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Appreciating Arabic Speaking Cultures

By Chris Kirwan

What goes through your mind when you see a woman with a hijab (head covering), or hear two Arabic speakers greeting each other with “Salam alykoum”? Across our society, in today’s political climate, we have all heard of reactions that are not kind, welcoming or tolerant toward Muslims, Arabic speakers, or Middle Easterners in general. MGH has proudly stood strong against such intolerance and prejudice, and taken steps to create a culture of diversity, inclusion and mutual respect.

Mark G Kuczewski, PhD writes “there is no social problem that will not enter the health care system and need to be addressed in some way by clinicians.” Our community at MGH has certainly felt the impact of Executive Order 13769 (the “Travel Ban” targeting seven countries) some personally, others by the emotional fallout it has created for them and their families, and still others by the offenses cast toward good and innocent people. We cannot, therefore, ignore the fact that these social problems affect all of us in the clinical world in some way.

It would be impossible in this short article to look at all the Arabic speak-

ing cultures there are, but just a small glimpse might help spark an appreciation of the broad range of cultures that make up the Arabic speaking world. The goal is to offer some insight into the dynamics involved in caring for and working with people from Arabic speaking cultures and to appreciate the diversity of those cultures.

Each of our own Arabic staff interpreters come from unique and diverse cultures. While each of their stories are compelling in different ways, they all share a journey away from the home of their birth, to a home in a new nation; one that welcomed them and one to whom they were grateful. Claudia Alachi came from Damascus, Syria in 1984; Khalil Elrayah came from Khartoum, Sudan in 1988; Rabia El-Boukhrissi from Rabat, Morocco in 1999 (by the way, her husband is from Casablanca!) and Omar Waid from Baghdad, Iraq in 2010. We also have three per diem interpreters: Hany Nakhla from Egypt, Laila Tagzine from Morocco; and Zeina Tabbaa from Syria.

Not unlike their patients, they all came to this country with a different set of expectations and hopes.

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Though Claudia is from a war torn country, prior to her departure she lived a very happy life as a Christian in a predominately Muslim country where tolerance and respect were essential to the local culture.

Omar escaped his country in the midst of war a mere 10 days after graduating from medical school. He journeyed through Egypt and Jordan, practicing medicine and waiting 4 years to obtain his papers to come to the United States. Rabia’s name was chosen in a lottery to receive her documents to emigrate to the United States; ironically it was her sister who entered her name, but Rabia who received her papers.

Each of our interpreters hears stories of how their communities have been affected emotionally by the climate that exists among some in our society

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toward Arabic speakers and those of the Muslim faith. However, there are also stories of solace. After the Executive order was issued, people would post notes of support and encouragement on the door of the Muslim prayer room, a prayer room which in itself is a significant symbol for our Islamic colleagues at MGH. Around 2002, as Khalil remembers, the hospital created this prayer room in an act of openness and value for the Islamic community. Word of this spread throughout the staff and to patients; who appreciated this gesture of welcoming and inclusion.

Faith is foundational for our Muslim patients and their families. It guides them and informs them. It is very important that this be respected in order to establish a dialogue and fruitful relationship with the patient and family. Just as hope is the reason for some who come to these shores; faith is a guiding light for those facing sickness and disease. However, not all Arabic speakers are Muslim, so presuming that they are doesn't match reality; neither does presuming that all follow the same strain of Islam. There is a rich diversity of Islamic traditions.

Many of our Arabic speaking patients express deep gratitude for the way in which they have been treated as patients and as persons. They feel safe here because of the care shown to them by our staff. Claudia noted that, "Our hospital is becoming more and more aware of the Middle Eastern cultures;" a very positive sign in line with our philosophy of diversity and inclusion. Each patient, in turn, enriches our hospital by their presence, and our communities with their contributions.

Professional boundaries for the medical interpreter guide the interpreter to do their job to the utmost of their ability, but empathy gives life to the relationship making the interpreter a more effective conduit. Genuine empathy is easily recognized and eases the fears of patients and families. It is a necessary starting point to communicate openness and acceptance. It assures the patient and their family that they will be cared for in the same manner as any other patient at Mass General, regardless of the political situation or societal prejudices.

Just as a conversation with the patient about their medical history can yield the most critical keys to an accurate

diagnosis; a dialogue with the patient in an effort to get to know them, opens the relationship to be a productive and effective one with the goal of the patient's health and positive outcomes in mind.

If communication is indeed the cornerstone of any relationship; and if you believe that healthcare is relationship based; then our efforts at becoming more informed and aware in the midst of an increasingly diverse workforce and patient population will give way to stronger relationships; higher quality care, and stronger, more cohesive communities. While this is a work in progress, the hard work of developing a culture of diversity and inclusion here at MGH will yield benefits to all who walk through these historic portals. MGH strives to be a beacon of light for patients, families and staff of all diverse backgrounds and identities who come to seek their healthcare here.

