

TELEPHONE INTERPRETING: A REVIEW OF PROS AND CONS

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Abstract: With new legislation on provision of interpreters in hospitals and courts being passed around the U.S., an increasing number of hospital and court administrators are seeing Telephone Interpreting (TI) as the solution to their communication problems with limited-English proficient citizens and immigrants. While the number of TI service providers grows and the use of TI spreads, TI has also become the subject of mounting controversy. This paper is based on part of the author's research toward a comprehensive MA thesis on Telephone Interpreting. Its main purpose is to serve as a reference tool to help administrators of the above-mentioned agencies and institutions to make an informed decision as to whether Telephone Interpreting is the right method of interlinguistic communication for their language needs. In particular, this paper reviews the pros and cons of this method, especially in its application to the medical setting. The paper also comments on demographics in the U.S., relevant legislation, existing literature, and the future of Telephone Interpreting in connection with the new telecommunication technologies (particularly videoconferencing). *A considerable part of the presentation will be devoted to open discussion. Input from attendees with experience in the court and medical settings will be greatly appreciated.*

Ideas, opinions & criticisms will be welcome. Please write at: robiva@yahoo.com

Foreword

It is not the author's intention to qualify Telephone Interpreting as right or wrong, or describe it in such a way as to lead to the conclusion that it is appropriate or inappropriate. Nor is the purpose of this paper to compare the service provided by TI service providers and on-site staff interpreters. The author's main purpose is to help public service institutions and administrators to make an informed decision as to whether TI is the right method for their language needs. The pros and cons to TI described here are the result of reading the scarce existing literature and contact with professional interpreters. This article refers mainly to the implications of TI in the medical setting, but most of its conclusions are valid for other settings. A few specific comments about the legal setting are made too. It is my hope that this article will contribute to shedding some light on the issues involved so that appropriate decisions can be made and quality Telephone Interpreting guaranteed.

1. SCENARIO

Telephone Interpreting (TI) is a relatively new industry that is gaining prominence in the United States and in other parts of the world, both as a profitable business and, in the academic world, as a developing subfield of research within the broader field of Community Interpreting. With the great flow of new immigrants that enter the U.S. every year, there is an increasing communication problem with citizens and immigrants who are not fully proficient in English (often called "limited-English proficient population" or LEPs), especially in hospitals, courts, and other public service agencies. With new legislation requiring the provision of interpreters in

those agencies to guarantee equal access, public service institutions are looking to Telephone Interpreting as the solution to their language needs and as an alternative to the more traditional face-to-face interpreting. The number of companies offering TI services is growing and the use of TI is spreading. Meanwhile, TI has also become the subject of mounting controversy.

2. STRUCTURE

In this article, I will deal with a number of issues in the following order: U.S. demographics and linguistic reality; legal framework; description of Telephone Interpreting and the existing controversy; the role of non-verbal information in communication; pros of TI; cons; the future of remote interlinguistic communication; further study; and my conclusions.

3. U.S. DEMOGRAPHICS AND LINGUISTIC REALITY

According to the 1990 U.S. Census, English was spoken by 95% of its residents. Of those U.S. residents who spoke languages other than English at home, that Census reported that 57% above the age of four spoke English “well to very well” (Ref.1). Statistics from the U.S. Census 2000 Supplementary Survey of U.S. households show that the number of Americans who do not speak English has soared in the past ten years. The United States is home to millions of national origin minority individuals who are LEP (limited-English proficient.) Eighteen percent of Americans do not speak English in their own homes (that is almost 1 in 5 Americans.) By their own acknowledgement, over 17 million of these Americans do not speak English very well. Nearly seven million speak little or no English (this portion has grown by 60% since 1990) (Ref.2).

Several states have seen their LEP population triple, including Colorado, Georgia, Iowa, Nebraska, Nevada, North Carolina, South Carolina, Tennessee and Utah. Missouri’s LEP population grew nearly fivefold. Eleven million Californians, or two out of five residents, do not speak English in their home (this population grew by more than 2.3 million in the last decade.) One out of nine Californians can now understand little or no English. Texas ranks second behind California, with over 5.4 million people who do not speak English in their homes, followed by New York (4.4 million) and Florida (3 million). Even these numbers must reflect a serious undercount of the illegal immigrant population. The vast majority of non-English speakers (75%) live in just seven states: Arizona, California, New York, New Jersey, Florida, Texas and Illinois, all of which commonly taught immigrant children in foreign languages as of 1998 (Ref.3).

In other words, many citizens and legal residents cannot speak, read, write or understand the English language at a level that permits them to interact effectively with public and official institutions, health care providers, and social service agencies. Plus, many intake interviewers at hospitals and other front line employees who interact with LEP individuals are neither bilingual nor trained in how to properly serve an LEP person. Because of their inability to speak or understand English fully, LEP persons are often forced to wait for substantial periods of time, make repeated visits to the provider's office until an interpreter is available to assist in conducting the interview, or find his/her own interpreter (who often is not qualified to interpret.) Sometimes they are excluded from programs, experience denials of services, or receive care and services based on inaccurate or incomplete information.

In health care (and legal) settings, the consequences of not having interpreters can be tragic. Patients with communication problems may not fully understand their diagnosis and required treatment (Ref.4), which can negatively affect their health. They are also less likely to schedule

follow-up appointments (Ref. 5). Doctors, nurses, social workers, psychologists, and other professionals provide vitally important services whose very nature requires the establishment of a close relationship with the client or patient that is based on empathy, confidence and mutual trust. Such intimate personal relationships depend heavily on the free flow of communication between professional and client.

4. LEGAL FRAMEWORK

The federal and state governments have the obligation to meet the needs of the foreign-language (legal) immigrants and citizens within the general population, whose number is increasing, as is the number of geographical areas where they live. In the U.S., numerous federal laws require the provision of language assistance to LEP individuals seeking to access critical services and activities (Note 1). Extensive case law reconfirms such obligation (Note 2). Likewise, there is a specific legal mandate for hospitals and courts to provide competent interpreters. In virtue of recent federal legislation, institutions with federal funding must provide interpreters to LEPs. Language access for LEPs falls under Title VI of the Civil Rights Act of 1964. The “Policy Guidance on the Prohibition against National Origin Discrimination as It Affects Persons with Limited English Proficiency” (August 30, 2000, Office of Civil Rights Guidance) clarifies the responsibilities of agencies that receive federal financial assistance from the U.S. Department of Health and Human Services, and discusses methods by which “recipient/covered entities” can meet their obligation to provide oral interpretation: “Health and social service providers must take adequate steps to ensure that such persons receive the language assistance necessary to afford them meaningful access to their services, free of charge” (Ref.1).

