



## Dear Colleagues,

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It does not seem possible, but here we are again, preparing for the Annual Conference in New Orleans. Has a year passed since I was writing about Seattle? My calendar says so, but it must be off.

This is my seventh consecutive issue of the Voice, and I was afraid we would run out of things to write about by this time. But the longer we go the more questions I have, and the more aspects of this profession are revealed. With the legislative bodies in various states finally catching up to the reality of dealing with Limited English Proficiency (LEP) populations, it is definitely an exciting time to be in the interpreting field.

In this issue we have features reprinted with permission from the *South Florida Sun-Sentinel* and the *CHIA Messenger*—both regarding the need for certification—in the Florida courts and in the California healthcare industry. Aura Moreno and Lilian Ramsey were kind enough to answer some survey questions about phone interpreting, and we have another amazing professional profile, this time focusing on Ruth Marcondes Weinfeld.

If this is not enough, we have vital information to pass along regarding the conference. Schedule tables are listed in the last pages, so you can plan your sessions before you arrive. The ID is also hosting a panel discussion that you won't want to miss.

Once again I urge you to take notes, keep a journal, fill your memory card on your digital camera and send those photos in! Send us your thoughts, concerns, memories of fine dining or getting together with colleagues you have only known by reputation, or meeting old friends. We may be spread across the U.S.A. and speak many different languages, but our professional community is still relatively small. I encourage you to use the Voice as your community forum. I look forward to hearing from you.

Until next time,  
Toby



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### Did you know?

If you are reading this as a PDF document, you can click on hotlinks in the Table of Contents, as well as e-mail addresses and websites (indicated in red.)

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**REGARDING SUBMISSIONS**

Your submissions are what keep the Voice ringing, so do send them to our Administrative Assistant, Katharine Allen ([sierraskyit@gmail.com](mailto:sierraskyit@gmail.com)) and she will forward them to the editor.

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

**DISCLAIMER**

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

The rush is on! The 60-day window for cheap flights is closed. The early-bird registration is over, and the special hotel rates are no longer available. It is time for last minute checks with friends and colleagues to see if anyone is still interested in sharing a room or knows of a cheap hotel deal.

For us on the administrative side of things, the conferences actually roll into one another: We start planning next year's event while attending the current year's conference. We are given a calendar with all activities laid out for the whole year—November to November—culminating at the conference. This is one way to prevent the planning from overwhelming us. Another big help is the support we receive from the staff at headquarters.

Even though we can't help you much with flight reservations and hotel accommodations, we would like to remind you to make use of the listserv to find your roommate and lower rates both for flight and hotel rooms. Don't forget bargain-fare Internet sites such as Travel Zoo ([www.travelzoo.com](http://www.travelzoo.com)) and Cheap Tickets ([www.cheaptickets.com](http://www.cheaptickets.com)) for your airfare and even accommodations. The update on the conference published in this issue has a list of all interpreting related presentations, dates, times, and levels they target, so you can start planning your schedule ahead of time.

We in the administration still have a few knots to tie before we can breathe a sigh of relief. In the meantime, we would like to thank Roshan, Mary, Walter, Maggie and Teresa for all their support, the countless hours on the phone, the hundreds of e-mails, and also the laughter that occasionally peppered an exchange. And we would like to welcome Jamie Padula. There is no time like now to start anything. But we can assure you it is not always this crazy in the office.

Our next issue will come to you after the conference. So, don't forget your cameras, your notepads and pens—or laptops—so you can take pictures and notes to share your perspective of the conference with us, as well as your opinions and what you learned.

Now is the time for you to let Katharine and me know what issues you'd like to have addressed at our annual meeting so that we can be ready to answer your questions. And we do look forward to hearing from you.

See you in New Orleans!

– Gio

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

**Submission Guidelines:**

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

Submissions are limited to 1000 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](http://www.atanet.org)), sign on and click on the link "Join an ATA Division."

