CLD Corner: What I Did Last Summer as a (Accidental SLP) Tourist

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The CLD Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity. Questions are answered by members of the TSHA Committee on Cultural and Linguistic Diversity (CLD). Members for the 2016-2017 year include ***Raúl Prezas****, PhD, CCC-SLP (co-chair);* ***Phuong Lien Palafox****, MS, CCC-SLP (co-chair);* ***Mary Bauman-Forkner****, MS, CCC-SLP;* ***Alisa Baron****, MA, CCC-SLP;* ***Judy Martinez Villarreal****, MS, CCC-SLP;* ***Irmgard Payne****, MS, CCC-SLP;* ***Lisa Rukovena****, MA, CCC-SLP;* ***Mirza J. Lugo-Neris****, PhD, CCC-SLP; and* ***Andrea Hughes****, MS, CCC-SLP. Submit your questions to TSHACLD@gmail.com, and look for responses from the CLD Committee on TSHA's website and in the* Communicologist.

Most people love to travel, and as a speech-language pathology (SLP) professional, I usually have a hidden agenda I keep in mind when visiting new places. Along with enjoying the sites, food, people, and culture, the SLP in me always has an eye and ear out for language trends, intonation patterns, speech sound productions, and pragmatic uses of language in the regions or countries I visit. Someone sweet actually tagged me as #nerdonvacay this past summer when I referenced an SLP term in one of my Facebook posts. I guess you can take the girl out of the country, but you can't take the speechy out of the girl.

I was fortunate enough to travel this summer to three Latin American countries and Miami Beach. One of those opportunities involved taking a group of our Texas Christian University (TCU) Communications Sciences and Disorders (COSD) students to Chile and Argentina for a faculty-led, study abroad course exploring communication, culture, and health care. I also embodied my inner tourist all over Costa Rica and attended a conference in Miami Beach. Being bilingual myself, I couldn't keep from taking mental notes on all that I heard and experienced. In an effort to share, I will present the touchy-feely bits as well as a few, quick analytical tidbits I think are important to be aware of and add to our overall knowledge of other languages and cultures. Please keep in mind that these were all observations and notes from lectures with local faculty, not researched facts. I was a tourist after all!

Some of the items on my agenda to observe or experience are the following:

- **Sound Production**: Hearing speech sound production in these different Spanish-speaking countries and Miami made me realize that some of the defining differences in articulation are the productions of /s/ and the tap and trill /r/. Differences in production and perception of this phoneme abide: from the almost absent /s/ of Cuban and Puerto Rican dialects (at times, a "ghost" of a plural /s/ can be perceived by the attentive SLP's ear) to the aspirated /s/in Chile and Argentina. The /r/ of those of Puerto Rican descent I met in Miami can sound like /l/ or be more guttural. To my surprise, in Chile the /ʧ/ is more dentalized as a /ts/ with retracted rather than rounded lips and is more part of a social dialect than a regional one. I went around practicing saying /tsile/ with a big smile on my face.

- **Vocabulary**: When someone in Chile said, "Mi pololo tiene una wata enorme, si po" ("My boyfriend has a beer belly, for sure"), I wasn't sure if I should look worried, sad, surprised, or laugh. Although I understood all the function words, the objects had no representation for me. A menu in Chile is truly like reading another language altogether. Congrio (eel) and charquicán (pumpkin and beef stew) are some of the national foods, but what are they? It's refreshing as an adult to learn something new that is so basic to others. My repeated "mande?" questions for clarification revealed my Mexican identity immediately and often.

- **Syntax**: I knew that Argentines use “vos” for “tú” as a pronoun. What I didn’t catch before is that the conjugation for second-person singular also has its very own inflection with conjugation ending in an accented vowel whether in questions, statements, or commands. Some examples are “Mirá, vos tenés dos medialunas!” ("Look, you have two pastries!"), “Cómo dormís?” ("How do you sleep?"), “Vení!” ("Come!"), and “Resolvé tus problemas” ("Solve your problems"). This is not just slang; this conjugation is seen and heard in advertising and in professional settings. To my surprise, Costa Rica uses the same conjugation, but it is not as prevalent as in Argentina. In Chile, conjugation differences for second-person singular occur in some slang terms, such as “cachai?,” which means something like “Do you get my drift?”.

