



October eNews

IMIA Conference a Huge Success!

WOW! The conference was a great success, surpassing all expectations! We thank each and every one of you for participating and making this the most impacting conference to date in medical interpreting, as the theme '*Pioneering Healthy Alliances*' resonated loud and strong with participants. It seems this conference reflected the current pulse of the industry, and inspired our medical interpreters in the trenches day in and day out.

Every participant contributed something valuable to this shared knowledge that is becoming the foundation of our strong professional field of medical interpreters. We are no longer an 'emerging' profession, but a profession 'in vigorous development'! These are exciting times for medical interpreters. Demand for this profession is up on the top 10 list, according to the Department of Labor. Our work is no longer viewed as an 'activity' that can be easily undertaken within a few hours of training by any bilingual individual, but a complex practice profession that requires above average language and communication skills, and goes beyond being a language conduit, as the roles of intercultural mediator and patient advocate are and will continue to be in our standards of practice. The recognition, appropriate training and professional development, assessment, documentation and compensation of this work are key to guarantee qualified language access to all patients in this country and abroad.

A report on the 2007 IMIA Conference will soon be made available detailing the networking meetings of trainers, corporate members and interpreter associations, along with the national certification forum as well as the remote educational panel and annual meeting presentations.

Check out the conference pictures at <http://www.culturesmart.org/IMIA/IMIA2007.html>

Thanks to Greg Figaro for doing an excellent job of getting pictures. We had quite a few photographers, and even a videographer, thanks to Carla Fogaren, so there is more to come.

Membership Demographics

Almost since its inception, the IMIA has been a national organization as members joined from all over the country to work together for the advancement of medical interpreters. Our Standards of Practice was adopted on a national level at the 4th National Working Group conference in Seattle, WA, May 17-19, 1998, and by many organizations around the country. Our conferences have traditionally been attended by multidisciplinary stakeholders, all with an interest in medical interpreting and in the mission of our organization.

Our Executive Board found, upon taking office in the Summer of

2006, that many of our members were from states other than Massachusetts. We were quite surprised, and knew that we tended to cater to the Massachusetts members' needs although we had never thought that our out of state numbers were so high. We actually received some complaints from out of state members about our being so "Massachusetts-oriented".

On October 17, we reviewed our new membership stats. We now have 1,597 members, and of those, 655 members are from Massachusetts. Since our membership is open to all interested in medical interpreting, our membership demographics will always be in a state of flux, and we are committed to and legally obliged to serve all members equally, regardless of where they are from or practice.

Calendar of Events

Please don't forget to check our calendar of events at <http://www.mmia.org/events/default.asp> Any organization can post an event related to language or interpreting. These postings are updated regularly and we work hard to maintain the most current and complete list on translation and interpreting events.

Salary Survey Results Picked up by Newsworthy Sources!

BOSTON, Oct. 2 / PRNewswire / - Results of a new survey offer insight into the steadily growing profession of medical interpreting. More than 400 interpreters and managers from 42 states participated in the International Medical Interpreters (IMIA) 2007 Compensation Survey. The Salary Results Powerpoint presentation from the conference can be downloaded from our website at

and to view of one of the 30 press release sources, please go to <http://www.smartmoney.com/news/pr/index.cfm?story=PR-20071002-001702-1119> We thank Gregory Figaro, President of Culturesmart, Inc. and longtime IMIA member, for his contribution to this salary survey, and also Nataly Kelly, IMIA member, for helping us get the press release out! To see the raw data of the survey, please go to:

http://www.surveymonkey.com/sr.aspx?sm=PL5WsEcF3ueT8cD_2fI5h0j_2bgFSp9d_2fziBVT9LxZNOB3U_3d

Online Medical Interpreting Standards of Practice are out!

