



Communicator Express

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President's Corner A story of America and my family

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"IN THE END, WE WILL REMEMBER NOT THE WORDS OF OUR ENEMIES, BUT THE SILENCE OF OUR FRIENDS." – MARTIN LUTHER KING JR.

Although I would not want to be living in any other country, as we celebrate the Martin Luther King Holiday, I have such mixed feelings about where we are as a nation regarding how we still handle the "isms." In some ways we have great laws such as title VII of the Civil Rights Act of 1964, the Employment Act of 1967 (ADEA) on age discrimination, Title I and Title V of the Americans with Disabilities Act of 1973 (ADA) that protect our society from discriminating against one another. I feel as though we have a system that often works, but we still have lots of room for improvement.

I believe that as individuals and as members of small and larger groups we all can build bridges by connecting around our stories. This may be a way of humanizing the people we fear or that we are the most uncomfortable with. As we connect around our stories, one looks for parallels around meaning and impact.

As a child, I was told by my wonderful caring mother, who was a nurse and loved people, that when I was riding the bus I shouldn't stare at people who appear to be either physically or mentally challenged, in order not to make them feel uncomfortable. I grew up loving everyone, but by not looking at or sitting next to certain people who were perceived as "less fortunate," I was creating an "invisible wall." I learned to pass by them and pretend that they

were not there so as not to remind them of their pain. I was well intentioned, but most likely my good intentions did not produce the best impact on others who were perceived as "different."

Today as my daughter was leaving our house on a long bus trip back to where she lives, I asked her about how it was to be on the bus for all those hours. She told me that in fact it was not that bad because no one ever sits next to her, which means that she always has plenty of leg space. I asked, "Never? How does that make you feel?"

She smiled, and said, "Mom, I know that I am loved; I've just gotten used to it!"

Her experience and her adjustment or rational to similar situations, spoke of strength, dignity, and resiliency, but it also spoke of isolation, which was quite painful for a mother to hear. My oldest daughter is biracial (white and black), beautiful, sweet, articulate and a sensitive Jewish Portuguese young adult. My daughter is tall, "artsy," and a recent graduate from RISD. Even before she started dressing a bit "funky," I noticed a change in the behaviors of the store employees when my "white" daughters walked into their store, as compared to when my "biracial" daughter walked into their store. Same economic power, same school system, same parents!

Often, my oldest daughter was followed by an employee; no words were exchanged, but it was as if there were a constant presence behind her, following her every move. When she was a minor and living with us, I would stop the store employees and nicely I would ask them why they were following my daughter. The answer would always be "I am so sorry, there is no problem."

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President's Corner

A story of America and my family (CONTINUED FROM PAGE 1)

"NEVER, NEVER BE AFRAID TO DO WHAT'S RIGHT, ESPECIALLY IF THE WELL-BEING OF A PERSON OR ANIMAL IS AT STAKE. SOCIETY'S PUNISHMENTS ARE SMALL COMPARED TO THE WOUNDS WE INFLICT ON OUR SOUL WHEN WE LOOK THE OTHER WAY." MARTIN LUTHER KING JR.

I nicely, would use this opportunity to walk the store employees through a potential scenario. I would ask them how they would feel if every time their mother, their daughter, or their partner entered a store they ended up being followed, just the way they were following my daughter. Then we both would smile, and I would share my empathy with them, knowing that this "profiling" must be a terrible part of their job. But at the same time I would remind them that what they were doing might even be illegal. This dialogue always ended on a friendly note and gave us the opportunity as a family to use some humor to get through a difficult situation. Even though we cannot change others, we can let them know how one's actions may impact others as human beings, and as individuals.

Can you imagine having to prove that you are an honest and trustworthy person every time that you leave the house? In the eyes of some, because of your race or color they might assume that you are not to be trusted or worse yet to be feared.

Building up invisible walls is a form of covert "racism." In this case, my daughter sitting alone on the bus was an example of how invisible walls can be

formed around a person. No one insulted her, no one kicked her, she was not asked to sit at the back of the bus, but by pretending that she is not there, they perpetuate fear, sadness and a deep feeling of isolation and confusion. These contrasting feelings of hopefulness and hopelessness remind me of a quote by Dr. Martin Luther King Jr.

"AS MY SUFFERINGS MOUNTED I SOON REALIZED THAT THERE WERE TWO WAYS IN WHICH I COULD RESPOND TO MY SITUATION — EITHER TO REACT WITH BITTERNESS OR SEEK TO TRANSFORM THE SUFFERING INTO A CREATIVE FORCE. I DECIDED TO FOLLOW THE LATTER COURSE."

If we have never experienced a form of discrimination, we may have a tendency to deny or minimize it. Many of us believe that because we have an African American president, who happens to be biracial, our country is now free from racism. The reality is different, because I'm sad to say that my daughter's experience that I am writing about happened only two days ago!

At times, interpreters who speak with a 'stronger' non-native English accent are often devalued by their colleagues, friends and family members and are thought of as being less "bright" as others. Look into your stories, find some parallels, understand how they impact a person or a group and try to change behaviors that may be based on assumptions. This is not an easy step. Stopping to meditate with the thought of changing ones assumptions or values is difficult. Even though our parents may have tried to instill admirable qualities in us, their best of intentions may not have produced the best values.