# Healthcare Interpreter Certification in the U.S. Building Solid Foundations



by Cynthia E. Roat, MPH

At the California Healthcare Interpreting Association's (CHIA) 2006 Annual Conference last June, a panel of national figures in healthcare interpretation discussed national certification for spoken-language healthcare interpreters. Where are we with certification anyway? What's being done to move the agenda along?

Far from being stalled on the issue of national certification, the field is moving in quite a thoughtful and deliberate manner toward this goal. Certification is, after all, dependent on first having a clear idea of what the field expects from interpreters, then providing training for interpreters in just these skills, which can then be incorporated into testing.

Toward that end, the National Council on Interpreting in Health Care (NCIHC) has been working over the past decade to first clarify the role of the interpreter, then to establish a single Code of Ethics for interpreters in healthcare,<sup>1</sup> then to build consensus around national Standards of Practice.<sup>2</sup> All of this work has brought us closer as a field to a unified concept of what interpreters should be doing as part of their work in healthcare venues.

The next step is to provide training for interpreters in the skills identified as being central to an interpreter's work. Over the past 15 years, tremendous strides have been made in many parts of the U.S. in expanding the types and quality of training available for healthcare. California alone boasts over 23 training programs for healthcare interpreters.<sup>3</sup> Many of these pre-date

prepare them for testing. The Council is currently seeking funding for just this sort of activity.

So where does certification fit? Once the field is clear on what interpreters should be doing, and once easily-accessible mechanisms are set up to help interpreters acquire these skills through training, the time is ripe for developing a national testing process.

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**Certification is, after all, dependent on first having a clear idea of what the field expects from interpreters, then providing training for interpreters in just these skills.**

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the National Code of Ethics and the Standards of Practice, but since these important documents were published, most training programs have been revising their curricula to match these national standards.

The NCIHC's next step, then, is to develop national consensus around standards for training programs for healthcare interpreters. This way, interpreters will know which programs can reasonably be expected to train them in the skills needed to comply with the Standards of Practice and Code of Ethics, and so

What is involved in such a process? It is much more complicated than you might think. Very briefly, here are the steps involved in establishing a national certification process.

1. Find an organizational home for the certification. Build public support.
2. Secure funding for test development.
3. Choose professional test-developers to work with the organization to design the test.
4. Develop criteria for candidates to be allowed to take the test.
5. Decide what knowledge, attitudes and skills to test.
6. Decide how to test.
7. Design a draft test.
8. Pilot test items, first with a small group, then with a large group.
9. Revise the draft test.



**Cynthia Roat, MPH**, is a consultant and trainer on issues related to language access in healthcare. Certified by the Washington State Department of Social and Health Services for medical and social service interpreting, she has been a medical interpreter since 1992. She is the principal author of the *Bridging the Gap* medical interpreter training. She helped found the Society of Medical Interpreters in Seattle. She may be reached at [cindy.roat@alumni.williams.edu](mailto:cindy.roat@alumni.williams.edu). Reprinted with permission from the CHIA Messenger, Summer 2006.



10. Develop different versions of the test.
11. Set standards for grading.
12. Write a guide for candidates.
13. Develop training materials for test administrators and raters.
14. Choose and train test administrators and raters.
15. Pilot the test.
16. Analyze the results.
17. Revise the test and all support materials.
18. Set cut score.
19. Implement the certification process.
20. Using the first test as a blueprint, start over to develop a test for a second language.
21. Clearly, this endeavor is not to be embarked upon lightly. It will require significant financial and moral support, great effort, as well as tremendous institutional commitment.

It would be a mistake, however, to assume that because a national test is not being actively developed at this

time, nothing is being done to further our understanding of interpreter assessment. The implementation of scientifically developed tests by the Department of Social and Health Services of Washington State; by commercial companies such as Language Line Services, NetworkOMNI and Cyacom; and by the National Center for Interpretation Testing, Research and Policy at the University of Arizona have broadened our understanding of issues related to testing interpreters.

The same can be said of the piloting of certification tests by the Massachusetts Medical Interpreter Association (MMIA) and the Connecting Worlds Partnership. And finally, there is much we can learn from the certification testing processes developed by the Registry of Interpreters for the Deaf and from the various tests developed for judicial interpreters. All these assessments add to our shared knowledge of how to test interpreters and will certainly inform any process for developing national certification

for interpreters in healthcare.

