointment with the client, they come into your office, you talk about whatever the issue is, and then you see them again in two weeks. At our place, we have an open door policy, people come for class, they can sit in the morning and have tea or coffee with the social worker. We have a shared lunch, the staff and volunteers. And I say clients right now for the sake of clarity, we don't call our community members clients. We all consider ourselves a member of this [inaudible 00:11:18] community.

Tiffany Nelms ([11:20](#)):

But to be able to get to know people on a personal level in that way over lunch. The participants also help prepare lunch for the community. So, one day we might be having peanut soup, and the next day we're having pupusas. And it's also a way to also build the bridge, even when there's a language barrier, that a woman from El Salvador is sharing her food with a woman from Nigeria. And we can even, during lunch, have a little conversation about what is this food, how do you prepare it?

Tiffany Nelms ([11:50](#)):

So that, even when they can't communicate, sometimes English is the common language, and they're very beginners, it's just another way to connect. With corona, we've had to suspend our day program, for obvious reasons. We have moved our classes online. So, that's been relatively successful in helping people navigate technology, that has been a huge barrier, whether people have access to wifi or not. But it's a work in progress. We've really had to scale up our food pantry. So, before coronavirus, we were doing about 2000 pounds a month out of our pantry, and last year we did about 15,000 diapers from our diaper bank. And in the last, since March, we've done about, I would say, 50,000 pounds of food and 20,000 diapers, just because of the need, right?

Tiffany Nelms ([13:05](#)):

Asylum seekers are not eligible, on a regular day, for means-tested benefits. And so, things like the stimulus check, unemployment insurance, they're not eligible for that either. So, we're trying to figure out how we fill those gaps in the meantime. Certainly, we have some people who have pending immigration matters that are working in the service industry, in the informal economy, and all of those jobs have basically disappeared. So, people are really vulnerable, afraid to access medical care when they need it. Mental health concerns are exacerbated when you're so isolated, especially with children, if you're parenting alone. So, it's been a real challenge.

Fatima Bamba ([14:04](#)):

Thank you for that. I wanted to ask about, because a lot of the asylum seekers that you work with, again, are new to the country, and we are in the middle of a pandemic, the coronavirus, how does things like healthcare work? How are people taking care of, as far as health? And I'm assuming the way that food works, it's deliveries, but maybe you can tell me a little bit more about that and how that works, being that healthcare and access to those things is, at this point, extremely relevant and important.

Tiffany Nelms ([14:51](#)):

Yeah. So, before coronavirus, we had an actual pantry that was open two days a week. The people who were already present in the building for class, they could access. And the thing about our pantry is, your traditional pantry, food pantry, it's prepared things, macaroni and cheese, canned soups, things like that. Foods that most of the community members we work with, they are not familiar with, and they have a really hard time eating. An adult can muddle through, but if you have a three or four year old that's used to eating yuca and whatever, they're not going to eat a box of macaroni and cheese. And so, it's just another trauma, right? You've lost everything that's familiar, and now you have to eat things that you don't like. So, we've really tried hard in the pantry, most of what we provide is fresh fruits, vegetables, rice, dry beans, flour of all kinds, based on the requests of our participants.

Tiffany Nelms ([16:01](#)):

So, typically people come to our site, but because of coronavirus, we really depend on our volunteers to facilitate classes, process donations. And many of them, because they're retired, they're on the older side, it's not safe for them to continue to do that. But we do have a core group of volunteers that are doing food deliveries, and those are all no contact. So, we prepare the boxes of food that usually lasts a week to two weeks, that include a supply of masks, cleaning supplies, toiletries, toilet paper, diapers, wipes, if they need them. And then we've really tried to rotate, also providing psycho-educational material in their language, about how to protect yourself from COVID, materials for the children. Sesame Street has a really great workbook about, it's a workbook and coloring book, so little activities about what's happening. And what do you do if you feel scared?

Tiffany Nelms ([17:13](#)):

To include things like that in these food boxes, feminine hygiene products. So, the volunteers pick them up from our office, drop them at the client's house, and then call them once the box is there, so the client can come out and get it. Because we also recognize most of them do not drive, they take public transportation. And the risk to them in coming on public transit to pick something up from us, but also if you're a single parent, you're hauling two or three kids, and then you have a 50 pound box. How do you even get that home?

