




## Interview with Małgorzata Tryuk, full professor of Translation and Interpreting studies at the University of Warsaw

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**C.V.G. The COVID-19 pandemic, and successive crisis (e.g. Ukrainian war, earthquakes in Turkey and Morocco, armed conflict in African countries, floods in Greece) have a very negative impact on migrants whose situation is worsened by the lack of resources and communication in those languages in which provision was needed. Do you think that social awareness of the important role of interpreters has increased in the last decade of 21<sup>st</sup> century? Have institutions become more aware of this issue?**

Allow me to present the Polish perspective in the domain of public service interpreting and translation practice, research, and awareness of its role in society.

In countries, like Poland, with recent immigration history and quasi non-existing community interpreting services, there is little existing literature about PSIT and a very small institutional awareness of its importance in all sectors of public life, especially in justice, education, and healthcare systems. Training programs for community interpreters and translators are offered in a very limited number of institutions. To my knowledge, separate modules on community interpreting comprising lectures and workshops are offered in the Institute of Applied Linguistics, University of Warsaw and in the Chair for Translation Studies, Jagiellonian University in Cracow.

Linguistic assistance for migrants, if any, rely mostly on volunteers, friends, families, other migrants, mediators of all kind accompanying the migrant and working without or with a low remuneration as language brokers. In the majority of cases, those persons lack elementary interpreting skills and/or knowledge of ethical principles of PSIT. Professional interpreters are rare, and their number is difficult to evaluate. The translators and interpreters certified and accredited by the Ministry of Justice work mainly as court interpreters and translators. Their number varies for different languages. According to the latest data from the web page of the Ministry of Justice, in Poland there are about 1,181 certified court translators and interpreters of the Russian language and as few as 310 – of the Ukrainian and 24 - of the Belarusian (<https://arch-bip.ms.gov.pl/pl/rejestr-i-ewidencje/tlumacze-przysiegli/lista-tlumaczy-przysieglych/search.html>).

Till February 2022, i.e. the invasion of Ukraine by the Russian troops, the number of migrants was small and constituted as much as 0,2 % of a total number of Polish population. The war in Ukraine has led to an increase of migrants with the arrival of almost 10 million refugees in the country within a couple of months, of which almost 42% were women and 48% - children under 18 years old. In Spring 2022, in the capital city of Warsaw, the number of Ukrainian refugees reached 1 million. Since then, some have left Poland, others have returned to Ukraine. Today, according to the latest estimation, the total number of Ukrainian registered refugees in Poland is of almost 1 million (971,326) for a population of almost 38 million and 104,433 in Warsaw (almost 2 million of inhabitants).

In this unprecedented situation, it seemed evident that Poland has had to face the challenge of accommodating and eventually integrating Ukrainian refugees. The high percentage of Ukrainian refugees brought new needs in all fields of society and economy, in particular in education and healthcare and mental health system. In healthcare sector, since the beginning of the refugee crisis, it was urgent to launch an adequate system for Ukrainian patients in order to give them information about medical care and care facilities in their mother tongue, to provide translation and interpreting during medical consultations in public or private hospitals, in health centres. According to a survey conducted by the Polish Office of Statistics together with WHO, shortly after their arrival in Poland, 44% of refugees needed emergency care, 40% needed advice related to chronic illnesses, 56% indicated a need for psychological support.

From the very beginning of the influx of war refugees there were four different stakeholders involved in helping migrants at the Ukrainian-Polish border, at the railway stations, in refugee centers, etc. These stakeholders were: non-governmental organisations, civil society initiatives, local government and finally government institutions. Faced with the crisis, the Polish government was supposed to implement the necessary infrastructure for the migrants' integration in Polish society. However, this infrastructure has not been effective in improving the hosting of refugees. In this situation, professional Polish associations of translators and interpreters, as well as non-governmental organizations replaced public services and offered alternative solutions in the field of linguistic assistance for the refugees, who signaled difficulties in obtaining information due to language barriers and cultural gaps (especially for elderly people). They took the burden of assistance from the very first day of the arrival of refugees by providing them short term financial, logistic, or linguistic support.