So if it seems as if nothing is happening around national certification, think of how a house is built. Before you ever see a structure rising above the ground, enormous work goes into surveying and grading the land, digging the basement and laying the foundations. Without these steps, the house will not be solid, and it will not last. If we want an eventual national certification program to be solid, and to last, we also must take the time to build those strong foundations. And believe me, although the edifice of a national certification is not rising up yet, if you get close enough to the construction site, you'll see a lot of strong foundations being laid. ■

1 Published in 2004, the *National Code of Ethics for Interpreters in Health Care* can be downloaded from the website of the National Council on Interpreting in Health Care at [www.ncihc.org](http://www.ncihc.org).

2 Published in 2005, the *National Standards of Practice for Interpreters in Health Care* can be downloaded from the website of the National Council on Interpreting in Health Care at [www.ncihc.org](http://www.ncihc.org).

3 See the CHIA website at [http://www.chia.ws/pages/resources\\_training.php](http://www.chia.ws/pages/resources_training.php).

# Court Interpreters Face Standards

by Jennifer Peltz , Tallahassee Bureau, Posted April 12, 2006

**F**rom Spanish to Serbian, Creole to Kanjopal, the law speaks many languages in Florida. And a Miami legislator and others want to make sure they're being spoken accurately. Proposals (HB 849, SB 1128) to set statewide standards for court interpreters are making their way through the state Legislature.

If they pass, the state Supreme Court would have to spell out training requirements, rules of conduct and disciplinary procedures for interpreters in a wide range of court actions, from murder trials to probate proceedings. The standards would apply to all state courts. Federal courts already have their own requirements.

Supporters say statewide rules would help standardize and professionalize a low-profile but high-stakes job.

"What we do is a profession, and it should be considered that way," said Sean Logsdon, who interprets Spanish in about 300 Palm Beach County cases per month. "In a first-degree murder trial, a word can mean a whole lot."

Court rulings and Florida law call for providing court interpreters when needed. They are considered part of constitutional guarantees to fair treatment in court, especially in a state

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## Interpreters are considered part of constitutional guarantees to fair treatment in court, especially in a state where the census found 1 in 10 people don't speak English "very well."

where the census found 1 in 10 people don't speak English "very well."

But for now, there's no statewide test, credential or guidelines for court interpreters. It's up to the various court circuits to decide who qualifies as an interpreter, and their standards vary.

So do the results. Questionable interpretation upended a felony theft case in Volusia County in January, after the Spanish-speaking defendant said he was stunned to be sentenced for stealing a \$125,000 dump truck when he thought he had admitted taking only a toolbox. An expert concluded the court interpreter had

provided confusing translations, and a judge threw out the guilty plea and started the proceedings from scratch.

The Florida court system offers court-interpretation tests in several languages, but they aren't legally mandatory. The exams, crafted by court officials in Florida and 29 other states, are likely starting points for any potential statewide qualification. They include written and oral components and cover language skills, legal terminology and professional ethics.

Interpreters are expected to be accurate, impartial and unobtrusive,

and to be all of that at up to 150 words per minute. Those words can veer rapidly from legal Latin to street slang, firearms to lobster traps.

"Many people make the mistake of assuming that because you speak both languages, you can interpret and translate," said Broward County court interpreter Nancy Valladares, an American who was raised in Mexico, went to college in Puerto Rico and has more than two decades of experience interpreting in various contexts.

State Rep. Anitere Flores, R-Miami, and Sen. Alex Villalobos, R-Miami, are spearheading the push for court-interpreter standards. ■

### TIV Updates:

Both bills were approved by Governor Bush and went into effect on July 1, 2006.

#### Florida Senate Bill SB 1128 – Court Interpreters Certification

<http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=32406&>

##### Original text of the Bill

An act relating to certification of court interpreters; requiring the Florida Supreme Court to establish standards and procedures for training and certifying court interpreters; requiring that the Supreme Court set fees for certification; specifying that the fees from applicants for certification as court interpreters be deposited into the Grants and Donations Trust Fund within the state courts system; providing an effective date.