Although I am sharing a personal story, this story is really about all of us. Patricia Arredondo, a great psychologist, trainer and author of the book: *"Successful Diversity Management Initiatives, A Blue Print for Planning and Implementation,"* (Sage Publications, 1996), wrote on the Dimensions of Personal Identity, describing three different dimensions a person may have.

Dimension A, consists mainly of characteristics a person may be born with, and these are the characteristics that are most protected by the ADA, American Disability Act, and title VI. They are: Age, Culture, Ethnicity, Gender, Language, Physical Disability, Race, Sexual Orientation and Social Class.

We know that when a company is looking for a person to look after their social media they may only look at resumes of candidates that are younger than 35 years of age. Although we understand that people younger than 35, may have greater experience with Facebook, or Myspace, if an employer were to separate resumes based on age and not qualifications, the employer would be discriminating against older people, of which some may in fact have stronger social media skills than that of a young person.

Race according to the U.S. law is self-identified. In my daughter's case she may one day feel more white and the next day feel more black. At this point, on most forms she can only check off black or Pacific Asian, even though she was born in Hawaii and her genetic ancestry is white European and black Jamaican. Also of note, is that she was born into an upper middle class, Portuguese, Catholic and reformed

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Jewish family. On her birth certificate she was labeled as white because she looked white, her birthmother was white, and because we had understood that her biological father must have been white as well.

The author also acknowledges that some of these characteristics may change during a person's lifetime. One may be born without any physical challenges and due to an illness or accident one may not be able to walk again. The same is true for sexual orientation and sexual identity; one may be born a certain gender and later on may decide to change it. It is also difficult to determine sexual orientation at birth; one may be bisexual, gay, lesbian or heterosexual.

Dimension B, is who you are now in regards to your: Educational Background, Geographic Location, Income, Marital Status, Religion, Work Experience, Citizenship Status, Military Experience, Hobbies and Recreational Experiences. As a recent college graduate, my daughter is trying to find a balance regarding everything that has defined and influenced her; she is trying to create a bridge between her "new world," her parents "world," and her genetics. She is into organic farming; she is extremely good with money, and her main goals are helping out the community and spending time with people she loves and cares about.

"IF YOU CAN'T FLY THEN RUN, IF YOU CAN'T RUN THEN WALK, IF YOU CAN'T WALK THEN CRAWL, BUT WHATEVER YOU DO YOU HAVE TO KEEP MOVING FORWARD." – MARTIN LUTHER KING JR.

Dimension C, is defined by the era in which you were born into. One may want to think about what was happening socially and politically at the local, national and global levels when one was a young person. We understand that

children of the depression may be more cognizant of saving money and giving to charity. As far as my generation is concerned, the "baby boomers," we may be less inclined to save money. My daughter's generation may be more inclined to save money as a result of the recent financial crisis. She is also much more respectful of the environment than I was at her age and is developing a culture of gift giving by creating gifts, instead of buying them. In my daughter's situation, saving the environment, growing local products, respect for animals and their consumption were strong elements that shaped her. The era that she was born into has shaped her into becoming a much better person than her parents!

As you read this story I hope you think about its content and how it relates to culture. Culture is defined by what we share with some groups as compared to others. In this respect Dr. Martin Luther King Jr. once stated, "Let no man pull you low enough to hate him." Our differences can either help to build or break bridges, but there does not exist one person in this world where we don't have at least one thing in common with. We need to pay attention to the power and opportunities one is given and unless we all have the same opportunities, no one is free.

"INJUSTICE ANYWHERE IS A THREAT TO JUSTICE EVERYWHERE." - MARTIN LUTHER KING JR.

As interpreters check yourselves and see who you are. What are the circumstances that have shaped you and how can you work on the areas that may need improvement so that you can be a better listener and listen to the voices of those who differ from you.

Not too long ago, I had a patient who confessed to me that she preferred one doctor over another doctor because one spoke Portuguese and the other one was Jewish. The surprising thing is that the Portuguese speaking doctor was also Jewish and it happened to be my husband!

"I HAVE DECIDED TO STICK WITH LOVE. HATE IS TOO GREAT A BURDEN TO BEAR."
MARTIN LUTHER KING JR.

Please take a look at following web page: <http://www.un.org/en/documents/udhr/index.shtml>. "On December 10, 1948 the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights. The full text is available at the above website. Following this historic act, the Assembly called upon all Member countries to publicize the text of the Declaration and "to cause it to be disseminated, displayed, read and expounded principally in schools and other educational institutions, without distinction based on the political status of countries or territories."

Bibliography

"Federal Laws Prohibiting Job Discrimination: Questions And Answers." US EEOC Home Page. 22 Feb. 2011. Web. 15 Feb. 2011.
<<http://www.eeoc.gov/facts/qanda.html>>.



RACE: Are We So Different?

The following is an excerpt from a press release issued by the Museum of Science.

BOSTON—November 17, 2010—RACE: Are We So Different? will make its New England premiere at the Museum of Science, Boston on Sunday, January 16. Developed by the American Anthropological Association in collaboration with the Science Museum of Minnesota and sponsored locally by Genzyme and Liberty Mutual, this compelling exhibit will encourage visitors to explore the origins and impact of race and racism through biological, societal, and cultural perspectives.