According to the Title VI regulations, a recipient/covered entity's policies or practices regarding the provision of benefits and services to LEP persons “need not be intentional to be discriminatory, but may constitute a violation of Title VI” if they have an adverse effect on the ability of national origin minorities to meaningfully access programs and services. The cited document explains what institutions are covered (see Note 3). The reality is, however, that persons of limited-English proficiency must sometimes call upon neighbors or even strangers they encounter at the provider's office, or rely on their minor children to interpret for them during visits to a health or social service facility. The practice of using friends or family members is condemned by the law and by the standards issued by professional interpreter associations, as the impediments to effective communication and adequate service can be formidable.

The new legislation together with the increasingly diverse population of the U.S. put more demands on the system. There is a greater need for quick access to qualified interpreters, especially in public-service entities like courts and hospitals. This, in turn, given the legal mandate to provide interpretation free of charge, is increasing the **costs** to hospitals, which strive to meet this demand and comply with the new legislation. The obvious result is that more staff interpreters will have to be hired, thus increasing costs. Whereas the large hospitals often have a few staff interpreters (who do not usually cover the so-called “low-incidence languages”), this is not the case in rural areas, small towns, and small clinics. There are implications for bilingual staff and on-site interpreters. Other services are stretched thin, bilingual personnel and on-site interpreters are more overworked as they have to be available for situations as they occur at any time during the day or night.

To provide effective language assistance to LEP patients, the government suggests taking some or all of the following steps: hiring bilingual staff who are trained and competent in the skill of

interpreting; hiring trained and competent staff interpreters; contracting with an outside interpreter service; arranging formally for the services of voluntary community interpreters who are trained and competent; **and/or arranging/contracting for the use of a telephone language interpreter service.**

5. TELEPHONE INTERPRETING: A CONTROVERSIAL SOLUTION

TI was established almost 30 years ago as a community service and has gone through tremendous change and extended its numerous applications to meet the growing needs and trends in various industries requiring instantaneous communication. This is the definition of Telephone Interpreting given by Heh & Qian in what may be considered as the landmark article on TI: "... is a real-time language service that enables speakers of different languages to communicate by telephone with the assistance of an interpreter via a three-way conference call" (Ref.6).

Other terms used to refer to Telephone Interpreting include (Ref.7): remote interpreting/-ation, RSI (remote simultaneous interpreting), teleinterpreting, telephonic interpreting/-ation, TIS (telephonic interpreting services), OPI (over-the-phone interpreting/-ation). The term Telephone Interpreting (TI) is used throughout this study.

Attractive and promising as this alternative may appear, many wonder if Telephone Interpreting is the best medium to use in health care and court settings. Two antagonistic perspectives can be distinguished. First, there is the perspective of TI service providers, who basically present it as a quick, relatively inexpensive way to access interpreters in almost any language. On the other side are the views of scholars and many professional interpreters and organizations, who contend that Telephone Interpreting may involve a considerable loss of quality, and argue that nothing can replace non-verbal cues in communication. Face-to-face interpreting seems to be their preferred form of bilingual communication. Some also fear that the growth in the number of TI companies involves the risk that quality will not be under control. Ideally, these companies should be subject to governmental control for quality, at least when used in medical and legal venues.

Certainly, there are both advantages and disadvantages to TI. It may work better in some situations, while face-to-face interpreting may work better in other situations. There seems to be general agreement that in no case can TI be used without any limit whatsoever. Also, whether interpreters like it or not, TI has been used in various settings for several years now (health care, courts, and private business.) It seems to be here to stay and has undoubtedly brought some good things to the community interpreting field. Therefore, many professional interpreters working in public services will have to learn to work through the telephone line.

6. NON-VERBAL COMMUNICATION

For an interpreter, the main difference between Telephone Interpreting and Face-to-Face Interpreting is obviously the lack of visual information. To many opponents, this is its main drawback. All non-verbal aspects, not to mention necessary documentation, are left out. This inevitably raises the question of what impact the loss of visual cues might have in the interpreter's performance. Human communication is imprecise and often subjective and ambiguous. It is frequently difficult to determine how one should understand a given message. Non-verbal codes exist in all cultures and languages. They are so common and self-evident in human interaction that they usually escape systematic analysis. The combination of communication codes originating from the movement of the hands, body language, postures,

facial expression, eye contact, and so on, can generally provide high percentages of the message content (different authors suggest different percentages.) Non-verbal cues allow us to recognize the speaker's feelings and intention (anger, irritation, impatience, boredom, excitement, hesitation, joy, stress...) At an incredibly high speed, our brains process that visual information, which helps to shape our feedback to the other person. Professional interpreters seem to believe almost unanimously that seeing non-verbal cues is a critical component to the success of accuracy in rendering messages. As David Mintz, former President of NAJIT (National Association of Judicial Interpreters and Translators, puts it (Ref.8):

Some interpreters are disturbed by the inability to see the speaker, and find alarming the notion of interpreting, for example, trial witness testimony over the telephone. Non-verbal cues are an enormously important component of human communication under any circumstances, but all the more so where subjective judgments of such things as credibility are being made, and the delicate process of interlingual transfer of meaning is in play, with all its complexities, ambiguities and nuances. The countless subtleties of facial expression and body language have an effect on our (live) interpretation, whether or not we are conscious of those effects.

Mintz believes that, to do their best to understand and be understood, interpreters need all the sensory input they can get; they need to see the people for whom they are interpreting. Even though the fact of this loss may seem obvious, there is not much published research on interpreting, and essentially nothing on Telephone Interpreting. So the debate remains speculative on both proponents and opponents of TI, insofar as no one can say, "studies have shown conclusively that ..."

The success of any interpreter's rendition depends on her ability to decode the meaning of voice subtleties, as voice is the sole source of information. Can one decode enough non-verbal information from a person's tone of voice only? How often do we feel insecure about the meaning of the other person's words when we speak on the phone, even in our own language? Can an experienced telephone interpreter, with a trained ear, tell what a sigh or a hesitation means? Lacking that ability may lead to all kinds of confusions and misinterpretations. Stone, in an interesting article appeared in the *ATA Chronicle*, affirmed: "Learning to accurately decode the variety of non-verbal voice messages we are receiving, and to consciously control the ones we are sending, will contribute to the ultimate success in accuracy and magnify the role of an interpreter as an expert in communication in the imaginary settings of TI" (Ref. 9).