DID YOU KNOW that some Muslim women prefer that male providers knock before entering their hospital rooms so that they may put on their head covering? It is a part of their religious observance, and a sign of respect for them.



Our MGH Arabic interpreters (from R to L) Laila, Omar, Claudia, Khalil and Zeina. Rabia in insert.

MGH Medical Interpreter Services Receives Partners in Excellence Award

By Andy Beggs, CMI

On April 27, 2017, in a ceremony under the Bulfinch Tents, the Medical Interpreter Services (MIS) team was a recipient of the Partners in Excellence Award. Chantha Long, our Khmer interpreter who has been on the team for 22 years, received the award on our behalf, and each member received a certificate in recognition of their personal efforts as part of this exemplary team. The nomination for the award, in the category of Teamwork, came from Chris Kirwan, who is the Project Coordinator and a member of the leadership team of MIS.

Chantha learned of the award in a personal letter from David F. Torchiana, MD, President and Chief Executive Officer of Partners HealthCare. Dr Torchiana noted that “an important feature of the Partners in Excellence awards program is that the nomination come from colleagues who recognize the ‘above and beyond’ efforts your team has made, as well as your team’s accomplishments and commitment to an aspect of the Partners HealthCare mission.” When Chantha went to receive the award from Peter Slavin, MD, President of MGH and Anne Klibanski, MD, Chief Academic Officer of Partners HealthCare to the uproarious cheers of her colleagues, Dr Slavin remarked to her that she had



the loudest cheering section!

Upon hearing news of the award, Anabela Nunes, Director of MIS, congratulated her team, stating that, “I can’t think of a team that works together as well as you do. You support one another and in challenging times you rise to the occasion and do whatever it takes to ensure that we are able to meet the demands of the work and serve our patients by contributing to their high quality and safe health care.”

Congratulations are due to the entire staff of MIS for this important award and more pointedly for the recognition of this teams hard work and dedication day in and day out .

Upcoming Events:

Paving the Way to Health Care Access Conference, Marlborough, MA
June 2 & 3

<http://massmedicalinterpreting.org/Paving%20the%20Way%20conference>

The Debate Forum on medical Spanish at Harvard University, Boston, MA
June 1 & 2

<http://lenguajemedicoharvard.ranm.es/en/>

IMIA Annual Conference, Houston, TX
June 2 – 4

<http://www.imiaweb.org/conferences/2017conference.asp>

NCIHC Annual Membership Meeting, Portland, ME
June 9 & 10

<http://www.ncihc.org/2017-membership-meeting>



Baby Shower for Jonathan’s new baby boy Liam—nice onesie!

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The MIS Newsletter was created in response to the need for a new and improved mode of inter-departmental communication. The information shared in this publication is intended for the use of MGH MIS staff and freelance interpreters.

We are always looking for information and ideas for articles that would interest our readers. Please submit any contributions that you might have to Chris Kirwan at the email address given to the left.

Whether you have an important event that impacts our profession, an article that might be of interest, or general information that the department might find useful, please help to make this instrument an effective method of communication.

Thank you!

Interpreter Profile: Juhui Mo, CHI

By Andy Beggs, CMI

Name: Juhui Mo, CHI

Languages: Mandarin, Cantonese and Taiwanese

Country of Origin: Taiwan

At MGH since: February 2017

Juhui joined the Medical Interpreter Services team recently, in February 2017. She had previously been a Medical Interpreter at several other hospitals, including Beth Israel Deaconess Medical Center (BIDMC). She has always liked the medical field, and feels that medical interpreting is a natural fit for her. In Taiwan, her father had wanted her to be a teacher, and she studied literature. Then after marrying her husband and coming to this country, she studied nursing up until her third pregnancy when she decided it was time to dedicate herself full time to her children. She did however do interpreting both in the teaching realm, and for people who wanted access to the Social Security office and the WIC program.

Juhui's experience with medical interpreting started at Lawrence General Hospital and MGH, where she worked as a per diem starting in 1997. She then enrolled in a formal training program, and sent a resume to BIDMC, where she worked for four and a half years.



About interpreting, Juhui enjoys the fact that every day is new, and that you can help people. When you interpret, she says “something clicks, between the doctor and the patient, and they understand each other. This makes me feel very satisfied.”

Juhui became a Christian after coming to this country, and her faith is very important to her. “God kind of guided me,” she says. “Not everyone does a job that they truly like. You have so many directions you could choose in your life, and the way was paved for me. I am thankful that I really like what I do. This is a gift.”