

Talking Together

TRAINING FOR COMMUNITY INTERPRETERS
INTERPRETER'S HANDBOOK

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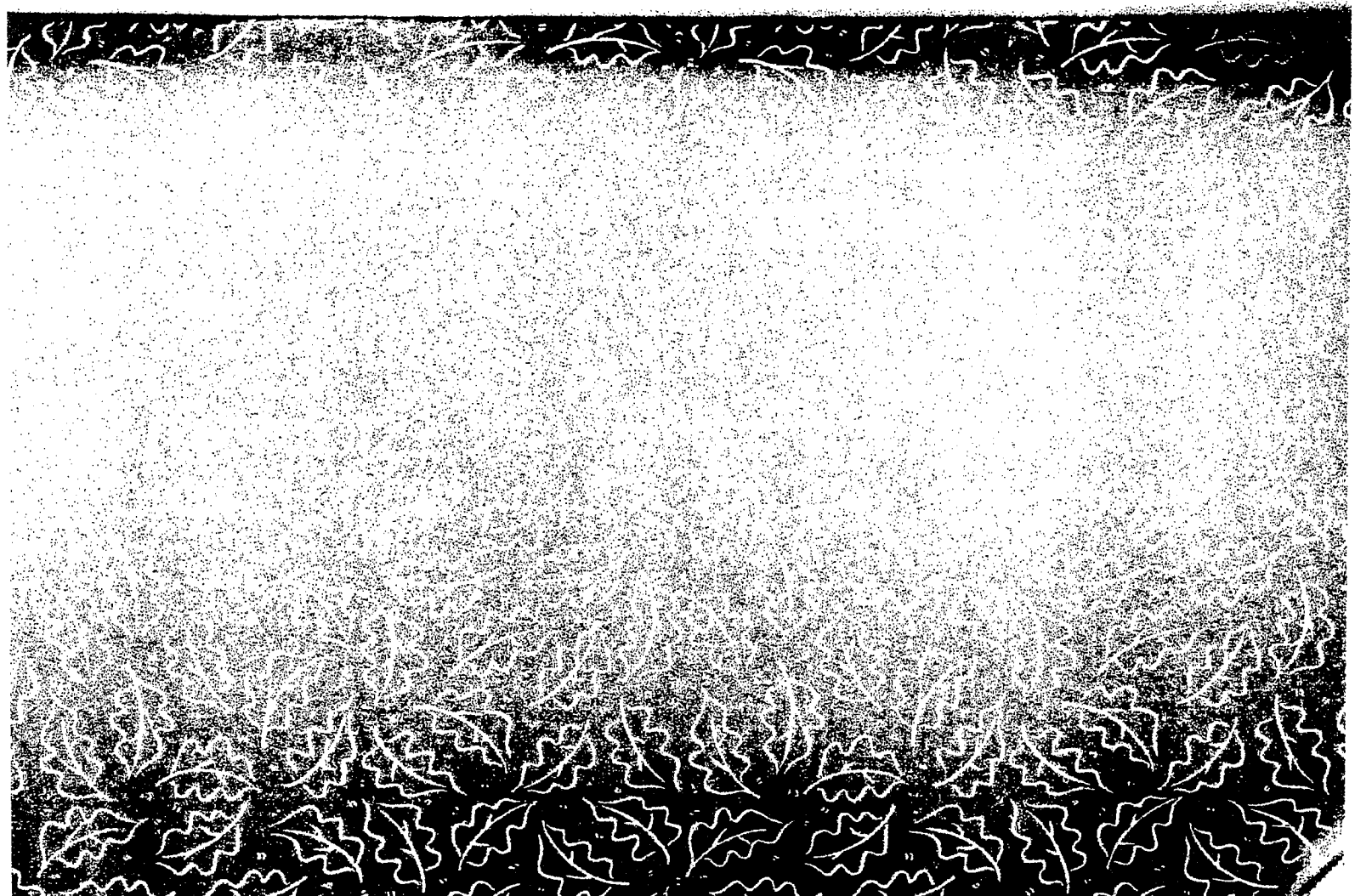


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REQUIREMENTS FOR INTERPRETERS

Compassion

Understanding of cultural differences

Desire to assist those in need

Ability to detach from emotional experiences

Emotional stability

Maturity

Ability to maintain a low profile

Trustworthiness

Understanding of when to be silent

Ability to listen

Concentration

Politeness and respect for others

Flexibility

Appropriate dress

Good diction and projection

Desire to increase vocabulary

INTERPRETING

Interpreting v. To represent or render the meaning of, to offer an explanation

Interpretation n. The act, process, or result of interpreting

Interpreter n. One who translates orally from one language into another.¹

This manual focuses on community-based interpreters, people with bilingual ability who use their language skills to help persons with limited English proficiency to negotiate their way primarily in social service, health, and legal settings. These interpreters are constantly thrown into different settings to work with different people and are rarely given any time to prepare for their tasks. As interpretation expert Nancy Frishberg writes, "Interpreting involves competence in at least two languages; an understanding of the dynamics of human interaction..." an appreciation of social and cultural differences, the ability to concentrate and maintain one's attention, a good deal of tact, judgment, stamina, and above all a sense of humor."² In other words, bilingual fluency is just the beginning.