Exhibit designers worked closely with a wide range of experts including anthropologists, geneticists, and archeologists to create content that promotes discovery, discussion, and reflection. RACE: Are We So Different challenges old social and cultural conventions and affirms that humankind cannot be divided and categorized by race or ethnicity.

Paul Fontaine, the Museum's vice president of education, believes that *RACE: Are We So Different* has the power to stimulate important conversations. "We hope the exhibit will prompt visitors to consider the ways in which they view themselves and others within the context of race. Our colleagues at museums around the country confirm that the exhibit encourages thoughtful conversations among family, friends and colleagues, both during and following their visits. If Museum-goers take time to reflect on their beliefs, confront their fears, question preconceptions and challenge assumptions about race, then the exhibit will be a success here in Boston."

Exhibit Components

The exhibit addresses race and racism from three distinct yet interconnected perspectives.

- **Science:** In this section of the exhibit, visitors will discover that human beings are more alike than individuals of any other living species, due to having the lowest genetic variation. In other words, any two humans are more genetically similar than two emperor penguins, two chimpanzees, or two fruit flies. Here, visitors learn that no one gene or set of genes can support the idea of race.
- **History:** The practice of cataloguing people based on physical differences rather than genetic similarities has been employed for hundreds of years. While attitudes toward race have changed over time, this exhibit component demonstrates the myriad ways in which economic interests, popular culture, science, politics and the struggle for power have played a role in shaping our understanding of race.
- **Everyday Experience:** While race is not a biological concept, its impact is real within both social and cultural contexts. In this themed area, visitors will explore the personal side of race and its impact on our communities, schools, businesses, healthcare systems, entertainment industry, and the world of amateur and professional sports.

Please use this link for more information.

http://www.mos.org/visitor_info/museum_news/press_kits&d=4778



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THE EXHIBIT ADDRESSES RACE AND RACISM FROM THREE DISTINCT YET INTERCONNECTED PERSPECTIVES.



Language Access 2011

We as a nation are very aware that the dynamics of the United States population is shifting, and there are more and more individuals who speak a language other than English. While English continues to be the dominant language, and people flock to English language classes, there still remains the issue of how to provide services for those who speak English less than “very well.” The 2000 US Census data indicates that “the number of people who spoke a language other than English at home grew by 47% in the 1990’s.” Of the estimated 47 million who spoke a language other than English at home, over 55% indicated they spoke English “very well.” However, 13.8% of Spanish speakers, 3.4% of Indo-European languages, 3.6% of Asian and Pacific Island languages, 1.3% of all other languages indicated that they “spoke English less than very well.” Looking at these four major language groups, the Asian and Pacific Island languages saw a small but significant increase in people who identified themselves as speaking English “less than very well.” The Chinese language (including Mandarin, Wu, Cantonese, etc.) saw the highest increase of a non-English language, jumping from 5th place to 2nd behind Spanish speakers.

Preparing for the changes in population:

While the number of speakers of other languages continues to grow and the number of individuals who speak English “less than very well” are slightly increasing or remain steady, the law regarding equal access to services, however, remains quite clear as to how to accommodate non-English language speakers. Title VI of the Civil Rights Act of 1964, clearly states that no one shall “on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be

subjected to discrimination under any program or activity receiving Federal financial assistance.” In addition, the United States Supreme Court handed down its interpretation of “failure to provide linguistically-appropriate services” in its *Lau v. Nichols* case of 1974. Additional executive orders, policies and guidelines have been provided to clarify Title VI of the Civil Rights law. For example, on August 11, 2000, President Clinton signed Executive Order 13166 which required federal agencies to “work to ensure that recipients of Federal financial assistance...provide meaningful access to the LEP applicants and beneficiaries.” And as recent as June 28, 2010, a memorandum was submitted to Federal Heads and Departments from Attorney General Eric Holder, outlining Language Access Obligations under Executive Order 13166. In essence its purpose was to successfully “identify and address the needs of LEP individuals.”

In harmony with Title VI, on December 22, 2000, the Office of Minority Health released the CLAS (Culturally and Linguistically Appropriate Services) Standards. These standards provide recommendations and guidelines specifically addressing language access for recipients of federal funds. 2010 marked the 10th year anniversary of the release of the CLAS Standards which addresses the “needs of racial, ethnic, and linguistic population groups that experience unequal access to healthcare...”

However, while the law is clear to many, equitable access to healthcare continues to be a heated discussion on how to interpret the law. For many, questions still remain such as, to what extent does the law affect hospitals, providers, etc., and who will pay for the added services of providing language access to LEP

patients? Understandably, the diversity of languages that exist in a community creates a challenge to hospitals, providers, educational institutions and social service agencies, but there is no doubt that providing quality language access services leads to:

- **better care**
- **better provider-patient communication resulting in less physician visits**
- **fewer emergency and laboratory visits**
- **better preventive services and an improvement in the quality of care**
- **better health outcomes and health status of patients and improved patient satisfaction**

Better care through appropriate language services leads to better health, and better health leads to lower healthcare costs.

In support of the law, many states have taken the lead in addressing equal access to language services by implementing language access laws and guidelines. In support of CLAS standards, the Emergency Room Interpreter Law (ERIL) of 2000, was signed in and became effective on July 1, 2001. In addition, on May 6, 2010, the MA Department of Public Health (DPH) initiated the “You Have the Right to an Interpreter” campaign, encouraging LEP individuals to use a qualified healthcare interpreter when needed.

