Open letter to the Minister for Health, Welfare and Sport
Mrs. E.I. Schippers
P.O. Box 20350
2500 EJ The Hague
Netherlands

31st May 2011

Dear Minister,

As experts in the field of health care for migrants and ethnic minorities, we were surprised and dismayed to learn that you intend to abolish government subsidies for interpretation and translation in health care. For decades now, policy in the Netherlands has been held up as an example of good practice in this field. In this letter we would like to mention briefly the reasons why the consensus of informed opinion internationally is that, in this age of globalisation and diversity, subsidised interpretation and translation are essential for the provision of cost-effective and equitable health care.

In today’s health care, great importance is attached to good communication between patient and service provider. As evidence-based medicine advances, accurate diagnosis becomes increasingly important. Failure to use medical interpreters can result in misdiagnosis with serious negative consequences for health and recovery. The cooperation of patients in their treatment is also essential: non-adherence and drop-out are a major source of waste.

Against this background the question has become not so much whether countries can afford to introduce a system of interpretation and translation, but whether they can afford not to. Thanks to the far-sightedness of policy-makers in your Ministry 35 years ago, the Netherlands is already extremely well equipped to tackle language barriers. To us as outsiders it is incredible that you would consider taking such a huge step backwards in this area, when other countries are striving to move forwards. All recent recommendations by international bodies such as the IOM, the WHO and the EC stress the importance of combating language barriers in an equitable way.

It is not only treatment that relies on good communication: so too do effective health education and health promotion. These activities are especially important for migrants, because many are insufficiently aware of the risks of a Western life-style and do not know how the health system works. This can contribute to high levels of obesity, diabetes, cardiovascular disease and hypertension, as well as increased risks surrounding sexuality, pregnancy and childbirth, and failures to seek timely help for mental illness. Many countries, inspired by the Dutch example, are providing information and health education in languages that new migrants immediately understand. To us it is incomprehensible that your country should be putting a stop to such work.

The argument used to justify these cuts is that "patients / clients (or their representatives) are responsible for their own command of the Dutch language". We find it difficult to understand the relevance of this remark. Few people would disagree that migrants need to learn the language of the country they live in. However, the level of proficiency necessary in a complex and stressful medical encounter is much higher than that which is needed for everyday purposes. Moreover, it is not only out of wilfulness that some people are unable to speak Dutch at the required level. As people become older, it becomes harder for them to learn a new language; some migrants will not have been in the Netherlands long enough to acquire
sufficient fluency, or will simply lack the ability to do so. Some may not be able to afford language lessons.

The requirement that patients should pay for the costs of interpretation themselves will restrict access to health care for many migrants, who – as you must know – tend to be among those least able to pay such fees. It will add to the health burdens they already experience and increase social inequalities in health, contrary to the stated policy of the European Commission and most countries, including your own.

There seems to be a suggestion in your argument that denying proper health care to people with low Dutch proficiency will somehow encourage them to learn the language better. We consider this highly unlikely. Acute illness and health crises are not a clinically safe or appropriate time to promote new language acquisition. In any case, it would be quite unethical to punish people for not having worked hard enough at their Dutch lessons by denying them adequate health care. It should be remembered that it is not only the patient who is being punished, but also the health care staff who are deprived of the opportunity to do their job properly – to say nothing of the health authority which has to foot the bill for ineffective care. Indeed, the burden of untreated or inadequately treated illness is one which the whole society has to shoulder.

A strong international consensus is emerging to the effect that the only responsible way to ensure good communication is by employing professional interpreters and making translated materials available wherever they are needed. Much research has demonstrated that informal interpretation is seldom desirable or adequate.

For all these reasons, we urge you to reconsider the cuts being proposed, which in our view are likely to impose a more severe economic and social burden on Dutch society than the estimated saving of €19 million a year suggests.

Yours faithfully,

Professor Laurence J. Kirmayer, MD
James McGill Professor & Director
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McGill University
Editor-in-Chief, Transcultural Psychiatry
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Dr. Antonio Chiarenza, PhD
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URL: http://www.ausl.re.it/HPH/FrontEnd/Home/Default.aspx?channel_id=38

Professor Suman Fernando, MB BChir MD (Camb)FRCPsych
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URL: http://www.c-hm.com
Support for the letter from Prof. L. Kirmayer and others at http://mighealth.net/nl/index.php/Letter

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Von: Oliver Razum [mailto:oliver.razum@uni-bielefeld.de]
Gesendet: Dienstag, 31. Mai 2011 23:02
An: 'cie.vws@tweedekamer.nl'
Betreff: Support of Open Letter by Dr Kirmayer

Dear members of the Standing Committee on Health, Welfare and Sport,

I wish to express my wholehearted support for the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter.

