

Committee on Health

Date	6/16/08
Start Time	
Finish Time	



South Asian Council
For Social Services

M.F is a cleaner at a hair salon. She makes 1300 dollars per month and is single. Her income level puts her above FHP also she only became legal permanent resident a year ago. She has very high blood pressure. She is 52 years old and speaks no English. She had previously gone to Punjabi/Urdu speaking private doctors and paid a lot of money for her visits. I met the client in Queens and called Elmhurst Hospital's SAOP (South Asian Outreach Program) and made an appointment for her. She was totally unaware that services would be available to her in a hospital in her own language. She is now getting care at Elmhurst Hospital and is on a sliding-scale fee schedule.

B.P. has two children one born in US and the other overseas. Due to his very low income he kept the children in India with their grand parents while he and his wife worked in the US. Children were brought back to the US a few months ago. B.P speaks very little English and his wife speak none at all. They were unaware that there were any health care options available for their children and themselves. I assessed their eligibility and made inquiries. I also helped them collect the required documentation and then took them to a F.E on Kissena Blvd. The whole family has FHP and CHP now.

Even though Medicaid and Public Assistance offices have signs offering services in various languages, a number of clients who are LEP have problems getting interpreters. Many clients have reported having to wait all day for something that took only 5 minutes simply because they could not speak English. One of my LEP clients had to ask her 12 year old son to interpret at the pharmacy. Another client has to call me whenever she goes to the pharmacy so I can interpret for her. One client uses his daughter as an interpreter whenever he goes to the doctor and was unaware that the hospital can provide him with an interpreter. There are also many cases of miscommunication where the hospital or public assistance office staff assumes that the client understands everything they are saying just because he/she has some command of English. Clients have consented to paying bills when they had no idea about how much their treatment was going to cost from a nod from a client was seen as a yes while he was simply embarrassed and also intimidated.

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

With support from:
The New York Immigration Coalition Health Collaborative

April 2008

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 things 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 *animus*.

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).

Pharmacies and medications are an important part of the healthcare system. Pharmacies provide the medicines people need to get healthy. While many community members receive language services when they are in hospitals, they are left unaided when they go to get the medicines their doctors prescribed them.

Many of our community members do not take the medicines they should be taking because they cannot understand the English-only labels; rather than put their lives in danger by taking the wrong dosage or making some other mistake, they choose to forgo their badly needed medicines. Some use their children or grandchildren to translate labels for them, putting a great responsibility on young children. Others take medications the wrong way and experience strong physical effects which lead them back to the doctor or the emergency room. Parents fear giving medications to their children for fear they will misunderstand the English-only labels. A report we first issued last year called "Bad Medicine" details more cases of individuals who have suffered and put their lives in danger because of the lack of language services in pharmacies all over New York City.

Many LEP patients never get counseling from their pharmacist, something required by law governing pharmacies, because the pharmacist cannot communicate with him/her, leaving the community member to try to decipher what the medicine is and how to take it. Many of the pharmacies that are doing the worst job providing language services are big-chain stores located in the middle of immigrant communities. By providing translation and interpretation services, pharmacies would not only be safeguarding patient health, but they would surely improve their flow of customers and strengthen their business.

We have seen that "mom-and-pop" pharmacies are doing a better job at providing language services. With little resources, these pharmacies are providing labels in the language their community members speak and employing multi-lingual staff members. It can be done. We do not envision that pharmacies should have to have a staff member for every language that walks in the door; but that they install and make use of basic systems like language lines or computerized translation of labels.

About a year ago, Make the Road New York, New York Lawyers for the Public Interest, and the New York Immigration Coalition filed a civil rights complaint with the Attorney General. This complaint detailed many civil rights violations by pharmacies across New York that are not providing language services. Our members wanted to file this complaint because, for them, language access at pharmacies is a life and death matter. We now look to the City Council to address this critical need.

Thank you for the opportunity to address this public health need in New York City.



LA UNIÓN HACE LA FUERZA
THE COMING TOGETHER OF
LATIN AMERICAN INTEGRATION CENTER
AND MAKE THE ROAD BY WALKING

Testimony of Make the Road New York

Make the Road New York is a community-based, member-led organization with offices in Bushwick, Brooklyn; Jackson Heights and Woodside, Queens; and Port Richmond, Staten Island – all areas of New York City with high numbers of limited-English-proficient (LEP) community members. Over the years Make the Road New York has worked to ensure that people who do not speak English or do not speak it proficiently have equal access to services.

Many of our community members are eager to learn English and are in the process of doing so. The ESL classes we offer at Make the Road NY are always full and we often have to turn students away for lack of space. There are far fewer subsidized English classes offered today than 16 years ago, even though the number of immigrants in New York has grown. In light of this situation and the fact that many of our community members work 12-18 hour days, learning English is a difficult and long process.

Regardless of whether people have access to English classes or not, there will always be people in New York City who do not feel comfortable talking about certain matters in English. Title VI says that no entity that receives federal money can discriminate on the basis of race, national origin or color. Thus, if entities like hospitals, government agencies, or pharmacies are not making their services equally available to all, they are violating Title VI. In the case of hospitals, Title VI was not sufficient to get hospitals to improve their language access services. Health advocates successfully fought for a regulation that explicitly mandates that hospitals must provide translation and interpretation services to its LEP patients.

The implementation of the hospital language access regulation has resulted in vast improvements in hospitals around New York City. In April, Make the Road New York, The New York Immigration Coalition and Korean Community Services released a report that showed significant language access improvements in public and private hospitals in New York City. These improvements have no doubt improved access to health for millions of New Yorkers.

501 GROVE STREET
BROOKLYN, NY 11237

TEL 718 418 7690
FAX 718 418 9635

49-06 SKILLMAN AVENUE
WOODSIDE, NY 11377

TEL 718 565 8500
FAX 454 0646

71-24 ROOSEVELT AVENUE
JACKSON HEIGHTS, NY 11372

TEL 718 565 8103
FAX 718 651 3828

479 PORT RICHMOND AVENUE
STATEN ISLAND, NY 10312

TEL 718 727 1222
FAX 718 981 8077

www.maketheroadny.org

DISCRIMINATION COMPLAINT

submitted to the

**STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
CIVIL RIGHTS BUREAU**

120 Broadway, 23rd Floor
New York, NY 10271-03332

This is a complaint filed by New York Lawyers for the Public Interest, Inc. (NYLPI) on behalf of limited-English proficient (LEP) members of Make the Road New York, Inc., a community-based organization with offices in Brooklyn, Queens and Staten Island as well as the New York Immigration Coalition Health Access & Advocacy Collaborative and other LEP individuals who have been denied meaningful access to pharmacy services in their primary language.

1. Persons Filing Complaint

Make the Road New York, Inc.
301 Grove Street
Brooklyn, NY 11237
(718) 418-7690

49-06 Skillman Avenue
Woodside, NY 11377
(718) 565-8500

71-24 Roosevelt Avenue, 2nd floor
Jackson Heights, NY 11372
(718) 565-8103

479 Port Richmond Avenue
Staten Island, NY 10302
(718) 727-1222

**New York Immigration Coalition
Health Access & Advocacy Collaborative**
137-139 West 25th Street, 12th Floor
New York, New York 10001-7277
Tel: (212) 627-2227

by

New York Lawyers for the Public Interest, Inc.

