

Caduceus

Publication of the Medical Division of the American Translators Association



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**LETTER FROM OUR
ADMINISTRATOR****Dear Medical Division Members,**

Happy 2021! I wish you all a wonderful year ahead. I understand that the pandemic is still devastating the nations all around the world. Many of our co-workers in Europe and other regions are in the second or third phase of lockdown and here in the United States, many cities are under stress due to the unacceptable and disappointing events that we witnessed lately. This is not the good start that we were hoping for to 2021, but I believe there are some positive news out there that we can focus on and unite to help one another have a wonderful 2021. I am delighted to hear that many medical interpreters are getting vaccinated, and I am proud of the ATA petitioning the CDC to explicitly include onsite medical interpreters among the listed examples of health care personnel eligible for Phase 1 vaccinations.

Here is the latest in your division:

In order to advocate for and help Medical Division members, we are going to have our first Networking Event in March 2021. Join us in a casual friendly gathering to meet new faces and new ideas. Listen to your colleagues on how they are surviving the pandemic era, saving their businesses, finding new clients, adjusting to working remotely, home schooling their children, all while staying sane! Look out for this networking event that is coming out soon, RSVP, bring your ideas and problems. The least we can do is be your voice in the Medical Division. Join us with a drink of your choice and be ready for a fun night!



- ▶ The first 2021 Medical Division Survey ran throughout the month of January and provided us great info that will guide us to plan accordingly for the Medical Division 2021 agenda. We will post a report on our website. The Medical Division Leadership Council members plan the future Medical Division's agenda, activities and changes based on your responses to the surveys. It is the best way to convey your preferences to us and direct the way that serves you best. Our goal is to help our members to benefit from their ATA membership and use our divisions services to improve their businesses and find more opportunities.
- ▶ Check out the Winter Edition of Caduceus. We have some interesting articles that you will enjoy, including an article from NCATA's President on benefits of joining your ATA local chapter. Please check out the updated "Article Submission Guidelines" on our website and send your articles to the Caduceus team at atamdcaduceus@gmail.com. Contributing an article can get your name out there, as well as helping your business and your colleagues benefit from your advice and experience.

- ▶ We are working on 2021 Medical Division webinars; we will do our best to offer the topics that you request in the 2021 survey. If you have a suggestion for a speaker or know of individuals who are experts in medical topics and can offer us a great presentation, email me at divisionMD@atanet.org.
- ▶ The Medical Division's social media moderators are going to post a bi-weekly topic on our group email at Group.io and other platforms. Please get engaged in discussion and get to know your colleagues. You can initiate and suggest the bi-weekly topic by contacting Paula at atamedicaldivision@gmail.com.

*We have a long winter ahead and many of us are in lockdown and isolation – let's help each other get through this. As medical translators and interpreters I am sure you have encountered and are noticing a surge in depression cases, which can happen to our colleagues as well. Let's be together and get through this global disaster together. We are here for you at the ATA medical Division, let us help. I would like to invite all Medical Division members (currently 3712 members) to join our Facebook group and follow us on Twitter. When sending your request to join, please remember to provide us with your ATA number so we can accept you to our group page. I would like to encourage you to share daily positive vibes and inspirations with your colleagues. It can be a picture, a quote, your thoughts, a great podcast or song that you listened to. I am sure the American translators working in isolation would like to hear from their colleagues in Europe, Asia, South America and other places on our Facebook page. Share a picture from your city: none of us can travel but we can share our morning views. Let us, American translators, know how you make your coffee in Europe, Brazil, Egypt! Join our Facebook page and let your colleagues know how a real cup of coffee is made! <https://www.facebook.com/groups/ata.med.div/>



Lastly, I would like to thank you for being members of the Medical Division. I am honored to serve a division that carries the most educated and exemplary members. Medical translators and interpreters are not only mastering two or more languages, but they also have extensive knowledge in the medical field. Some medical providers specialize in one specialty (Cardiology, Pulmonary, Oncology, etc.), while medical translators and interpreters encounter various cases in various medical fields. In order to do their job, they research and study their topic and gain great knowledge and experience in more than one medical field. I could not be prouder of my colleagues and I am sure we can find a common ground (regardless of our political preferences), unite, and thrive in 2021.

