to disseminate information within their own communities. Recognizing this, I launched the COVID-19 Health Literacy Project to bring together a national coalition of more than 175 medical students representing 30 institutions and speaking 40 languages. Together, we produced accessible, evidence-based, and physician-reviewed COVID-19 fact sheets in 40 languages (https://covid19healthliteracyproject.com). These fact sheets include information on COVID-19 prevention and management, navigating the pandemic during pregnancy, and explaining the virus to children. Our materials are distributed by hospitals, health systems, cities, public health departments, advocacy groups, and professional organizations such as the Association of American Medical Colleges.

This is just one example of trainees tackling the preexisting language barriers exposed by COVID-19. Around the country, health professions trainees are stepping in as translators for understaffed hospitals, conducting telemedicine triage for non-English speakers, and educating providers on culturally appropriate approaches to counseling patients.

These efforts show that trainees are an invaluable and underused resource for closing the language gaps in our health care system. As we work toward more sustainable solutions for serving non-English-speaking patients, we should strive to integrate trainees into efforts to communicate health information in other languages, both during and after COVID-19.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

Pooja Chandrashekar
Medical student, Harvard Medical School, Boston, Massachusetts, and founder and director, COVID-19 Health Literacy Project; email: pooja_chandrashekar@hms.harvard.edu; Twitter: @poojac99.

First published online March 11, 2021

Reference

1 Velasquez D, Uppal N, Perez N. Equitable access to health information for non-English speakers amidst the novel coronavirus pandemic. Health Affairs Blog. https://www.healthaffairs.org/do/10.1377/hblog20200331.77927/full. Published April 2, 2020. Accessed February 12, 2021.

Public Health Engagement With Immigrant Communities During COVID-19

To the Editor: One of the many tragedies of the COVID-19 pandemic has been its disproportionate effect on minority and immigrant communities. Seeing the suffering of these groups across Nashville, we sought ways that we, as medical students, could help.

As we investigated further, we observed that public health information was being deployed most often in English and from a majority-predominant point of view. As a result, minority and immigrant communities were struggling to understand the dangers of COVID-19, trust the medical community, and act on guidelines for social distancing. We saw an opportunity to use our cultural and medical backgrounds to connect our immigrant and medical communities.

We partnered with the Nashville Metro Public Health Department to provide direct public health education in Spanish and Arabic. Recognizing that our immigrant communities are prone to mistrust government authorities, we identified Hispanic and Egyptian community leaders to be the primary voices and faces of our outreach. Together, we produced culturally sensitive videos detailing public health measures and distributed them throughout the immigrant communities in Nashville.

The response was overwhelming. Within a few days, our resources had been widely shared via social media. Local leaders disseminated our work across their communities. Funding poured in from the state reserve, providing thousands of dollars to expand the project. Members of the community appreciated seeing a locally known leader alongside health authorities, noting that it made them feel like everyone was "in this together." One Egyptian immigrant said, "The government is finally looking out for us specifically."

While we are happy to have made a difference in our immigrant communities, we remain troubled by the lack of public health resources for minority groups across the country. COVID-19 exposed this unjust reality, one which many immigrants in the United States experience daily. As a nation of immigrants, it is vital that we in medicine meet the public health needs of all ethnicities, regardless of language, background, or culture. Fixing this problem will not be easy. It took courage for us as medical students to put ourselves out there. But in doing so, we formed connections with our immigrant communities and met one of their most pressing needs, one that the current public health system is sadly missing.

Acknowledgments: The authors thank Vanderbilt University School of Medicine student Catherine Havemann for helping connect them to the Nashville Metro Public Health Department and Leslie Waller for her support at the Health Department.

Funding/Support: None reported.

Other disclosures: Each author has personal connections with immigrant and refugee communities through personal experiences and service.

Ethical approval: Reported as not applicable.

Daniel E. Pereira
Medical student, Vanderbilt University School of Medicine, Nashville, Tennessee.

Mark M. Naguib
Medical student, Vanderbilt University School of Medicine, Nashville, Tennessee; email: Mark.m.naguib@vanderbilt.edu; Twitter: @m_guib.

Jonathan Siktberg
Medical student, Vanderbilt University School of Medicine, Nashville, Tennessee.

First published online February 2, 2021

Washing Without a Sink

To the Editor: The recommendation from the Centers for Disease Control and Prevention that everyone wash their hands frequently is now common knowledge, but this task is not easily accomplished for those experiencing homelessness. As COVID-19 spread worldwide, a team of students from Street Medicine Detroit and Detroit Street Care—student-led organizations that focus on the health of individuals experiencing homelessness—became concerned about our patients' ability to wash their hands. Businesses and public facilities shut down, soup kitchens operated on limited schedules, and most shelters adopted a policy of "no one in, no one out." The limited access to hand hygiene among the homeless left this already vulnerable population with little control over the spread of COVID-19.