Methods of Interpreting

Interpreters rely on three primary methods of interpreting, simultaneous, consecutive, and summary, and occasionally use a fourth, relay. The method they chose depends upon the situation in which they are working. Community interpreters use the consecutive method most frequently. All three methods are described here.

Simultaneous: In simultaneous interpreting, the interpreter speaks at almost the same time as the speaker. This method is used in "official" settings, especially in international conferences. It is appropriate in any setting, but often requires preparation so it cannot be used easily in spontaneous situations.

Simultaneous interpreting can be done by whispering into the listener's ear, to a small group of people, or into a microphone. International conferences often use sound-proof

booths in which interpreters speak into microphones and their interpretation is transmitted to listeners' headsets. If a speaker is reading a text, an interpreter might have a copy of that text and interpret as the speaker reads.

This technique is preferred in court when non-English speakers are the third person *vis-a-vis* the proceedings, e.g. at counsel table. Many psychiatrists also like simultaneous interpretation because they feel it best conveys the emotional content, style of speech, and syntax of the speaker.

On the negative side, it is often difficult to construct sentences that are grammatically correct using this technique. What is more, this method can lead to translations that are so literal that they lose cultural meaning.

Consecutive: In consecutive interpreting, the interpreter waits for the speaker to pause and then interprets. This is the method most often used by community-based interpreters. It is also used in U.S. Courts when non-English speakers are giving testimony or when the judge, counsel, or officer of the court is in direct dialogue with the speaker.

The difficulty with this technique is that it depends on the willingness of the speaker to pause often enough to ensure that the interpreter can convey all the information correctly. Some consecutive interpreters take notes while listening to the speaker to help ensure accuracy, then destroy them at the end of the day to insure discretion. The interpreter must also remember to use the first person, using the same pronouns as the speaker used, i.e., "I said" rather than "S/he said". Some say that using this technique also makes it harder for the interpreter to convey the emotion and 'flavor' of the speaker's language.

Summary: Summary interpretation takes the form of a synopsis rather than a verbatim rendition of what was said. One potential problem with summary interpretation is that the interpreter makes the decisions about how to summarize, possibly jeopardizing the accuracy, objectivity, and impartiality of the situation. It also puts a further distance between the two people trying to communicate because any semblance of discourse is abandoned. This method is often used in large meetings.

Relay: Sometimes, two interpreters are needed to find a common language. For example, if a Spanish speaker and a Russian speaker want to communicate but neither can find a Spanish/Russian bilingual interpreter, they might each find interpreters who speak English and the discourse will go: Spanish ... English ... Russian ... English ... Spanish, etc. The third language is the 'relay' language. In such cases, the separate interpreters usually employ the consecutive method of interpretation.

THE INTERPRETERS CODE OF ETHICS

The Code of Ethics guides and protects interpreters by providing them with a set of professional standards to follow. Interpreters should respond to requests for inappropriate or questionable actions by pointing out that the request conflicts with the Interpreter's Code of Ethics.

Governing Principle: An interpreter must use all available knowledge, skills, and techniques to provide an accurate and objective interpretation of all communication between the two clients.

Accuracy: The commitment to interpret the exact meaning of what is being said without editing, adding, or deleting anything and with an awareness of the educational, cultural, and regional differences among speakers.

Objectivity: The commitment to recognize and subsequently eliminate one's own opinions and values from the interpreting interaction.

Impartiality: The commitment to remain a neutral third party in an interaction, not siding with any parties or individuals involved.

Education: The commitment to improve and expand one's knowledge of the two languages.

Discretion: The commitment to make sound judgments in all situations so that no individual is put into jeopardy nor is the professional appropriateness of the interpreter questioned.

Professionalism: The commitment to behave and present oneself in a professional manner at all times regardless of familiarity or unfamiliarity with those involved.

Confidentiality: The commitment to maintain all information and knowledge of individuals private from others not present in the immediate situation.

Humanitarianism: The commitment to uphold humane and unprejudicial treatment between individuals.

The following paragraphs are provided to further explain certain practices outlined in the Code.

Accuracy: Faithfully interpret what is said with neither embellishment nor omission while preserving the level of language of the speaker.

Do not simplify statements for a non-English speaker even when you believe that the non-English speaker cannot understand the speaker's language level. The non-English speaker will request an explanation or simplification if necessary through the interpreter.

Do not "tone down," improve, or edit any statements. This refers to colloquial, slang, obscene, or crude language, as well as sophisticated and erudite language.

Speak in a clear, firm, and well-modulated voice that conveys the inflections, tones, and emotions of the speaker.

Confidentiality: Confidentiality is the cornerstone of the interpretation relationship. Inform clients immediately upon meeting them that all communication that takes place will remain private.

