What is Rosh Hashanah?

Rosh HaShanah literally means “Head of the Year” in Hebrew. It falls in the month of Tishrei, which is the seventh month on the Hebrew calendar. The reason for this is because the Hebrew calendar begins with the month of Nissan (when it’s believed the Jews were freed from slavery in Egypt) but the month of Tishrei is believed to be the month in which God created the world. Hence, another way to think about Rosh HaShanah is as the birthday of the world.

Rosh HaShanah is observed on the first two days of Tishrei. Jewish tradition teaches that during the High Holy Days God decides who will live and who will die during the coming year. As a result, during Rosh HaShanah and Yom Kippur (and in the days leading up to them) Jews embark upon the serious task of examining their lives and repenting for any wrongs they have committed during the previous year. Jews are encouraged to make amends with anyone they have wronged and to make plans for improving during the coming year. In this way, Rosh HaShanah is all about making peace in the community and striving to be a better person.

The shofar is an important symbol of Rosh HaShanah. It is an instrument often made of a ram’s horn and is blown one hundred times during each of the two days of Rosh HaShanah. The sound of the shofar blast reminds people of the importance of reflection during this important holiday.

Tashlich is a ceremony that usually takes place during the first day of Rosh HaShanah. “Tashlich” literally means “casting off” and involves symbolically casting off the sins of the previous year by tossing pieces of bread or another food into a body of flowing water.

Other significant symbols of Rosh HaShanah include apples, honey and round loaves of challah. Apple slices dipped in honey represent the hope for a sweet new year and are traditionally accompanied by a short prayer before eating that goes: “May it by Thy will, O Lord, Our God, to grant us a year that is good and sweet.” Challah, which is usually baked into braids, is shaped into round loaves of bread on Rosh HaShanah. The circular shape symbolizes the continuation of life.

For more information, please visit http://judaism.about.com/od/holidays/a/roshhashanah.htm
Barriers Beyond Words: Cancer, Culture, and Translation in a Community of Russian Speakers

by Daniel Dohan, PhD and Marya Levintova, PhD

Language and culture relate in complex ways. Addressing this complexity in the context of language translation is a challenge when caring for patients with limited English proficiency (LEP). Over 2 million people have immigrated to the United States from the countries of the former Soviet Union (FSU, including Russia) since 1954, with main resettlements in California, New York, Florida, Texas, New Jersey, and Illinois. San Francisco is one of the primary resettlement locations for these individuals, with as many as 32,000 monolingual Russian-speaking immigrants according to a 2002 community assessment conducted by the San Francisco Department of Public Health. Experiences and socialization in the states of the FSU encouraged émigrés to adopt health beliefs and orientations that differ substantially from those that predominate in the United States. In past decades, providers in the U.S. health care system have generally experienced the behavior of FSU-origin patients as demanding and inappropriate. A specific area of difference from U.S. norms is that FSU-origin families often prefer to protect a family member to spare him or her stress or despair, a disclosure practice that can complicate the provider–patient relationship. Language difficulties present a significant barrier when providing medical care to the émigré community.

Family members and other non-professionals often provided Russian interpretation services, but they often did not have adequate Russian language skills to interpret medical and technical information. In addition, as one interpreter put it, “You cannot ask a family member to bear the burden...in a situation like this, it’s very difficult to deliver this kind of news and not have it be either a terrible emotional burden or incredibly edited by the family member to take out the hard parts, to save the person from suffering at that moment.”

The “terrible emotional burden” and desire to “take out the hard parts” mentioned by this interpreter related to the cultural taboo against disclosing a cancer diagnosis or even saying the word within the émigré community. Cancer could be seen as a “death sentence” in the émigré community. Telling patients, especially elderly patients, that they have cancer thus could be seen as “taking away their hope and spirit,” it could cause them to become depressed, and it could even diminish their willingness or ability to survive. Some providers avoided the “C” word with Russian-speaking patients in the manner this provider described: “I say tumor [and] I think everybody in the room knows what it is and the treatment for a tumor is pretty much the same as treatment for cancer. And we get around it by just kind of using a code word for cancer.” Commonly, however, patients were told of their diagnosis to facilitate full disclosure and informed or shared decision-making. Providers noted that in the U.S. medical culture, it is necessary to discuss diagnoses with the patient even if this makes family members angry because “we can’t embark on a program of care unless we have the consent and engagement of the person who actually is suffering from the disease.” Several providers reported that “the patient would be really open” to full disclosure and “the family seems to be the largest obstacle.”

For interpreters, standard disclosure practices could lead to personal and professional dilemmas. One interpreter described an incident that began when a resident “pull[ed] rank on me” and insisted he tell an elderly man he had cancer. The patient replied, “I don’t have cancer. No, no, no, this is a mistake.” The incident continued: “the son comes by and I’m talking to him and I pull him aside and I said, ‘do you know that your father has cancer?’ And he very matter of factly goes, ‘Of course I know. He’s had it for two years. We’ve been hiding it from him.’” I says, “Well, you know, he didn’t know.” And I’ll never forget his face. It just froze and he stared daggers into me. He said, “You told him? You’re a Russian man and you told him?” I said, “Well you know, they, you know, I’m just a translator, I’m just translating.” He says, “Do you understand what this means to a Russian man? It means you’ve just given him a death sentence, he is going to lose all hope, he’s going to stop eating, he’s going to stop drinking, he’s just going to curl up in a corner and die. You’ve just ruined two years of us carefully hiding this from him.”

Anticipating this kind of dilemma, interpreters often tried to make the disclosure “softer” or to inform physicians “about the culture differences.” Some physicians agreed to a softer approach, but some, like the resident above, “ask us to tell word by word.” Interpreters, Russian-speaking providers, and family often characterized the complex interactions related to disclosure as a linguistic and symbolic “game” involving patients, family members, and care providers. Playing the “game” was central to “respecting cultural beliefs”. But Russian speakers acknowledged the “game” did not always or necessarily mean patients were unaware of their diagnosis. Even as providers and family took respectful pains to shield patients from this information, patients played their role by feigning ignorance, as one Russian-speaking nurse described.

My father had colon cancer back in Russia, Ukraine, where I’m from, and our family never told him...And what I always felt that he knew what he had and he played the game because he didn’t want us to be upset that we know that he knows. I’m absolutely sure.

(To be continued in the next issue)