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The Indigenous Interpreter®: An interview

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The Indigenous Interpreter®: An interview

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Practical Solutions for Language Access in Healthcare, Shoreline, WA

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Co-President at InterpretAmerica, Bishop, CA

Marjory Bancroft

Cross-Cultural Communications, Columbia, Maryland

Angélica Isidro

Navidad Medical Center, Salinas, CA

Cynthia (Cindy) E. Roat, MPH, is a national consultant on language access in health care. Cindy has authored a wide array of key resources in the field, and has consulted for medical centers and healthcare systems and has mentored interpreters, trainers and Language Access Coordinators around the U.S.

Katharine Allen is an interpreter and trainer of community interpreters based in Bishop, California. A graduate of the Middlebury Institute of International Studies at Monterey, she is the co-founder of InterpretAmerica, an advocacy organization for the interpreting profession, as well as the lead training consultant for The Indigenous Interpreter® program.

Marjory Bancroft, MA, is the founder and Director of Cross-Cultural Communications (CCC), the only national training agency for community and medical interpreting. She is the co-author of numerous textbooks, has sat on international interpreting committees and was the world project leader for an ISO international interpreting standard.

Angélica Isidro, Co-Founder of Indigenous Interpreting+®, is a Mixteco staff interpreter at Natividad Medical Center in Salinas, California. She was featured in the Los Angeles Times for her community leadership in Greenfield, California, and was just recently featured in Middlebury Institute of International Studies' "Communique."

Victor Sosa is the Co-founder of Indigenous Interpreting+®, a national indigenous language interpreting services, serving as director from 2014-2015. He also developed a progressive language access program at Natividad Hospital in Salinas, California and was the driving force behind developing The Indigenous Interpreter training program. In 2013,

¹ Correspondence to cindy.roat@alumni.williams.edu

The Indigenous Interpreter® interview

Victor received the National Council on Interpreting in Health Care's prestigious Language Access Champion award. Victor is a seasoned Licensed Trainer, Certified Court Interpreter and Certified Medical Interpreter. Due to unforeseen circumstances, Victor was unavailable for interview for this article.

The Central Valley of California is home to farms and orchards that feed the world. The people who work those farms, who sow and harvest that rich bounty, are mostly from somewhere else. They come from Mexico and Central America, and they bring with them their families, their culture, and their languages.

What happens when these people need health care? For those who speak Spanish, local hospitals and clinics can easily provide interpreters. But what of those whose language is not Spanish but Mixteco, or Zapoteco, Mam or K'iche', Q'eqchi' or Kaqchikel? Where do hospitals find interpreters in these languages?

They don't find them. They make them.

Training interpreters in indigenous languages is a challenge. These languages often have little linguistic equivalence with English – even more the case with English medical terminology – and when world views differ markedly, there is often a lack of conceptual equivalence as well. The task of interpreting accurately between these languages and English is more difficult than we can imagine. To complicate a trainer's work even more, the techniques we often use to train interpreters in the U.S., which are based on classroom teaching and rooted in the written word, are often ineffectual with people raised in indigenous cultures. For these very reasons, we healthcare interpreter trainers stumbled in our efforts in the 1990s to train interpreters working in Hmong and in Navajo.

The arrival in the early 2000s to the coastal area around Salinas, California of thousands of indigenous peoples from southern Mexico and Central America revived this challenge again. Struggling to find interpreters to serve indigenous Mexican and Guatemalan patients, Natividad Medical Center set out to train interpreters, only to find that standard interpreter training courses did not work very well. In 2008, a dedicated group of interpreters, trainers, and administrators committed themselves to finding a better way; and this year, over a decade later, they are ready to share that better way with the world. In January, interpreter trainers Katharine Allen, Victor Sosa and Angélica Isidro, with support from Marjory Bancroft of Cross Cultural Communications, published a manual and workbook aimed at preparing interpreters of indigenous languages. This interview tells the story of their remarkable journey together to build bridges between languages and worlds.

Cindy: What are The Indigenous Interpreter® Training Manual and the Indigenous Interpreter® Workbook of Role Plays and Activities?

