



Staff association of the European Commission

SCIC CAN NO LONGER TURN A DEAF EAR TO INTERPRETERS' AUDITORY HEALTH

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TAO is happy to acknowledge several groundbreaking cases of interpreters who have successfully filed an article 73 procedure for the **recognition of certain auditory pathologies as occupational diseases**. This constitutes a significant milestone in the recognition of auditory risk factors for interpreters working on digital delivery platforms. Medical conditions previously ignored and downplayed as fleeting symptoms not amounting to pathologies have now been recognised as fully fledged occupational diseases. This comes to prove that harmful sound has consequences that cannot be swept under the rug. Unfortunately, the medical conclusions recognise the occupational origin **attributing the causal link between occupational exposure and onset of the disease to successive technical incidents**.

We still have a long way to go to achieve recognition of occupational diseases arising from prolonged exposure to harmful platform sound with no discernible technical incidents. The problem posed by late onset pathologies continues to haunt us. It is a case of too little too late. We are finally focusing on auditory

health and granting invalidity compensations, but this is pre-platform logic. We need to zoom in on the new technology and look beyond sound intensity as the risk factor and acoustic trauma and acoustic shock as the only possible negative outcomes.

TAO has denounced a **passive approach to Health and Safety** in the competent instances of the European Commission on an issue which intimately and **deeply concerns SCIC interpreters**, sound quality and the immediate and long-term life-altering effects of harmful sound. There is an unfortunate coincidence; interpreters' professional tool is also a very sensitive organ. The human ear connects them to their source material in the booth, but also to the world. Interpreters therefore need to fulfil their professional duties safely so that they are not wilfully damaged.

SCIC's narrative is well known. Platforms are here to stay. They have become part and parcel of the interpreting services offered to clients. You cannot stop progress we must embrace it and accept changes as inevitable. **TAO** firmly believes that **to embrace change and technological advancement we must be willing to harness and use it safely**. Platforms have gone from stop-gap solution to full-speed ahead deployment with no prior testing nor risk analysis although it is a legal obligation under EU law.

It is being conducted now, 5 years after the introduction of a new technology: SIDP simultaneous interpreting delivery platforms and it will not be specifically focused on platforms, but rather on establishing a global risk profile. It will also focus on the sound chain, but **not specifically on the effects of harmful sound on the auditory system**. Platforms as a risk factor must be identified, characterized, and quantified. Ultimately **platforms must be declared safe** for interpreters or alternatively **credible mitigation measures** must be proposed. The Fine-Kinney risk analysis model will not be applied to platforms either which arguably should be the focus of the exercise.

SCIC is attempting a global risk profile with **no special focus on platforms, no real ambition of reaching a binary conclusion on whether platforms are safe or dangerous** for interpreters and methodologically **hiding behind the fact that there is no single cause for a single effect**. Platforms may be at fault but it is

difficult to weed out confounding factors such as auditory damage typical for workers using headphones so we can just assume that the usual suspects are at play and blame it all on sound intensity.

If we do not seek, we shall not find. If we neglect to ask interpreters about the physiological and physical effects of platforms on their health in the risk analysis questionnaire, we will not be fulfilling our duty of care. Likewise, if the window chosen to administer the questionnaire is too narrow the sample will be too small, not representative and will tell us next to nothing, especially in the case of ACIs.

Our control over the sound chain has been completely eroded. **Distant participants use unapproved peripherals which through prolonged exposure can be harmful for the auditory system.** The awareness raising effort has not been able to change that and the absence of a Sound Protocol introducing mandatory use of approved peripherals as a condition sine qua non for provision of interpretation further complicates things.

SCIC has launched a project mandating an external consultant (Weave) to establish a testing protocol for microphones Weave-washing peripherals which would have been previously rejected by the AIIC protocol? This lowering of the bar can only make the protection of interpreters harder. **Cardioid tabletop microphones are the way to go**, AIIC hearing tests were conclusive. **Headsets with boom microphones are a no go and omnidirectional microphones rarely make the cut.** Instead of changing the criteria to assess microphones adapting them to reality on the ground (microphones currently in use by distant participants) we should rather change the reality (impose a type of peripherals) to adapt it to our safety criteria.

TAO has consistently demanded an application of the Canadian model: **mandatory code of conduct, peripheral detection, no interpretation of non-approved peripherals.** This solution has been endorsed by CPPT Recommendations and has achieved critical mass as it is being currently applied by the European Parliament and the Court. SCIC and the European Commission have taken the political decision to disregard this approach.

Currently the CPPT has been informed of the methodology and the specific questionnaires which will be

applied for the risk analysis. **CPPT is organically responsible** for this file and must exert informed pressure on the competent DGs and subcontractors. **TAO** has managed to reactivate **the GT-Interpreters** within CPPT created precisely to come up with Recommendations for platform work. The solutions the institutional level has come up with to date are not ideal. **TAO** is convinced of the need of a specific questionnaire for platforms with a screening approach to determine perceived health status with no diagnostic intent but with a very solid statistical value.

The questionnaire debate has reached a stalemate at the HSG. Modyva, the company commissioned to run the risk analysis and SCIC, insist on expunging all questions from the validated questionnaires asking about perceived health status arguing that this clinical approach is unwarranted. This screening tool embedded in the risk analysis questionnaire serves to determine the physiological and physical effects of harmful platform sound on interpreters. **TAO has misgivings about the construct and choice of items for the questionnaire and deplores that the referral to the CPPT has resulted in expediting the process, greenlighting Modyva's approach and questionnaire, completely disregarding the Interpreters' Delegation counterproposal.**

Modyva argues that the Interpreters' Delegation questionnaire is too long, too complex and too clinical making it unsuitable for any risk analysis. However, Modyva's main deliverable and flagship questionnaire proposed to all their clients, **GABO**, is longer 90Q instead of 80Q, **equivalent in level of complexity**, and includes up to **20 questions identical** to the clinical questions proposed by the Delegation. The corporate version significantly includes a section 6. Perceived Health Status.

There is no future for SCIC if it fails to protect the auditory health of its interpreters. The Modyva risk analysis must delve deep into the physiological and physical effects of platforms, establishing dose-response patterns crossing likelihood of onset and gravity of symptoms with DST profiles. **We cannot afford another failed opportunity.**

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