THE INTERPRETERS DIVISION OF THE
AMERICAN TRANSLATORS ASSOCIATION
www.ata-divisions.org/id
American Translators Association
225 Reinekers Lane, Suite 590
Alexandria, VA 22314

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About the Author

Katharine Allen is a freelance Spanish interpreter and translator who served on the board of CHIA and for which she currently works as a consultant. She attended training programs for medical interpreters and is currently being trained as a healthcare interpreter educator. She wrote for the *ATA Chronicle* and presented at the ATA 2001 conference. Katherine will be presenting again at the upcoming conference in Phoenix. Katherine lives in the Eastern Sierra region of California.

FALL 2003

THE Interpreters Voice

INSIDE THIS ISSUE

Send any notices or news about training and certification seminars and training to appropriate editors.

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Visit The Interpreters Division Website for updates, events, and news: www.ata-divisions.org/ID/

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Advertise in The Interpreters Voice! (rates on page 7).

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We're Back... *Again!*

by Nurit Shoham, Editor

When I met Helen Cole during the last ATA conference in Atlanta, she told me how much she wanted the newsletter started again – I did not have to think twice before volunteering to take on this responsibility. This is my second year as an ATA member and I am pleased to have this opportunity to contribute to our division and edit our newsletter for the first time.

The birth of this issue was not easy. The deadline for submission came by with only one article submitted. Like many good things, this seemingly negative setback resulted in what I called "Interpreting Milestones" – a column dedicated to our members' personal stories and experiences as interpreters. It was Cristina Padron, our graphic designer, who came up with this idea. I trust that you too will enjoy reading these stories as they brought back some of my own good memories. We plan to make it a regular section of the newsletter and cannot wait to learn about your milestones! It is a wonderful opportunity for us to get to know each other and share our experiences.

Also in this issue is a very informative feature on healthcare interpreting by Katherine Allen. Though this article focuses on healthcare interpreting, much of it applies to other fields as well. Katherine will also be presenting at ATA's conference in Phoenix. Please be sure to read Helen Cole and Beth Tu's "Administrators' Perspective" for some important announcements regarding the upcoming annual conference and issues relating to our division.

Last but not least, writing an article takes much time and effort. If you have written an article you would like to submit or have come across an article that would be of interest to us, please send it to us at your earliest convenience. Please do not wait for Helen's call for papers announcement – it only serves as a reminder. Thanks to all who contributed to this issue – kudos for your work! Looking forward to seeing everybody in Phoenix. ▮

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Interpreting Milestones — Our Stories

Personal accounts of what brought us to the industry and then keeps us here.

We welcome your personal Milestones!
Send your story to our editors.
Cathy McCabe, (spring & summer):
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Nurit Shoham, (fall & winter):
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I would not stop interpreting for the world

I have been an interpreter for the past 10 years. Two years ago I was offered a telephonic interpreter position. Though I did not know much about telephonic interpreting, I accepted the offer — I have been doing so ever since. I find interpreting between English and French quite an intensive and interesting experience. My days are filled with interpreting tasks in a variety of situations including medical emergencies.

For me, being an interpreter means being ready when called upon; helping the participants feel at ease and reassuring them that I am there to get their message across accurately to the interlocutor. I often have the sensation that people feel uncomfortable when the interpreter is delivering their message, fearing that maybe their message is not being delivered accurately. I believe it is very important to always make sure that you are interpreting in a manner that makes the participants comfortable with your presence and reassures them that their message is interpreted accurately. I enjoy my work tremendously and would not stop doing it for the world.

— Paulette Racine-Walden, Canada

Blame it on my Dad

My interest in languages started very early. I remember my Dad, who was a navy officer and traveled extensively, often saying "Excuse moi" and "Excuse me". I remember listening and watching my parents dancing to the Spanish original recordings of Carlos Gardell's boleros, during long and languid Saturday afternoons. That exposure to other languages and cultures sparked my interest in the field.