Do not discuss publicly, report, or offer an opinion concerning a matter in which you have been engaged as an interpreter.

Do not derive personal profit or advantage from any confidential information.

PROFESSIONAL DEVELOPMENT

Continually improve your language skills. Read books, magazines, and newspapers in English. Attend English language movies. If your work involves teens in social service settings, read teen-oriented magazines to learn new trends and the latest slang.

English

Practice simultaneously interpreting while listening to television or radio programs or by eavesdropping on conversations in public places. Think about how you would interpret those conversations. Pay particular attention to the idioms and slang you hear.

Keep a log of the English words that are the most difficult to translate into your other language/s and vice versa. Develop your own library of glossaries and dictionaries of specialized vocabularies.

Develop your own library of information pamphlets on issues you confront and institutions you visit in your work as an interpreter.

Languages Other Than English

Read books, magazines, or newspapers in your other language/s to keep abreast of new words, expressions, and idioms.

Subscribe to any locally-produced newspaper in your other language/s to learn the idioms and slang developing in the U.S. Write often to friends or relatives who live in the country where your other language/s predominate.

Practice interpreting simultaneously to television. Eavesdrop on conversations in public places and think about how you would interpret those conversations. Pay particular attention to the idioms and slang you hear.

Volunteer to be an English tutor for Limited English Proficiency speakers of your other languages.

Keep a log of the English words that are the most difficult to translate into your other language/s and vice versa. Develop your own library of glossaries and dictionaries of specialized vocabularies.

Develop your own library of information pamphlets on issues you confront and institutions you visit in your work as an interpreter.

INTERPRETER STATEMENT FOR CLIENTS

This is a summary of what I do as an interpreter. While you are reading this, I will explain to the non-English speaker in his/her own language the following points:

- 1) I will interpret to you everything that the non-English speaker says, as exactly as possible, neither adding nor editing.
- 2) Everything I interpret will remain confidential outside the interview, but that no information will be withheld from the non-English speaker.
- 3) I am here to provide a linguistic service only: I am neither an advocate nor a representative of either you or the non-English speaker. I am here to transmit information between two clients, not to make judgments.
- 4) If either client has any special questions or comments, I ask that s/he discuss them with me either directly before or right after the session.
- 5) I will tell either if a question he or she asks is not culturally appropriate, and will discuss how to rephrase the question to get the information needed.
- 6) In addition to interpreting language, I will try to communicate the inflection or emotion being spoken. If my interpretation of the words does not fully reflect them, I will try, without editorializing, to state my impressions.
- 7) If I have technical difficulty with any part of the interpreting job, such as unfamiliar vocabulary, I will ask for clarification immediately. If such clarification is insufficient to eliminate the difficulty, I will voluntarily withdraw from the case.
- 8) If for whatever reason I feel unable to maintain my impartiality about a case, I will voluntarily withdraw.
- 9) If you feel that my performance does not meet the needs of this case, please contact my employer.

THE AMERICAN MEDICAL SYSTEM

Americans believe that health care means more than medical care. They see themselves as responsible for their health, mentally and emotionally. Health is dynamic rather than static—people work to stay healthy. At the same time, the amazing advances in medicine made in the U.S. cause people to focus on medical treatments rather than the social conditions that produce many illnesses.

Progress in the science of medicine, coupled with improvements in diet and sanitation, have eliminated many of the illnesses that cause problems in other parts of the world. However, a variety of social forces, including racism, poverty, rising drug use, and an influx of newcomers into the country who are not reached systematically by health care, has led to a rise in the incidence of tuberculosis and many childhood diseases that were thought to have been eradicated in the U.S. Infant mortality rates and incidents of low birthweight are also rising, as is the number of teenage pregnancies. Good health and longevity are not equally distributed across the US.

Doctors in the U.S. no longer make house calls. The average number of visits to doctors per year has grown substantially over the past 50 year. Use of doctors varies by sex, age, and income of the patient. Low income people tend to visit doctors less than middle and higher income people, but use emergency room services and hospital clinics much more.

The U.S. does not have a national health service nor does it have universal health insurance. Many low and middle income people have no health insurance, and therefore rarely seek preventative health care. Every hospital is required to serve people, whether they have insurance or not, but many are reluctant to do so because of the high cost involved.

Although the U.S. does not have universal health care, Medicaid and Medicare, created in 1965, provide health care to extremely low income people and the elderly. Medicare serves those elderly who receive Social Security, while a

Introduction

Medicaid and Medicare

program known as Medicaid serves the poor.

Medicaid was established as a modest program that would provide a medical safety net for low income mothers and children who were already recipients of state-run cash welfare programs. The number of Medicaid recipients grew from 11.5 million in 1968 to 26 million in 1990. The cost of funding Medicaid falls on the federal and state governments. States have the power to design their own programs and set eligibility criteria for Medicaid, as long as they remain consistent with broad federal guidelines. That is why Medicaid eligibility varies from state to state.

