



FALL-WINTER 2007

From the Administration2
Stakeholders Discuss Certification
for Healthcare Interpreters3
ATA's School Outreach
is for Interpreting Too!5
Expert Panel on Testing and
Certification of Interpreters7
Medical Translation and the
Health Care Interpreter9
How Often are Interpreters
Used in Federal Court?10
Defining the Interpreter's Role in
the Worker's Compensation
Industry11
Spotlight on ID Speakers12
Interpreting Sessions Schedule ...15



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Dear Colleagues

Volunteer work is doubly rewarding: you fulfill your need to give something back to your community or colleagues and acquire knowledge that can assist you on your own personal endeavors.

Working for the Interpreters Division means ATA will count on you to monitor the radar and bring to their attention matters of importance related to your field. Organizations that represent our profession at different levels will contact you and request your opinion, share information, ask for resources or advice. Members will bring to your attention matters that are bothering them. Somehow you become larger than yourself and more aware of sectors within your profession that had never caught your attention before.

The governance of a Division is not a representation of how good you are as an interpreter.

All of the above requires commitment. Commitment involves time. How much time? I'd say about 10 hours a month. Sometimes they will come at you in a bundle; sometimes they will trickle over the weeks and days.

The governance of a Division is not a representation of how good you are as an interpreter. No. You do not get elected based on professional merits. What determines how good or how bad a job one does is the support received from colleagues and ATA—coupled with one's original enthusiasm, of course.

Somehow you become larger than yourself and more aware of sectors within your profession that had never caught your attention before.

Katharine and I are proud to have been entrusted with steering the helm and representing our colleagues in our professional arena. We hope our work has met with your approval, and we are looking forward to giving our support to the lucky two colleagues who will take the Division on to its future.

See you in San Francisco!

– Gio

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REGARDING SUBMISSIONS

Your submissions are what keep the Voice ringing, so do send them to our Assistant Administrator, Katharine Allen (sierraskyit@gmail.com).

Articles should include the author's name, a short biography and a photo, any appropriate copyright notes and other observations.

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Opinions expressed here are those of the authors and do not necessarily reflect those of the Editor, the Interpreters Division or the American Translators Association.

From the Administration

State of the Interpreters Division— A look back to set our path to the future

I have worked for the Interpreters Division for 4 years now. I have been a witness to many developments in the professional field. And there are a lot of changes coming on the horizon for which the Division should be getting ready.

The administration's work with ATA goes beyond getting a newsletter out or making sure we have presenters at the Conference. Katharine and I have used the resources we have available individually and those made available to us through the office we occupy to act in arenas we would not have ordinarily ventured into.

When ID member Terry Thatcher complained about how things were displayed in ATA's professional directory, we brought the subject to the Board's attention and it was taken care of. The issue is not yet fully resolved, but progress was made that has resolved some of our concerns.

Interpreting in health care has experienced unprecedented growth and the concept for a national credentialing system for health care interpreters has been pushed forward by stakeholders. We made sure ATA was there to report it to you (see article on page 3). There are more developments to come in this sector of our profession, and we look to the ID to keep us aware of them.

Gayle Brock, Senior Diversity Officer at the Red Cross, has expressed his gratitude and support for the project started under Scott Brennan's guidance. Gayle replaced Dee Hayward who was the originator of the project, and has taken a strong hands-on approach to helping the ID run it. Our volunteers are committed, responsible, responsive and make a difference in their communities.

We now have a strong newsletter, but we can still use more volunteers. Our Editor, Toby McLellan has joined the Armed Forces and will no longer be working with us. The listserve has been a source of material and we have also relied on our own research and knowledge to bring you material relevant to our profession. Keep your contributions coming – articles, pictures, news material, suggestions, etc.—they make it easier to meet your needs and expectations.

cont. next page

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Submission Guidelines:

Please email articles in Word 97 or text format to appropriate editors.

Submissions are limited to 1,000 words and are published on a space-available basis. They may be edited for brevity and clarity.

Articles appearing in *The Interpreters Voice* may also appear in other ATA media, such as its website. All copyrights revert back to the author after publication.

Membership in the Interpreters Division is open to all ATA members in good standing. Just go to the Members Only section of our website (www.ATANet.org), sign on and click on the link "Join an ATA Division."

Tim Yuan and Ann McFarlane handed us a project we need to preserve and expand upon. In our last newsletter I mentioned the development of a task force to pre-qualify state certification exams in order to give our State Certified colleagues the same privileges afforded our Federally Certified colleagues within the ATA. It is time for the Division to take that task to heart and lay out the ground work for that task force so we can accomplish our objectives: more ID members with active membership status within ATA which will give its interpreter members a stronger voice in its governance.

Where do we go from here?

Interpreting as a profession still has a long ways to go, both inside and out of ATA. The Interpreters Division possibly has the largest membership of any group dedicated to interpreters in the US. However, as a body, it is still in its infancy, lacking depth in the leadership pool and internal structures that facilitate work done by volunteers. The Division's size can be both a strength and weakness.

More than anything, what the Division needs now is an expanded group of individuals willing to take on the organization building required to take us to the next level. ATA has made an explicit commitment to the profession of interpreting. The

Division must work within the ATA to change policies and structures to fully reflect that commitment. Outside, the division needs enough active leaders to fully engage with other interpreter associations on the key issues facing our profession, such as adequate reimbursement for services provided, access to quality training and educational opportunities, and certification or licensing.

