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Stories From the Field

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What is Found in Translation?

For Bilingual Interpreters, a Path out of Poverty For Medical Patients, an Amplified Voice

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PHOTOGRAPHS BY LOLITA PARKER

A woman stands. She thrusts her right fist in the air and pokes her thumb out from between her index and middle fingers.

In her native country of Russia, she explains, this gesture means, “you will get nothing more from me. I am finished talking.” . . . It can also mean go away. But it is stronger than go away. It’s not a friendly thing to do. So I’m going to stop doing it now.”

Laughter erupts in this classroom of about 30 women from all over the world—women who speak many different languages and share a common aspiration to climb out of poverty by doing good and increasingly necessary work.

“That’s so interesting!” another student says. “Because in Brazil, that same sign with the thumb and fist? That means good luck. Or it’s like saying, ‘Everything is going to be great for you.’”

A woman from Colombia adds, “In my country, to say that you are tired of talking, you do this.” She makes a cutting motion with her hand across her throat. “That’s saying, ‘This conversation is over.’”



Found in Translation's 2014 Graduates

Student Krystie Bellabe, who spent much of her childhood in Haiti before attending high school in the United States, says: “See, in the U.S., dragging your hand across your throat? I think you use that when telling someone else to be quiet. Am I

right?” Her fellow students murmur in agreement.

“Can we get back to the fist and the thumb?” one student asks. “I think it’s obscene in some cultures.”

A student from China confirms that yes, in some Asian cultures the gesture would be considered, “not very nice at all.”

The class instructor, Inna Persits-Gimelberg reminds her students, who are in their fifth week of a course

preparing them to be medical interpreters, “You cannot know the meaning of every gesture everywhere because these things evolve. Your interpreting practice will always be a work in progress.” Persits-Gimelberg, who is originally from what is now called Belarus, in the former Soviet Union continues: “The point is that you need to interpret nonverbal communication....The patient deserves the opportunity for expression of their full humanity.”

The students’ origins span the globe. Because of this, some of the women in this donated classroom at Boston’s Beth Israel Deaconess Medical Center would look at a thumb poking through a fist and find offense or feel rebuffed. Others would see hopefulness and well-wishes. But as Persits-Gimelberg strings together the words *opportunity*, *expression* and *humanity*, this spectacularly diverse classroom becomes a sea of nodding heads. It seems that everyone here understands precisely what she means.



More than 25 million people who live in the United States—a little less than 9 percent of the population—are not proficient in English. This is an increase of 80 percent since 1990. In Massachusetts, the share of people with limited proficiency in English slightly exceeds the national average. Federal law and laws in every state guarantee medical patients with limited proficiency in English the right to a free, competent interpreter and to translated “vital” medical documents, such as consent forms.

Maria Vertkin, founder and executive director, Found in Translation



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This particular class, organized and sponsored by a small local nonprofit called Found in Translation, is different from typical medical interpreter courses, which are proliferating as linguistic diversity and the concomitant need for interpreters increases across the nation. For one thing, it is offered free of charge to bilingual women who earn very low incomes. And unlike other courses that require only fluency in two languages and money up front for tuition, the Found in Translation course is highly selective, with 234 applications this year for less than three dozen spaces. Found in

Translation is the brainchild of 20-something Maria Vertkin, who was born in Russia and lived in Israel before moving to the United States. While studying social work at nearby Regis College, Vertkin worked in various social service agencies and non-profits in and around Boston. She couldn’t help but notice the high levels of homelessness, poverty and attendant personal crises among the immigrant women and their families that she came to know. But that was not all she saw.

“I think we tend to think in terms of what immigrants need, as opposed to what they have. And one of the great assets a lot of women I met had were language skills and very strong, very adept cultural navigation skills,” Vertkin says. “Then you have a huge medical community that I figured had to need

bilingual talent. It just seemed logical to match these things up.”