151 West 30th St., 11th Floor

New York, NY 10001

(212) 244-4664

2. Persons/Entity You Are Complaining About

CVS Pharmacy -

253 1st Avenue

New York, NY 10003

CVS Pharmacy

1622 3rd Avenue

New York, NY 10128

CVS Pharmacy

6502-6510 18th Avenue

Brooklyn, NY 11204

CVS Pharmacy

54-06 31st Avenue

Woodside, NY 11377

CVS Pharmacy

1933 Victory Boulevard

Staten Island, NY 10314

Duane Reade Pharmacy

54-11 Myrtle Avenue

Ridgewood, NY 11385

Duane Reade Pharmacy

5711 Myrtle Avenue

Ridgewood, NY 11385

Duane Reade Pharmacy

749 Broadway

Brooklyn, NY 11206

Kraupner Pharmacy
457 Knickerbocker Avenue
Brooklyn, NY 11237

Rite Aid Pharmacy
355 Knickerbocker Avenue
Brooklyn, NY 11237

Rite Aid Pharmacy
58-01 Queens Boulevard
Woodside, NY 11377

Rite Aid Pharmacy
45-02 43rd Ave
Sunnyside, NY 11104

Rite Aid Pharmacy
46-12 Greenpoint Avenue
Sunnyside, NY 11104

Rite Aid Pharmacy
162-19 Hillside Avenue
Jamaica, NY 11432

Rite Aid Pharmacy
3700-06 Junction Boulevard
Flushing, NY 11368

Rite Aid Pharmacy
66-54 Fresh Pond Road
Ridgewood, NY 11358

Eckerd Pharmacy
50-15 Roosevelt Ave
Woodside, NY 11377

Crown Drug Store
5713 Myrtle Avenue
Ridgewood, NY 11385

Hamtini Pharmacy
615 Seneca Avenue
Ridgewood, NY 11385

Gardener Pharmacy
371 Broadway
Brooklyn, NY 11211

St. Jude's Pharmacy and Surgical Supply Store
121 St. Nicholas Avenue
Brooklyn, NY, 11237

Walgreens Pharmacy
393 Front Street
Hempstead, NY 11550

Walmart Pharmacy
1123 Jerusalem Avenue
Uniondale, NY 11553

Pathmark Pharmacy
1351 Forest Avenue
Staten Island, NY 10302

Woodhull Prescription Center
751 Flushing Avenue
Brooklyn, NY 11206

3. Nature of Complaint

A. Statutory Bases for Complaint

- (1) Title VI of the Civil Rights Act of 1964.
- (2) N.Y. EDUC. LAW, §6800, et. seq. (2007).
- (3) N.Y. COMP. CODES R. & REGS. tit. 8, §63.6 (2007)
- (4) N.Y. City Code, tit. 8, § 8-107(17) (2001) (New York City Human Rights Law).

B. Statutory Violations Alleged

The following describes the ongoing policy and practices at CVS Pharmacy ("CVS"), 253 1st Avenue, New York, NY; 1622 3rd Avenue, New York, NY; 54-06 31st Avenue, Woodside, NY; 6502-6510 18th Avenue, Brooklyn, NY; and 1933 Victory Boulevard, Staten Island, NY which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to CVS Pharmacy services and programs:

- 1 CVS routinely fails to provide skilled, oral interpretation for LEP individuals who are seeking pharmaceutical services.

- 2 CVS routinely fails to respond to LEP individuals' requests for skilled interpretation services.
- 3 By routinely failing to provide skilled, oral interpretation for LEP individuals, CVS pharmacists violate their duty to conduct a proscriptive drug review before each prescription is dispensed or delivered to a patient.
- 4 By routinely failing to provide skilled, oral interpretation for LEP individuals, CVS pharmacists violate their non-delegable duty to personally counsel each patient prior to dispensing a prescription for the first time.
- 5 By routinely failing to provide skilled, oral interpretation for LEP individuals, CVS pharmacists violate their non-delegable duty to personally counsel each patient who requests such counseling upon refilling an existing prescription.
- 6 CVS fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
- 7 CVS fails to provide LEP individuals with oral translations of medication information and other necessary forms and materials.
- 8 By routinely failing to translate drug labels, CVS does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
- 9 By routinely failing to translate drug labels, CVS does not provide drug labels that bear adequate directions for use for LEP individuals.
- 10 By routinely failing to translate drug labels, CVS does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

The following describes the ongoing policy and practices at Duane Reade Pharmacy ("Duane Reade"), 54-11 Myrtle Avenue, Ridgewood, NY and 749 Broadway, Brooklyn, NY, which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to Duane Reade Pharmacy services and programs:

- 1 Duane Reade routinely fails to provide skilled, oral interpretation for LEP individuals who are seeking pharmaceutical services.

- 2 Duane Reade routinely fails to respond to LEP individuals' requests for skilled interpretation services.
- 3 By routinely failing to provide skilled, oral interpretation for LEP individuals, Duane Reade pharmacists violate their duty to conduct a prescriptive drug review before each prescription is dispensed or delivered to a patient.
- 4 By routinely failing to provide skilled, oral interpretation for LEP individuals, Duane Reade pharmacists violate their non-delegable duty to personally counsel each patient prior to dispensing a prescription for the first time.
- 5 By routinely failing to provide skilled, oral interpretation for LEP individuals, Duane Reade pharmacists violate their non-delegable duty to personally counsel each patient who requests such counseling upon refilling an existing prescription.
- 6 Duane Reade fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
- 7 Duane Reade fails to provide LEP individuals with oral translations of medication information and other necessary forms and materials.
- 8 By routinely failing to translate drug labels, Duane Reade does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
- 9 By routinely failing to translate drug labels, Duane Reade does not provide drug labels that bear adequate directions for use for LEP individuals.
- 10 By routinely failing to translate drug labels, Duane Reade does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

The following describes the ongoing policy and practices at Kraupner Pharmacy ("Kraupner"), 457 Knickerbocker Avenue, Brooklyn, NY, which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to Kraupner Pharmacy services and programs:

- 1 Kraupner routinely fails to provide skilled, oral interpretation for LEP individuals who are seeking pharmaceutical services.
- 2 Kraupner routinely fails to respond to LEP individuals' requests for skilled interpretation services.
- 3 By routinely failing to provide skilled, oral interpretation for LEP individuals, Kraupner pharmacists violate their duty to conduct a prescriptive drug review before each prescription is dispensed or delivered to a patient.
- 4 By routinely failing to provide skilled, oral interpretation for LEP individuals, Kraupner pharmacists violate their non-delegable duty to personally counsel each patient prior to dispensing a prescription for the first time.
- 5 By routinely failing to provide skilled, oral interpretation for LEP individuals, Kraupner pharmacists violate their non-delegable duty to personally counsel each patient who requests such counseling upon refilling an existing prescription.
- 6 Kraupner fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
- 7 Kraupner fails to provide LEP individuals with oral translations of medication information and other necessary forms and materials.
- 8 By routinely failing to translate drug labels, Kraupner does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
- 9 By routinely failing to translate drug labels, Kraupner does not provide drug labels that bear adequate directions for use for LEP individuals.
- 10 By routinely failing to translate drug labels, Kraupner does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

