

LOST IN TRANSLATION

How New York-Presbyterian Hospital's failure to provide translation and interpretation services prevents immigrant New Yorkers from receiving quality medical care and stands in clear violation of City, State and federal law.



A report by:
Make the Road by Walking
New York Civic Participation Project
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With critical support from:
Iglesia San Romero de las Americas UCC
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“All too often, because of language difficulties, LEP [Limited English Proficient] patients and their families ... have trouble getting in the door to see a doctor in the first place. Language barriers make it difficult to get information about medical services, to make appointments, to understand payment terms, to obtain publicly-subsidized medical insurance and otherwise to go through the steps necessary to access health care services. This is a major problem for patients and is costly for the entire health care system because poor communication deters people from receiving timely treatment and results in increased costs and inefficiencies overall.”

*Getting in the Door: Language Barriers to Health Services at New York City's Hospitals
A Report by New York City's Office of the Comptroller
January, 2005*

“Lost in Translation” - About this Report

For years, immigrant New Yorkers have suffered from inadequate translation and interpretation services at New York City's public and private hospitals. The 2000 Census reports that 47% of all New York City households speak a language other than English in the home. One out of every four New Yorkers do not speak English. As the City's demographics have shifted over the years, complaints about access to health care for immigrants have intensified.

During the Fall of 2004 and Spring of 2005, Spanish-speaking members and organizers from Make the Road by Walking, the Mirabal Sisters Cultural and Community Center, Iglesia San Romero de las Americas UCC, the New York Civic Participation Project, and Alianza Dominicana Inc. interviewed over 105 Limited English Proficient (LEP) patients at New York Presbyterian Hospital (Columbia University Medical Center) to ascertain the scope of the problem.¹¹

Lost in Translation summarizes research that shows the efficacy of language assistance services; outlines the City, State, and federal laws that require language assistance services for LEP New Yorkers; presents the results of our surveys of LEP patients of New York-Presbyterian Hospital; and outlines our attempts to work with New York-Presbyterian Hospital to improve the situation.

¹ See **Appendix A** for an example of the surveys that were administered.

Language Access Makes Sense

Research shows clearly that providing language assistance services to LEP patients simply makes sense, both medically and financially. Studies demonstrate that the language barriers experienced by LEP patients compromise access to medical care² and the quality of care provided.³ Because of language barriers, LEP patients are less likely than non-LEP patients to have a regular health care provider.⁴ They more frequently defer needed medical treatment,⁵ visit physicians less frequently, and receive fewer preventive services.⁶ Consequently, LEP patients more frequently rely on treatment in emergency rooms,⁷ where they receive lower quality care than non-LEP patients.⁸ Physicians who are treating LEP patients without the assistance of an interpreter treat these patients more conservatively: they perform more frequent and expensive testing,⁹ use more invasive procedures,¹⁰ and are more likely to admit LEP patients for inpatient treatment.¹¹ Finally, researchers report that language barriers are associated with inadequate communication regarding diagnosis and treatment, higher incidence of medical errors,¹² and higher incidence of drug complications.¹³

Though language barriers can trigger less effective and more expensive treatment, the provision of language assistance services can effectively remove these barriers. Interpreter services are demonstrated to improve health care access and quality. LEP patients who receive interpreter services have more regular physician visits, receive more preventive services, and report higher satisfaction with treatment than LEP patients who do not receive language support services.¹⁴ LEP patients who receive treatment in their primary language are more likely to adhere to treatment regimens and are less likely to require emergency room treatment.¹⁵ Further, studies show that language assistance services can greatly reduce, and even eliminate, disparities in health care access and health outcomes.¹⁶

Language Access is Required by Law

Federal, state and local laws require that hospitals provide LEP persons with access to interpreters and translators:

- **Title VI of the Civil Rights Act of 1964** is the oldest of these laws. Passed more than forty years ago, this law prohibits hospitals that receive federal money from discriminating against persons based on race, national origin or color. Title VI requires hospitals to ensure that all individuals have meaningful access to their programs and services. Under Title VI, hospitals must provide LEP persons with interpretation and translation services so that they, like English-speakers, can access the hospital's services.
- On the state level, the **New York State Public Health Law** requires hospitals to ensure effective communication between doctors and patients. In 1986, the New York State Department of Health created regulations, called the Patients' Bill of Rights, which requires hospitals to establish a system that will provide interpreters and translators to LEP persons living in their service areas.
- On the city level, the New York City Council passed the **City Emergency Room Interpreter Law** in 1986. This law requires hospitals to have interpreters available for persons who are admitted in the emergency room.

