



Communicator Express

cross cultural communication systems, inc.

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The Lived Experience of Race

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Race—as we understand it in the United States, does not exist in the natural world. While, biology may determine the shade of one’s skin or eye color, race is a social category. Still, it would be foolish to say that race is not a reality. As one author quotes, “The concepts of race and ethnicity are social realities because they are deeply rooted in the consciousness of individuals and groups and because they are firmly fixed in our society’s institutional life” (Fought 2006: 4). Race may not be a biological reality, but those in the United States experience it as such. In the essay that follows I will analyze an interview with Alex, a woman born within the racial dichotomy of the United States.

Alex, a sophomore at Sarah Lawrence College, is one of my closet friends on campus. Her interests are in photography, music and business. Alex is self-described as, “mulatto (...) half black and half Scottish-French”. She was raised in upstate New York with her father who is black and her mother who is white. Her father is a well-respected artist and her mother a musician. Alex’s father who is seventeen years older than her mother was born and raised in Washington D.C. His family can be traced back to slaves that originally worked and lived in the district. Her mother is from Maryland. Alex explains that while she is mixed race, she identifies more as black since her father made a point of telling her about his family’s history and origins. She also feels more connected to her father’s family who she describes as more casual and goofy than her mother’s. The interview was conducted in a study room in the Sarah Lawrence library. Alex was very comfortable with being recorded and was excited for the interview to begin.

Alex has light caramel skin with big dark eyes. People are intrigued by her racial and ethnic identity. They frequently believe her to be Hispanic, Middle Eastern, Italian or even

Russian. As someone who is also ethnically ambiguous, I expected Alex to express annoyance or frustration towards people’s curiosity about her race, as I often do. Yet, the first thing that I noticed about Alex’s interview was her sense of peace about her racial identity and her acceptance of people’s reactions to it. This is evident when I first asked her if it bothered her when people asked her “where she was from?”

S: *No,... no.... I’m aware that I don’t look like what I am, and like I don’t think its something to get offended about, because you know... it is just the way people---like everyone makes snap judgments about like race and stuff, and everyone -- its like the first thing people see and it’s like what they automatically question.*

C: *So it doesn’t, like I mean, sometimes when people ask me what ethnicity I am it does bother me because I feel like-- I mean it really depends on the mood I’m in and whether who is asking me is a man--- I just feel like I have to constantly justify who I am. That---that doesn’t seem to be your experience?*

S: *Not really, I feel like I’ve just sort of gotten used to it cause I’m like a very racially ambiguous person and people have just like asked me that a lot like on the street and I’ve just gotten used to it....I don’t know.*

I found Alex’s tolerance towards people’s curiosity and her peace about her racial identity to be both surprising and refreshing. My experience as a white American with a bi-racial sister, led me

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The Lived Experience of Race

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to believe that issues of identity and race were areas of great importance to an individual. Hill (2008) comments on this phenomenon, "American Whites obsess about racial labels (and take that obsession for granted as natural) because they make choices about how to think about other people based on racial categorization" (12). I believe that Hill has a point, in that those in the United States often see people in terms of race, but I do not think that only White Americans are guilty of this. Alex however, is not preoccupied with her racial identity.

I believe that Alex's feelings about her identity are a combination of factors. The first is that throughout her life she has had the support and love of both her mother and her father, thus she was equally exposed to both aspects of her identity. Furthermore, Alex and her family are financially sound. If Alex came from a disfranchised background her feelings towards her racial identity may be drastically different, as her financial security would be more heavily dependent on other's perceptions about her race. Our discussion about this is as follows:

C: (...) *Like I guess part of my question is that it seems like you come from a pretty comfortable family, that money wasn't an issue necessarily, so do you think that your feeling about race might be different if money were an issue?*

S: *I'm sure that it would like cause like within those situations, stereotypes becomes much more prevalent. It is just a more....it is a much harsher world, you know. Like my dad came from that area; he grew up in a tenement in southwest D.C, in a really bad neighborhood. I think that ingrains something in your brain...I think you become much more sensitive to it and more defensive.*

Another interesting aspect of the interview was Alex's view towards race. Hill (2008) describes the common or the "folk" theory of race in the United States, as a series of assumptions that are by no means true or universal. The assumptions are as followed; race is a basic category of human biological functions, people must belong to at least one race, race is based on biological truths, race may change from generation to generation, and finally intermarriage will eventually erase biological differences and will lead to the end of racism, as eventually there will be no biological variations for racist to get upset about (Hill 2008: 6).