Medical services are offered by many different service providers. Here are brief descriptions of the main service providers.

Public Health Services: The main function of government-funded public health services is the control of infectious diseases such as tuberculosis. These services also set standards for safe public water supplies and sanitation, and provide educational programs such as proper nutrition, family planning, or AIDs prevention.

Private Doctors: An examination by a private doctor takes place in the doctor's office. An appointment is required. Patients can be charged for an appointment when they miss it or fail to cancel ahead of time.

Community Health Clinics: Community health clinics are usually staffed with a number of nurses and doctors who provide services to low income people. Some clinics provide health care for almost all illnesses except emergencies. Others, such as family planning or dental clinics, are more specialized. Some clinics require appointments. Even so, long waiting periods are often common, and clients must usually see whichever doctor is available, rather than the doctor of their choice. The cost of clinic services is usually low. Some clinics use a sliding scale based on the patient's ability to pay.

Health Maintenance Organizations: This is a fairly new type of health care in which a group of doctors and nurses offer total health care for an annual membership fee. Members see the doctors as often as needed, paying additional small fees for each visit and any prescribed medicines. Most hospitalization

expenses are also covered. Appointments are usually required.

Hospital In-Patient Care: In the U.S., people do not go to the hospital themselves and ask to be admitted; their doctors admit them to hospitals. Hospitals have official visiting hours, and family members are usually not allowed to stay overnight. The cost of hospital care is extremely high.

Emergency Rooms: Emergency rooms are special hospital areas that provide 24-hour emergency medical care. People should go to an emergency room only in true emergencies. If there is a question about whether it's an emergency, patients should phone their doctor first. Sometimes patients have to wait in an emergency—the most serious cases are seen first. Some hospitals require proof that you can pay before you can see a doctor. Emergency care is very expensive.

Insurance: Many people have medical insurance: they pay a fee to an insurance company, and then if they are sick the insurance company pays for their health care. There are many kinds of insurance policies available. All differ in the coverage they offer—some pay for everything, others pay only a certain percentage of costs, others pay for only certain medical procedures. Many people get health insurance as a "benefit" from their employer.

The main caregivers are doctors, nurses, and nurse practitioners. Doctors go through more than six years of medical training. Many doctors are choosing to be specialists—highly trained to treat certain kinds of illnesses or parts of the body. Doctors who have not specialized are known as general practitioners. Doctors are trained to diagnose health problems and designate their treatment; they are not expected to give day-to-day care to a patient.

Doctors gather information about their patients by collecting a history and performing a physical examination. The history consists of questions concerning the patient's complaint, past medical history, and social situation. The physical consists of examining the patient and doing tests. Doctors then put all this information together and decide what the problem is.

Once they have decided what the problem is, or made a diagnosis, they establish a plan of action, which may consist

Caregivers

of medicine prescriptions, further tests, special diets, or medical procedures.

Nurses are trained to give day to day care to a patient and to watch for changes in symptoms that should be brought to a doctor's attention. They don't diagnose illnesses or prescribe care or medicine. Nurse practitioners, more highly trained than regular nurses, may do some diagnosing and in some states can do some prescribing of medicines or tests.

Patient's Bill of Rights

Most hospitals have their own Patient's Bill of Rights, a written document that is available to anyone who requests it. The following is usually included in any Patient's Bill of Rights:

The Patient is entitled to:

- considerate and respectful care
- complete information concerning diagnosis, treatment, and prognosis
- be informed, upon request, of the name of the physician in charge of his/her care and the speciality of that doctor
- information necessary to give informed consent prior to the start of any procedure and/or treatment
- the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences
- privacy and confidentiality regarding medical care
- privacy and confidentiality regarding communications and records pertaining to care
- reasonable responses to the request for services
- obtain information as to any relationship of the hospital to other health care or educational institutions
- refuse to participate in research projects
- reasonable continuity of care
- examine and receive an explanation of the bill, regardless of source of payment
- clarification of the hospital rules and regulations that apply to his/her conduct as a patient.

Patients' Responsibilities

Just as patients have a bill of rights that details the hospital's responsibilities towards them, patients have responsibilities towards hospitals. The following list is usually unwritten but understood by patient and care giver.

The hospital and care giver is entitled to:

- accurate and complete information regarding the patient's medical history
- cooperation once the patient has granted permission for tests and procedures
- consideration of other patients and staff
- assurance that a patients' visitors will show consideration of other patients and staff
- prompt payment of fees.

The interpreter has the following role:

You must be present to interpret for the doctor and the patient.

The Interpreter's Role

Insist that the care giver ask only one question at a time.

You will have to be present when various examinations are done. You may feel light headed or nauseated at certain procedures. Excuse yourself if you need to. If you are prone to squeamishness, consider turning down all interpretation cases involving the medical setting.

If you are working in a teaching hospital, sometimes medical students will be present along with the doctor and nurse.

If you feel that a cultural element is crucial to a patient's care, ask the physician to step outside and offer your observations.