My first experience as an interpreter, in my native Brazil, started while escorting VIPs such as, foreign governments and business representatives, on city tours. Someone would always have a question I could not answer, so I'd ask the driver, who only spoke Portuguese. Then, I had an opportunity to do it on the job. I worked as a bi-lingual secretary for Kontik Franstur — a travel agency representing American Express. I was the linguistic liaison between service providers in Brazil, American Express clients and the American Express headquarters in the US. I have many fun memories from that job. I heard many stories told in English with Israeli, British, French, German, Swiss, Finnish, and other accents.

Later, already a mother and living in Miami, I started working for an international banking agency. The officers were all Brazilian and not very confident with their command of the English language. That was my first challenging experience — interpreting in a formal setting between the officers of the company and its staff, in Brazilian Portuguese, Spanish and English. That is how it all started — you may blame it on my Dad.

— Giovanna L. Lester, Miami, FL

> "This time, I knew what I wanted to do and have been more than happy with my choice of career ever since."
>
> *—Eva Stabenow*

You Never Stop Learning

I spent the first nine years of my life in Germany without giving a second thought to foreign languages, Then, my parents were transferred to the US. We lived in Columbia, Maryland until I was about 14 years old. Living in the US sparked my interest in other cultures, languages and lifestyles.

When the time came to choose a university in Germany, I already knew that I wanted to become a translator or an interpreter, although the difference between the two was not very clear to me at the time. However, as everyone, including my parents and my teachers seemed to think this was a bad idea, arguing that I would do better going into another discipline since "everyone speaks foreign languages nowadays", I decided to take their advice. Since nothing else fascinated me at the time, I spent a year studying aimlessly — linguistics, law, French and Russian — before realizing that I had to make a change. After I audited a few sessions in translation and interpreting courses, I was hooked — I enrolled in a Conference Interpreter training program at the Johannes Gutenberg University at Mainz, Germersheim and completed it in 1995.

During the first year after my studies, I began working as a freelance interpreter while holding a part-time job, to make ends meet. This time, I knew what I wanted to do and have been more than happy with my choice of career ever since. I will be moving from Germany to Nashville, TN in October and hope that this move will help me continue building my translation and interpreting skills. After all, what I love most about this job is that you never stop learning...

—Eva Stabenow, Germany ▮

Professionalism of Healthcare Interpreting

An overview and the contribution of CHIA's California standards for healthcare interpreters

by Katharine Allen, California Healthcare Interpreting Association (CHIA)

Healthcare interpreting is an emerging profession undergoing rapid growth. Many distinct forces are influencing the direction and pace of change, including: the growth of non-English-speaking immigrants across the United States, which led to an increased advocacy for better language services and is supported by healthcare research, which demonstrates the need for interpreting services to prevent negative health outcomes and the costly litigation that can result from it; improved enforcement of federal and state statues prohibiting discrimination based on national origin[1]; and pending state-level legislation that would limit the use of child interpreters (California) or dictate specific standards for emergency room interpreters (Massachusetts.)

California's large immigrant population is fueling the need to solve language access issues in healthcare settings. As a result, together with Massachusetts and Washington, California is one of the states leading the way towards professionalization. This article will discuss the progress of several sectors of healthcare interpreting along a predictable model of professionalization[2], specifically, the emergence of professional associations, the development of professional codes of ethics, and the first moves towards formal certification for healthcare interpreters. As the author's professional healthcare interpreting experience and knowledge are based on the California setting, the discussion will rely on data and examples taken largely from there, with emphasis on the *California Standards for Healthcare Interpreters,* recently published by the *California Healthcare Interpreting Association*.

STEPS TO PROFESSIONALIZATION

Unlike conference or diplomatic interpreting, which have long and distinguished histories, or the more recently recognized and formalized legal interpreting profession, healthcare interpreting is still in its infancy. In her article, "The Professionalization of Community Interpreting," Holly Mikkelson analyzes several models of how an "occupation becomes a profession[3]" and applies them to community interpreting. Mikkelson defined Community Interpreting as a process that "enables people who are not fluent speakers of the official language(s) of the country to communicate with the providers of public services so as to facilitate full and equal access to legal, health, education, government and social services[4]" This definition aptly fits the more limited framework of healthcare interpreting. Its guiding motivation is to facilitate communication between patients and healthcare providers to achieve a positive health outcome, which can only happen when the limited-English patient (LEP) has true access to their provider and related healthcare services.

