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Interview: Interpreter Consumer and Deaf Advocate Filip Verstraete

Ineke Crezee
Auckland University of Technology, ineke.crezee@aut.ac.nz

George Major
Auckland University of Technology, george.major@aut.ac.nz

Interview: Interpreter Consumer and Deaf Advocate Filip Verstraete

Ineke Crezee[1]

Auckland University of Technology

Filip Verstraete

Federation of Flemish Associations for the Deaf (FEVLADO)

Abstract

Filip Verstraete has been involved in advocacy work for Deaf people in Flanders, Belgium, since he was a young adult. Belgium has three official spoken languages (Dutch, French, and German), and is divided into three communities. Moreover, the signed languages used in the Dutch speaking community (Flemish Sign Language or VGT) and the one in the French speaking part (la Langue des Signes Francophone-Belge or LSFB) are also recognised by the regional parliaments. The Flemish Community exercises authority in the Flemish-speaking region, whereas the French community exercise authority in the French and German speaking regions. The Flemish and French communities both have authority in the bilingual Brussels–Capital area.

Filip's work has included giving lectures and presentations, lobbying at the highest level, and generally raising awareness of the rights of Deaf people in Flanders. Filip was recently appointed Director of FEVLADO: the Federation of Flemish Associations of the Deaf. In this interview, Filip shares his experiences in working with interpreters in healthcare settings, his views on remote interpreting services in Flanders, and recommendations for interpreter educators, students and practising sign language interpreters. The interview follows a presentation by Filip at a medical interpreting congress organised by the University of Leuven in December 2014.

[1] *Correspondence to: icrezee@aut.ac.nz*

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Interview: Interpreter Consumer and Deaf Advocate Filip Verstraete

Filip Verstraete was recently appointed to the position of Director of the Federation of Flemish Associations for the Deaf. He is Deaf, as are his wife and three children. Filip has been involved in advocating, lobbying and raising awareness of the needs of Deaf people at the highest level since he was a young adult. He set up an organisation for parents of Deaf children when his own three children were born. Filip likes travel, spending time with his family and running half marathons.

Ineke Crezee is Senior Lecturer in interpreting and translation and has been involved in developing health interpreter education in New Zealand since 1991. Her textbook *Introduction to Healthcare for Interpreters and Translators* (2013) is currently being adapted for Arabic-, Korean-, Japanese-, and Chinese-speaking interpreters. Ineke loves reading, walking her dogs and running with friends.

Ineke: You are a well-known advocate for the rights of Deaf people at the highest level in Belgium and surrounding countries and you often travel abroad to this aim. Can you tell us something about your background and how you gradually evolved in this role?

Filip: I grew up in a Deaf family myself and attended schools for the Deaf. In my school days, Deaf people were not given the opportunity to participate in mainstream education through an interpreter. Deaf education was not of a very high level, and this made it impossible to access higher education afterwards. I received a Certificate in Sales and Administration and entered the labor market with that. By the time I turned 18, I was already involved in managing a Deaf club for young people on a voluntary basis, and later was involved in starting the national federation for young Deaf people. I am the founder of what is now known as Jong-Fevlado, the Flemish Federation for Young Deaf People.

I married a Deaf woman and we have three Deaf children, so I decided to start an association for parents of Deaf children called ODOK (short for [Vereniging voor] Ouders van Dove Kinderen). By 22 years of age, I had joined the Board of the Federation of Flemish Associations for the Deaf (Federatie van Vlaamse Dovenorganisaties, FEVLADO), which has over 100 Deaf organizations affiliated with it, including all the Deaf clubs and their divisions. Later on, FEVLADO asked me to start working for them. This allowed me to build on my experience over time: I got increasingly involved in lobbying, giving presentations and lectures and getting involved in awareness-raising programs. I was recently appointed as the director of FEVLADO, and in this position I am responsible for 18 staff.

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Ineke: What does FEVLADO do, and does a similar organization exist in the French-speaking community of Belgium (the Walloon region)?