As the new administrator and assistant administrator step into their roles, Katharine and I will be there to help orient them to their new responsibilities. It is our greatest wish that the Division become a more active and effective advocate for you, its members.

REPORT FROM BOSTON

Stakeholders Gather to Discuss Certification for Healthcare Interpreters



Based on a report by Virginia Perez-Santalla

On May 1, 2007 Language Line held a National Interpreter Certification Forum in Cambridge, Mass. The goal of this event was to jump-start a program for the development of a national certification for medical interpreters. According to Mr. Lou Provenzano, Language Lines CEO, the idea is to avoid duplication of efforts, resources and time rather than to generate dissent between the various organizations working towards the same goal.

Upon recommendation from the Interpreters Division, Virginia Perez-Santalla, chair of the Ad-Hoc Interpreter Certification Committee, attended the meeting as ATA's

representative, and presented a report on which this article is based.

Ms. Holly Mikkelson, Adjunct Professor of Translating and Interpretation at the Monterey Institute of International Studies, provided an overview of the certification process and stressed a few important points:

- an exam designed for one language cannot necessarily be used for another,
- the certification process can not be rushed (citing the California experience whose first exam did not reach the intended goals),
- the certification exam should be developed by testing and interpreting professionals,

- ideally, the certification exam should be backed by legislation.

Ms. Mikkelson also recommended Cindy Roat's report on national certification as required reading¹, and thanked the National Council on Interpretation in Health Care for their work towards this common goal.

Mr. Martin Conroy Director, Bureau of Hospitals and Primary Caser Services from the New York State Department of Health shared information on that state's language assistance regulation and Patients' Rights. The legislation addresses time availability for interpreting professionals, and the state has allotted a \$38 million budget for medical

funding of non-public hospitals (public hospitals already have resources to draw from). New York State has also entertained the idea of funding medical certification. According to Mr. Conroy, “[a medical certification] should be considered a preventive measure that in the long run can save a lot of money in lawsuits and even lives.” Mr. Conroy listed the government, insurance companies, regulators, risk managers and the public among those who need assurance that the interpreter will do a good job.

Mr. Gary Buck, Ph.D., Consultant for Test Design and Psychometrician, President, Lidget Green, Inc., spoke about test design and provided the audience a step-by-step outline of the process—each one of which has an impact on the final cost of the project. He highlighted questions that need to be answered during the design phase:

- Should there be a written component, maybe used as screening?
- Should there be a battery of tests? If so, what would be needed and in what order?
- How can we design a framework that can be used across languages?
- How can we get specificity because, the more specific, the better?

Some of the steps mentioned above include pilot testing, development and storage of documentation, trailing and validation, qualification of test subjects (volunteers or not), etc.

Mr. Demetrio Gutierrez, Ed.D., Head of the Office of Minority Health in Oklahoma, gave the audience a lively presentation of the process to implement Oklahoma’s medical interpreter certification program, which the state has been working on since 1980. The

Legislative Task Force on Eliminating Health Disparities created in 2003 was modeled after legislation enacted by the Texas Department of Health, and a multi-disciplinary committee was created to discuss issues related to the certification of healthcare interpreters. These discussions culminated in the creation of written and verbal tests.

A review/training course was implemented in 2005 as a prerequisite for taking the test. Professionals who have earned the Oklahoma Department of Health Certification have seen a 10% increase in their pay, and the certification is recognized as the “State Standard” by healthcare organizations.

Language Companies (ALC), Janet Erickson-Johson of Language Line, Inc., and Juan Gutierrez of South Eastern Medical Interpreters Association (SEIMA) also addressed the audience. They covered themes such as the IMIA and ASTM interpreting standards, a survey by Language Line on the subject of medical interpreting certification, etc.

Following the general presentations, attendees gathered in working groups of 7-8 people before the closing remarks. Unfortunately, Virginia was forced to leave since the meeting went beyond the scheduled time and missed the closing remarks, however, we hope that Mr. Provenzano’s question at the opening of the event can now be answered: Is

A medical certification should be considered a preventive measure that in the long run can save a lot of money in lawsuits and even lives.

Mr. Sam Campisi, National Manager, Multicultural Services Branch, Centrelink, Australia spoke about medical interpreter certification in that country and also explained the National Accreditation Authority for Translators and Interpreters-NAATI certification funded by the Australian government. The certification consists of a generic test that identifies various levels of proficiency and was developed by a panel of academics and interpreters. Like the ATA, the NAATI is now requiring revalidation of credentials by their certified professionals.

Ms. Jane Krandall Kontrinas of the International Medical Interpreters Association-IMIA (formerly MMIA), Ms. Kathleen Diamond of the Association of

the country ready? How can medical certification be achieved? Should there be a task force?

The meeting was attended by representatives of ALC, CHIA, IMIA, Milwaukee Health Services Association, NAATI, NOTIS, Pacific Interpreters, Pennsylvania Association of Medical Interpreters, Rhode Island chapter of IMIA, Temple University, Texas Medical Interpreter and Translators Association, Second Language Testing, and SEMIA. The presentations were filmed and may be uploaded to a dedicated website developed by Language Line, Inc.—www.nmictf.org. ■

¹ Roat, Cindy, *Certification of Healthcare Interpreters in the United States*, September 2006, Prepared for The California Endowment, www.calendow.org

ATA's School Outreach Is for Interpreting Too!



by Gio Lester

My daughter is lucky to attend a very small neighborhood school. There are about 34 students in all. Two classrooms cover basic education from grades K-6. Her classmates are from varied backgrounds and many speak more than one language. Their parents have experienced the frustration of trying to teach their native languages to a new generation that frown upon them as a divisive element, rather than one that will give them an advantage.