Yours sincerely

Prof. Dr. Oliver Razum

Head, Dept. of Epidemiology & International Public Health
School of Public Health, Bielefeld University
P.O. Box 10 01 31, 33501 Bielefeld, Germany
phone : + 49 (0)521 106 3837; fax + 49 (0)521 106 6465

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Van: M & M Johnson [mailto:johnsons@cv77dq.freeserve.co.uk]
Verzonden: di 31-5-2011 22:56
Aan: cie.vws@tweedekamer.nl
Onderwerp: Support for languages other than Dutch in healthcare

I wish to express my very strong support for the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter protesting the proposed change in abolishing support for language services (interpreters, translation) in healthcare.

As Chair of the UK 'Working Group on Languages Support in HealthCare' (a committee set up by the Chartered Institute of Languages, in collaboration with academics and the UK Department of Health to debate and discuss these issues) I must advise on the strongest terms possible that the evidence for 'ITALS' (interpretation, translation and language support) for healthcare is unequivocal - in the USA, this has become not merely a matter of 'sensitivity' but also one of patient safety and clinical governance.

This is not the time or place to lay out the full detail of research and praxis but I assure you that the evidence is there, and that such a move would be a mistake in terms of public health and cost as well as human rights.

Yours faithfully

Prof. Mark R D Johnson
Dear Minister:

I would like to express my support for the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter.

As a resident of the UK, France and Switzerland over the last 10 years, I have had the opportunity to share with European colleagues our experiences in the United States with regards to improving access to medical interpreting and translation services. In the US, access to an interpreter is mandated by Federal civil rights law, which requires any health care provider receiving government funds to ensure that individuals are not denied quality health care services because of language differences. Of equal significance, the main health care quality accreditation agencies in the US -- The Joint Commission, the National Committee for Quality Assurance, and the National Quality Forum -- have issued standards on having interpreter services in hospitals and other health facilities as a means of ensuring quality of care, reducing medical risk, and enhancing patient safety. I would be happy to share further details of these laws and standards with you, along with examples of best practices.

I strongly urge you to continue your internationally well-regarded support for linguistically and culturally sensitive health services.

Sincerely,

Julia Puebla Fortier

Van: Julia Puebla Fortier [mailto:rcchc@aol.com]
Verzonden: di 31-5-2011 23:20
Aan: cie.vws@tweedekamer.nl
Onderwerp: Support for language services in health and social care
i would like to express my support for the open letter signed by prof. kirmayer and others at http://mighealth.net/nl/index.php/Letter .

communication between patient and caregiver is a key element in all medical practice. for immigrants with a limited knowledge of the language of the majority population, it is essential that they have the help of a translator to receive a proper diagnosis and treatment. therefore i find it most troubling that the dutch state is discussing the possibility of scrapping all subsidies for interpretation and translation in the health service. this would lead not only to unnecessary suffering in immigrant patients, but also to increased overall costs because of delayed diagnosis and misdirected treatments.

yours sincerely,

anders hjern, md, adjunct professor of paediatric epidemiology
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to interpreting services leads to waste of time and resources within health services and can only hinder the integration of minorities.

Best wishes
Dr Lucy Williams

Visiting Senior Research Fellow
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Van: lordpersaudofdevizes@googlemail.com namens Albert Persaud
Verzonden: wo 1-6-2011 00:29
Aan: cie.vws@tweedekamer.nl
Onderwerp: Open letter to the Minister for Health, Welfare and Sport
Minister for Health, Welfare and Sport
Mrs. E.I. Schippers
P.O. Box 20350
2500 EJ The Hague
Netherlands

I wish to express my support for the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter
As a clinician I have used interpretation and translation services for patients in healthcare: In the last 35 years I have reflected many times how essential these services helped me assess, diagnose and treat young men with depression, who wanted to kill themselves (suicide), mothers who after childbirth with Post Natal Depression wanted to kill the baby (infanticide) and men with Schizophrenia, hearing voices, very tortured by their thoughts, wanting to kill their mother (homicide). These services are essential for safe clinical practice and legally sound decision making.
Thank You.

Albert.Persaud. FRSPH
Co-founder and Director.
The Centre for Applied Research and Evaluation- International Foundation. (careif)
Centre for Psychiatry
Wolfson Institute of Preventive Medicine
Barts and The London, Queen Mary's School of Medicine & Dentistry
Old Anatomy Building
Charterhouse Square
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Fmr: Senior Policy Advisor: Department of Health: UK Govt.
Fmr: Member of the Mental Health Act Commission. UK

albert.persaud@careif.org
Van: Sandro Cattacin [mailto:Sandro.Cattacin@unige.ch]
Verzonden: wo 1-6-2011 09:52
Aan: cie.vws@tweedekamer.nl
Onderwerp: Interpretation and translation in health care

Sir, Madam,

I have heard about the proposition to cut interpretation and translation services in the health care system in the Netherlands and have read the Open Letter signed by Prof. Kirmayer and others. I agree completely with the argument expressed in this letter.

It is a very bad idea, politically and not economically or scientifically justified. We know from our large research experience in Switzerland and in Europe that costs of health care are dramatically reduced if patients can communicate with health care providers in a open and clear way. Translation services not only guarantee more respect in the relation between persons of different language and power, but contribute also significantly to the success of therapies, and this thanks to trust and adherence to the choices.