Tiffany Nelms ([17:48](#)):

So, that's how we're doing food right now. We've also, we've gotten a lot of referrals from partners in the community, for immigrants that have asylum seekers, immigrants, or refugees that have tested positive for coronavirus. They go to the clinic, they know they're sick, and it's likely they have the virus, and the doctor tells them, "Okay, you need to go home and you can't leave your house for two weeks." Well, what if you've only been buying \$10 of groceries at a time because you don't have any money. I mean, what do you do?

Tiffany Nelms ([18:23](#)):

So, trying to prioritize those people to make sure they have what they need so they can safely quarantine. And just recognizing that refugees, asylum seekers, immigrants are at higher risk for contracting COVID. There's a great resource on CDC website, because many of them are in lower wage jobs, or they're working in the informal economy being paid in cash, two, three families are living doubled up, so they're exposed to more people. There's less information about accessing healthcare or what to do because of a language barrier, or because they think they're not eligible for care.

Tiffany Nelms ([19:08](#)):

So, the population that we work with, I think the last number I saw for Baltimore City, it was, in Baltimore City, the positivity rate for coronavirus was 5%. But among the immigrant, the Spanish speaking immigrant community, it was 13%. So, going back to your question about healthcare, one of the things that we really have focused on is, there are several providers in our community that serve the uninsured, and making sure that they know they can go there, helping them address transportation or language barrier. Because if they call and the person on the phone answers in English, they hang up. So, can we get on a conference call with the person to the receptionist to say, "I need a Spanish interpreter. I need a French interpreter," To get registered, to get on the schedule for a COVID test, whatever the case might be.

Tiffany Nelms ([20:03](#)):

And then in some situations where people who are really gravely ill, who are afraid to go to the hospital because they're afraid that there'll be reported to immigration, or they'll have this huge bill that they won't be able to pay, to provide that that ongoing education about, most hospitals offer charity care, financial assistance, emergency Medicaid, things that they may not be aware of. And also to address the fears around immigration, that if you're going to a hospital because you're having a medical emergency, that they're not going to report you to immigration. So, it's just making sure people have access to accurate information.

Fatima Bamba ([20:46](#)):

Thank you for that. I wanted to ask about, because you do work with, well, I guess in this case you call them clients, but you, like you said, there are tons of volunteers that come and help the operation in the day-to-day, how has corona affected those people within the operation? I know you mentioned some people are elderly, so they can't come as much anymore because it's not safe. How has, amongst your staff and your team, how has corona shifted or changed things for you all?

Tiffany Nelms ([21:30](#)):

Yeah. So, we don't have participants coming into the building anymore for class, but we have moved those classes online. So, some of our volunteers that are not comfortable, we don't have volunteers in the building right now anyway, but they are teaching online. We do have a core group of about 15 volunteers of our usual 60 that are doing these no contact deliveries. We are taking the staff, because we are an essential service, we provide housing, food, social services, we are also taking precautions, wearing gloves and masks, and sanitizing the building on a regular basis, and rotating, so that all the staff is not in the office at the same time, working remotely when we can. We've been fairly lucky. We've only had two potential exposures in the last five months, but we recognize we're not going to be able to return to normal operations until there's a vaccine. It's just too risky.

Tiffany Nelms ([22:41](#)):

And a lot of the people we serve, not a lot, some of the people we serve, because they were being persecuted in their country, they may or may not have had access to good medical care, and for those folks that have had a long migration journey, they're not always in the best health. And so, people dealing with chronic medical conditions that have gone untreated, they're also at higher risk for complications. So, taking that into account, safety has become the priority. But again, we recognize mental health is also really important when you have this existing trauma, and then something like this happens, how devastating that isolation can be, and debilitating.

Tiffany Nelms ([23:33](#)):

So, that's why we've really tried to ramp up our online programs, and not just do English, but we have a new moms group where we have a volunteer lactation consultant for them to talk about, anything from breastfeeding challenges, to potty training, to postpartum depression, to try to decrease isolation. We had a coffee hour in Spanish and English, and a coffee hour in French and Arabic, just to the ladies can get on and see each other and chit-chat. And those kinds of small things that we can do to help people feel more connected have been really important.