Let me give you some examples of the complexity of the problem. According to a survey conducted in 2022-23 by a group of sociologists from the University of Warsaw "Mass Aid in mass escape. Polish Society and War Migration from Ukraine" (<https://www.uw.edu.pl/raport-na-temat-polskiej-pomocy-uchodzcom-z-ukrainy/?highlight=Masowa%20pomoc%20w%20masowej%20ucieczce>) at the beginning of the crisis in February-March 2022, the most urgent needs expressed by the refugees at the Polish-Ukrainian border were to receive some hot drinks (78 %), some hot food (70%), to find a place to rest (35%). The linguistic assistance of an interpreter was expressed only by 14% of the respondents of the survey. Also at the Warsaw Central Station, the issues of language were perceived as the least of all their problems. According to respondents, the volunteers active in this location communicated with the refugees using a mixture of languages they knew or gestures. The language barrier was not the main problem. Some months later, the researchers found that the needs of war refugees became more pragmatic. As far as Ukrainian women are concerned, they requested to get more financial assistance (67% of responses), possibilities of employment (61%) and Polish language courses (65%). The issue of the knowledge of Polish language is also mentioned in another survey "Hospitable Poland 2022+. How to wisely support Poland and Poles in helping people fleeing the war in Ukraine" (<https://wise-europa.eu/en/2022/08/23/hospitable-poland-2022/>) which consisted of a series of recommendations in the field of labour market, health, education, administration, integration etc. In response to these recommendations, Polish language courses for Ukrainian refugees have been launched by different social life actors, for example at the universities.

The major finding that emerged from these two reports, drawn up by specialists representing a variety of disciplines (economists, sociologists, psychologists, etc., but not a single linguist or translator), was the urgent need expressed by the migrants to learn the language of the host country. Without any doubt, the knowledge of the language guarantees autonomy, independence, and emancipation in everyday situations, but not in all contexts that have to deal with health, justice, education or administration. As we all acknowledge, in all these settings, the role of community interpreters and translators is crucial. However, the authors of both above mentioned surveys fail to note the importance of the language mediation. The social and institutional awareness of PSIT is still lacking and it is a sad fact. The survey "Hospitable Poland 2022+" states even that "[...] that integration of Ukrainian migrants should take place through intensive learning of the Polish language (p. 113)". At the same time, the survey mentions PSIT at a very low scale.

**C.V.G. The Ukrainian crisis posed a challenge to the EU which activated in record time measures never thought of before. However, there are other crisis such as the war in Syria and the fall of Afghanistan which, after an initial aid, seem to have been forgotten or the aid has been reduced. The use of bilingual people with no training, low remuneration, and volunteering are still common practice. What is your opinion about this? What solutions would you propose to move forward in crisis situations? What role should governments play?**

In any emergency situation or migration crisis, the use of bilingual persons, volunteers or migrants is a common practice. However, in the situation of Ukrainian war migration some new practices emerged according to the surveys and analysis conducted by various institutions. For example, the Polish Office of Statistics together with WHO launched a survey among Ukrainians refugees to explore healthcare use, access, and the needs with the aim to improve existing system and propose future developments. This survey was published in February 2023 and shows statistical data collected through a questionnaire and in-depth interviews with a selected group of respondents. As a part of the insights interviews, respondents were asked to give their thoughts on what would most help refugees from Ukraine in Poland access health services. The most frequently mentioned obstacle to accessing healthcare was the lack of information due to language and/or cultural barriers which was mentioned by 50% of those who had difficulty accessing the care they needed. Unsurprisingly, the respondents to the survey stressed that in a crisis situation it would be important to have the assistance of an interpreter with a knowledge of medical terminology in all healthcare facilities. However, in the same survey, the respondents expressed their need to have direct access to health facilities for Ukrainians patients with qualified Ukrainian doctors.

The information obtained through the above-mentioned study reveals another problem related to language communication. Apart from the declared need to learn Polish, which I mentioned above, migrants declare their expectations of receiving services provided in their language by migrant representatives. These expectations do not only concern medical services, they are also observed in education where the position of Ukrainian assistants (but not interpreters) in schools is considered as one of the most crucial for the integration of Ukrainian school children in the Polish education system as it has been also stressed in a recent survey by UNICEF Poland (<https://www.unicef.org/eca/reports/it-cool-here-no-doubt-about-it-home-home>).