Katharine: The Indigenous Interpreter® Training Manual and Workbook of Role Plays and Activities are the written content of a 63-hour, 21-module training program for interpreters of indigenous languages working in community settings. Each module represents approximately three hours of training time and has three learning objectives on a single subject. The workbook includes the activities that go along with each module. If a participant completes all 63 hours, passes the exit test and a proficiency test in English, they are conferred "The Indigenous Interpreter National Credential: Level 1 Qualification."²

Marjory: These ground-breaking publications provide interpreters of indigenous languages a thorough yet accessible grounding to prepare them to perform professional interpreting. The books especially target interpreters of indigenous languages in Mexico, and Latin America more broadly. However, the curriculum can provide invaluable guidance not only to interpreters of indigenous languages around the world but also to refugee interpreters who share many of the same concerns.

² This credential represents that a participant has completed all the requirements. It is not a certification of any kind.

The Indigenous Interpreter® interview

Cindy: Why is there a need for these resources?

Katharine: The need can be seen from several angles. First and foremost, the United States, and the world in general, is seeing an increasing diaspora of indigenous peoples, who are leaving their traditional homes and migrating both inside their native countries and beyond to wealthier Western nations. Typically, these communities do not speak the dominant language of the country to which they emigrate, yet they need to access public services like any other immigrant community. Because they come from small, often isolated language groups, professional interpreters who speak their languages and the language of service are few and far between.

Second, indigenous immigrants often face more complicated barriers to entering the interpreting profession than interpreters who speak more widespread languages such as Spanish, French, Mandarin or Vietnamese. If they come from Mexico, for example, English may be their second language and Spanish, if they learn it at all, their third. They are often stigmatized inside their own communities, are poorer and have less experience with Western medical, social and educational practices.

Third, their indigenous languages have fewer direct equivalents for common medical and community concepts and practices. A doctor may say, “We have found a cancerous mass in your liver.” In some languages, there may not be a word for mass, cancer or liver. Indigenous interpreters need concrete strategies and techniques for how to find accurate equivalents between concepts that don’t exist between cultures. This is just as true when finding ways to accurately translate cultural concepts from their native cultures in such a way that a Western provider can understand them.

Finally, in some corners of our profession, we have seen an unfortunate trend towards exclusion of indigenous language interpreters who cannot easily meet the educational and training standards our field has created for entry into the profession.

Marjory: I think these materials are necessary, because the challenges in training indigenous interpreters are multiple: many of them here in the U.S. are limited English proficient and so may have to interpret into Spanish, requiring a relay team. A single classroom of indigenous interpreters may include people with a range of educational levels and an uneven command of English. This creates a huge challenge for trainers. Yet the languages these interpreters speak are urgently needed in order to serve groups in this country. The same problem exists for many of the indigenous communities of the Pacific Islands, including Hawaii, Guam and American Samoa.

Also, many of the interpreters are not acculturated to U.S. professional work culture, nor are they familiar with the cultures of the health care and legal institutions where they must interpret. They need guidance on professional conduct and general protocols in these arenas: guidance not present in most interpreting curricula. The cultural barriers between service providers and indigenous patients, defendants and clients of community services is so huge that interpreters need very solid skills in intercultural mediation (including when/where/how to perform it), exceeding what entry-level programs typically provide. The bottom line is that other textbooks, training manuals and curricula have not met most of these needs.

Cindy: Does this program focus on a particular venue for interpreting? For example, medical, social service, legal, educational, business, conference, etc?

Katharine: The program targets primarily healthcare interpreting with additional modules included for broader community and medico-legal settings. For example, the manual includes chapters on community services, legal interpreting in community settings and mental health interpreting. Many, if not all, of the strategies and techniques are just as valid for other community interpreting settings, since, after all, healthcare interpreting is a specialization of community interpreting.

The Indigenous Interpreter® interview

Cindy: How do this training and its accompanying manuals differ from other interpreter training programs and curricula?

Katharine: There are several ways in which they differ: Firstly, the manual and workbook are written in plain English. Both were reviewed several times by a team of indigenous interpreters who provided invaluable feedback about what concepts needed to be expressed more directly. To be clear, the concepts taught are not simplified so much as written in a register that an immigrant whose second or even third language is English can understand.

Secondly, the pedagogy is practiced-based to a degree unusual even for 40-hour short-course trainings. Every module starts by doing something concrete before any lecture takes place. It is the authors' firm belief, based on piloting this program and their combined expertise, that engaging participants in the learning task being taught before introducing a more abstract explanation creates a personal, direct connection to the skill. Interpreting skills can be very abstract when described (memory and listening skills, cultural awareness, etc.). Each 3-hour teaching block incorporates an activity at the beginning, then a brief lecture with a discussion, then trying the skill again. The goal is to provide the participant with a bit of success or growth for a particular skill, with a clear, step by step process to continue practicing those skills.