Vertkin researched the job projections for the medical interpretation field and found her hunch about growth and need to be correct. According to the U.S. Bureau of Labor Statistics, the medical interpreting field is projected to grow by 42 percent over the next decade. Vertkin also figured out that the median medical interpreter salary—about \$45,000 a year—would increase a typical Massachusetts homeless family’s income by about 530 percent.

“At first I thought, ‘Great! I have solved the problem.’ But when I tried to get some of the women I worked with to sign up for a course, I quickly saw if you don’t have \$1,000 just lying around, you cannot take this course. Or, if you have kids, and you have no one to watch them and you can’t afford a babysitter, you cannot take this course. If you don’t have a car or if you don’t live near public transportation, you cannot take this course, Vertkin says. “So, my goal became getting rid of all those irrelevant things.”

As a result of this insight, the first day of class includes not only standard introductions and ice-breaking exercises, but efforts to match students with carpools. Volunteers offer a free, on-site play group for the students’ children during class times. Mentors meet with students in small groups, helping them set and meet career goals. Throughout the year, a Found in Translation staff member holds office hours, offering personalized assistance with resume writing, preparation for job interviews, applying for jobs online, using social media in job searches, how to manage a bank account, create a budget and prepare taxes. Networking events bring potential employers and students together. A local photographer takes professional portraits for the online LinkedIn profiles. Found in Translation staff members help students to set up. A scholarship fund helps graduates build con-

nections in the interpreting profession by covering the cost of conferences, workshops and memberships in professional associations. An alumni group provides ongoing personal support and connections as graduates enter the workforce.

“We create an environment so that women in the class really support each other,” Vertkin says. “Someone has lost a loved one or has a child care crisis? We figure out how to assist the student and get them whatever help they need to stay on the path and complete the course.”

To attract a diverse pool of candidates, Vertkin and her staff post flyers at churches and mosques, at cultural dance classes, at agencies that serve people with low incomes and at ethnic restaurants. From the 2014 applicant pool, Vertkin, volunteers and staff interviewed 80 candidates. They looked for women who demonstrated motivation, a strong grasp of English and the ability for self-reflection. Then they narrowed that group to a class of 34 students. In 2014, the represented native languages include, but are not limited to, Spanish, Portuguese, Chinese, Hindi, Amharic, Arabic, Dutch, Somali, Russian, Haitian Creole, French and the principal Senegalese language, Wolof, also spoken in Mauritania and the Gambia.

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All of Found in Translation’s students qualify as having “low incomes,” and about half either are or have been homeless. Some of the students in the 2014 class have only a high school degree or a graduate equivalency degrees (GED). A few are highly educated with advanced degrees. Several had been professionals—doctors, nurses, education officials—in their home countries but have operated cash registers, or provided care for the elderly or for other people’s children in the United States. Nearly all the students

in the current class are immigrants, though a few are children of immigrants. In order to qualify for the program, a candidate must self-identify as a woman; be homeless or formerly homeless and/or earn a low income; be eligible for work in the United States; and be fluent in English and at least one other language. Found in Translation, with a staff of four, survives on small foundation grants and holds two fundraisers each year—a sunset bike ride and a multicultural dinner and dance.

“In recent years, the demographics of our region change, you’ve seen an increased appreciation for the art of medical interpreting,” says Shari Gold-Gomez, director of interpreter services at Beth Israel Deaconess Medical Center in Boston. “This program is so inventive and the people involved with it are so committed and bring such diversity and such incredible talent to the field.”

The 12-week, 100-hour certification program has so far granted certifications to three classes of women in as many years. It boasts a 96 percent graduation rate. The course is at least 40 hours longer than other courses of its type and requires students to memorize thousands of medical terms—cataracts, anemia and blood sugar, to name a few. The women learn about homeopathic remedies used in various cultures. They also learn about the intricate ethics governing the interpreting field.