Summary of Major Findings

Our survey data reveal that the overwhelming majority of LEP patients at New York-Presbyterian hospital are not receiving appropriate language support services. Patients are **not** being provided required interpretation services, are **not** receiving written materials that they can read and understand, and are **not** being notified of their right to services. As a result, patients are having to make their **own arrangements for interpretation**, are experiencing **confusion**, and feel **humiliated** and **discriminated against** in their treatment. Specifically, of the 105 LEP Spanish-speaking patients at New York-Presbyterian Hospital interviewed:

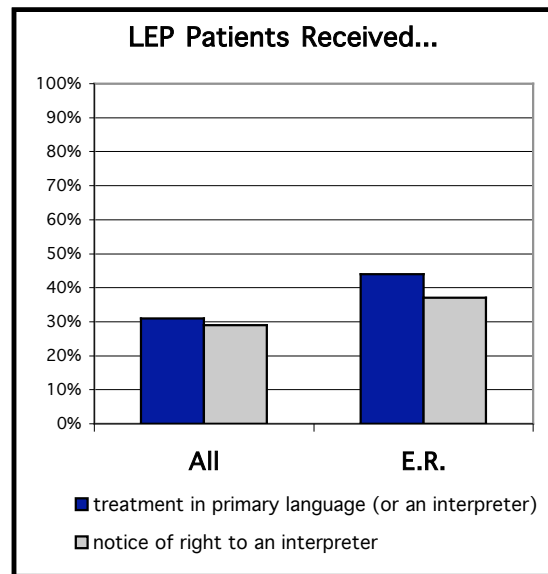
- **68% (71 patients)** reported that they are unable to communicate with their doctor because neither their doctor nor their doctor's staff speaks Spanish;
- **60% (63 patients)** reported that they never had received informational materials from their doctor in a language that they could understand;
- **70% (73 patients)** reported that they had never been informed of their right to receive free translation and/or interpretation services at the hospital;
- **52% (55 patients)** reported that they needed to find their own interpreter, either by bringing someone with them to the hospital or by asking another patient from the waiting area to help them;
- **59% (62 patients)** reported that they were confused about their medical treatment because they had not received language services;
- **40% (42 patients)** reported that they felt discriminated against by the hospital;
- **39% (41 patients)** reported that they felt humiliated by the treatment they received at the hospital.

While these numbers are deeply troubling, our data shows that the numbers are even higher when we consider how many patients are being impacted by at least one of these problems. For example, fully **64% (67 patients)** reported that they had felt confused, humiliated, **or** discriminated against in their treatment. Even worse, a startling **91% (96 patients)** responded that they had experienced at least one of the shortcomings listed above.

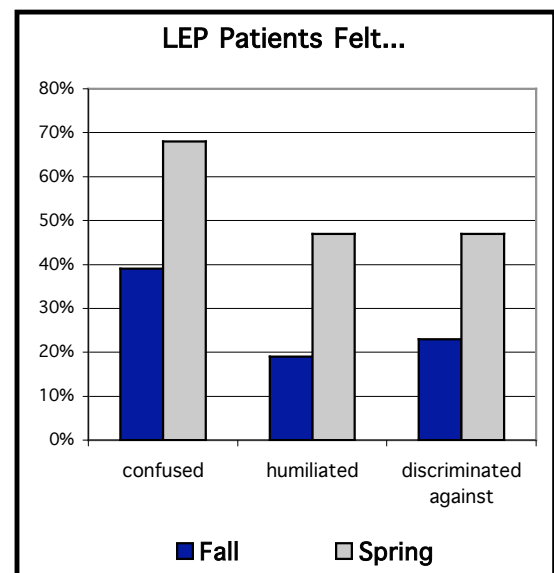
A large number of these patients had received treatment at the New York-Presbyterian Emergency Room. In spite of the fact that New York-Presbyterian's Emergency Room is covered specifically by the City Emergency Room Interpreter Law, our data shows that language assistance services in the Emergency Room are grossly inadequate, and clearly fail to meet legal requirements.