The Joint Commission recently completed and updated several of its standards for hospital accreditation, some of which are specific to language access requirements. One area that is important to note, is that while competent interpreters are often cited, the Joint Commission does not under any of its standards require that competent interpreters be “certified.”

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Language Access 2011 (CONTINUED FROM PAGE 5)

For more information on who should pay for language services and on how an institution can comply with the outlined standards, we encourage you to review some of the references listed below:

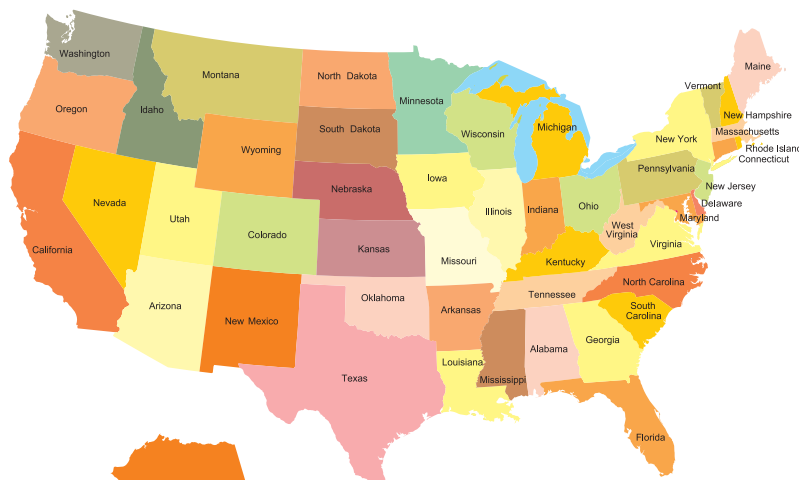
- Office of Minority Health, DHHS – CLAS Standards: The National Standards for Culturally and Linguistically Appropriate Services in Health Care (Standards 4-7, Table 1 federal mandates)
- Federal Law Civil Rights Act of 1964, Title VI, Public Law 88-352, § 601, 78 Stat 252 (42 USC 2000d).
- U. S. Department of Health and Human Services, “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,” 68 Federal Register, 47311 (August 8, 2003).
- B. D. Smedley, A. Y. Stith, and A.R. Nelson, Unequal Treatment: Confronting Racial and Ethnic Health Disparities in Health Care. Institute of Medicine Report (Wash. DC: National Academy Press, 2004)
- K. Paez, M. Gunter and C. Brach, Planning Culturally and Linguistically Appropriate Services: A Guide for Managed Care Plans (Baltimore, MD: Centers for Medicare and Medicaid Services, 2004).
- Joint Commission on Accreditation of Healthcare Organizations, Joint Commission 2005 Requirements Related to the Provision of Culturally and Linguistically Appropriate Health Care.” (Oakbrook Terrace, IL:” Joint Commission on Accreditation of Healthcare Organizations, 2005).

Another resource which was recently presented during a Webinar by David Hunt, J.D., UWM instructor, is entitled “Language Access and the Law in Healthcare” and was sponsored by the UWM Continuing Education Department. It provided relevant and valuable information on “Federal and State Laws Requiring Language Assistance, Litigating Language Assistance Requirements Under Federal Law, What Providers Must Do to Comply with Federal Language Access Laws, the Four Factor Test to Determine Language Assistance Obligations including information on Oral Language and translation of written Materials, case studies and more.”

In summary, there are many resources to assist with the compliance of the Standards and to support healthcare organizations in assisting and designing a critical piece in the providing of better healthcare access for all. We hope you take advantage of the many websites, articles and webinars available to the public. The quality life for all patients as well as the saving of financial resources can become a reality in 2011.

Please note that while CCCS, Inc. supports equal access to healthcare, the above information should at no time be viewed and an endorsement to any of the sited organizations. We have made a reasonable effort to make sure that the above content is accurate but should be used for information purposes only and we encourage the reader to use the following websites as a basis for making decisions.

1. www.census.gov
2. www.justice.gov
3. www.hhs.gov/ocr
4. www.hhs.gov
5. www.healthlaw.org
6. www.jointcommission.org
7. David Hunt, J.D., UWM Faculty;
www.uwm.edu: Language Access and

