

The Invisible Walls of Care: Language, Trust, and Fear in the ER

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A young boy, no older than five, sat quietly watching a children's show on his mother's phone. She lay on the hospital bed with him tucked into her arms, her body tense in a way that suggested that this was not just another visit. I began asking routine questions, and her eyes widened. Before she could respond, her son, still focused on the screen, started translating into Spanish. He did it with ease, as if this were something he had practiced. As I watched this interaction, I realized I was having a medical conversation through a child who hadn't even started kindergarten.

When I returned to the nurses' station, I learned that there were no Spanish speakers on this patient's care team. In the next room over, a mother cried as she tried to soothe her newborn, unsure of what was wrong. The father hovered nearby, struggling to explain their concerns in broken English mixed with Punjabi, hoping his concerns could be transmitted. Despite being in a community with a dense Punjabi population, they were met with the same barrier. As I passed by, a nurse asked if I could translate.

The moment I spoke Punjabi, the father's shoulders dropped. Relief washed over his face as the words finally came out, a rush of frantic questions, fears, and confusion. I had no authority to answer them. I was only a volunteer. But as the only Punjabi speaker present, I became the bridge between the care team and the family, carrying urgency and emotion back and forth across a language divide. Nearly three hours after my shift was supposed to end, the patient was transferred to another hospital. As the family prepared to leave, the fear returned to their eyes, the quiet realization that they might have to start all over again, unheard once more.

Emergency rooms are places people go when they have nowhere else to turn. Emotions are already at their peak – fear, pain, uncertainty all colliding at once. For immigrant families, language adds another layer to that vulnerability. Last summer, I volunteered in my local emergency department serving a rural immigrant community. The patient population varied in race, culture, and background, but one common thread ran through nearly every interaction: a language barrier.

Patients arrived with all kinds of concerns—unbearable body aches, stomach viruses, open wounds – but what lingered most was not the physical pain. It was hesitation and the anxiety of not being understood. Even seemingly routine questions—where they lived, what work they did, how long they had been in the area—were met with noticeable hesitation. The emergency room is meant to be a safe haven, a place to seek help without hesitation. Yet when symptoms, fears, and questions are lost in translation, that sense of safety becomes fragile.

In the current political climate, many immigrant families no longer view hospitals as neutral spaces. There is an unspoken fear of who might be listening, who might be reporting, or who might be waiting outside. Some families delay seeking care altogether, unsure whether walking into an emergency department could expose them to consequences far beyond their medical concerns. For those who do come, every interaction is carefully weighed. Questions go unasked. Words are chosen

cautiously. Fear follows them into rooms meant for healing. Language barriers do not exist in isolation; they intersect with fear, power, and survival.

Serving the communities we come from, or are surrounded by, requires more than clinical care alone. It requires meeting people where they are, honoring the languages they speak, and recognizing that understanding is not a luxury in healthcare; it is a necessity.