This seemed to me to be the perfect venue for ATA's outreach program: I was once a parent in that situation and I could have used some help back then.

Let me digress a little. I have two children and they each speak more than 2 languages. My son, now 25, speaks English, Portuguese, Spanish and Italian. My daughter Rebecca, when she was 5 years old, spoke, read and wrote in English, Portuguese, Spanish and French. She has since dropped the French, but it was fun to hear her reading to us and to correct her homework assignments in all of those languages.

This is why on the morning of October 2, 2006 I was toting a bag



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full of interesting goodies for her, her classmates, and her teachers, to help them embark on a language journey. And since I am also a translator, I decided to cover both professions in one presentation.



Most of the children already spoke a second language, though not by choice, and my first challenge was to help them see that speaking another language was a positive thing, not a stigma. I started by introducing them to a comic strip in Portuguese.

I chose *Baby Blues* by Rick Kirkman and Jerry Scott, one that covered something they were all very familiar with – I had to meet the attention span of 16 children as young as 5 and as old as 11. The drawing of the comic strip itself was appealing enough, and they all made guesses as to what father and daughter were saying to each other. I don't think the authors themselves could have been as creative!

We talked about writing in other languages and translating books. I showed the class some translated books and their originals, such as *Harry Potter and the Sorcerer's Stone* and its Brazilian Portuguese translation, *Harry Potter e a pedra filosofal*, *The Little Prince* and *O pequeno príncipe*, a children's trilingual (Portuguese, French and English) dictionary, some comic books in Portuguese and Spanish, and a few other print materials.

Having both the original and the translation at hand proved to be a special treat for them. It was rewarding to see them trying to pronounce all those foreign words now that they "knew" what they meant. And Quino's *Mafalda* hit a special chord with some of the



Giovanna (Gio) Lester is the current Administrator of the Interpreters Division. She has been working in the T&I field since 1980, and holds ATA certification for Portuguese into English translation. She can be reached at giolester@gmail.com.



children who could speak but not read Spanish. They were also surprised at some differences between Grandma's Spanish (usually Cuban

teacher Vanessa. The children had many questions. How can the doctor treat a patient he cannot understand? How can a patient tell the doctor

that much needed language-bridge, and the children were thrilled!

For the next sketch Rebecca approached Natalie, a tourist, and invited her to play—in Portuguese! Natalie was at a loss, and almost angry with frustration until an interpreter stepped in. This time Felipe saved the day as the interpreter, helping Rebecca and Natalie communicate. Felipe's older sister Bela (9) helped him by whispering the proper interpretation, which afforded me the opportunity to introduce another aspect of the profession—the many ways it can be done.

The school's Directress, Ms. Ivonne Benitez, was given an imaginary gavel and robe, and was instantly transformed into an Immigration Court judge who was examining Vanessa's case. It was a very short exchange directly between Judge and Respondent. The children enjoyed hearing their teacher called "Your Honor" and Rebecca's Mom, "Madam Interpreter."



**The Children's House Montessori School
Miami – FL – Upper Elementary Class, Grades 1-5**

From Bottom-left, clockwise: Vanessa, Sofia, Umma, Bela, Julia, Nicholas, Valentin, —, Alejandro, Gio Lester, Gabriel, Michael, Trevor, Laurel, Natália, Felipe, Carlos and Kátia. Photo courtesy of Rebecca Lester

in this part of Florida) and Mafalda's Argentine usage.

Interpreting was introduced in a very hands-on manner. First we talked about different situations in which one might need the services of an interpreter: "at the doctor's" and "traveling abroad" were among the suggestions.

Seven year-old Felipe posed as an English- speaking doctor who had to treat a Spanish- speaking patient, his

what is wrong with him if they don't speak the same language? Here I came in as the interpreter providing

If you want to know what the cartoon says: 



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Moving Forward with the “Expert Panel on Testing and Certification of Interpreters”

By Elizabeth A. Nguyen

“What steps need to be taken over the next six months to move towards certification?” was definitely the leitmotif for the event that took place in Plymouth, Minnesota this last June.

Hosted by the Interpreting Stakeholder Group (ISG) and administered by Century College and the University of Minnesota through a grant from the Bush Foundation as part of a project named the *Linking Voices* project, the event was viewed by many as a national convening of experts in the field of interpreter testing and certification. “We thought such a panel could act as a sounding board for our thinking in Minnesota, and also perhaps launch a national dialogue on certification”, explained Bruce T. Downing, Ph. D., Director of the Program in Translation and Interpreting at the University of Minnesota, and the event lead organizer.

For three days between June 13th and June 15th, 2007, the meeting brought to the table major stakeholders intent on working together on issues of common concern around

“We thought such a panel could act as a sounding board for our thinking in Minnesota, and also perhaps launch a national dialogue on certification.”

interpreter certification, and also attracted a local “gallery” of observers from the field. The “invitees” formed an eclectic mix of technical experts in test development and individuals with experiences in a variety of arenas such as designing, implementing or building a support system for the certification process.

The California Healthcare Interpreting Association (CHIA) was honored to be one of the “guests” among some of the major constituencies such as the National Council on Interpreting in Health Care (NCIHC) and the International Medical Interpreters Association (IMIA), formerly known as the Massachusetts Medical Interpreters Association (MMIA), together with state government representation from some of the states that have begun a certification process of their

own such as Indiana, Iowa, Oklahoma and Oregon.¹

From plenary sessions to workgroup sessions, CHIA joined all the participants in a variety of activities such as: sharing lessons learned from respective experiences with national or state certification initiatives; describing current efforts and outcomes; and discussing the implications of such lessons for the specific tasks assigned to the workgroup sessions.

