

Global Health Language and Culture Competency

Charles Beadling, MD; John Maza, DO**; Gregg Nakano, MALD*;
Maysaa Mahmood, PhD*; Shakir Jawad, MD*; Ali-Al-Ameri, MD*;
Scott Zuerlein, PhD*; Warner Anderson, MD****

ABSTRACT

This article presents findings from a survey conducted to examine the availability of foreign language and culture training to Civil Affairs health personnel and the relevance of that training to the tasks they perform. Civil Affairs forces recognize the value of cross-cultural communication competence because their missions involve a significant level of interaction with foreign governments' officials, military, and civilians. Members of the 95th Civil Affairs Brigade (Airborne) who had a health-related military occupational specialty code were invited to participate in the survey. More than 45% of those surveyed were foreign language qualified. Many also received pre-deployment language and culture training specific to the area of deployment. Significantly more respondents reported receiving cultural training and training on how to work effectively with interpreters than having received foreign language training. Respondents perceived interpreters as important assets and were generally satisfied with their performance. Findings from the survey highlight a need to identify standard requirements for pre-deployment language training that focuses on medical and health terminology and to determine the best delivery platform(s). Civil Affairs health personnel would benefit from additional cultural training that focuses on health and healthcare in the country or region of deployment. Investing in the development of distance learning capabilities as a platform for delivering health-specific language and culture training may help ease the time and resources constraints that limit the ability of Civil Affairs health personnel to access the training they need.

Introduction

Civil Affairs personnel are uniquely positioned to respond to the challenges of today's security environment.^{1,2} As

the lead for Department of Defense (DoD) efforts at pre-emptive engagement and post-conflict stabilization, Civil Affairs units have the ability to create direct, immediate, and tangible benefits in many countries and regions around the world.^{3,4} They build schools, roads, and clinics, dig wells, and provide basic healthcare services to indigenous populations in remote and underserved areas. Because of their unique capabilities, Civil Affairs activities play a critical role in preventing conflict, promoting regional stability, and strengthening perceptions of the United States in the eyes of the world.⁴ The primary goal of most Civil Affairs engagements is to develop and maintain influence in regions that are important to the national interests of the United States.³ Because the nature of their engagement involves a significant level of interaction with foreign governments' officials, militaries, and civilians, Civil Affairs organizations recognize the importance of cross-cultural communication competence.⁵ Civil Affairs personnel are required and expected to have the knowledge and ability to communicate effectively with target audiences in foreign environments.^{6,7}

Cross-cultural communication has not been a priority for the military health community, since traditionally the Military Health System has focused on force health protection and readiness. This is likely to change as emphasis continues to be placed on foreign language and culture training across DoD and more responsibilities are assigned to military health personnel overseas.^{8,9} The DoD is increasingly deploying health assets to provide assistance to many developing countries by implementing public health interventions that impact people's lives.⁹⁻¹¹ Identifying the competencies for health-specific language and culture preparedness is the first step to address the language and culture training needs within the military health system. This article reports findings from

*Center for Disaster and Humanitarian Assistance Medicine, Uniformed Services University of the Health Sciences, 11300 Rockville Pike, Suite 707, Rockville, MD 20852

**Special Operations Command EUROPE

***International Health Division, Office of the Assistant Secretary of Defense (Health Affairs), Force Health Protection and Readiness, 5113 Leesburg Pike, Suite 800A, Falls Church, VA 22041

a survey of members of the 95th Civil Affairs Brigade (Airborne) that looked at the availability of foreign language and culture training to Civil Affairs health personnel and the relevance of that training to the specific tasks they performed during their most recent deployment.

