

Occupational Hazards in a Hazardous Occupation: Issues of Health and Safety in Translation and Interpreting

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ABSTRACT

This paper examines the occupational health and safety hazards that interpreters and translators face in peacetime. It concludes that there are psychological, physical, emotional and professional risks involved and recommends further empirical research to understand these risks and their impact on interpreters and translators.

INTRODUCTION

In a world that is increasingly becoming alarmist, awareness of potential risks and dangers in professional settings is becoming crucial for the survival of translators and interpreters in both peace and war times. This article sheds the light on some aspects of the occupational and hazards faced by translators and interpreters.

WARTIME, PEACETIME

While wartime hazards and risks have been recently examined (Baker, 2006; Ali, 2006; Salama-Carr, 2007) in conflict zones, little is understood about the occupational hazards faced by translators and interpreters in peacetime and in stable and democratic societies. That is natural and expected—when an interpreter, for example, is killed by insurgents for collaboration with the *enemy*, it is an obvious eventuality that calls for closer examination as a curious phenomenon although it sometimes goes unnoticed in the chaos and confusion of war. More than anything else, the invasion of Iraq of 2003 has highlighted this high-risk aspect of the profession. Salama-Carr (2007) confirms the observation that translators and interpreters can be confronted with many different forms and varying degrees of immediacy of conflict. “They may be operating as agents placed on the frontline of war zones, with all the occupational hazards which the posting entails” (6-7). According to Krane (2005) from the Associated Press, more than 40 percent of the 300 civilian contractors killed in Iraq in 2005 were interpreters.¹ Aware of the risks involved in working in such hostile conditions, translators and interpreters have recently asked for recognition of the neutral and impartial status of interpreters in such conditions. Kahane (2009) highlights “the need for the international community

and institutions to grant us their recognition and protection endowing us with the necessary instruments and protection that will enable us to continue with our work".² Whether such status can be granted remains to be seen. However, getting warring parties to respect such a status is completely another thing. In today's total change of the rules of engagement and devaluation of ethics no one caught up in the crossfire would expect to be spared such risks.

In peacetime and in law and order societies, the occupational hazards for translators and interpreters, while not as dramatic and intense as those hazards in wartime, still pose significant risks to practitioners. One would safely presume that in these conditions, interpreters are at higher risk than translators. But as we shall explore later on, such presumption is not quite true in some cases. However, given the diverse nature of the work of interpreters and the face-to-face contact with clients and other parties within the interpreting setting, there are potential and real risks to the interpreter.

OCCUPATIONAL HEALTH AND SAFETY

Every worker has a right to healthy and safe work and to a work environment that enables them to live a socially and economically productive life. Authorities have been aware of the importance of safety at the workplace, and Occupational Health and Safety Acts have been enacted by governments to ensure workers are safe and protected from risk. However, as concluded by the National Research Centre for Occupational Health and Safety Regulation, the Australian Occupational Health and Safety legislation is its lack of uniformity.³

What is OHS?

The New South Wales Workcover website provides the following definition of OHS:

Occupational health and safety (OHS) refers to the legislation, policies, procedures and activities that aim to protect the health, safety and welfare of all people at the workplace.⁴

In the body of literature on the interpreting and translation profession, there is scanty information about OHS. The only explicit discussion of this topic is in Sign Language. The major area of concern for Sign Language Interpreters in occupational health and safety terms is overuse injury. "Over the past ten to fifteen years, the range of overuse injuries have been collectively referred to as Repetitive Strain Injury (RSI). The current term which is used in the occupational health field is Occupational Overuse Syndrome (OOS)".⁵ The literature at hand has not revealed any useful information on OHS in other areas of interpreting. Napier, et al (2006: 137) confirm that OOS is a particular hazard for interpreters who spend prolonged periods doing monologic (one-way) interpreting, which results in physical and mental stress.

OCCUPATIONAL HAZARDS

While OHS acts have been passed to ensure the physical safety of workers, very little is done with respect to the various effects of interpreting mediation on the interpreters themselves. These effects include physical and psychological effects of mediation. In 2006, a female doctor was stabbed to death by her patient in a consulting room at a medical centre in Melbourne. While this incident did not involve interpreters it highlighted the potential risk for professionals working in the medical and healthcare sector. Beyond physical harm, there is also psychological and emotional hazards to which interpreters are exposed.

Pöchhacker (2004) discusses the ecology of interpreting and the working conditions of interpreters, which involve a number of stressors that raise concerns about the occupational health hazards. While workload studies have addressed the physical, physiological and psychological aspects of the interpreting profession, with respect to stress and health, especially in conference interpreting, there is very little space given to other aspects of occupational hazards confronting the interpreters. Pöchhacker (2004:173) argues that occupational health hazards for interpreters in community work involves the risk of infection in medical settings and threats to personal safety, as in policy and legal settings. Both the physical and psychological effects of such encounters can cause post-traumatic stress. "Such health risks, together with low levels of compensation, have been cited as reasons for interpreter burnout..." (173).