I hope that this questions will be debated seriously and without populistic shortcuts in the Netherlands.

Yours,

SC

Prof. Dr. Sandro Cattacin
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www.unige.ch/SES/socio/sandrocattacin/

Van: Polly Radcliffe [mailto:p.radcliffe@bbk.ac.uk]
Verzonden: wo 1-6-2011 14:09
Aan: cie.vws@tweedekamer.nl
Onderwerp: Abolition of translation services in Dutch health care

Dear Standing Committee on Health, Welfare and Sport,

I am writing to express my support for Dr Kirmayer’s letter concerning the proposed removal of translation and interpreting services in the Dutch health care system. Such a move would clearly have a detrimental impact on the care that non Dutch speaking migrants receive in the Netherlands. I ask that you reject this proposal.

Yours sincerely,

Polly Radcliffe

Dr Polly Radcliffe
Research Fellow
Institute for Criminal Policy Research
42 Store Street
London WC1E 7DB
Dear Members of Standing Committee on Health, Welfare and Sport

I wish to express my support for the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter. I fully agree with its contents.

In the interest of social justice and equitable health care, I would ask you to reconsider the decision and not abolish subsidies for translation and interpretation.

Yours sincerely

Professor Karl Atkin

Professor Karl Atkin, BA (Hons): DPhil
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www.york.ac.uk/healthsciences
Executive Editor, Ethnicity and Health
(http://www.tandf.co.uk/journals/carfax/13557858.html)

EMAIL DISCLAIMER http://www.york.ac.uk/docs/disclaimer/email.htm

Standing Committee on Health, Welfare and Sport:

I wish to express my support for the Open Letter signed by Prof. Kirmayer and others. It is a shame and a pity that a EU country is taking this kind of actions that hinders human rights regarding accessibility to health, one of the basic human rights.

Best wishes,
Dear Minister of Health

I wish to express my support for the Open Letter signed by Prof. Kirmayer and other colleagues at http://mighealth.net/nl/index.php/Letter

As minister of health you are certainly well informed of the correlation between discrimination and health. Therefore it is surprising that you suggest a policy which is very counterproductive when it comes to creating integration and furthermore, to respect everybody’s human rights.

Sincerely

Carin Björggren Cuadra

Ass Prof. Health and Society
University of Malmö, Sweden

I wish to strongly support the open letter signed by Prof Kirmayer and others at http://mighealth.net/nl/index.php/Letter, which makes very important points, very well made and which I endorse fully.

Charles Pace PhD
Snr Lecturer
Researcher and Trainer on Migrant Care
Dept of Social Policy and Social Work
University of Malta
Msida
Malta
From: CHRISTIANA KOUTA NICOLAOU [mailto:nnikolaou@cytanet.com.cy]
Sent: Thursday, June 02, 2011 8:03 AM
To: 'cie.vws@tweedekamer.nl'
Subject: Support to the Open letter to the Minister for Health, Welfare and Sport
Importance: High

To The Standing Committee on Health, Welfare and Sport

This is to strongly express my support to the open letter signed by Prof. Kirmayer and others (http://mighealth.net/nl/index.php/Letter).
In my country, we do not have this valuable source and support service of interpretation/translation especially for migrants which is mostly needed. It is something we are fighting for nowadays. Netherlands has always been proactive in health promotion and health education issues.
It is very disappointing of what is proposed to happen now. This will weaken movements in other countries, such as mine to support and provide culturally sensitive and competent care. Communication is the basis of it.

Regards

Christiana Kouta, Phd, Msc, Bsc, DiplN, RN
Lecturer in Community and Transcultural Nursing
Department of Nursing
School of Health Sciences
Cyprus University of Technology

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Van: Fuad Iraqi [mailto:fuadi@post.tau.ac.il]
Verzonden: wo 1-6-2011 10:19
Aan: cie.vws@tweedekamer.nl
CC: 'Fuad Iraqi'
Onderwerp: My support for the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter

Dear members of Standing Committee on Health, Welfare and Sport,

I am writing this email message to support for the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter
As an expert on the field of improving health care and welfare of minorities, I found it to be essential for me and the important cause, which is addressed in the letter to submit my support letter, and hoping it will influence the governmental decision and to meet the letter's requests.

If you need any further information, please do not hesitate of contacting me.

Best regards,

Fuad Iraqi

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Prof. Fuad A. Iraqi
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From: Gesine Sturm <gesine.sturm@gmail.com>
Date: 2011/6/1
Subject: open letter to the minister of health, welfare and sport
To: cie.vws@tweedekamer.nl

Dear Minister,

I would like to express my deep concern about the information that the Dutch government might stop the subsidies for translation in health care. This seems to be an extremely dangerous decision to me and I would like to express my support to the Open letter formulated by international experts Laurence Kirmayer, Antonio Chiarenza etc.

