

Hispanics in N.O. are hurting for health care

Language, transportation woes keep them from getting treated

By Amber Sandoval-Griffin
Staff writer

When Francisco Ramirez noticed an abnormal growth and skin irritation on his leg, he went to Tulane Medical Center's emergency room to get help. After some confusion, he says he left no better off.

Although the 45-year-old native Honduran spoke broken English, a communication gap proved big enough that medical workers told him they couldn't help, he recalls from the episode two years ago.

"I couldn't get help because I didn't speak English very well and they didn't speak Spanish," Ramirez said.

See **HEALTH, A-16**

► Where to find help in Spanish at the ER, A-16

HEALTH, from A-1

A few days after his visit to the downtown hospital, Ramirez came across a mobile health clinic across the street from the Lowe's building supply store on Elysian Fields Avenue. A nurse practitioner at the clinic, offered by Common Ground Health Clinic's Latino Health Outreach Project, told him he had a fungus on his leg and gave medicine to treat it.

The immigrant construction worker, supporting a wife and 3-month-old child, hasn't seen a doctor for a checkup since his visit to the mobile clinic, saying he expects another medical setting to bring more hassle.

Tulane Medical Center officials note that they serve many Hispanics and, with language interpretation available for years at the downtown ER, don't know how the service breakdown reported by Ramirez could have happened. But the immigrant's experiences sound quite familiar to advocates for Hispanics in New Orleans.

Ramirez is one of large numbers of Hispanics — many of them drawn to the area by rebuilding jobs after Hurricane Katrina — who say they face several hurdles in obtaining medical care.

Vulnerable population

Like other working-class or low-income people, immigrant Hispanics are troubled by limited public transit options and lack of money for out-of-pocket fees. But they face additional problems that arguably make them the metro area's most vulnerable population, medically speaking: language barriers, exceptionally low rates of medical insurance coverage, and their own anxiety in providing personal information to medical providers — out of fear that it could lead to closer scrutiny of their legal status in America.

"We anticipate that they are going to have language issues, we anticipate that they are going to have transportation issues," said Antor Ndep, executive director of the Common Ground Health Clinic, a facility in Algiers that provides free primary and preventive care and has a clientele that is about 10 percent Hispanic.

Dr. Jaime Bustamante, medical director of an international services department at Ochsner Foundation Hospital, said emergency rooms are rife with Hispanic patients who, lacking any relationship with a doctor, appear with urgent and nonurgent needs. Some of them are undocumented, and they require a sophisticated response, he said.

"The use of ER for non-ER care has created a backup in the system," he said. "We don't turn anybody down... We do our best to treat their medical needs."

New Orleans has counted Spanish-speaking immigrants among its citizens since colonial days, with a Cuban presence reaching back generations and Central American and Mexican natives making inroads more recently — especially since Hurricane Katrina in 2005. But there are no reliable estimates of how many local Hispanics might be lacking medical care.

As of 2007, about 9 percent of Jefferson Parish residents and 4 percent of Orleans Parish residents identified themselves as Hispanic or Latino, according to sample surveys by the U.S. Census Bureau. But experts say such surveys don't account for many undocumented Hispanic workers and their relatives.

Lost in translation

The most prevalent obstacle for Spanish speakers seeking medical care is the language barrier. This gap is frequently seen at the front desk of a hospital or on the phone when someone tries to book an ap-

Translating needs a tricky prospect

pointment — and is cut off immediately because the receptionist doesn't understand them.

Beyond the front desk, access to trained medical interpreters also is a major hurdle as patients try to explain their needs in Spanish. Although many facilities have bilingual staff members, experts say that's not the same as having an interpreter who specializes in conveying the patient's needs to the physician or nurse.

Among seven major hospital in the metro area with emergency rooms, four offer medical interpreters on site, at least during regular office hours. The remaining three rely on an interpreter phone line. But miscommunication is a risk with such phone lines, and they prevent more nuanced exchange between patients and doctors, some say.

"What we are finding in the city of New Orleans, specifically in hospitals, is that they are hard-pressed to find even someone who speaks Spanish who works in the office," said Daesy Berhorst, a volunteer with the Language Access Coalition. "So what we see a lot is someone who is not related at all to the health field, not a doctor or a nurse, who is now intervening and interpreting for someone about their health care." Some patients bring in their children to try to interpret, she said.

"That's probably not the best situation for the child to be in," Berhorst said. "There are certain cases where the mother has cancer, for instance."

