WINTER 2018

Caduceus

Publication of the Medical Division of the American Translators Association

Happy New Year!

Happy New Year to all our members of the Medical Division! We hope you had a great holiday season and a wonderful 2018 and that you are keeping warm wherever you are.

Here is a summary of the articles you will find in this issue of *Caduceus*.

From the Administrator

Dear Colleagues,

On behalf of the *Caduceus* team, I would like to thank you for all the support that you've given us throughout 2017.

Our New Year's resolution is to increase engagement with you, our readers. Please use one of the methods listed below to be a more significant part of the conversation about the Medical Division:

- Subscribe to our Listserv!
- Submit new articles for the next issue and future issues, and
- Send your questions, queries, comments, or suggestions to our email! divisionMD@atanet.org

We are also getting ready for this year's conference in New Orleans with our new and longstanding members in our Leadership Council. The Division is looking forward to your presentation proposals for ATA59. They must be received before March 2, 2018. For more information visit: **http://www.atanet.org/events/proposal.php**

Thank you, and we wish you a beautiful 2018 filled with lots of job opportunities for medical translators and interpreters.

Hope you enjoy our winter newsletter! Stay warm, and I would love to hear from you soon!

Best,

Marisa Gillio, CMI-Spanish
Medical Division Administrator

Editorial

Happy New Year 2018!

In this edition we have interesting articles for our members of the Medical Division.

Vinka Valdivia will explain first-hand how she has noticed an improvement in LGBT practices in healthcare, Anna Enright will talk about how she became a video remote interpreter (VRI), Melissa Harking will share with us why you don't want to miss PROFT 2018, and Tram Bui will tell us why we should read *White House Interpreter: The Art of Interpretation*.

Our interpreting ethics section "Dear Florence" was written by Sean Normansell, and "Eponyms and Other Stories" talks about the Foley catheter and was written by yours truly.

We are only as good as the material submitted by our members. Please share with us your articles, suggestions, and ideas (instructions on how to do so are on page 10).

Welcome to the new edition of *Caduceus*!

Best,

Gloria M. Rivera, CMI-Spanish, CHI-Spanish
Caduceus Editor

Progress in LGBT-Friendly Medical Practices

Imagine the following scenario. A woman of child-bearing age goes to her primary care physician for her annual check-up, which includes a Pap smear.

This is part of their discussion:

> Doctor: Are you sexually active?
> Patient: Yes.
> Doctor: What sort of birth control do you use?
> Patient: I don't.
> Doctor: Why not?
> Patient: I don't need it, because I'm gay.
> (Uncomfortable silence ensues, during which time the patient feels like she's said something wrong.)

This is an actual situation that took place on more than one occasion to this author during her younger years. Each time it did, I felt like some kind of pariah because of the palpable discomfort emanating from the medical personnel I was dealing with; their silence spoke volumes! Although this happened several times some 10 or 15 years ago, the fact remains it never should have happened in the first place.

In case it needs to be spelled out, the above scenario was inappropriate because the patient (yours truly) should not have been made to feel uncomfortable when dealing with something as innocuous as reproductive medicine. Furthermore, a lesbian does not require birth control, since engaging in sex with other women cannot get her pregnant. No part of the discussion above was explicit in terms of details of positions or practices, and yet the medical staff remained silent for an uncomfortably-long period of time with their back toward the patient as if she had just revealed something embarrassing.

This was an ordinary medical interaction in a medical setting in which the staff should have been familiar and comfortable with a wide variety of situations. They should have approached this routine situation with a professionalism that is purportedly part of their training.

And that is where we get to the crux of the matter. Until very recently, medical students received very little or no training in medical school with regards to LGBT issues in the medical field. My brother, who is an OB/GYN, admitted that he only had one three-to-four hour module that mentioned LGBT issues in the entire time he was in medical school. One course!

When I discussed this situation with him, he said he was not at all surprised. Gay people and their issues were a taboo subject that no one wanted nor felt the need to address in depth at that time. Medical students, he said, took the required course and then quickly forgot about it, focusing on "more important" matters, such as anatomy or diseases or what have you.

