

Oregon's role in fighting the 'Race to the Bottom'

By Barry Fatland,
Director of Academic Training,
National Institute for Coordinated Healthcare (NICHC)

What is this “race to the bottom”?



We have all had experience with the 'race to the bottom' without calling it that.

- Freelance interpreters
- Agency owners
- LEP patients and their families
- Directors of Language Access Programs



It's that innate pressure of the 'market system' to keep offering us less per hour for what we do, or have less to offer us, in the case of agencies or hospitals.

We leave the profession and LEP patients suffer from not having our experience at their service.

The “Hub” as a solution.

- Innovative
- Exciting
- Unifying (potentially)
- Can't be accomplished with just a handful of people

More on this later.

What has been the role of Oregon
in the national profession?

Oregon

- Highest standards for medical interpreters
- State financing of 5 languages for the NBCMI
- Most coordinated efforts to date to increase standards
- Chance to leap ahead

The biggest gain for our relatively new profession is the development of national certification.

Where do we stand after 7 years?

- We now have 2 accredited national certifying bodies for our profession.
- Seven short years ago there were zero.

- Medical interpreters led this effort and for years. And very few of them did this as their job. They were, for the most part volunteers.

- CMI -



- CHI™



- How many languages are there in the world?
- How many languages are available for national certification?

- CMI



1. Spanish
2. Mandarin
3. Russian
4. Korean
5. Vietnamese
6. Cantonese

- CHITM



1. Spanish
2. Arabic
3. Mandarin

- Any idea about the total number of certified medical or healthcare interpreters for both the CCHI & the NBCMI?

- The total number of certified medical or healthcare interpreters for both the CCHI & the NBCMI?
- Around 3,500 to 4,000.

Oregon is not Washington

(although recognizing that many interpreters in southern Washington do interpret in Oregon is much appreciated)

Why say “Oregon isn’t Washington”

Many of you have heard about the union gains in Washington State.

We were facing a very different set of conditions there that set this all in motion.

In Washington, we were brought together by a different set of conditions that I could review later, if you like, but these conditions don't exist here.

- What is our main goal as professional medical interpreters?

- What is our main goal as professional medical interpreters?
- Shouldn't it be to be the best message conveyor possible?
- Isn't this what LEP patients both need and deserve?



- Doesn't it often turn into "How can I survive doing this and keep paying my bills and maintain my sanity?"



- In the meantime, what is happening to many of our experienced, talented medical interpreters?

Is there anything that we can do as
healthcare interpreters?

You have the tremendous advantage of having both the highest standards and now a proposal that will help and encourage you all to work more closely together to stop the race to the bottom.

We face many different work environments:

- Fulltime hospital / clinic staff
- Freelance interpreters
- Remote interpreting (Telephonic or Video from home or at a call center)



The key thing is to realize the the
OHCIA Board can't do it all.



Take a close look at the proposed 'HUB' that Susy just spoke about, and see what you can do as an individual or with friends or co-workers.



Oregon doesn't yet participate in the Federal Medicaid interpreting reimbursement program.

Currently only about 15 states do, with NY being one of the latest additions.

The impact of this aid on Washington.

Whether we're staff interpreters or freelance, adequate pay is key, right?

- Compare ASL or Court-certified with medical.
- What's the difference based on?

Who knows most about the issues
facing healthcare interpreters?

How many of you have worked to get the non-English media (visual or print) to get out the word to different communities about their rights under Title VI?

It's easy and free and they're often desperate for relevant news.

Have you worked with others to
publicize what it is that we do as
interpreters?

International Translators Day,
September 30th? (yesterday)

National minimal standard for medical interpreter training being raised to 60 and soon to 80 or 100 hours.

Some have proposed requiring a BA.

There are a lot of questions that you will likely have about hourly pay, from the perspective of:

- Freelance interpreters
- Language agency owners
- Hospitals and clinics

The answers are all related to how well everyone here today does in getting our profession better known, better organized, and developing more interpreters who want to play a part in making this happen.

Our profession is new and changing rapidly.

It will change in the direction that medical interpreters want it to change, only if we are involved in the process.

Each and every one of us.



ALL TOGETHER
THE LANGUAGE ACCESS
REVOLUTION

Stopping the “Race to the Bottom” will help LEP patients and their families, hospitals and clinics, language agencies and it will create more jobs for interpreters.

I promise you that I will do everything that I can as an individual, together with others, to make this happen.