VRI disadvantages vs. Onsite Advantages, Timothy Chevalier, Ed.D.

EDUCATION + ADVOCACY = ACTION

Approximately 500,000 people deaf or hard of hearing in the United States rely primarily on American Sign Language (ASL), which is a three-dimensional visual sign language that incorporates space, body-shifting and facial grammar for identification of topics, moods, and characterization and sentence types. The small screen on a tablet or laptop coupled with potential technical issues are often not considered ideal for viewing sign language interpreters, especially in high-stakes situations. As a result, ASL users continue to report difficulties accessing health care. Individuals who have attended Rural Interpreter Services Project (RISP) Town Hall meetings have generally reported difficulty obtaining ASL interpreters, due to geographical location, timeliness, and the time and financial constraints involved with contracting with an interpreter who must travel from another location. Many ASL-users prefer and rely on in-person interpreters for access to effective communication—especially for health care, which is why RISP prioritizes providing in-person interpreters. Some medical care providers have opted to use video remote interpreting (VRI) technology, which provides a specialized translation service that requires high-speed internet connection and a camera-equipped device to connect to a remote interpreter who will provide interpreter services that will enable the health care provider and patient to communicate with each other. Typically, VRI has been used for one-on-one visits and patient walk-ins when an interpreter may not be readily available.

Deaf patients often have a negative view of the use of VRI and prefer on-site interpreters, especially for health-care matters. There are advantages to having an on-site interpreter as they can place themselves in a more visually accessible location; e.g., where it is easier to see the doctor and the interpreter at the same time, or view a medical chart, or human anatomy models. Anatomical education charts and anatomy models offer a visual concept which enables the physician to explain a disease injury or illness that affects a specific area of the body. Placement of the interpreter near the doctor when using visual aids helps the deaf patient to more effectively comprehend what the doctor wants to convey. There are other advantages as well, such as the on-site interpreter’s ability to filter out noises or background chatter; whereas, VRI interpreters often have difficulty filtering distracting noise.

The typical concern for rural areas is that VRI services are prone to technical and logistical problems—related to connectivity (i.e., poor quality of video technology, low bandwidth) and personnel’s ability to set up the equipment properly which results in technical problems such as slow connections or limited bandwidth. These problems become a hindrance to effective and fluid communication. Setting up the

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VRI equipment properly requires an awareness of the deaf patient’s need to access visual cues in the patient examination room. The equipment may be stationary, which limits access to visual cues within the immediate environment.

A deaf patient needs to feel trust in the patient-physician communication. Building trust requires a highly qualified interpreter whose certification ensures the patient that the working interpreter is proficient with expressive and receptive communication and knowledgeable of medical terminology. Often times VRI interpreters are not certified. When this occurs, deaf patients often simplify their signs to make sure the interpreter understands, and this impacts the quality of the patient-physician interaction. RISP seeks to reduce health disparities for deaf patients by providing on-site, certified interpreters.