The following describes the ongoing policy and practices at Rite Aid Pharmacy ("Rite Aid"), 355 Knickerbocker Avenue, Brooklyn, NY; 45-02 43rd Avenue, Sunnyside, NY; 46-12 Greenpoint Avenue, Sunnyside, NY; 162-19 Hillside Avenue, Jamaica, NY; 3700-06 Junction Boulevard, Jamaica, NY; 66-54 Fresh Pond Road, Ridgewood, NY; and 58-

01 Queens Boulevard, Woodside, NY, which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to Rite Aid Pharmacy services and programs:

- 1 Rite Aid routinely fails to provide skilled, oral interpretation for LEP individuals who are seeking pharmaceutical services.
- 2 Rite Aid routinely fails to respond to LEP individuals' requests for skilled interpretation services.
- 3 By routinely failing to provide skilled, oral interpretation for LEP individuals, Rite Aid pharmacists violate their duty to conduct a prescriptive drug review before each prescription is dispensed or delivered to a patient.
- 4 By routinely failing to provide skilled, oral interpretation for LEP individuals, Rite Aid pharmacists violate their non-delegable duty to personally counsel each patient prior to dispensing a prescription for the first time.
- 5 By routinely failing to provide skilled, oral interpretation for LEP individuals, Rite Aid pharmacists violate their non-delegable duty to personally counsel each patient who requests such counseling upon refilling an existing prescription.
- 6 Rite Aid fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
- 7 Rite Aid fails to provide LEP individuals with oral translations of medication information and other necessary forms and materials.
- 8 By routinely failing to translate drug labels, Rite Aid does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
- 9 By routinely failing to translate drug labels, Rite Aid does not provide drug labels that bear adequate directions for use for LEP individuals.
- 10 By routinely failing to translate drug labels, Rite Aid does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

The following describes the ongoing policy and practices at Eckerd Pharmacy ("Eckerd"), 50-15 Roosevelt Avenue, Woodside, NY, which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to Eckerd Pharmacy services and programs:

- 1 Eckerd routinely fails to provide skilled, oral interpretation for LEP individuals who are seeking pharmaceutical services.
- 2 Eckerd routinely fails to respond to LEP individuals' requests for skilled interpretation services.
- 3 By routinely failing to provide skilled, oral interpretation for LEP individuals, Eckerd pharmacists violate their duty to conduct a prescriptive drug review before each prescription is dispensed or delivered to a patient.
- 4 By routinely failing to provide skilled, oral interpretation for LEP individuals, Eckerd pharmacists violate their non-delegable duty to personally counsel each patient prior to dispensing a prescription for the first time.
- 5 By routinely failing to provide skilled, oral interpretation for LEP individuals, Eckerd pharmacists violate their non-delegable duty to personally counsel each patient who requests such counseling upon refilling an existing prescription.
- 6 Eckerd fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
- 7 Eckerd fails to provide LEP individuals with oral translations of medication information and other necessary forms and materials.
- 8 By routinely failing to translate drug labels, Eckerd does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
- 9 By routinely failing to translate drug labels, Eckerd does not provide drug labels that bear adequate directions for use for LEP individuals.
- 10 By routinely failing to translate drug labels, Eckerd does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

The following describes the ongoing policy and practices at Crown Drug Store ("Crown"), 5713 Myrtle Avenue, Ridgewood, NY, which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to Crown Drug Store services and programs:

- 1 Crown routinely fails to provide skilled, oral interpretation for LEP individuals who are seeking pharmaceutical services.
- 2 Crown routinely fails to respond to LEP individuals' requests for skilled interpretation services.
- 3 By routinely failing to provide skilled, oral interpretation for LEP individuals, Crown pharmacists violate their duty to conduct a proscriptive drug review before each prescription is dispensed or delivered to a patient.
- 4 By routinely failing to provide skilled, oral interpretation for LEP individuals, Crown pharmacists violate their non-delegable duty to personally counsel each patient prior to dispensing a prescription for the first time.
- 5 By routinely failing to provide skilled, oral interpretation for LEP individuals, Crown pharmacists violate their non-delegable duty to personally counsel each patient who requests such counseling upon refilling an existing prescription.
- 6 Crown fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
- 7 Crown fails to provide LEP individuals with oral translations of medication information and other necessary forms and materials.
- 8 By routinely failing to translate drug labels, Crown does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
- 9 By routinely failing to translate drug labels, Crown does not provide drug labels that bear adequate directions for use for LEP individuals.
- 10 By routinely failing to translate drug labels, Crown does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

The following describes the ongoing policy and practices at Hamtini Pharmacy ("Hamtini"), 615 Seneca Avenue, Ridgewood, NY, which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to Hamtini Pharmacy services and programs:

- 1 Hamtini fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
- 2 By routinely failing to translate drug labels, Hamtini does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
- 3 By routinely failing to translate drug labels, Hamtini does not provide drug labels that bear adequate directions for use for LEP individuals.
- 4 By routinely failing to translate drug labels, Hamtini does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

The following describes the ongoing policy and practices at Walgreens Pharmacy ("Walgreens"), 393 Front Street, Hempstead, NY, which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to Walgreens Pharmacy services and programs:

- 1 Walgreens routinely fails to provide skilled, oral interpretation for LEP individuals who are seeking pharmaceutical services.
- 2 Walgreens routinely fails to respond to LEP individuals' requests for skilled interpretation services.
- 3 By routinely failing to provide skilled, oral interpretation for LEP individuals, Walgreens pharmacists violate their duty to conduct a proscriptive drug review before each prescription is dispensed or delivered to a patient.
- 4 By routinely failing to provide skilled, oral interpretation for LEP individuals, Walgreens pharmacists violate their non-delegable duty to personally counsel each patient prior to dispensing a prescription for the first time.
- 5 By routinely failing to provide skilled, oral interpretation for LEP individuals, Walgreens pharmacists violate their non-delegable duty to

personally counsel each patient who requests such counseling upon refilling an existing prescription.

- 6 Walgreens fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
- 7 Walgreens fails to provide LEP individuals with oral translations of medication information and other necessary forms and materials.
- 8 By routinely failing to translate drug labels, Walgreens does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
- 9 By routinely failing to translate drug labels, Walgreens does not provide drug labels that bear adequate directions for use for LEP individuals.
- 10 By routinely failing to translate drug labels, Walgreens does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

The following describes the ongoing policy and practices at Walmart Pharmacy ("Walmart"), 1123 Jerusalem Avenue, Uniondale, NY, which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to Walmart Pharmacy services and programs:

- 1 Walmart routinely fails to provide skilled, oral interpretation for LEP individuals who are seeking pharmaceutical services.
- 2 Walmart routinely fails to respond to LEP individuals' requests for skilled interpretation services.
- 3 By routinely failing to provide skilled, oral interpretation for LEP individuals, Walmart pharmacists violate their duty to conduct a prescriptive drug review before each prescription is dispensed or delivered to a patient.
- 4 By routinely failing to provide skilled, oral interpretation for LEP individuals, Walmart pharmacists violate their non-delegable duty to personally counsel each patient prior to dispensing a prescription for the first time.
- 5 By routinely failing to provide skilled, oral interpretation for LEP

individuals, Walmart pharmacists violate their non-delegable duty to personally counsel each patient who requests such counseling upon refilling an existing prescription.