Filip: FEVLADO has two important objectives: first, advocating for those who are Deaf or hard-of-hearing, and, second, supporting member organizations. A special division called *Fevlado Diversus* is responsible for training, information and awareness raising, for both Deaf and hearing people. Wallonia has its own organization called the French-speaking Federation of Deaf people in Belgium (Fédération Francophone des Sourds de Belgique or FFSB). The FFSB is also involved in awareness raising, providing training and information, supporting member organizations and achieving equal opportunities and equal access for Deaf people in Wallonia. FEVLADO and the FFSB collaborate whenever matters involve federal authority in Belgium.

Ineke: Can you explain to us what role FEVLADO plays in interpreter education in Flanders or in the provision of interpreter services?

Filip: FEVLADO is not directly involved with interpreter education or interpreter services, but is involved in regular meetings with both in order to achieve the best outcomes for consumers of interpreting services. We are also regularly involved in meetings with the designated authorities and other stakeholders, in order to ensure the powers that be are aware of our wishes and/or grievances.

Ineke: You and your family have a lot of experience utilizing the services of healthcare interpreters. Could you tell us something about that?

Filip: Yes, we have a lot of experience in this area. My family is Deaf, so we communicate in sign language and do not use hearing aids. So we mainly communicate with health professionals through interpreters. We have a primary care physician who has looked after our family for years, and who therefore knows us really well. This means we are able to have brief interactions with him very effectively, without the need for an interpreter. If we need to have longer, more in-depth interactions, we prefer to do this through an interpreter.

Again this is something we have learned through experience. I am increasingly aware of the fact that Deaf people are entitled to complete, easily accessible information and communication, and you do not achieve that when you are communicating with your doctor by writing short condensed notes.

Whenever we have an appointment with a hospital specialist, we prefer to book an on-site interpreter. We are able to do so because specialist appointments need to be booked well in advance. I say this because in Belgium, it regularly happens that Deaf people are not able to find an interpreter because there is a shortage of interpreters. As Deaf patients, we have to always remember to book interpreters for plenty of time, for example, for 2 hours, even when the consultation is only set to last 30 minutes. This is because consultations often go over time, and it is very stressful for the patient if this happens and the interpreter is not able to stay on because he or she has to leave for the next assignment.

Things are quite different when it comes to unforeseen (emergency) consultations. Hospitals do not have any processes in place for requesting an interpreter in emergency situations. Some hospitals have employees who happen to know Flemish Sign Language or have obtained their interpreter's degree. They are sometimes excused from their actual job in the hospital to interpret for Deaf patients if needed. However, in many cases, the person who comes to assist has only very basic knowledge of Flemish Sign Language or had completed the interpreting training many years ago. Obviously, we are not happy with this situation. Communications concerning the health of a Deaf patient who needs to be admitted urgently should be clear and complete. Obviously, this will not be possible when the language aide only has basic knowledge of Flemish Sign Language and does not know anything about interpreting or the interpreting process.

When Deaf patients are admitted to hospital, the normal thing is for the medical specialist to come around every day, postsurgery, to discuss the patient's health status. It is very difficult for medical staff to indicate the exact time they will visit the patient. Obviously, this is very frustrating for Deaf patients, because it means they are not able to book an interpreter. In these cases, the services of a remote interpreter could easily be booked.

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Unfortunately, Flanders does not have one dedicated service for the provision of remote interpreting. Hospitals have their own staff and their own software and hardware for remote interpreting. There is a remote interpreting service that can be utilized for both private and work-related matters; however, in Belgium, these systems [the hospitals' provision and the established remote interpreting service] are not compatible with one another.

There also appears to be a lot of confusion in Flanders as to who should bear the cost of interpreting services in hospitals. Deaf people are entitled to a limited number of interpreting hours per year (36 hours maximum) for use relating to private matters. However, the United Nations Convention on the Rights of Persons with Disabilities states that institutions are responsible for ensuring equal access [to people with disabilities]. To me this implies that hospitals should bear the cost of interpreting services.

Ineke: What do you expect from interpreters working in healthcare?