In one class, the instructor, Persits-Gimelberg, reminds students that they must never help pick up a patient who falls and cannot reposition an uncomfortable patient who can’t do it herself. She explains that “all these matters must be left to a medical professional,” adding, “there may be instances where the patient feels comfortable with you, because of the language commonality, the cultural connection, and asks you to help. But you cannot help in that way.”

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A few students scrunch up their noses. Others look back and forth at each other with wide eyes.

Perhaps sensing the discomfort in the room, Krystie Bellabe speaks up.

“See, in a lot of our cultures, that probably seems strange,” she says. “I mean, just as a human being, you know, the human kindness culture, or however you want to call it, you see a person fall and you rush to pick them up. But the way I think of it is that we are learning another culture and that is the medical culture.”



Escape is the dominant theme in stories that Found in Translation’s students tell about their pasts. Escape from violence, sadness, abuse, oppression, deprivation and discrimination. In talking about their present and about the future they envision, the women do express eagerness to escape again, this time from poverty. But they also voice a desire to settle down and commit to meaningful work.

The path that led Fatou Sidibe to the Found in Translation class started nearly 4,000 miles away on Africa’s far western coast, in her home country, Senegal. In 2000, Sidibe left her family and community to join her husband who’d come to the United States from Senegal a few years before. When the marriage did not work out, Sidibe left a lot behind, including a roof over her head. For a couple of years, she and her school-age daughter lived in shelters while Sidibe worked at a variety of jobs. One of her favorites was at a taqueria in Cambridge.

“It seems funny, right? An African woman making tacos? Well, I loved it,” says Sidibe. “Most of the people working there were from Mexico and maybe it seems we would have little in common. That was not true. They are like family to me now.” In addition to English and her native Wolof, which is the most

widely spoken language in Senegal, Sidibe speaks French, which is Senegal’s official language, and Spanish, which she studied back home in school.

Soon after Sidibe scraped together enough money to get a small apartment for herself and her daughter, she saw a flyer in Harvard Square for the Found in Translation course. At the time, she was working, raising her daughter as a single parent, and taking classes through Harvard’s Extension School in the hope of eventually earning a bachelor’s degree in government and working in the international human rights field.

“The minute I saw [the flyer], I thought, ‘What a wonderful thing!’ I would like to be contributing to the world in that way,” she remembers. She wrote down the information on the flyer and came home and pinned it to a board she kept in her apartment.

“It’s a place where I put up all of my goals, all of the things I want to do in my life,” Sidibe says. “Found in Translation went right up there. It was a very big hope of mine and now it is my reality.”

In addition to juggling the responsibilities of a working single parent and a part-time student, Sidibe volunteers several mornings a week at Boston Medical Center’s food pantry. The first of its type in the nation, each month the food pantry serves more than 7,500 families who cannot afford healthy

“It is a way for me to contribute, to help other people communicate, have dignity and a voice.”

– Fatou Sidibe, Found in Translation graduate

Found in Translation graduate Fatou Sidibe listens to a speaker during graduation ceremonies



food. Patients at Boston Medical Center receive prescriptions to the pantry from their medical providers who specify the health-related reason—diabetes, say, or hypertension—for prescribing particular foods.

In this helping role, Sidibe is unfailingly positive, finding reasons to celebrate even the less loved of the root vegetables. She rolls a cart full of healthy food—wheat bread, tomatoes, Brussels sprouts, dried beans and a softball-sized rutabaga—to the door, where a client waits.

“What is that?” a woman asks, pointing to the rutabaga, also known as a Swedish turnip.

“The rutabaga is a really great thing. I use it like a potato,” Sidibe tells her. “You can really do so much with it. It’s going to absorb all the flavors in a stew or you can mash it up. And it is so filling.”

The client narrows her eyes and looks askance. Sidibe smiles at her. The client

smiles back.

“Okay, then,” the woman says. “I’ll give it a try and report back to you.”

The woman tells Sidibe that she is from Cameroon.

“Oh! I am your neighbor, sort of,” Sidibe tells her. “I am from Senegal. And now, I am your neighbor in Boston!”