This is ignorance, plain and simple. And just as with medical personnel, it can affect whether we, as interpreters and translators, are professional when we encounter work that deals with issues with which we are unfamiliar or uncomfortable. We need to learn both the concepts and the appropriate terminology. Subsequent articles will deal with issues of terminology and challenges for trans or intersex individuals. Learning these terms involves knowledge of the culture, because it is, indeed, a separate set of beliefs and practices which is common to a group of people–-- that is, the LGBT community–-- that distinguishes this group from the non-queer community.

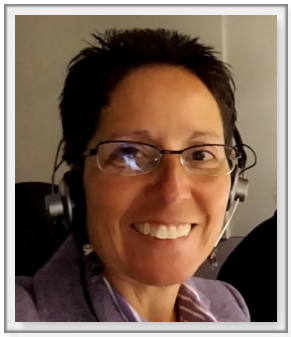
Even the word "queer," which, when used outside of the LGBT community may be seen as pejorative or as an insult, is seen as a common term in the LGBT community to denote lesbians, gays, bisexuals, trans or intersex persons, or even non-binary or gender-fluid individuals.

Because of experiences like mine, for years many people in the LGBT community chose not go to their doctors or instead sought out clinics that were geared toward them, in order to avoid feeling uncomfortable or treated as not normal.

Flash forward to the present when my primary doctor's intake form included a section that specifically inquired about sexual orientation. I was able to mark "lesbian" before even heading in for a regular check-up! Additionally, when I introduced my girlfriend, the staff made a note of it and made a point of including her in their greetings and in addressing her when they came into the exam room where we were both present.

Still, I am fairly certain that this new, enlightened approach to welcoming members of the LGBT community in the medical field is not the same everywhere in the country. But at least a sub-section of the medical field has recognized the importance of improving their knowledge and treatment skills in serving their LGBT patients/clients as a matter of policy.

Shouldn't we do the same?



Vinka Valdivia, FCCI is a Federally Certified Court Interpreter and translator English/Spanish with 25 years of experience in the field. She is the Principal for Clear Communications. She earned a Bachelor of Arts in German Language and Literature from the University of California in San Diego and did graduate studies at the Monterrey Institute of International Studies (now Middlebury Institute of International Studies). She works as a court interpreter and conference interpreter, including work for the State Department. She is based in San Diego, CA.

On the Screen: Video Remote Interpreting in Action

"A mother-to-be is having a baby on a Sunday morning in a rural hospital in Iowa and the only language she speaks is Russian. Her husband and her family do not speak a word of English, the medical staff doesn't speak Russian, and the chances of getting a professional medical interpreter in person are next to zero.".

I am sure it is a common scenario and it looks like there is no solution for it. But fortunately, it may be a problem of the past. Let me share my story with you.

I was introduced to video remote interpretation (VRI) in the medical field a couple of years ago. My career in the interpretation field started in Russia after getting my BA in English, French and education more than 15 years ago. My background is mostly in the in-person and telephone modes of interpreting, but VRI has become my favorite mode right away, as it combines my two passions – languages and technology.

After getting my 40-hour training, I was ready to step into a new big chapter of my career, the world of VRI in the medical field. During my first encounters, I felt like I was chatting with my family and friends in Russia over Skype, but you have to follow the code of ethics and be professional on the screen – plus the uniform you wear and the equipment are great reminders that "keep you on your toes" all the time.

Right away you feel how accessible and easy it is to use this service is, as well as very enjoyable. Without realizing it, you obtain new skills in using a very unique video software program that lets you be in charge of the technical aspect of an encounter. You can adjust the picture and volume level and use a special "chat" feature to write

down the information when it is needed in English as well as in a patient's language.

There are also some unique cases when you conduct calls with families of patients. This could be with parents in a different country who have a child with a medical issue at a US hospital. It could also be when there is a family of an ASL patient and spoken-language family members are in need of communication in the patient's room. and One would not believe it, but is it possible with the VRI mode, too.