At our annual conference, we announced that the *MMIA Medical Interpreting Standards of Practice* is finally available online and free for members and for the public! To download your personal copy, please go to

<http://www.mmia.org/standards/standards.asp>. Every conference participant received a complimentary copy of the latest printed version of the Standards. Hardcopy versions of the Standards are also available for purchase by training organizations. We would love to see a Standards Committee form so that the Standards can be continuously promoted and made available wherever necessary. Many still don't know of the fact that we have standards via a specific list of measurable competencies, developed via the DACUM process. If you're interested in this work, contact Vonessa Phillips Costa at Vonessa.costa@gmail.com.

The *Medical Interpreting Standards of Practice* document was the first set of standards to be developed in the field of spoken language interpreting in medical settings, and remains a vital evaluation and competency tool for professional interpreters all over the country, delineating core performance standards required of a 'competent' interpreter. The Standards were developed with the intention of being the grounding work needed for medical interpreter certification.

Have an interesting story to share?

IMIA members are encouraged to submit anecdotes about interpreting for potential publication in a new book, **From Our Lips to Your Ears: How Interpreters are Changing the World**. The book will include stories from interpreters from around the world working in a variety of settings, with the goal of helping readers understand why interpreters' work is so important. Let's do our best to make sure that the most incredible medical interpreter stories are represented in this publication. Deadline: December 3, 2007. Read the FAQ, Guidelines and other information at <http://www.fromourlips.com>.

Bylaws Revision Underway!

Process:

The Bylaws were last revised in 1999 and our legal counsel recommended another revision and even drafted another Bylaws format for us to consider. A Bylaws subcommittee was established of four board members and met on three occasions in June and July to review our Bylaws. Our Bylaws were compared to those of other organizations and the language was studied carefully. Then the proposed changes were presented at our IMIA Board Meeting on August 3rd, during which board members voted on each and every change. A second board meeting was called later in August to vote on further suggested changes. These changes are being recommended to better reflect the realities of the functioning of our organization. We worked hard to limit our revisions to the sections which did not reflect our current functioning.

Active voting members have been asked to vote on the revision. Active members will have just one chance to vote, and will not be able to change their vote once voted. Great care has been taken by our webmaster to maintain anonymity and also to prevent multiple votes. Members will have 30 days to vote on the Bylaws Revision. On November 15, 2007 at 5pm the voting link will become inactive and that day the final tally results will be emailed to all IMIA members.

Note: Only our active non-expired voting members received an email requesting that they vote on our Bylaws revision. If you believe you did not receive this email in error, please go to <http://www.mmia.org/members/getdate.asp> to see when your membership expires. Please email Marzena Laslie at mmiaml@aol.com. The emails went out according to our website parameters and information on profiles, provided by members themselves.

Critical MASS – Ending Health Disparities

Critical MASS grew out of the 2nd *New England Regional Conference on Minority Health* and was established in June 2001. A group of community advocates, public agencies and non-profit service providers recognized a range of new initiatives had begun to address health disparities for specific populations, disease categories and geographic locations in Massachusetts. But these programs did not address the entirety of health and lacked mechanisms through which to coordinate their activities or to share lessons learned. Critical MASS stepped up to fill this gap.

Critical MASS is a statewide coalition focused on eliminating racial and ethnic health disparities; a public-private partnership of groups that extends beyond health care delivery systems to include grassroots action at the local, regional and state levels. The focus of Critical MASS is the reduction of health disparities experienced disproportionately by racial, ethnic, linguistic, refugee and immigrant communities throughout the Commonwealth. Critical MASS provides accessible forums and tools to share knowledge across cultural, class, professional and institutional boundaries and, works to develop common understandings and action plans to eliminate the disparities plaguing communities and the state.

