

Written testimony in re SF2043—Establishing a spoken language health care interpreter work group

Submitted by Rachel E. Herring, PhD

March 5, 2025

Thank you for the opportunity to submit written testimony regarding SF2043—Establishing a spoken language health care interpreter work group.

I will begin by providing some information about my professional background and expertise. I have been working as an interpreter and interpreter educator for 20 years. I currently work as a per diem interpreter at a medical institution in the Twin Cities, and in the past have worked as a freelance and staff interpreter, primarily in medical and educational settings. I hold a Masters in Translation and Interpretation from the Monterey Institute of International Studies (California), a Masters in Advanced Studies in Interpreter Training from the University of Geneva (Switzerland), and a Doctorate in Interpreting from the University of Geneva. I am currently the Program Director of the Translation and Interpreting Program at Century College, which is part of the Minnesota State system. Please note that I am submitting this testimony as an informed stakeholder, not as a representative of the college.

As members of the committee may be aware, there have been several attempts over the past decade to improve the quality of interpreting services provided to members of our communities in the state of Minnesota. The fact that these bills have not moved forward is not an indication of a lack of need for the legislature to address this topic. As the bill before you indicates, there are a number of areas that need to be addressed. The work proposed in the bill is key to ensuring equal access to safe, high-quality care for all Minnesotans, regardless of their proficiency in the majority language (that is, English), as well as to ensuring that the medical professionals working with limited English proficient individuals can communicate effectively and safely with patients and their families.

Given my background and expertise, I have focused this testimony on introducing dialogue interpreting (of which medical interpreting is an example) and discussing the skills and knowledge required for effective performance. In so doing, my aim is to highlight the complexity of the interpreting task and the need for interpreters to receive adequate preparation (training), professional recognition, and compensation. In the interests of readability, I have not referenced scholarly publications in the body of the testimony; however, I have included a brief bibliography at the end of the document.

Dialogue interpreting, or community interpreting, as it is often called, is interpreting that takes place when two or more individuals who do not share a language in common need to interact with each other to achieve some purpose, often in an institutional or official setting. These interactions are generally goal-directed (such as, for example, getting medical care), involve power differentials between the speakers (usually a less-powerful minority language speaker needs something from a more-powerful majority language speaker), and are characterized by the sensitive nature of their content, the potential for emotional or traumatic content, and the inherent difficulty of communicating across barriers of culture and language. Interpreters are faced with the challenging task of dealing not only with language transfer (which involves a complex set of cognitive tasks, including listening, retention, reformulation, production, and checking for accuracy), but also with the social and interactional complexities inherent in any communicative activity; the need to make effective, ethically-sound decisions about a range of factors in a high-stakes, fast-paced environment; and, in medical settings, the realities of the sights, sounds, and smells that may be encountered on the job. Their work also includes the very real risk of secondary or vicarious trauma (Herring & Walczyński, 2024).

The skills and knowledge required in order to perform competently go well beyond the ability to understand and speak two languages fluently. In addition to the having sufficient skill to carry out the complex cognitive processes involved in interpreting—that is, the mental processes whereby an interpreter perceives information in one language, analyzes and understands it, converts or transfers it into another language, and produces the target language rendition—the interpreter must also have an array of auxiliary skills and knowledge, including, but not limited to,

- “communication and interpersonal skills (including nonverbal/paralinguistic communication)
- discourse analysis skills
- turn-taking and interaction management skills
- knowledge & skill related to intercultural communication (e.g., awareness of potential differences in education/background/cultural assumptions between speakers and the effects of the same on communication)
- knowledge of professional codes of ethics and standards of practice, and the ability to put them into practice in a high-stakes, rapidly-changing environment
- understanding of concepts and knowledge of technical vocabulary related to specific settings” (Herring, 2018:15-16).

The interpreting task is complex, demanding, and places a great deal of cognitive, psychological, and physical strain on those who undertake it. The communicative situations navigated by interpreters on a daily basis are often sensitive, high-risk, and potentially life-altering. Despite the vital nature of their work, interpreters are often only minimally prepared for the work (that is, they receive little training), poorly compensated, and receive little recognition as highly-capable professionals. The proposed bill takes important steps to begin to address these issues by providing a mechanism and funding for a dedicated group of experts and community members to undertake investigatory work and propose legislative changes.

I greatly appreciate the legislature's focus on this important issue. I urge the members of this committee to move this bill forward so that the workgroup it establishes can, through its efforts, contribute to the vital task of ensuring access to high-quality services for all members of our community, regardless of the language they speak.

Thank you for your time and attention.

