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### Reading Response 5

#### Translation Is Not Enough: Interpreting in a Medical Setting

The article's main claim is that effective communication with limited-English patients requires more than word-for-word translation but also demands cultural interpretation. The author argues that professional medical interpreters must bridge not only language gaps but also cultural beliefs, norms, and different understandings of health. One linguistic example discussed is how the Spanish word "raquea" (spinal block) carries cultural fear for Mexican patients, who associate it with paralysis, while the English "epidural" does not have the same negative meaning.

The author uses factual observation and personal narrative as methodology. Drawing from daily work as a professional interpreter at Stanford Medical Center, the author presents multiple case examples. For example, a patient misunderstood "sitz baths" as deep-knee bends in the bathtub. These real-world examples support her argument.

**Personal Cognitive Trace:** The hardest part for me was on page 256, when the author describes a 7-year-old girl used as an interpreter: "I couldn't explain to my mom everything the doctors were telling me" and later, "Maybe my little brother's heart will work when he comes out of my mother's stomach." This was challenging because it made me feel actual emotional discomfort while reading. The image of a child being told to tell her mother that her baby is dead was difficult to process. It

made me realize that language barriers don't just cause misunderstandings, They can cause real trauma to vulnerable people, including children.

I strongly agree with the author that using family members, especially children, as interpreters is harmful and should be avoided. The examples includes the 7-year-old girl and the 9-year-old boy asked to interpret a family conference, which shows how this practice disrupts family roles and puts emotional weight on children.

However, I also wonder if the author underestimates how difficult it is for hospitals with limited budgets to always provide professional interpreters. In an ideal world, professional are always available. But in reality, rural clinics hospitals might have no choice.

The author don't explain how technology such as video remote interpreting or AI translation tools might change the medical interpretation. This article was written in 1992, so this is understandable, but reading it in 2026, I wonder how apps like Google Translate or professional video interpretation services could help or harm communication.