

BAD MEDICINE

How New York area pharmacies' failure to provide translation and interpretation services prevents immigrant New Yorkers from receiving quality medical care and stands in clear violation of local, state and federal law.



A report by:
Make the Road New York
&
New York Lawyers for the Public Interest

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***Bad Medicine* - About this Report**

The 2000 Census reports that 47% of all New York City households speak a language other than English in the home, and one out of every four New Yorkers do not speak English at all. As the City's demographics have shifted over the years, complaints about access to health care for immigrants have intensified.

In particular, immigrant New Yorkers have suffered from inadequate translation and interpretation services at New York City's numerous pharmacies for many years now. During the Summer and Fall of 2007, Spanish-speaking members and organizers from Make the Road New York spoke with dozens of Limited English Proficient (LEP) residents in Brooklyn and Queens to learn more about their experiences trying to obtain medications at New York City pharmacies. In addition, community-based organizations from the New York Immigration Coalition's Health Collaborative shared stories about how their members also experienced problems accessing pharmacy services in a language they could understand.

Bad Medicine presents some of the stories we heard during these conversations, all of which eloquently demonstrate how the lack of translated labels and interpretation services can impair access to high-quality health care for immigrant families. *Bad Medicine* also briefly surveys the local, state and federal laws that require pharmacies to provide language assistance services for LEP New Yorkers, and describes our advocacy efforts to enforce these laws and improve the situation.

The Stories

Identifying and reducing medication-related errors is a nationwide concern. Severe complications can result if patients do not understand drug labels or are not explained the risks and benefits of prescribed medications.¹ Yet, a recent study by the New York Academy of Medicine found that two-thirds of New York City pharmacies fail to translate drug labels so that patients who do not speak English well can understand them. These failures occurred despite the fact that the vast majority of pharmacies (80%) reported that they have the capacity to produce labels in languages other than English and most (88%) stated that they served LEP patients every day.²

The vignettes below go behind the disturbing statistics and describe, in human terms, what happens when pharmacies do not provide the language assistance services that are necessary for the delivery of proper medical care.

Please Note: Last names and full names have been withheld to protect privacy. Requests for interviews can be made to Make the Road New York (Theo Oshiro, Director of Health Advocacy).

REYITA R.

About four years ago, Reyita R., an immigrant from the Dominican Republic who speaks only Spanish, was prescribed medicine for her depression. The prescription for anti-depressants was to be taken for four months. Reyita went to a Duane Reade pharmacy in the Ridgewood neighborhood of Queens. At the pharmacy, no one helped her to translate the label or the directions for the medication. The employees of the pharmacy did not speak to her or write anything down in her native language. Her doctor only spoke English as well, so Reyita was unclear as to how to take the

medication. She remembered being told to take two pills before bedtime, but knew nothing about the side-effects of the medication.

After taking the medication for several weeks, Reyita began to worry about the severe side effects. She took the medication before bed and within 15 minutes was so drowsy that she could not even get up. This lasted the entire night, and Reyita needed her son's assistance to get up. She became extremely anxious and did not understand why she was feeling nearly paralyzed after taking the medication.

Finally, Reyita called her brother, who is a physician. He explained to her that the medication prescribed to her was very strong and that the side effects were heavy drowsiness. He also believed that she was taking too much of the medication and referred Reyita to a detox clinic in Flushing, NY where she spent almost a week recuperating from the effects of the medication.

Reyita wishes that the pharmacy had translated the prescription into Spanish so that she could have understood the side effects and avoided a traumatic medical emergency from overdosing on the pills. "Someone should explain the dangers of taking such medications to the customer in their own language when you buy medication at the pharmacy," she says. "Then hopefully no one will have to go through what I did just because I didn't understand what the side effects were."

RANA

Rana arrived in the United States last year as a refugee from the war that broke out between Israel and her home country of Lebanon. She speaks Arabic and French, but very little English. Rana has also escaped a violent relationship and lives alone with her three children. Recently, one of Rana's children got sick with a very high fever. Rana took him to the doctor and got a prescription for some medication. She tried to fill the prescription at the CVS near her home in Dyker Heights, Brooklyn, however, the pharmacist only spoke to her in English. When Rana tried to explain to the pharmacist that she could not understand what he was saying, the pharmacist returned the prescription to her and Rana spent several hours trying to find a pharmacy that would speak to her in a language she could understand. Eventually, Rana was forced to travel over 40 minutes from her home to another part of Brooklyn, where she was able to find a pharmacist who could explain the medication to her in Arabic. Rana feels very sad and alone and separated from her community, and this experience only made her feel worse.