Methods

Members of the 95th Civil Affairs Brigade (Airborne) who have a health-related military occupational specialty code were invited to respond to a web-based questionnaire consisting of 49 items. Eligible members received an invitation letter via e-mail, which provided a brief summary of the study, an estimate of the time it would take to complete the questionnaire, and the URL for the survey website. One week later, a thank you/reminder e-mail message was sent, expressing appreciation to those who completed the questionnaire and reminding those who had not completed the survey that it was available for completion (the reminder e-mail also included the URL for the survey website). After an additional week, a second thank you/reminder e-mail containing the link to the web-based questionnaire was sent. The questionnaire website was closed following a 4-week data collection period. The questionnaire included sociodemographic information including service, rank, sex, military occupational specialty, position, and deployment experience, as well as foreign language qualification, whether or not they received language and culture training prior to their most recent deployment, tasks performed during the most recent deployment, and the perceived utility of the language and culture training. Descriptive statistical analyses for individual questionnaire items were performed. Response data were summarized as frequencies and percentages and we calculated the means and standard deviations where appropriate. Correlation analysis was used to investigate the relationship between pre-deployment language and culture training and task execution ability. The Spearman rank-order correlation was used to calculate the strength of the hypothesized relationship. P-values less than 0.05 were considered significant. This study was approved by the Human Research Protection Program at the Uniformed Services University of the Health Sciences.

Findings

The overall response rate for the survey was 93.5% (100 out of 107 responded to the questionnaire). Most of the respondents were Civil Affairs medics and more than 45% were foreign language qualified (Table 1). The most frequently reported languages in which the respondents were trained were Spanish (35.6%), French (13.3%), Arabic (13.3%), and Russian (8.9%). Other reported languages included Bahasa, Pashto, Korean, Hindi, and Punjabi. Proficiency levels varied depending on the language, but were most commonly reported as 0

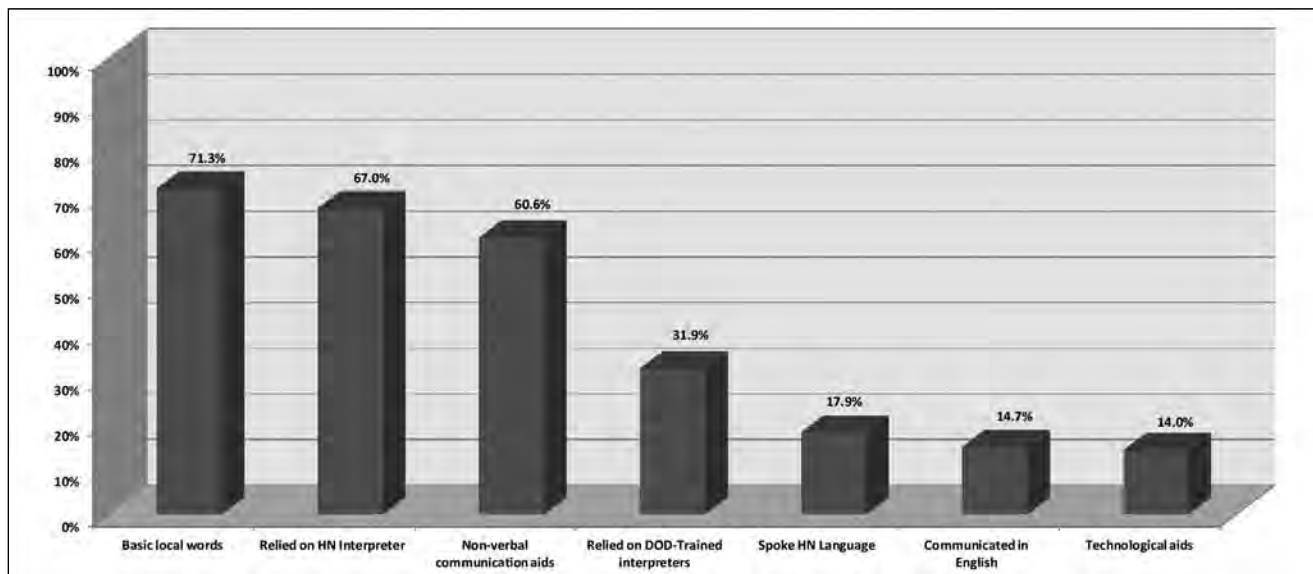
Table 1 *Study Participants*

	Number	Percent
Rank		
Officer	8	8.2
Enlisted	89	91.8
Military Occupational Specialty		
Physician	1	1
Public Health	1	1
Preventive Medicine	2	2
Veterinarian	5	5.1
Dentist	1	1
Civil Affairs Medic	85	86.7
Other	3	3.1
Speaks Language other than English (Yes)	49	50.5
Foreign Language Qualified (Yes)	45	45.9
Have Multicultural Background (Yes)	39	39.8

