



Declaration on Auditory Health

The Assembly is aware of alarming reports of negative health impacts attributed to distance interpreting, including a variety of auditory complaints such as tinnitus and hyperacusis, and other medical complaints including dizziness, nausea, confusion, mental fog, insomnia, headaches, concentration difficulties, optic nerve sensitivity, etc. The Assembly therefore advocates the precautionary principle in relation to DI and DI Agreements, and calls on the Executive Committee to ensure the commissioning of urgent research to be undertaken in this area.

The Assembly, therefore, draws the attention of all professional freelance and staff conference interpreters, international organisations that employ interpreters, private-market entities that hire interpreter services and companies that provide equipment for conference interpreting to the increasing evidence that sustained exposure to substandard, compromised sound quality, especially in the remote simultaneous interpretation context, may cause serious damage to the hearing of conference interpreters, who - unlike other videoconference participants - must be able to decipher the audio signal above the sound of their own voice in order to perform their work, and produce other adverse health effects.

This damage may take the form of severe tinnitus (persistent ringing in the ear) and hyperacusis (acute and painful sensitivity to sound) as well as partial hearing loss, vertigo, acute migraines, eye problems and persistent disruption to sleep patterns. In many instances, such hearing damage is *irreversible* and, in some cases, it has already led to permanent disability, prematurely ending the careers of the interpreters so affected. These problems increasingly appear to be the result of consistent exposure to digitally-altered, narrow-band, frequency-deficient and/or dynamically compressed defective sound (widely known under the umbrella term *toxic sound* because of its noxious effect on human health), also characterised by a typically low signal-to-noise ratio, which compels interpreters to increase the volume in their earphones to dangerous levels in order to decipher what is being said. Digitally-altered sound may also significantly aggravate unrelated auditory damage caused by such hazardous phenomena as acoustic shocks, which become much more likely to occur when the middle ear has already been made more vulnerable by consistent exposure to the compromised sound routinely experienced by interpreters working in the videoconferencing setting.

The Assembly calls for urgent medical studies and technical research into the precise nature of these auditory health problems and the precise technological and anatomical mechanisms involved in generating them. Pending the conclusive results of such research, the Assembly also calls for the application of the *precautionary principle* by employers of interpreters in ensuring shorter periods of exposure and *much* longer breaks between such exposures in order to allow for the ear to recover before being re-exposed, and it *above all* calls for the use, throughout the *entire* sound chain and especially by remote speakers, of microphones and other technical equipment required for audio transmission capable of reproducing the full ISO frequency response (125-15,000 Hz) and which do not manipulate the audio signal in any way. Such technologies and equipment already exist and are readily available.

The Assembly expresses its deep solidarity with, and strong support for, those conference interpreters who have already incurred damage to their hearing as a consequence of toxic sound and calls for the Association's relevant bodies to be granted the resources required to take every feasible step to protect the health and well-being of its members and to raise global awareness of these hazards among interpreters, international organisations, private-market employers and interpretation equipment providers.

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