Submitter: Felicity Ratway

On Behalf Of:

Committee: Senate Committee On Rules

Measure: SB612

Esteemed Chair and Members of the Committee,

I am a Spanish-English health care interpreter, and I have been asked to interpret for patients whose native language is an indigenous language more times than I can count. Despite my best efforts, I know that this does not support the needs of the patients I am interpreting for, and often staff and medical providers leave the appointment frustrated because they did not understand one another and crucial medical information was lost. Other times, family members who speak Spanish end up speaking for the patient, and the patient says only a few words throughout the appointment.

Where possible, I intervene to ask whether the patient would prefer an interpreter in another language. However, even when the patient says yes, many times clinic staff respond that they tried to secure a Q'anjob'al or Quiché or Purépecha interpreter, but none was available. Often, the language companies that send me to appointments do not pay rates high enough for indigenous interpreters to be able to make a living. Interpreters of languages of lesser diffusion are able to secure fewer appointments than those who interpret for common languages like Spanish or Russian, and need higher rates to be able to make ends meet. Clinics and hospitals that serve indigenous patients, particularly those with limited resources, often choose to go through the most affordable language company or the one that will be reimbursed by the patient's insurance, even if that particular language company is not able to secure an interpreter that can meet the patient's needs.

Sometimes, patients are asked to make impossible choices. Imagine being hard of hearing and struggling to hear over the phone, yet being asked to choose between having an interpreter in your preferred language over the phone, or having an interpreter in a second language in person. Imagine being asked to delay care to see whether an interpreter in your language is available, or get immediate care but without interpretation in your language.

In addition, indigenous interpreters face barriers to credentialing without a means of demonstrating language proficiency. An exemption to language proficiency testing has been OHA's solution, but this does not substitute for evaluating of proficiency in indigenous languages. Investment is needed to develop a process for evaluating the proficiency of indigenous health care interpreters that is informed by experienced indigenous interpreters working in the field.

While I work primarily in health care, I am sure that similar problems exist in other settings.

In order to ensure language access for speakers of indigenous languages, I urge your support on SB 612.

--Felicity Ratway, MA, CMI