The situations when VRI is used in my daily interpreting career are very diverse. I receive calls where it is used in Emergency Rooms, Baby-Mother Units, and intensive care unit (ICU) departments and for dental visits, vision appointments, yearly physical checkups, studies – you name it.

The special place I give special consideration to the consent forms and pre-/post- surgical paperwork, discharge instructions, and medication lists. When covering these I have to make sure that the patient has to have a clear understanding of what he agrees to and all the possible risks involved. It might be challenging doing it via the video mode, so for this reason, a provider usually reads a document aloud and I interpret, making sure that it is transparent for a patient so that he can make a good decision for signing a document or not.

VRI has a unique advantage over in-person interpreting for patients who need interpreters. One great feature that VRI mode has is the "privacy screen." It is very highly used in the OB-GYN visits and some encounters where it is culturally required to have privacy, for example, in Arabic.

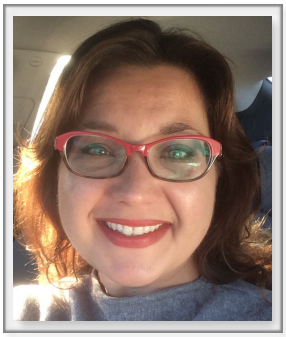
To show that VRI is also interpreter friendly, I will highlight the two biggest advantages for myself. I am not exposed to potentially dangerous conditions and the provider does not have to worry about a place not being not sterile, especially when you are interpreting during a surgery. The other thing is that I do not have to worry about parking or running late for the appointment or trying to find a facility or struggling through the traffic.

Since we deal with software, there are some technical difficulties, no doubt. The quality of the sound can be poor, the battery might get low and, the Wi-Fi signal can be weak, especially in surgery rooms with lots of metal equipment.

There is also the idea that VRI is too impersonal, but when we come back to the scenario that I started with, it's a great solution for this kind of the situation. An interpreter can be seen and a patient and a provider have immediate access to an interpreter whom both can see. And when you think about it, it saves lives, especially in the remote areas.

From my experience, I see the perfect combination of using VRI with other modes of interpretation as the perfect combination. For example, a provider might start with VRI and continue with a face-to-face interpreter when one arrives.

I am a big believer that we, having different passions for different modes of interpretation, provide ways for providers to serve diverse populations. And no matter what mode we use to interpret, when we come out there everyday, we have to remember our main mission is to provide for the patient's safety.



Anna Enright, BA is English/Russian interpreter, educator, and ESL instructor. Born and raised in the Siberian city of Osmk, she graduated with a bachelor in Teaching English and French as a Second Language from Omsk State Pedagogical University. She is currently a VRI (video remote interpreter) in English/Russian and passionate about sharing the benefits of this mode of interpretation. She loves running and leading a healthy lifestyle. She lives in Chicago, IL.

Size Doesn't Matter: A Review of the PROFT Conference

A big conference may not be for everyone. Not only are they big-ticket items, but they can also be a bit intimidating to translators who are just getting started in the profession, are introverts, or who may not know anyone at the event.

Another issue is that they have several presentations running at the same time each day, and people may not get to attend every session they want, and as a result, not get the value they signed up for and feel a bit frustrated.

Don't get me wrong! Big conferences are great events to attend, and I personally love their dynamic, the hectic pace, and the crowd, but as I said, they may not be for everyone.

But fear no more! Say hello to small conferences! Imagine being able to rub elbows with that one translator you follow on Twitter or those you see teaching courses throughout the year or translators who are also published authors. Better yet – imagine them sticking around after their presentation to meet and greet everyone, shake your hand, exchange business cards, and listen to who you are and what you do as well.

That's PROFT!

