

*Mabel Erasmus*

---

## Community-based interpreting in South African health services

This study deals with the dire need for professional (community-based) interpreters (CBIs) in the South African health services. Attention is focused on the costing of such services, since economics seems to be one of the most important factors affecting (language) policy decisions. It is expected that the proposed National Languages Act for South Africa will encourage the allocation of funding for language services by institutions at all levels of government, including the health sector. The latest developments in the training and utilisation of CBIs in South Africa are discussed in the context of this promising new legislation.

### Gemeenskapsgebaseerde tolking in die Suid-Afrikaanse gesondheidsdiens

Hierdie bydrae handel oor die dringende behoefte aan professionele (gemeenskapsgebaseerde) tolke binne die Suid-Afrikaanse gesondheidsdiens. Spesiale aandag word gewy aan die berekening van die koste van sodanige tolkdienste, aangesien dit blyk dat die ekonomiese aspek altyd as een van die belangrikste faktore beskou word wanneer (taal-) beleidsbesluite geneem moet word. Die verwagting is dat die voorgestelde nasionale talewet vir Suid-Afrika die toewysing van fondse deur instellings op alle regeringsvlakke, insluitend die gesondheidssektor, sal aanmoedig. Resente ontwikkeling rakende die opleiding en gebruik van gemeenskapsgebaseerde tolke in Suid-Afrika word teen die agtergrond van hierdie belowende nuwe wetgewing bespreek.

### Bofetoledi ba puo setjhabeng, ditshebeletsong tsa bophelo bo botle tsa Afrika Borwa

Lehlahlello lena le hlahlobisisa tlhokahalo ya ditoloko tsa setjhaba tse kwetlisitsweng (di-CBI), ditshebeletsong tsa bophelo bo botle kahara Afrika Borwa. Ho shebilwe haholoholo ditefello tsa ditshebeletso tse jwalo, kaha ntlha ya ditshenyehelo e atisa ho nkwa ele ele e nngwe ya dintlha tsa bohlokwahadi, ha ho nkwa diqeto ka leano la tshebediso ya puo. Ho lebeletswe hore Molao wa Dipuo o ntseng o ralwa o tla kgothaletsa kabo ya ditjhelete bakeng sa ditshebeletso tsa puo mafapheng ohle a puso, ho kenyeletswa le tsa bophelo bo botle. Diphetoho tsa moraorao malebana le kwetliso ya di-CBI, Afrika Borwa di tla tshohlwa ho shebilwe molao ona o motjha o tshepisang.

*Dr M Erasmus, Chief Directorate: Community Service, University of the Free State, P O Box 339, Bloemfontein 9300; E-mail: erasmusm.hum@mail.uovs.ac.za*

Despite the provisions for functional multilingualism in the language clause (Section 6) of the South African Constitution (RSA 1996a), limited success has been achieved to date as far as sustainable community-based interpreting (CBI) projects are concerned.<sup>1</sup> The urgent need for efficient, well-organised language facilitation for services rendered to the community at large becomes glaringly obvious in the light of statistics which indicate that 76.5% of the population speak an African language as their mother tongue, while professional service-providers rarely have any proficiency in the African languages of the region in which they work. There is a perception that the English language — inherited from our colonial past — is a common denominator in South Africa. However, proficiency in English is limited to less than half the population, and the harsh realities of illiteracy and limited access to adequate resources and education will not be resolved overnight, if ever (cf Erasmus 2001b).

In a developing country, in particular, all projects and programmes are subject first and foremost to financial scrutiny: Where will funding be found? Will subsidies from foreign donors and local corporate social investment drives continue? The answer to the latter question is an emphatic “no”, since experience has taught that donor countries, organisations and the corporate sector are only prepared to provide seed funding for development projects, in the expectation that such projects will become self-sustaining after the initial subsidised phase.

Who, then, should budget for language facilitation services, especially in a developing country such as South Africa, and how can this be achieved if severe financial constraints are already hampering service delivery in all sectors of government? Before answers to such questions can be found, the cost implications of language services will have to be thoroughly investigated in order for institutions to be in a position to make well-informed decisions.

The main focus of this study is on the liaison genre of interpreting, “where the interpreting is performed in two language directions by the same person” (Gentile *et al* 1996: 17), in the dialogic mode (cf

1 Adapted version of a paper presented at the 3rd International Critical Link Conference: Interpreting in the community: the complexity of the profession, 22-26 May 2001, Montreal, Quebec, Canada.

Acta Academica Supplementum 2003(2)

Angelelli 2000 for a comparison between “community” and conference interpreting), and in

situations in which bi-directional interpreting is required between two or more parties to a conversation who do not understand each other's language and would thus be unable to communicate without the assistance of an interpreter (Erasmus *et al* (eds) 1999: viii).

