

TRANSLATING MEDICINE, DENTISTRY, ANTHROPOLOGY AND THE FORENSIC SCIENCES FROM B/C/S INTO ENGLISH - THE UN ICTY EXPERIENCE

Abstract

Was the caecum really surgically removed when he was 12? Did she die of natural causes at the ripe old age of 89 or did something kill her while she was still alive? Was the tooth bone fractured? Were the dead bodies relocated? Was the bluntness of a mechanical implement the actual cause of death? Is this proper English? Questions, questions, questions...

Translating medical documents for the United Nations International Criminal Tribunal for the former Yugoslavia (ICTY) has been a daunting task, not least because of the sheer quantity of the source material. Forensic documents form the largest sub-group of medical documents translated at the ICTY. The forensic document as evidence serves a specific purpose at trial. Forensic documents in particular speak for the victims and serve to illustrate their fate.

Legibility of handwriting, poor photocopies, understanding the subject matter or even disputed equivalency of terms, are but some examples of the problems faced by translators of medical, dental and forensic documents at the ICTY. In order to cope successfully with the challenges of translating medico-forensic documents for the courtroom, ICTY took the team approach with trained, experienced linguists, including those with an educational background in the medical sciences.

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The views expressed in this paper and any oral presentations of it are solely those of the author and do not necessarily reflect the views of the International Tribunal or the United Nations in general.

INTRODUCTION

Was the caecum really surgically removed when he was 12? Did she die of natural causes at the ripe old age of 89 or did something kill her while she was still alive? Was the tooth bone fractured? Were the dead bodies relocated? Was the bluntness of a mechanical implement the actual cause of death? Is this proper English? The uncertainties are numerous when one is uncertain of terminology and topic. Translating any document written by an expert in their own field is a daunting task. Some of the most difficult documents to translate are medical and forensic documents. Every day around the world courts deal with many expert documents.

The International Tribunal for the Prosecution of Persons Responsible for Serious Violations of International Humanitarian Law Committed in the Territory of the Former Yugoslavia since 1991, more commonly referred to as the International Criminal Tribunal for the former Yugoslavia or ICTY, is an *ad hoc* court of the United Nations established on 25 May 1993 to try those individuals most responsible for appalling acts such as murder, torture, rape, enslavement, destruction of property and other crimes listed in the Tribunal's Statute during the wars in the former Yugoslavia. The ICTY employs a hybrid legal system that amalgamates concepts of common law and civil law.

Situated in The Hague, the Netherlands, the ICTY has charged over 160 persons. Those indicted by the ICTY include heads of state, prime ministers, army chiefs-of-staff, interior ministers and many other high- and mid-level political, military and police leaders from various parties to the Yugoslav conflicts. Its indictments address crimes committed from 1991 to 2001 against members of various ethnic groups in Croatia, Bosnia and Herzegovina, Serbia, Kosovo and the Former Yugoslav Republic of Macedonia. More than 60 individuals have been convicted and currently more than 30 people are in different stages of proceedings before the Tribunal.

Given the serious nature of these crimes, the complexity of proceedings and the need to maintain clarity of language and consistency in terminology throughout long and closely interconnected trials, the translation services have to be of the highest standard,¹ so the need for ICTY to establish its own translation and interpretation service was evident from day one.

The official languages of the ICTY are English and French. Bosnian/Croatian/Serbian (B/C/S), Albanian and Macedonian, the most-widely spoken languages in the area of ICTY's territorial jurisdiction, are working languages. Many other languages are source languages for various documents, with Dutch, by virtue of the ICTY's seat in The Hague, appearing as a frequent source language for medical documents.

The Conference and Language Services Section (CLSS) was set up to provide all translation services at the ICTY. Translation at the ICTY is a part of the judicial procedure.² The trials could not proceed without it. In fact, the Statute of the ICTY establishes translation as the right of a suspect or accused: "If questioned, the suspect shall be entitled to . . . necessary translation into and from a language he speaks and understands"³ and "the accused shall be entitled to . . . be informed promptly and in detail in a language which he understands of the nature and cause of the charge against him"⁴ and "to have the free assistance of an interpreter if he cannot understand or speak the language used in the International Tribunal".⁵ Therefore translation became an integral part of the legal procedure. This subject matter is elaborated in greater detail in the Rules of Procedure and Evidence of the ICTY.

