

## 1.3 Case Studies

### Case Study 1: Anila's Health Care Experience

Anila is a 22-year-old immigrant to the U.S. In her rural home in her native country, she worked hard since childhood and went to school inconsistently, so her native language literacy skills are weak. In Virginia, she cleans hotel rooms by day and, when energy and family needs allow, she goes to ESOL classes four nights a week for two hours each night. She is in the beginner class and is an eager learner. She is glad for the opportunity to improve her language and literacy skills to help attain her goals of better employment and being able to help her kids with schoolwork when they come to live with her in the U.S. This week Anila's ESOL class has been working on their health unit. Anila has been practicing saying names for parts of the body. She has also been practicing a dialogue for calling a doctor's office to make an appointment.

Ironically, Anila has no doctor to call for an appointment. She, like many recent immigrants, does not have health insurance and sees a check-up as an unaffordable luxury. Also, like many recent immigrants, she was trying to ignore some physical symptoms she was having because she felt that, without insurance and without English, she would not be able to find affordable care to treat the symptoms. (Anila has no real idea how much a doctor's visit to check out her pain would cost, but she's heard from friends that the doctor is tremendously expensive in the U.S.) She has had some dizziness and some sharp pains in her belly off and on for a while. She tells herself to work through the pain, that it will go away. Sometimes she takes some herbs from her native country which seem to help for a little while.

Today, as she was leaving work, Anila had a sharp pain and passed out. Before she knew it, she was in an ambulance on her way to the hospital. People were asking her things in loud English. She wanted to understand but she couldn't concentrate on what they were saying. She also wanted to ask someone to pick up her child from daycare, but she couldn't get the English words out. She felt scared, alone, powerless, and in a lot of pain. She also felt a crushing panic that whatever they were doing was going to cost her a lot of money that neither she nor her family had.

Once she arrived at the hospital, Anila was put in a room where people in hospital uniforms kept coming and going. No one spoke her native language, but they kept talking to her in English. Some spoke slowly and some spoke loudly, but she didn't understand anyone. Someone helped her into a strange gown. Needles were stuck in her and a tube was put in her arm



without her knowing what was going on or why. This was nothing like the experiences she'd had with the doctor in her native country. Anila cried quietly to herself, thinking that if she could only remember her cousin's phone number, he could come and translate for her to help her understand what was happening to her and possibly get her out of there before it cost her family all their money.

Finally, after what seemed like hours, a nurse brought in a strange phone with two handsets. The nurse gave Anila a handset. Anila waited, not knowing what to do with it. Then, at last, a person came on the line and spoke her language. Anila was so relieved. The person explained that they were a medical interpreter and that they would help her understand the nurse and doctor. Anila was so grateful to hear this mysterious person in the phone that could help her figure out what was going on. She had so many questions, about her child's safety, the cost of the ambulance and the hospital, what was wrong with her, what they were doing to her, and whether someone could call her cousin to come be with her and help her.

#### Self-study Questions:

- What emotions was Anila experiencing throughout this health care situation?
- If Anila were your student, how could you, through your health unit instruction, help her and her classmates to be more prepared for this kind of emergency situation?
- Identify some important pieces of knowledge about using U.S. health care that Anila was missing that might have helped her. What discrete pieces of information could you teach or provide ESOL learners in beginner classes in a simple way to help them understand more about:
  - U.S. primary care?
  - U.S. emergency care?
- What specific questions could you teach Anila and her classmates to help them communicate their needs more effectively in a possible emergency room visit?
- Are there any services in your community that you could refer Anila and her classmates to if they lack primary health care and health insurance?



## Case Study 2: Petya's Vision

Petya was a laboratory technician in a hospital and a promising medical student in his native country. He felt proud and optimistic. Then the political situation changed and his family had to leave in a hurry. Now he is living with cousins in the United States and he feels tremendous frustration on a daily basis. While he had been feeling so confident in his native country, he now feels completely dependent on others. Things that would have been so simple to accomplish in his native country now seem like huge mountains to overcome. If only he could speed up the process of learning English, getting a license, and learning how to get things done in the U.S. To top it all off, on one particularly frustrating day, he lost his glasses. Now he needs to get his eyes tested and figure out how to pay for new glasses. He's starting to get headaches without them and has trouble seeing the board correctly in school. He's pretty sure he can't afford to go to that expensive-looking glasses boutique in the shopping mall. He knows about a free clinic nearby, but Petya's cousin checked and they don't do vision testing. He asked his ESOL classmates if they know a place to get low-cost vision care, but the classmates shared that they were having the same problem finding vision testing, and hearing testing as well. In Petya's native country getting a new pair of glasses would be such a simple thing. Here, it seems a near impossible task.