- **Prosody**: There’s no question that the first impression of Argentines is that they sound like they speak Italian. This is no surprise since the largest group of immigrants to Buenos Aires came from Italy. That intonation leaves such an impression that the content sometimes is obscured by the melody, which is also very contagious. Intonation patterns also vary within Argentina; Mendoza natives sound less Italian than Porteños (people from Buenos Aires). In Chile, the prosody is certainly different from other Latin American countries, but I noticed there were also generational differences in prosody. Some of the younger professionals we encountered had a much faster rate and rhythm with almost imprecise articulation. The beautiful Cuban and Puerto Rican prosody immediately invokes a tropical feel to any conversation.

- **Bilingualism**: The topic of bilingualism differed in all the countries I visited. Of course, bilingualism is highly regarded and valued everywhere in Latin America and is seen as an asset, but it was noticeable that in Chile, very few native Chileans spoke a second language. English was not heard in any businesses, restaurants, or even in academia. In general, a big push is being made in universities in Santiago to instill English as a priority for all students. English was heard more in Buenos Aires but still not prevalent. However, other languages, such as Italian, were spoken by older generations. It seemed like everyone in every corner of Costa Rica spoke English. In addition to the high literacy rate in this Central American country, the tourism industry provides a great incentive to promote bilingualism in everyone. Miami is a mecca of cultures. Not only Spanish but also languages from all corners of the world can be heard. For those who are bilingual Spanish-English, the comfort of code-switching with everyone is second nature.

- **Pragmatics**: As in other Latin American countries, a kiss on the cheek is expected as a hello and goodbye even with males and females and even in professional settings. Greetings are so important that everyone needs to be greeted with a kiss even if it takes a while to get things started. This is such a given that it is difficult not to continue the habit when back in the United States. Everyone is friendly, but if put on a scale, Chileans might be a bit more reserved and distant than Argentines, Costa Ricans, and those of Caribbean descent.

- **Health Care**: In Chile, health care to 80 percent of the population is provided by the government. This was an eye-opener for all of us. We toured a government-run family clinic that offered every service possible within one facility: emergency clinic, respiratory clinic, counseling, OB/GYN, midwife, pediatrician, general physician, dentist, speech pathology and audiology, physiology, pharmacy, and provisions (formula, milk, soups) for pregnant mothers, infants, children, and the elderly. All these services and pharmaceuticals are offered free of charge. These types of clinics are replicated in all districts of every city around the country, providing a familiarity and expectation for every patient. As these clinics are in local districts, transportation is not an issue as these family clinics are within walking distance of the neighborhoods (although public transportation is available everywhere). The rights of the patient are presented pictorially in every clinic and dentist’s office whether private or public,

again providing that continuity of information and services. A big push toward prevention was evident by posters all around Santiago, the Chilean capital, advertising free screenings and tests. Around 20 percent of health care in Chile is private, and the private clinics and hospitals were first class. Argentina has a three-tiered health care system, publicly funded through taxes (50%), privately, and social security (obras sociales) from obligatory contributions in the workforce. Although neither of the systems in these countries is ideal or perfect, there is the availability of health care when no other options are possible. In one of our discussions with Argentinian college students regarding the hot topic of the U.S. health care system, some of us mentioned that there is no question that we have problems with our system, especially in availability for all. One of the Argentinian students responded, “Well, if you don’t like it, what are you doing about it?” This resonated with all of us as we had to stop a moment to let the chanting of a march outside our window pass by.

- **Service Provision and Scope of Practice:** In Chile and Argentina, speech pathology and audiology are combined into one career called *fonoaudiología*. It’s a five-year undergraduate program, and fonoaudiólogos can practice as both speech-language pathologists and audiologists. In Chile, early childhood intervention is provided by developmental teachers rather than SLPs. Speech and language treatment for certain disorders (e.g., children with Down Syndrome) is provided by special education teachers rather than fonoaudiólogos. In Argentina, at the Hospital de Niños Ricardo Gutierrez, the largest public hospital for children in Argentina, we were impressed by the service provision of the SLP team, which had very few resources available. Patients from all over the country come to this hospital for cleft palate, cochlear implants, autism, stuttering, language disorders, and swallowing. Several of the fonoaudiólogas at the hospital studied in Argentina but have spent many hours in the U.S. for professional development. For example, the fluency therapist studied under Hugo Gregory at Northwestern. The rehab staff at a private neurorehab facility (FLENI), which is outside of Buenos Aires, was about to have an SOS (Sequential Oral Sensory approach) feeding workshop during our visit. The reliability on U.S. SLP studies and resources was often mentioned. The difficulty in researching in their own countries was explained due to funding shortages. Professionals in both countries realized the inefficacy of applying studies and approaches done in another country and in another language and culture. Collaboration and research possibilities with professionals in these countries abound, but the main obstacle is money.

