THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

International Medical Education

Medical Student Enrichment Program
University of Alabama at Birmingham School of Medicine

Clinical Elective: Baní, Dominican Republic – INTEC: Instituto Tecnológico de Santo Domingo
Dates of Training: June 10, 2019 – July 7, 2019

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I was prepared for a culture shock. Finally getting the chance to experience global medicine in rural Dominican Republic was an irresistible opportunity, and I couldn't wait for what would surely be the challenge of my medical school career. I would be tested like I had never been tested before, and I would prove that I am indeed "ready for global medicine." And to an extent, that was true. Adjusting to life in a rural Dominican town did take some time. However, over the course of our rotation, I found that some of my most meaningful experiences involved language barriers rather than cultural ones—something I had not considered, having studied Spanish and traveled to Spanish-speaking countries prior to this trip.

The vast cultural barriers I expected to experience on this trip simply never materialized. At every turn, I found that our community reminded me of somewhere really familiar—rural Alabama. While shadowing during my undergraduate years, I had the opportunity to see how medicine is

practiced in rural Alabama. I was surprised to see that medical practice in rural Dominican Republic is actually very similar. Sure, patients brought mangos instead of tomatoes or other vegetables as gifts to clinic staff, and the patient who had us over for lunch cooked pollo, arroz, y habichuelas instead of meat and veggies, but these experiences were otherwise incredibly similar. During our rotation, I always looked forward to going on house calls to patient homes to check in after emergencies or to monitor chronic conditions. As you would expect, many of these patients were elderly and/or unable to leave their home to walk to clinic. When we would arrive,

plastic chairs were brought out and everyone sat around, speaking not just about the patient's health, but also about the patient's family and the community in general. To me, Matanzas hospitality felt a whole lot like Southern hospitality. Although on the very first day I felt like an outsider, this feeling quickly dissipated as we were welcomed wholeheartedly into people's homes, and we saw just how grateful patients and their families were for these services. Even more, we got to see our patients as people, not just medical patients, something I adore about rural medicine in any country.

One day in clinic, I took the blood pressure of a very elderly gentleman with hypertension who had easily the thickest accent I've ever heard. I could not understand almost a single word this man said, and he didn't seem to understand my spiel about hypertension either. He was kind and looked sympathetic that I clearly did not understand, but I felt awful that I was unable to communicate properly. What was wrong with me that I was suddenly unable to communicate with a patient? Luckily, I was able to grab one of the INTEC students working alongside us in the clinic to speak with the man about his hypertension, which she handled with ease. After some reflection on this interaction, I was reminded of the way many people in rural Alabama speak—with a thick Southern accent. If one of our Dominican friends were sent to care for such a patient, they, despite their knowledge of English, would likely not understand a word. Furthermore, the terms a patient in rural Alabama might use to talk about their health would likely puzzle anyone not from the South—for example, the use of words like "sugars" to refer to diabetes. Perhaps, I realized, this elderly patient and I were facing two language barriers—the obvious one, as well as the one I've seen many times in Alabama—the medical language barrier. As I learned in my medical anthropology coursework during my undergraduate years, people from different places speak about health and medicine in very different ways. Even if this patient and I were both speaking Spanish, it was clear to both of us that we weren't speaking the same language. In this moment of understanding, I was reminded just how vital it is that patients have medical providers who can truly understand them and provide medical care in words that they understand. I welcomed these moments of discomfort with language as opportunities to learn, and I was reminded how privileged I was to never have had a language barrier negatively affect my life.

A few weeks later, I experienced yet again the impact of language barriers. On this day, I took blood pressure for an elderly woman, and it was dangerously high. As I explained to her that her blood pressure was high, I could see that she also didn't seem to understand me. After alerting one of the Dominican medical students to the situation, we went over to

re-check and ask about any other symptoms she was having. We soon realized that this patient was Haitian and only spoke Creole, not Spanish. In those moments, I saw that the patient could tell that something was wrong, but I couldn't do much to reassure her because I did not speak her language. Thankfully, we located the patient's adult daughter who was able to translate, give information about other recent symptoms, and reassure her mother as she was given an IV and taken to the hospital with a suspected stroke. I was immediately reminded of the stories some of my English as a Second Language students at church have relayed about their own experiences with healthcare in Alabama. Inability to understand medical information, children having to serve as translators for parents, and being afraid to seek out medical care are all unfortunate realities for so many English language learners, my students included. This type of language barrier presents an even bigger problem in rural Alabama, where translation services may not be as readily available as they are in cities like Birmingham.

My experiences on both sides of language barriers during this trip were an important reminder for me as a future medical professional. We expect language barriers when we travel to a different country, but how often do we consider how language barriers affect the daily lives of our neighbors? What are we doing to break down these barriers and ensure that all patients can access healthcare in a way that they can understand? This clinical rotation made me more passionate about global medicine, but it also made me more passionate about being a physician in my home state of Alabama. Seeing the same issues patients face in our community through a new lens in the Dominican Republic allowed me to understand just how much opportunity there is to make change here at home. If we choose to take this opportunity, working to understand and eliminate language barriers, we will make medical care more accessible for all who need it. I am grateful that this trip didn't just show me how Dominican healthcare professionals serve their community—it allowed me to reflect on how I can better serve my own community in my future as a physician.

Rebecca Massey