AIIC, the Association Internationale d' Interprets de Conferences is one major TI opponent. This organization has taken a cautious stand towards interpreting using teleconferencing technology:

Having a direct view of the entire context of the event where the messages are being interpreted is essential (..) New technologies should not lead to a reduction in the quality of interpreting (..) The temptation to divert certain technologies from their primary purpose, for example by putting interpreters in front of monitors or screens to interpret at a distance a meeting attended by participants assembled in one place (i.e. teleinterpreting), is **unacceptable**. (Ref. 10)

In the article "What about monitors in SI booths?" (Ref.10), AIIC affirms "Interpreters need to see the speakers' movements, expressions, gestures. Interpreters need to see what is happening in the room to get the feel of the meeting. Studies show that speech is a very small part of human communication. Body language is actually more important. The lack of visual feedback requires more concentration and raises stress levels." Another article by AIIC, "Guidelines for remote conferencing," starts like this (in bold letters): "Efficient communication in remote conferencing

is best served by all interpreters being at the same location as the speakers. However, when this is not practical, the following shall apply..." (Ref.10)

Having read this, one might think that, if the lack of visual contact is unacceptable for conference interpreting, it is even more unacceptable for interpreting for health care or in a courtroom, where greater precision is necessary and human life is at stake. AIIC is thinking mostly of teleinterpreting for large meetings, normally conference interpreting, not really of Telephone Interpreting applied to public services. Personally, I disagree in that the speaker's body language is such a big issue in conference interpreting. However, I believe from experience that being present in a conference room does help the interpreter to feel involved in the situation. I also believe that being present in an interpretation between two or three persons does benefit an interpreter greatly, because in these venues the importance of body language and the level of interaction between speakers are much greater.

In the absence of empirical studies showing how much is lost in communication when the listener cannot access the speaker's body language, Vidal (Ref.11) remarks that "the burden is not on the interpreting community to prove that visual contact is essential to rendering a complete and accurate version of the original message. Rather, the burden is on the proponents." In her article, Vidal makes several valuable points, but I disagree with this particular statement, because hospitals and court administrators have a strong argument to adopt TI: lower costs. Nothing will stop the use of TI from expanding unless its opponents demonstrate to administrators, decision-makers, and law-makers that visual contact is indeed essential, that abuses of the way in which TI is used should be prevented, and that limits to the use of TI should be set.

7. THE PROS TO TELEPHONE INTERPRETING

One can come up with a handful of strong reasons that argue in favor of the use of TI, at least in some situations. The following is an exhaustive compilation of "pro" arguments. Many of them were found in the literature, others were suggested by informants. Inclusion in this review does not necessarily mean that I agree with nor support all of these arguments. Arguments have been divided in five categories: improvement of interpreting quality, advantages for administrators and customer institutions, advantages for health care personnel, advantages for interpreters, and advantages for patients.

7.1 Interpreting Quality

Perhaps the strongest argument in favor of Telephone Interpreting is that **a good interpreter at a distance is better than a bad one up close or none at all**. That is probably the common ground between the opponents and the proponents of TI. This interpreting system is a way of overcoming the language barriers in intercultural communication and allows quick access to a large pool of qualified professional interpreters in almost any language wherever they are, especially in situations where hospitals and courts would otherwise use lay people to interpret or would have to do without an interpreter at all (Ref.12).

Many **emergencies** happen at night, and often life-saving decisions need to be made immediately; there is no time to wait for an interpreter to arrive. This is the everyday reality of hospital emergency rooms and emergency hotlines. Another example are mobile health clinics, which cannot afford to carry interpreters with them and, as they work in relatively small spaces,

phone access, despite being their only resort, has to be simplified. TI can certainly get people, like doctors and patients, out of trouble in certain situations.

Paid staff interpreters may be especially appropriate where there is a frequent and/or regular need for interpreting services. However, even if a hospital or court wants to comply with the law and use trained interpreters, it is not always easy to find them in some languages. Even interpreting agencies often have trouble finding qualified interpreters in the so-called “**low-incidence languages.**” Truth be told, few institutions could afford or would be willing to hire staff interpreters of languages they seldom need. With Telephone Interpreting, if there is one qualified interpreter somewhere, he or she can be accessed. The law (Title VI of the Civil Rights Act of 1964) leaves room for hospitals to look for alternatives to on-site interpreters and also recognizes how unfeasible it may be to hire interpreters for every language that may be necessary at some point, especially for small, outlying health centers or courts or small private practices.

7.2 Advantages for Administrators and Customer Institutions

There may be administrative advantages to TI, especially from a **budgetary** perspective. The system seems to be cost-effective, since an interpreter can cost only a fraction of the fees incurred when an interpreter provides live interpretation. TI is paid by minutes, and only for the interpretation. On the other hand, a freelance interpreter of a low-incidence language hired for a short visit to the physician will charge by the hour, mileage, and often a 2 or 3 hour minimum. With TI, hospitals and courts do not have to pay the interpreters for waiting time, mileage, and administrative duties. Some TI service providers add that, since customer institutions pay by the minute, this may encourage staff to better prepare for the call in advance (to save time), with conversations going more straight to the point. The U.S. Court Telephone Interpreting Project, based originally in Las Cruces, New Mexico, suggested that TI allows administrators to save a lot of money compared to hiring staff or freelance interpreters.

It has not been studied yet whether the patient’s inability to speak the health care provider’s language affects **length of stay**. However, it is reasonable to expect that if an interpreter is not provided to effectively explain tests and procedures, elicit historical information, get the family involvement that most families want (and some cultures require), a 7-day admission might turn into a 10-day admission because everything goes more slowly (Ref.13). Again, Telephone Interpreting can make up for the absence of an on-site interpreter for routine communication with inpatients.

TI can also be extremely useful for those interactions that take place over the phone anyway, such as routine calls to make an appointment, reporting test or lab results, billings, and so forth. Such interactions are done over the phone with same-language speakers, because they are so simple and straightforward that it would be a waste of time to make the person go to the health care center (or court.) It can be affirmed that there is no difference between TI and face-to-face interpreting when the two speakers involved are not in the same location.

Also, an on-site team of interpreters may not be enough to meet a large demand on a busy day. And finally, TI is proving very useful (some companies are offering this kind of service already) to determine what language a person speaks and find out what interpreter he or she needs. This service greatly benefits police (especially in immigration issues) and hospitals (especially emergency departments.) This supports the view that TI can, at least, be **a great complement for an on-site interpreting team.**

7.3 Advantages for Doctors and Health Care Providers

There are additional, presumed advantages for doctors and health care personnel in particular. TI could reduce the risk of patient **lawsuits** by enabling quick life-saving decisions in critical situations, where a doctor may otherwise have to make a decision without waiting for an interpreter to come. As stated in Title VI of the Civil Rights Act 1964, “By ensuring accurate client histories, better understanding of exit and discharge instructions, and better assurances of informed consent, providers will better protect themselves against tort liability, malpractice lawsuits, and charges of negligence.” Moreover, some suggest that physicians can establish a better **therapeutic relationship** with patients, because there is not a stranger in the room. In face-to-face interpreting, the patient often gets too confident with the interpreter and “sidebar” conversations happen that leave the doctor out. This is unlikely to happen with TI. Also, doctors are not left with the interpreter when the patient is taken to other parts of the hospital for tests.

7.4 Advantages for Interpreters

According to its proponents, Telephone Interpreting presents professional interpreters with several unique advantages in **traumatic situations**. Thanks to the lack of visual distractions, the interpreter may be detached from the situation and better able to keep calm and stay focused. By sounding calm, the interpreter may also be better able to keep the patient calm. In addition, not being physically present can be particularly recommendable for health and hygiene reasons, such as when a patient has a communicable disease.

