The fourth annual Migration is Beautiful Campaign was held last year during the week of December 13-17, 2021 and we decided to interview Dr. Fiona Danaher, Director of Mass General’s Center for Immigrant Health (CIH), to find out more about the campaign and about the work of the Center for Immigrant Health.

In 2018, the MGH Immigrant Health Coalition (IHC) was formed to work toward health and equity for immigrants, through awareness and advocacy. At that time, there was also a large effort to advocate around proposed changes to the Public Charge Rule. For the first two years of the Migration is Beautiful Campaign, among other the activities there was a display table in the White Lobby of MGH to raise awareness about immigrant health. In 2020, with everyone going virtual, there was an opportunity to bring in a larger membership and sponsorship for Migration is Beautiful. The IHC worked in collaboration with MGB and recruited an impressive list of other co-sponsors, among them: Newton Wellesley Hospital, MGH Chelsea Healthcare Center, MGH Everett Family Care, MGH Office of Equity & Inclusion, MGH Center for Diversity & Inclusion, MGH Center for Global Health, MGH Nursing and Patient Care Services, MGH Asylum Clinic, MGHfC Division of Global Health, MGH Interpreter Services; Pre-Health Dreamers; Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition; Harvard FXB Center for Health and Human Rights; Lawyers for Civil Rights; Boston Health Care for the Homeless Program; Boston Children’s Hospital: Global Health Program, Office of Government Relations, Office of Health Equity and Inclusion; La Colaborativa; Paul S. Russell, MD Museum of Medical History and Innovation; The West End Museum; and Children’s Law Center Boston.
The CIH began as an institutional home for efforts to improve clinical care, to do advocacy, and to conduct research that would improve care for immigrants. I asked Dr. Danaher, who is based in Chelsea, about MGH Chelsea’s involvement with the recent influx of Afghan refugees. MGH Chelsea has a program for refugee health, and it provides referrals for Health Screening for these refugees for the Department of Public Health. Javad Rajai is a Medical Interpreter / Community Health Worker who is working directly with these Afghan refugees, under the direction of Ali Abdullahi, Manager of the Immigrant and Refugee Health Assessment Program.

For providers who are not used to working with immigrants, Dr. Danaher stresses that it is important not to make assumptions about the patient’s language capacity. Providers should know that they can and should be contacting Interpreter Services, and not use family members as interpreters, or staff who are not appropriately certified to interpret. She also stresses the importance of not making assumptions about availability of services for immigrants. Not being a citizen, for example, doesn’t mean that you cannot have access to health care, as patients who have Mass Health Limited can receive needed care. A great resource for information on all of this is Marcia Burgos, the Immigrant Health Resource Specialist, who can either be emailed or reached on the internal paging system under the key words “Immigration Resource Consult.”

Providers should also be cognizant of patients’ technological access or lack thereof. Many of our immigrant patients do not have access to Patient Gateway. When they are set up for an Epic Integrated Virtual Visit and don’t have Patient Gateway, they are often marked down as “No Shows,” and patients are penalized for these No Shows. If the patient does not appear for a virtual visit, the provider should reach out by phone with the assistance of an interpreter. Another option is for the provider to use Doximity, but to re-member that if they leave a message in English with Doximity, the patient may well not understand the message. Reaching out by phone is very important, and she feels that sometimes phone calls can be preferable to video visits.

How did Dr. Danaher herself get involved in immigrant health? To begin with, her mother is an immigrant from Scotland, and both her father’s parents are immigrants as well. Dr. Danaher remembers all too well the time when her mother was returning to the United States with her children and there was a problem with her paperwork which might have caused the children to have to come back alone without their mother. “I realized at that time,” says Dr. Danaher, “that just one paper could separate a mother from her children.”

Dr. Danaher also spent time in medical school in New York City, in one of the most diverse area codes in the United States. She was deeply affected by what she learned from the patients she treated there, and the patients she is working with now in Chelsea.