Although taken as an indisputable truth, the folk theory of race is based on a false assumption, that race is biologically determined. Recent studies have shown that statically a person is more likely to be genetically closer to someone of a different race, than to someone of the same race (Gracia 2007: 2). When I asked Alex to define Race, I expected something similar to the folk theory instead her answer was as follows:

S: *...I guess as... umm....I think you have to take into account your cultural history and then the culture that you live in everyday. So.... like....American...but at the same time, you know with a lot of, you know, a lot of different backgrounds. And I guess... a lot of it... the way people see it is based on how you live in the country, you know.*

In her initial answer, Alex mentioned nothing about a biological basis for race, nor did she think to include physical appearances. Yet, when I later asked her if she thought there was a biological factor in determining race she answered:

S: *yeah.... Yeah...like technically...I guess it does...like a big one I guess... but I think there are other parts that account for it.*

It would appear that although Alex believed that race was biological, her conception of race was more heavily dependent on other factors such as one's cultural background and "how [one] lives in the country." In her exposure to the construct of race, other non-biological factors were more important. Alex's conception of race relates strongly to the many debates about how society should reconfigure how it thinks of race and ethnicity. Gracia (2007) touches upon a number of the most current proposals of how to redefine race and ethnicity. The one that most resembles Alex's understanding of race is K. Anthony Appiah's definition of Racial Identity. Racial Identity is not founded on the unclear and scientifically unfounded notions of race present in the American Psyche. Instead, a person determines his or her racial identity based on three main conditions, "ascription by others, self identification by the labeled, and a set of descriptions that has a historical association to a label involving a racial essence" (Gracia 2007: 6). In her answer Alex touches on many of these points. She believes that in defining one's race a person should take into account his or her cultural history and others' perceptions of your social role in the country.

Contrary to my initial expectations, Alex does not agonize over her racial identity. Instead she comfortably identifies as both white and black, although she relates more to her African American heritage. Furthermore, Alex feels no anger towards those that try to categorize her racially. Alex's racially diverse background seems to have influenced her understanding of race, as in her definition she focuses on more social factors than biological. After an interview with Alex it is clear that Americans' folk understanding of race is neither scientifically founded nor accurate in describing the experience of race.

Works Cited

Fought, Carmen. 2006. "What is Ethnicity". *In Language and ethnicity*. Cambridge Univ Pr. Pp. 3-18. Gracia, J. E. Jorge. 2007. "Race or ethnicity?: An Introduction". *In Race or ethnicity?: on Black and Latino identity*. Jorge J. E. Gracia (ed.). Cornell University Press. Pp. 1-19. Hill, H. J. 2008. *The everyday language of white racism*: Wiley-Blackwell.

Bill of Rights for People of Mixed Heritage

I HAVE THE RIGHT...

Not to justify my existence in this world.
 Not to keep the races separate within me.
 Not to justify my ethnic legitimacy.

Not to be responsible for people's discomfort with my physical or ethnic ambiguity.

I HAVE THE RIGHT...

To identify myself differently than strangers expect me to identify.
 To identify myself differently than how my parents identify me.
 To identify myself differently than my brothers and sisters.
 To identify myself differently in different situations.

I HAVE THE RIGHT...

To create a vocabulary to communicate about being multiracial or multiethnic.
 To change my identity over my lifetime--and more than once.
 To have loyalties and identification with more than one group of people.
 To freely choose whom I befriend and love.



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<http://drmariaroot.com/>

English Idioms Explained

Idiom	Explanation	Example
Can't (quite) put my finger on	Difficult to recognize	This recipe lacks something that I can't quite put my finger on.
Big wig	Someone important or famous	When is the big wig from Washington going to show up?
Call the shots	To have the say/ To be the boss	No one likes him because he always wants to be the one to call the shots.
In a nutshell	To express in a few words/To summarize	Here's the story in a nutshell. She fell and broke her arm but she's fine now.
To zero in on	To point toward something/ To concentrate on something	I hope the doctor can zero in on my problem and prescribe something that will take care of it quickly.



President's Corner

Dear Colleagues:

About 47 million people in the United States speak a language other than English at home, and more than 21 million have problems speaking or understanding English, according to the 2000 census.