I am working on the issue of health care for minorities in research, teaching and practice, as a lecturer at the Paris 13 University and at the public hospital Hôpital Avicenne and the experiences of good practices in the Netherlands were and are still an important inspiration for our work.

sincerely,

Gesine Sturm

psychologue clinicienne, PhD
coordinatrice du DU psychiatrie transculturelle
Université Paris 13
74 rue Marcel Cachin
93003 Bobigny cedex
From: ioanna kotsioni <ioanna_kotsioni@yahoo.co.uk>
Subject: open letter for interpretation services in health care
To: cie.vws@tweedekamer.nl
Date: Wednesday, 1 June, 2011, 11:26

Dear Sir/Madam,

With this letter I would like to express my support for the Open Letter signed by Prof. Kirmayer and others on your government’s intention to abolish government subsidies for interpretation and translation in health care. In my own country, having recognized the importance of interpretation services for the provision of cost-effective care and for the protection of public health, we now begin to invest in the policy of interpretation in health care services. Please note that the policy in the Netherlands has been held up, by us, as an example of good practice in this field.

Sincerely

Ioanna Kotsioni
Athens Medical University

Van: Jitka Dvořáková [mailto:jdvorak@zsf.jcu.cz]
Verzonden: di 31-5-2011 23:37
Aan: cie.vws@tweedekamer.nl
Onderwerp: Support for the Open Letter (Prof. Kirmayer)

Dear members of Standing Committee on Health, Welfare and Sport,
I would like to support the Open Letter signed by Prof. Kirmayer. My opinions are the same in this area - language is the biggest barrier in medical care (cultural differences are “behind the words” and can be explained).
Yours sincerely,
Jitka Vacková

Mgr. et Mgr. Jitka Vacková, Ph.D.
Expert in Roma questions, social determinants of health (asylum seekers, recognized refugees, immigrants) and social work with foreigners
Adjunct Professor in Institute on Family and Neighbourhood Life. Clemson University, South Carolina, USA.

University of South Bohemia in Ceske Budejovice
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The Czech Republic
E-mail: jdvorak@zsf.jcu.cz
Phone: +420 389 037 661
Van: Kat Nower [mailto:katherine@racefound.org.uk]
Verzonden: wo 1-6-2011 12:15
Aan: cie.vws@tweedekamer.nl
Onderwerp: Open letter to the Minister for Health, Welfare and Sport

Dear Minister

I am writing on behalf of the Race Equality Foundation, UK charity and Strategic Partner of
the Department of Health, to pledge our support for the open letter produced by Prof.
Kirmayer and others (http://mighealth.net/nl/index.php/Letter).

As a charity promoting race equality in public services in the UK, we believe that translation
and interpretation services are essential to ensuring equity in access to healthcare. We echo
the sentiments expressed in the letter, and question the impact of the proposed policy not only
on migrants in the Netherlands, but also across the EU.

Please consider as a co-signatory:

Jabeer Butt
Deputy Chief Executive
Race Equality Foundation
Unit 35 Tileyard Studios
Tileyard Road
London N7 9AH

Your sincerely
Kat Nower
Information Officer
Race Equality Foundation
Gaddum House
Great Jackson Street
Manchester
M15 4AX

Tel: 01618 399799

Email: katherine@racefound.org.uk
http://www.raceequalityfoundation.org.uk

Van: livia bellina [mailto:liviabellina@gmail.com]
Verzonden: wo 1-6-2011 00:14
Aan: cie.vws@tweedekamer.nl
Onderwerp: Open Letter To Minister Nederland

To the Standing Committee on Health, Welfare and Sport at cie.vws@tweedekamer.nl
I wish to support the Open Letter signed by Prof. Kirmayer and others.

Livia Bellina
Medical Doctor Pathologist
(1993-2010 on Lampedusa Island)
NHS
Palermo, Italia
http://www.mobilediagnosis.net

Van: lynda lattke [mailto:lslattke@yahoo.com]
Verzonden: do 2-6-2011 10:00
Aan: actions333@gmail.com
Onderwerp: To whom it may concern-In support of the Open Letter

I fully agree with the letter written by Professor Kirmayer. Holland has been an ongoing example of good Public Health practice and I am shocked to hear this turn and cuts may take place. Studies by Glenn Flores show how misunderstanding between health staff and patients can and have led to life threatening consequences. The risks are far too many and it would create resentment as well as further migrants' social exclusion, let alone the health care costs in the long term. As professor Kirmayer says this is not the way to convince newcomers to learn the local language. For the sake of the country's budget and social wellbeing, it seems fundamental that the Dutch government reconssiders these cuts.
(I worked as a Medical Interpreter for the Cambridge Health Alliance, Boston Medical Center (Massachusetts) and the NHS in North London).