Citing models developed by Joseph Tseng[5] and Roda Roberts[4], Mikkelson discusses Tseng's four key phases to the professionalization of an occupation, which are necessarily circular in nature:

Phase One – a state of market disorder where there are no controls over who becomes an interpreter coupled by a poor understanding and undervaluing of the interpreters' role, function and skills. Thus, higher value is placed on the lowest price rather than the quality of service[7].

Phase Two — the profession begins to consolidate and develop a consensus regarding its role and function. Education programs begin to adapt to an increased demand for quality services.

Phase Three — the establishment of professional associations, where "professionals can really work collectively with their colleagues to exert their influence over their job description and the behavior of their colleagues, control admission into their circle and appeal to clients and the public for recognition of the profession[8]."

Phase Four — the formulation of ethical standards by professional associations, which are critical to earning public trust and controlling the quality of services provided by professionals. According to Tseng, "the effectiveness of the professional association in projecting the collective image of the profession to the public and legal authorities rests upon the extent to which it can control and develop the expertise and enforce the code of ethics. It is impossible to overemphasize its importance and relevance to the overall development of the profession[9]."

The creation of a formal certification process, either run or supported by professional organizations, and which incorporates ethical standards, can mark the completed circle of professionalization.

Obstacles to professionalization can include: confusion regarding the interpreter's professional title (interpreter vs. translator); the lack of a systematic base of knowledge exclusive to the profession (a bilingual does not make one an interpreter); and public misconceptions about the profession[10].

Roda Roberts' model advocates further steps for the professionalization of community interpreting[11]:

- Clarification of terminology
- Clarification of the role(s) of the community interpreter;
- Provision of training for community interpreters;
- Provision of training for trainers of interpreters;
- Provision of

continued on page 4

Healthcare Interpreting *(continued from page 3)*

training for professionals working with interpreters;

■ Accreditation of community interpreters.

Mikkelson ends her analysis by merging both models and making the following prescriptions for the professionalization of community interpreting:

■ Interpreters must reach a consensus about their role and function.

■ Competent interpreters and trainers must be identified and cultivated.

■ As training programs grow, professional associations should emerge to support interpreters and enforce a code of ethics.

■ Associations should educate the public and clients about professional interpreting.

■ Associations should establish a working relationship with legal authorities who might regulate the profession.

■ A credible certification program should be developed.

Over the past decade, healthcare interpreting has taken many of the steps outlined in Mikkelson's recommendations, including building an initial consensus clarifying and defining healthcare interpreting terminology, the interpreter's role and required skill set, the growth in interpreter training programs, and the increasing visibility and collaboration of healthcare interpreting and language access advocates with each other and with legal authorities.

HEALTHCARE INTERPRETING TODAY

Healthcare interpreting today is a profession in transition. While many aspects of market disorder (phase one of Tseng's model) still prevail, a growing confluence of demographic trends, research, professional associations, key individuals, and state and federal legislation are pushing the profession rapidly into the next phases of professionalization.

Continuing Market Disorder: Continuing market disorder in healthcare interpreting is still prevalent. The majority of interpreters are untrained in interpreting skills and professional codes of ethics, have not been screened for language proficiency, receive low wages, are unsupported by institutional policies and procedures defining their work and do not have access to ongoing training and education. According to UCSF Center for the Health Professions survey of healthcare interpreting in California, very little data exists about workforce conditions, the numbers of healthcare interpreters in California or their wages[12]. The survey indicates the following:

■ There are fewer than 500 professional healthcare interpreters in California and only a fraction of these have been formally trained in healthcare interpreting and work full-time as healthcare interpreters.

■ Data published by the California Labor Market Information Division indicates that the entry-level hourly wage for interpreters (excluding self-employed interpreters) and translators in healthcare and other fields is $11.62 and the mean hourly wage is $16.36.

