



*Roanne Kantor // We're rounding out the first year at Synapsis. It makes me want to come full circle, to re-approach the very first questions I asked in this venue: about the nature of interdisciplinary research on health and medicine, and the shared language we develop to make that research possible. The thing about this "department without walls" is that it still requires *some* structure to keep us from flying apart at the seams. And yes, technically, that structure is WordPress. But in some deeper sense, the foundation of this fragile endeavor is language itself, and the very particular ways we use it to make sense across boundaries of region, discipline, and experience. We might call that process "translation."*

"Translation" derives from a Latin or Old French root meaning "to carry across." In this sense the word is appropriate, even ideal, for all kinds of conceptual load-bearing. And yet, translation is most concretely a linguistic action. When we use that term beyond its proper sphere, we transform it into a metaphor. It is my belief that interdisciplinary scholarship makes a generative but dangerous habit of depending on such metaphors. As with the metaphor of the sublime Anthropocene, it can be hard to recognize the precise moment of slippage from concrete into the symbolic.

To ring in the academic new year, I wanted to see exactly what we might generate by thinking about translation itself in the realm of medical humanities. So I asked four colleagues to share some of their thoughts on the question: what is the relationship between medicine and translation? What does each of these terms mean to you, and how do they function in your work? I will publish each of their responses later this month.

The Respondents

Harris Solomon is an Associate Professor of Cultural Anthropology and Global Health at Duke University who studies health in Urban India. His first book *Metabolic Living*, about type II diabetes, was the subject of one of my posts last winter. His more recent work has to do with traffic accident victims in Mumbai. Throughout his research, Solomon attempts to show the porosity between individual experiences of ill health and the surrounding environment.

Colin Halverson is a postdoctoral fellow at the Center for Biomedical Ethics and Society at Vanderbilt University. His research has to do with the way genetic testing is made legible to lay audiences in the United States, but he is more broadly interested in the way that medicine operates as a discursive field, and the way it colonizes other fields of knowledge through a process of “translation.”

Sabrina Dato is a PhD candidate in History at the University of Chicago whose work focuses on medical training in colonial India. She studies a community of multilingual medical practitioners who were, in some senses, the OG “interdisciplinary” scholars. From an historian’s perspective, she casts light on the relative recency of our own obsession with disciplinary and cultural fixity.

Jonathan Fleck is an Assistant Professor of Spanish at California State University, Sacramento, who specializes in literary translation studies. Recently, he has begun working as a volunteer medical interpreter. Sitting closest to the field of translation studies, he shares an interesting perspective on the sometime incommensurability between a pure linguistic translation and the social circumstances in which various forms of translation take place.

As our conversations progressed, I was impressed with some shared themes between the four participants. Some of those concerns hewed close to ideas of translation as a linguistic practice (especially for the three participants working across languages), while others ranged into categories of authority, experience, and embodiment. Below are a few highlights—I hope you’ll join me for the full interviews later this month!

Translation and Language

“His patients were often *nazuk*, meaning brittle, how a flaky sweet shatters when nibbled.”

Solomon and Datoos both focused on the specificity of Urdu medical terminology and its relationship to literary aesthetics we don't often associate with medicine. Solomon: "There was one doctor whose love of Urdu couplets seemed to inflect even his most even-handed deliveries of a patient's instabilities. (His patients were often *nazuk*, meaning brittle, how a flaky sweet shatters when nibbled.)" Datoos gives a context for this poetic turn in an earlier era: "The words used for medicine in my sources are the Arabic words *tibb*, and *hikmat*. The second of these has a broader range of meaning, including 'knowledge' and 'wisdom'... I am interested in... the aesthetics of medical institutions...how hakims continue to project sagacity, nobility, and the heroic healing associated with the medicine of earlier dynastic courts."

Halverson, on the other hand, works at the place where literal and metaphorical translation meet. "[I study] the metaphorical extension of 'translation' in medical jargon, referring to the application of research science to clinical practice. More fundamentally in my work, though, I've considered 'translation' as a means for establishing a degree of commensuration between relatively discrete symbolic systems." Isn't that interdisciplinarity in a nutshell?

Translation and Speaking

"I was interpreting in that situation, where the doctor was saying some painfully ignorant things to a patient."

In all cases, my colleagues spoke about the relationship between translation, voice, and subjectivity, especially the way that someone in the position of translator ends up "speaking for" the person or text they are translating. Halverson is particularly influenced by Mikhail Bakhtin's theories of competing voices, while Datoos is developing research on the way that 19th century patients adopted new discourses to voice their own experiences.