Rachel E. Herring, PhD

Rachel.Herring@century.edu

(651) 444-3213

Bibliography:

Angelelli, C. (2004). *Revisiting the interpreter's role*. Amsterdam, NL: John Benjamins.

Baraldi, C., & Gavioli, L. (Eds.). (2012). *Coordinating participation in dialogue interpreting*. Amsterdam, NL: John Benjamins.

Bontempo, K., & Malcolm, K. (2012). An ounce of prevention is worth a pound of cure: Educating interpreters about the risk of vicarious trauma in healthcare settings. In L. Swabey and K. Malcolm (Eds.), *In our hands: Educating healthcare interpreters* (pp. 105-130). Washington, D.C.: Gallaudet University Press.

Cirillo, L. & Niemants, N. (2017). *Teaching dialogue interpreting*. Amsterdam, NL: John Benjamins.

Corsellis, A. (2005). Training interpreters to work in the public services. In M. Tennent (Ed.) *Training for the new millennium: Pedagogies for translation and interpreting* (pp. 153-174). Amsterdam, NL: John Benjamins.

- Davidson, B. (2000). The interpreter as sociolinguistic gatekeeper: The social-linguistic role of interpreters in Spanish-English medical discourse. *Journal of Sociolinguistics* 4(3), 379-405.
- Dean, R. K., & Pollard, R. Q. (2013). *The demand control schema: Interpreting as a practice profession*. North Charleston, SC: CreateSpace Independent Publishing Platform.
- Englund Dimitrova, B., & Tiselius, E. (2016). Cognitive aspects of community interpreting: Toward a process model. In R. Muñoz Martín (Ed.), *Reembedding translation process research* (pp. 195-214). Amsterdam, NL: John Benjamins.
- Hale, S. B. (2007). *Community interpreting*. New York, NY: Palgrave Macmillan.
- Herring, R.E. (2018). *"I could only think about what I was doing, and that was a lot to think about": Online self-regulation in dialogue interpreting* (unpublished doctoral dissertation). University of Geneva, Switzerland. <https://archive-ouverte.unige.ch/unige:108626>.
- Herring, R. E. & Walczyński, M. (2024). Emotions, stress, and related phenomena in public service interpreter and translator education and training. *FITISPos International Journal* 11(1), 9-27.
- Hsieh, E. (2008). "I am not a robot!" Interpreters' views of their roles in health care settings. *Qualitative Health Research* 18(10), 1367-1383.
- Janzen, T., & Shaffer, B. (2008). Intersubjectivity in interpreted interactions: The interpreter's role in co-constructing meaning. In J. Zlatev, T. P. Racine, C. Sinha & E. Itkonen (Eds.), *The shared mind: Perspectives on intersubjectivity* (pp. 333-355). Amsterdam, NL: John Benjamins.
- Mason, I. (Ed.). (1999). *Special issue: Dialogue interpreting. The Translator* 5(2).
- Mason, I. (2001). *Triadic exchanges: Studies in dialogue interpreting*. Manchester, UK: St. Jerome.
- Pöchhacker, F. (2004). *Introducing interpreting studies*. London, UK: Routledge.
- Roy, C. B. (2000). *Interpreting as a discourse process*. Oxford, UK: Oxford University Press.
- Rudvin, M. (2006). Negotiating linguistic and cultural identities in interpreter-mediated communication for public health services. In A. Pym, M. Shlesinger & Z. Jettmarová (Eds.), *Sociocultural aspects of translating and interpreting* (pp. 173-190). Amsterdam: John Benjamins.
- Tebble, H. (2009). What can interpreters learn from discourse studies? In S. Hale, U. Ozolins & L. Stern (Eds.), *The critical link 5: Quality in interpreting--a shared responsibility* (pp. 201-219). Amsterdam, NL: John Benjamins.
- Tipton, R., & Furmanek, O. (2016). *Dialogue interpreting: A guide to interpreting in public services and the community*. London, UK: Routledge.

Valero-Garcés, C., & Martin, A. (Eds.). (2008). *Crossing borders in community interpreting: Definitions and dilemmas*. Amsterdam, NL: John Benjamins.

Wadensjö, C. (1998). *Interpreting as interaction*. London, NY: Longman.

Wilcox, S., & Shaffer, B. (2005). Towards a cognitive model of interpreting. In T. Janzen (Ed.), *Topics in signed-language interpreting: Theory and practice* (pp. 27-50). Amsterdam, NL: John Benjamins.

Winston, E. A. (2013). Infusing evidence into interpreting education: An idea whose time has come. In E. A. Winston & C. Monikowski (Eds.), *Evolving paradigms in interpreter education* (pp. 164-187). Washington, D.C.: Gallaudet University Press.