■ Independent interpreters with outstanding credentials may charge relatively high fees.

■ The results of a recent survey of language services agencies found that, their fees ranged between $25 to almost $100 per hour, with many charging around $40–$45 per hour.

Aside from being bilingual, (which is usually an assumed skill, not formally verified by employers), little is known about the profile of the healthcare interpreter in California.

In most other healthcare fields, consumers and employers can rely on state regulation and/or private sector certification to find qualified practitioners. While there is some discussion both at the national and state levels to develop a professional certification program, healthcare interpreters are currently neither regulated by the state of California nor offered any professional certification at the national or state level.

In another discussion of market disorder, the healthcare interpreter training curriculum *Connecting Worlds – Central Valley Version* describes the current state of healthcare interpreting as a "fragile, broken ladder" whose frame is weak because "there has been a lack of interpreter skills training, professional standards of practice, medical vocabulary training, language proficiency assessment, job descriptions, performance evaluations and certification that are necessary to strengthen the foundation and frame of the ladder[13]." The "collapse" of this ladder often leads to patient–provider misunderstandings, which are frequently shored up with inadequate measures that don't fully address the fundamental weaknesses underlying the work environment of many healthcare interpreters. As a result, the "failure of healthcare providers, patients, and interpreters to recognize that these unstable ladders must be replaced with ones that are strong and safe has kept inadequate communication methods acceptable in healthcare settings[14]."

Recent research relating to immigration trends and access to healthcare, coupled with demographic data showing growing immigration around the country, continue to reveal problems related to the lack of professionally trained healthcare interpreters and the growing need for their services. The 2000 United States Census shows that one out of five Californians are limited-English proficiency speakers. Over 200 languages are spoken in California and Spanish-speaking Latinos comprise one third of California's population. Between 1990 and 2000, many states had higher percentage levels of immigration than California.

A growing number of research documents the negative effect that language barriers have on access to healthcare, health risk, benefits and level of patient satisfaction resulting from use or non-use of professional interpreters. "These studies have generally found better patient understanding, higher patient satisfaction, and better care as measured by the receipt of preventative care, prescriptions written and prescriptions filled" when healthcare interpreters were used[15]. Furthermore, a recent study published in the journal, *Pediatrics*, found that errors in medical interpreting are common and likely to have potential clinical consequences. Though errors committed by ad hoc interpreters are much more likely to have potentially negative clinical consequences than those committed by hospital interpreters[16].

Finally, New California Media (a coalition of over 500 ethnic news organizations) multilingual poll of Californian immigrants, studied the problems immigrants have

obtaining adequate health services when language barriers are present. The following are some of its key findings[17]:

The majority of all California immigrants are unaware of their right to free interpreting services when seeking medical care, as provided in Title VI of the 1964 Civil Rights Act, which also prohibits discrimination on the basis of national origin.

■ Medical care is rated as the most important issue by California immigrants, in contrast to the general population which ranks education and unemployment higher.

■ There is a direct link between a person's ability to speak English and the quality of healthcare he or she receives.

■ Language barriers among Latinos are higher than expected, with 74% of the Hispanic immigrants speaking very little or no English.

When language barriers and lack of access to medical insurance are combined, Latinos and Koreans face the greatest obstacles accessing health care. They represent California's first and fifth largest immigrant groups respectively.

The majority of California immigrants rely on foreign language media as their primary source of information about healthcare.

The research cited here is a small sampling of recent studies, but it paints a clear picture both of the continuing lack of training and preparation of healthcare interpreters, as well as the growing need for their services. This need, along with the tremendous demographic growth of non–English-speaking populations in California and across the nation, has helped to push healthcare interpreting into the next phases of professionalization.

A GROWING CONSENSUS: PROFESSIONAL ORGANIZATIONS, CODE OF ETHICS, AND TRAINING PROGRAMS

The growth of healthcare interpreting professional associations: As noted earlier, key to the development of an emerging profession is the establishment and consolidation of professional associations. The following list names several of the most important healthcare interpreter organizations as well as language access and cultural diversity organizations that contribute significantly to healthcare interpreting.