Of the 43 LEP Emergency Room patients interviewed:

- **56% (24 patients)** reported that they are unable to communicate with their doctor because neither their doctor nor their doctor's staff speaks Spanish;
- **47% (20 patients)** reported that they never had received informational materials from their doctor in a language that they could understand;
- **63% (27 patients)** reported that they had never been informed of their right to receive free translation and/or interpretation services at the hospital;
- **70% (30 patients)** reported that they needed to find their own interpreter, either by bringing someone with them to the hospital or by asking another patient from the waiting area to help them;
- **63% (27 patients)** reported that they were confused about their medical treatment because they had not received language services;
- **42% (18 patients)** reported that they felt discriminated against by the hospital;
- **44% (19 patients)** reported that they felt humiliated by the treatment they received at the hospital.



When the Fall survey data (collected in September and October of 2004) is compared with the Spring survey data (collected in May and June of 2005) it is evident that language services have not improved significantly over the 10 months the surveys span. For example, the number of people who reported that they had not been informed of their right to translation/interpretation services increased by 7 percentage points. Reports of confusion stemming from inadequate language services increased by 29 percentage points. The number of people who reported that they had to bring or look for someone to interpret for them rose by 38 percentage points. Finally, the number of people who reported feeling humiliated by their treatment at the hospital rose by 28 percentage points.



Real-Life Consequences

As these survey results show, the legal requirement that New York-Presbyterian Hospital must provide translation and interpretation services to LEP persons is about much more than an abstract right. These language services are an essential component of providing adequate health care to the 25% of New York City residents who do not speak English. New York-Presbyterian's failure to provide these services can cause patients to experience not only humiliation and confusion about their treatment, it can cause inadequate or improper medical treatment. The following stories provide just a few examples of the real-life consequences of New York-Presbyterian's violations of the law.¹⁷

Testimony of Lluveris E.

My name is Lluveris E. and I am a member of the Committee campaign at Make the Road by Walking.

I have had many bad experiences at New York-Presbyterian hospital. One serious one occurred when I went to the emergency room of the hospital because I had pain in my stomach. At the time, I was three months pregnant. I arrived there at 4 in the afternoon and the receptionists did not speak Spanish and they told me in English to sit down. They never offered me an interpreter even though they knew that I could not understand what they were saying. I was waiting from 4pm until 1 in the morning. I was extremely worried because I was in a lot of pain and I could not communicate this to the hospital staff. Later, a maintenance worker at the hospital saw me bleeding and offered to help me. He immediately went to the receptionist to serve as an interpreter. From there, they took me inside to see the doctor and my husband, who had arrived later, tried to communicate with the doctor. Neither my husband nor the maintenance worker was qualified to translate medical words. We were both very confused and I did not receive the care that I needed that day.

Later, the doctor told me to go home even though I was still bleeding. That night I was at home with a tremendous pain. I had to call for an ambulance from New York-Presbyterian and they spoke to me in English, even though I told them I could not understand. I was so confused that I preferred to get help at a hospital in the Bronx.

Because of the inability of the hospital to provide interpretation services I suffered greatly. We need to fight to get the administration of the hospital to sign this agreement. This guarantees us an improvement of their interpretation and translation services so that what happened to me does not happen to anybody else.

Testimony of Blanca S.

Hello. My name is Blanca S. I am a member of the New York Civic Participation Project's Washington Heights Committee and a member of SEIU 32BJ. I am working with the coalition to get New York-Presbyterian Hospital to improve their translation services.

I had a terrible experience at the New York-Presbyterian Hospital. I went to the emergency room because I was having a severe asthma attack. There was no one there to translate for me and the hospital staff did not understand how serious my asthma attack was. I waited for twelve hours without getting any attention. Thank God I am still here to tell this story.

Finally, after 12 hours of waiting, a friend of mine who speaks Spanish and English came to the hospital to see how I was. She spoke to the nurses and immediately they came to treat me. I was admitted to the hospital and I was not well enough to be discharged for a week.