The term “community-based interpreting” (CBI) is used here in accordance with a broad tendency among members of Critical Link (<criticallink.org>), an international organisation which promotes community interpreting/intercultural mediation/liaison interpreting, and so on, worldwide. The different terms are used by various institutions in many countries, and the specific term chosen often gives an indication of where the emphasis is placed regarding the role of the interpreter or the setting in which the interpreting takes place (cf Sanders [*s a*]; Carr *et al* (eds) 1997 and Erasmus *et al* (eds) 1999: 49-50).

### 1. The current situation in South Africa

In South Africa, as has been the case with most post-independence African governments, the dominance of the colonial language is mistaken for a tremendous step towards nation-building. Thus English is, also mistakenly, regarded as a South African *lingua franca* and as the only key to development within the global village. However, English is the mother tongue of only 8.6% of the population. What makes the situation worse is the fact that an estimated 24% of all Africans in South Africa have received no formal education while a further 27.8% have received only primary education. It could thus be concluded that a total of 52.1% of the population probably has very little, if any proficiency in English (cf RSA 1996b).

This was confirmed by the results of a national sociolinguistic survey entitled *Language Use and Language Interaction in South Africa* (PANSALB 2001: 13), commissioned by the Pan-South African Language Board in 2000.<sup>2</sup> Respondents were required to answer the following question, among others: “These days most ministers in government, councillors in municipalities and officials make statements or

2 PANSALB is a statutory body whose function is to promote linguistic rights in South Africa.

## Erasmus/Community-based interpreting

speeches in English. Do you understand what they are saying?" The following results were obtained:

- Understand fully 22%
- Understand as much as I need to 27%
- Often do not understand 30%
- Seldom understand 19%.

Among the following language and socio-economic groups more than 60% often do not understand, or seldom understand the communication:

- Setswana speakers (63%); IsiNdebele speakers (67%) and Tshivenda speakers (83%);
- Rural residents (76%); semi-skilled and unskilled workers (60%).

These facts paint a sad picture of exclusion and of a people still outside in the cold, waiting to be allowed into the warmth of understanding, development and empowerment. Since access to the language of communication constitutes a precondition for possible understanding, the use of the relevant languages should be addressed as a priority. The fact that the rights of voiceless, marginalised people are at stake means that only stringent regulation, in the form of language legislation, can possibly bring about change. The fairly recent passing of other legislation (e.g. the Labour Relations Act, the Equity Act and the Skills Development Act), to a favourable reception, has proved that only legislation can really "convince" institutions to take the required changes seriously.

Apart from the enforcement of new language legislation, and the language policy and plan which will accompany it, the central issue remains: Who should pay for all this? The allocation of funds towards the implementation of language facilitation programmes in order to bridge language barriers in all service sectors constitutes the key to the realisation of linguistic empowerment.

## 2. What should the future look like?

Generally speaking, one could say that many South Africans hope for a time when the linguistic rights mentioned in the language clause (Section 6) of the Constitution will be taken seriously by the govern-

ment. As far as CBI is concerned, this level of recognition should have many profound implications: citizens will be served in languages which they fully understand; service providers will be in a position to render proper services to all; individuals employed to interpret will receive training as well as recognition for the professional task they perform, and new jobs will be created for linguistically gifted individuals, especially from previously disadvantaged sectors of the community.

Others have a different ideal, however, and it remains disturbing that the need for professional language facilitation is not more widely recognised in South Africa. Some people truly believe that there is one simple solution to South Africa's language problems: that the entire South African populace should become proficient in English as soon as possible! One would have hoped that the pipe-dream of a dominant language offering a miracle cure for communication problems in a multilingual, multicultural community would by now have been exposed as a dangerous fallacy. India provides a telling example: after many decades of subjection to this form of linguistic indoctrination only an estimated 5% of the population are proficient in English.

At a seminar on language management at local government level, Mr L D Tsotetsi (2001) of the Department of Local Government and Housing in the Free State quoted Sir John A MacDonald, Canada's first Prime Minister, who clearly stated the concept of language duality within the Confederation:

I have no accord with the desire expressed in some quarters that by any mode whatever there should be an attempt made to oppress the one language or render it inferior to the other: I believe that would be impossible if it were tried, and it would be foolish and wicked if it were possible.

Lest our government (in all three spheres) be deemed "foolish and wicked", let them make a positive move soon. The ideal is for the authorities and others to realise that linguistic empowerment is not a luxury item to be "added on" after all other basic needs have been met, but that having a voice is a prerequisite to claiming one's basic human rights; that being informed and able to participate fully are non-negotiable democratic rights; that the right not to be discriminated against on the grounds of language use and proficiency simply

#### Erasmus/Community-based interpreting

cannot be compromised in the “new” South Africa. One crucial element in the attainment of these goals is that the CBI profession should be recognised and developed to its full potential.