When the interpreter is physically present, he or she is often left alone with the patient. Some seem to think that this is good: first, because doctors sometimes ask interpreters to explain something to the patient while they do something else or go somewhere; second, because patients often tell interpreters more things in those moments, things they would not say when the doctor is in the room. In other cultures, patients are not used to being offered choices. Asian people, for instance, are known to be very shy and will not ask the doctor any questions, but will ask the interpreter when the doctor is not there. Cultural differences are certainly an issue. Also, if the interpreter is present, a **pre-encounter** with both parties and a debriefing are possible.

However, other interpreters may find this situation is embarrassing, or may be emotionally shocked (Ref.14) and contend that an interpreter is not an advisor and should maintain a certain **professional distance**. This is more difficult to do on-site, as patients tend to become dependent and attached to the interpreter, sharing a common language in a foreign-language environment. As guidelines on interpreter professionalism and ethics affirm, interpreters are professional mediators and, therefore, both parties should be present to discuss anything that is relevant to the medical case. In addition, in on-site community interpreting, the interpreter has a conflict between being a professional and being a patient’s or a victim’s advocate (this partiality is certainly an issue in court settings.) When the interpreter is present in person, he or she becomes emotionally involved, usually on the side of the weaker party. By not being present, thus knowing less about the case, the interpreter may be less biased. Some interpreters may also find TI convenient as it is easier to avoid answering questions that the interpreter is not prepared or qualified to answer, like assessing a witness’ credibility or a patient’s mental health.

Lastly, some say that TI may allow interpreters to accept more work, as they can save travel time, waiting time, etc. and work comfortably from home, instead of fighting traffic to rush to

some place. Disabled interpreters (especially blind interpreters), or shy or less sociable but competent interpreters are also greatly benefited by working over the phone.

7.5 Advantages for Patients

Finally, from the patient's perspective, TI may be beneficial too. For example, there is less physical exposure to yet another stranger, which avoids additional **embarrassment** in medical consultations, for example. Proponents affirm that some patients find that they can relate intimate details with greater ease to the faceless voice, or undress more willingly when the physician asks them to do so. The patient's embarrassment could be reduced by asking the interpreter to go behind a curtain when s/he undresses, but then the benefits of face-to-face interpreting are lost anyway. Moreover, we should remember that, to patients of certain cultures, the interpreter's gender, or his or her mere presence in the encounter for that matter, can raise some issues (e.g. in certain cultures, a married woman is not supposed to talk to a man.)

Finally, TI can help to preserve **confidentiality**. In small, foreign-language communities, an on-site interpreter may personally know the foreign-language speaker, which would be embarrassing for the latter, especially in social service cases, like child abuse, or victims of domestic violence or rape.

7.6 Literature Review: More Pros

We have seen that Telephone Interpreting may bring many good things. But we get quite a different impression if we look at the scarce literature that exists on this subject. However, before moving into the cons raised by a few authors, let us review some articles that highlight some more pros to using interpreters who are not located in the same place where the encounter takes place. Their common feature is that they rely on some sort of empirical data, whereas the other group of articles, those "against" TI, in general, do not, as we will see. The term used in each of those articles in particular to refer to Telephone Interpreting (or the similar system in question) is used in this review.

Hornberger & al. (Ref.21), from Stanford University, made a study to compare the quality of interpretation and the level of patient, interpreter, and physician satisfaction with what he calls "remote simultaneous interpreting" (RSI) as compared to "proximate consecutive interpreting" (i.e. the interpreter was physically present and interpreted in the consecutive mode.) RSI consisted of linking the interpreters from a remote site to headsets worn by the clinician and the patient. The results of the study are quite surprising. According to the authors, mothers and physicians significantly preferred the RSI service. Reportedly, interpreters even stated that they thought mothers and physicians better understood each other using RSI, even though interpreters preferred to work with the proximate-consecutive service. One possible reason is that doctors and patients may have felt that their therapeutic relationship improved when the interpreter, viewed as a **stranger** who is not directly related with health care, was not there. Other findings include that the patients asked more questions in the cases where RSI was used, and that more time was spent giving explanations. Using RSI, there were fewer inaccuracies in the translation of both physician and patient utterances.

Niska (Ref.7) cites another study (which I have not found so far) performed at a pediatric clinic at the Santa Clara Valley Medical Center in California, which compared Teleinterpreting using a speakerphone and a headset. RSI was presented as "the optimal solution." Mothers did not object

to using the headset; only a few physicians did object and preferred the speakerphone instead of the headset. Interpreters doing RSI considered the sound to be clear enough and believed that, with the speakerphone, the crying of the babies and background noises caused them increased fatigue. Another positive aspect of using headsets (RSI) was privacy, because, according to the article cited, they permitted speakers to isolate themselves from the busy therapy environment.

The study conducted at Santa Clara Medical Center raises an important issue, which is that the results of “Teleinterpreting” partially depend on the technical equipment used. Speakerphones seem to yield a very poor sound quality, whereas a telephone with two extensions seems to be better. Another important issue raised is that different settings may call for particular interpreting services. One final point raised by this article is that the level of specific training of interpreters (and training in TI in particular) is a decisive variable, because that determines their mastery of the technical equipment and their level of satisfaction.

In an article published in *Proteus*, Mintz reports his and other interpreters' experience visiting the U.S. Court Telephone Interpreting Project, headquartered initially in Las Cruces, New Mexico, in 1997 (Ref.8). About the lack of visual information, he says he felt apprehensive and insecure, and stumbled more than usual. However, about other interpreters without previous experience with Telephone Interpreting he reports that they did not feel uncomfortable with the system, nor did they find the absence of the visual component disconcerting: “Both interpreters concurred that if the sound is sufficiently clear and the proceeding brief, they could do without seeing.” According to him, those interpreters said they did not think they would have interpreted any better had they been there live: “I can't recall a time where I felt that the interpreting was going south because I couldn't see (...) You become better at listening. You learn to focus in on it (...) You get used to it and you adapt (...)”

This reinforces the view that there may be **a learning curve**. Mintz adds that interpreters should undergo systematic training involving simulated proceedings before interpreting in real situations to get used to the equipment, because the technical details can get too distracting. He also recommends advance preparation, especially to become familiar with people's names and places. He concludes that, if some quality parameters are met (advance documentation sent, adequate equipment, short and simple exchange of data), “it is hard to argue against using this system.”

According to Wadensjö (Ref.15), her interviews show the people seem to prefer simply the type of interpreting they are used to. The same thing happens with clients' satisfaction. Some clients mention that they prefer TI because it protects them from being recognized by the interpreter outside of the encounter. The issue of **confidentiality** seems to be a strong point in favor of TI. Others say that some patients, in particular young people, are less embarrassed when the interpreters cannot see them. Still other clients, however, do not feel insecure about the interpreter's reliability when they can see him or her in person. The bottom line, judging from this study, is that TI is a relatively new method and maybe it is just a matter of getting used to it.