Yasha Saebi



Since 2016 Farah Arjang Vezvaei, has been serving NCATA constituents in different capacities such as vice president, treasurer and president. Farah has a Bachelor of Arts in translation studies and has been working as a Farsi<>English translator and interpreter for more than three decades.

Farah brings with her a wealth of experience in leadership, management, and industry vision by her direct involvement in organizing conferences, training programs, and presenting in different language industry conventions. Farah's passion for languages and translation dates back to her youth when she was a professional athlete. During that time period, she began interpreting for sport clinics organized by Iran's National Olympic Committee and later became in charge of the interpreting committee for the Women's International Games held in Iran. She is a strong advocate of training and collaboration among language practitioners and academic experts. As such she co-founded the Confluence Conference, held annually at Montgomery College in Maryland. Farah's vision as the NCATA president is to organize year-round activities to expand the organization's membership, provide translation training, and encourage healthy discussions about issues facing the translation and interpretation industry.

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BENEFITS OF PROFESSIONAL ORGANIZATION MEMBERSHIP

The benefits of membership in professional organizations such as the ATA and its local chapters are countless, both for the novice and the experienced professional linguists in all areas, including translation, interpretation, project management and other services related to the translation industry.

When I joined the ATA about 20 years ago, I was already an experienced translator and interpreter and I immediately regretted not having joined ATA earlier. At the same time, however, I took the right action: I joined my local ATA chapter -and I have been a member of both organizations ever since. My ATA and local chapter membership have never lapsed and I do not regret a moment

of this valuable experience. In fact, when I moved from California to the Washington DC area about ten years ago, one of the first things I did was join the NCATA (National Capital Area Translators Association), while remaining a member of the California local chapter for a few more years at the same time!

My ATA membership has helped me grow my business beyond my expectations. Most of my clients, including translation agencies and direct clients, have found me in the ATA online directory. My ATA membership dues are normally covered by the first project I receive in the first week of January, by the first client who has found me in the ATA directory. I always know that my membership dues will pay off before I know it. In addition to being listed in the online directory, my ATA membership comes with many other benefits. The main assets of membership are discounted and free webinars and a discounted member rate for admission to the annual ATA conference.

I have found great colleagues and longtime clients through networking sessions at ATA conferences, and I have always enjoyed the variety of topics offered in the presentations and workshops. I have also learned and honed my skills with the latest technology and resources in our ever-growing industry. The 2020 ATA virtual conference was amazing. I learned even more at this conference just sitting in front of my computer and not worrying about any flights and hotel

reservations, let alone the jet lag and other hardships of traveling and being away from home. The virtual networking sessions were as good as the in-person experiences, if not better than the previous years. In fact, by attending the virtual conference, I gained access to all 2020 ATA conference presentations. For six months after the conference, I can revisit any session that I missed from the comfort of my own home at any date and time that works for me.

Membership in a local ATA chapter also offers a great deal, including the opportunity for interpreters and translators to learn more about the industry in their region and explore the local market, while physically meeting with colleagues and building a professional network. Most of us work as sole proprietors and membership at a local chapter works as the window to the world of our profession. It can guide our path to growth and development. Local chapters normally offer their members many activities free of charge, where linguists with different levels of experience and knowledge working in different fields share their experiences with their colleagues. This is one of the best ways to learn from your peers. There is no better opportunity to build one's network and learn about the industry than sitting shoulder to shoulder, discussing professional matters and sharing food with somebody who has the same interests.

There is always more to offer and to learn when meeting in person. For example, I remember how impressed I was when I toured the courts in Bosnia and saw the interpreting area of the ITCY courts (International Criminal Tribunal for the former Yugoslavia) . Meeting with the ITCY translation and interpreting team is one of the most memorable days of my life to date. I learned so much from my colleagues halfway around the world. It made me wonder if I had learned as much as I thought in my legal interpreting experience throughout the years. It was amazing how I felt at home immediately after I met the ITCY interpreting team. After the tour, I spent 5 hours sharing a meal and chatting with the ITCY interpreting team. The hours wheezed by like minutes! There was an abundance to share and learn from each other: so much for me to learn as an outsider and for them to speak about their challenges and approaches to a colleague from another part of the world. What made it special for me and the ITCY interpreting team was the magic of physically sitting in close proximity and discussing our dreams for the interpreting community worldwide. We also addressed how to tackle common challenges we all face as interpreters, regardless of where we work and our specialization.