The curriculum also explicitly incorporates the process of "reflective practice." There are exercises that teach participants how to practice most effectively in small groups, how to record and evaluate their own interpreting, and how to provide targeted feedback to group members. There are also multiple processes taught on how to evaluate their own skill sets, how to make decisions about whether or not to accept an assignment, and how to negotiate around their skill sets as interpreters. For example, if the interpreter is asked to interpret for a court hearing regarding a drug case, the interpreter can say, "I can accept if the judge allows me to interpret consecutively and not simultaneously. In addition, instead of sight translating documents, they will need to be explained to the defendant and I can interpret the explanation as many of the legal concepts in court documents have no equivalent in my indigenous language."

All of these strategies work to create awareness in interpreters of what their skill set is at any given moment and how they can safely accept assignments that might otherwise be beyond their range. This is essential because there is tremendous pressure on indigenous interpreters to accept assignments for which they are not fully qualified, as no other alternatives exist. They need ways to share their linguistic abilities and stay both accurate and ethical even with a limited skill set.

The curriculum also addresses topics that have not been addressed in other curricula. For example, there are modules on consecutive relay interpreting, simultaneous interpreting for indigenous languages, glossary-building techniques for developing translations for terminology that has no direct equivalent. (This module teaches interpreters to first become "mini-experts" on a topic before looking up words. It also teaches a bridging technique for finding accurate equivalents.)

Other topics include community services (healthcare, social services and education), legal interpreting for indigenous interpreters, which includes the technique described above for evaluating whether to accept an assignment and how to negotiate terms to adapt the requirements to safely fit their existing skill set. We also cover mental health interpreting. The simultaneous interpreting module addresses the unique barriers to mastering that mode between an indigenous language and English. This module and the one on consecutive relay interpreting are, to my knowledge, have not been written about elsewhere in a formal publication.

Marjory: To me, these materials differ from others in the field in the following areas: their length, depth and level of detail. Their specialization for a specific target audience. The degree to which these materials meet the true and deep-seated needs of so many indigenous interpreters who urgently need training just like this. Don't forget that they're free and of benefit to huge audiences around the world! Unique features include the fact that they were prepared under the auspices of an indigenous interpreting run through a hospital foundation, and they were piloted in depth before publication.

The degree to which they can help refugee as well as indigenous interpreters learn how to interpret professionally is enhanced by the lower register of English, the clear structure and accessibility of each chapter and its corresponding training module, and the way even the Mexican graphic design reflects and honors indigenous culture. Feedback from working indigenous interpreters was incorporated with laborious care at every

The Indigenous Interpreter® interview

level of curriculum development despite many obstacles. The sheer amount of money, care, time (years!), attention and loving devotion invested in this project can be seen in the results. The degree to which the curriculum appears to truly help professionalize indigenous interpreters and how it helps them grasp and internalize key concepts that are by no means easy ones to digest.

The way the program and its materials are structured goes from most concrete to most abstract and is presented through activities, teaching, role plays and exercises at every stage which were created to address the specific needs of the audience as opposed to a rehash or condescending “simplification” of other entry-level curricula. And while this may not be important, pedagogically I would argue that it is: the color, beauty and vivacity of the graphic design that makes these gorgeous books more accessible to lower-literacy audiences than plain black text.

Angélica: Es diferente porque, en la clase de inglés-español, no se enseñan culturas, costumbres, creencias, no se habla de muchas cosas, y en este programa si se habla, se escucha, se menciona. Y más que nada también, nosotros, incluyéndome a mí, no estamos preparados decirnos profesionales porque venimos de campo, venimos de ama de casa, venimos de diferentes lugares, y no estamos preparados. Y en este programa se le enseña a la gente como vestirse, como pararse, en qué momento interrumpir, aclarar una palabra que uno no entiende. Hay muchos protocolos que hay que seguir, hay mucha ética que hay que aprender. Entonces, yo creo que hay una gran diferencia porque no solamente se aprende del profesionalismo, sino de diferentes costumbres, como acabo de decir.