Empirical studies on TI (Ref. 16) show that the outcome of interpreters' work is dependent on the primary participants too, on their mutual relations, on how they relate to the interpreter, and on their communicative style. The participants in the conversation need to be **educated** on the way Telephone Interpreting works. Their awareness of certain things can improve the results, just like an interpreted face-to-face encounter works better if the participants are given some guidelines, as suggested by several authors. They should be aware that the telephone line might aggravate a problem of grasping what people say (especially if they speak in a low voice, or with an

unfamiliar accent), and that not being able to see their movements and facial expressions makes it easier to mishear. They should not feel annoyed if the interpreter asks for repetition.

Even though Wadensjö concludes that at times the non-verbal character of Telephone Interpreting can imply an impairment of the interpretation quality, in terms of adequacy of translation and in terms of confusion of the interaction order, i.e. the turn-by-turn organization of talk, she affirms that a watchful interlocutor can compensate for some of the interpreter's disadvantages when being out of sight. This means that the “interviewer” (e.g. health care provider) can inform the interpreter when significant non-verbal communication is occurring that the interpreter cannot see, or when they will remain silent for some seconds while they do something. So, the interpreter will be assured that the connection is working.

8. THE CONS TO TELEPHONE INTERPRETING

A long list of “pro” arguments has been offered, all of which present Telephone Interpreting as an interesting alternative or a valuable complement to Face-to-Face Interpreting. In the coming paragraphs, we will see that there is also a long list of reasons why TI should not be used, at least not without any limits whatsoever. Again, this is a compilation of what arguments have been found, not a list of the arguments I necessarily agree with. In fact, a few of these presumed drawbacks can be solved or mitigated in view of the findings presented in the previous section or with new technological applications.

8.1 General Considerations

When asked about their experiences with Telephone Interpreting, the main complaint of health care providers, court personnel, and others, is that their medical centers and courtrooms are **not duly equipped** to work with TI. Often, the rooms where they work do not even have phone jacks, and most centers who have tried TI are using either a normal telephone or, at best, a speakerphone. The use of a normal telephone forces speakers to pass the handset back and forth, which is totally inconvenient and awkward, especially in a long conversation. Speakerphones, on the other hand, are known to yield poor sound quality. According to informants, no more than 10% of users are using the equipment that is most recommended at present to get the best results, i.e. telephones with two handset extensions. This means that most present users are not making the best use of TI, and therefore their level of satisfaction is not as good as it could be if only a few basic conditions were met. It also means that the demographic reality of the United States is forcing administrators to use TI before the minimum required infrastructure exists (phone jacks and telephones with dual handsets), and finally that they are not fully aware of the importance of investing in quality interpreting services.

Having said this, the drafters of the Policy Guidance to Title VI of the Civil Rights Act of 1964 did not seem to have any doubts as to what the main advantages of TI are, nor which service (Face-to-Face vs. TI) is preferable:

A telephone interpreter service line may be a useful option as a supplemental system, or may be useful when a recipient/covered entity encounters a language that it cannot otherwise accommodate. Such a service often offers interpreting assistance in many different languages and usually can provide the service in quick response to a request. However, (...) it is important that a recipient/covered entity not offer this as the only language assistance option except where other language assistance options are unavailable (e.g., in a rural clinic visited by an LEP patient who speaks a language that is not usually encountered in the area.)

The National Council on Interpreting in Health Care (NCIHC) is another important opinion leader. Representatives from this council gave a workshop at the Annual Conference of the Massachusetts Medical Interpreters Association in October 2001. According to them, to set up an interpreting service at an institution, option number one would be having staff interpreters that attend appointments personally, followed by the use of freelance, on-site interpreters. Only if the previous two options were not available would Telephone Interpreting be recommended.

Often, professional interpreter associations do not like TI because it is a good excuse for courts or hospitals not to set up an on-site interpreter service, which seems to be the preferred option for a majority of professional interpreters, and use TI as a quick fix instead. If no legal limits to the use of TI are set, one can only expect that administrators and managers will always choose the least costly option. Some freelance interpreters are afraid this will decrease their job opportunities, but this does not necessarily have to be the case, because face-to-face would remain the main system, while new jobs would be offered as the industry of TI expands.

Lower costs are obviously a very strong argument for administrators (Note 4). But many professionals point out that the choice is not one between spending more and spending less, because the alternatives are not equally good. As Vidal puts it (Ref.11) "the question is one of the inherent unreliability of the telephone for meaningful communication of important legal matters." Her comments refer to the legal setting, but they are valid for the health care setting. It has to be said, however, that it has not yet been established with facts how much worse Telephone Interpreting is, if at all, or in what ways.

In its application to the legal system, Telephone Interpreting raises issues of adequacy and reliability. For instance, how can you ascertain the identity of the interpreter? Is she certified? Can you ensure confidentiality? Can you take oaths through the telephone? Can you reproduce a speaker's attitude, tone and feelings? In other words, it is debated whether a defendant's credibility and forthrightness can be gauged properly by a pretrial or probation officer over the telephone. Swaney, a court interpreter, sets certain limits to the use of TI (Ref.17):

Interpreting by telephone is efficient when the sole purpose of the participants is to gather simple facts (...) is acceptable in situations involving an exchange of raw data, getting facts (...) sending or receiving specific information. However, in situations involving the fate of human lives, the character of an individual, (...) the rendering of an opinion about a person, there is no substitute for live, face-to-face contact (...) Face-to-face remains the favored means of civilized contact (...) If a judge were to impose sentence while observing a video image instead of a live 3-dimensional defendant, that judge is prevented from fully perceiving the demeanor, mannerisms, attitude, and other traits of the defendant (...) There is no substitute for human dynamics (...) the atmosphere (...) each dialogue influencing the verbal interaction between others within hearing range.

Many point out that Telephone Interpreting should be reliable provided that norms are established and enforced, and limits placed on its use. One of the limits proposed by TI proponents in the legal setting is that it could only be used for short and routine proceedings. The Las Cruces Project, conducted in New Mexico by the Federal Courts in 1996, defined "short proceedings" as pretrial hearings, initial appearances, arraignments, motion hearings, and probation and pretrial services interviews. However, citing Vidal again (Ref.11), "Many interpreters would take issue with this definition of 'short' proceedings, since we know in reality these events can last for an hour or two. Motion hearings have been known to go on for several hours or even days."

Another proposed limit is using TI only in outlying areas where no qualified interpreter is "reasonably available," and mostly to alleviate the problem of providing quality interpretation in languages other than Spanish ("exotic" or "low-incidence languages") or in distinct varieties of a common language, such as Spanish (Note 5). One may wonder, however, how feasible and realistic it is to draw that line between Spanish and other languages, between two venues, or between "short" and "long" proceedings.