Lynda Lattke, MPH
Short-term consultant for the project "Immigrati e salute. Percorsi di integrazione sociale"
Laboratorio Management e Sanità-Scuola Superiore Sant'Anna,
Vía San Francesco, 18
Pisa 56127
Italy

Van: Manuel García-Ramírez [mailto:magarcia@us.es]
Verzonden: wo 1-6-2011 00:17
Aan: cie.vws@tweedekamer.nl
Onderwerp: Support for the Open Letter signed by Prof. Kirmayer

Dear Minister,
I wish to support the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter.
Yours sincerely,

Prof. Manuel García-Ramírez
Profesor Titular de Psicología Comunitaria
Universidad de Sevilla
http://investigacion.us.es/sisius/sis_showpub.php?idpers=1228
Dear Sir / Madam,

I am writing this email in support of the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter. I think that the decision to abolish subsidies for interpreters’ services in health care promotes a regression to the delivery of high quality health care to migrants and goes against the principle of the WHO Ottawa declaration (1986),

*Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.*

It is really a great pity that the Netherlands which has good practice in place in this area and which should be adopted by other countries is considering the waiving of the subsidy of such a valuable service:

**Netherlands:** Formal right to use interpreters. The Service of Interpreter & translator are free Professional interpreter is standard and paid by the government Informal interpreting is discouraged; Children are not to be used as interpreters.

Official policy on interpreting in health care in five European countries (TRICC Project, 2011)

It must not be forgotten that there are vulnerable groups who are abused by family member who are fluent in the host country language. This group is being put to endure further abuse by the sweeping general statement that every migrant will be made to learn the language of the host society. The abuser will never allow the victim to learn the language and puts the authorities mind at rest by appearing to be a dependent source for the victim. I would also like to refer to the Victoria Climbie Inquiry Report, Reder and Duncan, (2004) which has considerable implications for the training of professionals and the resources available to them.

The Dutch website http://www.tvcn.nl/en/ which promotes and gives clear information about how an interpreter service functions should be set as an example to all EU countries. According to Twilt et al., (2011), it seems that general practitioners frequently make use of informal interpreters which can be a dangerous practice especially when children are used due to parentification.

In view of the Dutch health care inspectorate which has so far regarded the use of a professional interpreters as standard the reasons for not arranging a professional interpreter could be organizational or practical issues which in my opinion need to be sorted out, rather than scraping subsidies for interpreters services.
By facing this situation seriously, investigating the reasons and the impact of waiving such subsidies, and discussing the ethics and ambiguities of why such a decision has been taken rather than putting the health of people at risk on the grounds of language problems would be more sensible and cost-effective in the long term.

Health care interventions cannot rely on the level of 'the responsibility of the command of the Dutch language' abilities especially for some languages which may take up a decade to become fluent and able to communicate well. In the meantime people become sick and need external help to be able to communicate well as do health professionals.

In Malta the setting up of formal interpreters in Primary Health Care has been a success story, so much so that we prefer to call them Cultural Mediators in Health Care because they do a lot more than just interpreting and/or translating: First of all they are trained, they are involved in health education sessions for migrants, they develop translated materials and they are allocated in health settings to receive and accompany migrants during clinical consultations. They are also a means of support and a relief for the frustrations of health professionals, prevent cultural clashes, promote an understand of health beliefs of migrants (it is very difficult to work out the differences between these beliefs and the bio-medical model) and they also prevent mis-diagnosis and medical errors. This service has also been adopted by the main acute hospital on the island and it is very well appreciated by consultants in various areas of medicine.

This in return proves to be a very cost-effective service. Therefore, I strongly suggest that this decision will be withdrawn in the Netherlands and hope that this highly developed country will continue to touch on humanity issues such as the development of good practices with regards to migrant health.

Regards,
Marika Podda Connor

Migrant Health Unit Coordinator
Department of Primary Health
Malta.
email: marika.poddaconnor@gov.mt

Van: Narinder bansal [mailto:n.bansal@ed.ac.uk]
Verzonden: wo 1-6-2011 11:15
Aan: cie.vws@tweedekamer.nl
Onderwerp: Open letter to the Minister for Health, Welfare and Sport

Dear Standing Committee on Health, Welfare and Sport,

I am writing to express my staunch support for the Open Letter sent to the minister and signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter.

I was horrified to learn that the minister for health is proposing to abolish government subsidies for interpretation and translation in health care. I hope the letter will make the minister realise how ill-advised and dangerous such a proposal is for the Netherlands and the health of its people - in the least by increasing the burden of ill health and health inequalities.

Kind regards

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For the attention of the Standing Committee on Health, Welfare and Sport

I am writing as an Edinburgh-based academic with extensive experience of research into migrant health to express my support for the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter.

Years of research has shown that communication issues between professionals and minority ethnic groups (including migrants) are one of the major challenges to accessing appropriate health care across a range of services. Making migrant groups solely responsible for communicating with professionals in a language that may not be fluent in, and may still be learning, is not helpful to themselves or to healthcare professionals. Healthcare professionals also need to be supported in communicating with migrants in order to provide the high standard of care that they have been trained to provide. Failure to support both migrants and healthcare professionals through providing interpreting services is a disservice to both, and may be viewed as breaching the human rights of vulnerable groups through denying them access to a key service.