Sometimes, however, the problem is not a competition between voices, but a need to account for silence. Solomon spoke about the difficulty of adapting existing disciplinary expectations to the limitations of his new field site: most of his research subjects can't speak to him at all. "Trauma medicine is different in terms of story. Usually the patient cannot speak, or doesn't speak much. The intensive care unit in trauma adds another layer of complexity; many patients are intubated. The very idea of 'illness narratives' is out the window." Instead, he relies on the way their experience is translated or "spoken for" by various other actors on the trauma ward.

Fleck has had a related experience as a medical interpreter, where traditional translation exigencies to fidelity conflict with other ethical demands. When interpreting between a minoritized patient and a xenophobic doctor, he wonders what kind of translation practice will serve the patient best: "I was interpreting in that situation, where the doctor was saying some painfully ignorant things to a patient.... I 'just interpreted' and I don't really know what to do with it. But it showed how a medical encounter is an important locus to re-think translation."

Translation and Politics

“Authority, in the sense that it authorizes and enables particular action, cannot be reduced a priori to assumed power dynamics.”

Of course, no discussion of translation (or medicine!) exists only on the linguistic plane. Both fields are also related to questions of authority and the politics they entail. All four respondents reflected on the power dynamics of translating medicine—those between experts and lay people, as well as those between various fields of expert knowledge production.

Fleck said, “In graduate school, during the Obama years, translation to me meant the movement of ideas between languages. That’s not what it means to me anymore, in the era of Trump.... The Trump era is an era of failure. The death of inter-experiential translation.”

In broad strokes, medicine is still defined by specialized expertise, but at a granular level, questions of authority are often much less clear. According to Halverson, “Patients may be upset when clinicians tell them that their genetic test results were inconclusive. Yet they may (and in fact, my research suggests, often do) dismiss such dismissals and interpret the results for themselves, within what they still constitute as a biomedical framework, using their idiosyncratic interpretations to make future medical decisions. Authority, in the sense that it authorizes and enables particular action, cannot be reduced a priori to assumed power dynamics.” Reflecting on his earlier work, Solomon explained how doctor-patient authority is similarly negotiated in chronic illness: “[In the diabetes clinic], you, the doctor... change an insulin dose, and hope to get the person to come back a few weeks later, and hope that it works. Or you counsel someone on their lunchbox choices, and get them to try something different, and hope that it works.... [This dynamic] tends to pull physicians into eddies of a patient’s apparent willpower, domestic dynamics, and the expression of some sort of truth at the doctor’s desk.” With traumatic injury, on the other hand, the timescale compresses, and the doctor’s authority becomes more absolute, negotiation limited or impossible.

Translation and Discipline

“Not all people who practice normal science, in laboratories, clinics, etc, are the naïve positivists they are occasionally taken for.”

Authority operates not only in the meeting between patient and doctor, but in the meeting between various disciplinary experts in medicine from across the University (as well as between medical traditions). In the South Asian context where Solomon and Datoo work, disciplinary scholarship has often focused on the clash of authority between “traditional” and Western medical knowledge. These kinds of conflicts are reflected, I think, in our contemporary investment in disciplinary boundaries in academia. Datoo brings an historian’s eye to these related problems:

“I think this resistance to translation between medical systems may be a modern phenomenon and is often allied to a kind of reification of culture that attends nationalism. The Arab dynasts of 9th and 10th century Baghdad were voracious readers and translators working to their own local ends,

as the work of Dimitri Gutas demonstrates; they were not invested in cultural purity. The resistance to translation, such as in Lucknow for example, a rival school to the one I study in Delhi, seems to be a way of memorializing the tradition in the face of a loss of sovereignty.

“As for the disciplinary formation and its limits, I perhaps ought to say that I think not all people who practice normal science, in laboratories, clinics, etc, are the naïve positivists they are occasionally taken for. Amongst my acquaintances are people that are physicians and scientists that are very sensitive to the ways in which institutions, their own education, funding patterns, exert certain kinds of pressure to render some areas of greater interest than others.... My point is that there are people of varying degrees of self-reflexivity, maturity, and sensitivity in all fields of work, both in the reading room and in the lab.

Finally, Solomon and Halverson are both interested in the way that medicine and public health make rhetorical claims to the authority to address “global” problems. Halverson has written a powerful critique of “the widespread ambitions to translate issues otherwise framed as concerns of public policy into those of clinical authority” for *Anthropology News*. Solomon is more measured: “I do think that some of the translation work between anthropology and public health can be understood as different demands on what counts as the grounds of the political.... Attending to politics is attending to scale, here. It blows up the balloon: it’s not just people, not just institutions, but, well, everything.” How do we, from a medically-inflected perspective, even begin to address this urgent “everything”? Could we do so working with, and not speaking over, other forms of knowledge or claims to sovereignty? This is, perhaps, the most potent question of medical translation, and one we have only begun to address.

Featured image from Google Translate.