Racially Motivated Violence Against Asian Americans

Since very early in the Covid-19 pandemic, there has been an escalation in racially motivated violence against Asian Americans. In March of 2020, Dr. Lucy Li, an anesthesia resident at MGH, was leaving the hospital after an overnight shift. As she rounded the corner, a man dressed in black approached her shouting, “Why are you Chinese people killing everyone?” He continued his verbal assault with a tirade of racial slurs as he followed her up the street for about a block. After having gotten to a safe place, Dr. Li notified her Program Director who called back immediately, as did her Department Chair. Dr. Li also called Police and Security, and let her co-residents know in case they encountered this same individual.

Dr. Li was first afraid, then sadness set in, then anger as she was struck by the irony that she had spent the day treating patients regardless of who they were and what the risk was to her and her loved ones. Very soon, she would be spending most of her time on ICU’s caring for COVID patients. Dr. Joe Betancourt, Senior Vice President for Equity and Community Health, asked Dr. Li for permission to describe and condemn the incident in the daily COVID messages, and asked her to join a virtual panel to share her experience.

Racism against Asian Americans is not a new phenomenon. One only need look at the decades of racism against the Chinese American community, or to the internment of Japanese Americans during World War II. As Wayne Chen, one of our Chinese Medical Interpreters at Mass General, says, “This kind of violence has been there and never disappeared, it’s just reported now more often than before...for political narrative purposes on most of the major media.” There is no denying, however, that during the pandemic, top leaders in our nation have stoked the bigotry and hatred, repeatedly referring to COVID-19 as “the Chinese virus.”

As Andrea, another of our
MIS Chinese interpreters, says, “Bringing awareness isn’t enough, we have to stop this type of hating behavior, not just toward minorities like Black, Latino or Asian but to everyone in our society.”

On March 20, 2021, an email broadcast to the MGH community was sent out by Dr. Joe Betancourt, Dr. Peter Slavin, MGH President, and Dr. Timothy Ferris, MGPO CEO. The email intimated that “We want to assure the Asian American members of our hospital community that your voice, pain, fear and sadness have been heard, and we reiterate our pledge to foster respect, unity and tolerance throughout our organization.”

The same email included the reflections of Dr. Li and of Shisong Rong, MD, PhD, research associate in Ophthalmology at Mass Eye and Ear and co-president of the MGH Chinese Scientists and Staff Association. In part, these physicians stated that the Asian American and Pacific Islander (AAPI) community have witnessed an increase in anti-Asian attacks throughout the past year, and that and that “these episodes are troubling and maddening and terrifying. For too long, everyone has just kept walking, ignoring the hurtful language, the indignity, pretending not to see and not to hear.”

What is also evident, is that the impact of racist behavior extends to all communities of color. As Dr. Li and Dr. Rong’s message goes on to say, “Racist ideology has followed the AAPI community, as well as the Black and Latinx communities, for too long. We all are in this together, and we must all be allies for each other.”

Medical Interpreters and the COVID-19 Vaccine

By Andy Beggs

After working for months with patients suffering and dying from COVID-19, and enduring lockdown, masking, and all measures to fight this deadly scourge both in the hospital, at home, and in our communities, the COVID-19 vaccine became available to medical interpreters in December 2020. Many of us jumped at the chance to get vaccinated, while some were more cautious.

One of the medical interpreters who got vaccinated early on was Carolyn Santiago. She stated her “My Why” as follows: “So that I can come into work feeling even more protected from this virus that has taken so many lives. And so that I can travel to Puerto Rico to see my parents.” Like most of us, Carolyn had been interpreting for patients in person, by phone and video for many months. Donning PPE to see COVID-19 positive patients in person had been and continues to be a part of the job, but she now feels relieved to have the extra protection afforded by the vaccine.

As the three vaccines become available to a growing number of patients, we have faced the challenge of receiving calls from patients about COVID-19 vaccinations. “Where can I get the vaccine?” “Do I qualify?” “I received a questionnaire regarding eligibility, does this mean I can sign up?” At the beginning, information was changing on a regular basis, sometimes daily. What we do know is that the COVID-19 Hotline is still a reliable place for information: 617-724-7000.