For its sixth year, PROFT (*Simpósio Profissão Tradutor,* which is English for Professional Translation Symposium) brought together 500 translators and interpreters (mostly Brazilian, but quite a few came from other parts of the world) in São Paulo, Brazil on November 3-4, 2017.
Created by Ana Julia Perrotti-Garcia, a professional medical translator who is a member of the American Translators Association (ATA), the Brazilian Translators Association (ABRATES), and the International Medical Interpreters Association (IMIA), the event has an impressive format, providing four different learning and networking areas to attendees:

1) Thirty-minute sessions delivered by established professionals on a variety of topics – from business practices to knowledge-sharing – that are interesting to newbies and seasoned linguists alike. At the end of each session, Ana Julia entertained the audience with a raffle of books from the publishers or authors at the event, supporters' and sponsors' courses, and other fun prizes.

2) Concurrent half-day workshops, paid for separately, with more in-depth and focused topics for those who wish to learn more about something specific to their practice or develop a new expertise.

3) An exhibition with posters on various subjects related to the study and practice of translation where attendees could discuss the content with the authors, who were right there to interact with attendees.

4) An area dedicated to publishing houses, where they were selling their language-related books – be it about language learning, translation, or specific terminology – and networking with everyone.

It seems to me that the star of the event was the market for audiovisual translation, based on the popularity of the sessions I attended as well as the many times this market was the topic of a presentation. Presenters mentioned that the Brazilian and international markets need more professionals specializing in subtitling, audio description, or translation for dubbing. Dilma Machado, one of Brazil's leading dubbing translators, presented an entertaining and informative session about the audiovisual market and left the audience wanting more! Dilma stated that it's a hot market right now, with endless opportunities for translators who wish to learn more and focus on audiovisual translation.

I am Brazilian but no longer live in Brazil. However, during my time in Brazil for the conference, I noticed that media now offer 100% dubbed content. It wasn't like this when I left in 2015. About the importance of audiovisual content now, I can only agree with Dilma and with Samira Spolidório, another Brazilian translator who also presented a session about this topic and emphasized the role that social and cultural inclusion of audiovisual translations have taken in the country.

I dare say the second most popular sessions were the ones focusing on business practices or forms of expanding your business. These would include Thiago Hilger and Márcia Nabrzecki's presentation about best practices in advertising materials to present to potential clients, such as project portfolios, resumes, etc., Fábio Fonseca de Melo's session about the possible paths of technical or specialized translator training, or even my own session about areas of specialization that are left forgotten by most translators but which can be very profitable.

Lourdes Matias Vieira's session was about the different medical interpreting scenarios in Brazil and the importance of hiring a professional interpreter. She brought to light an interesting and problematic fact about the Brazilian market for medical translators and interpreters – neither the Federal Council of Medicine (*Conselho Federal de Medicina*, CRM) nor the Brazilian Health Regulatory Agency (*Agência Nacional de Vigilância Sanitária*, ANVISA) have rules or directives that guide hospitals about the use of a translator or interpreter. This is a serious matter, since, according to data from the Brazilian Federal Police, 1,847,274 foreigners were living in Brazil in March 2015. Of these, 1,189,947 were permanent residents, 595,800 were temporary residents, 45,404 were under some sort of provisional status, 11,230 were neighboring residents (people that live along the border and, therefore, almost freely come and go between their country of origin and Brazil), 4,842 were refugees, and 51 were asylum-seekers.

She explained that, in many cases, doctors rely on the patient's spouse, friends, and relatives to communicate in a different language and that this does more harm than good. The same applies to multilingual medical staff who have not received adequate training to become medical interpreters, since simple translation from one language to another is not enough. Some countries have different uses for certain words.

Obviously, these weren't the only sessions presented, but I'd have to write a thesis-size article to cover everything and everyone, so I focused on what seemed to be, in my opinion, the most prominent topics of the event.

I think the lesson learned at PROFT is that a lot of work goes into putting a conference together (just ask Ana Julia) and linguists should attend as many conferences as possible. Of course, the ATA or the ABRATES conferences will always be must-attend events, but smaller events also provide us with growth, learning, and networking opportunities. It's a big mistake to disregard them altogether!

To see a full list of the sessions presented at PROFT 2017, please go to http://www.proft.com.br/#programacao.

