

Medical Interpreting Services Department

Newsletter

VOLUME 23, ISSUE 12
December 2025

Kwanzaa 2025

Source: <https://www.awarenessdays.com/awareness-days-calendar/kwanzaa/>



Kwanzaa is a cultural holiday that celebrates African heritage and African-American culture. It is observed from December 26th to January 1st each year, culminating in a festive gathering known as the Karamu Ya Imani (Feast of Faith). Kwanzaa is a time for reflection, community, and the reaffirmation of cultural values and principles.

What is Kwanzaa 2025?

Kwanzaa is a non-religious and non-commercial holiday that was created in 1966 by Dr. Maulana Karenga, a professor and activist. It is a celebration of African heritage, unity, and

cultural identity, providing a meaningful opportunity for African-Americans and others to connect with their roots and express pride in their ancestry.

When is Kwanzaa 2025?

Kwanzaa is observed from December 26th to January 1st each year. It consists of seven days, with each day dedicated to one of the seven core principles known as the Nguzo Saba.

How to Celebrate Kwanzaa 2025?

Celebrating Kwanzaa involves various rituals and customs that revolve around the lighting of seven candles, one for each day of the holiday. Each candle represents one of the Nguzo Saba principles, which are:

1. Umoja (Unity): To strive for and maintain unity in the family, community, and nation.
2. Kujichagulia (Self-Determination): To define and name ourselves, as well as create and speak for ourselves.
3. Ujima (Collective Work and Responsibility): To build and maintain our community together, making our brothers' and sisters' problems our problems and solving them together.
4. Ujamaa (Cooperative Economics): To build and maintain our stores, shops, and other businesses, and to profit from them together.
5. Nia (Purpose): To make our collective vocation the building and developing of our community to restore our people to their traditional greatness.
6. Kuumba (Creativity): To do always as much as we can in the way we can to leave our community more beautiful and beneficial than we inherited it.
7. Imani (Faith): To believe with all our hearts in our people, our parents, our teachers, our leaders, and the righteousness and victory of our struggle.

Here are some ways to celebrate Kwanzaa:

- Light the Kinara: Each day, light a candle on the Kinara (candleholder) and discuss the corresponding principle.
- Decorate with Symbols: Decorate your home with African-inspired decor, colors, and symbols such as the Bendera (flag) and Mazao (crops).
- Gift-Giving: Exchange meaningful gifts, especially those that promote African culture and heritage.
- Prepare Traditional Foods: Enjoy traditional African and African-American dishes during the Karamu Ya Imani feast.
- Drumming and Dance: Engage in traditional African music, drumming, and dance to celebrate the spirit of Kwanzaa.



December 2025 Calendar

*National Month of Giving
Universal Human Rights Month
National Learn a Foreign Language Month*

- 1 – World AIDS Day
- 7 – Hanukkah (Judaism)
- 8 – Bodhi Day (Buddhism)
- 10 – Human Rights Day (International)
- 12 – Day of the Virgin of Guadalupe (Catholicism)
- 17-22 – Saturnalia (Pagan)
- 18 – International Migrants Day
- 20 – Sacagawea Day (US)
- 21 – December Solstice (International)
- 25 – Christmas Day (Christianity)
- 26 – Kwanzaa (International)
- 31 – New Year's Eve (International)

History of Kwanzaa

Kwanzaa was created in 1966 by Dr. Maulana Karenga, a professor of Africana Studies, as a way to promote African-American cultural unity and heritage. The name “Kwanzaa” is derived from the Swahili phrase

“matunda ya kwanza,” which means “first fruits of the harvest.” The holiday was designed to be a week-long celebration that incorporates African traditions and values.

Over the years, Kwanzaa has grown in popularity and is celebrated by millions of people worldwide as a time to honor African culture and reflect on the principles of unity, self-determination, and community

The United States Needs More Medical Interpreters

Source: <https://www.thinkglobalhealth.org/article/united-states-needs-more-medical-interpreters>



An estimated 4.7 million Chinese immigrants live in the United States, 300,000 of whom are undocumented. Many arrive seeking refuge from persecution, economic hardship, or gender-based violence. For these individuals, navigating the health-care system poses significant barriers, particularly when they speak minority dialects such as Henan, Fujian, or Yunnan.

In my work as a medical interpreter in California, I witnessed firsthand the struggles of Chinese immigrant women at free clinics. Many had endured forced abortions or fled religious persecution in their home country only to find their voices silenced by a lack of qualified interpreters. One patient, who spoke only Henan, could not explain her symptoms because no interpreter was available. This scenario is far from unique: it reflects a growing national problem that many individuals with limited English proficiency (LEP) face—a dire shortage of medical interpreters for Chinese dialect speakers.

The lack of medical interpreters for minority Chinese dialects has far-reaching consequences. Without adequate interpretation, patients are more likely to experience misdiagnoses, medication errors, and delays in care, all of which can result in preventable complications. For immigrants and others with LEP, who already face socioeconomic barriers, these challenges compound their vulnerability.

The experience of Chinese dialect-speaking patients underscores how health-care inequities often fall hardest on those who are already marginalized. Because of the lack of interpreters, patients can fall into a cycle of constant rescheduling of appointments without any opportunity to have their symptoms assessed. Patients with limited English proficiency face significant barriers when seeking medical care, including difficulties in communicating symptoms, understanding diagnoses, and following treatment plans. Those barriers lead to delays in care, misdiagnoses, and adverse health outcomes that could have been avoided with proper linguistic support. The scarcity of interpreters trained in minority Chinese dialects augment those challenges, creating a system under which entire groups are rendered invisible within the health-care landscape.

