Standing in Solidarity

I stood in my personal protective equipment for the very first time in the presence of a patient with confirmed coronavirus disease 2019 (COVID-19). I felt beads of sweat stream down the nape of my neck. I was a cardiology fellow in training, but at this moment, that did not define me. My role was not to treat a non-ST elevation myocardial infarction or rapid atrial fibrillation; my role was to listen. I stood in silence for the first time in a long time, at least since I could remember. Then I introduced myself, my voice slightly breaking. His eyes lit up, and he smiled. I too smiled, although I was hidden behind my respirator mask and face shield. I struggled to find ways to connect despite the physical barriers. I took a few steps forward and placed my gloved hand on his shoulder. He asked that I keep my distance for fear of making me sick while my community needed me. I took 2 steps back and stood again in silence.

My community was exactly the reason I was standing there that day. Growing up, I had watched my grandfather, a community physician in our small town in Venezuela, care for the patients with the most vulnerabilities, upholding the notion of health care as a basic human right. After my family and I emigrated to the US, my parents always searched for a Spanish-speaking physician for our family, too afraid for the details of our care to be lost in translation. When I decided to pursue medical training, my dreams were built on these experiences. I wanted to provide care for vulnerable populations and be a physician my Latino community would seek out.

That afternoon, I stood in solidarity with this patient as part of the Spanish Language Care Group (SLCG) at Massachusetts General Hospital (MGH), a group of physicians assembled to help frontline clinicians provide culturally sensitive care to patients admitted with limited English proficiency who have identified Spanish as their primary language. As of May 2020, nearly 50% of all inpatients in COVID-19 units at MGH had identified themselves as having limited English proficiency. In April 2020, requests for a Spanish-speaking interpreter made up 85% of all interpreter service requests. However, because of COVID-19 restrictions, interpreter services were predominantly virtual, leaving a large void for patients already lacking much human contact, while clinicians, staff, and visitors were restricted to slow the spread of the virus. This is where SLCG thrived. We were frontline physicians who represented more than 14 countries and 13 departments across our hospital. We stood united, not just by our common language but our experiences and cultures.

This patient and I spoke for a while, at first not about anything associated with his acute respiratory illness. We spoke about our countries of origin, the time we had spent living in Boston, and who made up our families. While he struggled living in close quarters with family members who had all been affected by this disease, I struggled with thoughts of my extended family abroad and when it would be safe for me to see them again. He had been furloughed from his job and was struggling with food and housing insecurity. I bowed my head with embarrassment for the privilege of having an essential job during such a challenging time for so many. Previously too afraid to ask, he wondered if it would be possible to have a second portion for breakfast. He offered the unopened yogurt on his breakfast tray in return for more bread. I silently giggled under my mask as I imagined how my grandmother would have asked for the same. As our visit ended, he asked if he would see me again. I reassured him that through this crisis, the SLCG team would always be available to help. He smiled and asked for God to bless me and guide me in the care of patients. There are few moments in my training that have made me prouder to be a Latina physician than that day.

That night, I searched through my files in search of affirmation. I read the second-to-last sentence of the personal statement in my residency application: “I trust that my training in medicine will not only continue to expose me to the harsh realities of the health disparities that exist within our community, but it will continue to teach me the skills necessary to focus on bridging these gaps.” Six years later, my heart remained in the same place. I had trained to be a physician to provide for my community. Although this most often translated into providing ambulatory cardiac care, on that day, it involved supporting my hospitalized Latino community in the fight against COVID-19.

Latino physicians make up less than 5% of the physician workforce, including practicing cardiologists, despite being the largest minority group in the US—a staggering reality that highlights the complex disparities in access to higher-level education for socially disadvantaged populations. The disproportionate surge in COVID-19 admissions for racial/ethnic minorities is a reminder of the existent gaps in our clinician workforce. Our MGH SLCG was a novel undertaking we knew would outnumber us with needs but that we pursued and successfully implemented nonetheless. Let our story be one that reminds us to continually strive to reflect those we serve, because only then can we ensure that high-quality and culturally sensitive care is possible for all.

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