or 1. In spite of the emphasis on foreign language training, surveyed Civil Affairs personnel relied heavily on interpreters when performing tasks during their most recent deployment (Figure 1). Interpreters were perceived as important assets; 79% of respondents experienced situations where it was important for them to use an interpreter to communicate with non-English speaking individuals. Of those who used interpreters, 76.4% said they were satisfied with their interpreter's proficiency in the host nation language and were able to work effectively with them; 58.8% said they were satisfied with their interpreter's ability to translate medical terms.

Civil Affairs personnel within the brigade can be deployed worldwide, but because of current operational needs, most recent deployments were to the U.S. Central Command area of responsibility (AOR), particularly Iraq and Afghanistan. Prior to their most recent deployment, 20.6% of respondents received foreign language training (specific to the area of deployment), 48.5% received cultural training (specific to the area of deployment), and 50.5% received training on how to work with interpreters. Civil Affairs health personnel deploy as part of a multi-member Civil Affairs Teams (CATs) and use a combination of skills and capabilities to build relationships and establish trust with the local population. Survey respondents experienced situations where they needed to have the skills and capabilities to form partnerships with the local population (82.1%), gain credibility (84.2%), and negotiate (75.8%). They applied their technical skills to build the capacity of the host nation professionals (by serving as mentors (74.7%) and providing training (70.5%) and to provide healthcare

Figure 1 *Communication Tools Used During the Most Recent Deployment*



services to host nation patients (63.9%). To perform all these tasks effectively, 73.7% of respondents said it was essential for them to understand the culture of the people with whom they worked.

Pre-deployment language and culture training appeared to have a favorable effect. Survey respondents who received pre-deployment language training were less likely to experience language difficulties (Figure 2). Perception of training utility was noticeable in the following areas: applying social etiquette, interpreting information observed in a foreign environment, and delivering culturally appropriate patient care (Table 2). Pre-deployment language training correlated positively with the ability to communicate effectively with host nation population and counterparts (Table 3). Stronger correlation patterns were observed between pre-deployment cultural training and training on how to work with interpreters and with

the ability to perform most tasks. Survey respondents indicated that they would have liked additional training in the following areas: local language medical and health terminology (82.4%), how local people understand health problems in a specific country or region (76.5%), how healthcare is provided in a specific country or region (74.1%), and local names of diseases, symptoms, and perceived causes (72.9%).

Discussion

Findings from this study clearly illustrate the emphasis the 95th Civil Affairs Brigade (Airborne) places on foreign language and culture training. More than 45% of the surveyed Civil Affairs health personnel were qualified (determined using the Defense Language Proficiency Testing (DLPT) in at least one foreign language. Because Civil Affairs personnel do not always deploy to an area where