(translation): It’s different because, in the English-Spanish class, they don’t talk about cultures or customs or beliefs. There are a lot of things that weren’t discussed. And in this program, these things are talked about. In addition, we, including myself, we weren’t educated like professionals, because we come from the fields or from being a housewife or from different places, and we weren’t educated that way. So in this program, they teach people how to dress, where to stand, when to interrupt, say, to clarify a word we don’t understand. There are lots of protocols to follow, lots of ethics to learn. So I think there’s a big difference because one doesn’t just learn about professionalism, but about different customs.

Cindy: How were this program and curriculum developed, and what was your role in the process?

Katharine: The program was spearheaded and funded by Natividad Foundation (NF), through its Indigenous Interpreting+® service.³ NF is a non-profit organization that supports the Natividad Medical Center (NMC), the public hospital located in Salinas, California. NMC serves a patient population that has a high percentage of indigenous immigrants from southern Mexico and Guatemala who do not speak Spanish and for whom no interpreters were available. Over time, NF took steps to recruit and train interpreters from the local community who spoke these indigenous languages. It became clear that traditional healthcare interpreting curricula did not fully meet the needs of these new interpreters. Thus, the Foundation decided to raise funds to create a program that did meet their needs.

This really started when Linda Ford, then Chief Executive Officer of Natividad Foundation, sought to have NMC’s language access services evaluated in 2008. I was hired to do that initial evaluation. At the time, NMC had not a single dedicated staff interpreter, despite the fact that more than 50% of its patient population spoke Spanish as their first language. As a result of that initial evaluation, NMC hired its first interpreter services coordinator. The evaluation also more formally identified the interpreting needs of indigenous patients.

A few years later, Victor Sosa, co-creator and co-author of The Indigenous Interpreter®, replaced the first interpreter services coordinator. One of his first successes was to overhaul the protocol for identifying patients’ language preferences at first points of contact in the hospital. As a result, it became clear that an indigenous language – I believe it was Zapoteco – was the second most common language spoken by limited English proficient (LEP) patients after Spanish.

Victor immediately began to reach out to communities of indigenous farmworkers in the region in an effort to build real connections between them and the hospital. In the process, he met Angélica Isidro, who started helping

³ A service providing in-person and remote interpreting services for court, healthcare and community services in Mixteco, Triqui, Zapoteco, Chatino, Kanjobal, Amuzgo, Náhuatl, Tarasco, Purépecha, Tlapaneco, Yucateco Maya, Mam, K’iché (Quiché), Mixe and more.

The Indigenous Interpreter® interview

out by interpreting over the phone for indigenous patients, often while she was working in the fields. She would wrap her phone in her head scarf and keep on working while she interpreted. Angélica became the first indigenous interpreter to work for NMC. Together, she and Victor built a strong relationship with the indigenous communities in the region. Angélica helped to recruit people for training courses, was a key participant in many of them, and later became a founding and foundational member of Indigenous Interpreting+® and The Indigenous Interpreter®.

Victor didn't just want a pool of interpreters; he wanted a pool of trained interpreters. He started by trying to adapt existing healthcare interpreter training to better serve speakers of indigenous languages. In a significant and groundbreaking effort, he collaborated with Barry Fatland at the Cross Cultural Health Care Program in Seattle, translating the 40-hour interpreter training program Bridging the Gap into Spanish and offering it several times at Natividad.

One other key step that NF took was to establish and fund a 6-month paid internship at NMC, awarded to the most promising participants graduating from the 40-hour training. A growing cohort of trainees benefited from this internship, learning in real time how to apply the skills learned in the training courses. Later, as we were creating The Indigenous Interpreter® course and then writing the books, the continuous feedback, stories and experiences of these interns greatly enriched our development process. Their daily experiences brought authenticity to the program and helped identify areas that needed more development.

So, the 40-hour training was the beginning, but it quickly became clear that Bridging the Gap was not effective for the indigenous cohort. A more specialized and targeted training was needed. At this point, Linda Ford brought me back into the process to help create such a training, based on my background as a healthcare interpreter trainer and curriculum developer. Eventually, we also recruited Marjory Bancroft of Cross-Cultural Communications to provide intellectual content and editing and, ultimately, to publish the books. This is the history of how we developed the Indigenous Interpreter®. The actual development process consisted of a back-and-forth process between all the team members.