Our team explored hand hygiene solutions and was inspired by an online tutorial on how to create field hand washing stations. They are easy

to assemble and consist of: a 5-gallon bucket with a spigot drilled into its side functioning as a basin and faucet, hosiery containing antibacterial bar soap, a spray bottle of diluted bleach solution, and a base. We received donations from local stores to construct 6 stations. With input from our preceptor and local social service providers, we chose key locations for the stations: 2 at soup kitchens and 1 in a homeless encampment. Encampment residents then requested an additional 3.

During the Spring and Summer of 2020, we refilled and sanitized the stations twice weekly, which also provided us with an opportunity to learn from the homeless population. We saw excitement, heard gratitude, and witnessed increased hand hygiene from those who are medically disenfranchised. While simple, the stations required relationship building to be effective. One station went unused for 2 weeks. We used the teach-back method to show an affable, older gentleman proper hand hygiene using the station. His face brightened as he turned the spigot and warm water poured out. He exclaimed, "I'm going to tell everyone about these stations!" When we returned, the water basin was empty, and a personal bar of soap was placed neatly nearby. This experience demonstrated the power of community engagement to build trust and affect personal health behaviors.

Our team has now expanded to include additional student volunteers who have continued to maintain the stations. We received inquiries from health professions students from across the country asking for instructions on how to construct their own stations. We also communicated with city officials to expand the program and improve its sustainability.

These stations were an interdisciplinary community effort that have become integral to health maintenance for some individuals experiencing homelessness in Detroit. We hope this initiative will spark a conversation on social determinants of health and patient empowerment.

Funding/Support: The authors would like to acknowledge Street Medicine Detroit and Detroit Street Care for essential organizational support in this project, as well as donations of materials from the Home Depot and Target.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

Lianna D. Foster-Bey, MPH
Third-year medical student, Wayne State University School of Medicine, Detroit, Michigan; email: lianna.foster-bey@med.wayne.edu.

Anthony E. Eid, MS
Student, Wayne State University School of Medicine, Detroit, Michigan.

Mara A. Darian
Third-year MD–MPH student, Wayne State University School of Medicine, Detroit, Michigan.

First published online March 11, 2021

The Impact of COVID-19 on Marginalized Communities

To the Editor: Recently I went back to volunteer at the New York Cares food pantry site I used to frequent as a college student. I had just finished my first year of medical school and there was no celebrating with my classmates. I was learning remotely, testing remotely, and in truth, I felt removed from the life that was. There was nothing normal about this post-pandemic New York City. With empty streets and quiet traffic intersections, it looked like a ghost town. I decided to reconnect with the past by volunteering at the food pantry.

After packaging and setting up the products early on Sunday morning, I walked outside to catch a breath of fresh air. The scene that lay before me was unimaginable. Snaking around the full block was a line of several hundred people clamoring to receive food that they desperately needed. In front of me was the beginning of the line, and the end was somewhere around the corner. The pantry used to be open once a week and would feed the locals that needed an extra hand. Now, during the COVID-19 pandemic, the pantry is open every day and is struggling to keep up with the sudden explosion of hungry people. Thousands more Americans are being furloughed each week, and the rise in hunger is a major issue.

I have 2 main points. First, medical students and trainees across the United States must realize that their kindness, time, and effort are needed. We need to dedicate the hours that are now free because of medical school closures to volunteering. Food pantries and soup kitchens are desperately short on volunteers, and we must rise to the calling. Through this, students can increase their engagement with and understanding of underrepresented and marginalized groups while also providing humanistic and compassionate care.

Second, the magnitude of this hungry crowd is a harbinger of the many health issues that may develop with loss of income for so many. Health care is often compromised in disadvantaged individuals because of the unavoidable time and monetary constraints. Learning about this firsthand through volunteer efforts will give medical students an enormous advantage in understanding the intricacies of different populations and how they were affected by COVID-19. In the future, medical schools should incorporate lessons on community volunteering into curricula on dealing with pandemics.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

Joel Grunhut
Second-year medical student, Florida Atlantic University Charles E. Schmidt College of Medicine, Boca Raton, Florida; email: jgrunhut2019@health.fau.edu; ORCID: http://orcid.org/0000-0002-8104-9679.

First published online March 2, 2021

Protecting Our Most Vulnerable Populations During the COVID-19 Pandemic

To the Editor: Nobel Laureate Pearl S. Buck wrote, "The test of a civilization is the way that it cares for its helpless members." There are over 36,000 homeless individuals in the city of Los Angeles.[1] In an attempt to prevent the spread of COVID-19, the city allocated $20 million for relief efforts, "including emergency shelter and supplies."[2] Nearly 30 newly established emergency shelters are staffed with nurses who screen residents for symptoms of COVID-19. The residents are provided with 3 meals, a cot, and a bin for their belongings. Additionally, they can have their clothes laundered and showers are available on-site. This pandemic presented a golden opportunity to connect our most vulnerable residents to vital resources in the community. The city called on local health care organizations, including UCLA Health and Cedars-Sinai Medical Center, to