Write down any instructions the patient might have difficulty remembering.

To protect yourself from disease, do not handle any body substances (urine, feces, blood, etc). Do not stand in front of a patient who is coughing. Watch for signs that indicate that you must check in with a nurse before entering, e.g., you might have to wear a mask to enter that room. Ask to wear a cover gown if you feel there is any chance that your clothing or skin will become soiled with body substances. Ask to wear a mask and goggles or glasses if you feel there is any chance that a procedures may produce splatter to your face (mouth, nose, ears, eyes).

THE AMERICAN SOCIAL SERVICE SYSTEM

Introduction

The American social service system serves human needs that are often served by the extended family in other countries. Services are provided by agencies established to help people meet basic needs and improve the quality of their lives. These agencies may be supported by government, religious, or private sources.

The social service system balances two beliefs in American society: self-reliance and independence vs. mutual cooperation. While Americans believe in taking responsibility for their own lives, jobs, and general well-being, there is also a strong belief in the value of mutual assistance. It is expected that people will contact others in a position to help them whenever the need arises, and that they should not be embarrassed to do so.

Characteristics

In the U.S., social service delivery, like medical service delivery, has become highly specialized. Each service agency and provider develops expertise in a specific area of need, for example geriatrics, youth, child welfare, or housing. Many local (vs. state) agencies, known as multiservice agencies, provide many services; however, even within these agencies each type of service is usually provided by a different person. The trend towards specialization has both good and bad points. To improve the quality and sophistication of services, professionals have emphasized specific areas of service.

However, social service providers sometimes focus so closely on their specific area of expertise that they ignore the client's overall situation. Quite often, no one social service provider has an overview of all the services that a client needs and whether they are provided. Sometimes a social service worker known as a case manager attempts to fill this gap and ensure that a client gets all the different services needed from a number of different agencies.

Sometimes all needs can be met in a single multiservice agency, but this is the exception rather than the rule. To receive multiple services, the client is often left to negotiate a variety of different agencies located in a number of different

places. Social service agencies are often large and impersonal. Many newcomers to the U.S. find this aspect of our social service system disconcerting.

Every state has its own system of social services with different rules regarding eligibility and availability. These services vary widely from state to state and even from community to community. Social services are usually available free or at low cost to people who qualify based on income or special need.

Most people think of social services as one-on-one counseling, but the functions performed by social service professionals are varied. Many social workers do provide one-on-one counseling to people who are experiencing emotional problems or long-term mental illness. Others work with groups of people, helping them deal with emotional problems or determine how to meet other needs, such as preparing to leave the hospital with a chronic illness. Some social workers provide leadership to community groups that are trying to rectify problems in their neighborhoods. Others serve as advocates for disadvantaged people by lobbying for new laws and programs that will aid those people. Each function is related to helping a person or group to make a change, whether it be on the individual, group, community, or state or national level.

The following types of social service agencies are found in most states, although sometimes under different names. Very often the actual provision of services will be subcontracted by the state to a local service provider, and the state agency will plan for and oversee the services.

Department of Employment: The main function of the Department of Employment is to provide job-hunting assistance, worker's compensation for people injured on the job, and unemployment compensation for people who lose their jobs. In some states, this agency also provides education and/or vocational training for people who need job skills before they can find employment.

Social Security: This federal agency provides those eligible with social security cards, retirement checks for people aged

Social Service Functions

Types of Medical Services

65 or older, and income checks for those permanently disabled.

Department of Public Welfare: This agency provides Aid to Families with Dependent Children (AFDC), which is financial assistance to families whose total income is below certain income levels. It also provides foodstamps, which can be used to purchase food items, to people with limited incomes. It administers Medicaid, which is health insurance for persons with limited income; Medicare, which is health insurance for the elderly; and General Relief, which is financial assistance for people with no or low income. It also provides emergency energy subsidies to people who can not pay their heating bills.

Department of Social Services (or Child Welfare): This agency provides counseling for troubled families and help for children who are abused or neglected by their families. This agency usually handles foster care as well.

Department of Mental Health: This agency provides outpatient counseling services for those who have emotional problems. These services can also include institutionalization for those who are suicidal or have long-term mental illness.

Department of Elderly Affairs: This agency provides help with housing, food, and counseling for the elderly. Sometimes they provide recreational services as well.

Other, mostly local service providers:

Drug Crisis Centers: provide counseling for drug users and their families, and anti-drug education programs.

Poison Control Centers: provide information about toxic substances and treatment for accidental poisoning.

Legal Aid: provides low-cost legal advice for low-income individuals.

Battered Women's Shelters: provide counseling and safe housing for female victims of domestic violence.

Homeless Shelters: provide homeless people with meals and places to sleep. Some also provide personal counseling and help finding permanent housing.