The first training that Victor and I developed and piloted was a 5-hour workshop on the professional workplace to help the indigenous interpreters who were working freelance for the hospital to acclimatize to the expectations and protocols of a hospital setting. Next, I conducted a series of hospital-wide interviews to identify what interpreters, patients and providers needed, expected, and felt when it came to healthcare needs and interactions. We began to identify gaps in training and barriers to learning. Eventually, Natividad Foundation secured funding from the S.H. Cowell Foundation to produce the first three modules of the training, which were created and piloted in the spring of 2015.

Natividad Foundation also raised support for two separate trips to Mexico, undertaken by NMC doctors and administrators, Victor and myself. The first trip took the team to Oaxaca to visit the region that was home to many of the local immigrants. We made connections with local healthcare providers and visited indigenous communities to better understand the health issues and health beliefs indigenous patients had.

Our second trip took us first to Oaxaca and then to Mexico City to make contact with INALI (The National Institute for Indigenous Languages). INALI had created a certification process for Mexican indigenous court interpreters and was working on a similar process for healthcare interpreting. Many of the indigenous people who were migrating from southern Mexico to Mexico City did not speak Spanish, creating similar needs to those we were seeing in the U.S.

In addition to meeting with representatives of INALI, who shared many of their processes, we also met with various interpreter associations and groups, representing interpreters working mostly in legal settings. Georganne Weller, a noted conference interpreter active in U.S. settings, is based in Mexico City and was one of the founding staff members of INALI. She acted as our guide and contact person. She introduced us to the groups and people we most needed to see. Georganne also shared the curriculum she had helped to develop and used to train interpreters for the legal certification process in Mexico.

Later, Judith Pacheco (the Indigenous Interpreting+® coordinator) and I traveled to Mexico for a third time, this time to Chiapas. We were invited by INALI to observe their healthcare interpreting certification process, done in tandem with the Ministry of Health certification of community health workers. They had a distinct process for speakers of indigenous languages, which included testing their interpreting skills and ethical conduct through scenario-based role plays. The certification process lasted a full week and we were able to see innovative and effective approaches for determining proficiency in indigenous languages, as well as modal and protocol interpreting skills.

The Indigenous Interpreter® interview

With all this information in hand, and after a second week-long round of interviews with interpreters and hospital staff back at NMC, we sat down to the business of creating the training program. We piloted the modules, which included creating learning objectives, lesson plans, PowerPoint presentations, and activities. Then we launched into writing the training manual and accompanying workbook. This process took two years.

We piloted seven modules at a time, approximately two a day over four days in three separate training courses. Victor, Angélica and the Indigenous Interpreting+® staff recruited trainees and offered them food, lodging and a stipend so that they could afford to leave their other work for a week and attend the training. We got feedback after each pilot and revised our materials.

As I was writing down the first draft of the manual, a team of four to six indigenous interpreters read each draft and provided detailed feedback. These interpreters had taken some or all of the pilots themselves, and some were part of the six-month paid hospital internship. I received their feedback during phone interviews. Victor and Angélica also reviewed each draft and provided feedback as we went along.

In January 2017, after completing the first draft of the manual and workbook based on the initial pilot, we launched the full training program with an inaugural class of 27 students. At the end of the two-week program, all those who passed the assessment exam received their II+ credential.

Over the next year, NF raised funds for publication and negotiated a publishing contract with Cross-Cultural Communications. In the fall of 2017, Marjory Bancroft and I edited and revised the manual and the books went through a professional design process.

In spring of 2018, the manual and workbook were completed. At this same time, Linda Ford left NF, triggering a review process by the Natividad Foundation board of the whole program, including the planned decision to publish the books under the creative commons license so that it could be made available to as wide a public as possible. In the fall of 2018, the plan was finally approved, and NF posted them on their website for free download. They were “officially” made available to the public in early January 2019.

Cindy: Some of the developers of this program are themselves interpreters of indigenous languages, while others are not. How do you view the participation of non-indigenous people in the development of this program?

Katharine: Everyone’s participation was key. Many other programs have created training courses for indigenous interpreters and are indeed, still running them, but have not been able to find the resources to turn those programs into something formal like Bridging the Gap or The Community Interpreter.

The key difference in this program was precisely the unorthodox combination of personal and professional backgrounds of the people who made up our team. Linda Ford, a powerful high-level foundation CEO first engaged me to help her identify the language access needs of NMC. Based on that information and what they were seeing at the hospital, Linda set her sights on the hospital’s most vulnerable populations and did extensive fundraising, to the tune of several hundred thousand dollars, among the valley’s wealthy agricultural owners.