MARIA C.

Maria C. is an immigrant from Ecuador and has limited knowledge of English. She has a 4 year old son who was born in New York. Maria goes to pharmacies most when filling prescriptions for her son. Maria has had a hard time when going to pharmacies in Brooklyn and Queens. On various occasions within the past 4 years, Maria has gone to both Duane Reade and Rite Aid and is always left confused because medication directions are always in English and not translated. This worries her because she is always concerned about the health of her son and is sometimes in doubt about the right quantities of medicine to give him and how to give it to him. Most times she relies on the help of someone in her building that knows English and reads the labels for her. She then writes the directions in Spanish on the bottle herself. Maria says that anytime she gets medicine for her son, it creates confusion and produces anxiety for her. She must depend on the help of others and, even then, is not absolutely sure that she is giving her son his medication in the right way. Maria says that she is also concerned about the side effects of medicines but that the information that comes inside the box or bag of the prescriptions are always only in English. She remembers one

incident at the Duane Reade when she wanted to talk to someone at the pharmacy about the medicine she was given. However, she was not able to do this since there was nobody in the pharmacy department who could speak Spanish. There was a Spanish-speaking employee at the cashier in the front of the store, but nobody in the pharmacy area in the back. Because of this, Maria left without clearing up her doubts about the medication.

LUCIO M.

Lucio M. is an immigrant from Mexico, living in Bushwick, Brooklyn. He speaks Spanish and does not speak or read English.

Last May 2007, Lucio suffered a severe foot injury from an accident at his workplace. He was prescribed medicine from his doctor at Wyckoff Hospital for the pain and swelling in his foot. He went to Hamtini Pharmacy in Ridgewood, Queens to refill his prescription. Although one of the pharmacists verbally translated his prescription into Spanish when he picked up his medication, by the time he came home he could not remember exactly what the pharmacist had said, since the translation was not written on the label or on the prescription. "I remember the pharmacist told me to take the medication on a full stomach, but I felt unsure of how often I was supposed to have taken the medication," Lucio said. "I couldn't remember if they'd told me to take two pills at a time or just two pills a day."

Lucio also suffers from diabetes and worried that the medication might react badly with his insulin injections. "If the pharmacies translated the prescriptions into Spanish, I would feel much safer taking my medication," he said.

ALBERTA F.

Alberta, originally from Mexico, has lived in Bushwick, Brooklyn for the past 7 years. She has two children: Pamela, age 4; and Steven, age 1. Recently, her daughter became sick with the flu and was prescribed two medications by her doctor. When Alberta went to Marino's Pharmacy in Brooklyn, she received the instructions on how to take the medication only in English. Because Alberta cannot read or speak English, she could not read the labels on the medications to tell which medication was which. She was afraid to give her daughter her medicine because she thought she could give her the wrong dosage. On various occasions, Alberta called the pharmacy to ask for instructions in Spanish but they did not help her. She was worried that by giving the wrong dosage, she could hurt her daughter or that it would take her daughter longer to get well again. She hopes that pharmacies will translate information for how to take medications in the future so that she does not have to worry about her children's health when she is helping them to take medication.

ELSA O.

Elsa got sick and was hospitalized for 15 days in July 2007. She has chronic migraine and stomach problems. In late July, Elsa went to Kraupner Pharmacy in Bushwick, Brooklyn to get medicines she was prescribed during her most recent stay at Woodhull Hospital. When she went to the pharmacy she left very confused because she thought they told her that her insurance would not cover the medicines. However, she was not clear on this because they spoke to her in English. Elsa has been to this pharmacy previously. Since she cannot read English she has asked ahead of time that they put information about her medicine in Spanish. They say "yes, yes, yes." However, when she returned to pick up her medicine all of the information is always written in English. She says she gets very confused by this and usually does not know how to take her medications. Sometimes she

can find a bilingual person to translate the labels for her. Other times she is left confused and does not know how to take her medications.