In addition, it is rather naïve to expect that administrations will implement norms intended to prevent the abuse of Telephone Interpreting. Experience shows that TI is being used in areas that are not outlying and where qualified interpreters are not scarce. Actually, TI is being used mainly as a way to cut costs. In addition, if we look at some facts, we will see that non-certified interpreters are being used in the courts even though the law has required the use of certified interpreters for 20 years. Interpreters do not work in teams during long proceedings, even though this is a well-established standard for professional interpreter associations. Finally, neither state nor federal courts allocate funds for good testing and training programs despite ample evidence that this is the way to safeguard the legal rights of limited-English litigants.

As has been said, administrators often choose to use non-qualified interpreters and justify doing so by citing the lack of funds. It is a small step from there to considering live interpretation as a luxury their systems cannot afford. Even though immediate availability and access to qualified interpreters from outlying areas are the reasons cited to use TI, in practice it seems that the primary purpose of eliminating in-person interpretation is to save money, not to improve quality. That is why Vidal concludes that "judiciary interpreters should take a firm stand against the proliferation of the telephone in a formal legal context. To do otherwise would be to place the financial interests of court administrations above the due process that we are pledged to serve."

The same view is shared by Mintz. He summarized the "cons" perspective in a letter submitted to *Proteus* in 1997 as follows:

Skeptics –such as this writer- maintain that, for obvious reasons, Telephone Interpretation is inherently inferior to live interpretation and therefore should only be used as a last resort in true emergencies. One concern is the slippery slope effect, which would result in the telephone being used in ever less appropriate situations, such as trials. Another danger is that state courts interested in economizing will contract out the service to companies with few scruples about using qualified interpreters. There is ample evidence that this is already occurring.

8.2 Specific Considerations: the Interpreter's Perspective

Many interpreters complain that they feel insecure and **less accurate** doing TI. They feel they are not so much in control of the situation, because they cannot see what patient and physician are doing and often do not know who is in the room and who is speaking. Some find that in person it is easier to control the doctor's usual rush and slow down the conversation. Also it seems to be harder to ask for clarification. (However, a few interpreters state that the telephone interpreter has the same or more power to control the pace of the conversation and to interrupt, and that actually the speakers speak in shorter periods and do not run on as often as when the interpreter is physically present.) If you do not see the patient's appearance (age, etc.) it seems to be more difficult to choose the adequate style and register.

There is just a handful of articles on Telephone Interpreting that rely on some sort of empirical data. One of them is Wadensjö's (Ref.15). She explains how one interpreter refused to work in

mental health encounters over the phone because “she felt marginalized and it increased her risk of bum-out.” After putting down the receiver and being on her own, at home or in an office, the interpreter found it hard to avoid taking patients' traumatic stories to heart, whereas in live encounters she could exchange a few words with the therapist after the session when she needed to, and it seemed easier to “bracket” the emotions one feels at the interview’ s venue. This, again, supports the view that TI is **not appropriate for certain situations** in particular.

A fundamental fact of a translator’ s or interpreter’ s professional career is that s/he needs to **specialize** in a small number of disciplines, as it is impossible to deal with just any situation and any terminology. If we analyze TI quality, a very important consideration is the fact that telephone interpreters cannot choose the venues or “fields” in which they feel most qualified to interpret. Therefore, they need to have a broad terminology, a great capacity to deal with all sorts of situations and be able to use a wide range of registers. Obviously, the interpreter’ s goal during witness questioning (being extremely faithful to facts and helping to determine credibility) has nothing to do with the interpreter’ s goal in a situation taking place in an emergency room, where somebody may be suffering intense pain (transmitting the critical information quickly), or with the interpreter’ s role in a call from somebody who needs information about a company’ s insurance products and conditions. It is true that companies could possibly set up complex telephonic systems and transfer calls to specialized interpreters depending on where the call is coming from. But the reality today is that, when the telephone rings, telephone interpreters do not know what situation and terminology they are going to have to deal with. This raises some quality issues, as mentioned in the law: “Recipient/covered entities should be aware that such [TI] services may not always have readily available interpreters who are familiar with the terminology peculiar to the particular program or service” (Policy Guidance to Title VI of the Civil Rights Act 1964.)

Most Codes of Interpreter Ethics and Professionalism recommend giving a brief, introductory explanation about one’ s role and the way the parties should view the interpreter. This is more easily done when the interpreter is physically present. The same seems to hold true when it comes to acting as a cultural broker, as the interpreter can check both parties’ body language and easily detect and deal with cultural differences causing misunderstandings.

8.3 More Specific Considerations: the Speakers’ Perspective

Many a scholar and professional interpreter often affirms that Telephone Interpreting should **not be used in certain particular settings**. Mental health is the typical example, because special sensitivity and confidence are needed. The emotional impact is very important and interpreters seem to find it harder to pick up emotions over the phone, whereas interpreters do need to read facial expressions to be accurate. Another inadequate setting is meetings with several speakers, because it is hard to facilitate good turn-taking over the phone and to know who is speaking. As we know, many interpreting standards recommend that, to transmit impartiality, interpreters use the first person.

There are several other minor considerations against TI. For example, elderly people can be very hard of hearing, they usually feel very insecure and uncomfortable using technology, and they usually do not trust machines. Instead, they prefer an interpreter they can see, especially if they know her after several visits to the health care center. Purportedly, they tend to build a positive trust relationship that promotes sharing information and sensitive material. This is probably not exclusive of elderly individuals. An on-site interpreter can follow patients to other appointments

within the same building, whereas a new phone call with a new interpreter who is not aware of the case would have to be placed if TI was the system always in use, which is evidently less convenient.

One informant (the head of interpreter services of one large hospital) made another interesting remark. She related how the hospital where she worked lost most of their Vietnamese patients when their Vietnamese interpreter abandoned the service, and how they were slowly coming back once they had hired a new interpreter. In addition, it seems that patients view the presence of staff interpreters of their language in a hospital as a sign of respect (the same probably holds true for LEPs involved in court proceedings.) This is something to be considered by hospitals that wish to attract a higher number of patients.

Lastly, several other informants remarked that “institutional staff”, i.e. health care providers and court personnel generally prefer on-site interpreters, and some even refuse to use the phone service at all. What is more, they would rather use interpreters they know (staff interpreters). They seem to ask more questions, whereas when they use TI, they want it quick and short, which is not always good. In general, it can be said that all these feelings are mainly due to the fact they are not used to this system, which time can change easily. However, an important consideration is that health care providers greatly appreciate having a "live" interpreter because they are able to do **patient education**. In addition, sight-translation of documents (such as consent forms or discharge instructions) is easier if the interpreter is present. It is true that any necessary documents could be faxed to a telephone interpreter, but, first, this involves more costs in equipment (for interpreters) and in fax transmissions (for clients) and, second, it is time consuming, thus preventing the spontaneity of TI. Moreover, the over-the-phone method often prohibits doing sight translations, mainly because of mounting cost as time goes by.

