

## Chapter 19

### **COMMUNICATION IN ANOTHER COUNTRY**

#### **A. LANGUAGE (VERBAL COMMUNICATION)**

The most direct and effective way to communicate with your patients is one-on-one verbal communication in their own language. There will be those who cannot read, so the only way to communicate will be face to face in their own language or dialect. You will find the level of education varies from country to country and even district to district within a country. In southern Mexico, for example, there are more than 200 distinctly different Indian dialects and many of those dialects have no written language. The local missionary or educator can be your best source of information on how to communicate and teach the people you intend to work with.

If you happen to speak the particular language of your patients, then direct communication with each individual is possible. You can teach the missionary, educator, or lay person working with you how to instruct patients and free your time to work specifically doing dentistry. Also, you can communicate directly to groups or large audiences effectively.

If you do not speak the language, then you must rely on other means to communicate. Communication becomes a high priority and normally you will need someone to interpret for you while you are working on patients. One of the greatest frustrations is simply not being able to communicate. You be able to communicate, even if it means resorting to hand signals, primitive vocal sounds, and facial expressions. That is at least a form of communication.

Having an interpreter, of course, is the best situation to work with, one-on-one. It may be necessary at times to use two interpreters. We have done that many times around the world. For instance, you speak English, the first interpreter takes it into French, and a second interpreter takes the French to Vietnamese. It is important to keep the communication simple and direct. Try not to use idioms or phrases, which do not translate directly into other languages. Phrases such as "you better get on the ball", "give me the first shot at it", or "don't beat around the bush", would confuse the natives when translated into their language. Also, concepts which they know nothing about such as "put the pedal to the metal" or "computer screen scan" are perplexing. I remember in Ecuador, I was trying to describe to some Quechua Indians what a computer was, when they had never even seen a television! So, simple wisdom applies to your communication in other languages, especially to primitive people groups.

It takes longer to communicate through an interpreter, at least twice as long. You must say a phrase, then let the interpreter say it in the other language. Your delivery will be a series of talking and pausing, while the interpreter says exactly what you are saying in the other language. There is an old joke, that the interpreter is really the interrupter. Speak normally and distinctly. You do not have to raise your voice as some people find themselves naturally doing as they try to communicate in another language.

**B. FLASH CARDS**

Flash cards can be quite effective when you do not know the language or do not have an interpreter to work directly with you. I have used flash cards on a number of occasions by writing the English phrase, then the foreign phrase directly under it, and on the third line the phonics to sound it out. There will be many who cannot read their own language, so you may have to say the phrase using phonics from your flashcard. When in Laos several 12 to 14-year old students worked with us to communicate with the people. I would point to the flash card and the student would read the card and speak to the adult patient in their own language. If you have the opportunity to visit a people group who has no written language, then you would have to rely solely on an interpreter or the phonic pronunciation to communicate. (Picture flash cards could be another option.)

**Do you want the tooth pulled?**

ເຈົ້າ ຢາກ ທາລົງ ແຂ້ວ ບໍ່ ?

**Yaw yak lōk queobāw?**

---

**Does your tooth hurt?**

ແຂ້ວ ເຈົ້າ ເຈັບ ບໍ່

**Queō yāw chep baw?**

---

Open your mouth.

បាមាត់

I am going to give you an anesthetic.

ខ្ញុំ នឹង បញ្ជូន ថ្នាំ បំបាត់ ការ ឈឺ ចាប់ អោយ អ្នក.

Please spit in this cup.

ខ្ញុំ ចង់ ឲ្យ អ្នក ត្រង ទឹក ត្រង កែវ

Am I hurting you?

ឈឺ ទេ ?

Which tooth hurts?

ធ្មេញ មួយ ណា ឈឺ ?

Are your lip and tongue numb?

អណាត ដៃ របស់ មាត់ អ្នក ឈឺ ទេ ?

Please close your mouth.

បិទ មាត់

Bite this gauze for 15 minutes

ខាំ សំបុត្រ ទ្រុឌ 15 នាទី.

### **C. LITERATURE**

This is a simple way for you to communicate if the language has a written equal and the people can read. Much of the success with literature depends upon the educational system already developed with the people you are serving. The reading material must be simple enough that a grade school child will be able to read and understand your literature. Simple brochures and tracts are very effective. In many countries, children read to their parents because the parents are illiterate. In all countries of the world, children are required to attend school and learn to read.

I have heard it said many times over the years that the average gospel tract is read eight times. Missionaries have reported seeing tracts in the rural areas which have been read until they are faded and coming apart with age. If this is the case, the impact of each tract is inestimable. It makes you realize the importance of putting printed material in the hands of those to whom you are trying to communicate.

Textbooks, technical magazines, and professional journals are in short supply in third-world countries. Those kinds of literature are in high demand, especially if they are in the language of the country. Most technical material is in English, French, or German so professional people must be able to read at least one other language. Many times, a simple Bible is a cherished treasure in a foreign country. So, do not discount the value of printed material in the country you may visit.

### **D. VIDEO OR 16MM PROJECTOR**

My first exposure to communicating with large numbers of people in a foreign country was through a film ministry. Christian films dubbed over in Spanish drew thousands of people into the streets as the films were shown on the side of a building by 16MM projector. It was like free movies for everybody, only with a spiritual message. This was a highly effective way to communicate with people in their own language and hold their attention for hours. Most of the people within earshot of the loud speakers came and watched.

That approach is no longer as effective as it once was in many countries. It can still be an effective tool in rural areas and third-world countries where most families do not have a television set. But laws to prevent open-air meetings without a permit have made it illegal to crank up loud speakers and block the streets of a city.

Television has made it easy to communicate in the viewer's own language. We use video to educate patients while they are waiting to see the doctor, teach new techniques to professionals, and of course to entertain. Video series of education on most any topic are possible in any language.

Many times, we carry a video camera to record highlights of the trip. There are a wide variety of cameras to accomplish any degree of quality you need. Just be careful not to plug a 110V camera into a 220V current in a foreign country or you will watch an electrical display burn your camera to a crisp.

#### **E. Delegate Communication Responsibility to Others**

If possible, involve other people in the education process. There are many ways to communicate your message to the people you serve. Puppets are highly effective anywhere, if you keep within a short time frame. Nationals who speak the language and dress up as clowns attract the children as they perform short programs of interest. Flannel boards, singing groups, mime teams, etc. all can be effective communication methods. It is a matter of using the talents and resources at your disposal to communicate in an interesting way the message you have for the people you are serving.

On many occasions we have trained young people or auxiliary personnel to stain with disclosing solution and read the brushing index on patients. Then they give out toothbrushes and explain oral hygiene to the patients, while they are waiting for treatment. It is satisfying to see needy people receive their first toothbrush and learn about good oral hygiene.