Another aspect of service provision that was noted was accessibility to many of the treatment sites. At the Universidad Mayor Speech and Hearing clinic in Santiago, which is housed in an old colonial building, managing the front door is a challenge even without any physical disabilities. Without handicapped parking and with uneven, narrow sidewalks and tall, narrow steps, a wheelchair-bound patient would not be able to manage to get into the facility. When asked about this, the director mentioned there is a ramp brought out in those cases. This only could be managed if a car weren’t parked right in front of the building. Adaptations for the handicapped were absent in many other sites.

- **Interprofessional Practice**: Although several professionals in Chile and Argentina confessed that more needs to be done to increase interprofessional practice, we were able to see interprofessional work in action at a private neurorehab facility (FLENI) outside of Buenos Aires. Nursing, fonoaudiología, kinesiology, and neuropsychology staff were in constant communication regarding patients and their plan of care.

- **Hospitality**: No matter where we went in Chile and Argentina, any meeting was greeted with either a meal or coffee and sweets and often medialunas as a way of showing hospitality and the value of the meeting.

- **Time**: Despite differing expectations of timelines, most meetings usually started on time, except for traffic delays. Mealtimes were considered sacred and noticeably longer, especially in Argentina. Everything would stop for lunch for more than an hour. This time seemed to be a great way to recharge and replenish energy for the rest of the workday. I wish I could comment on the late, heavy meal of the day, which happens around 10 p.m. or 11 p.m., but I was usually in bed by then. We usually had merienda, which is more of a light meal consisting of light sandwiches or pastries, around 6 p.m. or 7 p.m.

Why are all these tidbits important if we are practicing in the U.S.? We need to know that there are differences in Latinos that are quite typical in context, and, therefore, we should familiarize ourselves with the background of our clients and patients when we see them. To add more layers, how does the culture affect what we see as different? If we've seen those differences in context of their culture, we know those differences are not something to "fix." Additionally, how does contact with another language and culture affect the child or the adult? Bilingualism and biculturalism are truly a complex, interwoven phenomenon that is something to be understood rather than to be erased.

What I learned from my experiences traveling can be summarized that the feeling of family, brotherhood, and sisterhood between all Latin American countries—the "hispanidad"—was felt and present everywhere. We all understood each other well and had many things in common, including our pride of who we are and our potential in doing good for others. I also realized through my many "mande?" requests (e.g., "could you repeat that please?") that there are many differences that make us faraway cousins and that those differences are what make diversity a beautiful thing. Otherwise, wouldn't it be boring if we were all alike?

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Resources:

Ministerio de Salud, Chile, web.minsal.cl.

Innovation and Change in the Chilean Health System, Thomas J. Bossert, Ph.D., and Thomas Leisewitz, M.D., M.P.H., N Engl J Med 2016; 374:1-5, January 7, 2016, DOI: 10.1056/NEJMp1514202/

Culture Shock! A Survival Guide to Customs and Etiquette Chile, Roraff, S., Camacho, L. 2011.

Ministerio de Salud, Argentina, www.argentina.gob.ar/salud.

Malla Curricular, Bachiller en Ciencias Biomédicas de la Comunicación Humana, Licenciado en Fonoaudiología, Universidad Mayor, Santiago, Chile, www.umayor.cl/fonoaudiologia.

Argentina's Health Care System, www.healthgov.net/argentina.php.

Plan de Estudios, Licenciado en Fonoaudiología, Universidad del Museo Social Argentino, Buenos Aires, Argentina, www.umsa.edu.ar/humanas/fonoaudiologia-plan-de-estudios.

FLENI, Fundación para la Lucha contra las Enfermedades Neurológicas de la Infancia, Escobar, Buenos Aires, Argentina, www.fleni.org.ar.