##### Analysis of the Bill

<http://www.myfloridahouse.gov/Sections/Documents/loaddoc.aspx?FileName=2006s1128.ju.doc&DocumentType=Analysis&BillNumber=1128&Session=2006>

#### Florida House Bill 849 – HB 849 – Regulation of Foreign Language Court Interpreters

<http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=32801>

##### Original text of the Bill

An act relating to regulation of court interpreters; requiring the Florida Supreme Court to establish standards and procedures for qualifications, certification, conduct, discipline, and training of appointed court interpreters; authorizing the Supreme Court to set fees for certification applications; specifying the use and deposit of such fees; authorizing the Supreme Court to appoint or employ personnel for certain administration assistance purposes; providing an effective date.

##### Analysis of the Bill

[http://www.myfloridahouse.gov/Sections/Documents/loaddoc.aspx?FileName=\\_h0849er.doc&DocumentType=Bill&BillNumber=0849&Session=2006](http://www.myfloridahouse.gov/Sections/Documents/loaddoc.aspx?FileName=_h0849er.doc&DocumentType=Bill&BillNumber=0849&Session=2006)

# Nursing Two Careers

**R**uth Marcondes Weinfeld has been a member of the Brazilian Bar Association since 1986 (Rio de Janeiro, OAB 53524). She also obtained a bachelor degree level Certificate in International Relations from the Institut d'Etudes Politiques, in France. While earning a Masters Degree from American University (Washington, D.C.) in International Affairs, Ruth interned at the World Bank, Western Africa Department. During that time, she translated and interpreted for business and financial meetings in Continental Portuguese. Inspired by her Brazilian medical family, Ruth also felt a calling to the health services sector and became a Registered Nurse in Florida. Ruth brings her varied experience in international relations and legal affairs, as well as her education as a nurse to translation and interpreting. Courts, attorneys, corporations, hospitals, translation agencies, and individuals retain Ruth for her diverse linguistic services.

Ruth also works for the U.S. Department of State as a conference level interpreter and she is an ATA-certified translator (English into Portuguese).

**Interpreters Voice:** *How long have you been working as an interpreter?*

*Ruth Weinfeld:* For 11 years.

**IV:** *What attracted you to the profession?*

*RW:* The intellectual challenge, the freedom, and excellent return.

**IV:** *What keeps you in the profession?*

*RW:* The same reasons as above.

**IV:** *If you had to stop interpreting, what would you do?*

*RW:* I intend never to stop it. Nursing, my other profession, is also extremely challenging and gratifying, albeit in different ways.

**IV:** *What is your favorite aspect of your career?*

*RW:* The positive feedback I frequently receive for the service that I provide.

**IV:** *What is your least favorite one?*

*RW:* Tight deadlines in translation.

**IV:** *How has the profession changed from when you started?*

*RW:* It has evolved toward globalization like every other profession. This means that competition with less



**Competition with less expensive sources abroad imposes higher standards to meet in the US market...**

expensive sources abroad imposes higher standards to meet in the US market in order to remain competitive and preferred.

**IV:** *What would you like to see changed in the profession?*

*RW:* Portuguese to evolve to be treated as an exotic language, compared to Japanese or Chinese.

**IV:** *What advice would you give a novice interpreter?*

*RW:* Remain open to constructive criticism, research vocabulary continuously, and do not ever stop taking classes in new subjects.

**IV:** *What advice would you give an interpreting instructor?*

*RW:* Suggest the use of a tape recorder during a mock interpreting assignment to provide suggestions for improvement.

**IV:** *Which interpreting fields do you work in?*

*RW:* Some of them include simultaneous legal, medical, marketing, financial, political conferences, court hearings, depositions, conference calls, and medical interviews.