Utilising the hub-and-spoke principle (Figure 1), CLSS translates documents from different source languages into English and from English into French, Albanian and Macedonian. French into B/C/S is also translated directly. CLSS also provides consecutive and simultaneous interpretation in various language combinations in the court rooms, at meetings, witness interviews, medical consultations and in a variety of other situations.

The various CLSS services are provided by translators, self-revising translators, revisers, interpreters, language assistants and terminologists, while managers and administrators are responsible for the effective operation of this vital court service.

DISCUSSION: The Crimes and Expert Documents

Each of the four clusters of crimes⁶ committed on the territory of the former Yugoslavia over which the ICTY has jurisdiction: grave breaches of the Geneva Conventions, violations of the laws or customs of war, genocide, and crimes against humanity, resulted in casualties. Whether the casualties were physically injured, mentally anguished, bereaved or killed, they are all victims of Europe's last armed conflicts of the 20th Century.

As peace returned to the former Yugoslavia, the area became accessible to forensic teams who could investigate the mass and individual graves in Bosnia-Herzegovina, Croatia, Kosovo and Serbia, as they were discovered. This activity generated volumes of forensic reports. These forensic documents speak for the victims, their plight and their fate.

¹ ICTY Manual on Developed Practices, May 2009, p. 184.

² A. Copple Tošić, B. Šašić, A. Stefanovski, Translation Problems Specific to Documents in ICTY Trials, EULITA 2009

³ Updated Statute of the ICTY, September 2009, Article 18(3), p. 11.

⁴ Updated Statute of the ICTY, September 2009, Article 21(4)(a), p. 12.

⁵ Updated Statute of the ICTY, September 2009, Article 21(4)(f), p. 12.

⁶ Updated Statute of the ICTY, September 2009, Articles 2, 3, 4, 5, pp 5-6.

Expert Reports: Why are forensic documents so important?

Of the many different types of expert documents translated at ICTY⁷, forensic documents are one, if not in fact the largest group of documents. After all other avenues have been exhausted, forensic documents, a sub-group of expert medical documents, are often the last resource left for identifying victims, giving them names and faces, telling their story and providing at least some semblance of closure to their families and other survivors. These documents are also used for generating statistical data, which in turn are used for writing other expert documents.

Forensic Documents and the ICTY Experience

“Life is short, (the) art long, opportunity fleeting, experiment treacherous, judgment difficult.”⁸

Hippocrates’ old aphorism holds particularly true for translators working at ICTY in this modern day and age. The Forensic reports from the former Yugoslavia were written in different languages, including Albanian, B/C/S, Dutch, English, French, and Spanish.

Deadlines for completing translations are customarily short and this has been no different at the ICTY. Deadlines that are too short are often the consequence of the requester having little knowledge of the translation process and what is required to make a good translation.

Many of the forensic documents dealt with mass graves. The translation work was carried out in waves of projects as written material needed to be translated for investigations and trials. The magnitude of each project depended on the number of victims in a mass grave: as many as dozens or even hundreds.

Team approach to the translation of medical documents

CLSS chose teamwork as the best way to translate medical documents. The translation team consists of at least one translator, one reviser and a language assistant. The team is selected and usually managed by the head of the English Translation Unit, who ensures timely delivery of a precise high quality translation to the requester. Major medical translation projects have required larger numbers of team members from each category depending on the quantity, complexity and urgency of the end user’s requirements.

In addition to a high level of linguistic skill in the required language combination(s), knowledge and understanding of the subject matter are essential for rendering a reliable translation of medical documents due to their highly technical, sensitive and regulated nature. The abundance of knowledge at the fingertips required when translating this subject matter for ICTY covers the spectrum, but is not limited to forensic, medical, biotechnical, legal and ethnographic terminology.

Having translators and/or revisers with special training in medical translation or a degree in the medical sciences has been shown to be a major advantage. CLSS has had at least one translator with an academic background in the medical sciences and experience of different healthcare systems on staff for most of its existence.

