Ryan White CARE Act
HIV/AIDS Interpreter Training

Hennepin County Ryan White CARE Act Program
Hennepin County Office of Multicultural Services
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Introduction

*Ryan White CARE Act Interpreter Training*

The Hennepin County Office of Multicultural Services (OMS) and the Hennepin County Ryan White CARE Act Program, through Title I of the Ryan White CARE Act, have developed this training curriculum and reference manual for interpreters who interpret for people living with HIV/AIDS (PLWHA) and who receive HIV/AIDS-related health and social services in the State of Minnesota. This training and manual was created to provide interpreters with a better understanding of HIV/AIDS related issues, allowing them to better serve PLWHA and HIV/AIDS service providers. Representatives from Hennepin County, the Minnesota Department of Human Services, and community organizations providing services to people living with HIV/AIDS formed an advisory committee that met bi-monthly to provide input on the training content.

In addition to the HIV/AIDS section of the training and manual, this training curriculum builds on a training that OMS designed for all interpreters in the delivery of County services. The training gives participants an orientation to the role(s) of the interpreter, identifies the five major tasks that interpreters perform, and outlines Hennepin County’s Ethical and Competency Standards for interpreters. These roles, tasks, and standards are common for anyone doing interpreting.

This training provides participants with a basic foundation on HIV/AIDS facts and HIV/AIDS related stigma. The basic facts include information on the immune system, HIV, AIDS, HIV testing, treatment, transmission, prevention, and HIV stigma. The training curriculum also uses specific HIV/AIDS scenarios to provide examples of HIV/AIDS service delivery interpretation while giving examples of how the Ethical and Competency Interpreting Standards should be followed.

At the end of this manual there is an appendix with a glossary of HIV/AIDS related terms that you may encounter while interpreting in the delivery of HIV/AIDS service delivery. There is also a list of local and web-based resources where more information about HIV/AIDS and HIV/AIDS related services can be found. Finally, there are more HIV/AIDS interpreting scenarios if you wish to read more examples of HIV/AIDS interpreting.

We hope you find this training and manual informative and useful when you provide interpreting for PLWHA and HIV/AIDS service providers.
Basic HIV and AIDS Facts

Immune System

The human immune system protects the body from illnesses and infections. It is made up of cells and substances that provide a defense against infection. These include white blood cells, T cells, and antibodies.

- **White Blood Cells** – A type of blood cell that’s primary function is to fight infection in the body. There are several types including T cells, B cells, macrophage, and monocyte.
- **T Cells** - A type of white blood cell that regulates the immune system. The number of T cells is used as a benchmark to judge the effect HIV infection has had on the body.
- **Antibodies** – Substances that form in the blood in response to the presence of foreign agents like bacteria, viruses, fungi, and parasites. Antibodies defend the body against these agents.

The immune system is the target of HIV. Once infected with HIV, the body’s immune system becomes vulnerable to diseases and infections that a healthy immune system would normally protect against.

According to the Minnesota Department of Health as of December 31, 2005 there were 2,914 people living with HIV and 2,319 people living with AIDS in Minnesota.

FYI

HIV

**HIV – (H)uman (I)mmunodeficiency (V)irus**

HIV was identified in 1983 and is the virus that causes AIDS. It is a virus that attacks the body’s immune system; untreated, the virus weakens the immune system making the person infected with the virus susceptible to illnesses and infections which they would normally be protected from. The virus uses the immune system’s T cells to replicate itself and spread throughout the body.
HIV is found in the following body fluids:

- Blood
- Vaginal Secretions
- Semen
- Breast milk

The Joint United Nations Programme on HIV/AIDS estimates that as of December 2006, there are 39.5 million people living with HIV worldwide, 17.7 million of these are women, and 2.3 million of these are children under the age of 15.

## Stages of HIV Infection

- **Acute Infection** - Upon becoming infected, a person may develop flu-like symptoms within a week. These include:
  - Fever
  - Diarrhea
  - Night sweats
  - Swollen lymph glands
  - Fatigue
  - Other symptoms

These symptoms may not occur in all people infected with HIV. Some people show no signs of infection. During this initial stage of HIV infection, the virus is actively replicating itself and begins to destroy the immune system.

On average, a person will develop HIV antibodies within 25 days; however, some people may take up to three months to develop HIV antibodies. This period is called a window period. Tests used to identify HIV infection are designed to look for HIV antibodies. If people infected with HIV are tested during this window period, it is possible that they may receive a false negative test. A false negative is when a person is infected with HIV but has tested too early for the test to detect HIV antibodies. The person should return and get retested at later time.

- **Asymptomatic Stage** – Following the acute infection stage, there is a period of time that a PLWH may have no symptoms. The PLWH may look and feel healthy, but during this period the virus is infecting and weakening the immune system and destroying cells, most importantly, the T cells. The body’s T cell count may continue to drop making the PLWH susceptible to infection. The length of this symptom-free period varies from person to person.
• **Symptomatic period** – In this stage, people living with HIV begin to develop symptoms due to the damage done to their immune system. Some of these symptoms may include:

  - Fever
  - Chronic Diarrhea
  - Chronic Weight Loss
  - Short-term memory loss
  - Swollen lymph glands
  - Fatigue
  - Chronic Yeast Infections
  - Skin rashes

At this stage, the virus has disabled or destroyed a large number of the body’s T cells and this damage impairs the immune system greatly. This is the final stage of HIV infection before a person is diagnosed as having AIDS.

### Testing

When a person becomes infected with HIV, the body’s immune system attacks it with HIV antibodies. In order to determine if a person is infected with HIV, tests designed to detect the presence of HIV antibodies in the blood, saliva, or urine are used. These tests are not designed to detect the virus itself.

As stated above, there is a window period following infection when HIV antibodies may not appear in large enough numbers to be detected by an HIV antibody test. This period may last three months or more. If a person tests negative for HIV antibodies during this window period they should get retested at a later date to ensure that they did not receive a false negative result.

The two most commonly used HIV antibodies tests used are the:

- **ELISA (Enzyme Linked Immunosorbent Assay)** – If an initial ELISA test is positive for HIV antibodies in the blood, saliva, or urine, a second test, usually another ELISA, is done.

- **Western Blot or Indirect Immunofluorescence assay** – Western blot tests are used to confirm two positive ELISA tests results, as they are more specific and can determine the difference between HIV antibodies and other antibodies that may react to ELISA tests.

If the confirmatory test is positive, the person is diagnosed with HIV. There are also other tests that can be used to determine if a person is HIV positive. These include:

- Radioimmunoprecipitation assay (RIPA)
- Dot-blot immunobinding assay
- Immunofluorescence assay
- Nucleic acid testing
- Polymerase chain reaction (PCR)
AIDS

AIDS – (A)cquired (I)mmuno (D)eficiency (S)yndrome

AIDS is the advanced stage of HIV infection. It occurs after the virus has sufficiently compromised the body’s immune system to the point where it is no longer able to protect against illness and/or infection.

The Center for Disease Control has developed specific criteria for HIV infection to be considered advanced enough to be diagnosed as AIDS. An AIDS diagnosis can only be made by a doctor. A PLWH is diagnosed as having AIDS when their CD4 (T cell) count drops to 200 or less per milliliter of blood (a healthy immune system has between 800 and 1,000 T cells), and they have contracted one or more opportunistic infections.

Common opportunistic infections associated with HIV/AIDS include:

- *Pneumocystis pneumonia* – An infection of the lungs
- *Kaposi's sarcoma* – A type of skin cancer
- *Cytomegalovirus CMV* – An infection that affects the eyes
- *Candida* – A fungal infection
- *Tuberculosis* – An infection of the lungs

Once HIV infection has progressed to an AIDS diagnosis by a doctor, the diagnosis can never revert back to HIV positive even if the person has no opportunistic infections and has a normal T cell count. The PLWA will always be considered to have an AIDS diagnosis. There is no cure for AIDS, but there are medications and combinations of drugs which are used to treat the opportunistic infections of PLWA and increase their T cell count. There is no time frame for when a person will, if ever, be diagnosed with AIDS after testing positive for HIV. Each person’s body reacts differently to the virus, as well as the various treatments currently being used.

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<td>The Joint UN Programme on HIV and AIDS estimates that in 2006, there were 2.9 AIDS deaths worldwide; 380,000 of these were children under the age of 15.</td>
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Transmission

How HIV is spread

HIV is spread through these primary means:

- Having anal, oral, or vaginal sex with someone who is HIV positive
- Sharing injection drug needles and syringes with someone who is HIV positive
- Perinatally, during pregnancy or the birthing process from an HIV positive mother to her child
- Breastfeeding from an HIV positive mother
- Blood-to-blood contact with someone who is HIV positive

HIV can enter the body through open sores or cuts, the lining of the vagina, vulva, penis, rectum or mouth. Prior to 1985, some people were infected with HIV through blood transfusions, blood components, or blood clotting factors. However, all blood banks in the U.S. now test and screen for the virus. **HIV may only be transmitted if there is an exchange of blood, semen, vaginal fluids, and/or breast milk with someone who is HIV positive.**

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<td>According to the Minnesota Department of Health as of December 31, 2005, there were 339 African born individuals living with HIV in Minnesota; of these, 155 were males and 184 were females. There were 248 African born people diagnosed with AIDS; 122 were male and 126 were female.</td>
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How HIV is NOT Spread

Due to misconceptions about HIV transmission, many people are unsure exactly how HIV is transmitted. **HIV cannot be transmitted by being in the same room with a PLWH or by casual, everyday contact.**

HIV is **not** spread by:

- Shaking hands
- Sneezing
- Toilet seats
- Animals
- Drinking fountains
- Hugging
- Eating utensils
- Food
- Dishes
- Coughing
- Swimming pools
- Insects
- Air
**Prevention**

There is no cure for HIV or AIDS. Avoiding behavior that puts a person at risk of becoming infected with HIV is the only way to prevent infection. Behavior such as sharing needles or having unprotected anal, oral, or vaginal sex, are high risk behaviors that should be avoided. However, there are ways to prevent transmission of HIV if you are sexually active or use injection drugs.

According to the Minnesota Department of Health as of December 31, 2005, there were 171 Hispanic individuals living with HIV in Minnesota: of these, 133 were males and 38 were females. There were 206 Hispanics living with AIDS; 174 were male and 32 were female.

**Sex**

To prevent transmission of HIV through sex, an individual should avoid contact with his/her partner’s blood, semen, or vaginal fluids. To reduce the risk of becoming infected with HIV during sex, both partners should use barriers to prevent transmission.

Barriers can include:

- Latex condoms
- Female condoms
- Plastic food wrap
- Polyurethane condoms
- Dental dams

Using a water based lubricant can help prevent tears in these barriers but will not prevent HIV transmission. There are also sexual activities that are safe, including massage, masturbation, and other activities that do not include touching your partner’s anus, penis, or vagina.

**Injection Drug Use**

Injection drug users are at risk of becoming infected with HIV when they share or use unsterilized needles to inject drugs and steroids. Getting tattoos or body piercings using unsterilized needles can also put a person at risk of becoming infected with HIV. There are ways to prevent transmission of HIV through injection drug use:

- Never share needles.
- Use new, sterilized needles and equipment when you inject drugs.
- If you clean your needles and equipment, use chlorine bleach and then rinse with water.