**IV:** *What was the most important lesson you have learned regarding your profession?*

*RW:* I never know enough of anything. ■

# Telephonic Interpreting in Healthcare



## ANSWERS TO A FEW QUESTIONS

*Dear Readers, last March we posed questions related to telephonic interpreting in the healthcare setting to two of our colleagues who are experienced in the field. These were the questions:*

**Q:** What is your personal opinion about telephonic interpreting in the healthcare setting?

**Q:** What is your professional opinion about telephonic interpreting in the healthcare setting?

- a) Does telephonic interpreting fit the bill in every situation?
- b) If at all, when should telephonic interpreting be avoided?
- c) If at all, when should telephonic interpreting be recommended?

And below you will find their answers.

– GLL

### **Aura Moreno**

Telephonic Interpretation is, in my opinion, so far, the most practical solution to provide 24/7 interpretation services in the largest possible amount of languages in the healthcare setting around the nation.

Telephonic Interpreting in a healthcare setting is not ideal in every case (certain types of emergencies, communication of sensitive information, i.e. genetic counseling, unexpected diagnosis such as cancer or HIV), but it is a very practical way of dealing with a situation that doesn't have a fast or easy solution.

Telephonic interpretation could be the only way to reach a group of doctors in an ER who are trying to save a patient's life. Let's say a bee



stung the person, but there's not one family member who speaks the language to tell the staff. The special number is dialed. The communication is established; the doctor questions the calmer family member and gets the information he needs just in time to stop the systemic anaphylaxis. That's what telephonic medical interpreters accomplish every day throughout the nation at hospitals, private physician offices, clinics, and prison dispensaries. Not all cases are as dramatic, but they are all treated with the same commit-

ment and attention to detail. (Not to mention all the other aspects of our code of ethics, which are a given.)

Now, I strongly believe that telephonic medical interpretation should only be done after having done it in person [on-site]. The experiences gained through personal experiences are invaluable in helping one read (hear) the not-seen-yet body language of both patient and provider, which is so necessary to avoid miscommunications or misunderstandings. Imagine trying to explain to a female patient in labor the correct

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**Telephonic Interpreting in a healthcare setting is not ideal in every case...but it is a very practical way of dealing with a situation that doesn't have a fast or easy solution.**

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position she needs to stay in for placement of an epidural if the interpreter has never seen it done before.

Now, let's be realistic. Do I think it's possible to have experienced on-site interpreters in all hospitals, in all the languages needed in the United States? Do I think it's possible to have them available 24/7? I think we all know the answers to these questions. We have a reality not only far from ideal, but also one that requires a solution that is very far from easy, fast, low cost, and one-size-fits-all. So, we have to work with what we have in the best and most creative way we can... and work we must.

Of course telephonic interpretation does not fit the bill in every situation.

It should be avoided when the topic to deal with is of a sensitive nature: communication to the family of imminent death of a patient; explanation and/or request from family for instructions concerning life support or resuscitation measures to take with a patient; communication



friend of the patient, no matter in how much a hurry anyone is. A TMI is always recommended over the nice staff person who took X language in high school. A TMI is always recommended over the hospital maintenance staff person who was told to interpret and is too afraid to refuse. A TMI is always recom-

They might not need in-house interpreters because they go to the patients' houses to provide care and they might not need an interpreter often. So, financially, an in-house interpreter is not really justified. The telephonic service could be just what they need to communicate with the patient and the family. If a particular situation calls for more, they can always call an agency to get an interpreter on site.

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## ***We have to work with what we have in the best and most creative way we can... and work we must.***

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of a positive STD (sexually transmitted disease) test to patient who believes and /or affirms partner to be monogamous; when the diabetes specialist is teaching a patient how to mix, measure, or inject insulin; communication of fetal demise; or when the patient is being explained the surgical procedure she will go through, to cite just a few examples. And when documents are to be signed, an on-site interpreter needs to be called to sight translate them.

Is telephonic interpreting recommended? Recommended? YES! A telephonic medical interpreter (TMI) is always recommended over a

mended over the person visiting the patient at the next bed, even if he assures it is no inconvenience for him. A TMI is always recommended over the 12-year-old daughter of the patient. A TMI is always recommended over the neighbor who so kindly left his phone number by the bedside. A TMI is always recommended over the embarrassed patient in the next x-ray room. And these are only a few real life examples, just enough to help us illustrate.