Who could be expected to provide funds for the realisation of these hopes and dreams — specifically, in respect of CBI projects? Possibilities include: foreign donors and corporate social investors (albeit for seed funding only, as pointed out above); national government (through the agency of the Departments of Finance, Health, Social Welfare, Security Services, and so on); provincial governments (for instance within the various provincial departments), and local governments. An example of the latter is the work done by the Local Government Translation and Interpreting Service, or LOGTIS project, which was established by means of subsidies provided by the government of the Flemish Community in Belgium (cf Erasmus 1999 & 2001b).

Could we make some of these ideals pay for themselves, at least in part? Possibilities that come to mind include entrepreneurial ventures such as the establishment of CBI agencies, and exploring the possibilities of language technology, such as the development of machine translation software or the use of computer-assisted translation tools (such as the TRADOS products). In addition, the private sector may come to realise that localisation of their services and products would increase their profits. So, too, a service such as the Telephone Interpreting Service for South Africa (TISSA), which was launched during 2002, could generate income from the business sector, tourists, private institutions, and so forth, following the example of the London-based Language Line Limited and of American companies such as Language Line Services and Pacific Interpreters. Once again, however, it must be stressed: only if it is no longer possible to ignore linguistic rights will these become viable strategies. Regulation of the situation is desperately needed. Could the South African Languages Act form part of the answer?

### 3. The South African Languages Bill, 2000

The South African Languages Act is due to be promulgated during 2003 (its due date is constantly extended). This could possibly bring

Acta Academica Supplementum 2003(2)

about a change in the status quo. The indications are that directives on language use at all levels of government, as well as in the private sector, will be spelt out clearly, leaving less room for the outdated belief that only members of the political and economic elite need proper services.

In its present form the South African Languages Bill (revised final draft, 23 November 2000) provides

... an enabling framework for promoting South Africa's linguistic diversity and encouraging respect for language rights [...] taking into account the broad acceptance of linguistic diversity, social justice, *the principle of equal access to public services and programmes*, respect for language rights, *the establishment of language services at all levels of government* [emphasis added].

The Bill provides for the establishment of "language units" for each department of national government as well as for each province in terms of provincial legislation providing for the implementation of the Bill. The powers and functions of the language units are set out in section 7. These include, among others:

- to facilitate and monitor the implementation of regulations made in fulfilment of the obligations imposed by the Act;
- to take effective and positive measures for the implementation of the national language policy [...];
- to conduct language surveys and audits [...], and
- to inform the public of the content and implementation of the language policy.

In section 8 specific reference is made to the development of South African Sign Language/s. Noteworthy remedies are mentioned in section 11, and in the last section regulations are also stipulated. One of these regulations has specific bearing on our main focus, namely Regulation 12(2), which reads as follows:

Any regulation which *relates to fees or may result in financial expenditure* for the state must be made by *the Minister acting in consultation with the Minister of Finance* [emphasis added].

From this, the last sub-section of the Bill, one might be tempted to conclude that the promulgation of the Languages Act should ultimately lead to the allocation of funds for, among other things, surveys to establish the nature and extent of linguistic needs and the

#### Erasmus/Community-based interpreting

development of an interpreting and translation (I/T) infrastructure, as well as the training of language practitioners and of community-based interpreters in particular. The Telephone Interpreting Service for South Africa mentioned above is one such project for which funding has already been allocated at the national level. When this service is in place, it will provide backup for on-site CBI services as well as an extension of such services throughout the country.

The costing phase of the Language Act, as well as the Language Policy and Plan for South Africa, has recently been completed. In November 2001 the minister of Arts, Culture, Science and Technology, Dr Ben Ngubane, announced in Pretoria that an investigation of the financial aspect of the Languages Act for the public sector had been completed, and that he would “soon” submit the Languages Bill to Cabinet. Although a full report has not yet been made public, indications are that the findings were positive, in the sense that the implementation of the language policy and plan was deemed affordable. The outcome of the costing phase of the process should provide invaluable data on which to base planning for the future of the CBI profession. What is less encouraging is the tendency to let (language) matters lie as long as possible, as illustrated by the fact that the tabling of the Languages Bill has been postponed several times.

#### 4. Where are we now with regard to language empowerment and CBI services?

The interpreting services rendered at all the sessions of the Truth and Reconciliation Commission, as well as most amnesty hearings, provided a high degree of visibility for interpreting services among the South African community at large. We have made progress in the field of legal interpreting, specifically court interpreting — the level of recognition has improved and training is offered according to a curriculum approved by academic institutions in collaboration with the Department of Justice. At the local government level several newly formed municipalities (established after the local government elections of December 2000) are currently in the process of negotiating the terms of language bye-laws by means of which the languages of their residents should receive due recognition. However, as far as



the CBI profession is concerned, the field still lies fallow, even though some deserving employment and training programmes have been established during the past decade.

Some institutions of higher education have already included a component dedicated to community/liaison interpreting in their curricula, such as the Unit for Language Facilitation and Empowerment (University of the Free State) and UNISA. The publication entitled *Liaison Interpreting in the Community* (Erasmus *et al* 1999) represents a first attempt to provide contextualised training material for South African CBIs. In addition to training initiatives, the processes of accreditation and the regulation of the profession are already under way, since those involved are well aware of the complexity of the profession in all its extremely challenging facets.