8.4 “Cons” in the Literature on Telephone Interpreting

Interpreted conversations are obviously longer than non-interpreted ones. With regard to length, Stone (Ref.9) explains that in a face-to-face setting, the time the interpreter takes to deliver a message is used by the parties to 'take a breath', study each other's body language, evaluate the environment, and anticipate the next idea to be expressed. ‘Visual transparency’ allows them to look around, to glance at their notes or documents, and to evaluate each other's perceptions. Time goes by relatively quickly thanks to the invaluable visual information cues. As she puts it:

The perception of time on the telephone is quite different. Having no access to any visual information, a party listening to the interpreter's delivery into an unknown language has to wait in the dark of virtual telephone space wondering about the other party's reactions and probable feedback. Evaluation of various non-verbal codes still takes place, but this time it is limited to the intonation and overtones of voice and, in many cases, becomes very subjective.

She points out that techniques of breaking long messages into short segments and using shortcuts are required to speed up the whole communication process. Also, the interpreted message should not be lengthy, because the other party has an unpleasant feeling of being left out, and communication does not seem effective. (However, these shortcuts are unacceptable in court interpreting.)

Going back to discussing Wadensjö's empirical study, she mentions that the client "told me she found it very difficult to talk when the interpreter was on the phone. She could not explain why she didn't like that situation. It was just a feeling. She preferred it when the interpreter was

present face-to-face." This client talked in both situations (one with the interpreter on the phone) about one night when her husband had battered her. It took her 13 minutes to stop answering with one or a few words and use longer sequences with the telephone interpretation, and only 4 minutes when the interpreter was present. To tell the same story, she used 38 minutes on the telephone-interpreted talk and 25 minutes on the on-site encounter. Wadensjö felt the latter was more fluid.

It has to be said that too many factors question the validity of these findings in particular. Both encounters involved the same persons and the same conversation on a traumatic situation, but the second one was more rehearsed, the victim was more confident with the officer interviewing her, and she felt more secure and stable (as the author points out) than when she told the story for the first time because the incident was more recent.

The main and most interesting finding of this study, though, is that the on-site interpretation made it more possible to synchronize talk thanks to the immediately visible cues. This is based on the fact that the speakers' turns at talk overlapped only 11 instances in the telephone-interpreted talk, and 155 times in the live-interpreted encounter. The exchange gained in fluidity (or "fluency", the term used by Wadensjö) thanks to the frequent overlap. On-site interpreting gives the interpreter an advantage when it comes to coordinating the interaction or the turns at talking. **The synchronization of talk and fluency appear to be better than when the interpreter works over the phone.**

8.5 Telephone Interpreting in Emergency Hotlines

One of the main arguments in favor of TI is that it is particularly helpful in emergencies, but Telephone Interpreting may not be the best possible solution in emergency cases. Actually, there may be better alternatives. An article published in the *New York Daily News* (Ref.18) in 2000 explained the problems faced by non-English speakers when calling the New York Police Department 911 hotline. Spanish speakers, amongst other non-English speakers, had to **wait much longer** to be transferred to a major TI service provider because only 2 of the 74 operators spoke Spanish, despite a city population of 2 million Hispanics and despite the fact that one call in Spanish was received every 8 minutes.

Reportedly, when non-English-speaking callers reach the city's 911 emergency center, operators place the caller on hold and click a button on their computer that automatically dials the TI provider number. After reaching the company, local 911 operators present an identification number. Then the company verifies the language needed and sets up a three-way call between the distressed caller, the New York operator and the next available interpreter. As an experienced 911 supervisor states in the quoted article, "We have to say, 'Interpreter, ask them what the address is. Interpreter, ask them what the apartment is. Ask them what the problem is...' It's very time-consuming." (And it is also quite costly: the city of New York paid \$581,035 to the contracted TI provider in 1999.)

According to police data and company documents, the result is an average response time — from the moment a call comes in to the moment aid is dispatched — of 3.8 minutes for those Spanish-speaking callers who did not quit in frustration, compared with 2 minutes for English-language calls, in situations where minutes can mean the difference between life and death. Maybe **hiring more bilingual operators would be more efficient, save money and also lives.** Let's not forget, however, that it is not feasible to hire staff operators to cover all the languages spoken in

the U.S, or only in New York, for that matter. In 1999, "more than 72 dialects, from Arabic and Albanian to Yoruba and Yiddish, poured into New York's 911 center."

9. THE FUTURE OF REMOTE INTERLINGUISTIC COMMUNICATION

We have seen that while Telephone Interpreting offers many opportunities to improve language assistance in various institutions, it also raises several issues. In today's world, new technology is being introduced almost weekly and what seems impossible today may be possible tomorrow, especially in the field of telecommunications. Can future technological developments improve the entire idea of remote interpreting? What is coming? Will technology successfully address the negative aspects of TI? The lack of visual information is one of the main drawbacks to TI. What happens if image is provided too? Videoconferencing, web cams, cell phones equipped with cameras ... all these things already exist and are in use.

Indeed, the capacity and applications of telecommunications in general, such as videoconferencing and the Internet, has grown greatly. This has increased the possibilities of remote interpreting exponentially. A brief article on videoconferencing using spatial cues by Sellen *et al.*, which is available online (Ref.19), is a good way to quickly understand this. Considering the current state of the art, it is conceivable that the Internet will bring new applications to the interpreting field very soon and will be used as a transmission medium as soon as the speed and quality of Internet connections are enhanced. The development of webcasting (broadcasting of events over the Internet) and videoconferencing should be followed very closely.

Several projects are even trying to take Machine Translation one step further and develop Interpreting Telephony, i.e. machine-interpreted telephonic communication, which relies on voice recognition. Some day interpreters may even receive what the speaker is saying transcribed on a screen for them to sight-translate, or may use virtual reality to view the distant interaction from any angle.

Some authors, like O'Hagan, say that now that we are solving the technical problems, the real problem, the problematic nature of cross-cultural communication, is emerging. In the last two decades we have witnessed the communication revolution, but according to her it will not be complete until a solution to the language issue is found. The solution will be in the relationship between language services and telecommunications technology (Ref.20).

The interpreting world should keep an eye on new technological developments and applications and those that are still to come. Here only an extremely brief overview has been provided and some fundamental questions have been suggested for consideration, but there is still much more to discuss and more authors to discover in the fields of Interpreting Telephony, Videoconferencing, Webcasting, and TTYs (tele-type-writers.)

10. FURTHER STUDY

More information as to the realities of TI today is needed. A critical issue that still needs to be clarified is how critical non-verbal information is for communication to take place effectively. How much quality is lost when one loses the countless subtleties of facial expression and body language? We need empirical studies and to read about communication theory and discourse analysis.