After this awful experience, I have never gone back to the hospital. Now I go to a private doctor who speaks Spanish. I know that we can understand each other and that when I have an emergency he will give me the care I need. New York-Presbyterian Hospital needs to come to an agreement with the community and provide good translation for all the patients who need it. Our health depends on it.

Testimony of Aurora F.

Hello. My name is Aurora F. I am a Mexican woman and a member of the New York Civic Participation Project's Washington Heights Committee. I live in Washington Heights and New York-Presbyterian is the closest hospital to my home. Given its convenient location, I thought New York-Presbyterian was a perfect place for me to receive medical treatment. But my experiences there were disastrous, and I was frustrated because I can't speak English. Over the course of my many visits to New York-Presbyterian, most of the nurses and attendants I came across were quite kind, yet most of them didn't speak Spanish—and what's worse, they all told me that I had to learn English.

It makes me sad that on many occasions when I needed to go to see a doctor, I was unable to do so, since my daughter served as my translator and I didn't want to keep her from going to school by bringing her to the hospital. Furthermore, many people counseled me to find a Spanish-speaking doctor since my little girl might not have been translating everything perfectly. All in all, I have suffered as a result of not having a doctor who speaks my primary language. For this reason I am joining the struggle for translation services.

I feel that I was discriminated against because I can't speak English. I know now that the hospital's insufficient translation services put my health in danger. I was made to feel less than others because I don't speak English and because there were no doctors, nurses or translators to explain my medical treatment or diagnosis to me.

Testimony of Josefa C.

Hello. My name is Josefa C. I am a member of both SEIU Local 32BJ and the New York Civic Participation Project. And I am a part of the struggle to stop language discrimination in New York City hospitals. Like many other immigrants, I don't speak English and therefore my ability to communicate with English-speaking doctors is limited.

I had a terrible experience at New York-Presbyterian. Three years ago I went to the hospital with a case of the chickenpox, a high fever and a severe headache. I attempted to explain my symptoms to the nurses and doctors but nobody understood me. I was forced to wait many hours for a translator. While I was waiting for the translator, I began to feel extremely dizzy. I asked my daughter, who had accompanied me to the hospital, to go out and buy me some over-the-counter pain and dizziness medication. Shortly after my daughter stepped out to the store, I passed out and fell flat on the waiting room floor. I'm not sure if the nurses thought I was feigning my loss of consciousness, but they did not help me in the slightest. In fact, they ignored me, and I had to leave and seek medical treatment at another hospital.

It's incredible that New York-Presbyterian doesn't offer sufficient translation services. This inadequacy is very serious—it puts patient's lives in danger. When they mail me information about my treatment and appointments, the hospital usually sends it to me in English. I always have to ask my children to translate the hospital literature.

I know that I'm not the only person who has experienced problems with the New York-Presbyterian's insufficient translation services. I believe that our immigrant, working-class community of Washington Heights deserves equal access to health care as any other community. However, equal access is impossible if a hospital doesn't have sufficient translation services. Thank you.

Testimony of Jacinta R.

Hello. My name is Jacinta R. I am 60 years old. I am from Peru, and I have lived in Washington Heights since 1981. My family and I used to go to New York-Presbyterian Hospital. Because of dissatisfaction with the treatment and the lack of translation services, I stopped going to the New York-Presbyterian Hospital.

I recall a time when I was scheduled for an X-ray at the hospital and I had to wait an especially long time, because when it was my turn they said they did not have anyone who speaks Spanish. I felt frustrated to see that I have to wait longer than everyone else and that time and opportunity to receive medical attention was delayed just because I am unable to speak and understand English.

The cost of New York-Presbyterian Hospital's failure to provide federally-mandated language assistance services is high for thousands of vulnerable New York families.

My husband has gone through similar experiences. It was around the end of last year, and we were there at the Milstein area waiting for an MRI for him. They took more than 2 hours to call us, and then only after we complained about it. They said that they were

waiting for someone who could speak Spanish. Again, as in my case, many patients were being taken care of—many of whom got there long after we got there.

I live near by the New York-Presbyterian Hospital so it is very convenient for me to go to that hospital. Besides, this is the hospital where my granddaughters and grandsons were born, but I could not take it any more and decided to find another hospital for my health care. I believe that New York-Presbyterian Hospital should make available translation services for those like me who do not speak English or are just limited in how much English we understand.