Sidibe volunteers, she says, for the same reason she was drawn to interpreting. “I cannot have my life be just about me, me and me and just what I want,” she says. “I have had so many opportunities in this country, through [Found in Translation]. So many people have been supportive of me and so of course I want to contribute. Of course I do.” She still plans on pursuing her bachelor’s degree. But along the way, interpreting, Sidibe says, will provide more than just economic security for herself and her now 12 year old daughter.

“It is a way for me to contribute,” Sidibe says. “To help other people communicate, have dignity and a voice.”

Her volunteer work gives her the opportunity “to get acclimated” to a hospital environment, where Sidibe hopes to be working soon. She’s getting in interpreting practice, assisting French- and Spanish-speaking families at the pantry.

“Imagine coming in here. You have limited money to buy food and limited ability to communicate.” Sidibe says, picking food from the pantry shelves and placing it on a cart for the next client. “When someone walks up and speaks to that person in their language, you can just see some of that stress leaving their face.”



Measured in distance, Serafima Zaltsman’s route to Found in Translation also spanned some 4,000 miles. But measured in years, it lasted decades longer than Fatou Sidibe’s. As is true of many of her fellow Found in Translation students, Zaltsman’s journey includes its share of disappointment amid enduring determination.

A few days after Zaltsman came to the United States as a Soviet Jewish refugee from St. Petersburg, Russia in 1992, she sat down with a job counselor at a human services agency just outside Boston. Zaltsman, who was 46 years old at the time, already spoke good English. She was eager to find work.

The counselor asked her about her professional experience. There was a lot to talk about. Zaltsman had been a successful medical doctor in Russia. She had extensive training in orthopedics, emergency medicine, medical care during wartime, homeopathy, nutrition and therapeutic massage. She’d published articles in respected medical journals about the adolescent knee disease, Osgood-Schlatter. She and her husband, a mathematician, had earned decent incomes. But after the disintegration of the Soviet Union in 1991, anti-Semitism and violence against Jews were on the rise. On the once peaceful and safe streets of St. Petersburg, young men had hurled anti-Semitic slurs at Zaltsman’s teenage son.

State-sponsored anti-Semitism, notorious under the tsars and Josef Stalin, continued in various forms well into the 1980s. Like many observers at the time, Zaltsman and her family feared that the economic instability that followed the fall of the Soviet Union would escalate violence and systematic discrimination against Jews. It was time, they decided, to get out. It would mean leaving everything—most of their possessions, their money, and their home—behind to become refugees in the United States and reunite with Zaltsman’s younger sister who had emigrated in the 1980s.

The job counselor told Zaltsman she’d help her put together a resume. The counselor also told Zaltsman things that she already knew: Do not wear low-cut shirts or short skirts to job interviews. Do not chew gum. A manager at the agency told her: “Don’t wait for a job in medicine. Go apply at McDonald’s.”

Zaltsman never expected to work as a doctor in the U.S. right away. But she was dismayed to discover that there was no way to get credit for her education, skills and experience and no clear path to the additional training she’d need to resume her career. She thought that becoming a nurse might be a good option. But this would have required starting over “with many years of education in many cases learning many things that I already knew,” which would cost money “we did not have.”

Her new resume in hand, Zaltsman applied for low-level jobs in the medical field. An opening for a phlebotomist (a person who draws blood) paid \$8 an hour. Another, for a home health aide, paid a little more. She heard the same refrain from human resource officers: “One, I would need to have certification and two, I was overqualified.” And three, “that even if I had been certified, I would not be hired because I was overqualified.”

“Oh, I was so depressed,” she recalls. “I was really down in the dumps.

But I did not have time to be depressed. I had to support my parents, my in-laws, my son.”

The temporary financial assistance her family had received upon arrival was about to run out. Her husband was earning minimum wage pumping gasoline near their home in suburban Boston. (Later, he would become a personal trainer at a gym).