News that policy makers in the Netherlands - generally considered to be progressive, and advanced among EU nations in providing high quality health care for migrants - are considering removing the provision of interpreting services has been received with shock. My colleagues and I sincerely hope that you will consider this matter more fully, before irrevocable damage to the healthcare system is done.

with best wishes
Gina Netto

Dr. Gina Netto
School of the Built Environment
Heriot Watt University
Edinburgh
Tel: 0131 451 8027
Rm no: WA 2.26
I write in support of the open letter by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter.

Yours faithfully,
Professor Uduak Archibong

Professor of Diversity / Director
Centre for Inclusion and Diversity (CfID)
University of Bradford
School of Health Studies
Unity Building, 25 Trinity Road
Bradford BD5 0BB

Tel: + 44 (0)1274 236347 Fax: + 44 (0)1274 236443 Mob: + 44 (0)7785 287599
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Web: www.bradford.ac.uk/acad/health/research/index.php

CfID Administrator: Kellie Barnes; Tel- +44 (0) 1274 236448
Email: diversityudy@bradford.ac.uk

Dear Standing Committee on Health, Welfare and Sport

I wish to express my support for the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter.

COMMUNICATION IS A HUMAN RIGHT.

Rashmi Singla

Dr. Rashmi Singla
Associate professor
Department of Psychology & Educational Studies
Universitetsvej 1, Hus P-9
Roskilde University,
4000 Roskilde
Denmark
rashmi@ruc.dk
Tlf.: (+45) - 46742562.
web: www.ruc.dk/~rashmi
Dear Minister,

I wish to express my support for the Open Letter signed by Prof. Kirmayer and others on the 31st of March 2011 on the decision to scrap interpretation and translation services in health care from the beginning of 2012. As a PhD candidate at the University of Edinburgh looking at type 2 diabetes among Indian and Pakistani migrants, I offer my full support to Prof. Kirmayer and his team.

Your faithfully,

Tania Porqueddu

PhD Candidate  
Social Anthropology  
School of Social and Political Science  
Room 3.15 Chrystal Macmillan Building  
15A George Square  
Edinburgh EH8 9LD

Standing Committee on Health, Welfare and Sport

Dear sirs,

With my colleagues, experts in the field of migration and health, I would like to express my deep concern with the intention of the Ministry of Health, Welfare and Sport to cut the expenses related to the translation costs in health care for migrants. As the Open Letter signed by Prof. Kirmayer and others clearly shows, the decision to deprive migrants who are not fluent in Dutch, one of the most difficult languages in Europe, of the professional interpretation will be certainly reducing the quality and accessibility of health care in the Netherlands.

More than that, against the recent recommendations by international bodies such as the IOM,
the WHO and the EC, this step back from the ideals of health equity would have negative consequences not only for the Dutch society, but also for those developing countries, which are still only on the way to follow the models of good practices initiated and implemented in the welfare states, like The Netherlands, during the last decades.

We believe, Dutch society with its leadership in Health, Welfare and Sport will reconsider proposed cuts.

With respect,

Veta Lazarashvili
MD PhD Psych MMedAnthrop

Director,
International Centre for Study of Migration and Health
Ilia State University

3/5 Q. Cholokashvili ave.
0162 Tbilisi, Georgia
(+995 32) 23 10 26
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From: Jan Cambridge <jancambridge@uwclub.net>
Date: 2011/6/2
Subject: To whom it may concern
To: actions333@gmail.com

I am writing in support of the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter.

It is sad to see the Dutch retrenching on their hitherto very laudable provision of language services to those whose Dutch is not good enough to support them in linguistically and institutionally complex situations. When human beings are ill, in pain and afraid their command of their mother tongue is reduced; any command of a second language will be reduced dramatically. The ‘let them learn Dutch’ rationale takes no account of what learning a new language as an adult requires, particularly among immigrant people with little or no history of formal education.

In her 2001 research report to the UK Department of Education and Skills, Philida Schellekens (a Dutch researcher) quoted Australian figures from previous work on second language acquisition to approximately A-level (which I believe equates to the Common European Framework of language competence at level B2). This is not a level at which one would expect a speaker to be competent to discuss the law or medicine in any detail, especially when competence is degraded by the pressure of the situation. See Schellekens, P. (2001) English Language as a Barrier to Employment, Education and Training. [online]
Available from: https://www.education.gov.uk/publications/eOrderingDownload/4RP21098.pdf (Accessed June 2011). These show the following figures:

“Taking the figure of 1765 hours of tuition, the following projections will apply to learners who speak no English to get to the point where they could participate in further study or get a job:

♦ Full-time FE students (450 guided learning hours per year) would need almost four years of study
♦ Adult students who learn English ten hours a week over 30 weeks a year would need five years and seven months of study
♦ Adult students who learn English four hours a week over 30 weeks a year would need 14 and a half years of study” page 11.