B.P

B.P speaks Serbian and Albanian and very little English. About 6 months ago she went to CVS pharmacy on the Upper East Side in Manhattan. She was going to get medicine for anxiety but there was nobody at the pharmacy who she could talk to in her own language. Instead she had to rely on her very limited English to speak to and understand the staff. The label on her medication was also not translated and she was given no verbal warnings about the medicine's side effects. Later, she asked a friend for help in understanding how to take the medicine. She also called a doctor back in her home country who said that the medicine she was taking was highly addictive. B.P immediately stopped taking the medication. She feels that her experience was very bad because, without understanding the medicine, she could have become addicted to the medicine she was taking. B.P believes that all people should fully understand the side effects of their medicines.

CATALINA M.

Catalina has a 14 year old son and goes to various pharmacies in Brooklyn to get medications for her and her son. She frequently goes to Duane Reade pharmacy (on Myrtle and Palmetto streets), Kraupner Pharmacy (on Myrtle and Knickerbocker Avenue), and the Woodhull Hospital pharmacy. Even though Catalina cannot read any English, she always receives medication labels in English. This worries her because she is always confused about how to take her medications. She is especially afraid when she gets medication for her son because she worries that she will hurt him by giving him his medication in the wrong way. She is not always clear on how many times a day and what dosages are appropriate. Once, about a year ago, Catalina was prescribed an antibiotic. She began vomiting soon after she took the medicine. She stopped taking the medication right away and went back to her doctor. The doctor prescribed her an alternative medication and gave her instructions on how to take it. Till this day Catalina thinks that her sickness may have been due to her taking the antibiotic in the wrong way because she could not read the label. Catalina thinks that written information should be in the language the patient can understand. She knows that many people suffer as a result of not understanding how to take their medications: many times when she is in the pharmacy she is asked by others to translate, but, since she knows little English, she cannot help them. She believes that having people at pharmacies who speak her language is good but not enough. More than once she has received verbal explanations of her medications but is confused once she gets home because she takes home 3 or more medicines and forgets the exact verbal instructions she was given. She is then left to guess.

JOSE C.

Jose has been getting his medication at Rita Aid in Sunnyside, Queens for the last 4 months and has never been offered any translation services for his prescriptions. Jose says that no one working at the counter speaks Spanish so he cannot request translation of his labels. Jose picks up 5 different medications that he needs every month. Jose says he relies on his old jars that were translated for him by a friend to remember the correct dosage of each medication (he has hand written on the jars the correct dosage). If Jose were to lose any of his old medication containers he would be at a great loss and risk of taking the wrong dosage. In addition, Jose also relies on the size, shape and color of the medication. That is, Jose compares the last tablet of each medication to match to the refills to make sure that he has the same medication. Jose says his life would be

made much easier if the labels would be translated. Although his doctor continues to prescribe his medications with the same dosages, Jose is concerned that they may change in the future at which point he will struggle to get his labels translated by friends. Jose does not wish to switch pharmacies because this one is close to his home. Jose would very much like for Rita Aid pharmacy to translate the labels on his medications.

SANDRA P.

In mid-July 2007 Sandra got sick. She was vomiting and had a fever. She went to Woodhull Hospital, and her doctor prescribed her an antibiotic. Then, she went across the street to a Duane Reade in Brooklyn to fill her prescription. When Sandra got her prescription bottle she noticed that the information on the bottle and the information inside the prescription packet were only printed in English. She was confused about how to take this medication – she didn't know how many times a day to take it or whether she should take it before or after meals. Sandra wanted to ask someone at the pharmacy directly but there was nobody available who spoke Spanish. Since she could not find anyone to help her read the label she decided to improvise and took the medicine as she best saw fit. Sandra was very worried because she did not know if the way in which she was taking the medicine was correct. But she had no other choice since she could not make sense of the directions printed in English.

Sandra believes that translated labels would make her feel more comfortable taking medications. She feels that translations would make her feel safer when taking prescribed medications.

OLGA P.

