

Dear Chair Patterson, Vice Chair Hayden and members of the committee,

My name is Elva Caldera, and I have interpreted most of my life as a child of immigrants and a volunteer school parent. Several years back, I found out I could get paid for my skill, so I found out about how to go about it.

Acquaintances ask me why do I need to be certified, if it wasn't enough to be bilingual. At one of the training orientations, a key point was presented, and a very important one at that—a case in which a husband called 9-1-1 because his wife was having trouble breathing. He could not speak English, and the dispatcher patched a language service provider. So, an ambulance was dispatched and upon arrival, no one with a medical emergency was there. By the time the correct interpretation of the address was confirmed, the young wife could not be saved.

I decided to become qualified and certified, because I have always felt that language barriers mean less access to education, health and housing. These are most of the issues that I got to help with while volunteering. Because of these language barriers, LEP persons feel like the system is daunting, against them, and that health care providers don't understand their health needs.

I am here in support of SB 584, as a Language Services Provider, a Health Care Interpreter that also faces challenges. The challenge of self-sufficiency as a contractor.

I faced exposure to infections, even before the pandemic-impeding me to work and to file for unemployment or any other benefit. I even 'worked' with a cold, took Dayquil to be able to do my job. Why do we have to do this? The agency for whom I subcontracted had no benefits for me. My assignments were passed on to the next person on their list, or if no one available, cancelled; possibly cancelling the patient's health appointment as well. Did I mention the rates are the reason I have to take on as many assignments as possible? How expendable I am as a Qualified Interpreter?

I met quite a few persons in the field without even an orientation about the ethics or regulations about the Healthcare Interpreting profession, and yet, agencies would enlist and send them out to appointments where very sensitive information is discussed. Going back to the errors that have cost someone's health or even their life- it is important that Qualified and Certified interpreters have priority in contracting and providing these health care appointments. After all, CCO and Medicaid appointments serve the most vulnerable communities in Oregon.