Some areas have needle exchange programs that provide free, clean syringes so people will not be forced to share syringes and other equipment.
Pregnancy

It is not known exactly how a baby is infected with HIV through his/her mother, but most are infected perinatally; before, during, or just after birth. Because it is not known exactly how HIV is transmitted to the baby, there are no absolute methods to prevent mother to child transmission. Proper prenatal care at an early stage of pregnancy, which includes an HIV screening, can greatly reduce the risk of mother to child transmission during the pregnancy. There are antiviral medications that have shown success in significantly lowering the transmission rate between mother and child. These include zidovudine and nevirapine. Combination drug therapies may also reduce the chance of a mother with HIV from transmitting HIV to her child.

The Joint United Nations Programme on HIV/AIDS estimates that in 2006, 4.3 million people worldwide were newly infected with HIV, 530,000 of these were children under the age of 15.

Treatment

While there is no cure for HIV or AIDS, there are treatments available that allow PLWHA to remain healthy and live longer. These drugs and drug regimes can delay the onset of AIDS in PLWH, and there are medications that can strengthen the immune system and treat opportunistic infections after an AIDS diagnosis.

Life Cycle of HIV

In order to understand treatments for HIV and how they work, it is important to understand the virus' life cycle and how it affects the immune system. The various medications used to treat HIV are designed to prevent or inhibit different stages of the cycle.

1. HIV attaches itself to a host CD4 cell (T cell) and then fuses itself to the cell. The virus then releases its genetic material, RNA, into the cell.
2. The virus must change from RNA to DNA, the genetic material of the CD4 cell, through reverse transcription. The virus then takes over the nucleus, or brain, of the cell.
3. Many copies of the virus are made within the cell. The copies are initially in the form of one long continuous strand of protein.
4. In order for new copies of the virus to leave the cell, the strand needs to be cut into smaller sections. The cutting process is performed by an HIV enzyme called protease.
5. After the protease cuts the copy of the HIV virus, it is able to leave the cell. The newly created virus particles leave the cell and attach themselves to other cells and continue the process. This reproduction process kills the originally healthy host cell.
While CD4 cells are designed to continually reproduce copies of themselves, they cannot keep up with the virus’ rate of reproduction and destruction of CD4 cells.

**Medications Used to Treat HIV**

A combination of medications is usually used when treating HIV. These medications, known as antiretroviral, are used to control and reduce the viral load and stop the virus from making copies of itself. The combination of these drugs to control virus reproduction is known as antiretroviral therapy. Some of these antiretrovirals include:

- **Reverse Transcriptase Inhibitors** – Prevent the reverse transcriptase process, when HIV changes from RNA to DNA
- **Protease Inhibitors** – Prevent the production of protease, which is necessary to cut the replicated virus into smaller pieces that are used to infect other cells
- **Fusion Inhibitors** – Prevent HIV from attaching to the T cell

The medications taken are highly individualized and are determined by a variety of factors. A physician uses patient information to determine which and how many medications are best suited for each PLWH. Usually, three or more medications are prescribed. This is known as highly active antiretroviral treatment or HAART.

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According to the Minnesota Department of Health as of December 31, 2005, there were 46 Asian/Pacific Islanders living with HIV in Minnesota; of these, 30 were males and 16 were females. There were 32 Asian/Pacific Islanders diagnosed with AIDS, 21 were male and 11 were female.

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**Importance of Adherence**

Adherence refers to how closely a PLWH follows the prescribed medication regime. This includes a willingness to begin a treatment regime, as well as the ability and desire to follow the prescription information and directions exactly as explained.

This is important for the following reasons:

- **Viral Load** – The medications are designed to reduce the viral load in the PLWH. If the person skips even one medication dose, HIV is allowed to replicate more quickly.

- **Drug Resistance** – By skipping medication doses, the virus may begin to develop a resistance to the drugs being taken and even to drugs that have not yet been prescribed. These new drug-resistant strains can be transmitted to others, which is another reason adherence to the regime is so important.
HIV/AIDS Stigma

What is Stigma?

Stigma is a process of devaluing a person due to some attribute that he/she possesses. A stigmatized person is reduced in people’s minds from a whole and usual person to a tainted, discounted one. This attribute and the resulting perceptions lead to negative feelings, beliefs, and behaviors toward someone or a group of people.

People diagnosed and living with HIV and AIDS have been stigmatized since the disease started to manifest itself in the early 1980’s. They have been ostracized, discriminated against, and persecuted due to the public’s fear and lack of knowledge of the disease. The relationship of HIV/AIDS to sex and injection drug use has perpetuated this stigmatization.

Stigma and Disease

There are several characteristics that are common among highly stigmatized diseases:

- **The person with the disease is seen as responsible for having the illness**

HIV and AIDS have long been viewed as a consequence for some action or behavior that a person has made. This is usually considered to be something amoral or abnormal. Some people view HIV and AIDS as a result of a choice that the person has made and view their infection as a punishment for their actions.

- **The disease is both progressive and incurable**

HIV is treatable, and more and more advances in treatment are becoming available to people living with HIV, but there has been no cure discovered. A person diagnosed with AIDS can recover from opportunistic infections, and his/her T cell count can increase to above 200 per milliliter of blood, but he/she is still considered to be diagnosed with AIDS. He/She cannot revert back to HIV positive.

- **The disease is not well understood among the public**

HIV and AIDS continue to be feared and misunderstood by members of the general population. This can lead to irrational fears of transmission through casual contact and can perpetuate stereotypes about PLWHA and, in turn, can lead to discrimination.
• The symptoms cannot be concealed

HIV may not manifest itself with visible symptoms. However, the symptoms of AIDS can be seen if skin lesions are present or if a PLWA is suffering from another opportunistic infection

### Types of HIV Stigma

Stigma surrounding HIV/AIDS manifests itself in many ways. These different ways can be divided in three categories.

- **Instrumental stigma** – a reaction to misunderstandings and fears of a life-threatening transmissible disease

  A woman discloses her HIV positive status to her family, but instead of support, they isolate themselves from her due to a fear of contracting the virus and fear of the community finding out her positive status.

- **Symbolic stigma** – stigma attributed to membership with certain social groups or someone’s character, lifestyle choices, or way of being and their connection to HIV/AIDS

  After a man discloses his HIV positive status, he is told by a member of his community that he deserved it as punishment for his promiscuous behavior.

- **Courtesy stigma** - stigmatization of people connected to the issue of HIV/AIDS or HIV positive people including care givers, social workers, advocates, and possibly you as interpreters

  A social worker at a community organization that serves PLWH is ostracized by members of her community after it is learned that she provides services to PLWH.
Consequences of Stigma

The effects of HIV/AIDS related stigma are numerous and can affect a wide range of people. These people can include PLWHA themselves, as well as their family members and friends, social groups associated with or perceived to be associated with the disease, and also those who serve PLWHA such as doctors, nurses, social workers, advocates, interpreters, etc.

The consequences of HIV/AIDS related stigma include:

- Deterioration of relationships
- Depression
- Anxiety
- Loss of support
- Family difficulties
- Avoidance of Health Care and Health Care System
- Loss of Employment
- Negative emotions
- Rejection of HIV positive test results
- Guilt
- Isolation
- Emotional and/or physical violence
- Delay in seeking treatment until symptoms occur or HIV has progressed to AIDS
- Avoidance of Health Care and Health Care System
- Loss of Employment

Reducing HIV/AIDS Stigma

There are ways to reduce HIV/AIDS stigma and its effects. Because of the negative consequences of stigma listed previously, it is important to know that your actions can work toward alleviating the effects of stigma, as some can be very serious and life-altering for those being stigmatized.

Ways of reducing HIV/AIDS stigma and examples:

- **Be non-judgmental**

  *An interpreter was interpreting for a PLWH and a social worker. Although the interpreter knew the woman was HIV positive, she greeted the woman and interpreted the session like any and all other interpreting sessions.*

- **Be a good role model for others**

  *An interpreter knew that in her community it was not common to associate with PLWHA, but she felt it was important to assist others who had no support, so she volunteered as an interpreter at a local clinic.*

- **Correct stigmatizing language and behaviors in a constructive way**

  *A teenaged girl was seeing a physician to discuss beginning antiretroviral medication. The girl’s mother became upset and told the girl she was being*
punished for having sex at such a young age and that she was going to infect the entire family. The interpreter interpreted everything that was said to the physician and asked her to explain to the mother that this was not the case.

• Encourage people to talk openly about their fears and beliefs

After interpreting for an immigration advocate and PLWH hoping to become a U.S. citizen, the advocate came up the interpreter and asked how he could so comfortable working with a PLWH. The interpreter replied that he treated it as just another interpreter session and, in turn, asked the advocate why this client was any different than others.

• Correct myths and misunderstanding of HIV/AIDS

A community member warned an interpreter not to interpret for a PLWH. The interpreter asked why, and the woman replied that the PLWH might touch him and he could become infected. The interpreter explained to the woman that you could only become infected with HIV through blood-to-blood contact or an exchange of body fluids like semen or vaginal fluid. She continued by saying that it was impossible to become infected by working with a PLWH.

• Be professional by adhering to the Ethical and Competency Standards, which will be covered in the following sections
Orientation to Interpreting

The Purpose of Interpreting and Your Interpreting Role

Communication is the very heart of all relationships and interaction. When individuals trying to communicate come from different cultures, speak different languages, and cannot understand each other, what happens? For many immigrants, refugees and some Native Americans, language and cultural differences become a barrier to accessing quality services.

Who are these persons doing the interpreting? Some are full time Bilingual Staff who do interpreting when needed. Some are full time Staff Interpreters. Others are independent business people who provide on-call interpreting under contract. Still others who may do interpreting are bilingual backup staff or volunteers.

What is their common role? These people hold the keys to communication and the key to their success in enabling that communication is in knowing how to do interpreting accurately and effectively in the delivery of services.

This training focuses specifically on interpreting for people living with HIV or AIDS (PLWHA) and various service providers that provide HIV/AIDS related services. These providers can include medical professionals, mental health professionals, social service providers, immigration officials, as well as other service providers. While your purpose and role as an interpreter remains the same when interpreting for a PLWHA, the issues surrounding HIV/AIDS can create a different dynamic for those involved. The effects of stigma, lack of understanding of HIV and AIDS, and fear can lead to a tenuous interaction between you as an interpreter, the PLWHA, and the service provider.

The State of Minnesota currently identifies the ten largest limited English proficiency (LEP) population languages as: Spanish, Somali, Russian, Arabic, Oromo, Serbo-Croatian, Hmong, Vietnamese, Cambodian (Khmer), and Laotian.
**Purpose of Any Person Doing Interpreting**

In providing interpreting (communicating the words and the meaning and assessing for understanding), it would be easy for the person doing the interpreting to become the focus of the interaction. However, the role of the person doing the interpreting is to respect the basic autonomy of both the PLWHA and the service provider, and the importance of the service provider–PLWHA relationship.

An interpreter is interpreting a conversation to **facilitate** accurate communication between the PLWHA and a service provider, but not taking control of it. This is a delicate balance, requiring judgment, sensitivity, a willingness to intervene when necessary but to stay in the background the rest of the time. All persons doing interpreting must be very clear about their role so that they succeed in helping PLWHA and service providers connect with each other and communicate clearly.