⁷ A. Copple Tošić, B. Šašić, A. Stefanovski, Translation Problems Specific to Documents in ICTY Trials, EULITA 2009

⁸ Hippocrates (460-377 BC)

As a multi-step process, the translation of medical documents consists of reading and understanding the text in the source language, identifying unfamiliar terms and abbreviations, researching, decoding, finding meaning and understanding, translating by conveying ideas from one language into another, editing and fact-checking, proofreading, formatting for publication and delivery of a high quality reliable translation.

Templates

To speed up translation of medical documents CLSS created templates. Documents such as a personal identification card (Fig 2), discharge sheet (Fig 3), death certificate (Fig 4) or dental chart (Fig 5) have many features in common regardless of the issuer. Once a discharge sheet template for one hospital was made, it could be more or less easily adapted for similar documents issued by other institutions.

Legibility of Handwritten Originals

Considering that the ICTY indictments address crimes between 1991 and 2001 in the former Yugoslavia, many medical and forensic documents from that time period did not benefit from word processing applications that are so commonplace today. In fact many source documents were handwritten, including documents compiled hastily in the field. The first and greatest challenge with such documents was to decipher the handwriting.

In CLSS, in addition to translating the text, the translators were responsible for deciphering the handwritten text. Considering the complexity of the terminology, it would have been difficult to find transcribers, who could read, understand and type the text, and they would possibly need additional training, yet the responsibility for verifying the accuracy of the transcriptions would have remained the translators and revisers. Therefore the most cost effective approach was to work without transcription, translating directly from the original handwritten documents. (Figures 6 and 7)

Work in Progress

Other difficulties constantly appeared as the translation work progresses. Considering that the most frequent source language was B/C/S/, considerable differences in the terminology used in B, C or S appear. Here are a few examples:

<i>bedrena kost, bedrenjača</i> (C) ⁹	<i>butna kost, butnjača</i> (S)	thighbone; femur ¹⁰	
<i>stijenska</i>	<i>zid</i>	wall	
<i>tlak</i>	<i>pritisak</i>	pressure	
<i>predklijetka</i>	<i>predkomora</i>	atrium	
<i>klijetka</i>	<i>komora</i>	ventricle	
<i>kutnjak</i>	<i>molar</i>	molar	
<i>pogreb</i>	<i>dženaza</i> (B)	<i>sahrana</i>	funeral

⁹ Ž. Bujas, Croatian-English Dictionary

¹⁰ M. Benson, Serbian-English Dictionary

Another difficulty is that while certain terms are readily understood in the source language(s), B/C/S/, they might suffer in translation because in the target language, English, the concept may be different due to cultural or etymological considerations. One such example that gave us trouble was **(bubrežna) loža** (literal translation: “kidney box”). The translation most often used was lower back.

Considering the presence of all four major faiths in the former Yugoslavia, religious terms also proved to be challenging at times. Although most translators were familiar with the terms used in the religious community that prevailed in their language variant, few were familiar with all the variants

<i>parastos</i>	service for the repose of the soul of the dead
<i>(s)pomen</i>	commemoration
<i>pomast</i>	last rites

Finally, here are some suggestions for translating from B/C/S into English, what to avoid and what to say based on CLSS experience.

B/C/S	Avoid	Use:
<i>mrtvo telo</i>	dead body	body
<i>prirodna smrt</i>	natural death	death of natural causes
<i>zaživotno</i>	before death, while still alive	antemortem
<i>nakon smrti</i>	after death	postmortem
<i>pri umiranju</i>	at the time of death	perimortem
<i>pomeriti</i>	relocate	move
<i>tupina mehaničkog oruđa</i>	blunt end of a mechanical instrument	blunt object
<i>oštrica mehaničkog oruđa</i>	sharp end of a mechanical instrument	sharp object
<i>veštačka krunica</i>	tooth crown (artificial)	cap
<i>nalaz</i>	finding	report
<i>b.o.</i>	normal	without peculiarities
<i>mesto</i>	spot, scene	site

For translating medical texts, keep in mind that for centuries Latin was the language of choice for teaching and practicing medicine. The reasons for this are numerous. Latin remains at the core of medical terminology of many modern languages in the Western world. It comes to good advantage for translating medical texts. A translator of medical texts should have at least a basic knowledge of Latin.

