Lost in translation

A simple lesson about our emergency system might have saved a life.

BY KRISTINA KROHN, M.D., AND PATRICIA WALKER, M.D., DTM&H

Kou and Hay* were healthy when they arrived in the United States. There was no reason to think one of them would die shortly after settling in Minnesota.

The couple, Karen† refugees from Burma, had come to the United States at Kou's urging. He had some education, and he thought they could have a better life here than in the Thai refugee camp where they lived. Hay was hesitant, as she had only completed the third grade before her parents died and she and her siblings escaped into the Burmese jungle, fleeing the junta's army. She remembers nights walking single file, stretching to hold the hand of the sibling behind her. One night she saw a bullet tear through her sister's skirt, missing her sister's knee by centimeters. After her cousin was killed, she and three of her siblings headed for Thailand. She was 10 years old. Five other siblings stayed in Burma.

Kou and Hay, along with many other Karen, grew up in refugee camps in Thailand. Fighting between Burmese government forces and those of ethnic minorities that began during colonial times and has continued for decades has displaced at least 450,000 people. More than 140,000 of them, mostly Karen, currently live in refugee camps in Thailand.2

Hay smiled as she talked about meeting her husband. “I was so young. I did not know how to fall in love,” she said. “But my husband was older. He saw me, then he talked to my older sister to try to arrange the marriage.” Typically, parents arrange marriages, but Kou, then 27, convinced Hay’s sister and an aunt to arrange the marriage through his older brother. She became pregnant soon after the wedding.

It was for her children and Kou that Hay finally agreed to move to the United States. After their application as refugees was accepted, they went through cultural orientation classes in the camp; all she remembered from the classes was being told that someone would meet her family at the airport and recognize them because of their bag. Each refugee is given a blue-and-white plastic bag emblazoned with the logo of the International Organization for Migration that is filled with important medical and resettlement documents. Many refugees remember these bags as a requirement for traveling to America. Hay remembers meeting a woman at the airport, who, after seeing the bags, said “Welcome! Come here! I will show you the way!”

The family moved into public housing. Hay was five months pregnant with their fifth child. She worked to get her 8-, 7- and 5-year-old children into school and took care of the 2-year-old at home while Kou studied English so he could find a job. They were struggling but happy. After a few short months, they learned how to shop at the grocery store, set up a bank account and pay bills. Hay saw an obstetrician and delivered her baby. They were determined to move ahead with a new life.

When her son was 1 month old, something woke Hay one night at midnight—maybe it was the baby, maybe Kou had moved, Hay does not remember. But she

*Names have been changed.
†Pronounced ka-REN. The Karen are one of the largest ethnic groups in Burma.
knew something was wrong as soon as she looked over at her husband. “He was gasping. His head was arched back.”

Before rushing out of the apartment, Hay woke her four older children and instructed them to stay with their father. Then she ran into the hallway to get help. She had learned about calling 911, but because she did not speak English she worried that she would not be able to tell the operator what was happening. Instead of placing the call, she ran to get help from her neighbors, most of whom were also Karen.

She knocked on the first door, through which she could hear people moving around in the apartment. Someone came up to the peephole but turned away. She continued down the hall. “I knocked on many doors,” she recalled.

Finally, someone opened a door. They too did not speak English, so they got out their phone and called around the apartment building until they found a neighbor who did. This neighbor then called 911.

While Hay was running from neighbor to neighbor, Kou was dying. When the paramedics arrived they could not resuscitate him. At 3 a.m. the paramedics pronounced Kou dead. As far as Hay knows, her children were with their father when he died.

A week after her husband’s death, Hay visited her primary care doctor for grief counseling. She could not explain how Kou had died. If she had received the medical examiner’s report, she did not know what it was or what it said. The doctor saw Hay every other week for months, helping her work through her grief and referring her to a therapist. The clinic’s social worker helped her move to a new apartment, where she hoped she wouldn’t feel haunted by images of her dying husband. Finally, knowing that Hay needed closure, a resident physician working at the clinic called the medical examiner. The doctor was stunned by what she heard: Kou had died of asthma.

Kou’s medical record showed no indication of asthma. In talking with Hay, doctors only learned that he sometimes had a cough or “breathing trouble.” When Hay returned for her next visit, her doctor had her slowly describe what had happened that night. After hearing the story, her doctor returned to the workroom discouraged. “She didn’t know how to call 911. We failed her.”

The residents at our immigrant clinic spend a lot of time doing well-child checks. At each check-up, they go over the most common health problems that the child might face before the next visit. They also ask if parents know how to use a car seat and encourage kids to wear a helmet when biking. Before they heard Hay’s story, they would sometimes ask if their patients knew about our 911 system; but they did not explain how it works. They did not realize that immigrants like Hay need to understand that they do not have to speak English to use the system, that emergency personnel can pinpoint the location of a call and send someone to check on a caller in distress. They need to know that official wearing uniforms may show up—but that they are there to help. (Refugees may not have good memories of people in uniforms arriving at their doorstep.) Now, they try to tell patients, “If it is an emergency, just call. Talk in your own language. They will come. You can show them what’s wrong and they will help.”

Younger immigrants are generally healthy. Accidents cause most of the morbidity and mortality in this age group. They need to hear simple public health messages: Wear your seatbelt. Look both ways before crossing the street. Wear your bike helmet. Call 911 when there is an emergency. After we talked about the case of Hay and Kou in our clinic, we changed our practice. We now include 911 education during our patients’ new-arrival immigrant screenings.

We will never know if calling 911 three hours earlier would have saved Kou’s life. He might have died anyway. But next time, we don’t want to have this lingering doubt in our minds. We want to know that our patients know how to access help and that stories like Hay’s will never have to be told again. MM

Kristina Krohn is in the medicine-pediatrics residency and Global Health Pathway program at the University of Minnesota. She is also a recipient of the Stanford-NBC News Global Health and Media Fellowship, Center for Innovation in Global Health, Stanford University. Patricia Walker is director of the Global Health Pathway program and medical director of HealthPartners Travel and Tropical Medicine Center.

References