Filip: I expect interpreters working in healthcare to provide high quality interpreting services. Interpreters have to be able to interpret the professional jargon used by physicians into Flemish Sign Language. This means that they should have acquired knowledge of medical jargon and should possess knowledge of the associated vocabulary in sign. The interpreter's attitude is very important as well (just as it is in other interpreting assignments). The interpreter should act as a "translator" rather than a coach. He or she should convey whatever the physician says completely and impartially. Under no circumstances is the interpreter to act as a [separate] party to the conversation.

Ineke: Can you tell us about your personal experiences with the video remote interpreting (VRI) systems used in healthcare? You gave a presentation (at the University of Leuven medical interpreting congress in 2014) in which you compared two possible VRI systems, and each had their pros and cons.

Filip: I personally still prefer having an on-site interpreter for any interactions related to health care, because this contributes to a more relaxed atmosphere, but of course this will not always be possible, for a variety of reasons. At the moment, we have two different VRI services in Flanders. As I said before, hospitals tend to work with their own staff and their own programs for VRI, but there is a VRI service that can be used for both private and work-related matters. The two systems are not compatible and only available for a limited number of hours on weekdays. The advantage of the hospital system is that hospital interpreters are familiar with medical terminology. If both services were to collaborate, that would mean a win-win situation for both the VRI service and the end users. This would mean that one service could accept assignments when the other service is not available, and vice versa. More Deaf people would be allocated an interpreter when they need one. In terms of hardware I would prefer running software on a light, mobile system such as a tablet. Tablets have an ideal screen size and are lightweight, which means they can easily be taken from one location to another. Laptops weigh more than tablets, and working with PCs in fixed locations is not desirable at all, because that would mean installing the software on every single PC.

At the moment, hospitals do not sufficiently utilize remote interpreting services or only use these in a limited number of situations. As an example, interpreters are only used in interactions with medical staff, but it may be very beneficial to involve remote interpreters with the aid of a tablet at the admissions desk, to ensure smooth communication at that point.

Ineke: What are your suggestions as to how hospitals and physicians should work with sign language interpreters – be it by video or on-site?

Filip: Deaf people generally prefer on-site interpreters in the healthcare setting, but the significant shortage of interpreters in Flanders means that remote interpreting services have to be utilized as well.

When this happens, it is important to first test the system thoroughly, so as to avoid startup problems every time an attempt is made to connect a remote interpreter. The success of such attempts is often hampered by the

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hospital's WiFi connection. I have noticed that many physicians show little patience when such technical issues occur.

There is a need to educate physicians around the sociocultural perspective as it relates to Deaf people, so they can relinquish their narrow medical gaze. I have to say that the younger generation of doctors seem to be more aware than the older generation, however this is a very gradual development.

Doctors also need to be aware that Deaf patients are reliant on an interpreter in order to ensure a smooth communication process. Where an interpreter has been booked, Deaf patients should be seen at the designated time, so as to avoid a situation where available interpreter time is used up in the waiting room.

In general, medical and other hospital staff seem to be quite unfamiliar with the process of requesting an interpreter. There needs to be wider knowledge as to the different interpreting modes and how to request an interpreter.

Ineke: What is your main message to interpreter educators?

Filip: Interpreter educators need to ensure that interpreters are work ready upon graduation. This means that (student) interpreters have been able to build up work experience during internships and that they have completed training – preferably on specific healthcare settings – prior to completing such practical placements. This training should include the professional jargon and also how to interact with physicians, patients and other healthcare and allied staff.

Interpreters have to learn about their role and not exceed the boundaries of the interpreter role. This is something that should be addressed in education. Situations in which interpreters are utilized in healthcare are more likely to be emotionally 'loaded'. Interpreters need to be prepared for this during training.

Ineke: Finally, what is your main 'take home' message to practicing sign language interpreters?

Filip: Interpreters who graduated (a while ago) need to keep focusing on continuing professional development. The world of medicine is evolving rapidly and continuously and it is important that interpreters remain up-to-date with these developments.

It is of great importance that interpreters comply with the code of ethics at all times. Adhering to this code will protect interpreters in unexpected situations, and will help them guard their professional boundaries.

Ineke: Thank you for taking the time to answer these questions. I think your responses will be very beneficial to interpreter educators and (student) interpreters alike.