B/C/S colloquial *Slepo crevo* ➔ B/C/S medical *crvuljak* ➔ Latin *appendix* ➔ English *appendix*

Proper understanding of the context is the key to successful translation. Translators are expected to have a broad knowledge of a variety of subject matter. They have to possess a certain amount of knowledge about politics, agriculture, technology, ballistics, medicine, psychology, law, military matters... The list is endless. Being a translator requires a lifetime of learning. It is truly a work in progress. This is an example of something lost in translation due to a lack of contextual knowledge. All the words are there, all are translated correctly, however because the context was not understood, the translation is wrong.

B/C/S: Ta je služba još prije višestranačkih izbora u Hrvatskoj pripremila teren za rat protiv Hrvatske, a eskalacija njezine djelatnosti počinje postavljanjem prvog kninskog balvana.

English: Even before the multi-party elections in Croatia, this service prepared the ground for a war against Croatia, and its activity started to escalate with the appointment of the first Knin boor.

The word *balvan* translates as “log”. Figuratively, it can also mean “fool”. *Balvan-revolucija* or “The Log Revolution” was a series of important events in the Serbian-populated parts of Croatia during late summer 1990 that served to escalate the crisis in the former Yugoslavia. This is something the translator failed to take into account. The translator may have also been influenced by the Dutch word for farmer - *boer*, and its English cousin, the word “boor”. Translations for *postavljanje* can include “to appoint” and “to lay down”. Bearing this in mind, the correct translation of the B/C/S/ is:

English: Even before the multi-party elections in Croatia, this service prepared the terrain for a war against Croatia, and its activity started to escalate when the first log was laid down in Knin.

CONCLUSION

Translators with knowledge of certain branches of medicine and their specialised terminology are great assets to any translation service. These branches of medicine include: anatomy, physiology, pathology, surgery and forensics. It is always difficult to translate concepts that are not understood regardless of the field of knowledge to which they belong. Just as lawyer-linguists are the preference for translating the law so should medical-linguists be the preference for translating medicine.

Now that we understand some basic concepts, let us see if we can answer the questions asked at the beginning of this paper.

Q: Was the caecum really surgically removed when he was 12?

A: No, the caecum was not, but his appendix was.

Q: Did she die of natural causes at the ripe old age of 89 or did something kill her while she was still alive?

A: Yes, she died of natural causes/old age at 89 years. There was nothing of significance antemortem that could have been the cause of death.

Q: Was the tooth bone fractured?

A: His/her alveolar bone was fractured.

Q: Were the dead bodies relocated?

A: The bodies were not moved.

Q: Was the bluntness of a mechanical implement the actual cause of death?

A: The cause of death was a blow to the head by a blunt instrument.

Figure 1: The hub-and-spoke translation system of CLSS.

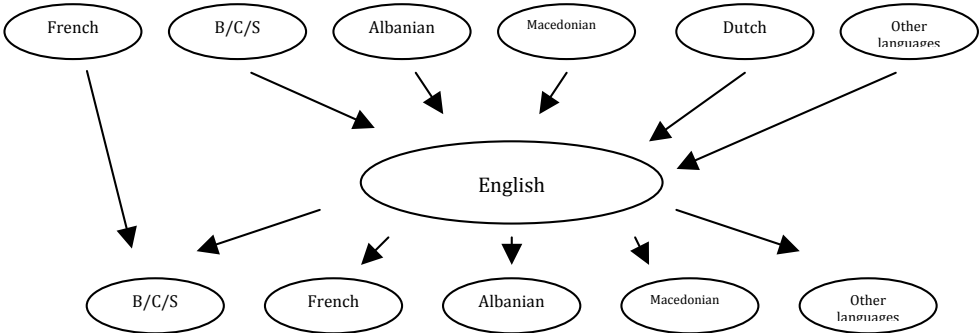


Figure 2: Personal Identity Card, SFRY


 <p>SOCIALIST FEDERATIVE REPUBLIC OF YUGOSLAVIA</p> <p>(Municipality)</p> <p>(First name)</p> <p>(Last name)</p> <p>(Name of a parent)</p> <p>(Date of birth)</p> <p>(Place, municipality of birth)</p> <p>(Blood type)</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>/photograph/</p> <p>(Citizen's Personal Number)</p> <p>(Place of residence and address)</p> <p>(Registration no.) (Date of issue)</p> <p>(Signature of authorised person)</p>
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Figure 4: Death certificate, Bosnia and Herzegovina