Many social service interactions involve a caseworker whose goal is to obtain knowledge about the client's situation so that he/she can provide effective help with problems. The caseworker seeks to work with the client to reach mutually agreed upon goals. Sometimes the caseworker is the coordinator, the one person who has a holistic view of a number of different services that a client might be receiving, while at other times the caseworker may provide counseling or services directly. A caseworker usually has a Master's of Social Work degree, or at a minimum a bachelor's degree in social work.

A typical role for a social worker is that of counselor. The social worker may provide one-on-one counselling or group counseling. The counseling may focus on one or a number of different needs, such as emotional problems, health related issues, parenting, or substance abuse. These professionals usually have Master's degrees in social work with advanced training in counseling in their area of specialization.

Some social workers play the role of client advocates, by helping clients to get services, or of lobbyists, by advocating for the rights of whole groups of people. Other social workers screen clients for eligibility for services such as AFDC, housing, or emergency fuel subsidies.

Interpreters are often called in to assist with cases involving counseling. This is one of the most challenging areas in which to work because the American approach to counseling is highly dependent upon the nuance of language, which puts an extreme burden on the interpreter. Trust is a key factor in the relationship between a counselor and his/her client, and with cultural and language barriers, trust between counselor and client is very hard to establish. Trust must also be established between the interpreter and his/her two clients. Consequently, the interpreter must take special care in deciding what cultural information to offer to the counselor.

The counseling relationship is based not only on trust, but also on confidentiality. Including a third party, the

Social Workers

The Interpreter's Role

interpreter, in the counseling relationship threatens the confidentiality of the relationship. Therefore, the interpreter must make it known early on to both the counselor and the client that all discussions will be kept in confidence.

In some cultures, clients expect counselors to make decisions for them; in the U.S., however, counselors provide information and advice, guidance and options, but expect the client to make decisions about changes and choices in their lives. Interpreters are sometimes seen as authority figures by clients of certain cultural backgrounds. They might look towards them to make decisions. The interpreter must distinguish him/herself from advice givers, regardless of the expectations a client may have.

Many social workers, especially those who work with children, make home visits. Interpreters who accompany social workers on home visits should be careful about their own safety because many of the homes they visit are in neighborhoods with high crime rates. Interpreters should make sure they have accurate directions to the home, do not wear visible jewelry such as necklaces or watches, and walk confidently, as if they know where they are going. They should also make sure that someone knows where they are going and when they are expected to return.

Many home visits entail probing into sensitive issues, such as domestic violence or child custody. Very occasionally, an interpreter might find him/herself in a potentially violent situation within the home. If, during a home visit, the interpreter feels the situation may escalate into violence, he/she should excuse him/herself from the scene immediately. If interpreters are traveling to the home separately from the social worker, to maintain safety they should wait outside the home for the social worker rather than enter the home alone. This also prevents the client from quizzing the interpreter about the case before the social worker arrives.

THE AMERICAN LEGAL SYSTEM

The most basic tenet of law in the U.S. is that the accused is innocent until proven guilty. In effect, Americans believe it is better to let ten guilty persons go free than to imprison one innocent person.

Another important tenet of law in the U.S. is that no one is above or below the law; in short, everyone is protected by the law.

Everyone has a right to have his/her case decided by a jury of his/her peers. In actuality, many courts do not rely on juries, but the concept is that the review is done by equals.

The American legal system also reflects the belief that the accused has a right to confront his/her accuser.

The American belief in justice and equality also translates into the view that every defendant, no matter how poor, is entitled to a lawyer. The court will assign a public defender to those who can't afford to hire their own lawyers.

In the U.S., laws are made by legislators elected by the public. Judges make certain that laws do not violate the U.S.

Constitution and interpret these laws in court. The function of the law is to regulate disputes and provide for a rational and civilized way of ordering society.³ Although many people think of the law as punitive, it is designed instead to protect us and to enable us to enjoy our rights.

Courts have these basic purposes: to render justice; to be impartial and fair; to provide a forum for the resolution of disputes; to protect individuals from arbitrary use of government power; to make a record of legal status; to deter criminal behavior; to rehabilitate criminals and separate dangerous persons from society; and to inform society about what behavior is lawful and what behavior is not.⁴

It is useful to remember that in the U.S. system, a verdict of "not guilty" does not conclude that the defendant is innocent. Not guilty means that the jury is not convinced beyond a reasonable doubt that the defendant carried out all the elements of the crime with which he/she has been charged.

American Beliefs

The Function of Law

Also, sometimes a person is found not guilty even though it is known that he/she committed the crime. This happens when laws prevent certain evidence from being accepted in court, or when a person is ruled insane.

Kinds of Cases

The law deals with two kinds of cases, civil and criminal. Civil cases involve private conflicts between people or institutions. Criminal cases involve the enforcement of public laws that society feels are necessary. These include theft, murder, assault, and robbery. Individuals bring civil cases; the state brings criminal cases.

Civil cases often involve domestic relationships such as divorce, child support, and automobile accidents. However, if a civil case involves behavior that breaks laws, such as drunken driving, the case may be tried as a criminal case.