■ National Council on Interpreting in Healthcare – NCIH (www.ncihc.org)

■ Massachusetts Medical Interpreters Association –MMIA (www.mmia.org)

■ California Healthcare Interpreters Association –CHIA (www.chia.net)

■ Cross Cultural Health Care Program–CCHP (www.xculture.org)

■ The California Endowment (www.calendow.org)

■ Hablamos Juntos: Improving Patient-Provider Communication for Latinos– A project of the Robert Wood Johnson Foundation (www.rwjf.org)

■ Diversityrx.org (www.diversityrx.org)

The creation of professional codes of ethics: The NCIHC, the MMIA and the CHIA have all developed rigorous professional standards that closely resemble each other's. There is an initial consensus regarding the skill sets required of an interpreter to practice professionally including: language proficiency, interpreting skills, cultural competency, adherence to professional codes of ethics, and knowledge of the medical field and related terminology. The associations all agree that the healthcare interpreter should act from the fundamental perspective of helping facilitate a positive health outcome and support the patient's well–being, making the interpreter a visible, important player in the healthcare team for limited–English patients. Each agency promotes similar ethical standards, which include the tenets of confidentiality, impartiality, accuracy and completeness, cultural competency, and professional integrity.

The associations also agree about the different roles interpreters play during the interpreting interaction: *message converters* – converting spoken information accurately and completely between patient and provider; *message clarifiers* – helping alert patients and providers to terminology that can lead to misunderstanding; *cultural clarifiers* – helping explain culturally–based words or concepts that can lead to misunderstanding; and *patient advocates* – the interpreter's advocacy when the patient's health and well–being are being adversely affected within the interpreting interaction. However, regarding the latter role, consensus has not been reached, as to when and how and even if, the interpreter should take any steps advocating on behalf of the patient.

Case Study: *The CHIA California Standards for Healthcare Interpreters*

In September of 2002, CHIA officially launched its *California Standards for Healthcare Interpreters: Ethical Principles, Protocols and Guidelines on Roles and Interventions*. The 80–page document provides the first comprehensive set of professional standards for the healthcare interpreting profession in the state of California. The goal of the document is "to set standards for the practice of healthcare interpreting" in order to improve access to healthcare services for LEP patients[18]. These standards synthesize and expand upon existing standards from around the country. The following is a summary of the three main sections of abovementioned standards:

Section One outlines a set of ethical principles that include: confidentiality; impartiality, respect for individuals and their communities; professionalism and integrity; accuracy and completeness; and cultural responsiveness. It also details a process for the ethical–decision making derived from the healthcare professions for interpreters to use when faced with the many complex ethical choices that arise in healthcare settings.

Section Two provides standardized interpreting protocols, which guide pre–session, during the session and post–session interactions. It also recognizes and recommends steps for the interpreter to maintain their health and well–being in often "highly emotional and stressful encounters[19]."

Section Three defines the four key interpreters' roles – *message converter, message clarifier, cultural clarifier,* and *patient advocate,* and provides guidance on the application of these roles and interventions that arise from common communication barriers that LEP patients experience in the healthcare setting.

The standards are an important addition to existing standards because they provide detailed guidance on how to deal with the many complex ethical dilemmas often faced by healthcare interpreters, such as: what to do when a patient asks the interpreter for medical advice; *continued on page 6*

how to deal with a provider behaving in a racist way; or how to decline interpreting work for which the interpreter is not qualified. They define the interpreter as a key participant in the healthcare interaction, responsible for managing the flow of conversation so that accuracy and completeness in the interpretation can be achieved. They are also the first set of standards to openly support the role of interpreters as patient advocates in certain circumstances. They are not meant to serve as a final product but rather the first version of a comprehensive set of standards that now need implementation, evaluation and revision.

During the year since their release, CHIA worked on various fronts to promote its standards among healthcare interpreters, (who seem to accept them although study as to the degree of acceptance has only begun), healthcare providers (including hospitals, medical associations), healthcare interpreter training programs (some of which, including Connecting Worlds, adopted these standards), and to collaborate with other state and national healthcare interpreting institutions.