Does the Dutch government propose to invest in educating their immigrant population to this level in order that they may be better equipped to gain employment, as well as interact safely with medical staff? This would be a sensible thing to do in view of the risks involved in poor communications. I do wonder what effect this move might have on Dutch clinical staff’s professional insurance premiums and the risk to institutions of malpractice litigation. Of course, I am basing this reaction on the duty laid upon British clinical staff by their codes of conduct to protect the patient by means which include provision of information in a language the patient understands. Indeed the 2011 Directive on the application of patients' rights in cross-border healthcare refers, as it might prove difficult to show compliance in relation to treating citizens of other EU states were there to have been no suitable language support provided at a material time. There is a significant body of empirical research showing that harm comes to patients who do not have the services of competent, trained interpreters. Logically this must result in unnecessary additional healthcare costs. Divi et al, as one example, found that much larger numbers of LEP patients suffered adverse events which caused them harm during treatment than English speakers and that a majority of those adverse events were due to poor communication. (Divi, C., Koss, R. G., Schmaltz, S. P. and Loeb, J. M. (2007) Language proficiency and adverse events in US hospitals: a pilot study. Int J Qual Health Care, 19 (2): 60-67). The statistics in this study are stark.

I very much hope that the Dutch government will consider ways of improving efficiency of service rather than the sweeping abolition of service.

Sincerely

JAN CAMBRIDGE
MA, FITI, FCIL, RPSI
Spanish interpreter, translator, trainer
Member of the Chartered Institute of Linguists’ Working Group on Language Support in Health and Social Care
Jan.Cambridge@warwick.ac.uk
To whom it may concern;

I am writing in support of the Open Letter signed by Prof. Kirmayer and other experts at URL=http://mighealth.net/nl/index.php/Letter

Dutch:
Ik heb oudere mensen geholpen om Engels te leren. Ze zeggen altijd dat ze niet konden onthouden hoe dat gaat. Zelfs als ze een professor was of een doctor. Ik help asielzoekers ook. Als ze hier eerst komen, moeten ze altijd naar een doctor gaan. Om Engels goed te leren moeten ze meer dan twee jaar heel goed studeren. Het is dus heel belangrijk om een goede vertaler te krijgen.

(English: I have helped seniors to learn English. They say that they can not remember the rules. Even if they are Doctors or Professors. I also help refugees. When they come, they need a Doctor. To learn English well they need to study for at least two years. It is therefore very important to get a good translator.)

August Guillaume
13235-60 Street
Edmonton AB
T5A 0S4

----------- Forwarded message -----------
From: Marisa Berry Méndez <mberrymendez@ccrweb.ca>
Date: 2011/6/1
Subject: Support for interpretation in health services
To: actions333@gmail.com

To whom it may concern,

I have been made aware that the Dutch Ministry of Health is scrapping all subsidies for interpretation and translation in health care. As Settlement Policy Director at the Canadian Council for Refugees, I am writing you with my personal support of the Open Letter signed by Professor Kirmayer and other experts at http://mighealth.net/nl/index.php/Letter.

This de-funding of interpretation in the health sector shows complete disregard for the integration barriers faced by newcomers in the Netherlands, and I am very concerned about the disastrous effects it will have on newcomer's access to health services. Integration is a two-way street, and receiving country government should not abdicate all responsibility for successful integration, placing this task
entirely on the newcomer's shoulders. In addition, disregarding newcomer language
barriers in such a crucial area as health is harmful and shows contempt for
newcomers - not a good precedent to encourage a well-integrated and happy society.
Such measures instead work to create a two-tier society where newcomers are not
welcomed or helped to integrate, and have unequal access to essential services.

This measure will have negative effects in the Netherlands, and it sets a bad
example for governments all around the world.

Sincerely,

Marisa Berry Méndez

________________________
Marisa Berry Méndez
Settlement Policy Director / Directrice de la politique en matière d'établissement
Canadian Council for Refugees / Conseil canadien pour les réfugiés
mberrymendez@ccrweb.ca
www.ccrweb.ca
Tel. : 514 277-7223 x 5

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---------- Forwarded message ----------
From: G. Eric Jarvis <eric.jarvis@mcgill.ca>
Date: 2011/6/1
Subject: Support for Open Letter
To: actions333@gmail.com

To Whom It May Concern,

I am writing in support of the Open Letter signed by Prof. Kirmayer and other experts.
Interpretation and translation in health care is a basic service, without which competent health
care cannot be given to those who do not speak the majority language.

G.E. Jarvis, M.D.
Assistant Professor of Psychiatry
Division of Social and Transcultural Psychiatry
McGill University
Montreal, Canada

Director
Cultural Consultation Service
Jewish General Hospital
Montreal, Canada

Medical Director
First Episode Psychosis Program
Jewish General Hospital
Montreal, Canada
Dear Madam, Dear Sir,

I am writing to you in support of the Open Letter signed by Prof. Kirmayer and other experts concerning your decision to abolish all subsidies for interpretation and translation in health care. I am a psychologist working who has been working with victims of torture and war for the past 8 years, and I am appalled at this decision for the reasons so well described by Prof Kirmayer. I sincerely hope that you will reconsider an initiative which will have such adverse effects on those who are amongst the neediest and who have suffered the most.