In short, we can observe a general lack of linguistic assistance, adequate financing of the services of an interpreter, as well as the lack of regulations and standards indispensable for this job. It has been put forward by the Office of the Ombudsman who addressed an official letter already in April 2022 to the Ministry of Health asking for some propositions aiming to solve the problem of linguistic barriers. In his response from May 2022, the Ministry for Health explained that in the present situation there is no legal basis for the National Health Fund to cover the cost of an interpreter when providing services to a foreigner. In the opinion of the Ministry, "the language barrier for Ukrainian patients is lower than for patients from most EU countries". In other words, there is no need to provide assistance in this respect for Ukrainian migrants. Yet, linguistic and cultural barriers exist and in numerous cases and it is rather frequent to hear after a medical consultation: "Next time, bring an interpreter with you". The same may happen in any public institution. Public authorities do not seem to recognize the problem and hide behind the lack of legal and financial regulations. They shift the responsibility to provide a solution for effective language communication to the migrant.

In this migration crisis, a number of civil society initiatives came to the rescue. One of such initiative was the project “Translators for Ukraine” (<https://tlumaczedlaukrainy.pl/>) launched by seven professional associations of interpreters and translators in Poland which consisted of a variety of activities such as translation of bilingual medical, legal, administrative forms and statements in Ukrainian, Russian, English, and Polish as well as bilingual specialist glossaries. All those mentioned documents are available online on the site of this project together with a list of pro bono translators and interpreters.

**C.V.G. Scientific production on PSIT has progressed significantly, while in practice, it hasn't advanced so much. There are still different responses, little training, a lack of an appropriate budget and resources, a lack of a record of translators and interpreters in languages of lesser diffusion (LLD), a lack of accreditation systems... What is your opinion about this? Why is there this standstill when it is clear that we live in a global multilingual society?**

This question brings into light the issue of languages covered by interpreters and translators, be they accredited by the Ministry of Justice or working as freelance language intermediaries during the recent migration crisis.

With the outbreak of war in Ukraine, Polish authorities discovered that not all Ukrainians speak English, which could serve as a *lingua franca*. By the way, Poles have not all mastered that language either. As I mentioned before, according to the data provided by the Ministry of Justice, in Poland there are 1,181 certified court translators and interpreters of Russian and as few as 310 of Ukrainian and 24 of Belarusian. In comparison, the figures for other languages are as follows: English – 2846 court interpreters and translators, French – 1119, German – 3629, Spanish – 343, Chinese – 22 and Arabic – 56. The numbers of translators in LLD are very low, if not non-existent at all.

In Ukraine, according to the latest population census of 2001, there are 67,5% native speakers of Ukrainian, 29,6% native speakers of Russian and 2,9% native speakers of other languages such as Romani, Crimean Tatar, or Greek etc. as well as numerous dialects (for example Surzhyk) that are also spoken among the Ukrainian refugees. Do not forget the Ukrainian sign language. In other words, it was very urgent to acknowledge that not all migrants speak the same language, especially elderly people coming from the Eastern part of Ukraine who speak Russian in their majority.

For the moment no accreditation for LLD interpreters and translators at the Ministry of Justice are foreseen, and there is a general lack of knowledge of dialects among interpreters. As a result, language and cultural barriers are becoming even more pressing issues but there are no proposals for solving them at the moment.

**C.V.G. We now find ourselves in a double transition – both ecological and digital – what challenges does PSIT face in this 21st century? How is PSIT being affected by digitalisation? Or how do you think it affects PSIT, particularly when considering LLD?**

In the situation of migration crisis caused by the war in Ukraine different technological tools have been developed, among which an application called LikarPL (<https://likar.mz.gov.pl>) to be used in the medical setting, to get an appointment and to fill forms concerning the health condition. It consists of translation of verbal interactions between a patient and the health care professional during a consultation. According to the Ministry and the National Health Fund this application guarantees efficient communication between the two parts of the interaction. Yet, according to various opinions reported by the daily press, Ukrainians patients are not very enthusiastic about this application. They admit that translations on



phones are not available to everyone. Some people arrive with very old phones, sometimes without internet. Or even their mobiles do not have enough memory to accommodate new and heavy applications. Also, not all healthcare professionals are aware of this application. By May 2023, only 3,000 people had communicated their health condition through the LIKAR.pl tool. There have also been only 200 medical appointments using the application.

On the other hand, the use of telephone interpreting services is quasi non-existing in the case of medical or other settings.