Olga is an immigrant from Ecuador and a mother of three adult children. She has lived in the Bushwick area of Brooklyn for over twenty years. She takes medication which her doctor has prescribed to treat a thyroid problem. She buys her medicine at the Burnham Pharmacy in Bushwick, Brooklyn. Recently she was prescribed a new medication to treat her thyroid problem. As a side effect of the medication, Olga suffered severe drowsiness. In fact, the medications caused her to sleep for an entire day. Because she only reads Spanish, she could not read the prescription nor the list of side effects for the medication she was taking. Olga became very worried about the cause of her drowsiness and thought she might be taking the incorrect dosage. She even contemplated going off her medication. Finally, she called her daughter, who speaks English, and asked for her help in explaining how to take the medications. Her daughter clarified that drowsiness was one of the side effects of the medication and explained to her the correct dosage.

She wishes that all pharmacies would translate the labels and instructions for medication so that she does not have to depend on her daughter any longer in order to take her medications.

IRMA T.

Irma has been going to Eckerd Pharmacy just down the block from her house in Woodside, Queens for the last 4 years and has never been once offered any translation of her medication labels. Irma says she would very much like not only her labels translated but also the additional information sheets that accompany her medications. Irma says that she does not believe there is anyone who speaks Spanish behind the counter. Irma speaks little English and has relied on her minimal understanding to translate her own labels, although she struggles to follow any warning or advise that her pharmacist tells her when she goes in for her refills. Irma would very much like for Eckerd to translate her labels and the information sheets that accompany her medications.

O.S.

O.S. is a Hispanic male who went to Walmart pharmacy in Uniondale, Long Island during July 2007 to fill a prescription for his wife. To his surprise, there was no Spanish speaking employee in the pharmacy section. While there, he was assisted by a pharmacy assistant who explained the medication to him in English. Although his English is limited, he was able to more or less understand the instructions on the label. At home, his wife was able to follow the medication instructions previously given to her by her doctor during her office visit. Even though Walmart does not have a single Spanish speaking employee to translate for their customers at the pharmacy, he continues to go to fill prescriptions there because the medicine is much cheaper.

However, O.S. believes that people should not buy medication if no one is able to translate for them. He believes they should go somewhere else where there is a translator.

CARMEN S.

Carmen goes to the Rite Aid pharmacy at 960 Halsey Street in Brooklyn and the Sam's Drugs at 1367 Broadway also in Brooklyn for her medicines. She has been very frustrated when she goes to these pharmacies because she speaks only little English and she never gets adequate information in Spanish, her primary language. At Rite Aid she has tried to request medicines and ask questions about them in the little English she knows but the staff members do not understand her and do not look for someone to interpret for her. Instead they ignore her. According to Carmen this Rite Aid pharmacy even has Spanish-speaking staff but many times they still speak to her in English. Her experience has been the same at Sam's Drugs. She constantly has communication problems with them. Since the staff members that usually tend to her are not Spanish-speaking she uses her limited English to try to get her medicine. Recently she tried to convey to a staff member that she had a refill there and that the record should be in the computer. When they said "yes, ok" she thought they were going to get her the refills. When she came back later they had no medicine for her. The staff member confessed that this was because they didn't understand her request. At both Rite Aid and Sam's Carmen receives her medication labels in English and worries that she might hurt herself with her medication. Many times her daughter has to translate for her. Even though Carmen suffers through this problem, she is more concerned about her mother. Carmen's mother speaks no English at all and has nobody to translate for her. Carmen worries a lot about her mother because she gets medication bottles with labels only in English. When Carmen and her family visit the mother they notice that she is taking the wrong dosages of her medications. Since her mother knows no English and the labels are all in English, her mother takes her medication based on what she thinks is the appropriate amount.

IRANIA S.

Irania has a variety of medical conditions and takes 19 medications. She takes medications for asthma, depression, allergies, gastritis, among other conditions. Many times she feels confused by all of the medications she takes. Because of a lack of information in her own language, Irania has trouble keeping track of the correct dosages and instructions of all her medications. She especially has trouble figuring out if any of her medications could get her sick if taken together. As recently as December 2006, Irania went to a CVS pharmacy in her neighborhood, which is located a few blocks away from her physician. She was prescribed medication by her doctor and went to this CVS branch to fill her prescriptions. The medication bottle she was given was written only in English and she did not understand how to take the medication. In her limited English, Irania asked for written

information in Spanish and they said they did not have it. Since they could not provide this, she asked if someone at the pharmacy could help her in person. The CVS pharmacy employee told her that they could not help her and that she had to go to her doctor for that information. Since Irania was not able to read her medication labels, she depended on friends who could read English to tell her what they said. Irania says that her experience at CVS has always been the same. She can never understand the information on her medication labels and has since stopped using CVS for fear that she will not understand the directions and will hurt herself.