Fatima Bamba ([24:22](#)):

Yeah. Thank you for that. I guess I should ask Iman if there are any other, can you think of any other questions that I might've missed, anything we should have a little bit more information on?

Iman AbdoulKarim ([25:07](#)):

I would just say, is there anything else about the women's enterprise that you feel is important to know, to just get an idea of the scope of the work? I think we, I mean, all of the programming, all of the work you guys are doing sounds, it's just so important and really amazing, which isn't even a good word to use at the moment. But I would just say, is there anything else that you feel like we should know about the organization as a whole?

Tiffany Nelms ([25:14](#)):

I think it just goes back to community. We offer a lot of services and supports, but I think the thing that's the most helpful and therapeutic, not just for the participants, but for everybody, is that sense of being connected. And we have women who come from the same countries where their communities are at war with one another, or there's that conflict because of their religion or their ethnicity, whatever. And for women to find themselves in the same space where they get to know somebody outside of that, and to have those conversations in a safe space. And I think the other thing, we've put a lot into supporting

our mothers. Most of them are, I would say 95% of them are single parents. Many of them have had babies as a result of rape in their country or on their journey, and how important the connection is.

Tiffany Nelms ([26:24](#)):

When you've had a baby in a foreign country, your family isn't around. In your culture, communal parenting is how you raise kids, and suddenly that network is gone. That even if you have a three month old baby and you come to the program or class, but what you end up doing is taking a nap on the couch, and one of the other women or a volunteer hold your baby for two hours, you can't quantify the benefit of that, right? So, those kinds of things that are super important. And a lady who speaks Lingala, taking care of a woman from Honduras' toddler while she goes to the bathroom by herself for the first time in three days.

Tiffany Nelms ([27:13](#)):

Community just so critical. And I think, for me, I was born here and we live in this very individualistic society, closed off in our houses, and to have this broader view of family and community, I think the staff and the volunteers also get so much from that. And we learn so much from the women that come from other places, and that enriches our lives as well. So, it's just a great place to be.

Fatima Bamba ([27:48](#)):

Yeah, yeah. And it sounds like you and your staff put in a lot of the work to foster that community as well. Yeah. This sounds like, honestly, like you said, you all are a one-stop-shop, do everything. You do legal as well. And that's, I mean, it's a lot and it's amazing, truly it is. I can imagine things are really difficult with COVID. So, really thank you for taking the time out to speak to us about this, and speak to us about your operation, because I know this is difficult times for people in their personal lives, very sensitive. So, thank you for that. I appreciate that.

Tiffany Nelms ([28:37](#)):

Yeah. Thanks so much for your time too. And you're always welcome to join us when things go back to normal, the door is always open. We love visitors.

Fatima Bamba ([28:46](#)):

Yeah. And if I'm not, if I'm remembering correctly, I think perhaps, Iman, we wanted to schedule another interview for maybe a couple of weeks time. Right. Yeah. So, I think a follow-up interview for maybe two weeks or so, you could let us know what your availability is, and we can move forward with scheduling that, if you are open to that.

Tiffany Nelms ([29:16](#)):

Yeah, absolutely. I'd be happy to do that.

Iman AbdoulKarim ([29:19](#)):

Awesome. So, I know with everything going on today, but I can send you an email so that we can schedule some time then on Monday or Tuesday, or what have you.

Tiffany Nelms ([29:30](#)):

Okay, perfect. Thank you both so much.

This transcript was exported on Apr 20, 2021 - view latest version [here](#).

Fatima Bamba ([29:33](#)):

Thank you for joining us today.

Iman AbdoulKarim ([29:34](#)):

Thank you so much, Tiffany. We really appreciate it.

Tiffany Nelms ([29:36](#)):

My pleasure. Take care.

Iman AbdoulKarim ([29:37](#)):

Bye, bye.

Fatima Bamba ([29:37](#)):

You too.

Tiffany Nelms ([29:38](#)):

Okay, bye.

Fatima Bamba ([29:43](#)):

Okay.

Iman AbdoulKarim ([29:45](#)):

Awesome.

Fatima Bamba ([29:51](#)):

Let me hit-