

Findings from the Video Interpreter Member Section Survey on Injuries

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The RID Video Interpreter Member Section (VIMS) actively involves its 1,200-plus members working in video interpreting to provide support and expertise. The VIMS Council conducted a video interpreter survey in late 2011, garnering nearly 800 respondents. With the results, VIMS identified four areas as member priorities: Employee relations/work injuries, quality of video relay service (VRS) call processing, legal issues in VRS, and 9-1-1/emergency call handling. Action items were then developed through regional discussion groups in 2012. Next, four follow-up surveys, one for each of the four prioritized categories, were disseminated. The second of these follow-up surveys concluded in January 2014, focusing on interpreter injury.

A Look at the Numbers

This follow-up survey focusing on injury had 342 respondents. Of these 342:

- 30.7% reported that they had been physically injured at work.
- 93.5% were NAD/RID-certified with many more having state licensure, registration, or assessment and/or employer assessment.
- 75.2% had more than 10 years of experience as a sign language interpreter, with 41% of this 75.2% having more than 20 years of experience.
- 79.7% had more than five years interpreting in the video setting with a majority, 52.9%, stating five to eight years of experience in video interpreting.

Based on these statistics, those getting injured are primarily those who have not only satisfied RID's minimum entry level into the field, but also are seasoned and experienced in video interpreting settings.

In addition, 38.4% of these interpreters reported working more than 75% of their interpreting time as a video interpreter. This is in direct contrast to some of the comments we received from interpreters stating that they see "many of us put in hours in VRS and VRI [then] go out and do [a] ton more community work and [then] get injured for everything being done, not just one place." One interpreter commented, "Just because I work freelance work for one to four hours a week, that should not be an indicator for VRS industries to deny a claim for an injured [interpreter who] works for more than 20 hours a week within the VRS setting."

Of the primary injuries reported, 56.9% reported diagnosis of a Repetitive Motion Injury (RMI) and 43% with tendonitis. Others reported carpal tunnel syndrome, strained back and shoulder muscles, rotator cuff tears, neck spasms and pain, muscular skeletal pain, pinched nerves in the neck/

shoulder, low back pain, wrist pain and numbness, eye strain, hearing loss, headaches, ulnar nerve damage, and many more. Of these injured, 17.6% were not able to seek medical care; the primary reason cited by 44.4% was that care was unaffordable; 33.3% mentioned concerns about returning to work; and another 33.3% shared concerns regarding income coverage while missing work for treatment. One said about income coverage, "[I] want to keep my job. Don't want to rock the boat." Another said, "I felt uncomfortable bringing the issue to my manager as I thought it would be dismissed." Yet another said the "VRS company was not willing to help."

To cover the treatment of such injuries, interpreters sought a variety of means:

- 28.2% sought worker's compensation insurance
- 28.2% utilized self-paid health insurance
- 20.5% used employer-sponsored health insurance
- 23.1% paid out-of-pocket for treatment

Seventy percent of respondents said that regular, ongoing treatment was necessary to alleviate and end the pain or injury, but 31.6% stated they were unable to seek regular treatment due to time and money restrictions. Other comments included, "medicine is very expensive and I cannot afford it," "worker's [compensation] insurer continues to refuse treatment for anything except my wrists," and "cost, my [worker's compensation] settlement gave me medical for life, but the insurance broker keep[s] denying me services." One interpreter even noted, "Because of my injury, my job that I worked for over three years for the VRS company let me go. I was on FMLA [Family Medical Leave Act] and it had expired, and I was still under doctor's care and they sent me a letter and 'fired' me."

The alarming statistics of 30.7% reporting an injury at work and 55.6% stating they knew an interpreter who worked as a video interpreter and had been injured at work show that it is imperative that the causes and implications of such injury rates be examined — especially since they are happening largely to experienced, certified interpreters.

Causes

The survey responses indicate that productivity speed-ups is a cause for injury among VRS interpreters. Comments included:

- "The new FCC [Federal Communications Commission] rules have led to much higher demand on VRS interpreters to work longer/more/harder. I fear I will be injured. There is less support for self-care."
- "VRS company quotas are unhealthy and physically harmful for interpreters. Interpreters are put to undue duress and unreasonable expectations for company profits...more

scrutiny should be given to best practices and limitations required of interpreters.”

- “I find my dominant shoulder bothering me a lot, especially when call volumes are high. There seems to be less than 15 seconds between calls.”
- “There is no down time between calls.”
- “You have less than one minute between calls for more than four hours. I think it should be 45 on, 15 off.”
- “Certain elements of VI work are more taxing physically than community work. Constant call volume, automated systems, etc. You also work more per hour. Example: Three hours in the community is teamed and you will work [approximately] 90 [minutes]...interpreting. Three hours of VI work means you work at least 150 minutes.”
- “VRS companies need to stop requiring a maximum of 10 minutes break for every 50 minutes of work.”
- “[named VRS provider] call percentages are what cause the injuries.”
- “VRS is very stressful on the body. Limited space and constant calls, one right after the other. Mentally stressful as well depending on the format of calls.”
- “The work policies of the VRS provider I work for has stolen a 25-plus year career from me.”
- “VRS work intensity and repetitive nature has definitely accelerated wear on my hands, wrists, [and] elbows.”
- “I stopped doing VRS because I felt the VRS companies were abusing interpreters and using them as work horses.”

Interpreters are aware that these factory-like production speed-ups are causing injury, but also know that VRS providers cite financial pressure from the FCC. The solution may be to incentivize healthy production standards for providers and set expectations similar to industry standards in the community until more research can be conducted.

Ergonomic working conditions were also cited as a cause for interpreter injuries in video settings. One interpreter mentioned, “An evaluator from worker’s [compensation] came to visit my workplace to evaluate the ergonomics of the different stations we have. As a result, a report was sent to my employer with recommendations, but no changes yet.” Another said, “Making a job safe to do full-time is the responsibility of management and employees together. I haven’t seen it happen because only employees are interested.” Providers need to be incentivized to create healthy working conditions for interpreters. This would be in addition to the research-recommended practice of interpreters splitting their time between community and video interpreting (as recommended by a 2013 study by Kathryn Bower).

In the same respect, many are reducing their workloads and even exiting the field, creating a reduction in future labor pools. Survey responses highlighted the lack of options provided by the VRS providers “except a cold ‘reduce your hours,’ which I cannot afford to do,” one said. Another



commented, “I reduced my hours to about six hours a week. My shoulder pain has since gone away.” Yet another interpreter commented, “I changed from 32-40 hours a week to full time community.” Other statements included:

- “I do not work more than 15 hours/month in VRS because I feel it will limit my years able to work in the field.”
- “I need to limit my VRS work or my injury will come back.”
- “I have not recovered enough to go without daily pain even after a year of reducing my work hours to great financial detriment.”
- “I sometimes wonder how much longer I’ll be physically able to tolerate working in VRS.”
- “I have now reduced to maybe 10 hours a month.”

The FCC needs to address these issues, especially in terms of injury and affordability of care for interpreters that have stemmed from increased demands the FCC has placed on providers. Although the FCC cannot intervene in employment issues, the agency must consider strategies satisfying the FCC’s needs to mitigate abuse, waste, fraud, and misuse of the VRS fund while incentivizing providers to maintain a healthy labor pool that will not only withstand in the short-run, but also maintain long-term services. ■ 🗣️

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