In February of 2008 Irania Sanchez went to Rite Aid Pharmacy at 66-54 Fresh Pond Road in Ridgewood, NY. Irania says that she could not find staff that speaks Spanish and had a hard time understanding anything that was said to her. She asked for her prescription's labels to be put in Spanish but they told her "no" and she understood that they told her to find someone else to translate the labels for her. Irania also says that the pharmacy staff had a bad attitude and she felt bad when she left the pharmacy.

Irania believes that this and all pharmacies should give people information in a language they can understand. She believes that she would worry less about her health and medications if she could make sense of them in Spanish. Irania says she hopes more pharmacies start ensuring that their patients can understand their medications.

LUIS ANTONIO L.

Luis Antonio L. has to accompany his mother, Rosalia, every time she needs to refill her prescriptions. The Rita Aid conveniently near their home in Jamaica, Queens does not offer translation services to his mother who does not read English well. According to Luis Antonio, there is no one behind the pharmacy counter who speaks Spanish well enough to help his mother. Luis Antonio has been accompanying his mother for the last year to the same pharmacy that has never offered to translate her labels. Once at home, Luis Antonio states he handwrites the correct translated dosage on each bottle for his mother. It would be a great help and relief for Luis Antonio and his mother Rosalia if these labels and the information sheet that accompanies each medication could be translated. Rosalia highly depends on these medications to maintain her health and also depends heavily on Luis Antonio to accompany her and translate her labels. If Luis Antonio were to miss this routine, Rosalia is at great risk of taking the wrong medication and dosage, which can seriously harm her health. Luis Antonio and Rosalia both feel it is of great importance for pharmacies to translate labels.

ALFREDO P.

Alfredo P. visits his aunt Dora P. every day to make sure she is well and taking her medications. Dora averages about 8 prescription refills per month from the Rita Aid nearest her home. According to Alfredo, Dora has never received translation services at the pharmacy counter nor has had the labels on the bottles translated for her convenience. When asked, Alfredo stated Dora relies on her neighbor who happens to be a nurse, to translate the labels for her so she can take the correct dosage. When the neighbor is not around, Alfredo must do the translation himself although he is hesitant to do so as he feels he may mistranslate the labels. Alfredo recalls a time when Dora was taking the wrong dosage on one of her medications. Although she did not suffer a major intoxication, she was nonetheless, feeling severe side effects which were later corrected by her PCP during a routine check up. Alfredo feels there is a serious need for medication labels to be translated. Dora could have suffered a major intoxication were it not for the persistence of Alfredo to visit her PCP and correct the dosage.

AIDA T.

Aida used to go to the Duane Reade across the street from Woodhull Hospital in Brooklyn. Since January, however, she has stopped going to this pharmacy because she could never communicate with anyone there. Once, she went to Woodhull with muscle pain. Her doctor gave her a prescription but she never got an explanation of what the medicine was exactly. She went to the Duane Reade to fill the prescription anyway, figuring she would ask the pharmacist. When she got the bottle she noticed that all of the information was printed in English. Since she could not read any of the information (instructions or the paper with description of the medicine or side-effects) she tried to ask somebody at the pharmacy for help. However, she could not find anyone to help her because nobody spoke Spanish in the pharmacy. Since Aida did not feel comfortable taking the medicine without knowing what it was or how to take it, she decided not to take it at all. Instead she took over-the-counter Tylenol.

Aida switched to another pharmacy that also does not provide her with written information in Spanish but has staff who speak Spanish and answer her questions. She believes that being informed in Spanish improves her health since she feels safe enough to take the medications her doctor prescribes her.

ERNESTO R.

Ernesto R. is a Salvadoran immigrant whose native language is Spanish. He had visited the Walgreens pharmacy in Hempstead, Long Island frequently and only had seen one Spanish speaking worker at the pharmacy, who is not always there. On several occasions he had been forced to ask other Spanish speaking workers (like the cashier) to translate the prescription label for him. Sometime during September 2006 he went to the Walgreens pharmacy in Hempstead to fill a prescription for a skin infection. He asked for the Spanish speaking worker and the pharmacist said that she was not there that day. Then, the pharmacist explained to him in English (even though Ernesto's English is poor) the instructions for the medication. The client went home trying to figure out how to take his medication based on the little English that he understood. He was very anxious about taking the medication because he was not sure he fully understood the pharmacist. However, he took the medicine because he did not have a choice.