Critical MASS has a permanent administrative office and meeting space within CCHERS. Additionally, CCHERS and Critical MASS collaboratively hired a Critical MASS Coordinator who is housed at CCHERS and works on behalf of both CCHERS and Critical MASS.

www.enddisparities.org

<http://www.enddisparities.org/toolkit.html#patient>

Three Articles to Share

Measuring Racial and Ethnic Health Disparities in Massachusetts

Reducing racial and ethnic disparities in the quality of health care is a national policy priority; collecting race and ethnicity data from patients is a necessary first step in identifying and addressing these disparities. Recognizing this, Boston and Massachusetts recently enacted race and ethnicity data collection regulations affecting all acute care hospitals in the city and state. This paper describes the regulations and early lessons learned from implementing these data collection efforts in three areas: the design of data collection tools, uses of the data for eliminating disparities, and the role of the policy process in such efforts. [*Health Affairs* 26, no. 5 (2007): 1293–1302; 10.1377/hlthaff.26.5.1293]

To Be or Not to Be Certified? By Judy A. Abrahams, Project Management for Translation, New York University

Most of us, if not all, are familiar with the famous words uttered by William Shakespeare's character Hamlet - "to be or not to be - that is the question." These much quoted words serve as the

foundation for examining the topic of certification, or "to be or not to be certified - that is the question".

<http://www.translationdirectory.com/articles/article1365.php>

Translators are Much Sought After Thanks to Medical Tourism by Kannal Achuthan and J.Malarvizhi

MIOT Hospitals, Manapakkam, has interpreters from Sudan who speak fluent Arabic. Haitham Farid and Galal Dawood help patients from Oman and Iraq. The hospital also has translators for Sinhala, French and African languages, says its chairperson Mallika Mohandas. "During the peak season of June, July and August, about 15-20 per cent of our patients are foreigners. It ranges from 10 to 12 per cent the rest of the year," she said. To read further, go to:

<http://www.hindu.com/2007/10/16/stories/2007101659790400.htm>

Hospitals, Language, and Culture Project Update - October 2007

Hospitals, Language, and Culture Project Update for October 2007 from The Joint Commission. To download please go to:

http://www.jointcommission.org/NR/rdonlyres/E46ED01D-EA80-4A7E-BB7D-DA543AD3DFEC/0/hlc_update.pdf

To learn more about Hospitals, Language, and Culture visit The Joint Commission website at:

<http://www.jointcommission.org/PatientSafety/HLC>

Trainer's Circle

Are you an interpreter trainer or instructor? Join your colleagues in other institutions in our monthly discussions. The main objective of this group is to serve as a support group for interpreter trainers and to promote discussions that will help establish standards for professional medical interpreter education.

Future Trainers Circle Open Call Dates

(Always the last Friday of the month, always 4-5pm EST, 1pm Pacific, 2pm Central)

October 26, 2007 – The importance of Customer Skills and Interpersonal Skills

November 30, 2007 - TBD

December 28, 2007 - TBD

The Disparities Leadership Program

The Disparities Solutions Center will be releasing a Request for Applications for the Disparities Leadership Program at the end of October of 2007. The DLP, a year-long executive leadership program designed to tackle racial and ethnic disparities in health care, is the first program of its kind in the nation, focusing on training health care leaders to develop practical strategies to eliminate racial and ethnic disparities in health care. This program is sponsored by the [National Committee for Quality](#)

[Assurance](#) (NCQA) and supported by [Joint Commission Resources, Inc.](#), an affiliate of the Joint Commission. CME/CNE credits will be provided through NCQA for the opening and closing meetings. Further information is available on their [website](#).

Book of the Month

Alpha Leadership: Tools for Business Leaders Who Want More from Life by Anne Deering, Robert Dilts, Julian Russell, Julian Russell, Robert Dilts

How can you be a successful leader, reduce stress and promote happiness at a time when most people are struggling to make sense of the workplace, the changing economy and a changing world? This 'how to' book has arisen from the authors' extensive experience of leadership development in the US and Europe. Their research shows that the successful leader excels in three separate but related dimensions:

-Anticipate: detecting and responding to 'weak signals' to 'get ahead of the curve'

-Align: achieving congruence in your own values and desires and those of others

-Act: making things happen

Tools and frameworks are provided so that the reader can apply what they have read to their own business situation.

Each chapter is self-sufficient, with its own set of principles illustrated by stories and anecdotes, and its own set of tools designed to help you implement the principles.

IMPORTANT! SAVE THE DATE:

Spring Interpreter Walk-A-Thon set for June 7!

