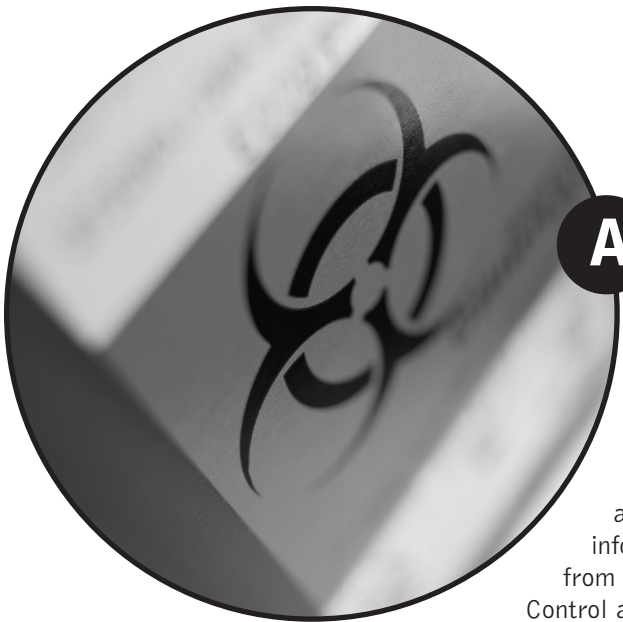


The **COMMUNICATOR** *Express*

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As part of the ongoing effort to keep our interpreters informed of recent developments in the study and treatment of biohazards, we have chosen viral hemorrhagic fever as this month's cover article topic. The following information has been adapted from the Centers for Disease Control and Prevention. For more information, see www.cdc.gov.

INITIAL SIGNS OF VHF
MAY INCLUDE FEVER,
FATIGUE, DIZZINESS,
MUSCLE ACHES, LOSS
OF STRENGTH, AND
EXHAUSTION.

In general, viral hemorrhagic fevers (VHFs) are severe syndromes in which multiple organ systems in the body are affected. Characteristically, the circulatory system is damaged, and the body's ability to regulate itself is compromised.

Viral hemorrhagic fevers tend to be zoonotic (animal-borne). For the most part, rodents and insects are the main culprits causing viral hemorrhagic fevers. Some viruses are transmitted when humans have contact with body excretions from infected rodents. The viruses associated with insects are spread most often when a mosquito or tick bites a human, or when a human crushes a tick. However, some viruses

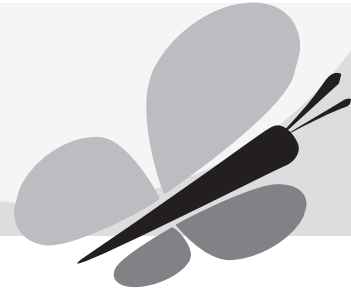
are first spread to farm animals or pets, and humans become infected when they care for these animals. In addition, some viral hemorrhagic fevers can spread from person to person, such as in the case of direct contact or contaminated needles.

Initial signs of VHF may include fever, fatigue, dizziness, muscle aches, loss of strength, and exhaustion. Patients with severe cases of VHF often bleed under the skin, in internal organs, or from the mouth, eyes, or ears. Severe cases may also show shock, nervous system malfunction, coma, delirium, and seizures.

Anti-viral drugs have been effective in treating some individuals with certain types of VHFs. With the exception of yellow fever and Argentine hemorrhagic fever, however, there are no vaccines that can protect against these diseases.

Because many of the hosts that carry hemorrhagic fever viruses are rodents, disease prevention efforts include controlling rodent populations; discouraging rodents from entering or living in homes or workplaces; and safe cleanup of rodent nests and droppings. For hemorrhagic fever viruses spread by insects,

CONTINUED ON PAGE 2



CONTINUED FROM PAGE 1

prevention efforts include use of insect repellent, proper clothing, bed nets, window screens, and other barriers.

For those hemorrhagic fever viruses that can be transmitted from one person to another, avoiding close physical contact with infected people and their body fluids is the best way to control the spread of disease. As an interpreter, always follow biohazard precautions for healthcare and support staff.