MARIA S.

Maria S. is 65 years old and is an immigrant from Ecuador. She suffers from osteoporosis, high blood pressure and dizziness. For these conditions her doctor has her take prescription medication but when she goes to Rite Aid pharmacy in Ozone Park, Queens she has a very difficult time. Her English is not very good and she always receives medications with labels in English. Her pharmacy never asks her if she needs translated labels and she cannot ask for them herself since she does not speak any English. She is very afraid to take medications without knowing the appropriate dosages so she depends on her 10 year old granddaughter to help her translate the labels on her medication bottles. Many times Maria's granddaughter comes to the pharmacy with her and people come up to the girl and ask for her help to translate the important instructions of their medicines. Maria believes that this is a lot of responsibility for a 10 year old girl but usually she and others at the pharmacy have no choice but to ask for her help.

GLORIA V.

Gloria V. is 58 years old and is an immigrant from Mexico. She has diabetes, high blood pressure and cholesterol and is prescribed medicines for all these conditions. She uses the Rite Aid in Bushwick, Brooklyn. When she goes to this pharmacy she receives all her medicines in English even though the staff members know she cannot speak or read English. Once, a staff member at this Rite Aid branch got angry at Gloria because she could not speak English. She aggressively grabbed her prescription and said something that Gloria heard as “Stupid Spanish.” Gloria felt mistreated and thought this was not fair since she is a paying customer and because she shouldn’t have felt bad just because she can’t understand English. When Gloria goes to this pharmacy she knows it is futile to ask for any help in Spanish. Instead she roams the aisles looking for someone to translate for her.

CARLOS M.

Carlos knows enough English to understand the labels on his medication, but his mother who lives alone depends on him to come over and translate the directions on the bottles. “Every time I go to my mother’s house and she asks me to write down what the bottles say, I wonder what will happen the day I can’t come over and she needs to take her medication.” Carlos also translates for his mother’s neighbors, seniors who live alone and do not have relatives that come by often enough to do the translating for them. Every time, Carlos states, there seems to be one more person who needs their prescriptions translated. Carlos stated, “People’s lives are at risk when they can’t understand the medication that is supposed to save their lives. I wonder why pharmacies seem so hesitant to translate the labels.”

MA. ANGELA C.

Ma. Angela is learning English, but she nonetheless finds it difficult to understand the labels on her medications and the written explanations that come with them. Ma. Angela remembers the time when her 5 year old son got an allergic reaction and broke out in hives. Her doctor only explained he had an allergy and wrote a prescription but did not explain the dosage. When Ma. Angela picked up her prescription at CVS on 31st Ave and 58th Street, Woodside, the pharmacist neglected to explain how to use the medication. When she got home and opened the package she found a small jar with pink liquid inside. When she looked at the directions they were unclear, and she understood one dosage a day, but did not understand how to take it. She deduced that since it looked like “pepto” (an oral medication), and she spoon fed her son his dosage of the day. Her son’s reaction was of great disgust and complained that it tasted horrible. She was worried and confused and didn’t know what to do. She sought someone to translate the label and was told the medication was topical not oral. Ma. Angela was devastated, since she had administered the medication incorrectly to her son. Luckily her son did not suffer from any negative reactions, but he complained about the bad taste in his mouth. Ma. Angela stated, “I felt so bad that I did that to my son. All because I couldn’t understand the label on the medicine, even when I really tried to read it and translate it myself with my English/Spanish dictionary.”

CARMEN R.

Carmen is an ex-home health aid with disabilities who takes medications for a variety of conditions. She speaks some English but feels more comfortable listening to and reading instructions about her medicines in Spanish. When she goes to her local Rite Aid branch (58-01 Queens Blvd) she asks for labels and instructions in Spanish but the pharmacy staff tells her they do not have

materials in Spanish. Carmen says that the pharmacist has never spoken to her, and she often leaves the pharmacy confused about her medication. She worries that she will make a mistake when taking her medication so she depends on her daughter to translate labels for her. She also buys books in Spanish to teach herself what kinds of medications are contraindicated or how to take medicine appropriately.