Figure 2 *Effectiveness of Pre-Deployment Training*

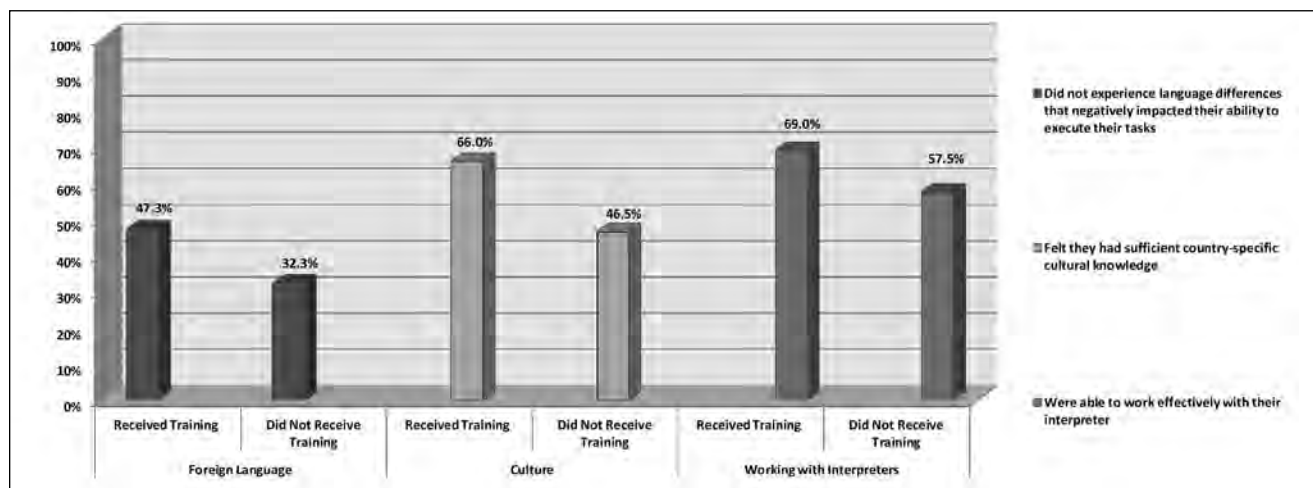


Table 2 *Perceived Utility of Pre-Deployment Foreign Language and Culture Training*

	Agree/ Strongly Agree	Disagree/ Strongly Disagree	P-value
The Training Helped Me:			
Apply appropriate social etiquette	38.3%	15.9%	< 0.001
Establish credibility with people	38.0%	25.0%	0.048
Deliver culturally appropriate patient care	36.8%	17.9%	0.003
Interpret observation gained through observation	35.5%	20.4%	0.018
Negotiate	32.6%	23.9%	0.172
Gain trust of the people	31.6%	19.0%	0.04
Communicate with host nation population	15.8%	44.2%	< 0.0001
Communicate with host nation counterparts	13.7%	47.4%	< 0.0001

Table 3 *Correlation between Receiving Pre-Deployment Foreign Language and Culture Training and the Ability to Perform Tasks*

	Received Pre-Deployment Training		
	Foreign Language	Culture	How to Work with Interpreter
Communicate with HN Counterparts	0.354*	0.473*	0.526*
Communicate with HN Population	0.308*	0.382*	0.480*
Apply Appropriate Social Etiquette	0.205	0.427*	0.471*
Interpret Information Gained through Observation	0.306*	0.475*	0.480*
Negotiate	0.220	0.459*	0.520*
Establish Credibility	0.242*	0.445*	0.650*
Gain Trust	0.237*	0.421*	0.496*
Provide Culturally Appropriate Patient Care	0.197	0.294	0.474*

Note: *The measure of association was statistically significant at $p < 0.05$.

the language in which they are trained is spoken, pre-deployment training may be offered to prepare them for deployment. Based on the survey findings, members of the 95th Civil Affairs Brigade (Airborne) were more likely to receive pre-deployment cultural training and/or train-

ing on how to work effectively with interpreters than foreign language training. Pre-deployment culture training and training on how to work with interpreters seemed to provide a better return on the investment, as indicated by respondents' perceptions of the benefits of training they received as well as observed correlation patterns with the ability to perform tasks. Interpreters are an important asset in Civil Affairs missions. Survey respondents were generally satisfied with the performance of their interpreters. One area that could benefit from additional improvement is the interpreter ability to translate medical terminology. There are multiple ways this can be accomplished. Providing additional training in health terminology to interpreters and/or Civil Affairs health personnel is one option. Using mobile translation devices that can accurately and reliably translate key medical terms and phrases is another option. Developing training material for this purpose could benefit from the identification of standard requirements for pre-deployment language training that focuses on medical and health terminology and an assessment of the best delivery platform(s).

Survey respondents expressed a need for additional cultural training focused on health and healthcare in the country or region of deployment. Although many receive general cultural training, the expressed need was for additional knowledge that would allow them to effectively navigate health settings in foreign environments. This type of training could be incorporated as an add-on module to the general culture training many already receive prior to deployment. Health-specific culture training could also be offered in conjunction with the 'technical training' Civil Affairs health personnel receive to prepare them to perform essential medical stability operations tasks.