Aside from the social aspect, membership in a local chapter of ATA is the least expensive way to educate yourself as a professional translator or interpreter. Local chapters normally offer training webinars and workshops where you can receive certificates to prove to your clients that you are serious, and you are constantly educating yourself to learn about different situations and new ideas in your profession. I encourage professional translators and interpreters to not only become members of their own local chapter, but also to try other ATA chapters. Every chapter has a different approach and there is a lot to learn from each chapter. Nowadays, most ATA chapter activities are online, and one can join these activities through the power of different online platforms readily available to all of us. In addition to training, there are great opportunities to network and meet future clients by attending the different activities and events that local chapters normally offer their members.

The benefits of membership in a trade organization are beyond a few hundred words in an article. You just need to take the first step and the rest will come. What are you waiting for?



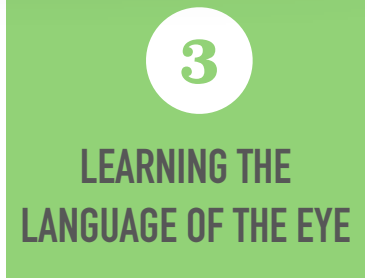
Linda Pollack-Johnson is a freelance translator and interpreter working out of her home in Philadelphia, Pennsylvania. She is a member of the American Translators Association, the Italian Language Division, the ATA Medical Division, the Certification Commission for Healthcare Interpreters, and the Delaware Valley Translators Association. Her resumé reflects language-related jobs dating back to the early 1980's. She got certified for Italian to English translation in 1993, and in 2018 she became a Core Certification Healthcare Interpreter™. She has mentored many aspiring translators and interpreters and has done countless school outreach presentations in Philadelphia and Genoa.

In collaboration with:

Kathy Marshall, COT (Certified Ophthalmic Technician) since 1988.

“I can see the stars in the night sky for the first time in years!” This was one of the observations expressed by a patient, and I was privileged to interpret it to her treatment team. The patient had suffered from a **congenital** eye condition that gradually made her vision **cloudy** and **colorless**. **Gene therapy** successfully cleared up the **cloudiness** and enabled her to see the faces of loved ones, read street signs, and find lost coins on a patterned carpet. Although 20/20 vision was not attainable, we learned that any improvement was very much appreciated.

A **clinical trial** for this groundbreaking treatment was centered in Philadelphia and I became involved early on as an interpreter. It was extremely rewarding work. After ten years with the team, I want to share some of what I learned which may help others prepare for appointments at the ophthalmologist's office.



a helpful hint...

Words in bold can help interpreters build a glossary.

For this type of patient, you will probably be spending time in small, dark rooms. It may be advisable to leave extra stuff (coats, bags) elsewhere and bring only a notepad and pen. Even a notepad becomes useless once the room is darkened, but bring it for when the lights are on!

Both a routine eye examination and a research ophthalmic appointment can be very extensive. All ophthalmic exams will begin with a **medical history** reviewing what **medications** are taken by the patient. Any vision challenges, questions, or changes will be discussed. This information will be followed by a **vision test**. This will take place at all visits, whether routine or for research.

You may already be familiar with the standard **Snellen eye chart** beginning with a big letter E. It starts with large letters at the top line and progresses to smaller letters as the patient reads down the chart. With the standard chart, the charts and letters remain the same for each eye. Each eye is tested separately.

The **visual acuity** charts used in research are the ETDRS charts. Letters are larger at the top and become smaller as you progress down the chart. The technician will perform the test at different distances from the chart. Each eye will be tested with a different chart labeled **Left eye** or **Right eye**.

The room is **darkened** and the ETDRS chart is **illuminated** for research. There are 5 letters to a line and the patient must read a certain number of letters correctly before progressing to the next line. Not all the letters of the alphabet appear on the chart but there will be a mixture of **round** letters and **angled** letters.

Charts for children who don't know letters are made with simple drawings of a house, flower, umbrella, etc. A non-verbal child may be asked to point to a similar shape on a hand-held card. For a research subject, a special ETDRS chart is used. For routine visual acuities, the patient may be asked to hold a device to cover one eye. For research testing, the eye can be **patched**, to be assured that the eye is completely covered while

a helpful hint...