		Rules on form for Certificate			
		of Death (<i>Official Gazette</i> , no. 28/75)			
				No.	
/illegible/ or name of medical organisation ¹			CERTIFICATE OF DEATH		
1.	Full name of the deceased			2.	Sex
	and maiden name			M	F
3.	Date of death	at	hrs		
	(day, month, year)		(0-24)		
4.	Place of death	Place:	Municipality		
5.	Date of birth	A	(0-24 /hours)		
	(day, month, year)		(only for children up to 7 days)		
6.	B o r n		7.	Place of residence and address	
	Place				
	Municipality				
8.	Marital status				
9.	Citizenship				
10.	Full name of spouse (for married and widowed persons) and maiden name				
11.	Full name of parents	Father			
		Mother			
12.	Was the deceased person undergoing medical treatment?		YES	NO	
13.	If yes, date of last treatment?				
14.	Name of medical organisation in which the deceased was treated. If treated at home, name of attending physician and the health organisation in which s/he worked.				
15.	Death established by:				
	a) physician				
	b) other person authorised to establish death				
	c) witnesses				
16.	Cause of death ²				
	a) illness that caused death				
	b) duration of the illness that caused death				
	c) symptoms noted by family in the course of illness				
	d) did he suffer from any other illness (specify illness, time and duration)				
			Signature of person who established death		
In					
		19			
			(address and place of residence)		

Figure 5: Dental chart annexed to autopsy report

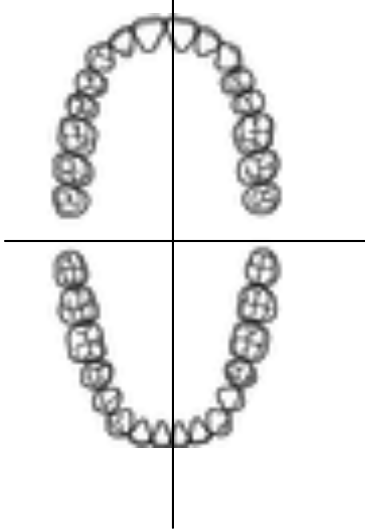
<p><u>Upper right</u></p> <ol style="list-style-type: none"> 1. OK 2. OK 3. OK 4. AMM 5. OK 6. OK 7. OK 8. AMM 		<p><u>Upper left</u></p> <ol style="list-style-type: none"> 1. OK 2. OK 3. OK 4. R 5. OK 6. OK 7. OK 8. OK 	<p><u>Key:</u></p> <p>OK – Present and preserved AMM – Extracted antemortem PMM –Lost postmortem K – Caries AP – Filling R –Root N – Core-and-Post NE – Non-erupted M – Bridges PP – Partial denture C – Artificial crown or cap P – Fracture/avulsion</p>
<p><u>Lower right</u></p> <ol style="list-style-type: none"> 1. PMM 2. OK 3. OK 4. OK 5. OK 6. OK 7. OK 8. AMM 	<p><u>Lower left</u></p> <ol style="list-style-type: none"> 1. PMM 2. OK 3. OK 4. OK 5. OK 6. AMM 7. OK 8. OK 		

Figure 6: Hospital emergency room admission logbook, B/C/S original, Bosnia 1994.