A few comments were made about the lack of time and resources to receive additional pre-deployment training, even if the training is critically needed. No survey questions addressed the sources of pre-deployment language and culture training, but findings from a separate survey show that online resources are the primary source of pre-deployment language and culture training, particularly for enlisted personnel.¹² Leveraging existing patterns of utilization of pre-deployment language and culture training by investing in the development of distance learning capabilities may help ease some these constraints and broaden access to the required training.

Conclusion

The 95th Civil Affairs Brigade (Airborne) philosophy is to train soldiers to a higher proficiency in fewer languages.¹³ Findings from this survey show less emphasis on pre-deployment foreign language training compared to investment in long-term training that focuses on a

core set of essential languages. Findings also show that Civil Affairs personnel use interpreters to bridge the communication gap and are generally satisfied with their performance. There is room for improvement when it comes to translating medical or health terminology. Civil Affairs health personnel and their interpreters would benefit from additional training focused on medical and health terminology. Although approximately half of the respondents received general cultural training prior to their most recent deployment, many said they would like additional training focused on health and healthcare in the country or region of deployment. Those providing such training should take into consideration the fact that pre-deployment training is constrained by limitations on available time and resources. Investing in the development of distance learning capabilities to deliver health-specific language and culture training may help transcend these constraints and broaden access to training platforms.

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Charles W. Beadling, MD is currently the Director, Center for Disaster and Humanitarian Assistance Medicine (CDHAM), in the Department of Military and Emergency Medicine, Uniformed Services University of the Health Sciences. The CDHAM serves as a focal point of expertise for the Department of Defense in the evolving missions of Global Health Engagements. Primary mission areas include developing education and training programs for U.S. military medics and Partner Nation personnel, scholarly work in the areas of global health and support to and DoD agencies and the Combatant Commands. Dr. Beadling was commissioned in the Air Force in 1975 after completing his Bachelor of Science degree in Life Sciences at the USAF Academy. He attended Undergraduate Navigator Training at Mather Air Force Base, California, and served as squadron navigator until 1980. That year, he entered medical school at the Uniformed Services University of Health Sciences in Bethesda, MD. Upon graduating from medical school in 1984, Dr. Beadling began a residency in Family Practice at David Grant Medical Center, Travis AFB, CA. He had numerous operational, academic, leadership, and command assignments until his retirement from the AF, as a Colonel, effective 1 March 2009. Dr. Beadling has held an academic appointment as Assistant Professor of Military

and Emergency Medicine, Uniformed Services University of the Health Sciences, since 1993 and is a Fellow of the American Board of Family Medicine. He holds the International Diploma in Humanitarian Assistance from Fordham University, where he has served as faculty. Dr. Beadling also holds the Diploma in the Medical Care of Catastrophes from the Society of the Apothecaries of London, and serves as an Examiner for candidates seeking the Diploma.

Warner Anderson, MD, FACP is currently the Director of the International Health Division in the Office of the Assistant Secretary of Defense for Health Affairs. Dr. Anderson is a Special Forces qualified physician and an anthropologist; he is an internal medicine and emergency medicine specialist. A founding editor of *Journal of Special Operations Medicine*, he has enjoyed a career in Indian Health Service, as well as in the National Guard and Army Reserve. He has two deployments to Iraq, first with Civil Affairs in Operation IRAQI FREEDOM-1 as chief of the national-level public health team, and again as company surgeon to the SF unit responsible for the Iraqi Counterterrorist Force and Iraqi Special Forces. He was associate dean at the Joint Special Operations Medical Training Center from 2002 through 2007, and DCO and plank owner of the Special Warfare Medical Group. He retired as a Colonel and is now a DoD supervisory physician. He has received a Legion of Merit, a Purple Heart Medal, a Bronze Star Medal with V device, and two more Bronze Star Medals, as well as other military and civilian awards.

LTC John Maza, DO is currently the Command Surgeon, Special Operations Command-Europe. LTC Maza is a preventive medicine physician and a flight surgeon. He is a member of the American Society of Osteopathic Physicians; American College of Preventive Medicine; and Society of Army Flight Surgeons. LTC Maza was the Command Surgeon for the 95th Civil Affairs Brigade (Airborne) in Fort Bragg, North Carolina.