Insurance scarce

In addition to the language barrier, a lack of medical insurance poses a challenge, for medical providers as well as patients. It is a national problem: According to an analysis of 2008 census data by the Kaiser Commission on Medicaid and the Urban Institute, Hispanics comprise 15 percent of the population but make up 32 percent of the total uninsured population in the United States. And health officials say such numbers ring true in New Orleans.

Also, many Hispanics in New Orleans work in transient construction jobs that typically do not offer medical insurance. Out-of-pocket fees usually charged by clinics, even on a sliding scale, prompt many to avoid preventive care visits.

Even when Hispanic patients find out about free or low-cost clinics that have bilingual staff members — as in the case of Common Ground and Daughters of Charity clinics — transportation is a hurdle. Many immigrants do not have a valid driver's license or a car and must rely on public transit services that remain drastically reduced from pre-Katrina levels.

Many undocumented Hispanics, meanwhile, view health workers as authority figures and fear that their personal information could be reported to immigration officials — perhaps leading to deportations. Health workers say the fear is unjustified: nevertheless, it is common



Deborah Even returns from collecting a few pamphlets for patient Luis Reyes, who waits in the exam room at the Daughters of Charity Clinic on Thursday. Even is a nurse who specializes in care for Hispanics at the Metairie clinic.

HELP IN SPANISH AT THE ER

Estos hospitales ofrecen ayuda bilingüe en la sala de emergencia

These hospitals offer a telephone interpreter around the clock, with additional services as noted:

- **Ochsner Foundation Hospital:** On-site medical interpreter during office hours; an interpreter on call during off-peak hours
- **Children's Hospital:** On-site medical interpreter during office hours at main hospital
- **Tulane Medical Center:** Interpreter can be summoned within 30 minutes of patient arrival downtown; interpreter available during office hours at hospital's Lakeside campus
- **East Jefferson General Hospital:** On-site medical interpreter, depending on availability

These hospitals offer a telephone interpreter around the clock, but no in-person service:

- **LSU Interim Public Hospital**
- **Touro Infirmary**
- **West Jefferson Medical Center**

Source: hospital officials, staff research

for Hispanics new to the area to provide false identification or incorrect addresses to health care providers. And that gets in the way of communication about follow-up treatment.

"I think there is a real fear," said Deborah Even, a nurse and care manager at the Daughters of Charity Services in Metairie. "Until they find out from someone or at a health fair or through a church that Daughters of Charity and other clinics in the city exist and are not going to ask them for legal status, they are scared of going to the doctor."

Multiple barriers

More than one issue often is at play when a working-class Hispanic family runs into obstacles with medical care.

Guadalupe Garcia, a native of Honduras, immigrated to New Orleans in 2003. That same year, she experienced intense pain in her hips. She sought out help at LSU Interim Public Hospital's emergency room.

There, she said, she was unable to explain her symptoms in English to a doctor who couldn't speak Spanish. Her son, 8 years old at the time, tried to explain her discomfort to the doctor in broken English. But Garcia, 39, said she never found out why she was in pain because she couldn't understand the doctor's responses, even with her son's help.

Garcia later found trained language interpreters at Daughters of Charity in Metairie, which provides services on a sliding scale. Now her greatest obstacle is getting to the clinic, a 30-minute ride, because she doesn't drive. As a mother of

doesn't drive. As a mother of two teenage sons and a 22-month-old child, Garcia works from home as a caterer for construction sites, while her husband works long hours as a mechanic.

She must plan her doctor visits in long advance, and sometimes they can take up the majority of her day.

"At times it's very inconvenient," she said. "I'm always calling and calling for someone to drive me."

Daughters of Charity has three clinics in the area, including the St. Cecilia Medical Center in the Bywater neighborhood of New Orleans, but Even said transportation remains a huge issue for her patients.

Common Ground Health Clinic has developed a partial solution to the transportation problem by providing a mobile clinic a few days each month at day-labor pickup sites, such as the Elysian Fields location. The clinic, when available, arrives with Spanish-speaking medical interpreters.

The mobile clinic reaches out to male laborers who, usually young and in robust condition, won't look for a doctor unless they are in dire need.