Remember that when you are interpreting you are responsible for enabling service provider and PLWHA, with very different backgrounds and perceptions and in an unequal relationship of power and knowledge, to communicate to their mutual satisfaction.

It is in performing this delicate balance within this unequal relationship of power and knowledge to ensure mutual satisfaction in the communication between the PLWHA and service provider, that your specific roles are found. The Ethical and Interpreting Competency Standards are meant to ensure that you play those roles well.

The basic purpose of any person doing interpreting is to make possible understanding in communication between people who are speaking different languages. In fulfilling this purpose you actively facilitate, beyond simply repeating words, a communication of what is being spoken by both parties needing the interpreting. Your purpose is to overcome barriers to communication: linguistic barriers, barriers of register and experience, cultural barriers and systemic barriers.

Your purpose is **not** to be a social worker or advocate; **not** to be a service provider’s or PLWHA’s emotional support; **not** to be an interface with the wider English speaking community. Your purpose is **not** to guarantee positive outcomes. Your interpreting can not even guarantee that both the service provider and the PLWHA will be happy as a result of their communication.

As the person doing the interpreting, **communication is your purpose**. Any role you perform should relate to that purpose.
Roles of Any Person Doing Interpreting

There are three roles that you might play while doing interpreting: Conduit, Clarifier, and/or Cultural Broker.

Conduit: This is the most basic of the roles and involves rendering in one language exactly what has been said in the other language without adjusting for register: no additions, no omissions, no editing, no polishing. This is the primary role of the person doing interpreting, which you adopt unless you perceive a clear potential for misunderstanding.

Clarifier: In this role, the person doing interpreting adjusts register, makes word pictures of terms that have no linguistic equivalent [or whose linguistic equivalent would not be understood by either the service provider or the PLWHA] and checks for understanding. The person doing interpreting takes this role when you believe it necessary to facilitate understanding.

Culture Broker: In this role, the person doing interpreting provides a necessary cultural framework for understanding the message being interpreted. You take this role when cultural differences are leading to a misunderstanding on the part of either the service provider or the PLWHA.

How do you decide which role to choose or adopt? In a sense, you don’t. That is, you must be able to flow from one role to the other, depending entirely on the needs of the PLWHA and the service provider; and on the changing circumstances of their interaction, switching between different roles as potential misunderstandings arise and are resolved. The most appropriate role however, is the least invasive role that will assure effective communication.

As you go from Conduit to Clarifier to Cultural Broker the roles become increasingly “invasive”, or rather, you stay less in the background and become more actively involved in the communication process. For example, as a Conduit, you are simply relaying to the listener what the speaker has said so you are fairly unobtrusive. As a Clarifier, you might have to intervene to ask for clarification, and have to speak with your own voice. As a Cultural Broker, you become even more invasive, offering an explanation of a cultural framework, which diverts the attention of the service provider or the PLWHA from themselves to you.
Why Are We Concerned With You Being Invasive – Invasive into What?

In any interpreted communication there are essentially three relationships:

- service provider ↔ person living with HIV/AIDS
- person living with HIV/AIDS ↔ person doing interpreting
- service provider ↔ person doing interpreting

Which is the most important relationship? Of these, the service provider ↔ PLWHA relationship is the most important because the other relationships exist only so that this one can occur. The person doing the interpreting provides the means for the development of the PLWHA ↔ service provider relationship and so must take care to support, not undermine that relationship. However, if you constrain yourself to an inappropriately limited role, fundamental misunderstandings may occur that not only undermine the PLWHA’s relationship with the service provider, but may endanger the PLWHA’s expected outcomes.

Relating the Roles You Play to the Standards You Practice: It’s in the Tasks

As an interpreter, you will be performing the conduit, clarifier, and cultural broker roles while performing the following five major tasks:

1. Setting the Stage
2. Interpreting
3. Managing the Flow of Communications
4. Managing the 3–Party Relationship
5. Assisting in Closure Activities

In each task, you will be practicing the Ethical Standards and one or more of Interpreting Competency Standards.

In each of these five tasks, in whichever role(s) you use, you will practice your Ethical Standards: Confidentiality, Accuracy, Impartiality, Conflict of Interest, Maintains Professional Distance, and Knows Own Limits.
1. **Setting the Stage:**
Introduce yourself and what you will be doing. It is important for you to set clear expectations of your role at the very start of the 3-Party encounter [service provider ↔ PLWHA ↔ person doing interpreting]. Stress, in particular, the elements of accuracy, completeness, and confidentiality. It is also important in the early moments of the 3-Party encounter for you to attend to other concerns:

- Arranging the spatial configuration of the parties to the encounter
- Addressing any discomfort the client or the service provider may have about your presence
- Assessing the linguistic style of the PLWHA and/or the service provider.

Keep in mind at all times the goal of establishing a **direct** relationship between the two parties needing your interpreting.

In this task, in whichever role(s) you use, in addition to practicing your ethical standards, you will practice your Self Introduction and Self Positioning Interpreting Competency Standards.

2. **Interpreting:**
The most basic task you have is to transmit information accurately and completely. This means that you are responsible for self-monitoring and correction of any misinterpretation. Therefore, you must operate under a dual commitment: (a) to understand fully the content of the message in the source language (b) to retain the essential elements of the communication into the target language. This includes communicating each/all parties’ content and feelings and interpreting in the First Person. If your linguistic proficiency, in terms of breadth and depth, in both languages is very high, and you have a solid working knowledge of the subject matter, you are more likely to be able to make the conversions from one language to another without needing to ask for much clarification. If your linguistic proficiency is limited, you can use appropriate strategies to ensure that you understand the message before you make the conversion and to ensure that all pertinent information has been transmitted. Interpreting may be done in a consecutive or simultaneous mode depending on which mode is appropriate to the situation.

In this task, in whichever role(s) you use, in addition to practicing your ethical standards, you will practice your: Communicate All Parties’ Content and Feelings, Speak in First Person, Speak in Appropriate Mode, Understand Content, Remains Neutral, Self-Monitoring and Correction, and Cultural Brokering Interpreting Competency Standards.

3. **Managing the Flow of Communication:**
In the interests of accuracy and completeness, persons doing interpreting must be able to manage the flow of communication so that important information is not lost or miscommunicated. You may also have to attend to the dynamics of the interpersonal interaction between the service provider and the PLWHA; for example, when tension or conflict arises between the parties. Your role, however, is not to take responsibility for the actions of the two parties, but rather to assist in establishing and maintaining a communication process that allows the parties to work things out themselves.
In this task, in whichever role(s) you use, in addition to practicing your ethical standards, you will practice your Manage the Flow of Communication Interpreting Competency Standard.

4. Managing the Three-Party Relationship:
The introduction of a third party into any service delivery encounter generates dynamics that are inherent in three-way interactions. A primary characteristic of a three-way relationship, as opposed to a two-way, is the potential for the formation of an alliance between two of the three parties. Because you are the party to whom both the service provider and the PLWHA can relate most directly, both have the propensity to want to form an alliance with you. The service provider and the client often exhibit this tendency by directing their remarks to you rather than to each other, which leads to the “tell them” form of communication. Thus you must work at encouraging both parties to address each other directly, both verbally and non-verbally. You are responsible for interpreting in the First Person to avoid the “tell them”/alliance form of communication.

The natural tendency of the service providers and clients is to perceive persons doing interpreting as an extension of their own world, rather than an independent party with their own responsibilities and obligations [such as your ethical standards]. For PLWHA, the desire to form an alliance with you is heightened because they are likely to perceive you as understanding not only their language but also their culture. This perceived cultural affinity often leads PLWHA to act as if you are a friend and advocate. For service providers, the danger lies in assuming that you are part of their world and therefore expecting that you can and should take on other functions, such as obtaining a medical history or personal information on forms and applications. On the other hand, when service providers assume you are an extension of the PLWHA’s world, they tend to dismiss the importance of your role and ascribe an inferior status to your work.

As professionals in these three-party encounters, you owe your allegiance to the communication relationship. Your commitment is to support the other two parties in their respective domains of expertise - the service provider as the technical expert with the knowledge and skill in their arena [e.g. human services, medical, legal, etc.]; and the PLWHA as the expert on her or his beliefs, needs, situations, or symptoms. The service provider offers informed opinions and options, while the PLWHA remains the ultimate decision-maker in terms of service or treatment. Your role is not to take control of the substance of the messages but rather to manage the process of communication.

In this task, in whichever role(s) you use, in addition to practicing your ethical standards, you will practice, primarily, your Speak in First Person and Remains Neutral Interpreting Competency Standards.

5. Assisting in Closure Activities:
Your responsibility in the closing moments of the interpreting encounter is to encourage the service provider, when necessary, to provide follow-up instructions that the PLWHA understands and therefore is likely to follow. In addition, you should make sure that the PLWHA is connected to the services required and promote client self-sufficiency, taking into consideration the social context of the PLWHA. Finally, you are responsible for completing appropriate documentation of the interpreting encounter, as required.
In this task, in whichever role(s) you use, in addition to practicing your ethical standards, you will practice, primarily, your Complete Appropriate Documentation and Cultural Brokering Interpreting Competency Standards.

## Ethical Standards for Interpreting

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<th>Ethical Standards for Interpreting</th>
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<td>The Ethical Standards that you are expected to abide by are:</td>
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- **Confidentiality**: All information, divulged by anyone in any interpreted exchange, is strictly confidential. The person doing the interpreting may reveal information only if required to by current law or rule.

- **Accuracy**: Any person doing interpreting is expected to transmit the content and spirit of the original language into the other language without omitting, modifying, condensing or adding. IF there are problems or misunderstandings with interpreting any information, the person interpreting must advise everyone involved.

- **Impartiality**: Any person doing interpreting refrains from interjecting personal opinions or biases into the exchange. S/he will withdraw from assignments or situations where personal opinions or biases may affect impartiality.

- **Conflict of Interest**: Any person doing interpreting shall inform all parties if s/he has a real or perceived conflict of interest and s/he shall remove her/him self from the interpreting situation. S/he does not need to disclose the nature of the conflict of interest.

- **Maintains Professional Distance**: Any person doing the interpreting understands the boundaries of his/her role and refrains from becoming personally involved in the situation.

- **Knows Own Limit**: Any person doing interpreting declines to interpret beyond his/her training, level of experience and skills.
A PLWH wished to know ways he could avoid transmitting HIV to his partner. He explained to his HIV case manager that he was in a monogamous relationship with another man and wanted to protect his partner from any chance of contracting HIV. When the man revealed he was gay, the interpreter who had been called to interpret for the session became agitated and began to tell the man that he was a terrible person and that he deserved to be punished for his lifestyle.

This is an example of the **Impartiality** Ethical Standard. Is this an example of __“good” or X “bad” actions on the part of the interpreter? Why?

The interpreter let his beliefs affect the outcome of the interpreting session.