In future one would hope to be able to utilise the Languages Act, as well as the funding that should accompany it, to market the skills and services of CBIs. The new, officially declared multilingual dispensation should also encourage freelance language practitioners and render the economic value of indigenous languages a factor to be reckoned with in the creation of new, sustainable job opportunities.

An organisation called Critical Link South Africa was established in July 2001 during the 5th Language International Conference, held at the University of the Free State. The following quotation is taken from the draft manifesto of the organisation:

Liaison or 'community' interpreters are those individuals who form the 'critical link' between service providers and clients who do not have a language in common. In South Africa such interpreters are used in a large number of settings and service fields, mostly on an *ad hoc* basis and without receiving any training or recognition. Because of the vastness of the problem within the South African context, one of the main challenges is to involve as many as possible of the role-players who can make a difference. An excellent example of how effective such a process can be is the establishment and growth of the Critical Link (<[criticallink.org](http://criticallink.org)>), an international organisation which promotes 'community interpreting' worldwide. The establishment of a Critical Link (South Africa) branch is seen as a step towards bringing about change in this crucial but neglected area in this country. During the 5th Language International Conference that was recently held at the University of the Free State, such a branch was founded. Representatives from several training institutions and other relevant bodies serve on the management committee.

## Erasmus/Community-based interpreting

At the founding meeting of this committee the organisation's objectives were provisionally stated as follows:

- The establishment of a network of stakeholders and persons interested in liaison interpreting in South Africa.
- The establishment of a central South African database with information concerning the following:
  - liaison interpreters and their language combinations;
  - institutions offering courses in liaison interpreting;
  - users of liaison interpreters;
  - the Telephone Interpreting Service for South Africa (TISSA);
  - the orientation and training of users of liaison interpreters;
  - standardisation of the liaison interpreters' occupation, and
  - the establishment of a web page on which information can be distributed and on which discussion groups will eventually be able to function.

It is envisaged that this co-ordinated effort to bring interested parties together will result in the effective positioning of an organisation which will be able to step into action as soon as the required language legislation, policies and plans are put in place.

### 5. The greatest need: CBI in the health care environment

Research has shown that *ad hoc* "interpreting" by untrained individuals (either laypersons or staff members) in the health care environment is currently the order of the day in South Africa. This poses huge problems, and could have dire consequences. Various approaches towards addressing this issue may be adopted, but health care authorities tend to be uninformed about the various liaison (or CBI) interpreting models that may be utilised to address language problems, including the following alternatives:

- training and utilising existing staff members as interpreters, with this duty being included in their job descriptions;
- employing full-time (professional) interpreters in health care services;

- using a telephone interpreting service (in either the consecutive or simultaneous mode);
- making use of freelance interpreters (entrepreneurial ventures);
- using the services of interpreters employed by an interpreting agency, and/or
- training service providers (e.g. to handle emergencies where untrained “interpreters” are used on an *ad hoc* basis).

The National Language Project (NLP), based in Cape Town, has for some time been training and placing full-time interpreters in health care facilities, albeit with little assistance from the powers that be. The invaluable work done by the NLP's Community Health Interpreting and Employment Project (CHITEP) (cf Ntshona 1999; Drennan 1999; Daki 2001) provides an insight into the feasibility of employing full-time interpreters in health care institutions. However, the level of commitment demonstrated by the provincial government and hospital managements proved insufficient when foreign funding came to an end and the project had to be taken over by local role-players. Only after a complaint had been lodged with the Human Rights Commission could the provincial Department of Health be persuaded to support the project. Several of the interpreters were taken on as hospital staff members, although on only a contractual basis. Drennan & Swartz (1999) undertook thorough evaluative research on the institutional role of the NLP's psychiatric interpreters, placed in the Valkenberg Hospital (Western Cape). They concluded that unreasonable expectations about the role of the interpreter should be tempered “with a realistic grasp of what can be achieved, lest the crucial functions that interpreters do fulfil be obscured or worse, abandoned altogether” (Drennan & Swartz 1999: 193).

At the national level there has been a deafening silence on the non-negotiable right of all patients to be treated in a language that they fully understand. In the Free State, pledges of future co-operation have been secured from the provincial Department of Health (hence the workshops that were conducted), as well as from health care facilities in the Mangaung area (including Bloemfontein). The Free State Provincial Health Act (No 8 of 1999) may be appealed to in support of such endeavours, although Section 28, in which explicit

## Erasmus/Community-based interpreting

reference is made to language use, includes the typical “escape clause” (Free State Province 1999):

28. (1) All health facilities in the Province shall display in a prominent place a list of services available at a particular health facility for the information of the general public.

(2) The health service provider shall provide appropriate information on where health services not provided in that health facility are available.