Most disputes do not go to trial. They are resolved out of court by the parties involved, often with legal guidance.

Courts

Most cases are handled in state courts. Each state can decide its own court structure, as long as it operates within the tenets of the state's constitution and the U.S. Constitution. Most state Bar Associations publish overviews of their state court systems; we suggest that you purchase the one from your state's Association.

Federal courts are usually established in large cities. Cases filed in federal court are those which relate to a federal statute or provision in the Constitution that relates to that case.

In general, courts are divided into three levels: general jurisdiction, where cases start; appellate courts, where appeals are first heard; and supreme courts, which have final authority on both cases and the constitutionality of the laws by which they are tried. Thus, higher courts review the work of lower courts.

The type of court most familiar to the public is the trial court, which handle most of the case loads.⁵ Most states have trial courts with limited jurisdiction.

Lawyers

The lawyer's role is to counsel, negotiate, and advocate for clients. In a civil case, lawyers work for the parties involved in the suit. In a criminal case, the prosecuting attorney represents the government, and the defense attorney represents his or her client. Those defendants who cannot

afford to retain a private lawyer will be assigned a public defender by the presiding judge.

Lawyers are governed by a code of conduct, and each state has a disciplinary agency that investigates lawyer misconduct.

Judges

The judge is the "referee" in the American system of legal dispute. The judge rules on points of law and procedure.

Judges are often also responsible for setting and revoking bail, issuing arrest and search warrants, ensuring that defendants are informed of the charges against them, ruling on pre-trial motions, and setting punishment.⁶

Judges, whether appointed or elected, are also governed by a code of conduct and subject to sanction for misconduct.

The court clerk or bailiff administers the oath and handles physical evidence and other administrative aspects of a trial.

The bailiff keeps order in the courtroom, calls witnesses, and leads the jury in and out of the courtroom. The bailiff also ensures no one outside of the courtroom tries to influence the jury.⁷

The court reporter records everything that is officially stated while the court is in session.

The jury, whose size varies, hears the case and decides in favor of either the prosecutor or the defendant.

Only take cases where you can perform accurately.

Interview the non-English speaker prior to the initial court appearance to instruct the person how to use you effectively during the proceedings. Get approval of counsel before you contact the non-English speaker—counsel might wish to be present at the pre-appearance interview.

Appear at court on time and report immediately upon arrival to the clerk of the court. You will be sworn in for the record before interpreting for a proceeding.

Use the first person singular when interpreting for a non-English speaker giving testimony or in dialogue with another person. Attorneys should ask questions in the second person and interpreters should answer in the first.

Stand up if the judge talks to you or if you talk to him/her. At all times address the judge as "Your Honor." Address the court and identify yourself as the interpreter using the third person singular to protect the record from confusion (for

Other Courtroom Personnel

General Guidelines for Interpreters

example, "The interpreter requests...").

Even though the foreign language translated during a trial is understood by jury members and others, the translated testimony into English is evidence.

Do not discuss publicly, report, or offer an opinion concerning a matter for which you have been engaged and while such a matter is pending.

Do not speak with defendants, witnesses, or their families before, during, or after a trial except in the presence of their respective attorneys.

Maintain an impartial attitude at all times and avoid unnecessary discussions with counsel, parties, witnesses, families, and/or interested parties, either inside or outside the courtroom.

You may not be used as a witness against a defendant/witness regarding information you may have learned in an attorney/client interview. You must not answer questions about such conversations.

Do not disclose details about client/attorney conferences to anyone. If you feel that a party is acting unethically, then you must discuss the matter with the judge.

Do not accept a case in which you have any interest, direct or indirect. Do not accept gifts, gratuities, or favors of any kind.

Do not use for private gain or advantage the court's time or facilities, equipment or supplies. Don't use or attempt to use your position to secure unwarranted privileges or exemptions for yourself or others.

Do not serve in any proceeding in which you are an associate, friend, or relative of counsel for a party, or a witness; or when you, your spouse, or child are a party to the proceeding or have a financial interest or any other interest that would be affected by the outcome of the proceeding; or when you have been involved in the selection of the counsel.

Prior to providing professional services in a proceeding in court, you will be required to disclose on the record any services that you may have previously provided on a private basis to any of the parties involved in the matter, as well as any other facts that could be reasonably construed as affecting your ability to serve impartially or as constituting a conflict of interest. This disclosure should not include confidential information.

Interpreters assigned to a trial may not provide translating services to attorneys, unless permission is granted by the judge.

Do not give legal advice of any kind whether solicited or not to anyone. In all instances, for legal guidance the non-English speaker will be referred to counsel or to court. You may give information to a non-English speaker regarding only the time, place, and nature of the court proceedings. All other matters should be referred to court or counsel.

Never act as an individual referral service for any attorney. When asked to refer a non-English speaker to an attorney, refer the individual to the local Bar Association in civil or criminal matters if the person can afford private counsel, or, if not, to the Committee for Public Counsel Services in criminal matters or the local Legal Aid office.