There is no question that the COVID-19 vaccine has been a game changer in terms of how we are all dealing with this virus. It has brought a sense of relief to those who have been vaccinated, and a flurry of calls from those who still seek vaccination. What an exciting time after having gone through so much during this pandemic.
Retrospective: Photos Before and After the Start of COVID-19

A year has passed since the start of the pandemic, and we thought it would be interesting to delve into our photo archive to the last photo we took before COVID-19 struck, and the first photo taken afterward.

Carla notes that in this image of the MIS Holiday Party on December 12, 2019, “We all look so happy, unaware of the Tsunami of emotions and tragedy about to hit us at full blast as we go about our days; fear, confusion, sadness, stress, anxiety, isolation and underneath it all, Hope, hope that this nightmare will end and will go back to the happy, carefree life we had.”

What a contrast with the photo displayed here from March 23, 2020, the first one sent out to all of us, with the office staff masked and ready to take on what lay ahead. If it hadn’t been so tragic, it would have looked almost comical: the MIS staff masked up like surgeons preparing to operate. What is now the norm looked so strange back then.

From the Director  Transition: Shift to Recovery

As we slowly begin to focus on recovery we still face a number of challenges arising from the COVID-19 pandemic. Various strains of the virus have raised concerns that another surge could be in our future if the proper protocols are not followed for gatherings of any type. It is imperative to continue to adhere to hospital policies of universal masking, eye protection and minimizing density. Our Infectious Disease Unit monitors the situation vigilantly in order to keep us safe.

Vaccinations are the key to stemming the tide of another surge. We currently anticipate that sometime in June announcements about the system’s policies for the Fall will be made. I will continue to update you on any information I receive. In the meantime, it is important that each of you take good care of yourselves and your families. We don’t know exactly what our future configuration will be; but, each staff member will be expected to return to the office in some manner come the fall. This will be a slowly developing process about which I promise to keep everyone apprised.
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!

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**Interpreter Profile:**

**Alma T. McDonald**

*By Andy Beggs*

**Language:** Spanish  
**Country of Origin:** Mexico  
**At MGH Since:** 2005

Alma began her interpreting career at the Mexico City Olympics, interpreting for the medical clinic for that event. At that time, she was interpreting using her English, French, and Spanish.

Alma met her husband on a trip to San Antonio, Texas, married him three years later, and took on his last name, McDonald. Later, when she went to get her driver’s license in Texas, she was asked to write her name in one small space on the form. She looked at the space and declared that Alma Adriana Guadalupe Tovar McDonald would not fit. “Well, we will put down Alma McDonald,” replied the motor vehicle staff. “Since then, my name has been Alma McDonald,” but I kept the “T” for Tovar in there, because I felt I will always be a Tovar.”

After having moved to Massachusetts, and after her last child had left for college, Alma became interested in ASL, and earned a Certificate in Deaf Studies and American Sign Language from Northern Essex Community College. Around that time, she attended the first general meeting of what was then the Massachusetts Medical Interpreters Association, and heard a woman talk about her experience doing medical interpreting. “It was as if a lightbulb went off in my head, and I realized THAT is what I want to do,” recalls Alma.

Prior to working at MGH, Alma worked at North Shore Medical Center and for several agencies as a freelance interpreter.

The experience of medical interpreting has been an eye opening one for Alma. “There are people who come from all different countries,” observes Alma, “and there are those who come from the mountains and the fields, and those who are professionals seeking hope from specialists that may not be available in their country. Some are agitated, and speak loudly, while others are soft-spoken and want to leave all the decisions up to the doctor and ultimately to God. Some trust me enough to tell me about their suffering and their stories. I offer them an open ear and do my best to orient them to the very different system of health care in this country.” Alma explains that “in this culture the patient is in charge of his or her medical care and is an advocate for themselves, and these patients need to know that we as interpreters will relay all of what they say when we interpret.” We hope that we, like Alma, can give a voice to our patients, empowering them within a system so different from what they have experienced back home.