Following is a brief summary of what was presented at the convening:

State representatives from IN, IO, OK, OR and MN respectively provided perspectives on their current state efforts. At the national level, invaluable recommendations were received from the spokespersons for well-known and established programs such as the Registry of Interpreters for the Deaf, the National Center for Interpretation Testing, Research and Policy at the University of Arizona, and the National Center for State Courts – Consortium for State Court Interpreter Certification regarding the Federal Court Interpreter Certification Program.

This article originally appeared in the NCTA Translorial, Vol XXIX, No. 3, Sept. 2007

About the author: Elizabeth Nguyen serves on the CHIA Board of Directors and represented CHIA at the above- mentioned convening of the Expert Panel in Minnesota. She is the past co-chair of the CHIA Standards and Certification Committee and one of the co-authors of the book California Standards for Healthcare Interpreters – Ethical Principles, Protocols, and Guidance on Roles and Intervention, created by CHIA in 2002 through a grant from The California Endowment. She can be contacted at furelize@juno.com.

At the state level, we heard feedback from the Interpreter and Translator Testing and Certification Program for the Washington State Department of Social and Health Services. CHIA also had the opportunity to contribute, alongside with IMIA, our perspective from a state initiative standpoint by sharing lessons learned from the joint certification pilot project between the two associations, which took place in 2003 under the auspices of the NCIHC and with funding from the Office of Minority Health (OMH)².

In addition, a brief overview of three existing assessment tools was also offered. Two of the tools in question were proprietary products created respectively by two corporations, Language Line Services and Network Omni Multilingual Communications, while the third tool was considered “vested in the public domain” due to being developed with funding from The California Endowment, by a consortium of non-profit organizations named the Connecting Worlds Partnership³.

The various presentations on lessons learned and recommendations culminated into several lively full-panel and workgroup discussions revolving around four general topics: 1) Interpreter competencies; 2) Test development and administration; 3) Implementation process; and 4) Relationship between individual states and national initiatives.

Focusing on each topic, the workgroups set to the tasks of addressing such questions as:

- “What skills and knowledge should an interpreter be able to demonstrate in a certification exam?”
- “Should there be certification requirements other than passing an examination and, if so, what should they be?”

- “Who/what entity should have the capacity and ability to develop a certification test?”
- “What research is needed before a test can be developed, and when could it be developed?”
- “What are the steps to implementation and what is the associated timeframe?”

Perhaps the answer [lies] ...in determining whether all current and future collaborators could walk down the same path without needing to elect or follow one leader.

- “Should a roster/registry of interpreters be part of the preparations for certification and, if so, should standards for inclusion on a registry be created for individual states to use?”
- “How can individual states continue to communicate and cooperate with one another beyond this convening?”
- “What are the possibilities for cooperation and collaboration between state initiatives and national initiatives?”

As the convening concluded, a consensus seemed to have emerged from the workgroups with regard to the preliminary steps necessary to move towards the design of a certification test. The consensus called for “an empirical research that includes an interpreter job analysis, a review of existing standards of practice for interpreters, a survey of terminology and a legislative review.”

On the other hand, while the workgroups have identified action items in the next six months that would consist of 1) “creating a

national body to coordinate efforts and effectively move the process forward”; 2) “securing critical funding to support the national effort”; and 3) “appointing a committee of experts on medical interpreting,” a clear answer seemed to elude the group when it came to deciding “who or what entity should or could be entrusted with the leadership role to coordinate and guide the process towards the next steps.”

Perhaps the answer does not reside in determining *who/what entity* should or could be the leader but in determining whether all current and future collaborators could walk down the same path without needing to elect or follow one leader. This is the “ideal picture” envisioned by CHIA leadership.

As an organization committed to advancing the profession of health-care interpreting in the service of the public, CHIA prides itself in continuously finding common grounds on which to foster and nurture meaningful and successful relationships with its constituents as well as with all partners and stakeholders. To that end, CHIA looks forward to continue collaborating with our counterparts and all other parties in the field in a true spirit of inclusion and mutual support.

References:

¹ Roat, Cynthia E. *Certification of Health Care Interpreters in the United States. A Primer, a Status Report and Considerations for National Certification* (The California Endowment, September 2006), 70-79

² National Council on Interpreting in Health Care. *Final Report on the Pilot of a Certification Process for Spanish-English Interpreters in Health Care* (2003)

³ Roat, Cynthia E. *Certification of Health Care Interpreters in the United States. A Primer, a Status Report and Considerations for National Certification* (The California Endowment, September 2006), 15-18.



Medical Translation and the Health Care Interpreter

By Nataly Kelly

Health care interpreters are frequently asked to carry out tasks within an area that does not traditionally fall within the role of the interpreter: written translation. However, just as unqualified interpreters put patients at risk, translations performed by individuals who are not qualified to translate can do more harm than good. Managers of interpreting services are often tasked with finding a way to complete translation work. When this happens, they often turn to interpreters for help, simply because they believe them to be qualified to handle this type of assignment. The information below serves to help both interpreters and managers learn more about this important topic.

When should a health care interpreter provide written translations for an organization?

The short answer to this question is: “When the interpreter is also a professional translator.” Translation and interpreting are normally regarded as separate professions, each requiring unique skills.