For the first time in history, medical interpreters are going to have the opportunity to be in the spotlight via a walk-a-thon to raise the awareness about health disparities and language barriers! In Boston, MA and Providence, RI, medical interpreters will be joining together at the State House Saturday morning, with their families and loved ones, to rally and walk through the city. Walk-a-thons are a wonderful way to raise money for a good cause and ending disparities and language barriers is definitely a great cause. We would love to hear from other interpreter associations who want to co-organize this walk-a-thon in their state with us! This is the time to collaborate and unite. This will give medical interpreters great publicity. For more information, please call Cynthia Schenck at wandcschenck@juno.com.

DOJ Announces ADA Settlement

On April 9, 2007, the Department of Justice announced a comprehensive settlement agreement under the Americans with Disabilities Act (ADA) with Inova Fairfax Hospital, a hospital serving the Virginia suburbs of Washington, D.C. The settlement

agreement, which is designed to ensure effective communication with patients or companions who are deaf or hard of hearing, resolves allegations that the hospital did not appropriately respond to a request for an interpreter involving a patient who was hearing-impaired. For more information:

http://www.usdoj.gov/opa/pr/2007/April/07_crt_228.html"

New eNews Feature! Language of the Month

(In an attempt to familiarize our members with the many languages we work in, each month we will feature a language!)

Somali (Af Soomaali) is a member of the East Cushitic branch of the Afro-Asiatic family. It is spoken mostly in Somalia and adjacent parts of Djibouti (majority), Ethiopia and Kenya. Its speakers are known as Somalis. Because of the civil war and diaspora, speakers are found all over the world. The exact number of speakers is unknown but is estimated to be 10 million anywhere up to 16 million. One article from the Refugee Council puts the number at seven million Somalis, one million in Ethiopia's Ogaden region, and 300,000 in Kenya.^[1] Ethnologue estimates 7.78 million speakers in Somalia and 12.65 million speakers worldwide.^[2] However, the population of Somalia is estimated to be 8.8 million presently; one million more speakers more than Ethnologue estimates.^[3] Another population estimate made by the Dutch Universiteitsbibliotheek Utrecht puts the Somali population somewhere between 10 and 15 million.^[4] Combined with a large international expatriate community, it is difficult to get a specific number of Somali speakers, but somewhere between 10 and 16 million worldwide is a reasonable estimate.

At least four different writing systems have been devised for Somali: an Arabic-based abjad known as Wadaad's writing, a Latin-based alphabet and two native alphabets, the Osmanya script and the Borama script.

Before the colonial period, educated Somalis and religious fraternities used the Arabic script (for example, Sayyid Mohammed Abdullah Hassan's letter to a scholar, betraying him to the colonial powers, was in Arabic). The Qur'an was taught throughout Somalia, so children were exposed to the Arabic alphabet from a young age. Material discovered in 1940, mainly ancient letters and tomb inscriptions, demonstrates that the Somali language was written with the Arabic alphabet, like the Urdu and Persian languages. But this was not certainly "codified", and questions remain about the extent of its use. Further investigation is required.

The Osmanya alphabet was created in the 1920s by Cismaan Yuusuf Keenadiid. Following long debate, in 1972 the Latin-based script was finally adopted as the official one as part of a larger literacy program.

The Somali Latin alphabet, which follows an Arabic-based order, is: B, T, J, X, KH, D, R, S, SH, DH, C, G, F, Q, K, L, M, N, W, H, Y, A, E, I, O, U

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Featured Corporate Member Coming Soon

At the IMIA Conference, there was a corporate members meeting. Very interesting ideas came out of that meeting, soon to be posted in a summary on the website in the Corporate Section. Our corporate membership has been growing at a rapid rate, as we promote individuals and organizations side by side, for-profit and non-profit alike, to collaborate to form a strong language access industry. Our Directory will be improved based on the suggestions of our corporate members, and we will feature a different corporate member each month in this monthly eNews.

To view the current corporate members, many who also generously sponsored the conference, please see <http://www.mmia.org/corporate/corporatememberdirectory.asp>