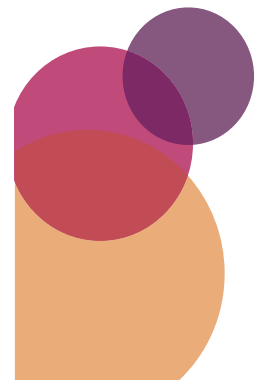


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Vocabulary

Civil Rights	Civil rights" are the rights of individuals to be free from unfair or unequal treatment (discrimination) in a number of settings, when that negative treatment is based on the individual's race, gender, religion, national origin, disability, sexual orientation, age, or other protected characteristic.
Civil Rights Act of 1964	A federal law that prohibits discrimination in a number of settings: Title I prohibits in voting; Title II: public accommodations; Title III: Public Facilities; Title IV: Public Education; Title VI: Federally-Assisted Programs; Title VII: Employment.
Civil Rights Movement	Historically, the term "Civil Rights Movement" has referred to efforts toward achieving true equality for African-Americans in all facets of society, but today the term "civil rights movement " is also used to describe the advancement of equality for all people regardless of race, sex, age, disability, national origin, religion, sexual orientation, or other protected characteristic.
Color Discrimination	Discrimination based on color occurs when individuals are treated less favorably than others who are similarly situated because of the color of their skin. This is a separately identifiable type of discrimination, which can also occur in conjunction with race discrimination.
Complainant	A term used to describe a person bringing a claim for a civil rights violation/discrimination. If the matter proceeds to a court of law, the complainant may begin to be referred to as the plaintiff or the petitioner.
Criminal Civil Rights Violation	A criminal civil rights violation requires that the offender use force or the threat of force against the victim. An assault that is committed because of the victim's race or sexual orientation (i.e. a hate crime) is an example of a criminal civil rights violation
Discrimination	Discrimination is unfair or unequal treatment of an individual (or group) based on certain legally-protected characteristics -- including age, disability, ethnicity, gender, national origin, race, religion, sexual orientation. Federal and state laws prohibit discrimination against members of these protected groups in a number of settings, including education, employment, government services, housing, lending, public accommodations, transportation, and voting.
Disparate Treatment	Inconsistent application of rules and policies to an individual or one group of people over another. Discrimination may result when rules and policies are applied differently to members of protected classes. Disciplining Hispanic and Afro-American employees for tardiness, while ignoring tardiness among other employees, is an example of disparate treatment. Such inconsistent application of rules often leads to complaints.
Domestic Partnerships	Legal recognition of unmarried homosexual couples and heterosexual couples, offered by some state and local governments. Domestic partnerships offer some of the same benefits enjoyed by married persons -- including the right to share health insurance coverage, and rights under the Family and Medical Leave Act (FMLA).
EEO Advisory Committees	Serve as a communication link between employees, management and the Civil Rights Division on issues and concerns affecting equal employment opportunity and workforce diversity in the Agency. They provide recommendations to improve program effectiveness and evaluate employment data to identify trends, accomplishments, or problems.
EEOC	The Equal Employment Opportunity Commission is a part of the federal government, responsible for investigating and hearing claims of workplace discrimination or harassment. Usually, an alleged victim of workplace discrimination or harassment is required to file a claim with the EEOC prior to initiating a private lawsuit.



Vocabulary

(CONTINUED FROM PAGE 7)

Equal Employment Opportunity	<p>The goal of laws which make some types of discrimination in employment illegal. Equal employment opportunity (EEO) will become a reality when each U.S. citizen has an equal chance to enjoy the benefits of employment. EEO is not a guarantee of employment for anyone. Under EEO law, only job related factors can be used to determine if an individual is qualified for a particular job. Ideally, EEO laws and Affirmative Action programs combine to achieve equal employment opportunities. See EEO law, Affirmative Action, and Affirmative Employment Plan.</p> <p>Providing equal opportunity in employment on the basis of merit and fitness without regard to race, color, national origin, gender, age, disability, religion, marital status, familial status, parental status, sexual orientation, political beliefs, protected genetic information, or reprisal for prior EEO activity.</p>
EEO versus Preferential Treatment	<p>Federal EEO laws do not require an employer to extend preferential treatment to any person or group because of race, color, religion, sex, national origin, age, or disability. EEO merely demands that all persons receive the same opportunities for hiring, training, promotion, etc. Where those opportunities were not available to all groups in the past because of discrimination, affirmative employment may be required to overcome the effects of such bias.</p>
Equal Employment Opportunity Laws	<p>Five laws which prohibit discrimination on the basis of race, color, religion, sex, age, national origin, physical and mental disability in any terms, conditions, or privileges of employment. The five EEO laws are:</p> <ul style="list-style-type: none">● The Equal Pay Act of 1963, as amended.● Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972 and the Pregnancy Disability Act of 1978. .● The Rehabilitation Act of 1973, as amended.● The Age Discrimination in Employment Act of 1967, as amended.● The Civil Rights Act of 1991.
Ethnic Group	<p>A group of peoples who share a common religion, color, or national origin. Irish-Americans, Mexican-Americans, German-Americans, Italian-Americans, Hindus, Moslems, and Jews are examples of ethnic groups. Some members of ethnic groups participate in the customs and practices of their groups, while others do not. Discrimination based on these customs and practices is illegal under EEO law.</p>
Hostile Work Environment	<p>The basis for a sexual harassment claim, a "hostile work environment" is created where the presence of demeaning or sexual photographs, jokes, threats, or overall atmosphere is so pervasive as to create an intimidating and offensive work environment.</p>
Quid Pro Quo	<p>A Latin phrase meaning "something for something." Quid pro quo is a type of sexual harassment in which the harasser asks for a sexual favor in return for providing an employment benefit, such as a raise, continued employment, or other favorable treatment.</p>
Title VII	<p>Short for Title VII to the Civil Rights Act of 1964, which prohibits, among other things, discrimination on the basis of race, color, national origin, religion, and sex.</p>
Title IX	<p>Short for Title IX, Education Amendments of 1972, Title IX prohibits discrimination on the basis of sex in any education program or activity receiving federal financial assistance.</p>

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<http://www.fsis.usda.gov/about/Civil_Rights_Glossary/index.asp>.

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Ask Dr. Lane

Ask Dr. Lane: What is the new method of CPR and why has it changed?