(3) Information contemplated in subsections (1) and (2) shall be made available *as far as is practical* [emphasis added] in the language of the health care user, taking into consideration hearing- and visually impaired health care users.

Section 29 deals with the respect to which every health care user is entitled and includes the standard non-discrimination clause with respect to culture and language. As far as health promotion is concerned, the Act stipulates the obligation of the Department of Health to “develop health promotion material that is accessible to the people by using appropriate languages and other forms of communication” (Section 41).<sup>3</sup> In this Charter, language rights are only implicitly present, in sections dealing with matters such as informed consent (Section 31), involvement of patients in “the choice pertinent to their treatment” (Section 35), and so on. However, in her Budget Speech of February 2001 in the Free State Legislature, the Member of the Executive Committee for Health announced that provision should be made for the appointment of at least one (full-time?) interpreter per health care facility. This statement could point towards the long-awaited breakthrough: the first dedicated CBI posts within the health services of the Free State province.

The writer undertook a needs survey by means of workshops in all districts of the Free State province in collaboration with the provincial Department of Health. The aim was to establish where interpreters are used and/or needed, and specifically what training needs they

3 The first workshop held within the Qwaqwa region during 2001 revealed the fact that the National Patients’ Rights Charter, which had recently been adopted and introduced to the public, had not been made available in Sesotho in a region where 95% of the population are Sesotho-speaking. Community Liaison Officers complained that omissions such as this were hampering their work.

have in terms of CBI. A report was compiled and submitted in September 2001, with the main findings following:

- The fact that the Department has to serve a multilingual, multicultural community poses various problems which have not yet been addressed.
- Internal language problems are experienced among staff members in the workplace, for instance when employees are unable to understand written communications, or cannot participate during meetings as a result of the fact that English — a language in which many of them are not proficient — is generally used.
- A wide range of external language problems were identified, with the general consensus being that the language usage and needs (both oral and written) of the Department's target client group at various levels of interaction are not taken into account at present.
- The fact that professional service providers tend to be English- and/or Afrikaans-speaking while service users are not often proficient in either language poses the main challenge for language facilitation.
- The languages used in the districts are, in order of proportional representation: Sesotho (by far the majority); Afrikaans (in most areas); English (in most areas); Tswana (some areas only); Nguni languages — Xhosa and Zulu — (in some regions only).
- People used to interpret when language barriers have to be bridged range from family members to any bilingual staff members ('cleaners', clerks, nurses, and so on) who happen to be in the vicinity. No employees have received training for this important, challenging task.
- Many participants expressed the need for an official training programme for interpreters, as well as for service providers who work with interpreters.

The general aim of the project was to engage in a joint endeavour between the Unit for Language Facilitation and Empowerment (ULFE) and the Department in order to address the utilisation of untrained individuals as 'interpreters' on an ad hoc basis within the health care services of the Free State. The possibility of introducing a certificate course in Liaison Interpreting for staff members of the Department

### Erasmus/Community-based interpreting

was proposed by the ULFE as one solution to this problem, as indicated in the Report (Erasmus 2001a: 3):

Recommendations: It is proposed that the language issue should receive due attention by —

- (1) embarking on a training programme for those individuals who are utilised as liaison interpreters;
- (2) introducing an orientation programme for users and managers of these interpreters; and
- (3) integrating these training ventures with the Department's own process of developing a language policy and plan for health care services in the Free State.

Awareness of language needs within the Department seemed to be improving during 2002. The Department's division of Corporate Communications appointed an official tasked to ensure that all health promotion material would be published in the three official languages of the province (Sesotho, Afrikaans and English), in accordance with Section 41 of the Act. Although the training of interpreters has not materialised, the Department has indicated its keenness to develop a framework for a language policy and plan. As far as CBI services are concerned, the application of cost-benefit analyses to evaluate interpreting services as a mechanism for overcoming access barriers to health care would be a major step forward.

The training of health care interpreters in the province would be the next logical step. It is suggested that this should take the form of an introductory course over a ten-month period, tailor-made according to the needs of these interpreters. Such training programmes should eventually be implemented throughout the country. One international example of such an approach is that of the Department of Translation and Interpreting at the University of Vienna (cf Pöschhacker 2000: 17-8), which introduced a training course for in-house hospital interpreters employed by the Vienna Hospitals Corporation (comprising 16 full days of instruction). This course was attended mainly by nursing and paramedical staff. South African institutions following a similar route in an attempt to promote effective cross-language communication in health care services could benefit greatly from evaluative research on this and other examples.

## 6. Effects on cost of health service provision

In a recent Canadian study on language barriers to access to health care prepared for the Health Systems Division, Health Policy and Communication Branch of Health Canada, Bowen & Kaufert (2001: 92) conclude that although there is evidence that language barriers may have important effects on health care costs as a result of their impact on service utilisation and health outcomes, the potential savings due to skilled interpreting have never been adequately assessed. In his thorough study on intercultural mediation in the Flemish health care system, Verrept (2000: 52-3) concludes that this lack of cost-effectiveness studies on interpreting programmes hampers efforts to convince policy-makers of the need for such services. This is one of the challenges currently facing South African institutions, most of which will soon have to take policy decisions on the provision of language facilitation services for health care.