Testimony of Eduviges R.

My name is Eduviges R. I am Dominican, 63 years old, and I have been a resident in this neighborhood since 1985. I am a volunteer at the Mirabal Sisters Cultural and Community Center. Because I have been victim of not receiving the services of an interpreter at New York-Presbyterian Hospital, I decided to let my voice be heard in order to stop the discrimination in the hospitals of New York.

I was a patient of this hospital, and I feel that I have been a victim of discrimination because I don't know English. I have visited this hospital for more than 5 years to receive treatments for my headache,

and also I have been admitted for the same reason. One day I went to the emergency room, and after a long time waiting for somebody to help as a translator—a translator never came—they decided to admit me and give me an intravenous saline solution. After a few minutes, and without any explanation, they decided to remove the intravenous solution and sent me back home. I tried to explain to them that I still had the same pain, but nobody understood me. I returned home with the same headache. Many times when they gave me prescriptions they did not explain them to me, so I relied on the pharmacy for help. Or, sometimes, I decided not to follow the treatment. I decided not to come back to the Presbyterian Hospital because they never had an interpreter available to help me. Today I am a patient at the Mother Cabrini Hospital. All of this is uncomfortable, and I feel it is discriminatory.

Testimony of Zoila

My name is Zoila, and I am a member of Make the Road by Walking. My husband suffers from throat cancer. One day, his cancer was causing great pain, and he needed immediate assistance. We went to the New York-Presbyterian Emergency Room for help, but there was nobody there whose duty it was to interpret for us. While we were waiting, a security guard spoke to the director on our behalf, explaining that we needed an interpreter quickly because my husband needed medical attention urgently. Eventually, my husband fell to the ground with immense pain and coughing.

When the hospital did locate someone to translate, it was a woman employed for housekeeping duties, who was not prepared to translate medical terminology. After further wait, another woman came to interpret, but she was upset because her job also was not as an interpreter. Both of these women said they didn't have time to translate because their official duties needed to be performed. Then, a nurse came to us and said, "You are in America. You need to speak English." That day we never did meet an official interpreter.

What I saw my husband endure caused me great emotional sadness because I had no control and I could not help him.

Testimony of Abad G.

Hello. My name is Abad G. I'm from Santo Domingo and I live in Washington Heights. I am a member of the Washington Heights Committee of the New York Civic Participation Project. I've also been a member of Local 32BJ for over 27 years. I had two horrible experiences at New York-Presbyterian Hospital.

I work as an office cleaner in Lower Manhattan. I am always on my feet and moving at work. In vacuuming, dusting, changing the garbage and performing the many other tasks I do at work, I never have the opportunity to sit down. Since I'm always on my feet, I've developed chronic knee and spinal column problems. On two occasions I went to the New York-Presbyterian Emergency Room with severe knee pain. However, when I arrived, there was nobody to interpret for me. I waited for many hours and there was still no interpreter for me. Hence, I couldn't receive treatment. Eventually, my knee pain became so strong that I was forced to leave and seek treatment at another hospital.

New York-Presbyterian Hospital discriminated against me because I'm Hispanic. I am proud of who I am, and I am joining the struggle to improve the translation services at the hospital.

Testimony of Vicente M.

My name is Vicente M. and I am a member of Make the Road by Walking. I am also a worker with a spinal injury. As part of my Workers Compensation, case I had to go to New York-Presbyterian Hospital. Because of the lack of interpretation services at the hospital I have had various problems that have made me feel worried and insecure about the treatment that I am receiving.

One day, like many other days, I went to see a doctor at New York-Presbyterian. He could not explain to me the side effects that would come as a result of the treatment he performed on me that day. That night I suffered very much at home with an immense pain, without knowing why I was feeling so bad. An interpreter would have helped me in this situation. With an interpreter it would have been possible for the doctor to explain what I would feel after my treatment and how I could alleviate my pain. This has happened to me many times at this hospital. The reality is that I am very worried that my health and well-being is in danger because of the lack of interpreters at the hospital.