An interpreter was called to interpret for a man who was meeting with an immigration advocate to find out whether his HIV positive status would impact his immigration status. As they both belonged to the same small, tight-knit community, they recognized each other when the interpreter arrived to interpret for the session. The interpreter explained to the man that nothing that was discussed in the session would be repeated and that all information was confidential. He continued by saying that he would not disclose who he had been called to interpret for. The man became upset and refused to speak. The interpreter explained the problem to the advocate, and decided it would be best to excuse himself from the interpreting session.

This is an example of the **Conflict of Interest** Ethical Standard. Is this an example of X “good” or __“bad” actions on the part of the interpreter? Why?

The interpreter realized that there was a conflict of interest because of his relationship with the man, and he excused himself.
An immigration advocate is working with an HIV positive individual who is worried that the hospital she visited is going to inform immigration officials of her positive HIV test and she will then be deported. The immigration advocate explains that her test results will be kept confidential and that she cannot be deported because of her illness. The interpreter repeats exactly what the advocate has said without adding or omitting anything.

This is an example of the [Accuracy] Ethical Standard. Is this an example of X “good” or __“bad” actions on the part of the interpreter? Why?

The interpreter interpreted exactly what was said by both parties, and fulfilled the Conduit Role of an interpreter.

An interpreter recognizes a man for whom he has previously interpreted, and he recalls that he interpreted for the man when he received a positive HIV test. The interpreter warns the nurse who is taking the patient’s blood pressure to be careful, saying that he has interpreted for him before, and he is HIV positive.

This is an example of the [Confidentiality] Ethical Standard. Is this an example of __“good” or X “bad” actions on the part of the interpreter? Why?

The interpreter divulged information from another interpreting session to the nurse.

A nurse and a teenaged girl are discussing how to prevent becoming infected with HIV. The nurse asks if the girl is sexually active, and the girl responds in the affirmative. Though pre-marital sexual activity is contrary to the interpreter’s religious beliefs, she accurately interprets exactly what is said for the rest of the interpreting session and does not add her personal beliefs.

This is an example of the [Impartiality] Ethical Standard. Is this an example of X “good” or __“bad” actions on the part of the interpreter? Why?

The interpreter interprets the session accurately and completely despite her personal beliefs being contrary to those of others in the session.
Following an interpreting session in which a man admitted to his physician that he had not informed his wife he was HIV positive, the interpreter waited for the patient outside of the clinic. When the man was leaving the building, the interpreter began yelling at him and telling him he must inform his wife of his diagnosis and that he was a terrible husband for not doing so already.

This is an example of the [Maintains Professional Distance] Ethical Standard. Is this an example of ___ “good” or X “bad” actions on the part of the interpreter? Why?

The interpreter became personally involved in the session and broke professional boundaries.

An interpreter was called to interpret for a person living with HIV and a nurse practitioner at a clinic. Once the interpreter arrived to interpret for the counseling session, he realized that he was uncomfortable interpreting the sexual topics being discussed. He explained his feelings and excused himself from the interpreting session.

This is an example of the [Conflict of Interest] Ethical Standard. Is this an example of ___ “good” or X “bad” actions on the part of the interpreter? Why?

The interpreter realized that he had a conflict of interest and therefore excused himself.

A man was talking through an interpreter with a nurse practitioner about whether he was at risk for HIV and if he should get an antibody test. The nurse explained some ways that he could have become infected: having unprotected oral, anal, or vaginal sex or sharing needles to inject drugs with someone who is HIV positive. The nurse continued by saying that by knowing the sexual history of your partners, not allowing someone else’s bodily fluids to enter your body, always using a latex condom, or, if your partner is female, using a female condom, you can greatly reduce your risk of becoming infected with HIV. The interpreter conveyed these statements to the man, but he had never heard of a female condom and was not sure what it was. He omitted this portion of the nurse’s statement and continued interpreting.

This is an example of the [Accuracy] Ethical Standard. Is this an example of ___ “good” or X “bad” actions on the part of the interpreter? Why?

The interpreter omitted part of what was being discussed because he was unaware of what the object was.
A physician was speaking to a PLWH through an interpreter who had never done interpreting in a medical setting. The physician was explaining to the man the progression of HIV to AIDS and the importance of taking his medications. The doctor explained that the man would be diagnosed with AIDS if his immune system became seriously damaged, specifically if his CD4 cell percentage was less than 14 percent. The doctor explained that CD4 cells were a certain type of lymphocyte or white blood cell that is important to the immune system. The interpreter was unsure how to interpret these terms to the man, so he only said, “You will get AIDS when your immune system is damaged.” The man understood, so the interpreter continued interpreting and omitted or summarized things the doctor said if he did not understand them.

**This is an example of the [Knows Own Limits] Ethical Standard. Is this an example of ___ “good” or X “bad” actions on the part of the interpreter? Why?**

The interpreter continued interpreting the topics even thought they were at a more advanced level than his abilities.

An interpreter was interpreting for a case manager and a woman living with AIDS whom she had interpreted for many times over the past few years. The woman had been told by her doctor that she needed to start taking some new medications, specifically, ones that were needed to help prevent her from contracting opportunistic infections and diseases. The woman was discussing these new drugs and explained to the case manager that they were very expensive, and her health plan had refused to cover them. The case manager told the woman that if her health plan wouldn’t cover them, there was a possibility she would be able to get a regime of generic drugs at a reduced cost. After the woman left the case manager’s office, the interpreter said to the case manager, “You really need to get her these medications. I know her and her family and there is no way she can afford them. If you don’t help her get these medications, she has no other options.”

**This is an example of the [Maintains Professional Distance] Ethical Standard. Is this an example of ___ “good” or [ ] “bad” actions on the part of the interpreter? Why?**

The interpreter became personally involved in the session and started to advocate for the client.
A doctor was explaining to a PLWH the various medications and their effects that he was prescribing for her treatment regime. The language was becoming more and more technical, and the bilingual staff person was having a hard time understanding what the doctor was explaining to the patient. The interpreter stopped the interpreting session and informed the doctor and the woman that she was unable to continue interpreting as she was unfamiliar with the terms being used.

This is an example of the [Knows Own Limits] Ethical Standard. Is this an example of __ “good” or __ “bad” actions on the part of the interpreter? Why?

The interpreter realized that the terms being used were above her ability to interpret and removed herself from the session.

An interpreter was leaving a clinic after finishing an interpreting session with a woman living with HIV and a nurse practitioner. While on her way out, she saw a social worker who worked at the clinic whom she had worked with several times in the past and had gotten to know fairly well. They began talking, and the social worker asked whom she had been interpreting for. Even though this was the woman’s social worker, the interpreter told the social worker she was sorry but that she could not divulge that information and that everything from the session was confidential.

This is an example of the [Confidentiality] Ethical Standard. Is this an example of __ “good” or __ “bad” actions on the part of the interpreter? Why?

The interpreter explained to the social worker that all information in an interpreting session is confidential, even though it was the woman’s social worker.
The Hennepin Interpreting Competency Standards that you are expected to abide by are:

► **Self Introduction**: Any person doing interpreting will introduce him/her self to all parties involved and explain his/her role.

► **Self Positioning**: Any person doing interpreting will position him/her self to best facilitate communication amongst all parties, unless otherwise directed.

► **Communicate All Parties’ Content & Feelings**: Any person doing interpreting shall communicate all the words and emotions expressed by all parties.

► **Speak in First Person**: Any person doing interpreting shall speak in the first person when communicating for both parties. That is, use “I” in reference to the speaker rather than “he/she said.”

► **Speak in Appropriate Mode**: Any person doing interpreting shall use consecutive and/or simultaneous interpretation mode as appropriate to the situation.

► **Understand Content**: Any person doing interpreting will ensure that s/he understands the message to be transmitted by seeking clarification, as needed from either or all parties.

► **Remains Neutral**: Any person doing interpreting must remain neutral by reminding all parties of his/her ethical obligations to be impartial, accurate, maintain professional distance and avoid any conflict of interest.

► **Self Monitoring & Correction**: Any person doing interpreting checks the accuracy of his/her own interpretation. S/he identifies and corrects any misinterpretation for all parties.

► **Manage the Flow of Communication**: Any person doing interpreting will manage the flow/pace of communication to preserve the accuracy and completeness of all parties’ communications.

► **Cultural Brokering**: Any person doing interpreting shares relevant cultural information with all parties involved and assists all speakers in reaching a mutual understanding.

► **Complete Appropriate Documentation**: Any person doing interpreting will complete appropriate documentation as required.
While discussing the treatment program that the doctor was suggesting a PLWH adhere to, the doctor stopped to ask a nurse a question about some notes she had made in the man’s chart. The interpreter switched to simultaneous mode to keep up with what the doctor and nurse were saying. When the doctor began speaking to the PLWH again, the interpreter switched back to consecutive mode to ensure he communicated everything accurately to the man and doctor.

This is an example of the [Speak in Appropriate Mode] Competency Standard. Is this an example of “good” or “bad” actions on the part of the interpreter? Why?

By switching to simultaneous mode, the interpreter was able to convey to the man all that was being said.

An interpreter was called to interpret for a counseling session between a PLWA and a mental health professional as the man had expressed feelings of depression to his physician. When the interpreter arrived, he asked both the man and the mental health professional if it was acceptable for him to move his chair so that a triangular positioning existed between the three individuals as this was the most effective for communication.

This is an example of the [Self-Positioning] Competency Standard. Is this an example of “good” or “bad” actions on the part of the interpreter? Why?

The interpreter was able to situate the participants in triangular positioning so as to best facilitate communication.

A woman was getting the results of her HIV antibody test and her husband was present. The physician explained that the woman had tested positive for HIV antibodies and suggested that the husband get tested also. The husband became angry and began yelling at his wife, accusing her of adultery and cursing at her. The interpreter became embarrassed and did not repeat everything that the husband was saying to his wife as he felt it was inappropriate to say to the physician. Instead, he asked the husband to calm down.

This is an example of the [Communicate All Parties’ Content and Feeling] Competency Standard. Is this an example of “good” or “bad” actions on the part of the interpreter? Why?

The interpreter failed to convey all the husband’s statements and his anger to the physician.
A woman living with HIV was getting some blood tests done to determine if her CD4 cell level was normal. The nurse practitioner who was drawing blood had called for an interpreter to interpret for the session. The interpreter arrived and realized the exam room was too small to use triangular positioning, she explained this to the nurse and woman, and stated that she would stand behind the woman. This allowed her to be the least invasive during the procedure.

*This is an example of the [Self-Positioning] Competency Standard. Is this an example of X “good” or __“bad” actions on the part of the interpreter? Why?*

Although the room was too small for triangular positioning, the interpreter was able to position herself so as to be the least invasive to the woman and nurse.

A nurse practitioner at an HIV testing clinic was discussing a man’s HIV antibody test results with him through an interpreter. The nurse explained that there were HIV antibodies in his blood. The man asked the nurse what this meant, and he explained that the presence of HIV antibodies indicates that one has tested positive for HIV. The man asked the nurse practitioner if he was a doctor. The nurse replied that he was not a doctor, but he had been trained in HIV/AIDS testing and service delivery. The man told the nurse that he had not done the test correctly because he was just a nurse and that he wanted to speak to a doctor. The interpreter didn’t want to offend the nurse so he interpreted the man’s statement as, “He wants to speak with a doctor.”