Some of the cost categories in respect of implementing methods to bridge language barriers identified by Hornberger (1998: 28-32) in a Californian study, adapted for the South African situation, are listed below:

- Increasing the frequency of same-language encounters:  
Organising language courses for health professionals (including administrative costs); cost of training and wages of language teachers, and lost productivity as a result of health professionals taking courses instead of seeing patients.
- Improving the quality of communication in different-language encounters:  
Interpreter costs; training and certification; lost work productivity as a result of non-interpreter health professionals doing interpreting; capital expenditure (e.g. installation of equipment), and administrative overheads.
- Other costs:  
Malpractice insurance; resolving malpractice disputes; labour suits (by untrained staff members utilised as interpreters); public health system costs incurred to collect data in compliance with state regulations, and opportunity losses incurred by patients (for instance

#### Erasmus/Community-based interpreting

loss of wages consequent upon delays due to language barriers or inappropriate services versus improved health status with efficient services).

Studies should include comparative cost benefit analyses of proximate (on-site) consecutive versus remote (telephone) simultaneous interpreting, according to percentages of utterances per minute and percentage of interpreter errors per encounter (cf Hornberger 1998: 36). In this regard it is noteworthy that the results of the Californian study revealed a considerable improvement in productivity when remote-simultaneous interpreting was implemented. For the purposes of the TISSA project, research will have to be undertaken to compare consecutive interpreting with simultaneous telephone interpreting in terms of time taken, interpreter accuracy, number of utterances per minute and user satisfaction. TISSA provides a unique opportunity to undertake empirical research and provide invaluable data, comparing (for instance) different interpreting modes, institutional settings and financial scenarios. Research on the feasibility of such a service, specifically for health care facilities, is urgently needed.

A feasibility study comparing the effectiveness, logistics, cost-implications and sustainability of the various interpreting models would provide health care institutions, as well as interpreters, with information on ways in which multilingualism can be accommodated and managed. The interpreting profession would benefit as a result of the focus on the liaison interpreter's indispensable role in South Africa. The right of nursing assistants to be trained for the interpreting role that they often have to fulfil, as well as the right of patients to be understood and to fully understand what is happening in the health care context, would also be promoted. The research findings would provide a sound basis for the development of a language policy and plan for health care services. Research on the NLP's CHITEP project has already provided insight into the feasibility of employing full-time interpreters in health care institutions. Specific research on the South African situation, such as the study undertaken by Fish (2001) involving NLP interpreters, provides us with much-needed information about the practical implications of the various ways in which language barriers in health care are currently dealt with. Fish's study represents an investigation of differences among trained (ie



NLP) and untrained interpreters in initial assessment interviews in the field of Speech-Language and Hearing Therapy. Cost-implications may be deduced from the findings of this and similar studies, including research conducted by Smit (1999: 165-74) on the interpreting performances of untrained individuals in the pharmacy of Kalafong Hospital.

It is abundantly clear that professionalisation of CBI or liaison interpreting for health care services is urgently required in South Africa. It is therefore imperative that comparative research be done on the various models appropriate to the South African situation. The details will obviously vary according to circumstances and should be determined by each health facility. On the one hand, the economic consequences of language programmes for health care should be established, but on the other, every facility should also consider the implicit and explicit costs of failure to address the language issue. According to Fortier *et al* (1998: S82),

... neglecting to ensure proper communication between providers and patients can lead to inappropriate or unnecessary testing, clinical inefficiency, misdiagnosis, negative outcomes, and malpractice. In the long run, ensuring proper communication [...] can have a positive impact on cost containment and will protect the general health of the public.

The cost of medical malpractice litigation, labour lawsuits and the loss of public trust and confidence in health services should also be considered. The future accreditation of hospitals, which could affect medical aid payments, may require proper language facilitation to be provided. These are only some of the cost factors that should be taken into account (cf Erasmus 2000b).

## 7. Where do we go from here?

What are the prospects for future CBI services in South Africa? Do our leaders, perhaps newly appointed to decision-making positions, really care deeply about the indigent masses in a developing country such as ours? Rendering half the population voiceless would be the most effective way of marginalising and ignoring them once again, as in the apartheid era. This would indeed be "foolish and wicked".

## Erasmus/Community-based interpreting

The active involvement and support of international experts in our research and capacity-building efforts will advance our efforts. The fact that most (developed) multilingual countries recognise the importance of pro-actively accommodating linguistic and cultural diversity could be brought home to the powers that be. A quotation from Strydom (elsewhere in this volume) is relevant in this regard:

Perhaps what needs to change as well [...] is the outdated and misconceived nineteenth-century concept of the nation-state, which is anathema to the observation that unity in a multi-cultural and multilingual state is achieved not through the imposition, by stealth or otherwise, of a single, predominant official language, but rather through the accommodation of language diversity.

