

June 2, 2022

**Via Email (abigail.taylor@state.ma.us; sandra.wolitzky@state.ma.us)**

Abigail Taylor, Chief  
Civil Rights Division  
Sandra Wolitzky, Deputy Chief  
Health Care Division  
Office of Massachusetts Attorney General  
1 Ashburton Place  
Boston, MA 02108

**Re: Discrimination and Deficient Quality of Care at East Boston Neighborhood Health Center**

Dear Chief Taylor and Deputy Wolitzky:

Thank you for investigating the Complaint we filed on March 15, 2022 on behalf of Centro Presente regarding discrimination and deficient quality of care at East Boston Neighborhood Health Center (“EBNHC”). As you know, Centro Presente is a member-led organization dedicated to elevating and advocating for the needs of the Latino community of Massachusetts, many of whom rely on EBNHC for their healthcare needs.

We have particularly appreciated your willingness to travel to Centro Presente to hear directly from individual patients who have experienced subpar healthcare, misdiagnosis, and discrimination at EBNHC. We hope that these interviews have given you additional perspective on the issues raised in our Complaint, including the many ways that EBNHC’s practices disproportionately harm immigrants, MassHealth insurance holders, and women. As outlined in our Complaint, these practices constitute race, national origin, and public accommodation discrimination, in violation of numerous federal and state laws. *See* M.G.L. c. 272 s. 92A, 98; M.G.L. c. 93A; 42 U.S.C. s. 2000a.

As we receive additional information relevant to the Complaint, we will continue to provide it to you. Each day, more patients approach Centro Presente to share their own incidents of mistreatment and misdiagnosis at EBNHC.

At the same time, we thought it would be helpful to set forth reforms that the community believes would be necessary to rectify these harmful practices at EBNHC. We want to not just flag problems, but provide solutions as well. The following suggested reforms are the product of deep discussions that Centro Presente has led with the communities directly affected by the issues outlined in our Complaint. We hope they can spark further discussion when your office reaches the remedy phase of your investigation.

**Training – All EBNHC staff, from healthcare workers to administrative staff, should receive cultural-competency and trauma-informed care training, specifically relating to issues of gender-based violence and the root causes of migration from Central America.**

At the heart of many of the issues raised in our Complaint is a failure on the part of EBNHC to meaningfully connect with the communities it serves. Quality healthcare depends on a deep understanding of the patient. As you heard in the interviews you conducted, without that connection, communication falters and diagnoses are missed.

Many in EBNHC's patient population come to the Center with a background of years of trauma. In particular, many women have come to the United States fleeing horrific gender-based violence in their home countries. The wounds of these traumas run deep and affect everything from the patients' physical and mental well-being to how they interact with healthcare providers. Failure to recognize and take account of this background history amounts to discrimination based on gender and national origin.

For that reason, all EBNHC's staff should be educated and trained on the unique issues faced by immigrant patients, and women in particular. This will not only inform their practice, but will also ensure that immigrant patients' health concerns are adequately addressed, thus decreasing the possibility of misdiagnosis or deficient quality of care. Better treatment will improve outcomes and reduce the number of patients who return to EBNHC for unresolved medical issues, thus, decreasing complications and costs. To accomplish this, EBNHC should retain an experienced specialist to spearhead ongoing mandatory trainings for all staff. Centro Presente and its membership, who have deep personal experience with these issues, should be consulted in the creation and execution of staff training programs. Lawyers for Civil Rights can also help identify trainers with appropriate background and cultural competency.

**Mental Health Services – EBNHC should increase mental health providers at EBNHC.**

EBNHC's approach to providing high-quality healthcare must be holistic with a focus on both physical and mental health. In addition to the issues cited above, an extensive body of research demonstrates that experiences of racism and bias have profoundly negative effects on the mental health of people of color. Incidents of discrimination, including by EBNHC itself, are compounded by the unique stressors and trauma faced by the immigrant community. It is of particular importance that the mental health providers are well-versed on issues confronted by Central American women (*e.g.*, femicide, domestic violence, sexual abuse, gang violence).

For all of these reasons, EBNHC should commit to ensuring a wider availability of mental health services for its patient population, including social workers, psychologists, and psychiatrists in the clinic with training to work with Central American immigrants, particularly women. These professionals should be trained to understand the reality of domestic violence, trauma, gender violence, and sexual abuse.

