

<博士学位論文要旨>

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論文題目： Development of Medical Interpreting in the United States

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Abstract

With globalization proceeding apace, medical institutions find it necessary to ensure accurate and speedy communication between patients and medical professionals, but only a limited number of countries have professionally trained medical interpreters. This study will attempt to clarify the process of development of medical interpreting.

Chapter One outlines the situation in Japan and other countries. In Japan, the number of foreign residents has been increasing steadily since the immigration control law was amended in 1990. Recently, however, the number of foreign visitors has grown dramatically, but the development of medical interpreting has just started. Some local governments have taken the initiative to train medical interpreters and to build their own systems to employ them, but there has yet to be a national blueprint for doing so. With medical interpreting becoming an international issue, this study has chosen the United States, an advanced country in this area, as the place for field research. This study aims to analyze oral histories of medical interpreters in order to identify stakeholders who subjectively contributed to developing the profession and to figure out what roles they have played in the process.

Chapter Two reviews papers on medical interpreting studies. Most of them shed light on issues through the viewpoints of physicians. Only a few research studies conducted by medical interpreters themselves. Development of medical interpreting as a profession has been treated as a secondary issue. With these findings in mind, I decided to clarify the entire development process by identifying how stakeholders, including medical interpreters, were involved in the process.

Chapter Three describes my methods: Oral histories to analyze subjective narratives on private issues such as how people became medical interpreters and what challenging experiences they can recall. Due to a lack of written materials regarding the beginning of

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medical interpreting, I searched for the initial members of medical interpreters associations to obtain materials they have preserved. I tried my best to recruit targets with different countries of origin and ethnicity. Since oral histories have been criticized due to the unreliability of peoples' memories and misinterpretation of their meanings, I confirmed with several targets about incidents they experienced together and have meticulously checked their narratives with written materials.

Chapter Four provides general information about a total of twenty-nine targets who worked between 1979 and 2013, outlines of each oral history and four themes: (a) advocacy; (b) stakeholders; (c) perspectives on the profession; and (d) motivations. The targets come from twenty countries and speak twenty-five languages including less common languages such as Khmer, Hmong, Tibetan, Nepali, and Navajo. Fourteen of them were immigrants, five were refugees, and one was a resettler. Seven married U.S.-born citizens. Six studied abroad, in the United States, or another foreign country. A total of eight were the first staff interpreters at their institutions, and ten assumed management positions. A total of seventeen have worked as professional trainers, while six were the initial group members of the Massachusetts Medical Interpreters Association, the world's oldest NPO for professional medical interpreters, founded in Boston, Massachusetts, in 1986. They recounted how a small group of staff interpreters gathered to share difficult cases at work, before developing their circle into a professional association. Professional associations published their own technical standards in order to establish minimum requirements to be professionals. They took the initiative in advocacy activities to secure professional status by collaborating with a wide variety of stakeholders. Individual motivation to become a medical interpreter varied depending on each person's ethnic roots, family environment, language and cultural barriers they experienced, however, their primary role as practitioners has been to work as a bridge to facilitate communication.

Chapter Five focuses on the civil rights movements of the 1960s, which broadly changed social values in the United States. They remembered how Asians, Hispanics and Native Americans carefully observed the civil rights movement of African-Americans, which motivated them to demand equal rights to public services. Medical interpreting services gradually came to be considered an important tool for securing equal access to health care for people with limited English proficiency (LEP). Under such circumstances, many stakeholders became involved in the process of developing medical interpreting. This study highlights the coincidence of the influx of immigrants in the 1970s and the introduction of informed consent as a standard practice due to a series of malpractice cases across the country. Together, these two factors caused medical professionals in general to give importance to medical interpreting.

I examined stakeholders' roles. The federal government enacted laws and encouraged

state governments to comply with them, establishing two main agencies for this purpose: The Office of Minority Health and the Office for Civil Rights under the Department of Health and Human Services. State governments have varied in their language policies, and they all implemented measures at their discretion. They recounted that the enactment of laws created jobs for them and led society to recognize their professional status to a considerable extent. However, the legal status of professional medical interpreters has not been secure enough in that the laws stipulate that LEP patients must be able to secure meaningful access to health care. These laws don't state LEP persons should be provided with professional interpreters. The United States' policy has been consistent in trying to ensure equal access to health care for the entire population, but it allows bilingual staff, volunteers or anyone competent to interpret. Physicians played an important role in conducting studies that encouraged policy makers, government agencies, and foundations to promote medical interpreting. They referred to specific physicians who worked closely with professional medical associations to help enact state laws regarding medical interpreting. The positive stance of physicians helped medical interpreters secure status as members of the health care team. Some foundations which questioned ethnic disparities in health care outcomes played an important role in funding demonstration projects of medical interpreting and large-scale surveys or research. The development of medical interpreting in the United States is characterized by the positive involvement of foundations as financial supporters.

Professional medical interpreters associations played an important role as advocates for the profession. Their bottom-up approach to building their certification testing systems deserves particular attention. They have taken the initiative in overcoming technical issues by gathering hands-on knowledge from practitioners. They have served as clearinghouses to disseminate crucial information for newcomers to the profession. They have developed standards such as the code of ethics and standards of practice to ensure good practice. All the technical groundwork was established by them.

The initial stage of medical interpreting was characterized by the presence of native-English-speaking leaders. But upon obtaining English fluency, members with refugee and immigrant origins joined the leadership. Such diversity has enabled these associations to develop culturally- and linguistically-appropriate interpreting. They made decisions to become medical interpreters because they knew the profession would enable them to take full advantage of their language and cultural backgrounds and to work as a cultural bridge. A common contribution by medical interpreters has been as educators at work by showing physicians and other medical professionals how to work efficiently with them. Many have been professional trainers of fledgling interpreters.

This study discusses several factors behind the development of medical interpreting services: Legislative framework, civil empowerment, professional medical interpreters

associations' initiative in publishing standards, advocacy movements, and collaboration with multiple stakeholders. This multiplicity of factors has produced the synergy needed to promote the social status of medical interpreters in the United States. Most of the practitioners at the initial stage of medical interpreting have retired, and their whereabouts are unknown, and most of the resources from that time have been lost, so many of the interviewees and stakeholders I contacted have strongly requested that I preserve their accounts for future generations. Their narratives mirror their dedication, their rationale for choosing the profession, and their strategies to overcome challenges. I have dared to write in English, rather than my native Japanese and my second language Spanish, believing that it will fulfill their expectations and enable me to share heretofore untold stories of pioneers in this field, complete with their practical knowledge, with potential stakeholders and aspiring interpreters around the world.

This study provides a new perspective by analyzing chronologically the oral histories of twenty-nine medical interpreters, covering the time from the inception of the profession to the present day. Their subjective accounts identify not only stakeholders who promoted the development process, but also the challenges that medical interpreters have faced at work. This study expects to serve as a lesson for many countries searching for ways to establish a system of medical interpreting as well as for Japan, where people are just starting to call for building a system that takes into account the many and diverse issues that interpreters face.

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