Maysaa Mahmood, PhD is a Research and Evaluation Scientist at the Center for Disaster and Humanitarian Assistance Medicine (CDHAM), and an Assistant Professor of Military and Emergency Medicine at the Uniformed Services University of the Health Science (USUHS). She is currently working with the Defense Medical Language Initiative (DMLI) team to design, develop, and implement needs assessment and program evaluation for the Defense Medical Language and Culture Initiative. Dr. Mahmood studied pharmaceutical economics, outcomes, and policy research at the University of Arizona, College of Pharmacy focusing on evidence-based approaches to enhance health systems' ability to ensure equitable access to quality and cost-effective medicines.

Gregg Nakano, MALD provided development and outreach coordination services for the Defense Medical Language Initiative (DMLI). Previously, he served with the International Health Division, which authored DoDI 6000.¹⁶ "Military Health Support for Stability Operations" as well as USAID Office of Foreign Disaster Assistance where he provided civil-military coordination support in Guatemala, Iran, Iraq, Indonesia, and Philippines. Mr. Nakano initiated the creation of U.S. Agency of International Development (USAID)'s Joint Humanitarian Operations Course (JHOC) and expanded the security portion of USAID's Iraq pre-deployment training. A former Marine officer, Mr. Nakano participated in Operations Desert Shield, Desert Storm and Special Purpose Joint Task Force Los Angeles. He has studied Mandarin and Farsi at Fudan University and University of Tehran's ICPS respectively.

Scott Zuerlein, PhD, MHA, FACHE has been with CDHAM since April 2011 and provides program management and subject matter expertise to programs executed within the Center. Dr. Zuerlein served 22 years as a Medical Service Corps Officer within the U.S. Air Force Medical Service, his active service culminated with an assignment as the Medical Security Cooperation lead within the U.S. Central Command's Command Surgeons Office. Dr. Zuerlein earned a Bachelor of Science degree in General Business Management from the University of Wyoming, a Masters in Health Services Administration from the Army-Baylor University, and a Doctorate in Health Policy and Management from the University of South Florida's College of Public Health. Dr. Zuerlein offers a range of expertise and experience in the areas of health services administration, health policy, public health, and global health systems engagement and development.

Shakir Jawad, MD is a Senior Scientist on International Health and Medical Stability Operations at the Center for Disaster and Humanitarian Assistance Medicine (CDHAM), and Assistant Professor of Military and Emergency Medicine at the Uniformed Services University of the Health Science (USUHS). Prior to joining CDHAM, he served as a senior International health analyst at the International Health Division, Office of the Assistant Secretary of Defense for health affairs. In 2003, Dr. Jawad assumed a number of senior leadership positions at the Iraqi Ministry of Health including Director General (Assistant Secretary) for military medical affairs and Director General (Assistant Secretary) for Operations and Technical Affairs. Before 2003, Dr. Jawad held the rank of Brigadier General and was the Director and Chair of the Orthopedic Surgery Department at Hammad Shihab Teaching Military Hospital (the Iraqi Walter Reed Army Medical center equivalent). Dr. Jawad was born and raised in Baghdad, Iraq and received his medical degree in 1981 from Al-Mustansiryah

University. He earned is Board Certificate in Orthopedic Surgery in 1992.

Ali Alameri, MD is a Health Systems Scientist (Middle East) at the Center for Disaster and Humanitarian Assistance Medicine (CDHAM). Dr. Alameri is also an Assistant Professor of Military and Emergency Medicine at the Uniformed Services University of the Health Science (USUHS). He is a regular speaker on Cultural Competency for the Center for Deployment Psychology. Prior to joining CDHAM, he served as a consultant for the International Health Division, Office of the Assistant Secretary

of Defense for Health Affairs working on health system reconstitution and evaluating the role of health in national reconciliation. Before arriving to the United States, Dr. Alameri held the rank of Brigadier General (Sel) and served as the Deputy Surgeon General of the Iraqi Armed Forces. Dr. Alameri is a physician (General Surgeon) and, prior to April 2003, he held the rank of Colonel. He was a Manager of General Surgery Department in an Iraqi army military hospital, and he had the experience of working 24 years in the Iraqi military, civilian, and private health sectors.



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