Victor Sosa, a talented interpreter and interpreting services coordinator, has been successful in identifying patient needs, innovating ways to change hospital culture (not easy!) and creating protocols to provide more access to indigenous patients. Victor has a singular talent for community building in his outreach to indigenous communities – as well as being an excellent interpreter trainer. Then Angélica Isidro provided the critical link to more than just her own language community. She rose to the challenge of learning how to interpret professionally and ultimately came into the program as the first paid indigenous interpreter. She continues to work closely with Victor today, as they continue to offer The Indigenous Interpreter® to new trainees.

The indigenous interpreters grew and evolved the project’s lifespan and became ever more important players in the creation of the program. It is hard to fully capture their courage and curiosity, their willingness to learn new skills, to be exposed to new ideas, to stretch and to take risks to become interpreters. An additional hidden but key participant was Judith Pacheco, who, at the time was in charge of overseeing Indigenous Interpreting+®. She helped organize training, ran the phone interpretation service, and generally made sure things ran smoothly.

Myself, I am a leader in healthcare interpreting with experience in language access consulting with hospitals, as well as being a trainer and author of interpreting curricula and textbooks.. I brought in the writing experience needed to get the training down on paper, as along with many connections to the broader field. And finally, there is Marjory Bancroft – in no way a minor player. Cross-Cultural Communications is the only combined training agency/publisher in community interpreting in the United States. Marjory has more experience crafting, editing,

The Indigenous Interpreter® interview

publishing and marketing interpreting related training books and resources than anyone else. Her involvement ensured a high level of professionalism when it came to editing and publishing a professional work.

I feel like this was a multi-cultural, multi-perspective, multi-resource collaboration that needed the precise skill set of each of its collaborators to be successful. It was and still is awkward and humbling to be the white, middle-class American woman who actually put everything we learned down on paper, but that was the skill set I had to bring to the table in our team.

Cindy: In your mind, what was the greatest challenge in developing this program and the curriculum to teach it?

Katharine: One of the biggest challenges was the scope of the project; it had arms and legs of its own that kept sprouting and reaching out in all directions. The need for so many kinds of resources was great. We had many side projects and went down many alleys that, in the end, were not the main fruit. It was a HUGE learning experience. It was a challenge to convince the Foundation and Hospital boards that ongoing support was worthwhile and important. It was a challenge to get buy-in from the local community. Personally, it was a challenge to feel the responsibility of creating a training course that was relevant, effective and empowering: one that honored the interpreters' experiences and viewpoints and also helped them cross the cultural and professional divide to becoming trained interpreters in the United States. Finding and keeping our team moving forward with positive synergy and goals was also a challenge. And all those challenges had to be overcome to make the project work.

Angélica: Yo creo el dinero. Porque la idea todos la teníamos, pero si por algo no se podía hacer el libro, vamos a suponer, iba a ser por el dinero. Pero la Fundación, gracias a Dios, nos ha apoyado en todo momento, entonces se iba a ser más difícil pero por lo visto, fue fácil por hacerlo por el fondo que ellos nos consigue y pues se le pagó a las personas que trabajaron ese libro.

(translation): The money, I think. Because, the ideas, we had that, but, well, let's just say that if we hadn't been able to do it, it would have been because of the money. But the Foundation, thank God, has always helped us. So it seemed like it was going to be really hard, but from what I saw, it was easy because of the funds they got us in order to pay the people who worked on the book.

Cindy: In what ways (if any) do you think that indigenous and immigrant languages are treated differently in the interpreting world?

Marjory: In a word: marginalization. And some degree of condescension exists too. There are hierarchies in the field. Some go by specialization, some by signed vs. spoken, some by levels of English, some by levels of interpreter education. I've witnessed this. It's real.

Katharine: It is an unfortunate sign of the very success we've had in professionalizing healthcare interpreting that we are now seeing a sometimes dismissive and contemptuous response to indigenous interpreters. Interpreters who have professionalized in the more widely needed language pairs (Spanish-English, Mandarin-English, etc.) now have the relative luxury of access to a larger, more formally educated pool of bilingual individuals who can take 40-hour training courses, pass proficiency tests and certification exams and who often come from Westernized countries. They are proud of the level of professionalization they have achieved, as well they should be.