In October, 2010, the American Heart Association announced new guidelines for doing Cardiopulmonary Resuscitation (CPR). As of that time, CPR forgoes assessment of airway and giving breaths and has gone to "Chest Compression Only CPR." It had been noted that people were not eager to begin a complex procedure involving mouth to mouth on people they did not know. There was a high concern for getting an infectious disease in this way. Also of concern, was that studies were showing that for animals and humans the most important action of CPR was moving warm blood from the chest cavity to the brain. It was felt that there was plenty of oxygen in chest blood to help keep brain function alive. In fact, starting with airway and breaths was delaying the essential act of chest compressions.

Cardiopulmonary Resuscitation (CPR) was originally known as closed-chest massage and it was developed by Kouenwenhoven and colleagues in 1960. It was used for patients who arrested as a result of drowning, electric shock, drug poisoning, acute myocardial infarction or sudden cardiac arrest during surgery. In the original study, of the 20 people that received CPR, 14 survived. This is a survival rate of 70%. This was very encouraging and CPR has become a staple procedure for not only young acutely ill patients with the conditions listed above, but it has become the procedure used for all patients, even elderly chronically ill patients with multiple conditions and those who are close to the end of life. For all comers, there are almost 310,000 arrests per year, and for those who arrest outside the hospital and have CPR there is a 6% survival rate. For those who make it to the Emergency Room, one study showed that there is only a 15-20% survival to discharge rate. So there is a large rationale to make the process quicker and more efficient.

Classically, CPR involved the A B C method in which first an assessment of whether an arrest victim had an open airway and was breathing, and then would get chest compressions. Now the new way is C A B. Start right with Chest Compressions. Try for 100 compressions a minute and for an adult depress the sternum 2 inches and let it up completely. If you sing "Staying Alive" by the Bee Gees you'll get the appropriate rhythm to get the 100 per minute compressions. Once that's going, you can open the airway by tilting the head and lifting the chin. And if you're trained or have someone with you, then you can do mouth to mouth Breathing. Otherwise continue Chest Compressions until the EMTs arrive.

Please note that newborns, who usually arrest due to pulmonary issues, should still receive the ABC method. Also note that another important revision is the 2 inch sternum depression. This can be problematic with elderly people who may have brittle, weak bones. This is another reason why in elderly people resuscitation may cause more harm and suffering than it benefits.

Here are seven steps for the new CPR from Dr. Michael Sayre, MD, Chair of the Emergency Cardiovascular Care committee for the American Heart Association:

1. When you find someone down, immediately call 911 or get someone else to do it.
2. Try to get the person to respond. If he doesn't, roll the person on to their back.
3. Start chest compression. Place the heel of your hand on the center of victim's chest. Put your other hand on top of the first with fingers interlaced.
4. Press down to compress the chest 2 inches in adults and children and 1.5 inches in infants. Try for 100 beats a minute. (Here's where singing "Staying Alive" comes in.)
5. If you've been trained in CPR, you can open the airway with a head tilt and chin lift.
6. Pinch the nose of the victim and take a normal breath, cover the mouth with yours and give two one second breaths- 30 compressions two breaths.
7. Continue compressions and breaths until help arrives.

We recommend that everyone be trained in CPR. If you haven't been, you can call your local YMCA or Town Hall and ask where in your area there are CPR Training Courses.

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CCHI Certification

Congratulations to Mariana de Paula as she successfully passed the written CCHI pilot healthcare certification exam. She is now recognized as a CCHI Associate Healthcare Interpreter, or an AHI. This distinction is recognized nationwide and helps organizations and institutions qualify healthcare interpreters. This is a big step forward for the industry and we are proud of Mariana's efforts and demonstrated skills. Mariana is an active healthcare interpreter and at the same time is CCCS's Department Program Coordinator.

CCCS supports CCHI in their endeavor to establish a credible, valid, vendor-neutral certification program for interpreters in the healthcare field. We encourage interpreters to look into the benefits of this certification program and how this certification program was created, developed and compiled. CCHI deserves credit for their high level of transparency and their sincere effort to establish a certification program that is both relevant and meaningful.

New Look

CCCS, has changed its look. A few months ago we adopted a new logo along with new colors. We have still kept our trademark butterfly and our purple is still there, but they have received a facelift. Due to these changes, we felt that it would also be a good time to change the look and feel of our newsletter. You will have noticed that our new company colors are reflected in its contents and the style is now more modern and fresh. In our newsletter you will also notice new features popping up from time to time. We hope that you enjoy our new look, and we look forward to any feedback that you might have for us. We are available at info@embracingculture.com. In addition, don't forget that previous editions of our newsletter can be found under News & Articles at our new website www.embracingculture.com.

Gail Marinaccio-Leaving CCCS

We would like to take this opportunity to thank Gail Marinaccio for her many years of service to CCCS. Gail served as office manager and also helped out in the translations department. We wish Gail the best in all of her future endeavors.



English Idioms Explained

Idiom	Meaning	Example
Red-Handed	Caught in the act	He was caught red-handed stealing, so he had to plead guilty.
Let the Cat out of the Bag	Disclose a secret	I wanted to tell you the results but he had already let the cat out of the bag.
Better Safe than Sorry	To be careful— if you are not, you may regret it.	I don't think that it is anything serious, but it is better to be safe than sorry, so I am going to order some tests to see what it might be.
Hop to it	To do something quickly	I know that this report is very important and you are anxious to find out what is going on, so I am going to hop to it.
A piece of cake	Easy	Don't worry about this test; it will be a piece of cake.