This study has argued that the current resistance to change within the health and other service sectors will persist until the following four matters have been addressed: the exigent promulgation of the South African Languages Act; the adoption of language policies and plans for departments of health and others; the identification of the most cost-effective models for the provision of language services, and the implementation of such services, of which the most major component will be CBI services — at least, as far as the health care sector is concerned.

In conclusion: where will the proposed South African Languages Act, its accompanying policy and plan, and all the other significant initiatives focused on language empowerment take us? It is to be hoped that the issue of who should attend to “(a)ny regulation which relates to fees or may result in financial expenditure”, as the Bill so eloquently puts it, will become clearer. It is my firm belief that the CBI profession will benefit tremendously as a result, as will interpreters, service providers, and especially South Africa’s linguistic “minorities” who, in fact, form our multilingual, diverse majority.

## Gemeenskapsgebaseerde tolking in die Suid-Afrikaanse gesondheidsdiens: Wie behoort vir ons drome te betaal?

Ten spyte van die verskansing van funksionele veeltaligheid in die Suid-Afrikaanse Grondwet van 1996, is beperkte sukses tot dusver behaal betreffende die professionalisering van gemeenskapsgebaseerde tolking. Die dringende behoefte aan doeltreffende taalfasilitering in die breër gemeenskap het daartoe aanleiding gegee dat verskeie verdienstelike projekte en programme van stapel gestuur is, waarvan die meeste deur buitelandse donateurs gesubsidieer is. Veral in 'n ontwikkelende land word al sodanige projekte in die eerste plek aan deeglike finansiële ondersoek onderwerp voordat die regering en ander instellings langtermynverbintenisse aangaan. Dit het reeds tot die ondergang van sommige van hierdie taalprojekte gelei. Die verwagting is dat die voorgestelde nasionale talewet vir Suid-Afrika die toewysing van fondse deur instellings op alle regeringsvlakke, sowel as in die privaatsektor, sal aanmoedig. In hierdie artikel word die jongste ontwikkelinge, sowel as toekomstvoorsigte, ten opsigte van die opleiding en gebruik van gemeenskapsgebaseerde tolke in Suid-Afrika teen die agtergrond van hierdie belowende nuwe wetgewing bespreek.

Spesiale aandag word gewy aan die berekening van die koste van gemeenskapsgebaseerde tolkdienste, aangesien dit blyk dat die ekonomiese aspek altyd as een van die belangrikste faktore beskou word wanneer beleidsbesluite geneem moet word. Die koste van die voorsiening van dienste om die taalgrense te oorbrug behoort egter altyd opgeweeg te word teen die werklike en potensiële koste van kommunikasiebreuke in diensleweringssituasies. Enkele breë riglyne vir die evaluering van die koste van veeltaligheid sal voorsien word, met spesifieke verwysing na die huidige stand van sake in die Suid-Afrikaanse gesondheidsdiens. Hierdie sektor word uitgesonder omdat taalverskille tussen professionele gesondheidsdiensvoorsieners en gebruikers van sodanige dienste moontlik die grootste uitdaging van alle dienssektore in die land inhou. Die brandende vraag bly: Wie sal die finansiële verantwoordelikheid vir gemeenskapsgebaseerde tolkdienste in gesondheidsorginstellings aanvaar? In hierdie bydrae word geredeneer dat die huidige weerstand teen verandering in dié sektor sal voortduur totdat aandag aan die volgende vier sake gegee is: (1) die dringende promulgering van die Suid-Afrikaanse Talewet; (2) die ingebruikneming van taalbeleide en -planne vir gesondheidsdepartemente in elke provinsie; (3) die bepaling van die mees koste-effektiewe modelle vir die voorsiening van taaldienste en (4) die implementering van sodanige dienste, waarvan verreweg die grootste komponent gemeenskapsgebaseerde tolkdienste sal wees.