Redni broj pacijenta	OŠTAK na leđima pacijenta ili na kartici	PREZIME I IME — braćo i sestre — (za ulazne karte i dijagnostičke pretrage) — datum rođenja —	Pol		Mjesto stanovanja općina, ulica i br. kuće Broj lične karte i ostre u ovojnoj karti pa se ne odnose	Zanimanje i posao	Navedi adresu stanovanja koja je upisana na ličnu karticu i broj općine	Vrijeme primjene lijeka	Datum		DIJAGNOZA (pacijenta i savjetnik)	Stanje pri ulasku u bolnicu			
			muški	ženski					primjena	općina		živjeti	poslovanje	operativna	pregledano
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
217	09	Sokolović Zorica		Črna	Podgorica						Neuritis retinalis				
	10	(Črna) 1944		Črna	Podgorica							23.4-1.5	3		
218	2	Leučević Bojana									Enterocolitis oc.				
	11	(Kopač) 1908		Črna								23.4-1.5	19		
219	3	Čičević Polja									Enterocolitis oc. Serum				
	12	(Črna) 1904		Črna								23.4-1.5	19		
224	4	Popović Vuk													
	13	(Črna) 1925		Črna								23.4	10/100		
225	14	Čičević Vuk									Vilms schleimmem hmb. thones	1.5	13		
	14	19		Črna								23.4			
226	15	Čičević Hoba									Vilms schleimmem puder l. m.	1.5	13		
	15	(Črna) 1962		Črna								23.4			
227	16	Čičević Polja									V. colop. egressiv abdominalis Corpus dextrum ostium recti abdominalis				
	16	(Črna) 1926		Črna								23.4-23.4	1		
228	17	Čičević Lucija									V. colop. egressiv				
	17	(Črna) 1923		Črna								23.4.9.1	1		
229	18	Čičević Miroslav									Suspensio unt	1.5	3		
	18	(Črna) 1936		Črna								23.4			
230	19	Čičević Vuk									Amnion	1.5	13		
	19	(Črna) 1909		Črna								23.4			
UKUPNO															
		Djeca do 14 god.	mu.												
		odrasli	mu.												
			ž.												

ŠUMSKI, Zborn. SARAJEVO
Glasnik za medicinu 4(19) 1949: 179

Figure 7: Completed translation of the page shown in Figure 6.

No.	Ward and room number	FULL NAME - marital status - (maiden name for married women) - date of birth -	Sex		Permanent address municipality, street and number ID card number and name of issuing organ	Occupation and place of work	Health care organization that referred the patient and referral number	Type of health care	Date		Diagnosis (initial and final)	Discharged from hospital as					
			Male	Female					of admission	of discharge		Cured	Improved	Unchanged	Worsened	Deceased	
1	2	3	4	5	6	7	8	9	10	11							
2751	OPT	Zdravko DAVIDOVIĆ son of Mirko 1946			/illegible/ Foča 10119009150		Worker in Maglić				<i>Neuritis retrobulbaris</i> 28 April 1 May		3				
2752	INF	Bojana SELIMOVIC, daughter of /?Avdo/ 1908			Foča PIO		housewife				<i>Enterocolitis ac.</i> 28 April 19 May		21				
2753	INF	Rašid SELIMOVIC son of /illegible/ 1904			Foča PIO						<i>Enterocolitis ac. /illegible/</i> 28 April 19 May		21				
2754	DER	/illegible/ /?DERAM/ /?daughter of Mustafa/ 1925			/illegible/ Foča 1013640314		housewife PIO				28 April 9 June 1992						
2755	SUR ICU	Luka ĐOKOVIĆ () 19			Foča						<i>Vulnus sclopetarium /illegible/</i> 28 April 11 May		13				
2756	SUR	Novo SRDANOVIĆ son of Boro 1962			Ilidža Sarajevo		Worker at Pretis				<i>Vulnus sclopetarium pedis lat. sin.</i> 28 April 15 May		/?/				
2757	SUR	Radoslav /?MANOJLOVIĆ/ son of Petar 1966			/?Ustikolina/ Foča		Salesman /illegible/				<i>V. sclopetarium tegmen abdominis Corpus alienum metallicum recti abdominis</i> 28 April – 29 April		1				
2758	SUR	/?Milena/ /?PAJSEVIĆ/ (Todor) 1973			/illegible/						<i>V. sclop. cruris.</i> 28 April – 4 May		6				
2759	INT	Ivana /?MONCO/ daughter of /illegible/ 1936			/illegible/ Foča		/illegible/				<i>Hypertensio art.</i> 28 April 1 May		3				
2760	SUR	Sabina MONCO daughter of Sulejman 1969			/illegible/ Foča		/illegible/ Biro				<i>Anaemia</i> 28 April 15 May		/?/				
TOTAL		Children under 14	M														
			F														
		Adults	M														
			F														