For over 15 years, CCCS, Inc. mission has been to provide consistent innovative, reliable, qualified cultural-linguistic services to healthcare and to a variety of institutions and business entities, by creating a seamless environment of teamwork and collaboration between our customers, freelancers and staff members in order to meet our diverse consumers and healthcare provider's needs. CCCS, Inc. offers interpretation and translation services to at least 47 different languages to thousands of LEP consumers and hundreds of organizations. CCCS, Inc. is also respected nationally for its cultural competency trainings for healthcare institutions and for designing, implementing and supervising healthcare interpreter and cross cultural trainings and workshops.

We work hard with our team of staff members, consultants, interpreters, translators and our faculty in our institute to consistently work towards the Six IOM Health Aims: (*Safety, Timely, Effectively, Efficiently, Equitable, Patient Centered*) as described by the Institute of Health and the article by Dr. Joseph Betancourt, *Improving Quality and Achieving Equity: The Role of Cultural Competence in Reducing Racial and Ethnic Disparities in Health Care*, Massachusetts General Hospital, October 2006.

According to the literature on healthcare disparities, in the US, we are still faced with great barriers in accessing, diagnosing, treating and following-up disenfranchised populations. For more information, check the literature on healthcare disparities by both the Commonwealth Fund at: <http://www.commonwealthfund.org> and the Robert Wood Johnson Foundation at: <http://www.rwjf.org>.

Particularly for the non-English speakers, healthcare access and delivery can only be successfully provided if the institutions and individual staff members work with interpreters who are qualified and receive on-going training so that communication becomes seamless between the provider and the patient.

An example of the interpreter's role and contribution to these Six Aims is our role regarding health literacy and literacy in general. The interpreter has the right according to the IMIA and NCIHC standards to nicely remind the provider to break down the information if one perceives a potential communication barrier caused by a provider's misuse of register. A provider who uses, for example, medical jargon, may not be understood by the patient. At this point, the interpreter may ask for clarification from the provider to adjust their terminology to the patient's vocabulary.

In addition to assuring effective and accurate communication, health institutions need to reach out to patients' physical, emotional and spiritual needs. Interpreters need to adjust to new thinking by being prepared for appointments on short notice. Services should be available to all patients in a timely manner. There is an increase with last minute appointments. LEP patients should not wait any longer to be seen than any English speaker. Interpreters must be on time for their appointments.

In order to assure that interpreters are providing equitable care, besides our Critical Incident Response, CCCS is developing a link into our web page where interpreters and providers can provide feedback on CCCS services at any time. We will continue to provide shadowing to our interpreters and will randomly ask to have interpreters checked for

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CCCS, INC. MISSION HAS BEEN
TO PROVIDE CONSISTENT
INNOVATIVE, RELIABLE, QUALIFIED
CULTURAL-LINGUISTIC SERVICES
TO HEALTHCARE AND TO A VARIETY
OF INSTITUTIONS AND BUSINESS
ENTITIES, BY CREATING A
SEAMLESS ENVIRONMENT OF
TEAMWORK AND COLLABORATION
BETWEEN OUR CUSTOMERS,
FREELANCERS AND STAFF
MEMBERS IN ORDER TO MEET OUR
DIVERSE CONSUMERS AND
HEALTHCARE PROVIDER'S NEEDS.



accuracy with role-plays done in person or over the phone. CCCS will soon start with a campaign to have all interpreters take the certification exam and together we will attend to interpreters learning and training needs.

Interpreters are an important component of any treatment team so we need to understand how providers are impacted when they decide to work with racial, ethnical and linguistic minorities. The challenges of patient and provider management of disease are well illustrated on the following article by Dr. Michael Williams et. Al. called, Differences in Control of Cardiovascular Disease and Diabetes by Race, Ethnicity, and Education: U.S. Trends from 1999 to 2006 and Effects of Medicare Coverage of April 11, 2008.

The authors refer to the fact that although the management of chronic conditions such as cardiovascular diseases and diabetes have improved in the overall population, there are still significant discrepancies over glycemic control among White and Hispanic populations. The disparities observed in disease control were significant by race, ethnicity, or level of education and the ability to have health insurance.