VHF QUIZ

Test your new knowledge of VHFs by marking each item "True" or "False". Then check your answers with the key on the back page of this newsletter.

- True / False 1. VHFs affect only the circulatory system.
- True / False 2. Insect repellent is effective in preventing rodent-transmitted VHF.
- True / False 3. Zoonotic viruses are transmitted primarily from person to person.
- True / False 4. There is no vaccine for yellow fever.
- True / False 5. Symptoms of VHF generally include fever, headache and rash.
- True / False 6. Anti-viral drugs are proven to cure all VHF.
- True / False 7. Interpreters do not need to follow biohazard procedures when working with patients with VHF.
- True / False 8. Rodent and insect control is effective in reducing the risk of contracting VHF.

ANSWER KEY: PAGE 3

INTERPRETER PORTFOLIO UPDATE

All active CCCS interpreters are required to attend an updated 8-hour **Medical Interpreter Foundations Training (MIFT)** by October 2007. These trainings will be held once a month (on a Monday from 9AM to 5PM) throughout the summer. Please contact Gail Marinaccio at (781) 729-3736 x.106 or by email at gmarinaccio@cccsorg.com to reserve your seat for one of the following sessions:

July 23
August 20
Sept. 24

Active CCCS interpreters are also required to submit proof of immunizations and boosters. Immunization records can be mailed to Gail Marinaccio at the CCCS headquarters in Woburn, MA. The address appears at the bottom of each page.

Health Insurance for Interpreters

Residents of Massachusetts will be required to have health insurance by July 1, 2007. They will report coverage on their 2007 income tax forms by April 15, 2008.

According to the Committee on Health Care Financing (April 2006), each year the state will set an affordability scale: the percentage of income that is considered a reasonable amount for people at different income levels to contribute to their insurance.

PART 1

EXPANDING YOUR VOCABULARY

If an affordable product isn't available for someone at a given income, there are two options: 1) if the person's income is below 300% of the Federal Poverty Level, he or she will be eligible for a state subsidy if their employer has not recently offered a subsidized insurance policy; 2) if the person's income is above 300% FPL, he or she won't be penalized for not having insurance.

If an affordable product is available and someone doesn't purchase it or have health insurance through some other means, he or she will lose his or her personal exemption for Tax Year 2007 (roughly \$180-\$190). If the person still doesn't have insurance in Tax Year 2008 (beginning January 1, 2008), he or she will be fined an amount equal to half of the monthly premium for affordable insurance for each of the months he or she was uninsured.

CCCS does not offer insurance plans for independent contractors. However, we encourage all independent contractors to contact the state government to see if affordable products are available and whether they will be subject to the mandate. For more information and to read the Committee of Health Care Financing's reports, visit <http://www.hcfama.org/act/mahealthreformlaw.asp>.

As freelance healthcare interpreters, we need to be ready to interpret in a variety of different settings. However, if we find that we are assigned to the same types of cases on a regular basis, we should also feel the need to learn the advanced specialized terminology that goes with our assignments.

A number of CCCS interpreters receive assignments in oncology (cancer treatment). They have come across new terms that reflect advances in the field of radiation oncology. Here are a few new terms and definitions from the National Cancer Institute for your glossary. (See www.cancer.gov for more cancer terms and related information.) How would you best interpret the concepts in your target language?

Radiation Therapy (also called radiotherapy, x-ray therapy, or irradiation) – the use of a certain type of energy to kill cancer cells and shrink tumors. Radiation therapy injures or destroys cells in the area being treated by damaging their genetic material, making it impossible for these cells to continue to grow and divide. Although radiation damages both cancer cells and normal cells, most normal cells can recover from the effects of radiation and function properly.

Internal Radiation Therapy (also called brachytherapy) – When radiation is placed very close to or inside the tumor. The radiation source is usually sealed in a small holder called an implant. Implants may be in the form of thin wires, plastic catheters, ribbons, capsules, or seeds. The implant is put directly into the body.