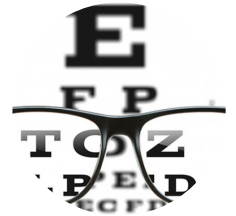
Before using a letter chart with a patient, check with the provider to decide whether you need to render the names of the letters into English. The non-English speaker may call out the letters in a way that is comprehensible to the provider and therefore it would be redundant to repeat them. You may wish to clarify to the English speaker how any of the vowels on the chart are pronounced in order to avoid confusion. All other statements or questions said by the patient during the vision test should be interpreted. For example, the patient might say, "It is a round letter, but I don't know which one." This may lead the provider to linger longer on that line and give the patient an opportunity to focus a bit more.

You may want to stand behind the patient during this test so that you can see the chart from the same angle.

testing the **opposite eye**.

Another device is adapted to simulate **squinting** by having the patient look at the chart through a field of small holes in the device. The opposite eye's view is completely blocked.

Drops may be put in the eyes. Some drops are **numbing drops** so that the **eye pressure** can be measured. This is done with a small handheld device called a **tonometer** or **Tonopen**, which is the size of a digital oral thermometer. The physician or technician simply touches the numbed **eyeball** with the tip of the tonometer and gets a **reading**. A high-pressure measurement in the eyes may be an indication of **glaucoma**. Eye pressure is measured in **millimeters of mercury**. A **normal pressure range** for an adult is 12 to 22 mm Hg.



Depending on what kind of testing needs to be done for the patient, other drops may be administered in each eye **to dilate** the pupils. **Dilation** may take up to 20 minutes for a normal eye exam. For research, there are some tests that require the subject to be in a dark room for 40 minutes. (Therefore, no cell phone usage is allowed as they are a source of light.)

Once the patient's eyes are dilated the **ophthalmic exam** can occur. This is done by the **ophthalmologist**, who uses a special **magnifying lens** to examine the **retina** and the **optic nerve** for signs of **damage** or other eye problems such as **cataracts**.

Another standard exam which helps the doctor arrive at an accurate **prescription** for **glasses** or **contact lenses** is a **refraction test**. This can be done with a handheld **refractor** placed against the patient's **forehead** so that the **eyepiece** enables the provider to see how light bends through the **lens** of the patient's eye. This is where the measurement of 20/20 or perfect vision is mentioned. Someone who has 20/20 vision can see letters that are 3/8 of an inch high at a distance of 20 feet (notice that there are no metric measurements here!). A **refractive error** will cause the patient to have **blurry vision**. The refractor will tell the provider which prescriptive lenses would bring the patient's vision back to 20/20.

The following conditions will cause a patient to have a measurement other than 20/20 vision:

Astigmatism – a refractive problem of the eye having to do with the shape of the lens

Hyperopia – also known as **farsightedness**. Someone with hyperopia has good vision for distance but blurry vision for reading. One cause of farsightedness is that the eyeball is too short which prevents incoming light from focusing directly on the retina.

Myopia – also known as **nearsightedness**. Someone with myopia has good vision for reading but has difficulty seeing things at a distance. This can occur when the eyeball is too long causing the incoming light to focus on a point in front of the retina rather than on the surface of the retina.

Presbyopia – a condition related to **aging** causing the lens of the eye to have difficulty in **focusing**.

There are also tests to measure the range of the patient's **visual field**, meaning how well the patient can see in the **periphery**. One of these tests, the **Goldmann Visual Field** test requires the patient to sit in front of a **hemispheric screen**. The patient's head is held stable by leaning on a **chinrest**. A small circle of light is projected onto this screen and can be moved around by the provider, who sits behind the screen and maps the patient's field of vision. One eye is patched and

the other should turn its **gaze** to the center of the screen. When the patient first **perceives** the light within the field, the patient must press a **buzzer**, indicating the spot to the provider. By approaching the boundary of the patient's field of vision from different angles, a **map** can be created. Each eye has a **blind spot** because of the position of the optic nerve. That blind spot can also be **mapped** in this test. Each eye will be tested and mapped separately.

a helpful hint...