Psychological Effects

Interpreters working in healthcare often mediate between doctors and patients, with terminal illnesses, psychiatric disorders or patients who are undergoing surgery. More often these mediation settings are stressful not only to the patient but also to the interpreter. Most interpreters are not trained to deal with medical situations as these. They may have been trained to interpret medical content, but for the main part, they do not receive training as part of their interpreting development. The extent to which such affects these interpreters emotionally and psychologically is not known. However, studies of trauma effects on victims of accidents show that people witnessing such events are affected psychologically and emotionally. According to Valero-Garcés (2005), this aspect of the profession remains unexplored in the community services sphere despite its importance. She concludes that community interpreting involves a high probability of having to face events that sometimes surpass people's habitual confrontation levels, highlighting the need for developing the resources of psychological and emotional support. She recommends that one of the first steps is to raise awareness and recognition among community interpreters, employers and service providers of the risks negative psychological or emotional effects have on this profession.

Health Hazards

Nurses and other medical workers are given the option to receive immunization for infectious and contagious diseases. While in some instances interpreters have been given the option to receive free immunization against the influenza, immunizations against other infectious and contagious diseases are not offered. Unless the interpreters are aware of the health risks of working in a hospital environment, they will not ask for immunizations, especially if they have to pay for them. The risk is real. Interpreters often find themselves mediating in high-risk areas in hospitals, psychiatric wards, and maternity wards. Instances of female interpreters mediating during a cesarean birth, having to relive their own traumatic experiences, have been reported. During the time when illegal immigrants and so-called boat people were arriving in Australia frequently and in large numbers, the authorities set up detention and processing centres. Many interpreters were recruited to mediate between the authorities and these illegal entrants, the majority of whom came from the Middle East and South East Asia. While the conditions they were held in were good in comparison, the sheer large number of people, with all sorts of communicable diseases, such as tuberculosis, held in one place, posed real health risks to those who came in contact with them including interpreters. No precautionary measures were taken to ensure the risks to interpreters were minimized or eliminated.

Physical Threat

About 30 years ago, I was interpreting in a court of law in a Middle Eastern country. A young man accused of raping a nurse and of possession of a firearm was on trial. When I finished and was about to leave, I walked past the defendant in a holding cell outside the courtroom. As he saw me he started pleading with me to *intercede* with the judge to set him free. When I told him I was only an interpreter he became very agitated and started making threats. Over the years, I have experienced and observed many instances of this nature in advanced countries. Unfortunately, in court interpreting, the interpreter is on the one hand seen to be part of the legal system or to be taking sides with one party against the other. On the other, the legal professionals often see the interpreter as an extension of the parties involved in the legal case and is sometimes treated with disdain or suspicion. In the former situation, there are potential physical risks. In the latter, the effects are psychological, emotional and professional.

What about the Translators?

It is generally the practice that translators of legal documents stamp their translations with their own stamp showing their personal details. In situations where police investigations, legal trials and other forms of enquiry require attested translations, the potential of the translator's details falling into the "wrong" hands exists. Given that not many people understand the neutrality of the translator, the translator may become a target. This might sound alarmist, but the fact is that translators and interpreters are exposed to the same risks as other

professionals dealing with similar cases. A few years ago, I suggested the use of codes rather than explicit personal details, but the suggestion was seen as a gimmick of some sort. The world is changing and vigilance is required not only in obvious situations, but also in areas similar to the ones described in this paper.

Apart from the physical risk of revealing one's identity in translated documents, the translators are prone to occupational diseases. Castellano (1983) reports that the main risk to the translator's physical health is the mental stress caused by pressure from clients for unreasonable delivery times and self-induced factors such as accepting too much work. As observed in previous work, a round-the-clock modus operandi is adopted by freelance translators who work mostly from home. This mode of work is detrimental to health and life quality of these breadwinners and to the quality of their work. Long working hours at the computer, without breaks, are bound to cause health problems including poor eyesight and neck and back problems.

CONCLUSION

It is clear from the above review that little is understood of the occupational health and safety issues relating to the interpreting and translating profession in peacetime. Interpreters in particular are exposed to real and potential risks that in many instances go unnoticed or if they are noticed, they are not recorded as relating to the profession. Occupational health and safety are important aspects of any profession. Interpreting is no exception. So far, very little research has been published on this critical aspect. A further study is recommended to examine this area of the interpreting and translation profession. Empirical data will reveal further findings to support these preliminary observations and anecdotal evidence.

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Notes

¹ <http://www.corpwatch.org/article.php?id=12281>

² <http://www.aiic.net/ViewPage.cfm/article2363.htm>

³ <http://ohs.anu.edu.au/ohs/index.php>

⁴ <http://www.workcover.nsw.gov.au/OHS/Pages/default.aspx>

⁵ <http://aslia.com.au/o/content/view/20/54/>