I asked Dr. Danaher about working through the first surge while in Chelsea, which was one of the hardest hit cities in Massachusetts. She said that treating patients in Chelsea during the first surge was a very frustrating experience. The staff there saw that their patients were being disproportionately affected by COVID-19, but others were slow to recognize this and to provide needed resources. Logistical problems also abounded, as the first RIC was on the Boston Main Campus, and transportation was a problem. They couldn’t put people with COVID-19 on public transport, many of their patients didn’t have cars, and people who did have cars didn’t want to drive those who might be sick. Often, they had to put people in an ambulance just to test at the RIC. These are just some of the Social Determinants of Health that affect the wellbeing of those in under-
Our Director Receives the Janet A. Albrecht Award

The entire Department is pleased and proud that our Director, Chris Kirwan, received the Janet A. Albrecht Award, celebrating his administrative excellence, managerial skill, and compassionate interpersonal style. Chris was selected as one of two winners from a large pool of nominees from across Mass General Hospital.

Nominators shared stories of Chris’ excellent leadership. They spoke to his fluency in all things MGH, with one nominator sharing that “Chris brings an encyclopedic knowledge of the functions of all departments within the MGH and of individual staff hospital wide.” With reference to his open-door policy, his staff is comfortable in the knowledge that “they can go to him for any reason, both personal and professional.” It was also noted that Chris was “not above providing staff with fun, organizing Department-wide potluck lunches with dishes brought in by staff from all over the world.”

Congratulations on behalf of Medical Interpreter Services, Chris. Very well deserved.

Our ASL Team Receives the William B. Swett Award

The ASL Team at Mass General Hospital Interpreter Services received the William B. Swett Award. The award recognizes a statewide or local organization that is actively involved in service toward the betterment of Deaf and hard of hearing people in their communities.

Susan Muller-Hershon, ASL interpreter and coordinator of services for the Deaf in our Department, gave us the following information about the award:

“William Swett lived in the 1800s. He was a pioneer in the field of Deaf rights. He is responsible for setting up the first training facility for Deaf in Massachusetts. It was the Industrial School for deaf mutes. This later became the Beverly School for the Deaf, which still exists today. We have come a long way since then as the word “mute” is antiquated and offensive today. Now the term Deaf is proudly used.

“It is an honor for us to be recognized for contributing to the goal of communication access for all Deaf patients in healthcare. We have worked tirelessly to deliver a variety of communication services 24/7. The interpreting, advocacy, and education that we do is often behind the scenes and we so appreciate the recognition.

served communities and put them at higher risk in situations like the pandemic.

We are fortunate to have such a strong advocate for immigrant health as Dr. Danaher and the Center for Immigrant Health, and the Migration is Beautiful Campaign is but one visible example of the work that the Center and other members of the MGH Immigrant Health Coalition are doing.
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 Andy Beggs 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: Felix Duran

By Andy Beggs

Language: Spanish
Country of Origin: Spain
At MGH Since: 2009

Felix fell in love with an American woman in Madrid while she was there studying Spanish. When she finished her studies, she returned to the U.S., but the two kept writing to each other every day. Soon Felix came over and met the family. He returned to Spain and the couple started making plans. When Felix came back to the U.S., it was to get married to the love of his life, Laura.

Felix and his wife first went to Bible School, as they wanted to become missionaries. “After Bible School,” says Felix, “we felt called to go to Spain, and to be a blessing to many people there.” In Spain, Felix worked as an Evangelical Pastor for eleven years.

When the couple returned to Boston, Felix attended graduate school at Gordon Conwell Theological Seminary in Hamilton, Massachusetts, after which he worked for ten years for the Catholic Archdiocese of Boston, as Director of Religious Education.

At that point, Felix felt it was time for a change. He took a class on interpreting and was hired at Mass General in 2009. Felix realizes now that until that time, his life was in the Church, and that for the first time, he was working in the secular realm! He has been amazed at how working with people from such different backgrounds, beliefs, and experiences can be so unifying. “I now feel that these people are my family, and it is like ‘a new church.’ I am so thankful to everyone who has contributed to my new life, including Chris, Melissa, my interpreter colleagues, and the providers and patients for whom we interpret.”

“In interpreting,” says Felix, “you become the best version of yourself, and it takes work! The most gratifying part of interpreting is knowing that the communication between the provider and patient is real. Even the way we talk can transmit compassion, peace, and true medicine. If we are stressed out, we cannot do this, and we have to be careful about that.”

“Providers working with interpreters,” says Felix, “should be sensitive to the needs of both the patient and the interpreter. They must know that we are not machines. If they talk on and on to the point where we must take extensive notes on what they are saying, this makes it difficult. By pausing at regular intervals they give us a chance to interpret, and to work with them in a way that makes communication efficient.”