Carmen is not only worried about herself. When she used to work as a home health aid she used to see that many of her Spanish-speaking clients did not get medications in Spanish and did not know how to take their medications correctly. Her clients would seek her help but she would have to try to find people who could translate the instructions. She is worried for her old clients because they cannot seek help when their medication labels are not translated since they are old, disabled, and homebound.

MARIA C.

Maria C. speaks some English, but not much. She does not feel completely comfortable taking medications when the instructions are in English. She says that the pharmacists at the two pharmacies she goes to rarely speak to her and she goes home without understanding the meds she was taking home. This worries her, particularly because many times she is not clear what each medication is for and the paperwork she gets is in English. She believes that pharmacies should explain things to their patients so they understand how to take their medications and what the medications are for. Maria says she would feel safer if labels were in Spanish and if she could communicate with the pharmacist. Once, she used the little bit of English that she knows to tell the pharmacist at Gardner pharmacy that he was giving her a different medication than what her doctor had prescribed. The pharmacist said "Insurance didn't cover." This was one of the only thing the pharmacist had ever said to her.

MARTA (MAGALI) J.

Marta has lived in the Bushwick neighborhood of Brooklyn for the past 26 years. She is originally from Santo Domingo, Dominican Republic. Marta suffers from a variety of health problems including diabetes, asthma and arthritis. She takes 6 different medications, including Ambien, Albuterol and Glucosamine, on a daily basis, as well as 4 different vitamins. She receives her medications from St. Jude's Pharmacy and Surgical Supply.

Marta is Limited English Proficient, and because St. Jude's pharmacy does not translate the prescriptions or the instructions for her medications, Marta constantly worries that she has taken the wrong medication or dosage. This is a particular problem because her Medicare plan often changes the drug brands that it will cover and because Marta cannot read the directions when the new medications are sent. She has no one at home who can explain to her when or how she should take the medication.

Last week Marta took medication for her blood sugar level as well as a diuretic prescribed by her doctor. She began to sweat and have chills and became alarmed that she was having a bad reaction to the two medications. "I can't understand the prescriptions so I don't know what the side effects are for the medications or if I shouldn't mix one drug with the other," Marta said. "I always have doubts about whether I'm taking my drugs at the right time and in the right dosage and this scares me because I don't want to hurt myself."

IVONNE L.

Ivonne is an ESL student in Staten Island. Ivonne was prescribed medication by her doctor which she got filled at Pathmark pharmacy. When she got her medicine she realized that the instructions were in English and she could not understand them. Ivonne did not know that she had the right to get counseling from the pharmacy so she took the medicine and left, hoping she would figure out how to take the medicine herself. The pharmacy did not make sure she knew how to take her medicine. When she tried to read the English instructions she was confused but took her best guess on how to take the medication. Later on she realized that she had taken too much of the medication. She hurried to her doctor because she was extremely worried that she would get sick. Her doctor told her it would be okay but that it was very important that she understood the instructions before taking any medication. Ivonne thinks that all pharmacies should have to provide language services so that she and others can take their medications safely.

ANITA G.

Anita is an ESL student in Staten Island. While her English is improving she still has limited English-speaking ability. Her sister speaks no English and Anita tries to help her understand her children's medications since the CVS they go to always gives them medications with labels in English. Anita did not know it was their right to get medications in a language they can understand since the pharmacy staff usually just gives them their medications and does not say anything to them. Anita worries that she and her sister will make a mistake and hurt the sister's children by giving them medication in the wrong way. Anita and her sister travel to Metropolitan Hospital in Manhattan because there is no local public hospital in Staten Island. She says that when they get medicine there the labels are translated. She thinks that all pharmacies should make sure their patients understand how to take their medications before they leave the store. "This would make me and my sister feel safer, especially since it is the children who are taking the medicines."