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Web Launch

After months of hard work, our new website is up and running. This website has been completely updated and many new features have been added. Along with articles of interest, you are still able to find each edition of our monthly newsletter, the Communicator Express. Beginning this month, our interpreters will be able to take their Communicator Express continuing education quiz online.

In addition CCCS interpreters can create their own account by going to our e-learning website found at www.EmbracingCultureOnline.com and by clicking on "New Account."

Another new feature that we have added is the Calendar page. On this page you are able to access all of the dates, times and locations for our upcoming trainings. This allows you to at a glance see which course or workshop best fits your schedule. We invite you to check us out at www.EmbracingCulture.com. We look forward to your feedback.

LIPS Program Included in Welcome Project's Top 5 List for 2010

The Somerville Welcome Project has named the Liaison Interpreters Program of Somerville (LIPS) as one of the Top 5 Highlights of the past year. CCCS worked alongside the students in this program providing them with several weeks of training and skill development. LIPS is a program that endeavors to help students view their second language as an asset and something marketable in a modern economy. In LIPS, high school students are exposed to the world of interpreting and they are provided with the opportunity to work as volunteer interpreter's in community settings. We wish all of the LIPS students much success as they move forward with their new skills.

Going Green

Going green has become a trend for celebrities, politicians and corporations. But what are the steps that an ordinary citizen and small business can take in order to help protect our planet?

Helping to save the environment is a task that every citizen from every corner of the planet must embrace. We know that in some parts of the planet people are suffering from drought. We can also see the changes in our seasons and some other effects to our planet that scientists have defined as Global Warming.

At CCCS, we are trying to take appropriate steps to take care of this planet that we love, so that our children and grandchildren will be able to enjoy it as well. The good news is that by contributing to save the planet, you also end up saving money.

Here are some simple steps that we would like to share with you.

Recycling Paper

Never throw away the fax cover sheet. Use the other side of the paper to print paid bills or anything else that doesn't contain sensitive information. If the document contains sensitive information, please shred it and bring to the closest recycling center near you. Bank of America and some other large corporations are taking these steps and have noticed great savings in their operation expenses. To learn more about it please visit: www.RecycleWorks.org/paper/index.html



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Plastic

It has been stated that it takes hundred's of years for plastic bottles and plastic bags to decompose in a landfill. At CCCS, we are aware of the importance of recycling plastic. We have placed recycle bins in our offices as well in our common areas, so that visitors, students and employees can discard of their plastic in the proper receptacles. To learn more about it please visit: www.reuseit.com

Water

We also encourage our employees to conserve and properly use water. To learn more about it, please visit: www.mojavewater.org and then click tip.

We would like to encourage you to be a part of this mission to help make this planet a cleaner and safer place to live. Remember that great accomplishments start in small steps. To learn more about recycling and the changes that you can make, please visit: www.earth911.com



Upcoming Conferences

March 11 & 12, 2011

CHIA's 11th Annual Education Conference entitled "Growing Our Own" will include skills workshops and professional networking opportunities, and will be held at the Downtown Holiday Inn, Fresno, California. For more information please go to: <http://chia.site-ym.com/?page=Conference>

March 18 & 19, 2011

Also in March, the IMIA in collaboration with ATIF will be presenting the "First National Interpreter Administrators Symposium" at the Jackson Memorial Hospital in Miami, Florida. For more information please go to: <http://www.imiaweb.org/uploads/home/3.pdf>

Answers to the CCCS Crossword-Jan/Feb	3. Race
Down	4. CAB
	5. Civil Rights
	6. CPR
	7. Quid Pro Quo
	8. AHRQ
	9. Red Handed
	10. LIPS
	11. Discrimination
	12. EEO
	13. Staying Alive

Upcoming Trainings

At CCCS we are very excited about the spring schedule; beginning in March we will be including 2 new courses. The first is a course designed to help you prepare for either of the 2 new written healthcare certifications. It is entitled "Getting Ready for your Written Healthcare Interpreter Certification Exam."

Classes begin on March 17th, with classes scheduled for Woburn, MA, and Nashua, NH.

The other new course is entitled "The Art of Becoming a Legal Interpreter-80Hour Certificate of Accomplishment Program." A special aspect associated with this course is that students will have the benefit of having a skilled language coach guide them on how to build their glossaries and how to convey the correct message into the target language. The language coaching will either be done remotely or in person depending on the availability.

This course will be taught on Saturdays from 9:00am-4:00pm and Wednesdays from 6:00pm-10:00pm, in Woburn, MA.

Starting in March we will be again offering our very popular course, "The Art of Medical Interpretation-60 Hour Certificate Program." This course helps train bilingual individuals on the basics of healthcare interpretation. This course is available to all those that are already in the healthcare field and for those that would like to join the healthcare industry. We will be offering this course on Tuesday and Thursday evenings from 6:00pm - 10:00 pm starting March 3rd at our Woburn, MA location and on Saturdays from 9:00am-3:00pm at our Nashua, NH location.