It is important to keep the patient from moving into the path of the swinging arm of this projector. It moves back and forth behind the head of the patient.

Another form of visual field testing is done with the **Humphrey Visual Field** which differs from the Goldmann described above in that the Goldmann is done manually, while the Humphrey is automated. Instead of the light moving from the outside into the center, the light flashes at different intensities and at different locations in the dome. It is important

that the subject or patient understands where their gaze must be focused in the dome and how to press the buzzer upon perceiving the light. This test measures the central portion of the visual field as opposed to the peripheral field performed on the Goldmann visual field test.

Optical Coherence Tomography (or **O.C.T.**) provides an image of the patient's **retinal layers**. From it, the provider can see the **thickness** of the retina. Some common retinal conditions include **floaters**, **macular degeneration**, **diabetic eye disease**, **retinal detachment** or **tears** and **retinitis pigmentosa**. Online research into these conditions will provide additional terminology.

Fundus Photos are produced with a highly specialized camera that takes pictures of the back of the eye. The resulting photos look like planets, showing various portions of the eye. For the patient, this photography can be challenging in that a **flash** of very **bright light** enters the eye and can be **uncomfortable** for those who are **light sensitive**. (Keep tissues handy!)

a helpful hint...

While the fundus photos are being taken, and sometimes during O.C.T., the patient will be told to "**Blink!**" or "**Don't blink!**" These commands are timed closely to the second that the camera **shutter** is **triggered**. Therefore it is not helpful for the patient to have to wait for interpretation. It may be more helpful to teach the patient those two phrases in English so that immediate compliance is achieved.

This summary of vocabulary and testing that one might encounter at an ophthalmology appointment is just an introduction to the field. I hope this was eye-opening!

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TALKING ABOUT RACISM AND MEDICINE

ELENA AVANZAS
ÁLVAREZ



Elena Avanzas Álvarez has a PhD in English Studies and she currently works as a lecturer at the University of Oviedo and a freelance medical translator. Her research focuses in the discursive and linguistic representation of medicine in US popular culture with an emphasis in forensic science and Death Studies. Elena was a visiting scholar at the University of Swansea, Bath Spa University and the Wellcome Trust, and she has studied Medical Humanities with the CDC (Emory University), Cape town University, Universidad Complutense de Madrid, and HUCA-University of Oviedo. She has also worked as a contributor and editor for the media at The Conversation, Los Angeles Review of Books, Mystery Tribune, OcultaLit, and La Nueva España.

WE NEED TO TALK ABOUT RACISM AND MEDICINE: EIGHT BOOKS TO LEARN AND EDUCATE OURSELVES IN 2021

Opinion piece

The tragic murder of **George Floyd** as a consequence of police brutality in Minneapolis in May 2020 has sparked a revolution across the world that calls for equality for once and for all. The **Black Lives Matter** movement dominated 2020 and the social activism linked to this movement is credited with the results of elections all over the country.

But there is more. The movement is having a global impact because racism is considered by many as a global problem, and white privilege (whether we are conscious of it or not) and white supremacy movements have widely contributed to our lack of accountability and an unsanctioned increase in racist behaviors in the past decade.

Racism impacts all aspects of everyday life, and sadly, the link between racism and medicine – from bias to neglect and malpractice – has been more than established by now. The COVID-19 pandemic has exposed large inequalities, so rooted in certain contexts that many people are blind to them.

As a translator, it is my belief that **we can all do more as professionals**. We can all better educate ourselves. And reading is the perfect starting point, especially for those of us who work with texts and discourse but are not necessarily involved in research and medical practice.

So, in honor of victims of racism everywhere, all the people who have tirelessly fought to change life for the so-called minority groups, and all the protests across the globe, I've decided to compile a list of books about **race in medicine** and the atrocities that have been justified in the name of science and progress.

This list aims to help us learn and grow. This list is not comprehensive. Nor is it closed or complete. This is a list created to keep growing as we educate ourselves and work to make this a better world.

SUPERIOR BY ANGELA SAINI

This is probably the book we should all start with. Saini is a journalist specialized in health, race, and inequalities, and her books have addressed both race and gender (for her examination of gender bias please check her book *Inferior*) biases in medicine.