As the standards gain acceptance, CHIA will be able to exert more influence over regulating healthcare interpreting and standardizing the services interpreters provide. With greater regulation and acceptance comes the possibility of implementing a state–wide certification process. Finally, throughout this process, the fundamental goal of working towards better healthcare access for LEP speakers is better reached.

Preliminary steps to certification: Certification is currently regarded by many as the end goal in the process of professionalizing healthcare interpreting. It is seen as the way to address a myriad of issues, ranging from guaranteeing the quality of interpreting provided to patient and provider, limiting legal liability for hospitals and providers who comply with legal mandates governing language access, to providing a way to secure higher wages and better working conditions for interpreters. A successful certification process is extremely complex and has to answer a host of questions, including: what is the purpose of certification, what skills to test (i.e., which skills represent the minimum standard desired), what is the best testing method (i.e., written, oral, demonstration), what languages to include, whether to use the same test for all languages, and who will fund the development and implementation of the testing[20]. CHIA, MMIA and NCIHA recently collaborated and are conducting research to produce a viable certification process for healthcare interpreters, which would validly test the skills sets noted above and provide some uniformity of quality among certified interpreters.

The growth of interpreter training programs: The deepening and enhancement of training and education (phase two) has occurred in tandem with the emergence of stronger professional organizations and the creation of professional codes of ethics. In February 2003, the California Endowment published a survey of healthcare interpreter training programs in the state of California. The report reaches several conclusions, which support the perception that healthcare interpreting in California is starting to emerge from the market disorder phase:

There is a high degree of similarity of content in the shorter courses, suggesting that the profession may be arriving at some consensus regarding interpreter protocols and the curricula of clinical interpreter training program[21].

■ Healthcare interpreter training has expanded rapidly in California. The use of statewide networks to disseminate curricula and the emergence of programs targeting different participant populations bode well for the continued development and expansion of training for healthcare interpreters across the state.

■ The current network of training opportunities, many based on similar views of the role and protocols for the healthcare interpreter, also lays the groundwork for developing a viable statewide certification program for healthcare interpreters.

■ Through the hard work and support of many different organizations and individuals, California has become the leader in healthcare interpreter training that will no doubt be emulated throughout the United States[22].

CONCLUSION

Healthcare interpreting is coming out of its long infancy, shedding its unstructured, uncontrolled and unpredictable nature in exchange for a growing maturity in the manner in which it approaches interpreters, healthcare providers and the public. With the establishment of professional associations, the creation and dissemination of professional codes of conduct and improved training programs, interpreters no longer have to work in complete isolation, making up their own standards, struggling with complicated, perilous moral dilemmas with no guidance. Healthcare providers have expanded resources for solving their language access obligations and can choose to work in tandem with their healthcare interpreter staff in providing better patient services. Legislators and healthcare access advocates have new and strong allies in the struggle to obtain equal access to healthcare services for their constituents.

Without a doubt, there are still many difficult and complex hurdles to overcome. It will take years for healthcare interpreting to gain status as a legitimate profession, along with the concerted effort of countless individuals and organizations. Much more research is needed on all issues, but especially on the mechanics of healthcare interpreting itself. Before certification is possible or even advisable, the effectiveness of current professional standards, proscribed skill sets and training methods will have to be tested and evaluated. Standards will have to be tried and revised and tried again. All stakeholders to healthcare interpreting, including patients, providers, policy makers, and interpreters have to be involved. Who will pay for healthcare interpreting is a critical question with debate ongoing. Yet even with all these tasks ahead, healthcare interpreting can today celebrate its emergence as a profession, possessing several key building blocks to guide it into the next phases. ▮

Please see the back cover of this issue for complete footnotes and bio on author Katharine Allen.