Melissa Harkin, MBA specializes in PT<>EN technical translations, primarily of legal and environmental content. She holds a Bachelor of Laws and an MBA in Strategic Management from Faculdades Metropolitanas Unidas (FMU) and specializes in PT<>EN technical translations, primarily of legal and environmental content. She is currently studying Multimedia Translation (Graduate Degree) at Estácio University and has been working as a translator since 1997. Melissa is a member of ATA and ABRATES. She lives in New York City.

Book Review

White House Interpreter: The Art of Interpretation

Let me start off with a quote that Mr. Harry Obst used to define our profession in his book *White House Interpreter: The Art of Interpretation*:

> "The renowned Russian diplomatic interpreter Viktor Sukhodrev, when asked to describe the difference between interpreting and translating, stated that translating is like walking on a rope lying on the ground, interpreting is like walking on a rope suspended ten feet in the air."

This appeared in the chapter titled "The Art of Interpretation." For me this quote illustrates quite vividly the complexity and nuances of translation and interpretation. It also describes the courage and dedication it takes to be a true professional in this field I have carefully chosen as my life's work.

This book is 261 pages long, but it is a quick read. Written in the first person, it recounts the experiences of Mr. Obst as a White House interpreter for seven American presidents.

The first chapter describes Mr. Obst's experience with President Lyndon B. Johnson. Mr. Obst served not only as an interpreter, but also as counsel for President Johnson on matters of policy. This was a real surprise to me because it differs from what I do daily as a medical interpreter. It is apparent that Mr. Obst had a special relationship with President Johnson as illustrated by acts of kindness and professional respect for each other's skills and talents.

Contrast that to Mr. Obst's working relationship with President Richard M. Nixon, and you will find that, similar to today's political state, presidential personalities and ideologies determine the role and scope of the White House interpreters' professional work. Guess who Mr. Obst liked more: Nixon or Johnson?

Mr. Obst's eloquently shares his working relationships with Presidents Gerald Ford, Jimmy Carter, and Ronald Reagan. His stories show how the presidents' personalities shaped his interactions with these figures.

He also recounts his time as an escort interpreter for German scholars who were chosen to be part of a cultural bridge program. These encounters were an eye-opener for me because it made me realize that interpreting can be a bridge for world peace, starting with a great exchange of knowledge and culture.

Let me share with you a little taste of Mr. Obst's quirk and genius humor. Mr. Obst recalls how he noticed a mosquito about to drink President Ford's blood and he wanted to swat the pest away, but he had to ignore it because he might get shot by the president's Secret Service if he made any quick moves.

His last chapter, "Training Interpreters in the United States," was, for me, a call to arms. Mr. Obst writes, "For thirteen years, when I was the Director of the Office of Language Services at the Department of State, an institution employing hundreds of interpreters, I made the rounds of American universities, pleading for programs to train interpreters. It was like pleading with the Taliban to give university training to women. Virtually nobody wanted to listen, and nobody started a meaningful and comprehensive program."

This professional predicament has not changed much, in my humble opinion. Apart from a handful of reputable programs like the Middlebury Institute of International Studies, which has a Master's program in translation and interpretation, not much has changed since Mr. Obst made these pleas. I, for one, am desperate for a high-quality, rigorous program that starts from grade school all the way to the post-graduate level in Vietnamese. Where does this exist in the world? And if it does not, must I begin the hard task of spearheading this revolution? These are my burning professional questions.

Tram Bui, CMI-Vietnamese is an English/Vietnamese interpreter and the Vice President for the Arizona Translators and Interpreters Association. She has a background in education and language evaluation. She currently lives in Phoenix, AZ, and enjoys advocating for our profession and mentoring new Vietnamese/English interpreters.

Dear Florence

Dear Florence,

I am a certified interpreter and during a past encounter the doctor used a term that was a bit technical and I KNEW the patient would not understand it. I just simplified the term and moved on. I shared the story with a colleague and she said I was wrong because I changed the register. Who is right and why?

Curious in CT

Dear Curious,

As interpreters, we have the benefit of seeing the encounter through our own cultural lens and that of the Limited English Proficiency (LEP) patient and the provider as well. We are there to create an illusion, to help both people in the room imagine that they are speaking the same language.