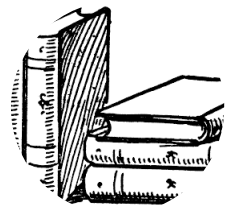
She deconstructs centuries of racist discourses devised by those in power that have used racial categories to justify a biological difference, hence justifying atrocities that go from forced sterilization to bias in primary care.

BLACK MAN IN A WHITE COAT BY DAMON TWEEDY, M.D.

The memoirs of a Black doctor who saw his calling questioned by everyone, including his mentors and professors, due to the color of his skin. But he also encountered a scientific discipline focused on white men as their default patients, which can be summarized in the well-known: "More common in blacks than whites" that can so easily be found in any Medicine manual, or the openly criticized: "See if the skin returns to its natural pink color".

THE BIRTH OF THE PILL BY JONATHAN EIG

Reproductive health has long been a bone of contention in feminist studies in a fight for women's control over their own bodies and life. When it comes to this field, the pill and safe abortions are probably two of the most revolutionary medical advances of the 20th century. But how much do we really know about the birth of the pill?



Not many people know that we owe the current extended use of the pill to thousands of native women, especially in Puerto Rico, who were used to experiment with this new drug in the mid-20th century. Why this population? Eig explores the connection between native women in Puerto Rico and an institutional hidden desire of stopping them from reproducing.

THE IMMORTAL LIFE OF HENRIETTA LACKS BY REBECCA SKLOOT

If you work in the field of medicine, HeLa cells have probably come out in one text or other. Maybe you even used them to conduct research. But where does the name come from?

HeLa cells are named after Henrietta Lacks was an African American woman whose cancer cells were used without her consent (1951) for the first He-La cell line. However, it was not until the 1970 that the medical community faced responsibility for the unethical use of Lacks' cells.

The book has been translated into Spanish by María Jesús Asensio Tudela, and it has also been made into a movie (2017).

PEAU NOIRE, MASQUES BLANCS/ BLACK SKIN, WHITE MASKS/ PIEL NEGRA, MÁSCARAS BLANCAS BY FRANTZ FANON

If we want to learn more about racism in medicine, it can be useful to approach the problem from a more theoretical point of view. Frantz Fanon is one of the fathers of the postcolonial movement that emerged in the 20th century to denounce the exploitation and racist practices of the big empires, especially the United Kingdom and France. He was also a psychiatrist and his writings are extremely helpful to understand how racism works at a theoretical and psychological level creating discourses.

The French original has been translated into English by Richard Philcox and into Spanish by Paloma Moleón Alonso, Iria Álvarez Moreno y Useros Martín, and it is a must-read for anyone with an interest in psychiatry and postcolonial studies.

MEDICAL BONDAGE: RACE, GENDER, AND THE ORIGINS OF AMERICAN GYNECOLOGY DE DEIRDRE COOPER OWENS

Women's health and Black people's health always come together when it comes to racism and reproductive rights. Black women have indeed been overlooked and exploited as medical subjects in more extreme ways than almost any other population. This book explores the role that black women played in the advancement of American gynecology in the 20th century tackling national traumas such as the plantation era.

SUBPRIME HEALTH: DEBT AND RACE IN U.S. MEDICINE By NADINE EHLERS AND LESLIE R. HINKSON

In case anyone had any doubts, the recent COVID-19 pandemic made it more than clear that the US health system has a racial bias, and it is time we all address it, even if we are currently living out of the country. This book takes a more theoretical and academic approach to health inequalities in the USA and can be very helpful to understand how the system works against Black lives and non-whites in general.

Nadine Ehlers is an academic at the University of Sydney and her work focuses on the bio/necro/vital politics of health.

Leslie R. Hinkson is an academic at Georgetown University and in her work analyzes inequality and race in institutional contexts.

KILLING THE BLACK BODY: RACE, REPRODUCTION, AND THE MEANING OF LIBERTY DOROTHY ROBERTS

This book offers a more academic perspective on how Black women's bodies have been used to advance white women's reproductive health and freedom, once again bringing together health, slavery and racialized bodies.

Dorothy Roberts is an academic at the University of Pennsylvania and a social justice advocate and has published widely on the matter of Black women's bodies.

The views and opinions expressed in this article are those of the author and do not necessarily reflect the views of ATA and MD.