

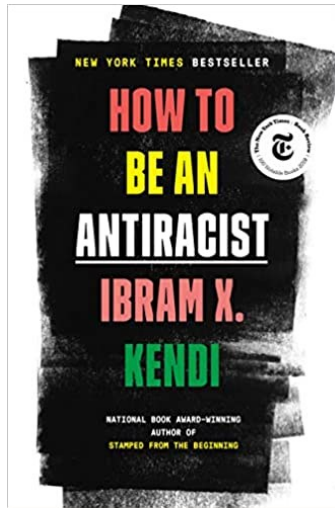


From the Director: Recovery and Racism during the Pandemic of 2020

Ibram X. Kendi says in his book, *How to be an Antiracist*, that “healing does not come without pain.” Throughout the Coronavirus pandemic we have seen the truth of that statement on so many levels.

On March 11, 2020, the first COVID-19 patient was admitted to Mass General. That was the beginning of a very long fight to battle the insidious virus that was to strike at the very hearts of the communities that MGH and our team of interpreters serve. Some of our patients even lost their lives in this fight and for every patient, our interpreters supported the medical teams and bridged communication to patients’ loved ones, many of whom called in each day to hear from the patients’ nurse what, if any, progress had been made.

To be sure, each interpreter has many heart-wrenching stories to tell of how families were affected. At the height of the



surge 168 patients were in MGH ICU’s on ventilators and another 183 patients were on COVID General Care Units. There was a point at which 55% of those inpatients had limited English proficiency and interpreters were working frantically to support clinicians in delivering critical care to these patients.

Some communities were especially hard hit, pointing out racial and ethnic disparities leading to tragic consequences in terms of health outcomes. In Chelsea, for example, where the majority of the population

Inside this issue:

<i>Reflections of a Work From Home Interpreter</i>	3
<i>Interpreter Profile: Yvernson François</i>	4

is Latinx, COVID struck in full force. Requests for Spanish interpreters shot up both within the hospital setting, and outside as testing and educational outreach on COVID in this community spiked. These conditions led Dr. Joe Betancourt, Mass General’s vice president and Chief equity and inclusion officer, to declare to the Boston Globe that, “Chelsea is on fire, without a doubt.” (Kowalczyk and Greenberg, “Chelsea’s spike in coronavirus cases challenges hospitals and state”, article updated April 14, 2020.)

Then, as the curve was coming down, on May 25, 2020

Recovery and Racism, cont from p 1

in Minneapolis, Minnesota, George Floyd, an unarmed Black man, was murdered by a law enforcement officer. The country erupted in the wake of this and other murders of Black individuals at the hands of law enforcement.

Racism is embedded in our laws, structures and culture; but racism, as a reality and as a topic, is rarely discussed openly and honestly. It is frequently couched in terms that are comfortable or that put the onus for racism on people in the past. But after these incidents, perhaps in combination with the anxiety, fear and frustration of the pandemic; racism exploded to the surface. It was exposed, just as the health disparities that affected Black and Brown communities were exposed during the Coronavirus outbreak.

On June 12, 2020, the immigrant and LGBTQ+ communities were dealt a significant blow by the Final Rule on Section 1557 of the Affordable Care Act issued by the US Department of Health and Human Services. It removed protections for LGBTQ+ individuals and did away with access to remedies for those with limited English proficiency and accountability for health care institutions that serve them. This mainstay of protection for those communities was practically erased.

As the news cycle now continues to move forward and focuses on the upcoming election; a significant danger exists to the health and well-being of our country. The lessons

learned from the pandemic could be lost as the curve is said by some to have “flattened”, even though across the country surges are occurring in many states. The energy and momentum of the demonstrations and protests which raised the national awareness on racism are starting to fade. Some take “comfort” in going “back to normal” but, as it has been pointed out, “normal” was in all senses broken. Even in the northeast the decreasing numbers of those critically ill from COVID-19 threaten to lull people into a false sense of security and threaten the progress that was gained on fighting the virus.

The specter of two pandemics resurging side by side is happening right before our eyes. We cannot let this happen. From the perspective of MGH, there is a plan in place to deal with a second surge, should that happen. The Commonwealth of Massachusetts is also prepared should there be another surge. But what about the pandemic of racism? What is the plan in place for that?

Dr. Joe Betancourt has developed a 10-point draft plan to address structural equity here at MGH. It was available for the entire MGH community to review and comment on. Now it proceeds to senior leadership for review. This is not a quick fix; there is no quick fix to racism, this pandemic has been ongoing for over 400 years, and even millennia before that. But this is no excuse to go back to what

Recovery and Racism, cont on p 3



MGH Kneel-In Vigil, as pictured in an e-mail Broadcast to MGH Community.