*This is an example of the [Communicate all Parties’ Content and Feeling] Competency Standard. Is this an example of __“good” or X “bad” actions on the part of the interpreter? Why?*

The interpreter omitted part of the man’s statement to the nurse.
An interpreter had interpreted for a woman living with HIV several times in the past. She was comfortable with the interpreter and was used to having her present during her check-ups. The woman was seeing her physician to check her viral load, and the physician wanted to see how she was responding to her various medications. A level of familiarity between the woman and the interpreter had developed, and soon the woman was speaking in the third person to the physician through the interpreter. The interpreter liked the woman and understood this made her feel comfortable, so she did not correct her and interpreted the rest of the session in the third person.

This is an example of the [Speak in First Person] Competency Standard. Is this an example of __“good” or X “bad” actions on the part of the interpreter? Why?

Although this made the woman feel comfortable, the interpreter does not use the first person. This can lead to uneven relationships with participants in the session.

A woman living with HIV was visiting a social worker to discuss the possibility of receiving assistance to help pay for her medications or to receive medications at a discounted rate. The woman explained through an interpreter that her health plan covered most of the drugs she was taking, but her doctor had just prescribed some new medications that the health plan had refused to pay for. The social worker was reviewing the woman’s financial information and said that it did not look like she qualified for any assistance programs. The woman became upset and said to the interpreter, “You know I can’t afford this. Tell her she needs to help me; otherwise I’m not going to be able to get my medications.” The interpreter asked the woman to speak in the first person and tell the social worker what she had just said.

This is an example of the [Speak in First Person] Competency Standard. Is this an example of X “good” or __“bad” actions on the part of the interpreter? Why?

The interpreter maintained the professional boundaries and asked the woman to speak in the first person.

A clinic’s staff interpreter was called to interpret for a nurse practitioner who was giving a risk and transmission reduction training class to a group of people living with HIV. The interpreter worked with the nurse on an almost daily basis and did not feel the need to introduce herself and explain her role as an interpreter. She did not introduce herself to the participants in the class, but rather began interpreting after the nurse started her presentation.

This is an example of the [Self-Introduction] Competency Standard. Is this an example of __“good” or X “bad” actions on the part of the interpreter? Why?

The woman did not introduce herself to the participants or explain her role as an interpreter.
A nurse practitioner was explaining how to reduce the risk of contracting HIV to a man who had just tested negative for the disease. Although the interpreter realized that he and the man spoke slightly different dialects, he thought he would be able to accurately interpret so everything was understood. It became apparent that this was not the case, so the interpreter stopped the interpreting session and informed the nurse and patient of the communication problems and excused himself from the session.

This is an example of the [Self Monitoring and Correction] Competency Standard. Is this an example of **good** or **bad** actions on the part of the interpreter? Why?

The interpreter recognized that the dialectic differences were causing communication problems that were too great to overcome. He excused himself, as a result.

While a woman was getting tested for HIV, the nurse practitioner was explaining to her that the test would be checking for the presence of HIV antibodies in her blood. She continued, saying that there was also an oral test that checked for the presence of antibodies in oral mucosal transudate. The interpreter wasn’t sure what the term mucosal transudate or antibody meant and did not know how to interpret the terms, so she told woman the test will be checking for HIV in her blood and mouth.

This is an example of the [Understand Content] Competency Standard. Is this an example of **good** or **bad** actions on the part of the interpreter? Why?

The interpreter did not understand all that was being said, but instead of asking for clarification, she continued with the session.

A woman was seeing an HIV counselor to find out suggestions on how to tell her family she had tested positive for HIV. They tried to communicate for a short time, but it became apparent that the language barrier was too great and things were not being understood. The counselor called for an interpreter to interpret for the remainder of the meeting. The interpreter arrived and began by introducing herself to both the counselor and the woman, even though she had worked with the counselor many times in the past. She explained to both parties that she would be interpreting everything that was said and that everything said in the conversation would be confidential and not be repeated. The interpreter also asked both parties to speak in the first person.

This is an example of the [Self Introduction] Competency Standard. Is this an example of **good** or **bad** actions on the part of the interpreter? Why?

The interpreter introduced herself and explained her role as an interpreter to both the woman and the HIV counselor.
Having been an interpreter at a hospital for a significant period of time, a staff interpreter was comfortable using the simultaneous mode of interpreting during doctor-patient interactions. While interpreting for a PLWA and his physician who wanted to change some of the man’s medications, the interpreter began by using the simultaneous mode of interpreting. The doctor began to explain how the new medications were used to fight the chance of opportunistic infections like tuberculosis and pneumonia. The doctor wasn’t sure if the man understood everything completely, and he asked the interpreter to take his time and use the consecutive mode of interpreting. The interpreter realized that the doctor was right and switched to consecutive mode to ensure the PLWA understood everything the physician was saying.

This is an example of the [Speak in Appropriate Mode] Competency Standard. Is this an example of X “good” or __ “bad” actions on the part of the interpreter? Why?

The interpreter was able to recognize that it was best to use consecutive mode to ensure that all content was understood by both parties.

A woman was meeting with her HIV case manager. The case manager asked her through an interpreter if she was sexually active. The woman replied that she was sexually active and had had a number of partners in recent months. The case manager asked if she had practiced safe sex and used a condom to prevent transmitting HIV to her partners. The woman said no and also said that she had not told her partners she was HIV positive. The case manager told the woman that it was important to use a condom and to practice safe sex so she was not putting her partners at risk. The woman again said that she wasn’t going to do that. The case manager became upset and said to the interpreter, “You need to tell her that this high risk behavior is putting people in danger of contracting HIV and she needs to do this. You have to make her understand.” The interpreter told the case manager, “I understand your frustration, but I can only interpret what is being said between you and the woman. I cannot advocate for one side or the other, I must remain neutral.”

This is an example of the [Remains Neutral] Competency Standard. Is this an example of X “good” or __ “bad” actions on the part of the interpreter? Why?

The interpreter informed the case manager that she was unable to advocate for either party and was only there to interpreter what was being said.
A physician who had been treating a teenaged girl living with HIV for some time was discussing a new medication that she wanted to prescribe to the young woman. The physician was asking some questions about the girl’s health and recent sexual activity. The interpreter had been interpreting everything that had been said, but when the doctor asked if the girl was sexually active, the interpreter said, “No, she isn’t, her religion prohibits premarital sex.” The doctor requested that the interpreter only repeat what is being asked and to let the girl answer. The interpreter again repeated that the young woman wasn’t sexually active as it was against her religion.

This is an example of the [Remains Neutral] Competency Standard. Is this an example of ___ “good” or X “bad” actions on the part of the interpreter? Why?

The interpreter interjected her personal feelings and beliefs into the session and failed to interpret accurately, remain impartial, and maintain professional distance.

While interpreting for an immigration attorney and a PLWH, an interpreter who had previously only done medical interpreting became confused by some of the terminology being used by the attorney, namely inadmissibility and deportability. The interpreter asked for a clarification of the terms. The lawyer explained that the US government might not let a PLWHA into the country, meaning inadmissibility; but that a PLWHA cannot be removed from the country because of their diagnosis, meaning deportability. Following this explanation, the interpreter better understood the topics being discussed and continued the session without incident.

This is an example of the [Understand Content] Competency Standard. Is this an example of X “good” or ___ “bad” actions on the part of the interpreter? Why?

The interpreter was unfamiliar with some terms being used and stopped the session to clarify their meanings.
A woman who had just been told she had tested positive for HIV antibodies in her blood became extremely agitated. She began crying and talking very fast about how she had done nothing wrong and kept asking why this was happening to her. She continued speaking very rapidly about how she would be ostracized from her community because of this. The interpreter had a difficult time understanding and interpreting everything that was being said partly because the woman was talking so fast. In order to interpret, she began to summarize what the woman was saying to the physician, omitting portions to keep up.

This is an example of the [Manage the Flow of Communication] Competency Standard. Is this an example of __“good” or X “bad” actions on the part of the interpreter? Why?
Instead of asking the woman to slow down or excusing herself, the interpreter omitted portions of the conversation in order to keep up.

A HIV case manager was giving a presentation on sexual health to a group of PLWH. An interpreter was interpreting for two individuals at the presentation who did not speak English. The interpreter arrived prior to the start of the presentation to explain that she would be interpreting for two of the individuals in the class. He explained that in his language there were no words for some sexual terms that the nurse would probably be discussing in the class. He asked the nurse if she would please speak slowly and clearly as he would need to describe certain terms and make word pictures for the two individuals to understand everything that was being said. The nurse agreed to do this and asked the interpreter to please ask her to slow down if she began speaking too fast.

This is an example of the [Manage the Flow of Communication] Competency Standard. Is this an example of X “good” or __“bad” actions on the part of the interpreter? Why?
Prior to the session, the interpreter was able to explain to the nurse the need to speak slowly so he could ensure everything was being accurately interpreted.

A PLWH was meeting with his physician to discuss changing his medication program to avoid building up resistance to his current medications. An interpreter who had never interpreted for an HIV/AIDS case was called to interpret for the session. Following the session a nurse asked the interpreter to sign a patient form that stated an interpreter had been used. The interpreter refused, saying he did not want his name associated with HIV positive people.

This is an example of the [Complete Appropriate Documentation] Competency Standard. Is this an example of __“good” or X “bad” actions on the part of the interpreter? Why? The interpreter did not remove himself from the session despite his conflict of interest and refused to sign the documentation.
An interpreter was interpreting for an HIV positive teenaged girl and a school social worker. The girl had been missing school and the social worker had repeatedly tried calling the parents to find out why. The parents refused to speak about their daughter when she called. The social worker asked the girl why, but she wouldn’t answer. The interpreter understood that the parents were ashamed to acknowledge their daughter because of the stigma of HIV in their culture. It was believed that being infected with HIV was punishment for wrongdoing, so they had isolated the girl and refused to have contact with her. The interpreter stopped the interpreting session and explained this to the social worker so she would have a better understanding of the girl’s family situation.

This is an example of the [Cultural Brokering] Competency Standard. Is this an example of X “good” or __ “bad” actions on the part of the interpreter? Why?

The interpreter realized that cultural differences were leading to a breakdown in communication so she fulfilled the role of cultural broker and explained the situation to the social worker.

An immigration attorney was meeting with an HIV positive client who was applying for lawful permanent residency status. An interpreter was present to interpret for the two parties. The attorney was explaining the three guidelines that a PLWH must meet to be eligible for lawful permanent residency status. The attorney stated, “You must pose minimal danger to public health, you must pose minimal danger of spreading HIV, and you must not become a financial burden to a government agency without that agency’s prior consent to providing necessary services or benefits.” The interpreter repeated this to the man, but then repeated the three guidelines to the attorney to ensure that he had interpreted it correctly to the man.

This is an example of the [Self Monitoring and Correction] Competency Standard. Is this an example of X “good” or __ “bad” actions on the part of the interpreter? Why?

The interpreter double-checked to ensure that what he had interpreted to the client was correct before continuing with the session.

An interpreter was asked to sign a confidentiality form that stated everything that occurred during the interpreting session was not to be repeated. The interpreter signed the form and interpreted for the physician and PLWH.

This is an example of the [Complete Appropriate Documentation] Competency Standard. Is this an example of X “good” or __ “bad” actions on the part of the interpreter? Why?