Whereas indigenous community members often come from the most isolated and poorer regions of their countries. They already face significant discrimination in their home countries, and when they come here to the U.S., they often face more of the same. They do not have access to the same kind of education, cannot prove their proficiency in their non-English language as easily, and often have far fewer resources to invest in their professional development. Yet their skill set is in urgent demand, so they are hired and thrust into interpreting in settings for which they are not prepared. I have seen and heard reported many instances of contempt on the part of more-established interpreters complaining about their low levels of interpreting skill and professionalization and refusing to provide or even see the need for supporting these new members of our profession. This is unfortunate and very short-sighted.

The Indigenous Interpreter® interview

On the other hand, many are working to invite indigenous interpreters into the ranks of professional interpreters. I have taken part in several training events that seek to bridge some of those differences. Most recently I was in Oregon where certified Spanish court interpreters undertook training on consecutive relay interpreting with local indigenous language interpreters. We took the time to orient the entire group as to the unique challenges indigenous interpreters face to professionalizing and to creating mentoring and support pathways between the two groups. It surprised me how new this perspective was to many of the Spanish interpreters, given that they themselves have faced many challenges to become professional interpreters respected in their workplaces. But it was also tremendously gratifying to see the shift in attitude.

Cindy: How do you see this curriculum being most appropriately used by interpreter educators in the U.S. and around the world?

Marjory: With care. That said, competent, veteran trainers could take the manual as is and run with it, especially if they happen to be licensed trainers of The Community Interpreter International, since the manual and workbook parallel the way we write textbooks/training manuals and accompanying workbooks. However, what's missing for trainers is the lesson plan overviews, the trainer's guide (which exists in a very rough draft), the PowerPoints, and the handouts.

Katharine: From when we first embarked on this project, we dreamt of being able to create something permanent that could be given out to the world for all to see and use. In the course of our work we have seen so many settings where languages of lesser diffusion and isolated communities (indigenous or not) suffer from a lack of resources to address their particular challenges. Those settings range from The Hague, where staff often have to recruit bilingual community members from indigenous communities and teach them from scratch how to interpret for international criminal cases, to places like Haiti, where the language barrier in health care is due to non-Haitian-speaking "immigrant" doctors who rotate in and out of the country, to the hospital, court and social service settings we find in the United States.

We wanted to research, create and pilot a program that used a pedagogy that everyone could take and adapt to their own particular needs, but which would sufficiently address the commonality of issues different indigenous communities face to be of universal use.

These materials necessarily reference the experiences, culture and geographies of indigenous immigrants from southern Mexico and Guatemala interfacing with a public hospital in central California. Nevertheless, the structure, strategy and model that the learning objectives and activities provide should be adaptable to other cultures and geographies.

It is important to remember that the two books that have been published are a part of a broader curriculum. The manual outlines the content taught in each module and the workbook provides most of the activities taught. The rest of the curriculum, the lessons plans, PowerPoint presentations, trainers' notes, final assessment and additional activities belong to the Indigenous Interpreting+® training program for which currently, Victor Sosa and I are the only two licensed trainers.

Our ultimate hope is to keep giving the training until we identify potential trainers in the indigenous communities whom we can prepare to teach the course. In the end, I hope to be made obsolete as a "lead" trainer and hand the baton off to indigenous trainers who will deepen and expand what we have started.

The Indigenous Interpreter® interview

Cindy: Is there anything else you'd like to tell us about this amazing project?

Marjory: Just that it astounds me: the sheer complexity and depth and breadth of it. It was a huge privilege to be part of it at all. It was the product of an incredible number of devoted people, yet it's also a massive tour de force, whatever its flaws, and truly a major contribution to the field.

Katharine: I'm sure I've said too much already! I am still integrating everything that I learned from this project. It has been one of those serendipitous and unexpected blessings of my life to play a role in bringing it to fruition. I am ever humbled by the passion the often very young indigenous interpreters show for helping their community and by the critical role they play in providing access to health and human services. I am ever humbled by the tenacity they bring to learning new skills in unfamiliar and uncomfortable environments, with economic sacrifice but also with joy, laughter and commitment. I never knew I would end up having this strange niche skill as an interpreter trainer and curriculum developer. Getting to lend that skill to a project that will hopefully help spark many others to do something similar in their own communities around the world makes it all worthwhile.

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