For example, while interpreters are usually trained and qualified to work in a “language pair” (e.g. English<>Spanish), translators most commonly work into their native language only (e.g. English > Spanish). An interpreter might be very comfortable communicating verbally in two languages, but that does not guarantee the ability to produce written communications with the necessary level of accuracy and quality.

Also, in the field of translation, industry specialization is quite

common. Many translators specialize in one particular industry, such as legal, medical or technical. In health care settings, various areas of specialization may be required. For example, medical translators would likely be best suited to translate patient education materials, whereas legal translators may be needed for consent forms and other documents of a more legal nature.

An interpreter may be able to accept a translation assignment when the following minimum criteria are met:

1. **Experience:** The interpreter has several years of recent experience working as a paid, professional medical translator.
2. **Qualifications:** The interpreter holds a certification, degree or other credentials that demonstrates his/her abilities as a translator.
3. **Technology:** The interpreter is proficient in computer-assisted

translation (CAT) methods, techniques and software programs (e.g. Trados), and will have access to these in order to carry out the translation assignment.

4. **Quality Assurance:** There are other individuals, such as project managers, editors, proofreaders and desktop publishing staff, to assist the interpreter in carrying out the necessary quality control for translation assignments.

Please note that these are recommended minimum criteria, but are not all-encompassing, nor can these alone guarantee quality. For example, the qualifications, experience and technology available to the various other individuals who form part of a quality assurance process are also important factors. In addition, it is definitely possible for translators to produce high-quality work without using CAT tools. However, if the health care organization will be completing many translations over time, it is usually better to use CAT tools whenever possible to ensure that terminology can be leveraged, and to ensure consistency across multiple documents.

If you are an interpreter who is asked to translate even though this falls outside of your scope of professional practice (if you have no qualifications or training in translation), you may wish to refer the requesting parties to the numerous industry standards for translation and localization (ASTM, LISA, ISO, ATA), and to advise them of the high risk of errors when the proper criteria are not met.

Nataly Kelly is an experienced health care interpreter and a state-certified court interpreter (Spanish<>English), with extensive experience as a freelance translator. An independent consultant on issues related to language services, she is a well known author in the T&I field.

You may also wish to refer individuals to the American Translator Association's client education guide, "Getting it Right", available online: www.atanet.org/docs/Getting_it_right.pdf

As an interpreter, you can serve as an important resource for helping your health care organization select an appropriate translation provider, but there is no need to feel pressured or obligated to provide a service that you are not comfortable providing. If you are faced with comments such as, "But you're the only one who speaks [language]," you may remind individuals that there are plenty of translators and agencies across the

country (and throughout the world) who are specialized in translation that can be accessed through the ATA directory, among other sources.

If you are told you must provide a translation because it is needed urgently, you can remind the requesting parties that most translators/agencies do offer a "rush" or expedited service. If the translation is needed for a patient at that very moment, conveying the information verbally instead of in writing might be a preferable option, and would be more in keeping with the interpreter's scope of practice, if the interpreter is trained to provide sight translation. The organization

can also offer to send the patient a copy of the information in writing once the translation is completed.

Lastly, an important consideration is that the translations that are performed by non-professionals are nearly always re-translated later anyway. This is often twice as intensive in both time and budget. Thankfully, there are a large number of translators and agencies that can support health care organizations wishing to provide translated materials to patients. Following the minimum criteria listed above may help to ensure a higher quality of translation while staying within the interpreter's scope of professional practice. ■

How Often are Interpreters Used in Federal Court?

By Gio Lester

The Court Interpreters Act, 28 U.S. Code Section 1827, states that language interpreters will be used in any proceeding where a participant displays a language disability. Of the 205,550 language-interpreting events in Federal Court in the 2006 Fiscal Year, no less than 95% were in Spanish. *

It is noteworthy that these statistics represent a decrease in the number of events requiring language interpretation, from 227, 461 events reported in a 2004-2005 study to 205,550 last year, but an increase in the demand for Spanish interpreting – from 94% to 95%.

Here is the list of other languages used in Federal Court during that study, from most to least number of events:

- Mandarin (1,480 events),
- Vietnamese (988),
- Arabic (908), Korean (871),
- Cantonese (868),
- Russian (610),

- Portuguese (492),
- Haitian Creole (447), and
- Punjabi (375).

Unfortunately, we do not have numbers for each of the 117 languages used in federal court cases around the country.

And what happens when a certified or qualified interpreter is not readily available? The Telephone Interpreting Program (TIP)—a remote interpreting service—was approved in the Judicial Conference of the United States in 1994 to facilitate access to qualified interpreters for simultaneous interpreting of short proceedings, such as pretrial hearings or initial appearances. Seven courts provide TIP during 2006, and they handled 3,770 events, reportedly saving \$1.1 million in travel and contract costs. For comparison purposes only, TIP was used in 3,590 events in the previous year's study, with an estimated \$1.08 million in savings. ■

* Results published in November 14, 2006 study that covered a 12-month period, ending September 30, 2006.

Defining the Interpreter's Role in the Worker's Compensation Industry



Written by Veronique Roman, Edited by Cortland Reilly



Transportation & Language Services

ProCare is an ancillary service provider for the Worker's Compensation industry specializing in Transportation and Language Services. The types of appointments we are most often asked to assign are on-site interpreters for physical therapy appointments, MRI appointments, legal depositions, meetings with attorneys, medical appointments such as an initial consult, Qualified Medical Exams, Functional Capacity Evaluations, home health evaluations, home interviews with the injured worker's Case Manager, etc. We also help facilitate conference calls between either the Case Manager or Adjuster representing the worker's compensation insurance carrier and the injured worker regarding status of the injured worker's claim, benefits information, or compliance information needing to be relayed. To uphold the high standards we have set for ourselves, ProCare has found the ATA Website is a useful tool for locating qualified, professional interpreters to attend these medical appointments.