You shall be positioned in full view of and spatially situated to assure proper communication, but do not obstruct the view of the judge, jury or counsel. You will always be positioned so that the non-English speaker can hear everything the court interpreter says and so that you can hear everything that is said. Remain beside the non-English speaker during the entire trial and next to the attorney, unless the attorney speaks the language of the non-English speaker.

Stand next to the witness at the witness stand. Maintain a low profile, speak at volumes appropriate to the context, and be as unobtrusive as possible. Avoid excessive movement of the head and body and do not wave your hands and arms unless those testifying do so. Never chew gum in court.

Be familiar with the courtroom layout, particularly the location of the microphones for the electronic recording of the proceedings.

Don't leave the courtroom until the proceedings are terminated or unless you are excused by the presiding judge or other appropriate court employees. During brief recesses, you should be available to court and counsel as necessary.

Have legal and bilingual dictionaries readily available for consultation.

Withdraw from any case in which your performance will be affected due to lack of proficiency or difficulty in understanding the speaker for any reason.

If, when interpreting consecutively, you are allowed to take

notes, destroy them at the end of the day.
Don't summarize court proceedings unless instructed to do so by the court.

Guidelines for the non-English Speaker

Tell the non-English speaker:

- You will translate any statements or comments at all times.
- He/she should not ask you direct questions concerning legal advice or explanations on any statement made during the proceedings.
- He/she should wait for the full interpretation of the English before responding to a question.
- He/she should not initiate any independent dialogue with you.
- He/she should not maintain eye-contact with you.
- If you think that his/her level of literacy and language fluency is such that he/she does not need interpretation, you will tell the court and counsel.

Lastly, familiarize the non-English speaker with the interpretation mode to be used and with the hand technique used for segmenting long testimony

If there is a word, phrase, or concept you don't understand, tell the court so that, at its discretion, it can order an explanation, rephrasing, and/or repetition.

When the court or counsel uses a word, phrase, or concept which you think may confuse the understanding of the non-English speaker, particularly when a concept has no cultural equivalent in the non-English speaker's language, or when such a concept may prove ambiguous in translation, inform the court.

If you do not remember a question due to time lapsed, ask to have it repeated. Do not guess at its wording.

Whenever you discover an error of your own while still at the witness stand, correct the error at once, first identifying yourself for the record. If you realize the error after testimony has been completed, request a bench or lobby conference with judge and counsel, explain the problem, and then make the correction on the record.

When an alleged error is perceived by someone other than you, that person should, if testimony is still being taken from

the stand, bring the allegation to the attention of the court. At that time the court will determine, first, whether the issue surrounding the allegedly inaccurate interpretation is substantial enough to warrant determination. If the court agrees that the error could be prejudicial, then the court will hear evidence as to what the correct interpretation should be from experts submitted by both counsels, from the court interpreter, and from any other experts selected by the judge. The judge will make a final determination of the correct interpretation. If the determination is different from the original interpretation, then the court will amend the record. If anyone questions your choice of words, stand on your own interpretation.

Do not correct another interpreter publicly. Advise him/her privately so that the record can be corrected. Give the interpreter time to correct the record. If he/she does not, and you feel it is important, speak to the judge and let him/her handle it.

If someone harasses you, do not argue with him/her. Let the court handle the problem. If it becomes too unpleasant, ask to be excused from the case and replaced by someone else. If a witness testifying in a foreign language occasionally uses a few words in English, repeat such words for the record so that a person listening to the recorded proceeding can continue following your voice. However, if the witness utters a full English response other than yes or no, don't ask the witness to respond in his/her native language. Instead, remain silent so that the parties become aware of the English response and await the court's direction.

When an objection to a question posed by an attorney is made, interpret the original question but instruct the witness by hand gesture not to answer until the court has ruled on the objection. If the witness has already started answering, or if the objection is to a portion of the answer and you have not finished interpreting, stop the interpretation and await the direction of the court.

Whenever a serious communication problem arises between you and the non-English speaker, or whenever there is a need to instruct anyone as to the proper usage of your services by such non-English speaker, bring the matter to the immediate attention of the court or counsel so that time will be allowed to solve the problem.

Except in the case of certain gestures or grimaces that may have a cultural significance, do not offer an explanation or repeat a speaker's gesture or grimace.

Do not correct erroneous facts.

If you believe that the quality of your interpretation is about to falter because of fatigue, inform the court so that a recess can be considered.

REFERENCES

¹*The American Heritage Dictionary*, Second College Edition. Houghton Mifflin Company, 1985: Boston.

²*Interpreting: An Introduction*, Nancy Frishberg. Textbooks in Interpretation, RID Publications, Silver Spring MD: 1986.

³*Law and the Courts, A Handbook About United States Law and Court Procedures*, American Bar Association, Chicago.

⁴*Ibid* p 12.

⁵*Ibid* p 15.

⁶*Ibid* p 24.

⁷*Ibid* p 45.