ADMINISTRATORS' PERSPECTIVE:

ID Highlights and Updates

by Helen D. Cole and Beth Tu

Dear ID members,
As the ATA 44th Annual Conference draws near, several important issues require your attention:

Annual Conference. Thanks to all that have submitted seminar proposals for the upcoming ATA 44th Annual Conference, which will be held on November 5th - 8th, 2003, at Pointe South Mountain Resort, Phoenix, AZ. Please mark you calendar and plan to attend some of the following seminars:

■ A Program for Training and Testing Telephone Interpreters: *Client Input as Validation Evidence,* by Irena Nikolayeva-Stone

■ Back-translation Technique: *Can This Person Really Interpret?* by James W. Plunkett

■ Challenging Conventional Wisdom: *A Corpus-Based Model for Interpreter Performance Evaluation Produces– Surprising Results,* by Peter P. Lindquist

■ Changing Federal Market for Interpreters and Translators, by guest speakers from Language Services of the State Department, Brenda Sprague, Director, and Assignment Officer Mark Fallow

■ Consecutive Interpreting: *A Practical Way to Improve Your Interpreting Skills!*, by Carol J. Patrie

■ *Creating Professional Standards for Healthcare Interpreters*, by Katharine Allen

■ Guides to Telephone Interpreting, by Silvia E. Lee

■ *How to be a Successful and Reliable Interpreter,* by Harry Obst (pre-conference seminar)

■ Interpretation equipment: *A Demonstration and Training,* by H. Randall Morgan, Jr.

■ Interpreting and justice, by Laura E. Wolfson, Holly Mikkelson, and Maya Hess.

■ It Only Takes a Phone: *Opting for Professional Development,* by Janet M. Erickson-Johnson.

■ The Journey from Translator to Interpreter, by Clarissa Surek-Clark.

■ The Role of the Immigration Court Interpreter, by Karen C. Manna.

■ Talking Southern: *What Every Interpreter Working in the South Should Know*, by Diana Garcia Gafford

We made a great effort to schedule these seminars at different time slots, however, parallel scheduling is unavoidable since we only have 9 ninety-minute slots available.

Interpreters Division Annual Reception. We will hold our annual ID buffet and cash bar reception at the hotel's restaurant, Aunt Chilada's, at 6:30 p.m. – 9:30 p.m. The cost is $20 per person. Please make your reservation on the ATA conference registration form. Early reservation is encouraged since space is limited. We would like to thank Language Services for sponsoring, again, this year's reception.

Nomination Committee. After great efforts recruiting qualified candidates for ID administrators, our Nominating Committee, Maria Carolina Paraventi and Ines Swaney, nominated Steven Mines, Administrator and Giovanna Lester, Assistant Administrator, for a term of two years. Many thanks to Susan Howard and Ines Bojlesen who have graciously agreed to offer their help to the incoming administration.

Interpreters Division Online Directory: Please take advantage of our ID Online Directory, which can be accessed at: www.americantranslators.org/tsd_listings/advanced_search_ID.html. There are 900 of us and only 590 members updated their information on this directory. Please take a minute to update and/or add your information to the directory.

Accreditation Updates: Several changes have been made to the accreditation program to include eligibility and continuing education requirements, and a proposed bylaw amendment to change the name of the program. Please visit ATA website, www.atanet.org/accreditation_change.htm, to learn more about the subject.

Thanks to everyone's support, feedback and contributions in making our division grow. We are looking forward to seeing you in November. ▮

The Interpreters Voice

Newsletter of the Interpreters Division of the American Translators Association

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Membership in the Interpreters Division is $15.00 per year in addition to the ATA membership fee. Please make your check payable to the ATA and sent it to the ATA address noted above.

Submission Guidelines
Please email articles in Word 97 or text format to appropriate editors:
Nurit Shoham (fall-winter)
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Submissions, limited to 1000 words, are published on a space-available basis and may be edited for brevity and clarity. Articles appearing in The Interpreters Voice may also appear in other ATA media, such as its website.

Deadlines
Articles submitted to The Interpreters Voice in 2003 should be submitted according to the deadlines announced by the Division Administrator or Editor and posted on the Interpreters Division Website.

Advertising in The Interpreters Voice is $80 per page; $40 per half page, $20 per quarter page, and $10 per one-eighth page (card size). Submit ads to appropriate editors cited above.