- 6 Walmart fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
- 7 Walmart fails to provide LEP individuals with oral translations of medication information and other necessary forms and materials.
- 8 By routinely failing to translate drug labels, Walmart does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
- 9 By routinely failing to translate drug labels, Walmart does not provide drug labels that bear adequate directions for use for LEP individuals.
- 10 By routinely failing to translate drug labels, Walmart does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

The following describes the ongoing policy and practices at Gardener Pharmacy ("Gardener"), 371 Broadway, Brooklyn, NY, which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to Gardener Pharmacy services and programs:

- 1 Gardener routinely fails to provide skilled, oral interpretation for LEP individuals who are seeking pharmaceutical services.
- 2 Gardener routinely fails to respond to LEP individuals' requests for skilled interpretation services.
- 3 By routinely failing to provide skilled, oral interpretation for LEP individuals, Gardener pharmacists violate their duty to conduct a proscriptive drug review before each prescription is dispensed or delivered to a patient.
- 4 By routinely failing to provide skilled, oral interpretation for LEP individuals, Gardener pharmacists violate their non-delegable duty to personally counsel each patient prior to dispensing a prescription for the first time.

- 5 By routinely failing to provide skilled, oral interpretation for LEP individuals, Gardener pharmacists violate their non-delegable duty to personally counsel each patient who requests such counseling upon refilling an existing prescription.
- 6 Gardener fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
- 7 Gardener fails to provide LEP individuals with oral translations of medication information and other necessary forms and materials.
- 8 By routinely failing to translate drug labels, Gardener does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
- 9 By routinely failing to translate drug labels, Gardener does not provide drug labels that bear adequate directions for use for LEP individuals.
- 10 By routinely failing to translate drug labels, Gardener does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

The following describes the ongoing policy and practices at St. Jude's Pharmacy and Surgical Supply Store ("St. Jude's"), 121 St. Nicholas Avenue, Brooklyn, NY, which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to St. Jude's services and programs:

- 1 St. Jude's routinely fails to provide skilled, oral interpretation for LEP individuals who are seeking pharmaceutical services.
- 2 St. Jude's routinely fails to respond to LEP individuals' requests for skilled interpretation services.
- 3 By routinely failing to provide skilled, oral interpretation for LEP individuals, St. Jude's pharmacists violate their duty to conduct a proscriptive drug review before each prescription is dispensed or delivered to a patient.
- 4 By routinely failing to provide skilled, oral interpretation for LEP individuals, St. Jude's pharmacists violate their non-delegable duty to personally counsel each patient prior to dispensing a prescription for the first time.

- 5 By routinely failing to provide skilled, oral interpretation for LEP individuals, St. Jude's pharmacists violate their non-delegable duty to personally counsel each patient who requests such counseling upon refilling an existing prescription.
- 6 St. Jude's fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
- 7 St. Jude's fails to provide LEP individuals with oral translations of medication information and other necessary forms and materials.
- 8 By routinely failing to translate drug labels, St. Jude's does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
- 9 By routinely failing to translate drug labels, St. Jude's does not provide drug labels that bear adequate directions for use for LEP individuals.
- 10 By routinely failing to translate drug labels, St. Jude's does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

The following describes the ongoing policy and practices at Pathmark Pharmacy ("Pathmark"), 1351 Forest Avenue, Staten Island, NY, which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to Pathmark's services and programs:

- 1 Pathmark routinely fails to provide skilled, oral interpretation for LEP individuals who are seeking pharmaceutical services.
- 2 Pathmark routinely fails to respond to LEP individuals' requests for skilled interpretation services.
- 3 By routinely failing to provide skilled, oral interpretation for LEP individuals, Pathmark pharmacists violate their duty to conduct a prescriptive drug review before each prescription is dispensed or delivered to a patient.
- 4 By routinely failing to provide skilled, oral interpretation for LEP individuals, Pathmark pharmacists violate their non-delegable duty to personally counsel each patient prior to dispensing a prescription for the

first time.

- 5 By routinely failing to provide skilled, oral interpretation for LEP individuals, Pathmark pharmacists violate their non-delegable duty to personally counsel each patient who requests such counseling upon refilling an existing prescription.
- 6 Pathmark fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
- 7 Pathmark fails to provide LEP individuals with oral translations of medication information and other necessary forms and materials.
- 8 By routinely failing to translate drug labels, Pathmark does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
- 9 By routinely failing to translate drug labels, Pathmark does not provide drug labels that bear adequate directions for use for LEP individuals.
- 10 By routinely failing to translate drug labels, Pathmark does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

The following describes the ongoing policy and practices at Woodhull Prescription Center ("Woodhull"), 751 Flushing Avenue, Brooklyn, NY, which discriminate against LEP individuals who seek health care services at its facility and deprive them of meaningful access to Woodhull's services and programs:

- 1 Woodhull routinely fails to provide skilled, oral interpretation for LEP individuals who are seeking pharmaceutical services.
- 2 Woodhull routinely fails to respond to LEP individuals' requests for skilled interpretation services.
- 3 By routinely failing to provide skilled, oral interpretation for LEP individuals, Woodhull pharmacists violate their duty to conduct a prescriptive drug review before each prescription is dispensed or delivered to a patient.
- 4 By routinely failing to provide skilled, oral interpretation for LEP individuals, Woodhull pharmacists violate their non-delegable duty to

personally counsel each patient prior to dispensing a prescription for the first time.

5. By routinely failing to provide skilled, oral interpretation for LEP individuals, Woodhull pharmacists violate their non-delegable duty to personally counsel each patient who requests such counseling upon refilling an existing prescription.
6. Woodhull fails to provide LEP individuals with written, translated medication labels, medication information and other necessary forms and materials.
7. Woodhull fails to provide LEP individuals with oral translations of medication information and other necessary forms and materials.
8. By routinely failing to translate drug labels, Woodhull does not provide drug labels in such terms as to render them likely to be read and understood by an ordinary individual who is LEP.
9. By routinely failing to translate drug labels, Woodhull does not provide drug labels that bear adequate directions for use for LEP individuals.
10. By routinely failing to translate drug labels, Woodhull does not provide drug labels that bear adequate warnings against use where use may be dangerous to health or as may be necessary for the protection of the drug's user.

4. Are You Aware of Other Individuals Who May Have Been Subjected to the Alleged Discriminatory Conduct? If Yes, Provide Names, Addresses, and Telephone Numbers, If Possible.

Make the Road by Walking New York, through NYLPI, files this complaint on behalf of members of Make the Road New York. The New York Immigration Coalition Health Access & Advocacy Collaborative, through NYLPI, files this complaint on behalf of clients of Collaborative member organizations.

5. Have You Sought or Received Assistance from the New York State Division of Human Rights or Any Other Agency? If Yes, Provide Names, Addresses, and Telephone Numbers, If Possible.

