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English-Only No Option for Quality Medical Care

By Barbara Armijo

Of the Journal

There's one health care nightmare that still haunts Linda Armas after 20 years working as an administrator at health clinics in Albuquerque.

It's the thought of Spanish-speaking patients being misunderstood by doctors or misunderstanding their own diagnoses.

It's not a nightmare unique to her or New Mexico.

In Florida, a hospital settled a \$71 million malpractice lawsuit after an 18-year-old who told doctors he was intoxicad— which can mean nauseated and not necessarily intoxicated— spent 36 hours being treated for a drug overdose before doctors realized he had a brain aneurysm.

A New England Journal of Medicine article cited the case of the mother of a 7-year-old girl with an ear infection who was told by a poorly trained interpreter to put the oral antibiotic in her daughter's ears.

In another case, a 2-year-old who fell off her tricycle was taken from her mother by social workers after a doctor misinterpreted the Spanish words "se pegó" as "I hit her" rather than "she hit herself."

Armas said that while working at Albuquerque clinics "I saw people, sometimes just anybody, a janitor, someone's 10-year-old son or daughter, being asked to interpret a doctor's orders to someone in Spanish."

After leaving her health care administration career in 2005, Armas decided something had to be done to bridge the language barrier in New Mexico.

Armas designed and teaches a class, Bilingual Health Care Terminology and Interpreter Training, at New Mexico Highlands University's Rio Rancho campus.

The week-long, 40-hour class is the only class of its kind in the state, and one of the few in the country. The first spring class starts Jan 20. Others are planned for March 12 and April 30.

Students must be bilingual and work for a health care provider to take the class.

"Just because you can speak Spanish and English does not make you qualified to be a medical interpreter," Armas says. "I'd hear people trying to speak Spanish and mixing up words or not getting the full message of what was going to happen to that poor patient and it would just make me cringe."

There are about 350,000 Limited English Proficient people in New Mexico who will need to talk to a doctor at least once in their lifetime.

While Spanish speakers are the largest contingent of patients needing interpreting, health care providers are also in need of Navajo and Vietnamese translators, Armas said.

Lack of interpreters is not only a medical problem but a civil rights violation. Under Title VI of the Civil Rights Act of 1964, denial or delay of medical care because of language barriers is

discrimination. Any medical facility that receives Medicaid or Medicare must provide language assistance to patients with limited English proficiency.

It took a lawsuit, filed in 2005 by a group of patient advocates, to get the University of New Mexico Hospital to improve interpretation and access to the hospital for non-English-speaking patients.

The lawsuit was dismissed after the hospital agreed to provide signs in Spanish and Vietnamese and audio and video materials for Navajo patients. More importantly, the hospital agreed to hire an expert to review interpreter services at the hospital.

Sam Giammo, spokesman for UNMH, said more than 100 staff members have expressed interest or taken Armas' classes.

Armas and her husband, José, have advocated legislation to establish standards and eventually a certification program in the state. They may get their wish this year.

A bill to establish a pilot training center for medical interpreters is being introduced in the House by Rep. Rick Miera, D-Albuquerque, and in the Senate by Sen. Ben Altamirano, D-Silver City. Voices for Children, the New Mexico Hispanic Medical Association and the Hispano Round Table will swing behind the bill, according to Armas.

The support, says Armas, means the challenges of having competent medical interpreters available is finally on the radar screen of health care providers.

When Armas' next class has taken the final exam, she hopes another group of more qualified interpreters will help cure the nightmare she shares with others in New Mexico and around the country.

"It's too important for hospitals not to provide this service," she said. "In the long run, if doctors understand their patients and patients understand their care, there's less costly tests and, perhaps, some human tragedies avoided."

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