Intensity-modulated Radiation Therapy (IMRT) – a new type of radiation therapy that uses radiation beams (usually x-rays) of varying intensities to deliver different doses of radiation to small areas of tissue at the same time. The technology allows for the delivery of higher doses of radiation within the tumor and lower doses to nearby healthy tissue.

Palliative Radiation Therapy – when radiation therapy is given to help reduce symptoms such as pain from cancer that has spread to the bones or other parts of the body.

Prophylactic Radiation Therapy – when radiation is given to areas that do not have evidence of cancer. This is done to prevent cancer cells from growing in the area receiving the radiation.

Systemic radiation Therapy – use of radioactive materials taken by mouth or injected into the body. Systemic radiation therapy is sometimes used to treat cancer of the thyroid and adult non-Hodgkin's lymphoma.

- VHF Quiz
Answer Key
1. False
2. False
3. False
4. False
5. False
6. False
7. False
8. True
Union Quiz
Answer Key
1. D
2. F
3. R
4. E
5. I
6. J
7. K
8. O
9. S
10. P
11. M
12. C
13. L
14. G
15. B
16. H
17. Q
18. A
19. N
20. T



PART 2 EXPANDING YOUR VOCABULARY

1. Agency Shop
2. Arbitration
3. Award
4. Bargaining Unit
5. Captive Audience
6. Economic Strike
7. Exempt Employee
8. Fair Share
9. Free Riders
10. Front Loading
11. Garnishment
12. Grandfather Clause
13. Grievance
14. Grievance Procedure
15. Job Action
16. Just Cause
17. Mediation
18. Member-to-Member Network
19. Merit Increase
20. Open Shop

Other CCCS interpreters have branched out into semi-legal interpreting work, including union meetings and job-related arbitrations. How well do you know your union terms? Match the following terms (adapted from The International Brotherhood of Teamsters www.teamster.org) to their definitions, then check your answers with the key on the back page of this newsletter.

- a. A system designed to allow the leaders of a local union to communicate rapidly with the members. A coordinator communicates with approximately 10 leaders, each of whom communicates with approximately 10 members, each of whom may communicate with 10 other members, etc.
- b. When employees put pressure on the employer without resorting to a strike. Examples include: wearing T-shirts, buttons, or hats with union slogans, holding parking lot meetings, reporting to work in a group, petition signing, etc.
- c. A contract provision specifying that employees on the payroll before a specified time will retain certain rights though newer employees are not entitled to these rights.
- d. A contract provision under which employees who do not join the union are required to pay a collective bargaining service fee.
- e. A group of workers who bargain collectively with the employer.
- f. A method of settling a labor-management dispute by having an impartial third party decide the issue.
- g. A procedure established by a collective bargaining agreement to resolve disputes associated with the interpretation or application of the collective bargaining agreement.
- h. A reason an employer must give for any disciplinary action it takes against an employee.
- i. A union term for meetings of workers called by management and held on company time and property.
- j. A strike by employees seeking economic benefits such as wages, hours, or other working conditions.
- k. An employee who is not covered by the Fair Labor Standards Act and is therefore not eligible for time-and-one-half monetary payments for overtime. Exempt employees are generally paid a salary rather than an hourly rate.
- l. Any type of worker dissatisfaction including violations of the collective bargaining agreement, violations of law, violations of employer policies, violations of fair treatment, and violations of past practices.
- m. Deductions made by an employer from an employee's wages and rendered to a creditor of the employee.
- n. Increase in wages given to one employee by the employer to reward good performance.
- o. The amount a nonunion member must contribute to a union to support collective bargaining activities.
- p. The concentration of wage and benefit increases in the beginning of a contract.
- q. The efforts of a third party to help parties to reach agreement in a labor dispute.
- r. The final decision of an arbitrator, which is binding on both parties.
- s. Used in an open shop to refer to non-union members who receive all the benefits derived from collective bargaining without paying union dues or equivalent fees.
- t. Where employees do not have to belong to the union or pay dues to secure or retain employment in a company, even though there may be a collective bargaining agreement.



CCCS

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ANSWER KEY: PAGE 3