At New York-Presbyterian there is a lack of staff able to interpret explanations from a doctor so that it is possible to understand the treatment that is given. There are serious limitations on the ability of patients to explain symptoms and understand medical indications and on the ability of doctors to communicate side effects of treatments.

They ask us why we do not learn English. The majority of immigrant workers are forced to take the most difficult jobs with long hours that run seven days a week. With what time can we study and learn English? We need better work conditions, fair salaries, and adequate medical care. To have adequate medical care it is necessary to have efficient interpretation services in hospitals.

Straightforward Solutions

To comply with City, State, and federal law would require New York-Presbyterian Hospital to develop a clear, but relatively straightforward plan for the provision of language services. Two other major hospitals in the New York-Presbyterian network have already begun this process. An effective plan to provide language services to LEP patients would include the following elements:

- **Coordination of Language Assistance Services.** A specific hospital administrator should be given the responsibility for coordinating all language assistance services, as well as the authority and resources to implement necessary improvements in the provision of these services. The coordinator should develop clear procedures for implementation of services.
- **Informing Patients of Language Assistance Rights.** Signage should be posted, in the multiple languages of hospital patients, informing them of their rights to language assistance services. Equally important, intake procedures should include identification of patients' language assistance needs and explanation of services available to LEP patients.
- **Providing Language Assistance Services.** Signage should be posted in English and in the languages of LEP patients. Important documents (treatment forms & educational materials) should be translated into the languages of LEP patients. Information kiosks and security stations throughout the hospital should include translated materials and staff proficient in

multiple languages. Interpreters should be available for LEP patients receiving treatment in any department of the hospital.

- **Monitoring.** Language assistance services should be periodically evaluated to ensure compliance with legal requirements. Evaluations should measure compliance with the elements described above, and should include patient feedback surveys completed by LEP patients. Shortcomings should be addressed promptly with concrete plans that create compliance with legal requirements.

After we completed a round of surveys in the Fall of 2004, it was clear that significant numbers of New York-Presbyterian Hospital's patients do not receive the translation and interpretation services that the hospital is required by law to provide. Shortly thereafter, we began discussions with the hospital in the hopes of entering a collaborative process that would resolve this problem. Unfortunately, 10 months and 5 meetings later, New York-Presbyterian has not made adequate progress in this matter (as our survey data demonstrates). New York-Presbyterian has not cooperated in efforts to develop a concrete plan for the provision of language services, and refuses to sign a binding agreement to provide legally required language services going forward. The hospital will not even show the community its current language assistance policy, even though the hospital claims to have recently revised its policy. Given New York-Presbyterian's stature and resources, it truly has no excuse for allowing these violations of the law to continue.

Conclusion

The LEP patients of New York-Presbyterian Hospital are not seeking special treatment. They are simply asking for equal treatment in compliance with longstanding federal, state and local laws. Our surveys show that 68% of the surveyed LEP patients have had serious communication problems with their doctors, and 70% of the surveyed LEP patients were not even informed of their right to translation services. In spite of the fact that the treatment of LEP patients clearly fails to comply with legal requirements, New York-Presbyterian has not made adequate efforts to improve language support services, and it has refused to work with community groups on the matter. In light of the straightforward solutions for meeting these required services, and the harm caused to LEP patients by the lack of these services, New York-Presbyterian has no justification for its ongoing noncompliance.

Endnotes

¹ See **Appendix A** for an example of the surveys that were administered.

² Flores G. Access barriers to health care for Latino children. *Arch Pediatr Adolesc Med* 1998; 152:1119-1125.

³ Newacheck, P et al. Ethnocultural variations in the prevalence and impact of childhood chronic conditions. *Pediatrics* 1993; 91: 1031-1039.

⁴ Ku L, and Flores G. Pay now or pay later: providing interpreter services in health care. *Health Aff* 2005; 24(2): 435-444.

⁵ Ku and Flores, Pay now or pay later.

⁶ Brach, C et al. Crossing the language chasm. *Health Aff* 2005; 24(2): 424-34.

⁷ Getting in the Door: Language Barriers to Health Services at New York City's Hospitals. City of New York, Office of the Comptroller, January 2005. Available at: http://www.comptroller.nyc.gov/bureaus/opm/reports/jan10-05_geting-in-the-door.pdf [sic]

⁸ Brach, Crossing the language chasm.

