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Article published Mar 30, 2008

Who makes sure the message is understood?

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The Enquirer

Most people who do not speak fluent English rely on friends or family members to translate when seeing their doctor.

A lot of times specialists tell their patients to bring a translator, said Michelle Scott, president and chief executive officer of the Grand Rapids-based Voices for Health.

Actually, she said, it is the hospital, clinic, physician or specialists' legal responsibility to provide those services.

Any health care facility that receives direct or indirect federal funding — such as through Medicare, Medicaid or Women, Infants & Children — is required under Title VI of the Civil Rights Act of 1964 to provide language accommodation, Scott said. That includes medical interpretation, document translation, staff education and data collections.

The hearing impaired are covered under the Americans with Disabilities Act. HIPAA privacy protection laws also protect those with limited English abilities.

"It's very common that a patient brings a friend or family member to interpret, (but) that then becomes a breach of confidentiality, even if they brought them," Scott said. "They need to be offered a professional, qualified interpreter."

Facilities that do not follow these guidelines can be investigated by the U.S. Department of Health and Human Services Office for Civil Rights, Scott said.

"How you provide that accommodation is where the rubber hits the road," Christopher Vreeland, a bilingual Marshall attorney, said.

There are, for example, no state or nationally recognized standards for evaluating whether an interpreter is "qualified," Scott said. And the impetus is on the patient to admit they need help communicating.

"It happens very often that if a person comes in and says, 'Hi, hello, I have a pain,' they may think we don't need an interpreter," Scott said. "But the reality is it's the patient's safety."