The Legal Context

Federal, state and local laws require that pharmacies provide LEP persons with interpreters and translators in order to ensure equal access to their services and promote public health:

- **Title VI of the Civil Rights Act of 1964** is the oldest of these laws. Passed more than forty years ago, this law prohibits any organization that receives federal money from discriminating against persons based on race, national origin or color. Since most pharmacies receive federal money in some form or another, Title VI requires pharmacies to ensure that all people have meaningful access to their programs and services. For example, pharmacies must provide LEP persons with interpretation and translation services so that they, like English-speakers, can access the pharmacy's services.
- On the state level, the **New York State Education Law** requires pharmacists to label medications so that they can be read and understood by an ordinary person. This law also requires that medication labels warn patients against any problems that could result if their medication is combined with other drugs or if it is used improperly. Finally, pharmacists must personally advise each patient and explain how to safely use medications that have been prescribed. When labels are not translated into a language the patient can understand, or the patient is not given an interpreter, all of these provisions of the State Education Law are violated.

- In New York City, the **New York City Human Rights Law** prohibits all public places from discriminating on the basis of race, color or national origin, among other things. Pharmacies are considered public places under the law and must therefore ensure that they make services accessible to all.

Straightforward Solutions

In order for New York City pharmacies to comply with federal, state and local laws, they must put in place a few relatively straightforward policies and practices. It is important to note that, in the New York Academy of Medicine study, small, “mom-and-pop” pharmacies were found to be more successful in providing language assistance services for LEP patients than large, chain drug stores, suggesting that such services are not too costly or complicated to implement. Also, pharmacies in other cities have succeeded in delivering prescription drug services to patients in a culturally and linguistically competent manner.³ An effective plan to provide language services to LEP individuals in New York pharmacies would include the following elements:

- **Informing Patients of Language Assistance Rights.** Signage should be posted in pharmacies in multiple languages, informing patients of their rights to language assistance services. Equally important, when a patient first visits the pharmacy, the patient’s language assistance needs should be included in the pharmacy’s records and documents explaining the language assistance services available should be made available.
- **Providing Language Assistance Services.** Important documents, including prescription labels and informational inserts, should be translated into the languages of LEP patients. Interpreters should be available for LEP patients to ensure that patients receive drug counseling in a language they understand. Pharmacies should also consider hiring bilingual pharmacists and pharmacist aides.
- **Monitoring.** Language assistance services at pharmacies 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 spoke with Make the Road members and other community-based groups throughout New York City, it was clear that significant numbers of LEP patients were not receiving the translation and interpretation services that pharmacies are required by law to provide. In response, we filed a complaint with the NYS Office of the Attorney General and will continue to monitor pharmacies throughout the city to get a better sense of the scope of the problem. As far as we know, this is the first advocacy campaign of its kind in the country to demand language access in pharmacies. Our hope is that our investigation and complaint to the NYS Attorney General will lead to policy changes that will ensure equal access to vital health services for all.

Conclusion

Limited English Proficient patients do not seek special treatment in New York City pharmacies. They simply ask for equal treatment and for compliance with longstanding laws at the federal, state and local level. Medical researchers have shown that the vast majority of the city's pharmacies fail to provide LEP patients with the services they need to properly use their medication, and the testimonies included in this report underscore the tremendous toll that these failures take on individuals and on the public health. Given how easily the problem can be remedied, New York City's pharmacies have no justification for their ongoing non-compliance.

Make the Road New York

Make the Road New York is a membership-led organization. We promote economic justice and participatory democracy by increasing low-income people's power to achieve self-determination through collective action. Our 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*.

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. The organizers and lawyers in the Access to Health Care Program partner with Make the Road and other community-based groups throughout New York to remedy systemic barriers to health care access through administrative enforcement of civil rights laws, litigation and other forms of advocacy.

References

¹ The costs of medication error in human and economic terms has been so great the U.S. Congress sponsored the Institute of Medicine to conduct a detailed study of the problem and propose solutions. See Institute of Medicine, Preventing Medication Errors: Quality Chasm Series, Philip Aspden et al, eds. (2007), available at: <http://www.iom.edu/CMS/3809/22526/35939.aspx>.

² See Mike Mitka, "For Non-English Speakers, Drug Label Instructions Can Be Lost in Translation," JAMA, vol. 297, no. 23 (June 20, 2007), pp. 2575-2577. The New York Academy of Medicine is due to be published in a forthcoming issue of the Journal of General Internal Medicine. You can learn more about the research here: <http://www.nyam.org/news/2878.html>.

³ See: Katie Lai, "Managing the Drug Regimens of Immigrants from Other Cultures," American Journal of Health-System Pharmacists, vol. 62 (January 15, 2006), pp. 205-209 (describing the best practices of pharmacies in Seattle, WA).