Self-study Questions:

- What is Petya's immediate health care need? What emotions is this bringing up for him?
- If Petya was your student, how could you help him with this problem through your health unit instruction?
- Are there any local services you could refer Petya to for support?

## Case Study 3: Soraya's Son

Soraya arrived as a refugee to the U.S. about two years ago. She is going to ESOL classes each morning as her teenaged kids go to high school. She told her teacher that she is a little concerned about one son. He used to be pretty thin. Now he looks really strong because he goes to the gym and works out every evening. He has big muscles, she says. He told her he gets a special medicine over the Internet that he takes right before working out and that the medicine makes his muscles bigger. Soraya wasn't worried until he came home from the gym in the last week complaining a few days in a row that his heart was going too fast. She wonders if that has something to do with the medicine from the Internet. Her son says she worries too much, that the medicine is perfectly safe.

Self-study Questions:

- What is the health challenge in Soraya's family?
- How could you help Soraya and other learners find reliable information to help them understand family health challenges?

### **Case Study 4: Frehiwot's Story**

Frehiwot came every day to her afternoon ESOL class. Her teacher noticed that over time Frehiwot was looking more depressed. One day, during the class health unit, Frehiwot shared with the class that she was feeling very sad and tired. She explained that ever since she was pregnant a few years ago she had been having seizures and getting more and more sad and tired. The teacher asked if she saw a doctor for her seizures. Frehiwot said she had no insurance so she just went to the emergency room whenever she needed more seizure medicine. In the ER, she saw different doctors every time and seldom had an interpreter. (Ironically, Frehiwot didn't realize that she lived a block away from a free clinic which she was qualified to use.) She said she didn't think the medicine was really helping because she still had seizures. She said the constant possibility of having a seizure made her afraid to learn to drive or get a job. Staying at home made her feel sadder. She said she really missed her kids, too. She left them in her native country to be cared for by their grandparents because she felt she was not able to be a good mother while she was so tired and sad and worried about seizures.

Self-study Questions:

- What emotions is Frehiwot experiencing around her health issues?
- If Frehiwot were your student, what kinds of community resources could you teach the class about that might help in her physical and emotional health situation?
- What are some basic questions for communicating with a health care provider that could be helpful for Frehiwot to learn, even at a beginner level?

### **Case Study 5: Chun's Story**

Chun is a 25-year-old woman who arrived in the U.S. last year. She is living with her uncle's family. Chun has been feeling weak lately and has been taking some herbs from her native country to increase her energy. One afternoon she was at home with the family and she went into an unresponsive state. Her English-speaking 16-year-old cousin Mike called 911 and accompanied Chun in the ambulance to the ER. Doctors couldn't find



any specific cause for her condition on initial tests, and Chun didn't respond to treatments they tried. A doctor asked Mike if Chun had been taking any traditional medicines recently. Mike said no. Later, the doctor asked the same question to Chun's uncle with the help of an interpreter. The uncle also said no. Two days later Chun was still unresponsive. The uncle revealed at that time that Chun had been taking herbs from their native country to improve her energy. The doctor was able to start a treatment to counteract the effect of the herbs and Chun became responsive again.

Self-study Questions:

- Why do you think Chun's family members did not tell the doctor immediately about Chun's use of traditional herbal medicine?
- How might you help your learners avoid a situation like this through your health instruction while showing respect for their cultural views on health and health care?

### **Case Study 6: Armando's Housemate**

Armando is a 30-year-old immigrant to the United States. He is single and works in construction. He lives in a house with a bunch of other men who work at the same construction company. At 2 a.m. on Saturday morning, Armando's cell phone rang. It was the hospital. Someone spoke to him in slow English saying that they found Armando's phone number in a sick man's phone. They think the sick man's first name is Felix, but they don't know his last name. Armando said that Felix was one of his new housemates who just started working construction with him. The person at the hospital said Felix was hit by a car and is now unconscious. They said they need someone to come to the hospital and answer questions about Felix. They also said they need to find Felix's parents or wife. Armando felt terrible for Felix. He also felt a mountain of stress suddenly on his shoulders. Felix doesn't have insurance; no one in their company does. If Armando goes to the hospital, will he be responsible for Felix's medical bills? He doesn't know where any family is for Felix. What happens if Felix gets worse? Armando has always been healthy, so he hasn't talked with many doctors in his life, and none in English. Will Armando have to make decisions about Felix's care if no family members are found? Will he be asked to sign any official papers at the hospital?

- What conflicting emotions is Armando feeling in this situation?
- How might you help your learners prepare for a possible situation like this through your health instruction? What basic information might you teach them about the health care system that might help them be less fearful and better able to function in a situation like Armando's?