The healthcare field can be a difficult area to work in and the worker's compensation segment of the healthcare field even more so. And we have had difficulties locating interpreters able to maintain their objectivity when representing the worker's compensation insurance carrier. We believe it is important to outline specifically the exact role and responsibilities of an interpreter in the worker's compensation industry so that any unprofessional behavior can be avoided.

Since the Health Insurance Portability and Accountability Act of 1996 (HIPAA) was passed, there has been confusion as to what interpreters are allowed to disclose. These professionals fear repercussions. However proper education as to what HIPAA states and their professional role would greatly assist in resolving these issues.

HIPAA regulations do not apply to the worker's compensation industry. HIPAA provides an exception for workers compensation and Standard Disclosure for Workers Compensation states:

...when an employee has submitted a claim for workers compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, that employee shall be deemed to have waived any privilege or confidentiality concerning any communications related to the claim or history or treatment of injury arising from the incident that the employee has had with any physicians, including, but not limited to, communications with psychiatrists or psychologists.¹

In addition, the information obtained at these medical appointments is critical for the insurance carrier because it provides additional information which helps the Adjuster determine compensability of the injured worker's claim.

Most insurance carriers do not allow family members to assist with interpreting at medical appointments because of the challenge of remaining impartial. The industry counts on the interpreters' professionalism and impartiality to ensure that the injured worker is receiving the proper treatment, is being cared for effectively and appropriately and without bias.



Cortland Reilly, CEO of ProCare, Inc., has been involved in healthcare and startup companies for the past 25 years. Over the last 7 years, he helped start and grow TechHealth. He initially served as Vice President of Sales and Marketing, with responsibilities that included building and growing the sales team. For the past 4 years he has overseen operations, which led to TechHealth's reputation in the industry as one of the highest-level ancillary service providers. Mr. Reilly's latest venture is founding ProCare, a Transportation and Language service company. At ProCare, service and technology are coupled with a great staff and detailed protocols to produce the best outcomes in the industry.



Veronique Roman has been in the healthcare/worker's compensation industry for 16 years. For the last 3 years, Ms. Roman has overseen TechHealth's Transportation and Language Services department. Ms. Roman is currently a Supervisor at ProCare, managing the Customer Service and Provider Relations departments. Ms. Roman is responsible for ensuring that ProCare's high standards are met through a trained and skilled staff and a comprehensive, experienced provider network.

ProCare contact info: providerrelations@theprocare.com Att: Veronique Roman

Developing friendships with the injured worker is unprofessional, and can affect the interpreter's ability to remain impartial during medical appointments. Interpreters might not realize that they are communicating what they feel the injured worker meant to say instead of what was actually said. Empathy, not sympathy, is a welcome trait in a professional interpreter.

As an example, we had a case in which an interpreter developed a relationship with the injured worker to whom she was assigned. The interpreter went to all the appointments and started questioning the MD's diagnosis. She questioned the treatment plan the doctor had placed the injured worker on and then counseled the injured worker to hire an attorney. The interpreter refused to communicate with the Case Manager who attended the appointment, stating the Case Manager had

no business knowing what the details of the appointment were—a clear misunderstanding of HIPAA terms.

Qualified interpreters for these assignments would have some understanding of medical terminology, they would have an understanding of the worker's compensation field and be aware that they would be required to submit a summary of conversations held on any assignment they are asked to attend (minus confidential meetings between an injured worker and his/her attorney). Finally, there should be an awareness that as interpreters they are the communication link between the injured worker, the worker's compensation insurance carrier (represented by a Case Manager and/or Adjuster), and the medical providers treating the injured worker. If interpreters feel that they are forming an attachment, or that they can no longer remain

impartial, they should not accept the particular assignment. At ProCare, we believe that interpreters actually show more professionalism for stepping down from an assignment when they cannot maintain objectivity. It shows that they understand the importance of communicating exactly what is being said instead of what they felt should have been said, and that they are committed to remaining professional.

We appreciate this opportunity to voice some of the most common, yet most potentially damaging difficulties we encounter, and hope this article will, to some degree, influence healthcare interpreter training. It should go beyond terminology and ethics to include legal aspects and requirements of the profession. ■

¹ www.worker-comp-law.com/content/hipaa-and-workers-compensation.html

SPOTLIGHT ON ID SPEAKERS:

Jacolyn Harmer, Julie Johnson and Diane de Terra



The San Francisco Conference is just around the corner and we're all starting to think about which sessions to attend. This year, the Interpreters Division is highlighting three accomplished professors of interpreting and translation from nearby Monterey Institute of International Studies (MIIS), Jacolyn Harmer, Julie Johnson and Diane de Terra. All three are faculty at MIIS's Graduate School in Translation and Interpretation (GSTI). We recently sat down with Jacolyn and Julie for an interview. (We were unable to interview Diane in time for this article, but please refer to her bio in the sidebar.)