No.

6. Are You Represented by a Private Attorney? If Yes, Provide Name, Address, and Telephone Number.

Yes.

New York Lawyers for the Public Interest, Inc.

Nisha S. Agarwal

Gavin Kearney

Marianne Engelman Lado

151 West 30th St., 11th Floor

New York, NY 10001

(212) 244-4664

7. **Is a Court Action Pending? If Yes, Provide Index Number and a Copy of the Complaint.**

No.

Appended to this Complaint are the following documents:

**Testimonies of Carlos M., Ma. Angela C., Carmen R., Maria C., Marta (Magali) J.,
Ivonne L., Anita G., and Irania S.**



LA UNIÓN HACE LA FUERZA
THE COMING TOGETHER OF
LATIN AMERICAN INTEGRATION CENTER
AND MAKE THE ROAD BY WALKING

The following testimonies were collected by Theo Oshiro and Juanita Lara, Health Advocates at Make the Road New York.

Carlos M.

Rite-Aid, 45-02 43rd Avenue, Sunnyside, NY

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.

CVS, 54-06 31st Avenue, Woodside, NY

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

www.maketheroadny.org

301 GROVE STREET
BROOKLYN, NY 11237

TEL 718 418 7690
FAX 718 418 9635

49-06 SKILLMAN AVENUE
WOODSIDE, NY 11377

TEL 718 565 8500
FAX 454 0646

71-24 ROOSEVELT AVENUE
JACKSON HEIGHTS, NY 11372

TEL 718 565 8103
FAX 718 651 3828

479 PORT RICHMOND AVENUE
STATEN ISLAND, NY 10302

TEL 718 727 1222
FAX 718 981 8077

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.

Rite Aid, 58-01 Queens Blvd Woodside, NY

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.

Gardner Pharmacy 371 Broadway, Brooklyn, NY

Woodhull Rx Center 755 Flushing Avenue, Brooklyn, NY

Maria Calderon 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.

St. Jude's Pharmacy and Surgical Supply, 121 St. Nicholas Ave., Brooklyn, NY

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.

Pathmark Pharmacy, 1351 Forest Avenue, Staten Island, NY

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.

CVS Pharmacy, 1933 Victory Boulevard, Staten Island, NY

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."

Irania S.

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 says she hopes more pharmacies start ensuring that their patients can understand their medications.

Testimony of Aida Torres – Member of Make the Road New York

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

I switched to another pharmacy that also does not provide me with written information in Spanish but has staff who speak Spanish and answer my questions. I believe that being informed in Spanish improves my health since I feel safe enough to take the medications my doctor prescribes me.

Testimonio de Aida Torres – Miembro de Se Hace Camino Nueva York

Buenos Dias. Yo me llamo Aida Torres. Yo iba al Duane Reade al frente del hospital Woodhull en Brooklyn. Pare de ir a esta farmacia porque nunca me pude comunicar con la gente ahí. Una vez fui al hospital Woodhull con dolor de músculos. Mi doctor me dio una receta pero nunca me dieron una explicación de la medicina. De todas maneras fui al Duane Reade para llenar la receta, pensando que le podía preguntar al farmacéutico sobre la medicina. Cuando me dieron la botella de medicina me di cuenta que estaba en Ingles. Como no pude leer la información yo trate de pedirle ayuda a alguien en la que hablaba español. Como no me sentí cómoda tomando la medicina sin saber que era o como tomarla, decidí no tomarla. En lugar de esa medicina me tome una simple Tylenol.

Cambie de farmacias a otra farmacia que tampoco emprime las etiquetas en Español pero tienen personal que habla Español y contestan mis preguntas. Pienso que ser informada en español mejora mi salud porque me siento lo suficiente segura para tomar las medicinas que el doctor me receta.

Testimonio de Marta Jacobo – Member of Make the Road New York

Mi nombre es Marta Jacobo y yo soy de la Republica Dominicana. Llevo 26 años viviendo en Bushwick, Brooklyn. Yo padezco de diabetes, asma y artritis y por eso yo tomo 6 medicamentos distintos cada día, como Ambien, Albuterol y Glucosamina. También tomo 4 vitaminas distintas diario. Yo recibo mi medicina de la Farmacia St. Jude en la Avenida St. Nicolas en Bushwick.

Yo no hablo ni entiendo bien el ingles, y como la farmacia no me traduce las recetas ni las instrucciones para tomar el medicamento, yo siempre ando preocupada que lo haya tomado mal. Cuando mi plan de Medicare cambia las medicinas que cubre, a veces yo no puedo leer las nuevas etiquetas de los frascos. Eso me preocupa porque no hay nadie en mi casa tampoco que me puede ayudar a tomar mis medicinas.

Hoy yo quiero decir a la ciudad que pase una ley para garantizar el servicio de traducción en las farmacias para que todos podemos tomar nuestras medicinas con tranquilidad.

Testimony of Marta Jacobo – Member of Make the Road New York

My name is Marta Jacobo and I am from the Dominican Republic. For the past 26 years, I've been living in Bushwick, Brooklyn. I suffer from a variety of illnesses, such as diabetes, asthma and arthritis, and as part of my treatment I take 6 different medications daily, including Ambien, Albuterol and Glucosamine, as well as 4 different vitamins. I receive my medications from St. Jude's Pharmacy and Sugical Supply on St. Nicholas Ave in Bushwick.

I don't speak nor understand English very well, and because the pharmacy does not translate the prescriptions for my medication, I am constantly worried that I have taken the wrong dosage or wrong pill. When my Medicare plan changes the medications that it covers, many times I cannot read the new labels on the new bottles. This frightens me because I don't have anyone at home who can help me take my medications.

Today, I ask the City Council to pass a law that will guarantee translation services in our pharmacies so that we can all take our medications with peace of mind.

Testimony of Maria Sanchez – Member of Make the Road New York

Hello and thank you for giving us the time to tell you of our problems at pharmacies. I am 65 years old and suffer from osteoporosis, high blood pressure and dizziness. For these conditions my doctor has me take prescription medications. When I go to Rite Aid pharmacy in Ozone Park, Queens I have a very difficult time. My English is not very good and I always receive medications with labels in English. My pharmacy never asks me if I need translated labels and I cannot ask for them myself since I do not speak any English.

I am very afraid to take medications without knowing the appropriate dosages so I depend on my 10 year old granddaughter to help me translate the labels on my medication bottles. Many times my granddaughter has come to the pharmacy with me and other pharmacy clients have come up to her for her help to translate the instructions on their medicines. This is a lot of responsibility for a 10 year old girl but usually I and others at the pharmacy have no choice but to ask for her help. The situation we are in at pharmacies is dangerous. Please help us by passing a law; we should all be able to understand our medicines so we don't get even sicker when we take them.

Testimonio de Julio Perez – Miembro de Se Hace Camino Nueva York

Hola a todos. Mi nombre es Julio Pérez y estoy aquí para contarles de problemas que he tenido en varias farmacias en Nueva York. Yo no hablo Ingles muy bien y no me siento cómodo comunicándome en Ingles sobre mis medicinas. He ido a una farmacia CVS en Brooklyn y nunca me han dado etiquetas de mis medicinas traducidas y nunca me han preguntado si leo Ingles. No puedo hablar con los farmacéuticos u otro personal de la farmacia por que no hablo Ingles y no me puedo comunicar con ellos.