We do this through accurate, first-person interpreting of each utterance from the source language to the target language. The goal of every rendition is to stay as close to the spirit of the original message as possible. The interpreter is there to reproduce the delivered statement in a manner that is as close as possible to a word-for-word conversion from one language to another as the differing syntax, grammatical rules, and sentence structures allow within our ethics and standards of practice.

Our primary function as interpreters is to serve as a conduit through which the message is transmitted. However, there are times when the message goes through the interpreter in a way that he or she may assume that the message may not be understood by the patient or the provider.

Our ethics and standards of practice state that we "replicate the register, style, and tone of the speaker." By simplifying a term, we are not doing so. The provider may assume that the patient understands this level of communication and will continue using it during the entire encounter. This means the interpreter would have to continue changing the register and risk conveying the wrong meaning. Also, this may interfere with the provider's assessment of the patient and future treatment plans based on his or her understanding of the disease.

After our role as conduits, the next most important duty is our responsibility to support good health outcomes through advocacy; advocacy goes beyond our facilitation of communication. We are to intervene if we see that the interpreted utterance, in the correct register, is not understood or is misunderstood by the patient and his or her lack of understanding might expose the person to serious harm. We are to inform the people involved in the encounter about our suspicions, confirm understanding, and continue with the encounter. This is a simple step that may save a life.

In a medical setting, accurate interpretation and true understanding directly affects the patient's life and/or livelihood. Without transparency through facilitation by the medical interpreter, there is no possibility for "informed consent" and the patient/provider relationship may be affected and it may end in loss of life and limb. By keeping this in mind, you will be better able to serve the LEP population in a medical setting.

Sean Normansell, CMI-Spanish is a native English speaker from Texas who completed the Bridging the Gap medical interpreting training as well as legal interpreter training at Georgia State. Sean has extensive experience in the legal, medical and social services interpretation fields. He lives in Austin, TX with his wife and daughter.

Eponyms and Other Stories

Foley and his Catheter

If you've ever stepped into a urology session or a surgery prep, you may have heard about a Foley catheter and urine.

A Foley catheter is a hollow, thin, partially flexible tube inserted into the bladder to drain urine from the bladder. It is used for different situations such as urine retention, urethral obstruction, urine output monitoring, collection of a sterile urine specimen for diagnosis, for imaging studies on the lower urinary tract, and after a surgery.

This type of catheter has two separated lumens. The outer lumen has two channels, one that drains urine and the other one that allows the inflation of the balloon at the end of the catheter with sterile water. The inner lumen is the one that goes inside of the bladder and that has the balloon that has to be inflated to avoid slipping.

This medical device was invented by Dr. Frederic Eugene Basil Foley, an American urologist.

Dr. Foley first described the use of a self-retaining balloon catheter in 1929 and it was used to achieve hemostasis (coagulation) after cystoscopic prostatectomy. Then, during the 1930s, he realized his invention could be used as an indwelling urinary catheter as a means to provide continuous drainage of the bladder.

His design incorporated an inflatable balloon toward the tip of the tube that could be inflated inside the bladder to retain the catheter without external taping or strapping. Foley presented his invention to the American Urologists Society in1935. But he had competition for his idea. While he was still developing his catheter, a patent was issued in 1936 to Paul Raiche of the Davol Rubber Company of Providence, Rhode Island.

In October 1936, Foley applied for and obtained his patent. Raiche appealed a decision by the patent office Board of Appeals to a higher court, and the patent was returned to Raiche. A further request for a hearing made by Foley was refused, and so the patent stayed with Raiche. Still, many histories recognize Foley for his pioneering work. The New Jersey-based C. R. Bard Company began distributing the Foley catheters in 1935. The name has remained with Foley despite the patent fight.

Foley has other inventions and surgical techniques to his credit, including a hydraulic operating table and a rotatable resectoscope. He died of lung cancer in 1966.

His legacy still lives on today in many bladders, but the use of his product has raised controversy due to secondary infections from long-term usage.

