



MASSACHUSETTS
GENERAL HOSPITAL

MEDICAL INTERPRETER SERVICES

From the Desk of the Director

Our world has been indelibly changed with the Coronavirus pandemic. The drastic civic and social measures to battle the spread of COVID-19 can almost seem surreal to us; and yet, this is the reality that we are currently living through. Times like these can result in various reactions, some positive, some negative; nevertheless, it is almost impossible to remain unaffected by this unprecedented crisis.

Despite the nature of the difficulties we are presently facing, goodness rises to the surface and shines like a light that shatters the darkness. In many ways the work you do is an extension of social justice. You fortify and protect our patient's civil and human rights to access proper healthcare. In order to achieve this goal we have had to alter our operations drastically in an incredibly truncated time span to meet that demand.

But we have done it and, we have done it as a team. We are here to support one another as we serve our patients and the providers at Massachusetts General Hospital. I must tell you that I am receiving calls and emails from around the country inquiring how you conduct your profession under these circumstances because you are recognized as being at the forefront of your profession. You are stalwart and at the cutting edge of the language access services field. I am able to share your best practices and inspire other institutions to provide the same level of care you do.

Despite the looming pale, you shine as a light on the horizon and your work makes an actual difference in the care this fine institution provides to its patients and their families. We may have some time to go before this crisis subsides but I have no doubt your perseverance and commitment will make an impact on the care we provide to our patients who are Deaf, Deaf/Blind and who have limited English proficiency.

On behalf of the entire hospital staff, senior leadership, our patients and their families: THANK YOU.



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MGH Medical Interpreter Works with Migrants on the Texas Border

By Adriana Maria Mocan and Andy Beggs

The Dilley Pro Bono Project (DPBP) is a local partner in the Immigration Justice Campaign, a joint initiative of the American Immigration Lawyers Association (AILA) and the American Immi-



gration Council. The DPBP's mission is to serve the immigrant mothers and children detained at the South Texas Family Residential Center in Dilley, TX. In collaboration with CARA Pro Bono, the DPBP operates a non-traditional pro bono model of legal services that directly represents immigrant mothers and children. Most of these families are fleeing extreme violence in Central America and elsewhere. They

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are in the United States seeking asylum.

Last year, Adriana Maria Mocan, Certified Medical Interpreter at MGH joined Dr. James Miller from the MGH Asylum Clinic who was volunteering from November 17-23, 2019 in his capacity as a forensic medical evaluator. Since DPBP is unable to provide interpretation to the volunteers, they ask that volunteers who are not fluent Spanish speakers bring an interpreter. An in-person interpreter is vital for their work as most of the detained women are Spanish speakers.

Adriana was a perfect choice for the job at hand. Chris Kirwan, Director of Medical Interpreters at MGH, says that “Adriana has been a vital member of our team at MGH interpreting for Spanish and Romanian speaking patients and their families. She is a critical member of the health care teams on which she serves as an extraordinary linguistic and cultural bridge. She has proven a highly competent interpreter who is conscientious of the needs of both patients and providers and is able to bridge the gaps between the two to establish a true relationship between them. She engenders trust on the part of all members of the team. Her sensitivity to the variety of cultures that exist on our team is evident and is the reason why she is respected by each team member.”

Early in the morning on Monday, upon arrival at Dilley Residential Family Center, the volunteers passed through a security check point leading to one big trailer which serves as a waiting room for the residents that are just arriving, those expecting visitors or attorneys or those wanting to learn more and get prepared for their Credible Fear Interview (CFI). The process of applying for asylum began with a discussion, known as *charla*, where volunteers go over the main points to prepare the residents for the initial interview and assure them that a volunteer will be joining them at the interview and take a full transcription that will be added to their

file. The next step is meeting with each resident and getting a statement about their reasons and circumstances leading up to their desire to apply for asylum in the US, known as the CFI declaration prep. The declaration includes specific information and details regarding the kind of persecution that the residents faced in their country of origin, due to either political beliefs or race, domestic abuse or other kind of violence. It is essential for the CFI that the residents establish in what way they will be harmed if they go back to their country.

Half way through the week, a few cases needed revision and Dr Miller and Adriana were asked to perform psychological evaluations. While taking part in these evaluations, Adriana learned the stories of the women and children who had made their way to Dilley Residential Center. One example that stood out because of the repeated cruelty that the woman had suffered was an indigenous woman from Central America whose husband had left their country to come to the U.S., leaving her and their daughter behind with another family member. She and her daughter were treated in a cruel and unimaginable manner. When she escaped from there and tried to find refuge in a church community, one of the churchgoers took her in, but the mistreatment continued. She was crying during the whole evaluation that took more than 4 hours and extended to the next day.