Como no se como tomar mis medicinas, usualmente tomo mis medicinas como yo creo que se deberían de tomar, sin seguir las instrucciones. Yo se que esto es peligroso pero no me queda de otra porque no entiendo las etiquetas. A veces no tomo la medicina porque me da miedo que me va afectar. Una vea cuando tomo mi medicina sin saber exactamente como tomarlas, me sentí con nausea y mareos. Estoy muy preocupado por mi salud porque es posible que tome mi medicina de una manera equivocada y me enferme o peor. Por favor ayúdenme y a ayuden miles de otros Nuyorquinos. Necesitamos una ley que diga que farmacias tienen que traducir para que no tengamos que poner nuestras vidas en peligro. Muchas Gracias.

Testimonio de Hilda Gonzalez – Miembro de Se Hace Camino Nueva York

Buenos Dias. Me llamo Hilda Gonzalez y he tenido dificultades en farmacias en Nueva York. Recientemente fui a un Rite Aid en Queens y necesitaba hablar con alguien para hacer preguntas sobre las medicinas que necesitaba. Usualmente las etiquetas vienen en Ingles y no las entiendo, por eso queria hablar con alguien.

Le pedi a alguien que trabajaba en la farmacia por ayuda en español pero no me hizo caso. Le pedi por ayuda varias veces pero no me quiso ayudar y me ignora y atendio a otras personas. Me senti muy mal y le pedi mi receta y me fui. Yo creo que las farmacias no deben de discriminar asi. Farmacias deben de entender que hay gente que necesita traduccion para no poner sus vidas en peligro cuando toman medicinas.

Muchas personas en mi comunidad tienen este tipo de problema en las farmacias. Las farmacias deben de hablar con todos sus pacientes para asegurarse que entienden sus medicinas. Es muy peligroso si alguien que no recibe consejeria de la farmacia. Farmacias deben de cuidar de la salud de sus pacientes y tratar igual a los que hablan Ingles y a los que no hablan Ingles.

Testimony of Hilda Gonzalez – Member of Make the Road New York

Good morning. My name is Hilda Gonzalez and I have difficulties at pharmacies in New York. Recently I went to Rite Aid in Queens and I needed to speak to someone about my medicines. Usually labels come in English and I can't understand them and this is why I wanted to talk to someone directly.

I asked a pharmacy employee for help in Spanish but they did not pay attention to me. I asked for help in Spanish various times but the lady ignored me and helped other people. I felt very bad so I took my prescription and left. Pharmacies should understand that there are people that need translation so that they don't put their lives in danger when they take their medications.

Many people in my community have this kind of problem at pharmacies. Pharmacies should talk to all their patients and make sure that they understand their medications. It is very dangerous if someone does not get counseling from the pharmacy. Pharmacies should take care of the health of their patients and treat everyone people who speak and do not speak English equally.

Testimony of Irania Sanchez -- Member of Make the Road New York

Good morning. My name is Irania Sanchez. I have a variety of medical conditions and take many medications. I take medications for asthma, depression, allergies, and gastritis. Many times I feel very confused by all of the medications I take. Because many of my medication bottles are not translated, I have trouble keeping track of the correct dosages and instructions of all my medications.

I went to a CVS pharmacy which is located a few blocks away from my physician. The medication bottle I was given was written only in English and I did not understand how to take the medication. In my limited English, I asked for written information in Spanish and they said they did not have it. Since they could not provide this, I asked if someone at the pharmacy could help me in person. The pharmacy employee told me that they could not help me and that I had to ask my doctor for that information. Since I was not able to read my medication labels, I depended on friends who could read English to tell me what they said. My experience at CVS has always been the same. I can never understand the information on my medication labels and since then I stopped using CVS for fear that I will not understand the directions and will hurt myself.

I have had similar experiences at other pharmacies, most recently at a Rite Aid in Queens - they tell me they cannot help me translate and that I should find someone else to help.

All pharmacies should give information in a language the patient can understand. I would worry less about my health and medications if I could make sense of them in Spanish.

Testimonio de Irania Sánchez – Miembro de Se Hace Camino Nueva York

Buenos Dias. Mi nombre es Irania Sánchez. Yo tengo varias condiciones médicas y tomo muchas medicinas. Tomo medicinas para asma, depresión, alergia, y gastritis. Muchas veces me confundo por todas las medicinas que tomo. Se me hace difícil manejar mis medicinas y las dosis apropiadas por que las botellas de mis medicinas no están traducidas.

Yo fui a una farmacia CVS que esta ubicada a una cuadra de mi doctor. La botella de la medicina estaba escrita solo en Ingles y no entendía como tomar la medicina. Usando mi Ingles limitado, yo pedí por información en español y me dijeron que no lo tenían. Como no me podían dar esto le pregunte a la farmacia si había alguien que me podía ayudar. El empleado de la farmacia me dijo que no me podían ayudar y que vaya a mi doctor. Como no pude leer las etiquetas de mis medicinas, pido ayuda de amigos que saben Ingles. Mi experiencia en CVS siempre ha sido igual. Nunca puedo entender la información en las etiquetas de mis medicinas y desde entonces para de usar CVS por que temo que no voy a poder entender las indicaciones y me voy a enfermar.

He tenido experiencias similares en otras farmacias, mas recientemente en un Rite Aid en Queens – me dicen que no me pueden traducir y que debo de encontrar a otra persona para ayudarme.

Todas las farmacias deben de dar información en el idioma que entienda el paciente. Me preocuparía menos de mi salud y mis medicinas si pudiera entenderlos en español.

Testimony of Nisha S. Agarwal
Staff Attorney, New York Lawyers for the Public Interest
before the New York City Council, Health Committee
Oversight Hearing – Language access in New York City’s
pharmacies
June 16, 2008

Good morning and thank you for the opportunity to testify about the need to enact legislation that would clarify and strengthen the obligation of pharmacies in New York City to provide interpretation and translation services to people who are limited English proficient (“LEP”).

My name is Nisha Agarwal. I am a staff attorney with New York Lawyers for the Public Interest (NYLPI), a non-profit civil rights law firm. NYLPI strives to meet the legal needs of low-income New Yorkers who, among other things, face discrimination in the health care setting because of their race, national origin or the language they speak.

As many have testified today, language barriers prevent thousands of people who are LEP from obtaining medications and other important services in pharmacies throughout New York City. Laws do

exist that should prevent this from happening. Under federal laws such as Title VI of the Civil Rights Act of 1964, people who are LEP are entitled to receive interpretation and translation services so that they may access hospitals, clinics and pharmacies, among other things, on equal terms as everyone else. Also, under the State Education Law, pharmacists must provide individualized counseling to their customers to ensure that they know how to take their medication properly and safely, and medication bottles must be labeled in such a manner that customers can easily understand them. Pharmacies cannot meet these requirements for their LEP customers without also providing interpretation and translation services.