Another significant barrier is often the lack of tools (it could be the services of a qualified interpreter), or the support provided to those providers who work mainly with minority patients. This is shown in the article by Dr. Reschovsky and Dr. O-Malley. Do Primary Care Physicians Treating Minority Patients Report Problems Delivering High-Quality Care? April 22, 2008. Health Affairs Commonwealth Fund-supported study, refers to the fact that primary care providers who work with low-income populations and minorities are paid less, provide more charity care, have less time with patients and see more patients.

Together CCCS, Interpreters, Staff Members, Customers and Providers need to establish ways of understanding the Six Health AIMS and need to plan how best to contribute so that we are successfully doing the work that we love! The next Communicator Express will be addressing a strategic plan and the break down of how to best reach our goal to continue providing safe, effective, timely, equitable and patient-centered care through our interpreter services.

Please keep up with the monthly Communicator Express Quizzes and feel free contact CCCS if you need any assistance with accessing them on-line.

We are very proud of your hard work!
Zarita

Upcoming Trainings/Courses

Upcoming Trainings/Courses GETTING READY FOR YOUR WRITTEN HEALTHCARE CERTIFICATION EXAM

This course will help prepare active qualified healthcare interpreters for both of the national certification written exams. In order to simulate the written certification exams, students will have the opportunity to take online tests during class time. These exams will help prepare the student to get the feel of how the certification exam will be presented and will allow them to receive instant feedback on their progress. Students will be able to use these exams as a tool to help gauge their progress, and as an indicator to help them determine their readiness for the certification exam. Click here for a complete overview of the course.

Online Training December 16, 2011

THE ART OF MEDICAL INTERPRETATION: 60-HOUR CERTIFICATE PROGRAM

Pre-requisites: Applicant must be at least 18 years of age, with a minimum of a HS diploma or GED, and must pass a mandatory screening examination in English and the target foreign language(s) prior to acceptance in the program. Applicants must pass the screening at a minimum of "Advanced Mid-Level," according to the industry standards. Click here to download the catalogue. If you are interested in more information please contact us at 781-729-3736 or by email, info@embracingculture.com.

The American Translators Association has approved the Art of Medical Interpretation 60-hour training program for 10 Continuing Education Points.

**Woburn, MA : Daily, November 3-5, 7-11,
8:30am-5pm**





Ask Dr. Lane

What is MRSA and what can be done about it?

Methicillin-resistant Staphylococcus aureus (MRSA) is a strain of staph bacteria that is resistant to the antibiotics usually used to treat staph infections.

For many years, the chief causes of skin and soft tissue infections (SSTI) have been two strains of bacteria: streptococcus and staphylococcus. Over the past 10 to 20 years, physicians have been treating all manner of infections with antibiotics. Infections that we know now are caused by viruses, which do not respond to antibiotics like the common cold. The more antibiotics were used in this way, the more that certain bacteria in the body could change and mutate and in the process become resistant to the antibiotics used. So in this way, staph became resistant to the common antibiotics that were effective, so called beta lactam antibiotics like penicillin or keflex. First staph became resistant to penicillin. Then it resisted a newer beta lactam antibiotic, methicillin. Once staphylococcus aureus became resistant to methicillin we lost a great weapon against the infection. Skin infections no longer were treatable with just oral medicines. We had to move to expensive and powerful iv antibiotics to fight the infection. We no longer could treat all infections with prolonged courses of antibiotics as this practice led to more and more bacteria developing resistance. MRSA, especially had developed and it has become a prevalent and disturbing problem.

There are two forms of the infection: HA-MRSA which is Health care associated MRSA. This people get in hospitals and nursing homes. It is associated with invasive procedures or devices such as surgeries, IV's or artificial joints. This infection can be found in the skin, but also in the urine, lungs, and bloodstream.

The second form of MRSA infection is CA-MRSA, or Community acquired MRSA. This can start as a skin boil. It is spread by skin to skin contact. People at risk are high school athletes, weight lifters, child care workers and those living in crowded conditions. These generally start as small red bumps. Often people will say that this bump is a spider bite because it is big and painful and it can quickly turn into a deep and painful abscess that requires incision and drainage. (I and D) If the bacteria remains confined to the skin, then and I and D can help cure the problem. If the bacteria spreads to the skin around the abscess, or goes deep into areas such as bones, joints, wounds or bloodstream, it can cause fever, blood poisoning and serious infections in heart valves and lungs.