The Numbers Speak Volumes

Chinese nationals are among the fastest growing undocumented populations in the United States. According to a 2021 report by the Migration Policy Institute, California, New York, and Texas are each home to more than 50,000 undocumented Chinese immigrants. Florida and Illinois follow closely, with numbers exceeding 20,000. Despite this significant population, the availability of medical interpreters for Chinese dialects is woefully inadequate.

In California alone, where 32% of Chinese immigrants reside, the shortage is stark. Despite serving a community of 1.7 million LEP patients statewide, California only had 738 certified medical interpreters as of 2015. According to self-reported hospital data, only 177 and 388 certified Cantonese and Mandarin medical interpreters, respectively, are available for more 900,000 Chinese speakers with LEP. Dialects such as Henan, spoken by more than 10 million people globally, as well as other popular languages in the recent immigrant population, are often ignored in training programs. These programs, depending on the state, often require interpreters to pay several \$100 to over \$1,000 upfront for classes, typically offered at community colleges. This financial burden discourages many individuals, especially those relying on immediate income, from pursuing interpreter certification. Additionally, limited funding and resources in interpreter training programs may prioritize the historically more commonly requested languages, such as Cantonese and Mandarin, leaving minority dialects underrepresented despite the growing need in increasingly diverse immigrant communities.

Implications for Health Care

Individuals living in low socioeconomic conditions, compounded by LEP, face significant barriers to health-care access. For instance, they are often uninsured, which further reduces the likelihood of acquiring help from medical insurance companies in securing a medical interpreter who can communicate in their dialect. Data from the National Institutes of Health underscores this disparity. LEP patients are 25% less likely to receive preventive care services and 50% more likely to experience adverse health outcomes than English-speaking patients. For Chinese dialect speakers, the risks are even higher due to the combined challenges of linguistic isolation and cultural stigmatization.



These challenges create a cycle of inequality that disproportionately worsens health outcomes for Chinese dialect speakers. Without access culturally and linguistically competent services, these patients are more likely to rely on emergency care, which is not only less effective at treating illness than preventive care, but also more costly for the health-care system. Breaking this cycle requires a multipronged approach, including increasing the number of qualified interpreters, improving provider training on cultural sensitivity, and expanding access to community health resources for underserved linguistic groups. By addressing these systemic barriers, we can work toward reducing the disparities that leave LEP populations, particularly Chinese dialect speakers, at such a significant disadvantage in accessing equitable health care.

A National Call to Action

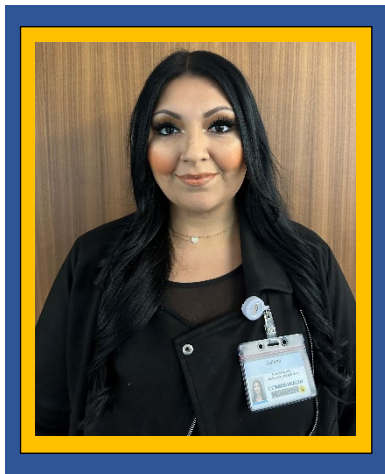
To address this growing need, training programs need to diversify their focus to include dialects beyond Mandarin and Cantonese. Federally funded initiatives, similar to the Language Access Program under the Affordable Care Act, should prioritize underserved linguistic groups, including Henan, Fujian, and Yunnan speakers.

Equally as important is the creation of a national database to match interpreters with health-care providers. The Washington State Health Care Authority demonstrated the effectiveness of such initiatives, reducing patient wait times for interpreters by 35%. Scaling similar models nationwide could address gaps in access while improving health-care outcomes for underserved populations.

As the U.S. health-care system evolves to meet the demands of an increasingly diverse population, addressing linguistic and cultural barriers is essential. Investing in medical interpretation services and recognizing the unique needs of Chinese dialect speakers and LEP populations more broadly could be a vital step toward health equity. For the 300,000 undocumented Chinese immigrants navigating life in a new country, this support is not just a matter of convenience; it is a lifeline.

The stories I've encountered as a medical interpreter remind me that no one should have to face barriers to communication when seeking care. By bridging the linguistic divide, health-care workers and policymakers can ensure that every patient's voice is heard and that their needs are met with dignity and respect. Providing equitable access to interpretation services is not just about improving health-care outcomes—it is about affirming the fundamental right to be seen, heard, and cared for regardless of language or background.

New Staff Profile: Juliana Ramirez



Juliana is the newest addition to the Spanish team at MIS. Juliana has been working in the medical field for over 12 years. She began her career in customer service as a Medi-Cal and benefits representative and gradually transitioned into medical interpreting. Juliana recalls attending medical appointments with her family as a young girl to help interpret, which sparked her passion for this work. After nearly ten years in the healthcare interpretation field, she finds the profession deeply gratifying and fulfilling. Juliana has always wanted a career where she could help others, and she is grateful to UC Davis Health for granting her this opportunity.

Outside of work, Juliana likes to spend her time with her daughter and her family. They enjoy watching sports, spending time outdoors, and cooking together while sharing recipes. Juliana and her family are strong advocates for Autism Awareness and Acceptance and consistently encourage others to show support and inclusivity for the autism community.

Welcome aboard, Juliana! We are happy to have you as a part of the UC Davis Health family!