⁹ Hampers, L and J McNulty. Professional interpreters and bilingual physicians in a pediatric emergency department: effect on resource utilization. *Arch Pediatr Adolesc Med* 2002; 156(11): 1108-13.

¹⁰ Ku and Flores, Pay now or pay later.

¹¹ Lee, E et al. Does a physician-patient language difference increase the probability of hospital admission? *Academic Emergency Medicine* 1998; 5(1): 86-89.

¹² Brach, Crossing the language chasm.

¹³ Ku and Flores, Pay now or pay later.

¹⁴ Brach, Crossing the language chasm.

¹⁵ Brach, Crossing the language chasm.

¹⁶ Brach, Crossing the language chasm.

¹⁷ These testimonies have been translated from Spanish into English for use in this report.

Acknowledgements

Make the Road by Walking would like to thank the staff and members of the Mirabal Sisters Cultural and Community Center, Iglesia San Romero de las Americas UCC, the New York Civic Participation Project, New York Lawyers for the Public Interest and Alianza Dominicana Inc. for their support on this project. Further, we thank the many individuals who spent hours at New York-Presbyterian Hospital interviewing LEP patients. Additionally, we would like to thank all of the Spanish-speaking community residents who took time to speak with us and to share their often difficult experiences with discrimination at New York-Presbyterian Hospital.

Also, we would like to thank our compañeros in the struggle to ensure equal access to health care for LEP New Yorkers from the New York Immigration Coalition, New York Lawyers for the Public Interest and the Commission on the Public's Health System.

Make the Road by Walking

Make the Road by Walking (MRBW) is a membership-led organization. MRBW promotes economic justice and participatory democracy by increasing low-income people's power to achieve self-determination through collective action. Its multi-faceted approach includes:

Organizing and Activism to build a stronger community, to make governing institutions subject to democratic community control, and to mobilize resistance to oppression based on race, class, gender, age, national origin, and sexual orientation.

Collaborative Learning to share ideas and experiences, to analyze the root causes of the problems we face, and to strategize about how we can take action together to resolve these problems in a way that values the voice, perspective and contribution of every person.

A Community of Support to provide badly needed services to members and leaders, to draw people into our educational and organizing activities, and to affirm an ethic of cooperation, mutual support, dignity and *animo*.

Mirabal Sisters Cultural and Community Center

The Mirabal Sisters Cultural and Community Center, Inc. is a non profit organization committed to empower the community by promoting collective action to demand social justice and better opportunities to the Hamilton Heights people in West Harlem, a community of traditionally neglected minority population. Its purpose is to work in the areas of family and domestic violence, housing and environmental justice, education, art, youth issues, and other activities that provide opportunities for community leadership.

The Mirabal Sisters Cultural and Community Center started developing as a project in the early 90's by a group of Dominican activists. Currently, the center focuses in the development of three projects:

Housing and Environmental Justice Project. Mirabal Sisters works on affordable housing, tenants rights, lead poisoning, and open space. It does community organizing to equip the people with the tools that enable them to fight to improve their living condition. Mirabal Sisters is opposed to Columbia University’s West Harlem (Manhattanville) expansion plans, which are going to spark massive displacement of minorities in the neighborhood.

Family without Violence Project. Through the creation of support groups, families work on acquiring conflict resolution skills as well as developing communication skills that will help them deal better with domestic violence issues in our community. Mirabal Sisters holds parenting skills training and group discussions to help parents understand child development and to acquire skills that will help them improve their family relationships.

Youth Project. Mirabal Sisters Facilitates the creation of a space where the youth can develop skills that will allow them to make a collective contribution to their community, as well as providing them with opportunities for their own personal development.

The New York Civic Participation Project

The New York Civic Participation Project (NYCPP) collaborates with unions, community organizations and advocacy groups in New York City to promote immigrant and worker rights. The NYCPP organizes working class immigrant communities to engage in civic participation at the neighborhood and citywide level.

The NYCPP creates “power bases” in immigrant communities where low-wage workers are concentrated. Since our inception, the NYCPP has created active bases with hundreds of new immigrants in Washington Heights, the South Bronx and in Queens. Each base brings union members and workplace activists together with neighborhood activists and local leaders around local and citywide issues of concern to immigrants.