However, in my experience as an attorney who represents LEP communities in the health care setting, I have found that pharmacies are not meeting their obligations under existing laws – especially some of the larger, chain pharmacies that are so prevalent in New York City. Part of the reason for this is that, historically, state and federal laws governing language access have not been actively enforced with respect to pharmacies, even though the risks of not providing language assistance services are often just as high in pharmacies as they are in hospitals or clinics. In October 2007, NYLPI filed a civil rights

complaint with the New York State Attorney General's office on behalf of two of the organizations that are testifying here today, but aside from the investigation that resulted from that complaint, I know of no other enforcement action that has been taken by state or federal agencies to ensure that pharmacies are in compliance with the relevant state and federal laws.

Another major reason that pharmacies are out of compliance with existing language assistance laws is that those laws do not provide concrete guidance about what pharmacies should do to ensure equal access and patient safety – and this is where the City Council can step in. Existing language access laws are very broad. They tell pharmacies that they must make their services accessible to LEP individuals, but they do not tell them how or to what extent.

So, in a city like New York, where over 1 million people are LEP, pharmacies may not know if they need to be able to translate medication labels into the hundreds of languages spoken throughout the city, or simply the handful that are especially prominent in the communities where they are located. Sometimes, also, pharmacies mistakenly assume that if they were to provide interpretation services for the purposes of patient counseling they would have to hire pharmacists

who spoke dozens of different languages, or have on-staff interpreters – when, in fact, the obligation could easily be met by training existing staff or using a variety of different technologies available to provide interpretation.

The lack of clarity about what pharmacies should do under existing law has meant that they currently do very little at all. But the City Council can remedy this problem by enacting legislation that would clarify the obligations that pharmacies have to make their services accessible to all, regardless of language spoken. The purpose of such legislation would not be to supplant existing mandates, or even to add new and onerous regulation, but to provide concrete guidance to pharmacies operating within the unique context of New York City's many and diverse communities.

The legislation would ideally provide detailed guidance about

- Translation of medication labels and how to determine the languages into which labels should be translated;
- The need to provide interpretation services during patient counseling, with sufficient flexibility for the pharmacy to employ the mode of interpretation most suited to its own business and customer needs;

- Updating pharmacies' record-keeping systems so that they also track information about customers' primary or preferred languages; and
- Requirements to post notification about customers' rights to language assistance services in the pharmacy.

Far from adding to the regulatory mandates that pharmacies face, local legislation incorporating these key points should actually make it a lot easier for pharmacies to ensure that they are making their services equally accessible to all.

To give you an example of how clearer guidance can have a tremendous impact in the area of language access: In September 2006, the New York State Department of Health promulgated new regulations governing language access in hospitals that covered all of the same points I just outlined, among others. In that case, as in this one, laws were already on the books requiring hospitals to provide language assistance services, but patients were still not receiving them – often to disastrous consequences. The State Department of Health enacted the new regulations to strengthen and provide greater clarity to the existing requirements, and the results, two years later, have been quite impressive: advocates have monitored hospitals and found vast

improvements in the numbers of patients who actually receive interpretation services during their hospital visits; patients themselves report heightened knowledge of their rights to language assistance services, due to notice requirements contained in the new regulations; and, as an attorney working in this area, I have noticed that hospital administrators are increasingly willing to negotiate with me and my clients to figure out *how* to provide the necessary services, and not about *whether* or *why* they must do so in the first place. With similar guidance from the City Council, we can achieve the same results with pharmacies in New York City.

For people who are LEP, being able to access prescription medications and other important services in pharmacies in a language they can understand can be of life or death significance. The fact that so many people in our city are nevertheless unable to access these important services is troubling, but it is also a problem that it is within our capacity to fix. On behalf of my LEP clients, I urge the City Council to pass legislation that would strengthen and clarify the requirements that pharmacies have to provide language assistance services and make their services equally accessible to all New Yorkers regardless of the language they speak. Thank you.



The New York Academy of Medicine

At the heart of urban health since 1847

Testimony of Dr. Ruth Finkelstein, ScD

Vice-president for Health Policy

and

Jonathon Gass, MPH

Research Associate, Center for Urban Epidemiologic Studies

New York City Council, Health Committee

June 16, 2008

Thank you for the opportunity to speak today. We greatly appreciate the City Council's interest in language access in pharmacy settings. At The New York Academy of Medicine, we have been working on this issue for several years and would like to share some of our work – and findings – with you.

We started our work on pharmacies and language access with research: we conducted a telephone survey of 200 randomly selected NYC pharmacies. Interviews were conducted with a pharmacist on duty. The survey included questions on:

- frequency and language of limited English proficient (LEP) customers;
- languages spoken by pharmacy staff;
- ability to print translated medication labels and leaflets;
- frequency of translations; and
- other policies and practices regarding multilingual medication information.

Eighty-eight percent of pharmacists surveyed reported that they had LEP patients on a daily basis, but less than 40% of this group reported that they translated labels daily. 23% of those with daily LEP customers never provided translated labels. Although chain pharmacies are more likely to have the dispensing software with translation capabilities, independent pharmacies were much more likely (approximately 4 times as likely) to provide translated labels on a daily basis.

Verbal translation was also inadequate at NYC pharmacies. Although there are many bilingual pharmacists, few speak the language of their community and only 22% speak Spanish – the language of most LEP New Yorkers. They reported using staff, other customers or nearby merchants (none with interpreter training) to explain medication

instructions to LEP patients. Several chains have developed systems to access telephone interpreters, but there was only minimal use of these systems.

In our interviews with LEP patients, we asked them to bring their prescription medicine bottles – among Spanish speakers, less than 20% of their medicines included Spanish instructions on their labels. Less than half of Spanish speakers knew that Spanish language labels were available from pharmacies.

Through the surveys, we have identified a number of reasons for inadequate language services. Some of these reasons can be addressed easily, others are more systemic and beyond the control of individual pharmacists.

- Concerns about possible errors when printing translated labels into languages they don't understand. Pharmacists notice errors in English labels as the codes they type into their dispensing software are translated into full instructions. They assume there will be similar errors in translated labels but can not proofread them. There is a concern that the pharmacist will be held liable for such errors.
- Inadequacies in translation software, including:
 - Inability to print two languages on a single label (English is required by State and Federal law)
 - Limitations in the number of languages available with dispensing software programs
 - Costs associated with purchasing translated instructions (one dispensing software company charges \$10 per language per month)
- Inadequate systems for (1) identifying patients needing language services and (2) informing patients that language services exist. Just 8% of pharmacies sampled reported having signs informing patients that language services are available; 10% recorded language preference in patient records.
- Lack of awareness regarding the importance of full language access for medication efficacy and safety. Many pharmacists were satisfied with the use of ad hoc interpreters even if those interpreters had no interpreter or pharmacy training. Similarly, they trusted that all patients had someone at home or in their family who could translate written medication instructions.
- Lack of awareness regarding methods (such as signs) to ensure full utilization of the language resources available to (e.g. telephone interpreters, translated labels).

