

Making the Journey

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I picked up the patient intake summary sheet by the exam room door: “26-year-old female at 24 weeks pregnant here as new prenatal. Language preference: Spanish.” As I entered the exam room, I gave my usual greeting, knowing that I was running a bit behind. “*Hola! Gracias por esperar. Soy el Dr Ruiz. En qué te puedo ayudar el día de hoy?*” (Hi! Thank you for waiting. My name is Dr Ruiz. How can I help you today?)” Immediately I noticed my new patient’s facial expression change from one of skepticism to one of happiness, followed by tears and a quiet “*gracias* (thank you).” Her emotions caught me off guard, but I knew that I had to put down my computer and be completely present with my new patient.

She followed by telling me about her journey into my exam room at the Federally Qualified Health Center (FQHC) where I work. She had been in the United States for only 1 month after she and her husband had made the long and dangerous journey as undocumented immigrants. She had left behind her family and support system. She found herself expecting her first child in a foreign country, isolated, and unable to speak English.

She explained to me that after settling into her new home she went to a clinic near her house to seek prenatal care. After her initial visit she felt confused and ignored. She expressed the feelings of being invisible and having no voice. Her first encounter with the US health care system was disappointing and intimidating. She went on to explain that the provider did not speak Spanish and had to use an interpreter. The interpreter made the encounter less personable. She quickly became overwhelmed by the amount of information being provided to her and could not think clearly for the rest of the encounter. All she could do was offer simple and short responses to their many questions.

She did not feel comfortable disclosing to her provider that she was the oldest of three children, had been working since she was 9 years old in the fields of rural Chiapas to help support her family, and never learned to read or write. She feared deportation and discrimination and, therefore, did not want to disclose that she had walked several days and nights through the desert enduring hunger and thirst to cross the border as an undocumented immigrant in search of better job opportunities and the hope of providing a better future for her family.

When she finished telling me her story, we briefly looked at each other and hugged in solidarity. In that moment, I was overwhelmed by feelings of connectedness and belonging that, to this day, are difficult to describe with words. During that first encounter, I did not tell my patient about the many similarities we shared. My family and I (also at the age of 9) had made a similar journey from Mexico into the United States with help from a “coyote” (the person leading the group into the United States). We had to learn to speak English, assimilate to a new culture, hold several manual labor jobs, and interact with the health care system. Our interactions with health care included a visit to the public health department to obtain vaccinations for school, my mother’s prenatal care for two of my younger siblings, and several emergency department visits after my dad suffered work-related injuries. Thanks to all these interactions, I knew exactly what my patient was feeling and going through as an undocumented Spanish-speaking immigrant seeking culturally competent and respectful care.

My patient learned about our FQHC, which serves a large population of uninsured immigrants who primarily speak Spanish, through a friend who was already a patient at our clinic. My patient had driven 90 minutes past at least a dozen prenatal clinics and at least three hospitals to our FQHC in rural North Carolina to find the type of care

she was looking for. Over the next couple of months, my patient and I bonded over our physical and emotional journeys as undocumented immigrants, our fears of deportation and discrimination, our process of assimilation while maintaining strong Mexican roots, our views of the US health care system, and our hope for a better future for people with similar stories. Being a full-spectrum family medicine physician in rural North Carolina allowed me the privilege of being able to attend the delivery of her beautiful and healthy newborn baby boy at our Level 1 maternity care center.

Why reflect on this encounter? This patient's visit on that busy clinic day reminded me of my own journey into the United States; I stopped to reflect on my career path in medicine as she reaffirmed my sense of belonging in this profession and the community that I serve. This patient encounter exemplified and reminded me of the importance of cultural humility and attested that speaking the same language does not equal culturally competent and respectful care.