The interpreter completed the required form and proceeded to interpret.
An interpreter was interpreting for a woman living with HIV who was meeting with her male HIV case manager to discuss her medication regime and her continuing adherence to the regime. The discussion turned to the woman’s sexual health, but she refused to answer any questions the case manager was asking. The interpreter stopped the case manager and explained to him that in the woman’s culture it was not acceptable for women to discuss sexual issues with a man. The interpreter asked if it was possible that she get a female case manager in the future, the HIV case manager agreed that it was necessary and that he would assign her case to another case manager who was female.

This is an example of the [Cultural Brokering] Competency Standard. Is this an example of "good" or "bad" actions on the part of the interpreter? Why? The interpreter recognized that cultural differences were causing a breakdown in communication. The interpreter fulfilled the interpreting role of a Cultural Broker and explained the differences.
## Appendix

### Glossary

#### Immune System

**Antibody**
A protein produced by the body’s immune system that recognizes and fights infectious organisms and other foreign substances that enter the body. Each antibody is specific to a particular piece of an infectious organism or other foreign substance. Over time, HIV antibodies fail to defend the body against these invading agents.

**Antigen**
A substance that can stimulate the body to produce antibodies against it, including bacteria, viruses, pollen, and other foreign materials.

**Antiviral**
A natural or man-made substance that can kill or stop the growth of a virus.

**Bacteria**
A microscopic organism consisting of one simple cell. Some bacteria can cause disease in humans.

**B Cell or B Lymphocyte**
Type of white blood cell that makes antibodies against germs that have entered the body. In people with HIV, the ability of B cell to do their job may be damaged.

**CD4 Cell or T Cell**
A type of infection-fighting white blood cell. CD4 cells coordinate the immune response and control B cell and macrophage functions. HIV infects and kills CD4 cells, leading to a weakened immune system.

**CD4 Count**
A measurement of the number of CD4 cells in a sample of blood. The CD4 count is one of the most useful indicators of the health of the immune system and the progression of HIV/AIDS.

**Chronic**
A prolonged, lingering, or recurring state of disease

**Contagious**
Easily passable between people through normal day-to-day contact. HIV is an example of an infectious disease that is not a contagious disease. It cannot be passed from person to person through casual contact.

**Dendritic cells**
A type of white blood cell that picks up foreign substances from the bloodstream, “presents” them to other parts of the immune system, and activates T cell response to fight infection.

**Germs**
Bacteria, fungi, parasites, and viruses that carry infection.

**Host**
Used to explain where a germ lives. A person who has HIV is a host for the virus.

**Immunity**
Protection from a disease.

**Immune System**
The collection of cells and organs whose role is to protect the body from foreign invaders. Includes the thymus, spleen, lymph nodes, B and T cells, and antigen-presenting cells.

**Immunodeficiency**
The body has the inability to produce normal amounts of antibodies, immune cells, or both.

**Immunotherapy**
Treatment whose goal is to restore or stimulate the immune system after it has been damaged.

**Infection**
Establishment of an infectious micro-organism in a suitable host. The term is also used to refer to disease caused by an infectious micro-organism.

**Infectious**
Capable of causing infection. HIV is infectious but not easily transmitted (contagious).

**Lesion**
An abnormal change in the tissue of an organ or other body part due to injury or disease.

**Lymph Nodes**
Very small organs of the immune system that are located throughout the body and contain large numbers of lymphocytes. Lymph fluid that bathes body tissues is filtered through lymph nodes as it carries white blood cells to and from the blood.

**Lymphocyte**
A type of infection-fighting white blood cell, T cells and B cells, found in the blood, lymph, and lymphoid tissue.
Macrophage
A type white blood cell that destroys infected cells, germs, and dead material and stimulates other immune system cells to fight infection.

Parasite
An organism that lives and feeds on or within another living organism and causes some degree of harm. People with weakened immune systems, like those with HIV, are more likely to get parasitic infections.

Plasma
The clear, liquid part of the blood in which red blood cells, white blood cells, and platelets are suspended. Plasma contains nutrients, wastes, salts, gases, and proteins.

Susceptible
Having little resistance to a specific infectious disease. Also used to describe an HIV strain that is responsive to a particular anti-HIV drug.

T Cell
A type of lymphocyte (disease-fighting white blood cell). The “T” stands for the thymus, where T cells mature. T cells include CD4 cells and CD8 cells. T cells regulate the immune system and control B cells and macrophage functions.

Vaccine
A substance that stimulates the body’s immune response in order to prevent or control an infection. A vaccine is typically made up of some part of a bacteria or virus that cannot itself cause an infection. Researchers are testing vaccines both to prevent and treat HIV/AIDS; however, there is currently no vaccine approved for use outside of clinical trials.

Virus
A germ that requires a host cell to make more copies of itself. A virus, like HIV, often destroys these cells.

White Blood Cells
These cells make up the immune system and include lymphocytes, monocytes, T cells, B cells, and macrophages. White blood cells are made by bone marrow and help the body fight infection and other diseases.

HIV/AIDS

AIDS - Acquired Immunodeficiency Syndrome
A disease of the body’s immune system caused by the human immunodeficiency virus (HIV). AIDS is characterized by the death of CD4 cells, specifically when the number of CD4 cells drops below 200 per milliliter of blood. A diagnosis of AIDS also means that the PLWH has at least one opportunistic infection due to his/her weakened immune system.
Acute HIV Infection
A period of rapid HIV replication that occurs 2 to 4 weeks after infection by HIV. Acute HIV infection is characterized by a drop in CD4 cell counts and an increase in HIV antibody levels in the blood. Some individuals experience flu-like symptoms during this period of infection. These symptoms may last from a few days to 4 weeks and then go away.

AIDS Defining Condition
Known as opportunistic infections when pertaining to a PLWH. Any of a list of illnesses that, when occurring in an HIV-infected person, leads to a diagnosis of AIDS. The 26 conditions include candidiasis, cytomegalovirus disease, Kaposi’s sarcoma, mycobacterium avium complex, pneumocystis carinii pneumonia, recurrent pneumonia, progressive multifocal leukoencephalopathy, pulmonary tuberculosis, invasive cervical cancer, wasting syndrome, and others.

AIDS Related Cancer
Several cancers are more common or more aggressive in people with HIV. These cancers include certain types of immune system cancers, Kaposi’s sarcoma, cancers that affect the anus and the cervix, and others.

B-Cell Lymphoma
A type of cancer of the lymphatic tissue. People with HIV are more prone B-cell lymphomas, some of which are considered opportunistic infections denoting a progression from HIV to AIDS.

Candidiasis
Infection caused by a species of the yeast-like fungus Candida. Candidiasis can affect the skin, the mouth or throat (thrush), vagina (yeast infection), intestines, and lungs. The infection appears as white patches in the mouth or any other mucous membrane. Candidiasis is a common opportunistic infection.

Cryptococcal Meningitis
A life-threatening infection of the membranes surrounding the brain and the spinal cord caused by the fungus Cryptococcus neoformans. Symptoms include headache, dizziness, stiff neck, and, if untreated, coma and death. Immunocompromised individuals are more susceptible to this infection.

Cryptococcosis
An infection caused by the fungus Cryptococcus neoformans. This fungus typically enters the body through the lungs and usually spreads to the brain, causing cryptococcal meningitis. In some cases, it can also affect the skin, skeletal system, and urinary tract.

Cryptosporidiosis
A diarrheal disease caused by the protozoa Cryptosporidium. Symptoms include abdominal cramps and severe chronic diarrhea.

Cytomegalovirus Infection (CMV)
A virus that can cause infections, including pneumonia, gastroenteritis, encephalitis or retinitis, an infection of the eye, in people with weakened immune systems. This is a common opportunistic infection and HIV-infected people are most susceptible to CMV retinitis.

**Human Immunodeficiency Virus**
The virus that causes AIDS. HIV is in the retrovirus family and weakens several body systems. It destroys the immune system leaving the person infected with HIV susceptible to life-threatening cancers and opportunistic infections that people with healthy immune systems are less susceptible to.

**Incubation**
The period between infection with a germ and the development of symptoms. It is used to describe the period of time from when someone is infected with HIV to when they develop symptoms of AIDS.

**Kaposi's Sarcoma**
A type of cancer which causes pink or purple spots or small bumps on the skin. The condition can also occur inside the body, especially in the intestines, lymph nodes, and lungs. It is an opportunistic infection that affects PLWH.

**Long-Term Nonprogressors**
People who have been infected with HIV but resisted it for at least seven years. These individuals have had stable CD4 cell counts of 600 or more, no HIV-related diseases, and no need for anti-HIV therapy.

**Lymphoma**
Cancer of the lymphoid tissues. Some types of lymphomas are associated with HIV infection.

**Meningitis**
Inflammation of the membranes surrounding the brain or spinal cord. Meningitis can be caused by a bacterium, fungus, or virus such as HIV.

**Mycobacterium Avium Complex**
An infection caused by mycobacteria, two bacteria found in soil and dust particles. The infection can be limited to a specific area or can spread throughout the body. This life-threatening disease is extremely rare in people who are not infected with HIV and is considered an opportunistic in PLWH.

**Opportunistic Infections**
Illnesses caused by various organisms that occur in people with weakened immune systems. Opportunistic infections common in PLWHA include Pneumocystis carinii pneumonia; cryptosporidiosis; histoplasmosis; toxoplasmosis; other parasitic, viral, and fungal infections; and some types of cancers. The presence of an opportunistic infection and a T cell count below 200 per milliliter of blood means HIV has progressed to AIDS.
PLWA
People Living With AIDS.

PLWH
People Living With HIV.

**Pneumocystis Carinii Pneumonia**
PCP occurs in people with weakened immune systems, including people with HIV. It is the most common opportunistic infection in PLWH in the United States. The first signs of infection are difficulty breathing, high fever, and dry cough.

**Pneumonia**
An infection of the lungs.

**Remission**
The period during which symptoms of a disease diminish or disappear. In people infected with HIV, effective treatment regimens may result in the remission of HIV-associated symptoms and conditions.

**Ryan White Care Act**
The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is federal legislation that addresses unmet health needs of people living with HIV/AIDS by funding primary health care and support services that enhance access to and retention in care.

**Sexually Transmitted Disease (STD)**
An infection that spreads during sex, through person-to-person genital contact. HIV is an STD.

**Shingles**
An inflammation of the nerve endings caused by the virus that causes chicken pox. Shingles causes numbness, itching, or severe pain followed by clusters of blister-like lesions in a strip-like pattern on one side of the body. Shingles is a common opportunistic infection of PLWH.

**Stigma**
A discrediting attribute that sets people apart from others. HIV/AIDS related stigma is a serious issue facing PLWHA as it can lead to discriminating, ostracizing, and persecuting behavior on the part of others.

**Syndrome**
A set of symptoms or conditions that occur together and suggest a certain illness.

**Tuberculosis (TB)**
An infection of the lungs caused by the bacterium Mycobacterium tuberculosis. Symptoms of TB include cough, tiredness, weight loss, fever, and night sweats. TB is a common opportunistic infection of PLWH.
Wasting Syndrome
The involuntary loss of more than 10 percent of body weight, plus more than 30 days of either diarrhea or weakness and fever. Wasting refers to the loss of muscle mass, although part of the weight loss may also be due to loss of fat. Wasting syndrome is considered an AIDS defining condition.