Hoping to stay healthy

Mario Cerrato, 33, a Honduran immigrant with expertise as a welder, came to New Orleans weeks ago after living in Chicago for nine years. He waited one day at the corner of South Claiborne Avenue and Martin Luther King Boulevard in Central City, hoping to be chosen for construction work. It is there that Common Ground's mobile clinic usually sets up on

A VULNERABLE POPULATION

Hispanic population struggles to secure medical care

HISPANICS AND THE UNINSURED:



HEALTH INSURANCE COVERAGE FOR U.S. NONELDERLY POPULATION, 2007:

Insurance	White	Black	Hispanic	Asian, Pacific Islander	American Indian, Alaska native
Private	76%	52%	42%	70%	42%
Medicaid and other public*	12%	27%	24%	12%	28%
Uninsured	12%	21%	34%	18%	30%

*Includes Medicare and military-related coverage. Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured analysis of the Census Bureau population survey.

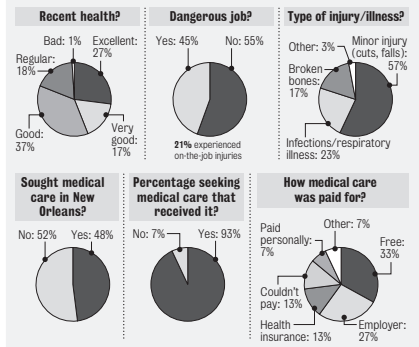
PARISHES WITH MOST HISPANIC RESIDENTS IN NEW ORLEANS AREA: 2005-2007, hispanics of any race



Source: U.S. Census Bureau, American Community Survey

HEALTH AND HEALTH CARE FOR MEXICANS IN NEW ORLEANS:

Limited survey based on a sample of 157 Mexican immigrants, including 122 men and 35 women



Note: Among 7 immigrants who sought medical care and didn't receive it, 3 said they couldn't pay, 2 didn't know where to go, 1 cited lack of medical insurance and 1 cited "few medical options." Source: 2007 Mexican Mobile Consulate Survey

THE TIMES-PICAYUNE

Thursdays.

Cerrato has a constant reminder of what might happen should he need medical help. A friend from Honduras who lives with him recently broke his ankle while working construction. The friend, he said, won't go to the doctor because he doesn't speak English and doesn't know where to find a free clinic. The friend is laid up, trying to heal without medical help.

"He don't want to go there (to the doctor) because he will have to pay and the emergency room is such a hassle," Cerrato said.

As for Cerrato, who has no medical insurance and has yet to visit the mobile clinic, said if he gets sick or hurt, he doesn't know what he will do.

"How am I going to pay for it?" he said. "It's going to be difficult because at this time I don't have a job. I don't have transportation either, and the public transportation here is bad."

"It's going to be very difficult. So for now, I just hope I stay healthy."

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HISPANICS IN N.O. ARE HURTING FOR HEALTH CARE by Amber Sandoval-Griffin

I chose to work on this story as soon as I started working at the Times Picayune because I realized most of the hospitals and clinics in the area did not offer adequate healthcare for Hispanic patients. I was also one of the few reporters at the paper that was fluent in Spanish and my editor was very excited to get coverage of health care for Latinos. Coming from California, I was surprised to witness the lack of appropriate healthcare for Latinos in New Orleans because my home state's health system has that require bilingual translators and actively works with Latinos. Therefore, I became very invested in this piece because I wanted to bring the deficiencies of the system to light.

I worked on this story for eight weeks, making calls and scouring the city in my down time. It was a long and arduous process because finding immigrants who were willing to give me their full names and contact information was difficult and it was hard to get statements from many of the clinics. I spent the first few weeks making calls to various clinics until I found The Daughters of Charity and a nurse that was willing to go on the record. Once I met her, she was very helpful at pointing me towards other sources. She put me in contact with some of her Honduran and Mexican patients who were supporting families and had experienced difficulty finding healthcare before they found her clinic. Some of the other clinics were reluctant to give me a statement or answer my questions because they were worried about protecting their patient's identities. It took me about five weeks to finally get an interview with the director of Common Ground Health Clinic but I was very persistent and once she realized that my story was important for her patients and for Latinos in New Orleans, she was more willing to speak with me.

I also spent four weeks going to local sites where day laborers look for work, like the parking lots of Home Depot and Lowes. I had to build rapport with them before I was able to get contact information, which took some time. They were also helpful at telling me which clinics were supportive and which turned them down. Once I had this information, I called all of the major hospitals in the area and asked each of them if they offered Spanish translators and what types of services they offered. This is how I created by sidebar for "Help in Spanish at the ER." For the remaining data, I spent days compiling all of the data from the U.S. Census Bureau, the Louisiana State Census and all of the Latino Consulates in New Orleans.

Although it was a lot of work, this story was very rewarding to report and to see published. I made several great contacts for the future and I also produced a piece on a topic that had never been reported at my paper.

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