

The 45-year-old patient, about to have eye surgery on Thursday morning, lay on the bed dressed in a white hospital gown and blue cap as the nurse explained the anesthesia process to him. Though he nodded his head to show he understood how the intravenous line would work, his furrowed brow and unsteady eyes revealed his confusion. Miriam Katawaroo, standing nearby in the event that she was needed, jumped in to help. “I don’t think he got that part,” she said and began to explain the procedure to him in Spanish.

In the rush of the pre-operative holding area at Bellevue Hospital on Manhattan’s East Side, language sometimes becomes a barrier between immigrant patients and the doctors and nurses who treat them. Bellevue, a public hospital that is part of the New York City Health and Hospitals Corporation, is one of the hospitals in the city to which most immigrants come when needing medical attention. Local law 73, known as the “Equal Access to Human Services” law, has been in effect in New York City since December 2003 and requires document and verbal translation for the city’s six primary languages -- Arabic, Chinese, Haitian Creole, Russian, Korean and Spanish. The law prohibits the use of a patient’s family members as translators. Fernando Delgado, a Bellevue nurse who speaks Spanish and French and also knows sign language, pointed to a large sign at the entrance to the holding area. This rule, he said, prevents others from their own opinions about the choices a patient faces.

At Bellevue, about “20 percent” of the immigrants who come to the hospital for surgery are Mandarin speakers, said Michelle Wang, an anesthesiology resident. On Thursday, she helped translate for a Mandarin-speaking man and an English-speaking nurse. With her bright eyes focused on the patient and clearly expressing concern, she asked him routine questions,

such as when he last ate, and translated his responses into English for the nurse. Though clearly scared and nervous before Wang came to help, the patient began to relax. Having someone who speaks their language physically present helps to calm the patients, Wang said, especially in the chaos of the surgery department that is crowded with doctors and patients. “Everyone is always really grateful” for the help in communicating, she said, including the doctors, nurses, and patients.

When doctors and nurses do not speak the needed language, they rely on the hospital’s Interpreter Services. This office offers seven Spanish translators and one Mandarin translator from 9 a.m. to 5 p.m., Monday through Friday, said Irina Jimenez, a Spanish translator at the hospital. For other languages, the staff must rely on outside services. “AT&T is used if an interpreter is not available or if we do not have the language requested,” Jimenez added, referring to the phone company’s Language Line. To use the service, the patient and the doctor or nurse each takes a phone handset and then communicate through an unseen interpreter on the other end of the phone. “We try to prevent them from using the phones,” Jimenez continued, indicating that the city pays for the phone service.

According to informational materials about its language line services provided by Bonnie Stephens of AT&T via email, the service costs a monthly minimum of \$75 and is billed in one-minute increments. The rates depend on the language requested and the time of day. Spanish, the Tier 1 or most requested language, runs \$2.20 at peak hours -- defined as 5 a.m. – 5 p.m. (Pacific time), Monday through Friday -- and \$2.50 at non-peak hours -- defined as 5 p.m. – 5 a.m. (Pacific time), Monday through Friday, weekends, and holidays. Less common languages, such as Cambodian, Polish, and Haitian Creole are slightly more expensive.

One important factor in communication between patients and hospital staff is the consent form, Katawaroo and Delgado said. Many patients agree to procedures thinking that the doctors know best, they said. “They can sue or get angry,” Delgado said. “Sometimes they sign because they think they are in the hands of the doctors” and do not understand or anticipate that problems with a procedure might arise.

Charts and diagrams assist in conveying information between staff and patients when an interpreter is not available. One such chart includes drawings of a face in various states of distress and comfort. But a sign posted above the patient beds in the holding area reminds the staff that “Interpreters are the key to effective and accurate information.” Delgado, Eyma, and Katawaroo agreed. “They are more comfortable when we speak their language,” Eyma said of the patients.