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YOUR VIEW: JEANNETTE B. DEJESUS

HEALTH CARE INTERPRETERS: MEDICAL NECESSITY

Over two agonizing January days, a mother brought her baby girl to two different Hartford emergency rooms begging doctors in Spanish to treat the 8-month old, who was critically sick with vomiting and diarrhea.

On the third day, baby Rosa Maria Rivera died in a police cruiser on the way back to the hospital where her mother had already been turned away.

The cause of death: dehydration.

The baby's mother, Ana Aldorondo, later said she was convinced that she and her child received substandard care because she could not speak English.

The tragedy, on Jan. 17, 1973, mobilized Hartford's Latino community to make changes in the city's health care system that improved the quality of care for the city's Puerto Rican population.

But 36 years later, one thing has not changed.

At least 22,000 low-income Connecticut residents who do not speak English well still cannot be sure they will understand or be understood when they arrive at hospitals or clinics for care.

How much longer must we wait?

We may never know how many other deaths have occurred because of misunderstandings in the medical community.

Two years ago, advocates for people with limited English proficiency thought the struggle to get Medicaid reimbursement for face-to-face medical interpreters was over when the legislature put \$4.7 million in the state budget to pay for the services.

But still patients continued to rely on untrained hospital housekeepers, friends, relatives, even young children for interpretation while the state dragged its feet in releasing the money.

Now, Gov. M. Jodi Rell has cut funding for medical interpretation from the fiscal year 2009-2010 budget. It is, she says, one of the many hard choices the state must make in the face of a gaping budget hole that over the next two years is estimated at anywhere from \$6 billion to \$8 billion.

But cutting spending for medical interpretation won't save money.

In fact, allowing people to leave a hospital or doctor's office without understanding their diagnosis, what tests they need, how to take their medicine or how to change their diet probably costs Connecticut far more than the cost of paying qualified medical interpreters.

The cost to taxpayers for medical interpretation is small. Because 50 cents of every dollar paid through the Medicaid program is reimbursed by the federal government, the actual cost of providing the service is only \$2.35 million a year for Connecticut taxpayers.

And in February, Congress upped the amount the federal government will pay for language services for children covered by Medicaid to 75 percent of the cost.

And what of the human cost?

Ask anybody at The Hispanic Health Council and they'll tell you about clients whose health care has been compromised because they don't speak English very well.

There was the woman from Peru who collapsed in her hospital room from a post-partum hemorrhage because a nurse did not understand her repeated complaints about excessive bleeding after childbirth.

There was the man from Brazil who made

repeated visits to a public clinic seeking medication after a friend he had brought along to translate told him the doctor said he had a sexually transmitted disease. It turned out that the doctor told the man he did not have a disease, and thus needed no medicine.

Connecticut's population has become so diverse that 65 different languages are spoken by low-income residents with limited English proficiency.

The state needs an effective, efficient, transparent and high-quality system that provides not only direct translation but cultural sensitivity. We may never know how many other deaths have occurred because of misunderstandings in the medical community. We do know that when people are unable to communicate with their doctors, serious and costly mistakes can occur.

Let's not wait for another baby to die before we seriously commit to providing medical interpreters.

» Jeannette B. DeJesus is president and CEO of The Hispanic Health Council in Hartford. She is also a member of the Connecticut Coalition for Medical Interpretation.