**C.V.G. Interpreters and translators working in public service settings must be well-prepared to confront and cope with emotions and stress. Do you agree with the statement? Can you explain it a little bit. A growing body of research has shed light on the effects of exposure to trauma and stress on interpreters in public services, however, in practice there are not many opportunities to treat these problems. Which is your experience? Do you know resources? Or do you have suggestions for interpreters that suffer from vicarious trauma and burnout? Any example?**

Interpreting in the mental health context, especially for children is one of the most challenging and traumatic contexts for interpreters. In Warsaw, an NGO called EMDR Therapy offers free of charge sessions of Ukrainian women and children with the assistance of volunteer interpreters (with or without experience in this particular kind of job). I had the opportunity to observe two sessions offered to Ukrainian children with some psychological issues. During both sessions, one child was accompanied by his mother and the second the child was alone. Two volunteer interpreters (students in interpreting without experience in the field) mediated in the therapy. After the sessions, the debriefing with the psychologist and the interpreter revealed and confirmed the specificity of the interpreter-assisted therapy described in many studies and the challenges endured by the interpreter especially for a child with PTSD.

The issue of adequate training in order to cope with emotions was put forward by interpreters in a series of interviews with interpreters I conducted in September last year in Warsaw. Volunteer interpreters as well as experienced linguistic intermediaries stressed the need for psychological help for interpreters working in medical and psychiatric settings. As one of the interpreters admits: “[...] emotional situations are the most difficult, and it takes a long time to recover afterwards. If you can recover at all. Well, because we are all human”. Another one states that: “A formal preparation at university would not quite allow to give a clear answer as to what to do in the exact situation I was faced with”. The need of adequate training as well as the need to „unite” is expressed by numerous community interpreters and translators, as says one of them: “Well, first of all, I would like us [...] to be able to unite in some way. I don’t know, unite, because there are organizations of certified translators or conference interpreters, translators of literature. I think that here, regardless of what language we work in, it would be so nice to have such a community, a group, an organization, an association - whatever, and even the very exchange of experiences”.

**C.V.G. Given the overall situation with regard to training and preparation of public service interpreters in many countries, do you think their programs' curricula sufficiently address issues related to coping with emotionally-complex situations and stress? What do you recommend?**

In my institute, the training of community interpreting has been successfully adapted to the present needs and situations. For example, in our classes, we use a publication by a Polish NGO Centre for Intercultural Initiatives (Centrum Inicjatyw Międzykulturowych) entitled "Working with an interpreter during a therapy and psychological diagnosis. The specificity of the work and recommendations for psychologists, therapists, and interpreters". Written by the psychologist Monika Wądołowska (2014), it is highly recommended to mental health professionals and interpreters dealing with people who do not speak Polish language. This guide covers a series of topics on the linguistic assistance and interpreting during therapy, the impact of non-professional interpreting, the challenges of dealing with victims of torture or deaf patients. It brings a series of recommendations for psychologists and interpreters on how to successfully cooperate during therapy. It discusses difficulties linked with language, religion, sex, qualifications, professional experience, emotions, and the issues of professional ethics. That excellent brochure is nevertheless an unknown for numerous mental health professionals as well as the public authorities in charge of migrants. Let me quote once again the survey "Hospitable Poland 2022+": "It is essential that refugees have access to assistance in Ukrainian, i.e. to psychologists who speak the language. Ideas about providing therapy through an interpreter may fail" (p. 112). That statement once again shows that knowledge of the role of PSIT in the context of migration still remains *terra incognita* for authorities and policy makers.

**C.V.G. What do you think about online training on self-regulation of emotion and stress in the PSIT? Is it enough? Any suggestions? Research suggests people who tend to use emotion-focused coping strategies may be more resilient to stress and enjoy greater overall wellness. Do you agree? Considering your experience, which coping methods would you recommend for interpreters who experience mood changes?**

In a recent survey conducted among Polish court interpreters and translators on the emotional burden of their work, more than 80% of respondents admitted to feeling strong emotions while interpreting. When asked on how they cope with the emotional burden, they propose to distance themselves from difficult situations, maintain social contacts, practice sport, meditation, entertainment and even use of various stimulants. Those answers were to be expected. At the same time, the respondents express their wish to exchange views about their job with other professionals, to share their experience and not to be let alone with the emotions. In a way, it is possible nowadays through social media and other ways of online contacts, blogs, online forums, and professional networks. Still, such contacts cannot replace professional training or help in the case of extreme emotions or vicarious trauma. But, for the moment, there are no systemic solutions to these issues. Some valuable initiatives of short-term trainings are undertaken by professional associations of interpreters and translators, but they are restricted to their members only.