Another situation was that of a teenage girl who was victimized by the leader of a local gang. Once at the detention center, the girl’s mother, who had developed a variety of medical conditions of her own, desperately wanted to help her, but the girl constantly tried to harm herself. After the evaluation was completed and the center was notified of the significant psychological issues the young girl was dealing with, the center followed Dr. Miller’s advice to send her to a local

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facility for treatment.

The experience pointed out to Adriana the disparities that these women and children are facing. There are simply no standards set for detention. The hardest part to witness was that there were children there, over the age of 1, but nobody could bring in toys, snacks, play with the kids, give them a kiss or a hug. For the children who are detained, it is a clear infringement on their health and human rights and is ethically wrong.

What stood out the most from the experience was the importance of civic engagement, the respect for dignity, autonomy and justice, in a system in which family separation happens even before detention, and confinement is prioritized over necessary medical care. Families are exposed to toxic stress, and vicarious trauma is of concern for the interpreters, legal volunteers, and for the medical providers. It was a trying experience, and one in which Adriana engaged her skill as an interpreter and her passion for social justice.

Adriana plans to continue making use of her skills in other projects with GDR and plans to return to Dilley in the future. After hearing about Adriana's experience, three other MGH medical interpreters became involved in ongoing training with the Global Disaster Response, a group of volunteers and providers usually involved in natural disasters and war.

When referring to her experience she states, "I feel very privileged to have had this opportunity to join Dr. Miller in Dilley at the Family Residential Center, the host of many women and children most of whom are Spanish speaking. This was a unique and humbling experience, which brought us, volunteers, to our deepest layer of empathy and humbled us down to the core of what makes us a human being. I care, and I volunteer to give back. Seeing the women and children at Dilley made me understand even more how fortunate I am, how fortunate we are, here in Boston and it is with great pride that I represented MGH during this project."



The team of the Dilley Pro Bono Project during that week. Adriana and Dr. Miller are back row

Workshop on Best Practices for the Care of Transgender Patients

Dallas Ducar NP, a Psychiatric-Mental Health Nurse Practitioner from the Transgender Health Center, led a fascinating workshop for medical interpreters entitled "Celebrating and Affirming: Best Practices for the Care of Transgender Patients".

Medical Interpreters are wordsmiths who work across the intricacies of multiple languages every day. It could be said, though, that most of us are on a steep learning curve when trying to incorporate the appropriate language to be used when working with transgender patients. Our goal is to provide the

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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 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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highest quality service possible to all patients, and our language, in both English and in the target language, needs to be accurate, succinct, and sensitive to the patient's needs.

Dallas began by stating the objectives of the session: to (1) understand the issues facing transgender persons when seeking care, (2) Learn about a spectrum model of gender identity, with a special focus on language around sexuality and gender, and (3) identify strategies to provide affirming nursing care for transgender and gender expansive patients. Of course, for our benefit, Dallas focused not just on nursing care, but on the role of interpreters in facilitating the care for transgender patients as part of the health care team.

In the workshop, Dallas presented many terms and clarified their meaning, "acknowledging that terms change frequently and vary across communities." We learned that there are critical distinctions in the terms sex and sexual orientation which exist along a spectrum. She discussed the concepts of gender identity, gender expression, being physically attracted to a person of a given sex and being emotionally attracted to a person of a given sex. Dallas also spoke about the distinction between sex assigned at birth and gender identity. Transgender itself was defined as a person whose gender identity and assigned sex at birth do not correspond.

A main theme of the workshop was the importance of gender affirming care. Within this, a concept essential to the medical interpreters was the use of appropriate gender pronouns, such as She/Her/Hers/Herself, He/Him/His/Himself, They/Them/Their, and a set of pronouns perhaps less familiar to those at the workshop, Ze/Zir/Zirs or Ze/Hir/Hirs/Hirself.

Because anatomy does not define someone, we were encouraged to ask and listen, as in the statement "I want to be respectful and use the language that you use to refer to your body: what terms would you like me to use?" Reassuringly, we were told that "If you make a mistake (we all make mistakes- we're human), acknowledge it, apologize and move on." This approach is consistent with our deeply held principles of patient-centered care. We do not categorize the patient; we allow the patient to self-identify.

In all, the workshop gave the interpreters vital exposure to concepts and language that are central to one of Mass General's founding principles going back to 1811, which is a mission to serve the community through healthcare, education, research. Through this workshop, we gained a further sense of how we are called to care for all regardless of sex, sexual orientation, or gender identity.