About one third of the population has staphylococcus aureus that they "carry" on the skin or in the nose. The bacterium is basically harmless but can enter the body through a cut and cause minor skin problems. According to the CDC, one percent of the population carries the type of staph known as MRSA.

What Are Risk Factors for Hospital Acquired MRSA?

- being hospitalized
- old age
- weakened immune system
- intravenous lines
- urinary catheters
- Residing in a long term care facility.

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THE MORE RECENT TASK
FORCE HAS FOUND A
DIFFERENCE IN OUTCOME
BETWEEN MEN AND WOMEN.
ASPIRIN PROVIDES
DIFFERENTIAL BENEFITS
FOR MEN AS COMPARED
TO WOMEN.

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Ask Dr. Lane

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What Are Risk Factors for Community Acquired MRSA?

- participating in contact sports, MRSA can spread through cuts and abrasions and skin to skin contact.
- Living in crowded or unsanitary conditions
- Men having sex with men. Homosexual men have a higher risk of developing MRSA.

Typically we can diagnose MRSA by taking tissue or nasal secretions and growing the bug in a culture. It takes 48 hours for the bacteria to grow. There are newer tests that can detect staph DNA in a matter of hours.

Skin infections with fluctuance that is filled with fluid can be opened up and drained. If there are signs of spreading skin infection, or of deeper infections in lung, bone or bloodstream various antibiotics can be started using the intravenous route. There are now several drugs that can be given orally that are effective.

To prevent transmission of MRSA it is important not to share towels or razors with team mates or persons with whom you train or work out.

If you have a skin infection that starts as a small bump and keeps growing and becomes fluctuant, cover it with a bandage. For these sores that grow and continue for a prolonged time without improving, you should see your doctor and be evaluated to rule out the possibility that the infection is MRSA.

Bibliography

<http://www.mayoclinic.com/health/mrsa/DS00735/SECTION=treatments%2Dand%2Ddrugs>
<http://www.cdc.gov/mrsa/treatment/outpatient-management.html>

Going Green Refurbished Products

Buying refurbished electronics is not only a good way to be green but to also save money. Big electronic manufactures like HP, Dell, Garmin and Apple are offering their refurbished products on their website as well in stores.

Refurbished sounds cheap but Wikipedia defines that refurbishment is the process of maintenance or major repair of an item but it does not mean that these products have had major issues. They are mostly returns that were made within the 30 day money guarantee, damaged boxes or products that were traded or bought back by some electronic retailers like Best Buy who has its buy back or trade in program. Please note that refurbished products come with the same warranty and return policy as the ones that are not refurbished.

Be green this holiday season. Give the refurbished electronics a chance.

For more on refurbished electronics, please visit:
<http://electronics.howstuffworks.com/everyday-tech/refurbished-electronic.htm>
www.bestbuy.com/tradein

Interpreter Award of Excellence

Becoming a multiple language interpreter (Vietnamese, Cantonese, Mandarin) has been a big challenge for me this late in life after thirty five years in the restaurant business, but it is rewarding.

Every assignment is a chance for me to meet different people and help them to communicate with providers. I enjoy helping people, I enjoy my work.



ALPHONSE DAO

Answers to the CCCS Crossword - October 2011

<p style="text-align: center;">Down</p> <p>1. Mutate 2. Simulate 4. Infection 6. Fluctuate 8. Abscess</p>	<p style="text-align: center;">Across</p> <p>1. Mutatio 3. Ethnicity 5. Catheter 7. Gauge 9. SST 10. Race 11. Refurbish</p>
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October Crossword