**Immigrant Health Center – EBNHC should create a Center for Immigrant Health to provide culturally-competent, quality healthcare to the immigrant community.** The solutions outlined above can best serve the needs of immigrant patients if EBNHC creates a space deliberately and specifically catered to this population. EBNHC can look to other health

care providers in Massachusetts that have successfully accomplished this as a model.<sup>1</sup> Such a center would optimize immigrant health outcomes, serving as a one-stop location for patients to learn about their health, receive resources and guidance. This would be mutually beneficial for EBNHC as it can elevate their reputation as leaders on health issues affecting the immigrant community and in providing premier and equitable healthcare services.

**Third-Party Review of Treatment Protocols – Reform EBNHC’s treatment protocols to guard against misdiagnosis and substandard care.** As our Complaint outlines, and as you heard in the many interviews you conducted, EBNHC often fails to properly diagnose medical conditions. The problem is particularly acute for MassHealth insurance holders, with EBNHC often refusing to run diagnostic tests and thereby missing serious medical conditions. At EBNHC, there is also a strong presumption and perception that certain services cannot – or should not – be offered to MassHealth insurance holders.

Similar to the recommendation for staff training, the community feels strongly that reforms of EBNHC’s treatment protocols must come from outside of EBNHC. Specifically, a third-party expert should be brought in to analyze EBNHC’s treatment protocols, identify gaps and failings, and then implement reforms that will minimize instances of misdiagnosis and substandard care. Progress towards reform should be measured through quarterly audits. The audits would review the current policies and protocols to ensure that EBNHC is implementing best practices recommended by the outside expert relating to patient evaluations, diagnosis, and patient directives/treatment plan, regardless of the patient’s racial identity or insurance coverage. This will demonstrate that EBNHC is holding itself accountable and committed to improvement.

**Translation/Interpretation Services – EBNHC should improve its translation/interpretation services, to ensure that language does not stand as a barrier to quality healthcare.** As you heard in the interviews you conducted, one of the biggest barriers to ensuring equitable healthcare at EBNHC is language access. Patients need to be able to communicate with their healthcare providers to ensure equal access to care. EBNHC has a legal obligation to provide qualified and competent interpreters and readily available translation services 100 percent of the time and at a level equal to English speakers. As you heard in your interviews, when EBNHC patients interfaced with bilingual EBNHC staff, it was more often with administrative or nursing staff than doctors. Moreover, patients with limited English proficiency often had to wait longer for interpretation to be available or were treated with impatience for requiring translation services. Improving the level and quality of these services will allow patients to feel comfortable expressing all their health concerns and confident about the care that they receive at EBNHC. The Center for Immigrant Health, proposed above, could provide the infrastructure for EBNHC’s language access services and serve as a home for relevant resources.

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<sup>1</sup> For example, MassGeneral Hospital’s Center for Immigrant Health “seeks to ensure that all MGH employees are equipped with the knowledge and resources to meet the needs of immigrant patients, and that all immigrant patients — regardless of legal status — feel safe accessing care to optimize their health.” See *Center for Immigrant Health*, Mass. General Hospital, <https://www.massgeneral.org/children/immigrant-health> (last visited May 25, 2022).

**Wait Times – EBNHC must reduce waiting times, especially for emergency room services.**

Patients are constantly confronted with excessive wait times despite having appointments and when seeking emergency room services. These wait times are often then exacerbated by the language access issues cited above. EBNHC's patients are largely working class and attending doctor's appointments often means taking time off work. This is not always feasible. EBNHC's patients should not be forced to decide between making ends meet and securing quality healthcare. EBNHC is the largest community health center in Massachusetts, and as such it must provide the necessary resources to support an effective system where patients get the help that they need in a reasonable timeframe.

It is our clients' hope that the discriminatory incidents that occurred can serve as a springboard to reforms that will remedy the harms experienced by EBNHC patients, prevent such harms from reoccurring in the future, and ultimately, strengthen EBNHC and its role in the East Boston community. Notably, EBNHC has "sponsored content" in the Boston Business Journal, demonstrating the availability of resources to implement the proposed community solutions.

We deeply appreciate the Attorney General's responsiveness to the concerns raised by EBNHC patients to date and look forward to continuing the process from here. We are available to discuss these solutions in further detail at your convenience.

Sincerely,

Iván Espinoza-Madrigal

Oren Sellstrom

Mirian Albert

*On behalf of Centro Presente and its members*

cc: Patricia Montes, Executive Director of Centro Presente  
Margret R. Cooke, Commissioner, Department of Public Health