I have never heard of healthcare companies that use only telephonic interpreters. It could be a good solution for visiting nurse companies.

## ***Lilian Ramsey***

Over-the-phone interpreting in the healthcare setting is doable and desirable in various situations. Trained interpreters can easily handle the majority of the calls from doctor's offices and hospitals, which include regular appointments, pre-registrations, medical and family histories, pre-op questionnaires, discharge instructions, Birth Certificate instructions, and maternity and lactation instructions for new moms. Its uniqueness makes over-the-phone interpreting invaluable when there is a shortage of on-site interpreters, when a language of rare diffusion is required and when time is crucial, like in emergencies and disasters. However, there are situations which can be extremely



challenging, such as when highly technical terms pop up, or when the provider keeps talking, or when the lack of visual cues impairs the quality of the interpreting.

The quality of the interpreting and the respective success of the outcome are affected by the same

(for example, background noise). Added to all of that, the over-the-phone interpreter has to face slurry speech, mumbling, soft voices, fast talkers, and weird accents without the benefit of the personal encounter.

Over-the-phone interpreting should be avoided, then, when visual

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***Its uniqueness makes over-the-phone interpreting invaluable when there is a shortage of on-site interpreters, when a language of rare diffusion is required and when time is crucial, like in emergencies and disasters.***

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factors that affect on-site sessions in a healthcare setting. Specific factors are related to the lack of visual cues when they are crucial for the understanding of the communication between patient and provider, as well as sound quality, which varies with the kind of phone system used (dual-set phones, speakerphone, patient in cell phone, etc.) and the environment where patient and/or provider are in at the moment of the session

cues are essential, as well as when sound clarity is a must (i.e., when there is a need to describe a medical device and its use, and in case of a terminally ill patient, when speech and/or hearing is highly compromised). It is not the answer to all situations, but it is, undoubtedly, a practical alternative available to cover some of the diverse healthcare interpreting needs existing nowadays. ■



**Aura Moreno** was born in Puerto Rico and obtained her Bachelor's in psychology at the Universidad de Puerto Rico. She has been an interpreter for 10 years (Spanish <> English). Medical Interpretation is her "first love," but she enjoys all types of settings (courts, prisons, industry, schools, conferences, immigration, hospitals, lawyers' offices, churches, etc.) and all modes (consecutive, simultaneous, sight, telephonic, monitoring, etc.). You can reach her at [auramoreno@yahoo.com](mailto:auramoreno@yahoo.com).

**Lilian Ramsey** was born in Uruguay and raised bilingually, speaking Spanish and Brazilian Portuguese. She received her primary and secondary education in Uruguay, and her post-secondary education in Brazil. She holds a Ph.D. from Purdue. Her language pairs are English > B. Portuguese for translation, and English<>Spanish<>B. Portuguese for interpreting. She has worked with translation and interpreting for over nine years, the latter being more sporadic. Moreover, phone interpreting has been one of her regular activities since 2002. She interprets mostly in the medical field. She can be contacted by e-mail at [lilian.ramsey@comcast.net](mailto:lilian.ramsey@comcast.net) or through the phone, at 260-625-4741. She can also be found through [Skype.com](https://www.skype.com) as [ljramsey](#).



Have you already registered for the **Conference?** There is still time for you to join your colleagues at the **River Cruise Dinner** planned by the Portuguese Language and the Interpreters Divisions.

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Live performance by the **Dukes of Dixieland**, Grammy Award winners who have performed at the White House, Lincoln Center and more... Great dinner buffet featuring Cajun cuisining favorites...

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& Interpreters Division  
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<http://www.atanet.org/conf/2006>

PLD

Join your colleagues as we cruise down  
the mighty Mississippi on a steamboat.  
Enjoy the sights, the music and  
the great dinner buffet.



The Dinner Cruise boards at 6pm and  
departs at 7pm for a two-hour unforgettable  
experience. See a map and get directions  
before you go. Our group rate is \$45.50 per  
person, which includes:

- two-hour cruise
- live entertainment
- full dinner buffet
- dessert and
- great company to boot!