Session I-1: Interpreting Interpreter Ethics

Diane de Terra and Julie E. Johnson
Thursday, 1:30-3:00pm - All Levels

Session I-3: French Consecutive Interpreting Workout

Jacolyn Harmer and Julie E. Johnson
Thursday, 3:30-5:00pm - Intermediate/Advanced
(Presenting Languages: English and French)

Jacolyn Harmer

ID: *Can you tell us how you became an interpreter and, later on, professor of translation and interpretation?*

Harmer: For me it was really a case of being in the right place at the right

time. Growing up in England I was always told that if you did not come from a diplomatic family and if you weren't bilingual that you had no chance of becoming a language professional. But I chose to study English, French and German in high



Jacolyn Harmer has taught translation and interpreting for over 20 years at the Graduate School of Translation and Interpretation at the Monterey Institute of International Studies. She is also an associate faculty member of The School of Translation and Interpretation at the University of Geneva, where she earned her Diplôme d'Études Approfondies in interpreter pedagogy. She has been

a conference interpreter for over 30 years, and is a member of the International Association of Conference Interpreters. Contact: jacolyn.harmer@miis.edu

Julie E. Johnson is an associate professor at the Graduate School of Translation and Interpretation at the Monterey Institute of International Studies, where she has been teaching since 1988. She is a conference and court interpreter and published translator primarily in the areas of law, corporate communications, and advanced technologies.

Contact: julie@jdvgroup.com



Diane deTerra is a professor and former dean of the Graduate School of Translation and Interpretation at the Monterey Institute and an AICC conference interpreter. She is an applied, social anthropologist, specializing in international development. She also oversees the National Foreign Language Center's interpretation and translation initiatives.



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school and received a very good education in those subjects.

While still attending university, I had some hands-on experience and an internship at the European Commission's technical translation department. I applied for and started a training program after graduating – that was right after Great Britain and Ireland became European Union member states and needed

interpreters. As I said, the right place at the right time.

In 1981, I came to Monterey. I thought I was coming for a year and brought just my backpack. And something just clicked. I joined this fantastic team of people here and we spent a year trying out different teaching strategies and giving each other feedback. So I stayed another year and then another 2 years and 22

years later I'm still here. Along the way, I added Spanish and have been able to keep Brussels as my main employer during the summer.

ID: *From your position as a professor at MIIS, how can the Institute help to strengthen the T&I field by sharing the many pedagogical resources it has?*

Harmer: That is a good and timely question. The Graduate School of Translation and Interpretation is working to broaden its vision to be able to provide educational opportunities for different markets. Right now, MIIS is the only school in the United States offering training in conference interpreting for the international meeting level and we will continue to do so. The master's degree is our core activity and we have many strong connections with sister schools in Europe and Asia that provide depth to our program and opportunities for our students.

But there is also a big demand for in-service or enhancement training. Until now, MIIS has not had the staff or resources to offer short courses in a sustained way consistently. Of course we have Holly Mikkelson who has been heavily involved in court interpreting over the years. I, myself, have been involved in training of trainers here and abroad. But now we have a full-time staff member in charge of developing and implementing a short course program that will be driven by demand. If there are enough requests for a certain topic, we will try to match that demand with a teacher and curriculum. These short courses will be aimed at people who either already have a degree or a great deal of expertise in a particular area and who want to formalize their skills and get recognition for them.

ID: *Finally, what are some of the main challenges you see facing interpreter education at MIIS and at the U.S.?*

Harmer: From the German and

French program perspective, the number one problem is finding American native English speakers who have a strong competence in a foreign language. The pool is small. We are also working to attract more European students and students from sister universities.

Tuition is another challenge. T&I education in Europe is still heavily subsidized. But there are many ways to bring down costs, through scholarships, grants, merit scholarships, etc. At least for a German translator here in the United States, the demand is so high that there are jobs that go unfilled.

Julie E. Johnson

Julie Johnson also sat down with the Interpreters Voice to talk about her journey as an interpreter and professor.

Johnson: I'm a French interpreter and translator. I became fluent in the language as a high school exchange student in France. As an undergrad in international relations and French at UC Davis, I got involved with a social justice group that traveled to Cuernavaca, Mexico. Since not all of us spoke Spanish fluently, our meetings were interpreted. I was captivated by the role the interpreter played: her presence was essential and pivotal, yet she remained in the background as a kind of observer.

The more I thought about it, the more interpreting and translating seemed ideal for me: I could earn a living doing what I love, in a profession that requires all of my skills, enables me to continuously learn, and puts me in the thick of situations I would never otherwise experience.

ID: *Tell us about sessions you are offering at the ATA conference.*

Johnson: Diane de Terra and I are offering a session called Interpreting Interpreter Ethics (see side bar),

which has grown out of a course that we have co-taught at MIIS. We will be focusing on the commonalities and differences among various codes of ethics and professional practices that correspond to different kinds of interpreting, whether medical, court

Consecutive Interpreting Workout. This session should be a blast. We want it to be very interactive, focused on concrete practice. Many interpreters have some training in consecutive (and I'm talking about long consecutive here), but get rusty

I could earn a living doing what I love, in a profession that requires all of my skills, enables me to continuously learn, and puts me in the thick of situations I would never otherwise experience.

or conference. Interpreters serve different kinds of purposes in these settings and there are different dynamics and relationships among the people speaking and the people listening. From within this context, we will also grapple with day-to-day issues all interpreters face, including colleague and client relations.

We'll be taking real life scenarios offered by us and by participants, working through them in small groups. What is ethical behavior and why? If you've accepted a 2-hour job on one day and then get an offer for a 3-day job for the same date that you desperately want to accept, what do you do? How do you cope with clients who arrive late? The idea is to discuss all this among ourselves and to develop some strategies and guidelines for handling hard situations and also for taking precautions to avoid them in the first place.