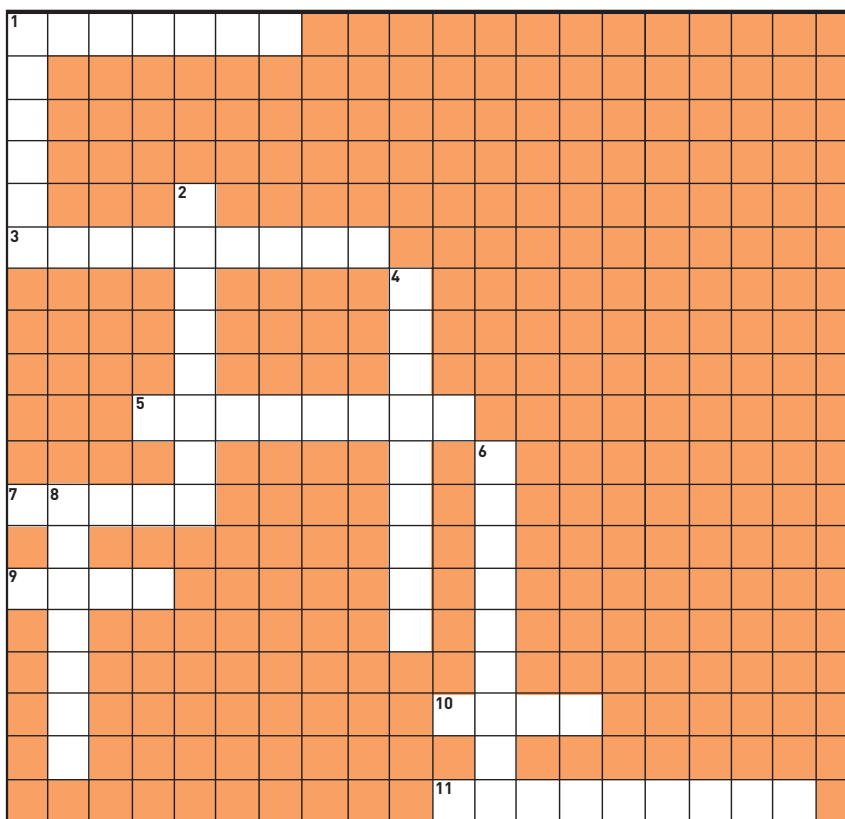
ACROSS

1. a person of mixed white and black ancestry.
3. ethnic character, background or affiliation
5. a flexible tube inserted into a body cavity, duct or vessel to allow fluids to pass or distend a passage
7. an instrument for measuring or testing - a means of estimating or evaluating
9. acronym for skin and soft tissue infections
10. a local geographic or global human population distinguished as a more or less distinct group by genetically transmitted physical characteristics
11. to renovate by making clean, bright or fresh again

DOWN

1. to undergo or cause change
2. to imitate - to have or take on the appearance, form or sound of
4. invasion by and multiplication of pathogenic microorganism in a body tissue
6. to vary irregularly- to rise and fall, to undulate
8. a localized collection of pus in part of the body, surrounded by an inflamed area.

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Abbreviations

Know your Acronyms and Abbrev.

BM	Bowel Movement/Bone Marrow
BS	Bowel or Breath Sounds
CP	Chest Pain/Cerebral Palsy
CNS	Central Nervous System
DM	Diabetes Mellitus
FBS	Fasting Blood Sugar
FU	Follow up
HA	Headache

Vocabulary

- Ambiguity** – Doubtfulness or uncertainty as regards interpretation.
-
- Aureus** – A common species of bacteria found especially on nasal mucous membrane and skin (hair follicles); causes furunculosis, cellulitis, pyemia, pneumonia, osteomyelitis, endocarditis, suppuration of wounds, other infections, and food poisoning; the type species of the genus staphylococcus.
-
- Ethnic** – Of or relating to sizeable groups of people with a common, distinctive, racial, national, religious, linguistic or cultural heritage.
-
- Immune system** – The integrated body system of organs, tissues, cells and cell products that identifies nonself and neutralizes potentially pathogenic organisms or substances.
-
- Lactam** – A class of broad spectrum antibiotics that are structurally and pharmacologically related to the penicillins and cephalosporins.
-
- MRSA** – Methicillin-resistant Staphylococcus aureus
-
- Nonself** – That which the immune system identifies as foreign to the body.
-
- (To) Obsess** – To have the mind excessively preoccupied with a single emotion or topic.
-
- Psyche** – The mind functioning as the center of thought, emotions and behavior.
-
- Staphylococcus** – A spherical gram-positive bacterium of the genus staphylococcus usually occurring in clusters and causing boils, septicemia and other infections.
-
- Streptococcus** – A round to ovoid, gram-positive, often pathogenic bacterium of the genus streptococcus that occurs in pairs or chains and causes various diseases in human beings including scarlet fever and septic sore throat.
-
- Virus** – Any of various simple submicroscopic infectious agents that often cause disease in plants, animals, and bacteria and that consist essentially of a core of RNA or DNA surrounded by a protein coat, are unable to replicate without a host cell, and are typically not considered living organisms.