## Bibliography

- ANGELELLI C  
2000. Interpretation as a communicative event: a look through Hymes's lenses. *Meta: Translators' Journal* 45(4): 580-92.
- BOWEN S & J KAUFERT  
2001. Language barriers in access to health care. Prepared for the Health Systems Division, Health Policy and Communications Branch, Health Canada.
- CARR S E, R ROBERTS, A DUFOUR & D STEYN (eds)  
1997. *The critical link: interpreters in the community*. Amsterdam: John Benjamins.
- CRAWFORD A  
1994. Black patients/white doctors: stories lost in translation. National Language Project. First World Congress of African Linguistics, Kwaluseni, Swaziland, July 1994.
- DAKI Y  
2001. The CHITEP programme of the National Language Project. Paper presented at the 5th Language International Conference, University of the Free State, Bloemfontein, 4-6 July 2001.
- DRENNAN G  
1996. Counting the cost of language services in psychiatry. *South African Medical Journal* 86(4): 343-5.  
1999. Organisational factors affecting language services in mental health care. Erasmus *et al* (eds) 1999: 109-22.
- DRENNAN G & L SWARTZ  
1999. A concept over-burdened: institutional roles for psychiatric interpreters in post-apartheid South Africa. *Interpreting* 4(2): 169-98.
- DU PLESSIS D & G SCHURING  
2000. Veeltaligheid in die werksplek. Ukusetshenziswa kwezilwimi ezehlukene emisebenzini. Multilingualism in the workplace. MWU Research Institute Publication no 2. Pretoria: Mineworkers' Union.
- ERASMUS M  
1999. 'Developmental local government' and the language issue in South Africa. *Journal of Social Sciences; Interdisciplinary Reflection of Contemporary Society* 3(4): 245-53.  
2000a. 'Community interpreting' in South Africa. Current trends and future prospects. Roberts *et al* (eds) 2000: 191-206.  
2000b. The plight of health care interpreters in South Africa: utilisation and training prospects. Paper read at the Applied Language Studies and Services into the Millennium Conference, University of Cape Town, 9-11 December 2000.

Acta Academica Supplementum 2003(2)

- 2001a. Assessment of training needs in health care facilities in the Free State regarding liaison interpreting. Report prepared for the Department of Health, Free State Province. Submitted September 2001.
- 2001b. Making multilingualism work in South Africa: the establishment of translation and interpreting services for local government. Hung (ed) 2001: 197-210.
- ERASMUS M (ed), L MATHIBELA, E HERTOOG, H ANTONISSEN (co-eds) 1999. *Liaison interpreting in the community*. Pretoria: Van Schaik.
- FISH M  
2001. Interpreting practices in health care: an investigation of differences across trained and untrained interpreters in initial assessment interviews, within the field of speech-language and hearing therapy. Unpubl MSc dissertation in Logopaedics, University of Cape Town.
- FORTIER J P  
1997. Interpreting for health in the United States: government partnership with communities, interpreters, and providers. Carr *et al* (eds) 1997: 165-77.
- FORTIER J P, C STOBEL & E AGUILERA  
1998. Language barriers to health care: federal and state initiatives, 1990-1995. *Journal of Health Care for the Poor and Underserved* 9 (Suppl): 81-100.
- FREE STATE PROVINCE  
1999. Free State Provincial Health Act No 8 of 1999. Provincial Gazette No 10, 16 February 2000. Bloemfontein: Government Printers.
- GENTILE A, U OZOLINS & M VASILAKAKOS  
1996. *Liaison interpreting: a handbook*. Victoria: Melbourne University Press.
- HORNBERGER J  
1998. Evaluating the costs of bridging language barriers in health care. *Journal of Health Care for the Poor and Underserved* 9 (Suppl): 26-39.
- HUNG E (ed)  
2001. *Teaching translation and interpreting* 4. Amsterdam: John Benjamins.
- NTSHONA M S  
1999. Towards the development of an interpreting model for the health sector in South Africa. Erasmus *et al* (eds) 1999: 143-55.
- PAN-SOUTH AFRICAN LANGUAGE BOARD (PANSALB)  
2001. Language use and language interaction in South Africa. A national sociolinguistic survey. Summary report. Occasional papers no 1. Research conducted by MarkData (Pty) Ltd on behalf of the Pan-South African Language Board. Arcadia: PANSALB.

## Erasmus/Community-based interpreting

### PÖCHHACKER F

2000. Professional healthcare interpreting in Vienna: first steps, at last. *The Critical Link/Un Maillon Essentiel* 8: 17-8.

### REPUBLIC OF SOUTH AFRICA (RSA)

1996a. Constitution of the Republic of South Africa Act 108 of 1996. As adopted on 8 May 1996 and amended on 11 October 1996 by the Constitutional Assembly. Pretoria: Government Printer.

1996b. Census in brief. The people of South Africa. Population census, 1996. Report No 1: 03-01-11 (1996). Statistics South Africa. Pretoria: Government Printer.

### ROBERTS R P, S E CARR,

### D ABRAHAM & A DUFOUR (eds)

2000. *The critical link 2: interpreters in the community*. Amsterdam: John Benjamins.

### SANDERS M

[s a]. Issues and practice of interpreting: guidance notes. London Interpreting Project, Department of Social Security.

### SMIT H

1999. Interpreting services in the pharmacy of the Kalafong Hospital: a case study. Erasmus *et al* (eds) 1999: 165-74.

### TSOTETSI L D

2001. The Municipal Systems Act and the role of language — perspectives of the Department of Local Government and Housing (FS). Paper presented at the Seminar on Language Management for Local Government in the Free State, Bloemfontein, 25 April 2001.

### VERREPT H

2000. Interculturele bemiddeling in de gezondheidszorg. *Cultuur en Migratie* 18(2): 1-163.