These bases help shape and move a citywide policy agenda addressing the multiple rights and needs of low-wage immigrant workers in areas like: job quality and retention; living wage and labor standards; access to health care, education and social services; and immigration reform.

The NYCPP was founded by SEIU Local 32 BJ, UNITE HERE! Local 100, AFSCME DC 37, Make the Road by Walking and the National Employment Law Project. The NYCPP’s unique method of bringing together labor / community alliances focused on civic life of new immigrants is a national model.

Alianza Dominicana

Alianza Dominicana, Inc. is a non-profit community development organization that partners with youth, families and public and private institutions to revitalize economically distressed neighborhoods. Alianza's mission is to assist children, youth and families break the cycle of poverty and fulfill their potential as members of the global community.

Founded in 1987, Alianza Dominicana, Inc. develops model neighborhood-based initiatives using comprehensive and integrated services that attend to children, youth and families' multiple needs. Since its founding 13 years ago, Alianza has emerged as the most comprehensive Dominican human service and community development agency in the US. It is the leading authority on Dominican-Americans, the fastest growing Latino population in New York State. Dominicans are the second largest Latino community in New York State and the fourth largest in the country.

Offering services in 11 sites, Alianza annually services more than 17,000 individuals from Manhattan and the four other boroughs. With a budget of \$10 million and the most talented and committed staff ever to work for one organization, Alianza is the largest and most relied upon community-based youth and family service agency in the area.

Alianza's programs include: Child Welfare and Family Services, Youth Development and Education, Health Services, Arts and Culture, Economic Development, and Community Technology.

New York Lawyers for the Public Interest

New York Lawyers for the Public Interest (NYLPI) is a nonprofit, civil rights law firm that strives for social justice. In partnership with member law firms, corporate law departments and other organizations, NYLPI helps underrepresented people develop legal strategies to serve their vision for themselves and their communities. Created in 1976 to address unmet legal needs, NYLPI combines a pro bono clearinghouse with an in-house practice which blends innovative lawyering, community organizing and advocacy.

The **Pro Bono Clearinghouse** provides community groups and nonprofit organizations with free legal assistance by drawing on hundreds of volunteer lawyers from New York's most prestigious law firms and corporate law departments.

The **Disability Law Center** protects and promotes the civil rights of people with disabilities.

The **Environmental Justice and Community Development Project** provides organizing and legal assistance to low-income neighborhoods and communities of color that bear an unfair burden of environmental threats.

The **Access to Health Care Program** works to ensure access to quality health care for people in medically underserved communities or facing barriers due to limited English proficiency, racial and ethnic discrimination, and disability.

Appendix A: Sample Survey Instrument in English

Interviewed By _____ Hospital: _____ Date: _____

1) Are you or a close family member currently receiving care from Brooklyn Hospital, or have you or a close family member recently received care there?

YES A family member does NO

2) Do you or your family member who is receiving care feel comfortable speaking English when it comes to discussing medical matters?

YES NO

3) Do you or your family member who is receiving care feel comfortable reading English?

YES NO

4) What language/s do you or your family member feel comfortable speaking when it comes to medical matters? _____

5) What language/s do you or your family member feel comfortable reading? _____

6) Does your or your family member's doctor at this hospital speak your language or does he or she have an assistant or an interpreter who speaks your language?

YES NO

7) Does your or your family member's doctor at this hospital provide you with informational materials in a language that you can read?

YES NO

8) Has any hospital employee ever informed you of your right to translation or interpretation services at the hospital?

YES NO

9) If you or your family member did not receive language assistance services (interpretation or translation) what were the consequences:

___ You or your family member were confused about the patient's medical treatment

___ You or your family member needed to bring or look for someone to interpret

___ You or your family member's medical treatment was affected. How?

___ You or your family member's health was affected. How?

___ You or your family member felt humiliated

___ You or your family member felt discriminated against

___ You had problems with billing, making appointments, getting referrals, or using the pharmacy

___ Anything else?

10) If in the future we need to ask any additional questions, can we contact you? YES NO

11) Name: _____ Telephone #: _____