Transmission

Anal Sex
Penetration of the anus by the penis or other objects.

Bisexual
A person who has sexual partners of the same sex and of the opposite sex

Blood to Blood Contact
The mixing together of blood from two or more people. HIV is spread primarily through this method by the use of shared needles and syringes and from mother to child during birth.

Casual Contact
Ordinary social contact such as being around someone, sharing utensils, work space, bathrooms, phones, and swimming pools, as well as shaking hands and kissing on the cheek. HIV is not transmitted through casual contact.

Contaminated Needles
Needles that have been used by someone and not been properly cleaned and disinfected.

Ejaculate
To eject semen, and also the action of semen being released by ejaculation during a male orgasm.

Gay
Being romantically or sexually attracted to people or one’s own gender.

Heterosexual
Being romantically or sexually attracted to people of the opposite gender.

Homosexual
Being romantically or sexually attracted to people of one’s own gender.

Household Contact
Everyday casual contact between members of a household. HIV can not be transmitted through normal household contact.

Injection Drug Use
The use of a needles and syringe to inject drugs into the body. HIV can transmitted by using
a contaminated needle used by someone with HIV.

**Lesbian**
A woman who is romantically or sexually attracted to other women.

**Masturbation**
Massaging one’s own genitals, usually to the point of orgasm.

**Mutual Masturbation**
Massaging a partner’s genitals, often to the point of orgasm.

**Oral Sex**
Contact of the mouth or tongue with a partner’s penis, vagina, or anus.

**Perinatal Transmission**
The passage of HIV from an HIV-infected mother to her infant. The infant may become infected while in the womb, during labor and delivery, or through breastfeeding.

**Risk Behavior**
Behavior and activities that put a person at risk for becoming infected with HIV.

**Semen**
Whitish fluid containing sperm and white blood cells that is ejaculated from the penis during orgasm. HIV can be spread through infected semen.

**Sex**
Genital contact between individuals and/or contact with a partner’s anus, penis, or vagina.

**Sexual Orientation**
The sexual attraction people feel for others. This can include attraction to one’s own sex, the opposite sex, or both sexes.

**Vaginal Fluid**
Fluid that provides moisture and lubrication in the vagina. Vaginal fluid of an infected woman can spread HIV.

**Vaginal sex**
Sex in which the vagina is penetrated with a penis or other object

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**Prevention**

**Condom**
A latex or polyurethane sheath that fits over an erect penis. When used correctly and consistently, condoms have been shown to greatly reduce the risk of transmitting HIV. Natural condoms, made of lamb intestine, are effective in preventing pregnancy but not in
preventing the spread of HIV and other STDs.

**Dental Dam**
Usually a latex barrier used during oral sex to prevent contact between someone’s mouth and tongue and his/her partners’ anus or vagina.

**Disinfectant**
A chemical that destroys germs. In the case of injection drug users, chlorine bleach can be used as a disinfectant to clean used needles and syringes. Using bleach to disinfect needles and syringes greatly reduces the risk of transmitting HIV.

**Female condom**
A polyurethane tube with a ring on one end that is placed in and lines the vagina and covers part of the labia. It allows a woman to protect herself during from becoming pregnant and infected with some STDs, including HIV, through vaginal sex.

**Lubricant**
Water based substance used to reduce friction during sex. Using lubricant reduces the risk of a condom breaking or tearing or the skin being cut during vaginal or anal sex.

**Partner Notification**
The process of letting sex and needle-sharing partners of a PLWH know that they may be at risk of having, or becoming, infected with HIV.

**Post-Exposure Prophylaxis**
Treatment taken as a precaution against HIV infection after a person has been exposed to HIV, usually by health care workers while on job.

**Spermicide**
A chemical in the form of a foam, cream, or jelly that destroys sperm on contact. Spermicide is not effective in preventing the transmission of HIV.

**Universal Precautions**
Guidelines used by health care providers to protect themselves and others against blood born germs, including HIV.

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**Treatment**

**Adherence**
Closely following a prescribed treatment regimen. This includes taking the correct dose of a drug at the correct time, exactly as prescribed.

**Antibiotic**
A natural or man-made substance that stop the growth of micro-organisms such as bacteria or fungi.
**Antiretroviral**
A medication that interferes with the ability of a retrovirus (such as HIV) to make more copies of itself and thus slows the pace of infection.

**Antiretroviral Therapy**
Treatment with a combination of drugs that inhibit the ability of retroviruses to multiply in the body. This combination of medications attacks HIV at different points in its life cycle.

**Antiviral**
A natural or man-made substance that can kill or stop the growth of a virus.

**Booster**
An additional dose or doses of a vaccine taken after the initial dose to enhance the immune response to the vaccine, used as a term to describe a medicine given to enhance another medicine.

**Clinical Failure**
The occurrence of HIV-related infections or a decline in physical health despite taking an HIV treatment regimen for a minimum of three months.

**Combination Therapy**
Using two or more antiretroviral drugs together to control HIV infection. This is also known as a cocktail. Combination therapy has proven more effective in decreasing viral load than using only one drug.

**Directly Observed Therapy**
A treatment in which an observer watches a patient take each dose of a drug. This strategy is used with diseases where adherence is important for drug effectiveness.

**Drug Resistance**
The ability of some micro-organisms, such as bacteria, viruses, and parasites, to adapt so that they can multiply even in the presence of drugs that would normally kill them. This can occur if someone does not strictly adhere to their treatment regimen.

**Entry Inhibitors**
Antiretroviral-HIV drugs designed to disrupt the ability of HIV to enter a host cell through the cell’s surface.

**Experimental Drug**
A drug in the process of being tested for effectiveness, but has not been approved by the Food and Drug Administration.

**Fusion Inhibitors**
A class of antiretroviral HIV drugs that inhibits the fusing of HIV with the host T cell, preventing infection of the cell.
Highly Active Antiretroviral Therapy (HAART)
The treatment regimens that aggressively suppress HIV replication and progression of HIV disease. The usual HAART regimen combines three or more antiretroviral HIV drugs.

Integrase Inhibitors
A class of antiretroviral HIV drugs that prevents the virus’ integrase protein from inserting its genetic information into an infected cell’s own DNA preventing the replication process.

Palliative Care
Medical care that helps to alleviate symptoms of chronic illnesses but does not include a cure. Palliative care offers therapies to comfort and support patients with terminal illnesses.

Pill Burden
The number and schedule of pills taken each day in a particular HIV drug regimen. A high pill burden may lead to decreased treatment adherence because of the difficulty of taking a large number of pills properly.

Protease Inhibitors
A class of antiretroviral HIV drug that prevents replication of HIV by disabling HIV protease. Without HIV protease, the virus cannot make more copies of itself.

Resistance Testing
A laboratory test to determine if an HIV strain is resistant to any antiretroviral HIV drugs.

Reverse Transcriptase Inhibitors
A class of antiretroviral HIV drugs that bind to and disable the virus’ reverse transcriptase enzyme, a protein that HIV needs to make more copies of itself.

Side Effects
The negative effects of a drug (or vaccine) other than desired therapeutic effects. The side effects of HIV drugs can be very severe and lead to adherence failure.

Treatment Failure
Failure of an anti-HIV treatment to adequately control HIV infection. Poor adherence, drug resistance, and drug toxicity contribute to treatment failure.

Vaccine
A substance that stimulates the body’s immune response in order to prevent or control an infection. A vaccine is typically made up of some part of a bacteria or virus that cannot itself cause an infection. Researchers are testing vaccines both to prevent and treat HIV/AIDS.

Testing

ELISA (Enzyme-Linked Immunosorbent Assay)
A laboratory test used to determine the presence of antibodies to HIV in the blood or saliva. Positive ELISA test results indicate that a person is HIV infected. These results are then
confirmed with a highly specific laboratory test called a Western blot.

**False Negative Test Result**
The results of an HIV antibody test that do not show the presence of HIV antibodies even though the sample of blood or saliva contains the virus. This usually occurs when people are recently infected with HIV, but the virus has not had time to multiply in sufficient amounts to show up on the antibody test.

**Immunofluorescence Assay**
A blood test used to detect HIV antibodies. It is used to confirm ELISA results.

**Negative Test Results**
Results of an HIV test where no presence of the virus is detected.

**Nucleic Acid Test**
A test that can detect very small amounts of specific genetic material in blood, plasma, or other tissue. This test can detect several types of viruses and is used to screen blood from blood donors. In the case of HIV, it is used to detect the RNA of the virus.

**Positive Test Results**
Results of an HIV test where the virus is detected. A person with a positive test result is assumed to be infected with HIV and able to transmit it to others.

**Rapid Test**
A type of ELISA test that can detect antibodies to HIV in the blood in less than 30 minutes with greater than 99% sensitivity and specificity. A positive rapid test should be confirmed by a Western Blot test.

**Serologic Test**
A test to determine if an individual has antibodies to a particular foreign agent, such as a virus. A positive serologic test indicates that an individual is infected or has had an infection in the past.

**Test Sensitivity**
The likelihood that people with HIV will test positive for the virus.

**Test Specificity**
The likelihood that people who are not infected with HIV will test negative for the virus.

**Viral Load Test**
Test that measures the quantity of HIV RNA in the blood. Results are reported as the number of copies of HIV RNA per mL of blood plasma.

**Western Blot**
A test used to detect a specific protein. A Western blot test to detect HIV proteins in the blood is used to confirm a positive ELISA antibody test.
Resources

If you would like more information on HIV and AIDS here is a list of resources that may be helpful:

<table>
<thead>
<tr>
<th>Websites</th>
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<tbody>
<tr>
<td>The Body - <a href="http://www.thebody.com">www.thebody.com</a></td>
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<tr>
<td>A comprehensive website with resources for PLWHA and people seeking information about HIV and AIDS.</td>
</tr>
<tr>
<td>A U.S. Department of Health of Human Services website with a large amount of information and news about HIV and AIDS treatments, as well as information about prevention and on-going research</td>
</tr>
<tr>
<td>MNAIDS Project - <a href="http://www.mnaidsproject.org">www.mnaidsproject.org</a></td>
</tr>
<tr>
<td>The Minnesota AIDS Project website with an extensive searchable database of resources.</td>
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<tr>
<td>Minnesota Department of Health - <a href="http://www.health.state.mn.us/hiv">www.health.state.mn.us/hiv</a></td>
</tr>
<tr>
<td>The MDH website for HIV and AIDS information as well as Minnesota specific resources.</td>
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<tr>
<th>Phone Resources</th>
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<tbody>
<tr>
<td>MNAIDS Project AIDSLine</td>
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<tr>
<td>AIDSLine is a toll-free statewide information and referral service that can answer questions about HIV and AIDS and also connect users with HIV and AIDS resources.</td>
</tr>
<tr>
<td>(612)373-AIDS (metro)</td>
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<tr>
<td>(800)248-AIDS (statewide)</td>
</tr>
<tr>
<td>(612)373-2465 (metro TTY)</td>
</tr>
<tr>
<td>(888)820-2437 (statewide TTY)</td>
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### Ethical Scenarios

An interpreter is interpreting for a woman she had interpreted for three weeks ago, when the woman had been informed she had tested positive for HIV. She is now seeing a physician to get a pregnancy test. The physician does not ask the woman if she is HIV positive, and the interpreter does not reveal the positive test results from the previous interpreting session.