Our outing is scheduled for Thursday,  
November 2, 2006, 6-9 pm. Save the date!

Take me to the [registration page](#) now!



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# Interpreting: Into the Limelight



ATA Conference Panel Session: Friday 10:15-11:45

Like other language professions, interpreting suffers from the very thing its practitioners do so well: staying in the background. However, interpreters are starting to call attention to their important work in many creative ways. We are stepping into the limelight!

At the upcoming ATA conference in New Orleans, our profession will be highlighted in a first-of-its-kind panel that will convene specialists from across a broad spectrum of interpreting fields, including conference, judicial, health care and community. Panel members will address critical issues facing the profession, among which are:

- Who are the interpreters working in their field, and how many are there?
- How do clients and the public perceive them?
- What is being done to raise awareness about interpreting in their respective settings?
- How can the ATA better tailor its PR and marketing efforts to promote all interpreting specialties?

ID Assistant Administrator Katharine Allen will moderate the panel, whose members are highly-regarded leaders in their respective branches. Christian Degueldre, distinguished conference interpreter, translator and professor of translation and interpretation at the Monterey

Institute for International Studies, will represent conference interpreting. Wilma Alvarado-Little, co-chair of the National Council on Interpreting in Health Care will bring her expertise to bear on this rapidly growing area. Isabel Framer, certified court interpreter, trainer and advocate, will speak for judicial interpreting. Finally, Marjory Bancroft, director of Cross Cultural Communications, pioneering educator, trainer and advocate for community interpreting, will shed light on this under-represented area of our profession.

Don't miss this unique opportunity! We'll see you in New Orleans. ■ — Katharine Allen

## Conference Update



It is that time of the year again: ATA's Annual Conference is looming in the horizon. At the least, we all should have taken advantage of the early bird registration and made arrangements for roommates. If you have not yet selected the presentations you want to attend, do not despair. Below you will find a list of all presentations related to interpreting. They cover different languages, various fields, some are technical in character, others target business procedures. There is a little of everything for everyone.

We invite you to take notes and submit an article to *your* newsletter. After all, it is your participation that keeps it pertinent.

The link below will help you make an educated decision by taking you directly to the ATA sessions page where you will be able to click on title and speaker and access abstracts and bios. Enjoy:

<http://www.atanet.org/conf/2006/related.htm>

There are four events we would like you to place on your Top Priority List:

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Thursday, November 2, 1:45–3:15PM

**Culture and Mediation: Professional Skills for the Community Interpreter (I-1)**

**Speaker:** Marjory A. Bancroft

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Friday, 10:15–11:45AM

**Interpreting: Into the Limelight, for the Good of All (I-3)**

**Moderator:** Katharine Allen

**Speaker:** Marjory A. Bancroft, Christian Degueldre, Wilma Alvarado-Little, Isabel Framer

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Saturday, 3:30–5PM

**Interpreters Annual Division Meeting**

**Speakers:** Gio Lester and Katharine Allen

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**Dinner Cruise**

Those who have not yet registered can refer to [page 10](#) for more information.

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[See sessions summary, following pages](#) →



# Conference Sessions



## WEDNESDAY, November 1

SESSION ID	TITLE	PRESENTER	WHEN	LEVEL
Seminar A	Community Interpreting: Ethics, Skills, and Standards of Practice	Marjory A. Bancroft	Wednesday 9:00am–12:00pm	All Levels
Seminar C	Deconstructing Legal English for the Legal Translator and Interpreter	Steven Todd Mines	Wednesday, 9:00am–12:00pm	All Levels
Seminar D	Emphasizing Medical Aspects of Medical Interpretation	Holly Mikkelson and Rafael A. Rivera	Wednesday 9:00am–5:00pm	Advanced
Seminar L	Dealing with the Media	Rut Simcovich	Wednesday, 2:00pm–5:00pm	All Levels
Seminar O	German GAAP Today: A Crash Course for Translators and Interpreters	Robin Bonthron	Wednesday, 2:00pm–5:00pm	All Levels