Best regards,

Meilleures salutations,
Barbara Whitaker
Consultation pour victimes de torture et de guerre
rue Gabrielle-Perret-Gentil 4
1211 Genève 14
Tel: +41 22 372 3011
Fax: +41 22 372 9645

While other countries are struggling to gain government coverage of translation/interpretation, to achieve what Holland has been practicing for years on end, it is shameful to know that the government opted to lean towards discrimination in access to healthcare.

Logically, there is no human being who would willingly live in a receiving country with a language disadvantage. Obviously, this decision will directly affect those who have no economic means to improve their language fluency.

The right to understand and be able to communicate one's own questions, wishes, fears is a basic human right, and governments should do their best to ensure this right.
I hope that activists and citizens in Holland would persevere to change the course of this decision.

Zeinab Jeambey  
Project Coordinator,  
"Migrant-Friendly Maternity Nursing Care and Perinatal Outcomes"  
McGill Nursing Research Institute  
2155 Guy St, Suite 400-7  
Montréal, QC H3H 2R9  
Tel: (514)843-1419  
Fax: (514)843-1439

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Van: Mike's Anderson  
Verzonden: do 2-6-2011 16:43  
Aan: actions333@gmail.com  
Onderwerp: Provision of Interpreting

I am writing to express my support for the Open Letter sent by Prof. Kirmayer and colleagues.

Yours faithfully,

Charles C. (Mike) Anderson, MPA  
National Council on Interpreting in Health Care - Outreach Committee

Physician Practice Consulting  
Providing strategic direction  
for physician practice and clinic management

503-360-8898  
ppc.anderson@me.com

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Van: Nanda Hennipman <nhennipman@oorsprongadvocaten.nl>  
Datum: 3 juni 2011 13:09  
Onderwerp: to whom it may concern  
Aan: actions333@gmail.com

Als asieladvocaat weet ik als geen ander hoe belangrijk het is een tolk ter beschikking te hebben bij gesprekken met cliënten. Het is onaanvaardbaar geen tolken meer ter beschikking te stellen in de gezondheidszorg! Er zijn of worden ook mensen ziek voordat ze een inburgeringstraject hebben doorlopen.  
Oorsprong Advocaten  
N.J.A. Hennipman-Karelse

Maliesingel 55  
3581 BR Utrecht  
T: 030-2753388  
F: 030-2718600
To whom it may concern,
I would like to express my support for the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter.

I'm doing research in the field of interpreting in health care since about 10 years now. There is strong scientific evidence that migrants and other minorities not speaking the dominant language have poorer health conditions. Cutting budget for interpreting will diminish the health status of your non-Dutch speaking population and will increase the cost of other healthcare services as these people will need more acute healthcare.

If no professional interpreter is available, patients and healthcare practitioners will use other institutional staff (nurses, janitors...) or patients' family members (spouse, child...). These ad-hoc interpreters have no training in interpreting and no ethical background. Researches (my own and others) show that this choice will hamper the communication which is the heart of evaluation, diagnostic and treatment processes, and in fine patients' health won't improve. Economically speaking, this is again a mistake as these patients will come back for more healthcare.

I urge you to reverse your decision about erasing this budget and I hope you will make Netherlands stay a leader in interpreting in healthcare, a needed model for any immigration country.

Regards,

Yvan LEANZA
Professeur agrégé
Laboratoire Psychologie et Cultures

Directeur
Alterstice - Revue Internationale de la Recherche Interculturelle
www.alterstice.org

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CANADA
Tél. : 418 656-2131 #7312
Fax : 418 656-3646
To whom it may concern,

I am writing in support of the Open Letter signed by Prof. Kirmayer and others at http://mighealth.net/nl/index.php/Letter.

Sincerely,
Judith Ainsworth

Judith Ainsworth, M.A., D.E.A.
Boursière CRSH Joseph-Armand Bombardier
Doctorante
Département de didactique
Faculté des sciences de l'éducation
Université de Montréal
Montréal, QC Canada
jainsworth1@sympatico.ca

Van: Fintan Sheerin [mailto:SHEERINF@tcd.ie]
Verzonden: vr 3-6-2011 14:33
Aan: cie.vws@tweedekamer.nl
Onderwerp:

Dear Sir/Madam,

Further to the Dutch government’s proposal to scrap all subsidies for interpretation and translation in health care, I wish to express my serious concern at the potential implication of this for health care and I strongly support the recent letter signed by Prof. Kirmayer and others.

Yours faithfully

Dr. Fintan Sheerin
Lecturer in Intellectual Disabilities
School of Nursing and Midwifery
University of Dublin
Trinity College Dublin
Tel: +35318964072
Webpage: http://healthsciences.tcd.ie/pls/Nursing_Midwifery/staff.detail?uname=sheerinf