*This is an example of the [Confidentiality] Ethical Standard. Is this an example of “good” or “bad” actions on the part of the interpreter? Why?*

The interpreter does not volunteer information she gained from a previous interpreting session. However, if the woman is, in fact pregnant, the interpreter should divulge this information as it is directly affecting the welfare of another individual.

A physician is explaining to a PLWH treatment options including the importance of adhering to his medication regimen. The physician states that although there is no cure for HIV, by taking the various medications prescribed, the man may delay the onset of AIDS. The interpreter interprets this statement to the man saying that by taking these medications you will never get AIDS and will continue to be in good health.

*This is an example of the [Accuracy] Ethical Standard. Is this an example of “good” or “bad” actions on the part of the interpreter? Why?*

The interpreter does not interpret what the physician says exactly and as a result, gives a different meaning to the statement.

A volunteer at an HIV testing clinic is explaining through an interpreter to a PLWH the importance of using a condom to prevent spreading HIV to future partners. The interpreter says to the volunteer, condoms are not natural, and men in his culture shouldn’t and won’t wear them.

*This is an example of the [Impartiality] Ethical Standard. Is this an example of “good” or “bad” actions on the part of the interpreter? Why?*

The interpreter fails to remain impartial and interjects his personal feelings and beliefs into the session.
A male interpreter is called to interpret for a woman who has just been diagnosed with HIV. The woman becomes upset and refuses to speak when the doctor begins to ask questions about her recent sexual activity. The interpreter realizes that she is uncomfortable having a male interpreter in the room during the session. He explains this to the doctor and calls for a female interpreter.

This is an example of the [Conflict of Interest] Ethical Standard. Is this an example of ___“good” or ___“bad” actions on the part of the interpreter? Why?
The interpreter recognizes that there is a conflict of interest, and this is leading to communication problems. He excuses himself and, although he does not have to, he explains this to the doctor.

A nurse is explaining to a PLWA that it is extremely important to continue to adhere to his medication regime. The man becomes distraught and says that he doesn’t understand why he is being punished and that he has done nothing wrong. The interpreter laughs and says to the nurse that some people from his country still believe that they have AIDS because they are being punished. He asks her to continue speaking.

This is an example of the [Maintains Professional Distance] Ethical Standard. Is this an example of ___“good” or ___“bad” actions on the part of the interpreter? Why?
The interpreter acts in a judgmental and unprofessional manner and adds his own statements instead of simply fulfilling the Conduit role and interpreting what is being said.

A pharmacist was explaining to a PLWH about the various medications he was going to be starting after his positive diagnosis. The pharmacist was talking about side effects that the man was likely to have, and the interpreter was having a difficult time keeping up and conveying all that was being said. The interpreter asked the pharmacist to talk slower as it was difficult to interpret. Following this, the interpreter was able to continue the interpreting session.

This is an example of the [Knows Own Limits] Ethical Standard. Is this an example of ___“good” or ___“bad” actions on the part of the interpreter? Why?
The interpreter realized that he was not able to keep up and interpret all that was being said, so he asked the pharmacist to slow down. If he still could not interpret following this, he should excuse himself from the session.
**Competency Scenarios**

An interpreter arrived early for an interpreting session for a woman waiting for her HIV antibody test results. The woman was in the exam room when the interpreter arrived. The interpreter introduced herself and informed the woman she would be speaking in the first person and that all information would be kept confidential and not be repeated. The physician arrived and began discussing the woman’s test results while the interpreter communicated everything that was said to the woman. The doctor assumed this was a family member but continued talking to the woman and the interpreter continued.

*This is an example of the [Self Introduction] Competency Standard. Is this an example of __“good” or X “bad” actions on the part of the interpreter? Why?*

While it did not lead to any communication problems, the interpreter failed to introduce herself to the doctor.

An asylee was visiting an immigration advocate to discuss the option of applying for an HIV waiver as she was the wife of a US citizen and she believed she was eligible for the waiver. When the interpreter arrived and entered the meeting room, the only available seat was next to the advocate. In order to best facilitate the conversation between the advocate and woman, the interpreter asked if she could move the chair to create a triangle seating arrangement which, she explained, is the least invasive. Both the client and advocate agreed and the conversation ensued.

*This is an example of the [Self Positioning] Ethical or Competency Standard. Is this an example of X “good” or __ “bad” actions on the part of the interpreter? Why?*

The interpreter was able to form triangular positioning between the woman and advocate in order to be as noninvasive as possible.

A nurse practitioner was explaining to a woman how to prevent becoming infected with HIV in the future after her recent test came back negative. The nurse practitioner explained the importance of contraception and that limiting the number of sexual partners would also reduce the risk of infection. The woman said that in Ethiopia she had heard that by eating chili peppers you could protect yourself from contracting HIV. The interpreter told the woman that this was not true and then asked the doctor to continue.

*This is an example of the [Communicate All Parties’ Content and Feelings] Competency Standard. Is this an example of __“good” or X “bad” actions on the part of the interpreter? Why?* The interpreter did not interpret everything that was said and interjected his/her beliefs into the session.
A PLWH was seeing a social worker because some of his HIV medications were not being paid for, and he could not afford them. Prior to the meeting, the interpreter that had been called, informed the HIV patient and the social worker that he would be interpreting exactly what each said so they should always the use the first person. During the course of the exchange, the social worker began using the third person and said to the interpreter, “Tell him that he is eligible for discounted medications, and I will help him get enrolled in the discount program.” The interpreter stopped the session and asked the social worker to speak directly to the man.

This is an example of the [Speak in First Person] Competency Standard. Is this an example of X “good” or __ “bad” actions on the part of the interpreter? Why?

The social worker began speaking in the third person, and the interpreter stopped the session and asked him to speak directly to the man in the first person.

A man living with AIDS was discussing his new medication regime with his pharmacist. The pharmacist was explaining the dosage and frequency of the medications his doctor prescribed. Because of the large number of medications and differing times and directions associated with each, the interpreter uses the consecutive mode of interpreting to ensure that everything the pharmacist says is conveyed accurately to the man.

This is an example of the [Speak in Appropriate Mode] Competency Standard. Is this an example of X “good” or __ “bad” actions on the part of the interpreter? Why?

The interpreter used the consecutive mode of interpreting to ensure that everything was conveyed accurately and understood by both parties.

A bilingual nurse was interpreting for a physician and a PLWH. The doctor was explaining the results of the man’s recent CD4 cell count test. He told the man that his test had gone well and that his cell count meant his medications were working as hoped. The man asked the doctor a question, but because the nurse and man spoke a different dialect of their language, the nurse did not understand exactly what the man was asking to his doctor. She explained this to the doctor and asked the man if it was possible to rephrase the question as she wasn’t sure she understood it.

This is an example of the [Understand Content] Competency Standard. Is this an example of X “good” or __ “bad” actions on the part of the interpreter? Why?

The nurse stopped the session and explained the situation to the doctor and asked the man to ask the question in a different manner. If communication problems continue, the nurse should excuse herself from the interpreter role.
A teenaged man was discussing the results of his recent HIV antibody test with a nurse practitioner at an HIV testing clinic. Through an older interpreter, a nurse explained that there were no HIV antibodies present, and he was not HIV positive. The nurse then began to explain to the young man how he could reduce his risk of contracting HIV in the future. The nurse asked the young man if he was sexually active, and he replied that he was and had several different partners recently. The older interpreter became upset and began berating the young man, saying, “All of you young people are having sex, this is inappropriate, and you should all be punished.”

**This is an example of the [Remains Neutral] Competency Standard. Is this an example of __“good” or X “bad” actions on the part of the interpreter? Why?**

The interpreter interjects his personal feelings into the session and fails to remain impartial and maintain his professional distance.

A woman was meeting with a nurse practitioner to discuss her upcoming HIV antibody test. A staff interpreter was called to interpret for the nurse and woman. The nurse practitioner explained that she would be taking blood, and the blood would be checked for HIV antibodies, which are created by the body to fight the virus. She continued by explaining that if these antibodies are present, the test is positive, and you have HIV. The woman asked if anyone would find out the results of her test, and the nurse said that the test is confidential. She continued by saying that if she tested positive, the state of Minnesota would be notified of her results. The interpreter was not sure if she understood what the nurse was saying and asked for a clarification of the term confidential. The nurse explained that state law in Minnesota allowed confidential testing, which required testing sites to report positive test results to the Department of Health. The nurse continued by saying the client’s name would not be shared with anyone and would not be used if she did not want it to be; following this explanation the interpreter explained this to the woman.

**This is an example of the [Self Monitoring and Correction] Competency Standard. Is this an example of X “good” or __“bad” actions on the part of the interpreter? Why?**

The interpreter realized that she was not clear about what was being said. She stopped the session and asked for clarification and was able to interpret accurately.
An interpreter was interpreting for a PLWA and a pharmacist who was explaining some new medications that the woman’s doctor had prescribed. There were several medications, and the directions for these new medications were different. The interpreter asked the pharmacist to speak slower to ensure she was able to communicate all the directions to the woman. The pharmacist agreed and talked slower, and the interpreter was able to communicate everything to the woman.

This is an example of the [Manage the Flow of Communication] Competency Standard. Is this an example of X “good” or __ “bad” actions on the part of the interpreter? Why?
The interpreter asked the pharmacist to speak slowly so that she could interpret everything that was being said accurately and completely.

A young woman who had just tested positive for HIV was meeting with a nurse practitioner to discuss transmission reduction methods. An interpreter had been called to interpret for the session. The nurse stated that the information was confidential, but the Minnesota Department of Health would be notified of the positive test results. The woman became angry and began yelling at the nurse, asking, “How was the test confidential if the state was notified when she was told it was confidential?” The nurse explained that state would not divulge the information to anyone, but the woman kept arguing that that was not confidential. The interpreter realized the woman was not going to understand the nurse unless she explained what the term confidential meant in regards to the health care system and MN state statutes.

This is an example of the [Cultural Brokering] Competency Standard. Is this an example of X “good” or __ “bad” actions on the part of the interpreter? Why?
The interpreter realized that she would need to explain the culture of the state system for the woman to understand what was being said. She fulfilled the role of Cultural Broker to ensure this understanding.

Prior to seeing a physician for a check-up, a woman who was living with HIV was asked to sign a release of information waiver so the doctor had access to her medical history. The interpreter who was present to interpret for the check-up was asked by a nurse to translate the form and have the woman sign it. The interpreter explained to the woman what the form was and told her she needed to sign it. The nurse then asked the interpreter to initial the form to show that it had been interpreted. The interpreter refused, saying it was not her job to translate documents and did not want to be held liable for any mistakes.

This is an example of the [Complete Appropriate Documentation] Competency Standard. Is this an example of X “good” or X “bad” actions on the part of the interpreter? Why?
If the interpreter did not feel comfortable translating the document for the woman, she should have excused herself immediately. However, translating is not a responsibility of an interpreter and she was not at fault for refusing to be responsible for the translation.