## THURSDAY, November 2

SESSION ID	TITLE	PRESENTER	WHEN	LEVEL
I-1	<b>Culture and Mediation: Professional Skills for the Community Interpreter</b>	<b>Marjory A. Bancroft</b>	<b>Thursday, 1:45pm-3:15pm</b>	<b>All Levels</b>
MED-2	Medical Interpreter Services from A to Z: Learning Experiences from a Children's Hospital Medical Center	Liliana Ballesteros and Patricia W. Wells	Thursday, 3:30pm–5:00pm	All Levels
<b>ID Special Event</b>	<b>Dinner Cruise</b>	<b>ID and PLD</b>	<b>Thursday, 7:00pm–9:00pm</b>	<b>All Levels</b>

## FRIDAY, November 3

SESSION	TITLE	PRESENTER	WHEN	LEVEL
I-3	<b>Interpreting: Into the Limelight, for the Good of All</b>	<b>Katharine Allen, Marjory A. Bancroft, Christian Degueudre, Wilma Alvarado-Little, Isabel Framer</b>	<b>Friday, 11/03/06, 10:15am-11:45am</b>	<b>All Levels</b>
LAW-1	Law and Order... and Corrections	M. Eta Trabing	Friday, 10:15am-11:45am	Beginner-Intermediate
I-5	Negotiating a Successful Conference with Your Clients	Sarita E. Gómez-Mola, Cristina Helmerichs D., and Steven Todd Mines	Friday, 3:30pm-5:00pm	All Levels
MED-3	When a Child Is Dying: The Unique Role of the Medical Interpreter in Helping Design Culturally Competent Care	Liliana Ballesteros	Friday, 10:15am-11:00am	All Levels

**FRIDAY**, cont.

SESSION	TITLE	PRESENTER	WHEN	LEVEL
MED-4	The Pediatric Liver Transplant Experience: Providing Language Access for the Hispanic Family	Edna Morales and Gerhardt Smith	Friday, 11:00am-11:45am	All Levels
MED-5	Converging and Diverging Issues in Legal and Medical Translating and Interpreting	Alexander Rainof	Friday, 1:45pm-2:30pm	All Levels

**SATURDAY**, November 4

SESSION	TITLE	PRESENTER	WHEN	LEVEL
I-6	Wartime Interpreters: Japanese-American Interpreters During World War II and the Occupation of Japan	Kayoko Takeda	Saturday, 8:30am-9:15am	All Levels
I-8	Clinical Insight in Mental Health Interpreting	Zarita Araújo-Lane and Vonessa A. Phillips	Saturday, 10:15am-11:45am	All Levels
I-9	Why Can't I Interpret? I'm Bilingual! Supplementing Interpreter Staff by Assessing and Training Bilingual Employees	Janet M. Erickson-Johnson and Ofelia Sorzano	Saturday, 1:45pm-3:15pm	All Levels
<b>I-11</b>	<b>Interpreters Division Annual Meeting</b>	<b>Giovanna L. Lester and Katharine Allen</b>	<b>Saturday, 3:30pm-5:00pm</b>	<b>All Levels</b>
J-8	Interpreting at High-Level Conferences	Fujiko Hara	Saturday, 10:15am-11:45am	All Levels
LAW-2	Disfluencies in Courtroom Discourse: The Role of the Monitor in Consecutive Interpreting	Marianne Mason	Saturday, 8:30am-9:15am	All Levels
MED-12	The National Council on Interpreting in Health Care: What are the Next Steps for the Healthcare Interpreting Profession?	Wilma Alvarado-Little, Joy Connell, and Maria Michalczyk	Saturday, 1:45pm-3:15pm	All Levels
P-8	Court Interpreter Training Materials	Arlene M. Kelly	Saturday, 8:30am-9:15am	All Levels
P-9	Immigration Court Terminology Workshop	J. Henry Phillips	Saturday, 9:15am-10:00am	Intermediate
TP-14	Weekly Training Events: Teaching Translation and Interpreting Skills Online	Elena Levintova Allison	Saturday, 4:15pm-5:00pm	All Levels