We are now conducting pilot interventions in 8 NYC pharmacies, including 2 HHC pharmacies (not yet started) and 6 independent pharmacies. Pilot interventions include paying for telephone interpreting services (using “Language Line”) for participating pharmacies. Some preliminary observations from this pilot work:

- Despite the fact that pharmacists receive an honorarium to participate and NYAM pays for the interventions, recruitment was difficult (confirming this is not a particularly high priority).
- Pilot pharmacies report that, except in rare instances, using the telephone interpreting service does not add time to the patient interaction. Interpreters are available almost immediately.

- Patient and pharmacist satisfaction with the telephone interpreting is high.
- In reviewing language line bills, the average call is almost 4 minutes long and costs \$9. This is likely prohibitively high, considering the dispensing fees pharmacies receive.
- Once made available, signs informing patients of language services are generally posted and are used as a means to add to the customer base. One pilot pharmacy is distributing translated announcements throughout its community (which includes Spanish, Russian, Albanian, and Vietnamese) and reports that advertising language services has improved business in his pharmacy.
- Pharmacists are willing to display translated patient information (e.g. leaflets from the Poison Center, DOHMH) and report that customer demand for such information is high (as indicated by the speed with which translated patient information is taken).
- Only one pilot pharmacy reports printing translated labels. They have prepared the translations themselves.
- Pharmacists participating in the pilot expressed interest in interpreter training and interpreter assessment, as they generally utilize pharmacy staff to interpret. They prefer a brief online course (maximum of 2 hours), due to other work demands. We were unable to locate any such courses (minimum was 8 hours).

Recommendations

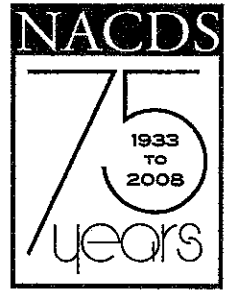
In light of these findings, we recommend the following:

- Education and training of all pharmacists focused on the significance of language services and methods for implementing them.
- Enforcement of language access laws according to the four factors federal fund recipients are to utilize in determining steps taken to assist LEP patients. Thus, pharmacy chains, with large resource bases and already developed systems for providing language services, should be required to implement language services.
- Development of systems to facilitate cost-effective language services in independent pharmacies, such as (1) an internet database of verified translations that can be printed with prescriptions (2) a city (or state) wide, reduced rate contract for phone interpreting services.
- Promotion of increased demand for language services through outreach to LEP patients, so they know which NYC pharmacies provide language services and they know to request those services.
- Prescription forms should include a box to indicate language needs of patients. Medical providers should be informed that pharmacies can provide verbal and written language services and that they should encourage patients to access such services.

We thank you again for the opportunity to speak on this important issue and welcome your questions and comments.



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES



Statement of the National Association of
Chain Drug Stores (NACDS)

To the Committee on Health

Monday, June 16, 2008

Anne Nolan Fellows
Director State Government Affairs
National Association of Chain Drug Stores
(978) 456-9235
afellows@nacds.org

On behalf of our members operating pharmacies in New York City, the National Association of Chain Drug Stores (NACDS) thanks the Committee for consideration of these comments regarding Language Access in New York City's Pharmacies. For the reasons discussed in this statement, we ask that the Committee refer this matter to the New York Board of Pharmacy for consideration and ask that the Board of Pharmacy get back to the Committee with their findings and recommendations.

Chain pharmacy understands the issues raised by the Committee in regards to patients that may speak languages other than English. Pharmacists are professional health care providers that provide pharmacy patient care dispensing services to their patients daily to assist them with their prescribed medications. Pharmacists understand the importance of patients taking their prescription medications and that some patients are not fluent in English. Pharmacists often assist patients with understanding the instructions for their medications in alternate languages if the need arises, and most pharmacies as they are local community businesses have pharmacy personnel that speak other languages that are available to assist patients with their language needs. Many of our members already have pharmacy programs to label patient's prescription containers in alternate languages for patients needing such assistance. Some of our members offer other services for patients with language needs such as access to telephonic language interpretation services to provide patients with prescription drug services in a large number of languages.

While we understand that this is an important issue and applaud the Committee for its leadership in raising this issue, we believe that this issue would be best served by engaging the expertise of the New York Board of Pharmacy ("Board"). The Board is well suited to consider these issues and determine possible solutions. They understand the pharmacy profession and how the profession serves the public. In addition, they have already met with the New York Academy of Medicine to discuss these issues. We believe that the Board working with the pharmacy community will provide insight into possible means to address these important concerns.

We respectfully ask that the Committee refer this matter to the New York Board of Pharmacy for consideration and recommendations. We thank you for consideration of our comments.

Anne Nolan Fellows
Director State Government Affairs
National Association of Chain Drug Stores



COMMISSION ON THE PUBLIC'S HEALTH SYSTEM

45 Clinton Street New York, NY 10002
212-246-0803 www.cphsnyc.org

**COORDINATING
COMMITTEE**

Arthur Edwards,
Co-Chair

Aparna Mekala,
Co-Chair

Aparna Mekala,
Treasurer

Sandra Opdycke,
Secretary

Edo Banach

Anne Bove

Adrienne Mercer

Ngozi Moses

Harold Osborn, M.D.

Daniel Porro

Carmen Santana

Gwendolyn Scott

Jackie Vimo (on leave)

STAFF

Judy Wessler
Director

Anthony Feliciano
*Education/Outreach
Coordinator*

Anna Lee
Administrative Assistant

Testimony – Commission on the Public's Health System
June 16, 2008 – New York City Council Health Committee
Language Access in New York City's Pharmacies

Thank you for inviting the Commission on the Public's Health System (CPHS) to testify today on this very important subject.

There are too many stories about people taking the wrong medicine, the wrong dose, or just not taking their prescription medications because they do not understand the importance of the medicine or the instructions given to them. Sometimes this is a plain communication problem. Other times it is a compounded problem because the labels and instructions are in English and the person's primary language is other-than-English. Too often the complaint one hears from health care providers is that the patient is "non-compliant." But often clearly it is not the patients' fault that they do not understand.

Medical care given without proper access to needed medications solves only half of a problem. There are many conditions for which the taking of medication is critical, and without the appropriate dose taken correctly, the consequences can be dire. So understanding how to take medicine is a very important part of good medical care.

We have reviewed the report from Make the Road New York and New York Lawyers for the Public Interest, entitled "Bad Medicine." This report documents the many problems that patients have with pharmacies and understanding medications.

Hospital and clinic pharmacies may have the capacity to write instructions in languages of the community – or they may have the capacity to have a staff person or interpreter available to explain the medication label and/or instructions. For these providers, monitoring and enforcement is needed. Many private hospitals no longer have an outpatient pharmacy and refer people out to community pharmacies.

There is a strong need to focus on community pharmacies and large drug store chains, which are also required to have interpretation and

translation of information. In order to protect people in need of medication, the following requirements should be imposed:

- Notices should be posted informing patients of their right to language assistance in pharmacies. The notices must be posted in the major languages spoken in the community.
- Language assistance should be provided for all patients in a pharmacy. Interpretation should be available to explain the medication, how to take it, and any potential side effects to watch for. Written information, including the label on medications, should be translated so that the patient can read it when they arrive at home.
- There should be monitoring and enforcement of these requirements in all pharmacies.