Our session will not be included in the DVD. We discussed that possibility, but we believe participants will need to have a safe and more private space to talk about really sensitive things and not worry that it will end up on a video as a permanent record.

The second session I am offering, with Jacolyn Harmer, is the French

because they don't use it that often. Sometimes you really need it, however. This session is not for beginners, but for people who already have some consecutive note-taking skills and would like an intensive yet un intimidating practice session with peers—participants will be working in small groups. We don't often have enough chances to do that when we are out there working day to day.

ID: *What do you see as MIIS's role in providing resources to the broader interpreting profession?*

Johnson: I'm so excited about what is happening at MIIS and GSTI. Like Jacolyn, I have been keenly aware of the need for short courses for working professionals, but we just haven't had the staffing resources. Now we do with our new Short Course Coordinator. One weekend intensive we are now designing for early 2008 will focus on deposition interpreting. It will be open to multiple languages, enabling colleagues to enhance their skills while earning continuing education credits. Everyone is welcome to come by the MIIS booth at the ATA trade fair and let us know what specific advanced training they would most like to see GSTI offer. ■

Interpreting Sessions at the Conference



Schedule current as of Oct. 26th.

Every year we bring to you a list of interpreting related sessions—those offered by our Division and those offered by other Divisions. Here it is, feast your eyes, make your plans and enjoy yourself in San Francisco!

THURSDAY, November 1

SESSION ID	TITLE	PRESENTER	WHEN	LEVEL
I-1	Interpreting Interpreter Ethics	Diane de Terra and Julie E. Johnson	Thursday 1:30-3:00pm	All Levels
IC-3	Breaking into the Industry: How to Gain Experience When Employers Will Not Give You Experience Without Previous Experience	Clemencia Macias, Elizabeth M. Taylor, and Adam M. Wooten	Friday 3:30-5:00pm	Beginner
I-2	Community Interpreting in the Health Sector Involving Mexican Indian Languages in Mexico and in the U.S.	Georganne Weller	Thursday 3:30-5:00pm	All Levels
I-3	French Consecutive Interpreting Workout	Jacolyn Harmer and Julie E. Johnson	Thursday 3:30-5:00pm	Intermediate/ Advanced
MED-2	National Certification for Health Care Interpreters: Where Do We Stand?	Maria Paz-Avery, Shiva Bidar-Sielaff, and Karin B. Ruschke	Thursday 3:30-5:00pm	All Levels
K-2	Structural Challenges in East Asian Language Interpreting and Translation	Garry X. Guan, Jisu Kim, Ji E. Lee, and Izumi Suzuki	Thursday 3:30-5:00pm	All Levels

FRIDAY, November 2

SESSION ID	TITLE	PRESENTER	WHEN	LEVEL
I-4	Expanding Our World: Interpreting for Languages of Limited Diffusion	Janet M. Erickson-Johnson and Linda Joyce	Friday 10:00-11:30am	Intermediate/ Advanced
IC-1	Taxes Translated: Federal Forms and Schedules for Professional Translators and Interpreters	Amanda B. Ennis	Friday 10:00-11:30am	Beginner/ Intermediate
S-3	The 21st Century Cross-cultural Communicator: Interdisciplinary Technical, Cultural, and Social Justice Approaches to Translation and Interpreting in the Legal, Medical, and Community Sectors	Jaime Fatás Cabeza and Roseann Duenas Gonzalez	CANCELLED	All Levels

FRIDAY, November 2 cont

SESSION ID	TITLE	PRESENTER	WHEN	LEVEL
I-5	Interpreting and Check Interpreting at Depositions	Paul H. Yi	Friday 1:30-3:00pm	All Levels
IC-2	Marketing for Independent Contractors	Eve Lindemuth Bodeux	Friday 1:30-3:00pm	All Levels
I-6	Interpreters Division Annual Meeting	Giovanna L. Lester	Friday 3:30-5:00pm	All Levels

SATURDAY, November 3

SESSION ID	TITLE	PRESENTER	WHEN	LEVEL
I-7	That Crucial First Step: Pre-assignment Preparation and Research	Kelly A. Gomes	Saturday 8:00-9:30am	All Levels
MED-10	Implementing Video Phone Interpreting at the Largest County Hospital in the U.S.	Melinda Paras and Beverly Treumann	Saturday 8:00-9:30am	All Levels
LAW-2	Court Interpreter Training Materials	Arlene M. Kelly	Saturday 8:00-9:30am	Beginner
LAW-3	The Challenges of Nuremberg and Beyond: Interpreting at International Tribunals	Nancy Schweda Nicholson	Saturday 10:00-11:30am	All Levels
I-8	Strategies for Successful High-profile Conference Interpreting	Jacki J. Noh	Saturday 10:00-11:30am	All Levels
I-9	Interpreting at the Tokyo War Crimes Tribunal	Kayoko Takeda	Saturday 1:30-3:00pm	All Levels
MED-8	A United Front: A Collaborative Perspective on Educating Medical Interpreters	Brenda Nicodemus, Carol J. Patrie, Laurie A. Swabey, and Marty Taylor	Saturday 1:30-3:00pm	All Levels
I-10	Sight Translation: Practice and Theory	Arlene M. Kelly	Saturday 3:30-5:00pm	All Levels
J-7	Role of the Japanese>English Court Interpreter	Kaoru Tamura	Saturday 3:30-5:00pm	Beginner/ Intermediate