Reflections of a Work From Home Interpreter

By Andy Beggs

Medical Interpreter Services has maintained an in-house presence throughout the COVID-19 pandemic. However, many of us have been working from home (WFH), taking calls via phone, videophone, Zoom, and most recently Epic Integrated Virtual Visits. As I was one of the “traditional” WFH interpreters even prior to COVID-19, set up to work a couple of days from home each week though a Cisco Virtual Office, this was in some ways an easy transition. Others had to convert their personal computer and phone systems to be able to work from home, and have calls forwarded to them manually from the office.

For all of us working from home, these past 4 months have provided quite a different work experience. We may get a little more sleep by avoiding the commute and be physically closer to our families during the day as we answer calls in the privacy of our home offices, but what we miss is the camaraderie that is such an integral part of working each day with such a wonderful group of people as the Mass General Medical Interpreter Services Team. True, we may be able to take a few minutes to get a snack from our own kitchen, and perhaps greet a spouse or the kids, but we cannot share our work joys and frustrations with them. If a phone call was particularly difficult, we cannot share the details of that call with the family as we

could with our colleagues at work, who are bound by HIPAA and know what we are going through as only fellow interpreters could.

Gone, at least for now, are our famous Interpreter Services Potluck

Lunches. Gone are the water cooler discussions on the interpreting topic of the day. We can still send a supportive chat to one another, and we have had frequent staff meetings through Zoom. But it is not the same as being there in-person with our colleagues.

As the WFH interpreters begin to rotate back to in-office work, much seems unfamiliar at first. Seeing our colleagues in masks is something new, and thoroughly sanitizing our work stations is a habit to which we may not be accustomed. Even going to see a patient in-person, a hallmark of what we do, may seem like entering a different world, within this “new normal.” Still, on my first day back, after settling in and greeting colleagues for the first time in four months, I felt truly at home.



Recovery and Racism, from p 2

was “normal”.

White communities must now go through the pain and discomfort of learning about, understanding and reflecting upon the breadth, depth and effects of racism in society’s structures today. Only then can the process of healing begin.

Engage in the process, enter the discussion, be a part of the solution; become an antiracist.

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Interpreter Profile: Yvernson François *By Andy Beggs*

Language: Haitian Creole
Country of Origin: USA
At MGH Since: May 2020

As he joined Mass General Interpreter Services during the COVID-19 pandemic, some of our interpreters who have been working from home (WFH) may not have properly met Yvernson, who has been with us full time since May of 2020.

Growing up, French was one of his first languages, but as school was in English, he did not keep it up. Nevertheless, there are two reasons why Haitian Creole stuck with him. One was that he spoke it with his grandmother and parents, who are from Haiti. The Haitian language and culture were also reinforced by his religion. He is a Witness of Jehova, and in the Kingdom Hall where he and his family worshiped, both services and conversation afterward were in Haitian Creole. Yvernson says that “my parents did such a great job instilling Bible truths into my heart at such a young age that I understand not only Haitian culture, but also how to treat others and other people’s culture.”

After High School, Yvernson began working at Cambridge Health Alliance as a patient transporter. His boss saw great potential in him, and knowing he spoke Haitian Creole, suggested that he enroll in a certificate course in medical interpreting. Yvernson did just that, and in February of 2017, began to work as a per diem interpreter at Cambridge Health Alliance. After a few years, he decided to seek out a full-time position. This

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!

was in the middle of the pandemic and there was a freeze on hiring, but by keeping in touch with Chris and with Human Resources at Mass General, he was finally able to land the position.



Regarding medical interpreting, Yvernson says, “I like the feeling it gives me, that I am doing something very meaningful, and to the extent that my skill develops, there is a positive effect on someone else’s health.”

Working during the COVID-19 pandemic was nerve-racking at first, and many of the interpretations during this time were by phone, even for patients who were on site. Nevertheless, if he was interpreting from the office by phone for an inpatient and he couldn’t quite hear the patient over the phone, Yvernson says that “my compassion for them would make me go directly to the patient to interpret.”

Yvernson loves cooking, going on walks, and sports, especially basketball. He also loves cars and driving in general, as evidenced by the photo above in which he is at the wheel of a fire truck! He would like people to know that although he is an introvert by nature, this does not mean that he does not want to talk. Let us all welcome Yvernson warmly as we begin to return to the office.