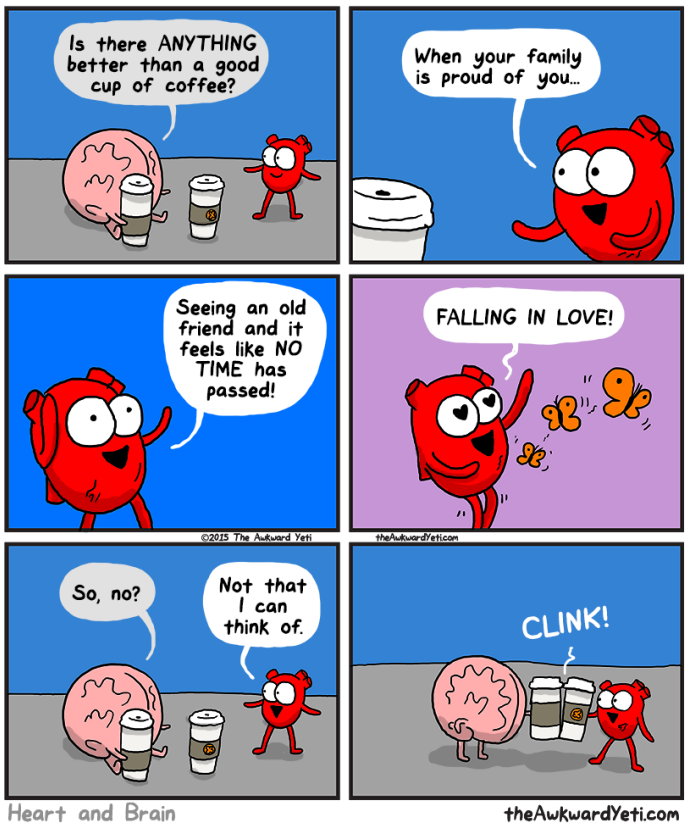
Resources:

- https://www.emedicinehealth.com/foley_catheter/article_em.htm
- https://www.healthline.com/health/urinary-catheters
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4673556/
- http://www.accesspress.org/blog/2011/06/10/minnesotan-invented-life-saving-catheter/

- https://www.healthline.com/human-body-maps/bladder

Gloria M. Rivera is a physician and surgeon (U. San Martín de Porres, Perú) who holds a Professional Certificate of Translation and Interpretation (UCSD Extension). She has been working as a translator and certified medical interpreter for the past 8 years. Currently, she is Core Faculty and develops teaching material at the National Center for Interpretation (U. Of Arizona). She is the President of Blue Urpi and *Caduceus* Editor.

Doctor's Orders: Comic Relief



Caduceus is a publication of the Medical Division of the American Translators Association, a non-profit organization dedicated to promoting the recognition of translating and interpreting as professions.

Editor
Gloria M. Rivera: gloria@blueurpi.com

Copy Editor
Melissa Kamenjarin: melissa.kamenjarin@gmail.com

Contributors to this Issue
- Vinka Valdivia: clear.comm@att.net
- Anna Enright: anna_enright3@yahoo.com
- Melissa Harkin: contato@melissaharkin.com
- Tram Bui: teechedu@gmail.com
- Sean Normansell: sean@normansell.net

Comic Relief
Comic by cartoonist Nick Seluk Printed with permission
©2011-2018 The Awkward Yeti LLC

Front Page Picture by Gloria M. Rivera

Submissions
Readers' submissions are encouraged.
Suggested maximum lengths:
Articles: 800 to 2,500 words
Reviews: 600 words, Letters: 300 words
Submissions become the property of *Caduceus* and are subject to editing. Opinions expressed in this publication are solely those of the authors.
Please send all comments, questions, and submissions to: caduceusnewsletter@gmail.com

Distribution
Caduceus is published on the Medical Division web page: http://ata-md.org
When new issues are released, MD members are notified via e-mail by ATA Headquarters.

If your e-mail address has changed, contact ATA here: lauren@atanet.org