For more information on our upcoming trainings, please go to:
<https://www.embracingculture.com/services.php?id=18>

NH Corner

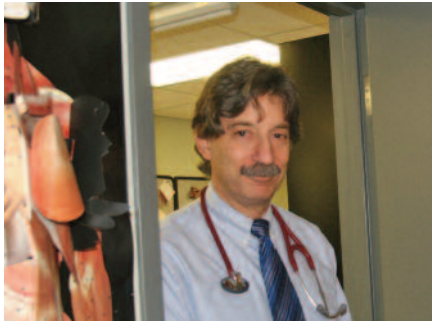
The New Hampshire Council for Professional Education (NHCPE) will be holding its 11th annual Career School Conference on March 10th, 2011 from 9:00am to 5:30pm at the Highlander Inn & Conference Center in Manchester, NH. This workshop focuses on marketplace trends and provides attendees with the opportunity to connect with their peers in career education. Please use the following link for more information. <http://www.nhcpe.org/aboutus.html>



Interpreter Resource

Last Monday at our Woburn location we held our 8 hour Interpreter Fundamentals Assessment Training where we welcomed 9 new healthcare interpreters to our group. We are happy to be working with you as many of you start off your new careers as interpreters. We are proud of your efforts, and we look forward to helping you in any way possible in your new profession.

AHRQ Website Now Available in Spanish

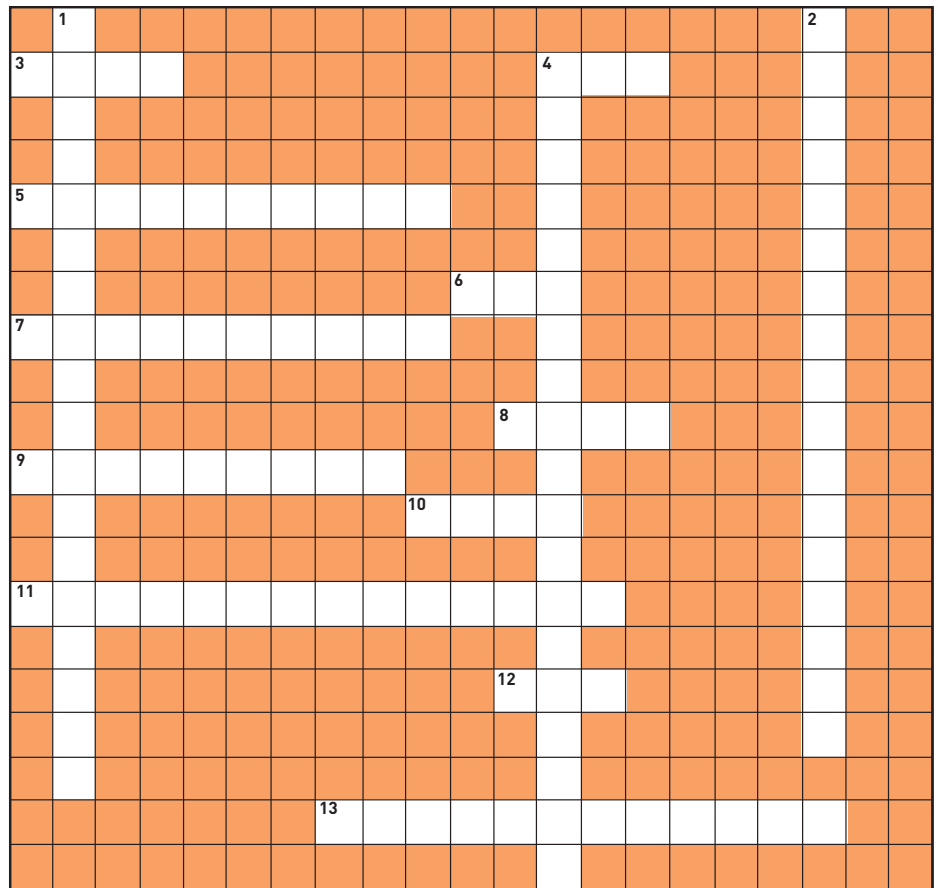


The Agency for Healthcare Research and Quality, which comes under the U.S. Department of Health and Human Services and Quality, recently released a Spanish version of their website. On this website you will find valuable information and short videos on topics such as; osteoporosis, gestational diabetes, understanding your medications and how to prepare yourself for surgery. In addition, the videos are accompanied with closed caption for the hard of hearing. The website also includes a search field that enables the user to quickly access numerous healthcare articles. This new tool is a step forward in providing effective communication in healthcare for all, not only for English speakers.

We invite you to take a look by going to <http://healthcare411.ahrq.gov/defaultes.a.spx>.

CCCS Interpreters please go to www.embracingcultureonline.com to take your continuing education quiz.

Crossword



Across

3. Theme of local exhibit
4. Instead of the ABC method, this method is now recommended
5. Age, culture, ethnicity, gender (2 words)
6. Closed-chest massage (2 words)
7. Something for something (3 words)
8. New website in Spanish
9. Caught in the act (2 words)
10. Somerville program
11. Unfair treatment based on legally protected characteristics
12. Law protecting applicants against discrimination during hiring process
13. CPR song (2 words)

Down

1. Advocated against discrimination (4 words)
2. Most important part of CPR (2 words)
4. Efforts toward achieving equality for African-Americans