There are other interesting issues: 1) What is the current reality of the use of Telephone Interpreting, i.e. where and under which circumstances is it being used? How much TI is already being done? Will it displace qualified interpreters, or make them busier?; 2) We need quantifiable information on how the parties involved (interpreters, institutional staff, patients, etc.) feel about this method. What experiences do users have with it? Do they see it as a necessary evil, or an exciting, rewarding, new opportunity? Are most interpreters hostile, indifferent or amenable towards it?; 3) In the legal setting, some argue that TI is good enough for short and routine proceedings, whereas it is not recommended for trials. Can we make similar distinctions in the health care setting, for example, mental health and other cases? Where, if at all, and why should one draw the line?

Other important issues include: 4) What kind of companies are providing TI services? Do they specialize, i.e. do they have a clear geographical or institutional/business niche? How do they screen and train their interpreters? What quality control procedures do they have in place?; 5) Which of the available equipment yields the best results, and which is not recommendable?; and 6) How could new telecommunication developments be applied to remote interpreting? Can they solve any of the drawbacks involved in using TI? We need answers to these basic questions before institutions and professional organizations can take a well-informed position. Undoubtedly, issues 1, 2 and 4 require the implementation of surveys.

11. CONCLUSIONS

In the United States, there is a growing "limited-English proficient" (LEP) population who cannot speak, read, write or understand English at a level that allows them to interact effectively with public and official institutions. As this reality can have tragic consequences, the federal government and a number of state governments have intervened by passing statutes requiring the provision of competent interpreter services in institutions that receive public funding. In this scenario, Telephone Interpreting (TI) has taken on great prominence. Public service institutions are looking for ways to meet the legal mandate and to break through language barriers while trying to avoid the high costs involved in the provision of on-site interpreters, which is the traditional way of providing interpreting services and the approach that is apparently preferred by a majority of interpreters and professional organizations. While the administrators are looking at TI as a cheaper alternative, some quality and reliability issues arise which are mainly related with the inability of the telephone interpreter to see the speakers' non-verbal cues.

On the one hand, in no case can Telephone Interpreting be used without any limits whatsoever, or, in other words, TI is not recommended in some situations. On the other hand, there are many arguments that support the use of Telephone Interpreting. It cannot be denied that TI is, at least, a great complement for on-site interpreting services. The debate about whether it should be prohibited, limited or promoted may be of little use. Some users cannot afford to hire interpreters, bring interpreters with them, or wait for an interpreter to arrive on the scene. A good example is numerous emergency situations. In such circumstances, life is the all-important value, and innovative technology allows us to overcome the challenges that seemed impossible to surmount several years ago. TI is rapidly expanding in the United States and other countries and, today, these types of interpreting assignments are done over the phone. Therefore, a growing number of interpreters, in spite of their reservations, will have cases that will force them to use the telephone at some point. That is why this skill should be included in training programs and why we have to ask ourselves what should be done to improve Telephone Interpreting:

I) Better training for telephonic interpretation and more practice are needed. Perhaps when interpreters feel more prepared to do this kind of interpreting and gain experience their perception of TI will improve. There are reasons to believe that there may be a learning curve.

II) The same applies to users other than interpreters (institutional staff such as court clerks, judges, physicians, and nurses.) Telephone Interpreting is still new to many users, and their perception is likely to improve once they have gotten used to it.

III) Users need to be aware of certain things and be educated on how to work with interpreters. This is true of Community Interpreting in general and it also applies to Telephone Interpreting. In TI in particular, users can help the interpreter overcome his or her inability to see by giving hints and additional information. User education would improve the results of TI.

IV) As far as institutions receiving federal funding are concerned, it may be recommendable that Telephone Interpreting services be contracted out to government-certified TI providers, as some TI vendors may not be reliable.

V) TI providers should set up complex telephonic systems that allow them to transfer each call to interpreters with training in the field and with knowledge of the terminology that are related with the call.

VI) The results of using TI depend greatly on the appropriateness of the equipment used, but good equipment is rarely being used. Often a normal telephone is utilized, with the parties passing the handset back and forth, which is time-consuming and confusing. As for speakerphones, also very common, they often make it hard to hear well when there is background noise. Telephone Interpreting can be improved if the right technology is available. This starts by providing the basic infrastructure (such as phone jacks in the appropriate rooms), eradicating speakerphones, and spreading the use of telephones with dual handsets.

In addition, videototechnology may soon eliminate the thorny question of how much is lost when visual information is not available. Adding cameras and images, as mentioned above, should be possible soon. However, that may be too costly, when so many hospitals do not even invest in setting up an on-site interpreting service. Using the Internet to place audio- or even videoconference calls would be feasible and inexpensive. Purchasing a few laptops that can be moved to different rooms would be a good way to get around the budgetary problem, provided that fast, broadband Internet connections are available at the health care setting or court.

Hospitals and court administrators have a strong argument to adopt TI: lower costs. Nothing will stop the use of TI from expanding unless its opponents demonstrate to administrators, decision-makers, and law-makers that visual contact is indeed essential, that abuses of the way in which TI is used should be prevented, and that limits to the use of TI should be set.

Ideas, opinions & criticisms will be greatly welcome. Please write at: robiva@yahoo.com

12. NOTES

1. The Voting Rights Act bans English-only elections in certain circumstances and outlines specific measures that must be taken to ensure that language minorities can participate in

elections (Ref.6). Such provisions reflect the sound judgment that providers of critical services and benefits bear the responsibility of ensuring that LEPs can “meaningfully access their programs and services.”

2. The U.S. Supreme Court, in *Lau v. Nichols*, 414 U.S. 563 (1974), recognized that recipients of Federal financial assistance have an affirmative responsibility, pursuant to Title VI (Ref.1.), to provide LEP persons with meaningful opportunity to participate in public programs.

3. Covered entities include: (1) Any state or local agency, private institution or organization, or any public or private individual that; (2) operates, provides or engages in health, or social service programs and activities and that; (3) receives federal financial assistance from Health and Human Services directly or through another recipient/covered entity. Examples of covered entities include but are not limited to hospitals, nursing homes, home health agencies, managed care organizations, universities and other entities with health or social service research programs, state, county and local health agencies, state Medicaid agencies, state, county and local welfare agencies, programs for families, youth and children, Head Start programs, public and private contractors, subcontractors and vendors, physicians, and other providers who receive Federal financial assistance from HHS. (Ref.1).

4. Whether TI is really so affordable is not clear, though. Jones affirms that one of the problems of TI is its high costs: Jones, D., *et al.* 1998. “Breaking down language barriers.” *British Medical Journal*, 316, pp. 1476-80.

5. Experiments have been made in the legal setting with Spanish, but none with other languages spoken by cultures with more distant values, which may be more challenging and raise other issues.

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