Soon afterward, Zaltsman took the train to a chain supermarket near her house to apply for a job bagging groceries. On the way, she walked by a visiting nurse association office. She knew the organizations made house calls to mostly elderly patients. She stopped in and asked if they were hiring. She listened to the familiar words: There were no jobs for her. She would need more training and certification. And then, “Anyway, you are overqualified.”

Then, one of the nurses rushed in and interrupted the conversation. There was an emergency with a Russian-speaking patient across town, she said. They

had no Russian speakers on staff. Zaltsman volunteered to help.

“You do not need to pay me anything,” she told the women. “I would just like to be of use. I would just like to help.” And so she went and interpreted. The next day, the nurses hired her as a part time interpreter. The pay was low at only \$8 an hour. But she worked for 40 hours a week and received health insurance coverage.

Later, Zaltsman would find better

paying work in research labs, first at Massachusetts General Hospital and later at Beth Israel. One job ended when the lab moved to Italy. Zaltsman moved on to another lab, but that research lost its funding late last year. And so, now in her 60s, she found herself once again looking for a job. Just before getting laid off, she told she told staff members in Beth Israel’s human resources office that she would be willing to “mop floors, work in the cafeteria, empty the garbage,” if she could keep her health benefits. A program administrator at Beth Israel’s human resources department, Babak Bagheral, said he would keep that offer in mind. But then he told her about Found in Translation and urged her to apply.

Zaltsman took Bagheral’s advice. She applied immediately. But she left her age off her application.

“They are not going to want me,” she thought. “I did not like being dishonest. But why would they want to make this kind of investment in an older person? It was not logical of course because if they met me they would know I was not a young person.”

Found in Translation graduate Serafima Zaltsman, shares a laugh with fellow students



Then a staff member at Found in Translation called her.

“She told me, ‘If you are worried that we would discriminate against you, we would not do that,’” Zaltsman recalls. “I told her my birth year. I still didn’t think they’d be interested in me.”

But they were very interested. She sat for an interview. She aced the language proficiency tests.

“I still didn’t think they would call,” Zaltsman says.

But they called. And from day one, Zaltsman has been among the most energetic and exuberant members of a class of notably vibrant women.

During a show-and-tell on culturally based home remedies, several women offered samples of soothing oils including argan from Morocco and baobab from Senegal. Some of them talked up the wonders of sage and other herbs for healing rashes, speeding up recovery from colds or aiding depression. Zaltsman’s contribution, though, inspired the greatest intrigue. Grinning, she stood among her seated fellow students

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– Serafima Zaltsman,
Found in Translation
graduate

and held up a brown leech in a jar of water. The women, some of them gasping, others laughing and all of them curious, passed the leech around. Russia leads the world in advances in hirudotherapy, also known as “leech therapy.” Leeches are useful for a lot of conditions, Zaltsman explained. But in the United States, they are an FDA-approved remedy to encourage healthy blood flow and prevent clots after skin grafts and amputations. Leeches, she told her fellow students, secrete natural blood thinners through saliva.

Looking back on her some two decades in the United States and her 12 weeks at Found in Translation, Zaltsman says, “If I had come to this country and discovered something like Found in Translation when I first got here?” Tears come to her eyes. She pauses. “Well, I could have had a totally different life, a better life.” She is not referring to money.

“Sure. A secure income would be nice,” she says. “But no. It was the encouragement. It was that I was told, ‘Yes, this country needs what you have. You have value.’ This is what makes all the difference in the world.”

Susan Eaton is co-director of One Nation Indivisible www.onenationindivisible.org. Susan is also Research Director at the Charles Hamilton Houston Institute for Race and Justice at Harvard Law School.

Lolita Parker, Jr. is said to “see with her heart and speak with her eyes.” Based in Boston, Lolita is celebrating 50 years behind the lens. For more information about Lolita go to, www.parkerdigitalimaging.com. She can be reached at lolitaparkerjr@gmail.com

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