

**Elena Langdon:** Thank you. Thank you so much, Bindiya for joining me today.

**Bindiya Jha:** Thank you for having me here.

**Elena Langdon:** As you know, we are focusing on remote interpreting this season and we talk about all kinds of things in terms of remote interpreting. Usually what I do is I start off the interview with a question that pertains to the name of the podcast. So what *does* feel like magic to you?

**Bindiya Jha:** What does feel like magic to me? I think like the processing, like sometimes like, you know, when you switch between two languages, like, you know, the, the term code switching, like you go back and forth. Like sometimes, like I get so fascinated, I do that all the time. But to me that is magic because you think like it's linear, like, you know, you're speaking one language then you set your mind, like reset, go to another. But I do such a lot of back and forth in the same sentence, same paragraph. And, that's sometimes, I'm frustrated, but at the same time, I feel that that's magical.

**Elena Langdon:** Great. Great answer. So what is the short version that you tell people when you talk about your work?

**Bindiya Jha:** I would say I'm an advocate for language access, and I have always been involved with, grassroots level community level work. I worked in refugee resettlement healthcare, and, and I'm an interpreter, Nepali interpreter. I was most likely the first one to be certified in Massachusetts for the language of Nepali, same for the court system in Massachusetts and for CCHI certified and poly interpreters.

So, I'm, I'm proud of that. And then, I believe like in some way I have paved the way for other interpreters, for, for Nepali, like the language of lesser diffused and at one point, but I think. It's getting more and more common these days. So, so I have over the years, I think I have no matter what my position has been, I have been a full time or part time interpreter, but I have always, stood by language access in all my, while wearing different hats in all my positions.

So, I would like to be introduced that way.

**Elena Langdon:** Great. So tell me a little bit more about how you got started as an interpreter, how you got started in the field and what work looks like for you right now.

**Bindiya Jha:** So how I got started, I was a grad student at Clark University. That year was 2006. I got a call from the international office at Clark University saying, Greenberg Valley is looking for a Nepali speaker, to, interpret for two of their patients and they could not find anyone in the area, so they started contacting local universities to see if they have any international students who spoke the language.

So that's how I got connected to Sue at Edward M. Kennedy at the time. And I had never ridden a public bus at that point. I was so sheltered. I had just been in the U.S. for three months and my only exposure was inside Clark University. No car, international student,

never. I mean too scared to ride a public bus because people kept saying Worcester is not a town that you want to venture on your own.

And, I, my heart was pounding when I got on the public bus and went to Great Brook Valley and I interpreted for a refugee assessment, for two patients. And that was my first experience and it felt great. And, after that, I, after that, the refugee population in Massachusetts was increasing and I was presented with an opportunity to get trained.

So at that point, I learned that there is a training that my first one I did without a training, I did my best. But then looking back, I don't know what I did. So, so then I went on to get trained in 2007, 2008.

**Elena Langdon:** That's actually a really quick move from doing your first assignment with no training to getting training.

I can tell you it wasn't like that for me at all. And, that's a, I think that's a sign of how much it's changed. Even, even though the, the first time I interpreted and it was actually very similar. It was, I was in college and I got called by the equivalent, you know, the international office because they had a student from Angola who was there and he needed to get surgery on his shoulder, and they wanted me to accompany him. And, you know, just like you said, it's like, I didn't have any training. I didn't, I didn't know what I was doing. And I tell this to my students a lot. I knew so little that I never even looked up the muscles or the names of things in the shoulder. You know, he was a basketball player and, I don't remember much. And I'm sure I didn't do a very good job, but they talked, I remember rotator cuff. I had no idea. Then the doctor started talking about the muscle that...so...

**Bindiya Jha:** You know, I mean, I had no idea what the healthcare centers look like in the US, that was my first time walking into a medical facility.

Like, I didn't know that there's like medical assistant and then a nurse, and then a doctor kind of like a series of professionals who enter the room, because back home you go, you see a doctor. So, I mean, that was a very unique experience and very enlightening one as well, because I hadn't personally, I had not accessed any kind of like medical treatment in the US, and it was the first time walking into a health center, and Edward M. Kennedy like the diverse population it serves like walking into a waiting room was overwhelming. But, yeah, so I get goosebumps when I think about that encounter and but then yeah, like definitely, did not think about looking up medical words or anything. Like I had no context whatsoever at that time.

**Elena Langdon:** Yeah. And I think that's, that's what we see. You know, when untrained, inexperienced, bilingual, you know, fully bilingual people go to interpret. You can get the job done, but there's a lot that could be better. But as I was saying, It's great that you so quickly got training.

I didn't, I mean, I didn't work as an interpreter for a year and I, I don't even put that in my, you know, I don't consider that as part of my years of experience, because for years I didn't do anything in translation or interpreting, but I still worked a good couple of years as a

translator with, without any formal training. So, so good for you for starting so quickly. That's great that you, that you did that.

Could you tell me a little bit more about the type of, or the, the context of the patients that you work with. So I know, I don't know too much about the population that requires, Nepali interpreters, but we did have one at the hospital that I worked at, and I know a lot of them were Bhutanese refugees. And you've talked about that. So could you, for those of us that aren't familiar with that, could you talk just a little bit about where they're coming from, what context, you know, the, everything that goes into them being here. In a very different culture, right? In a very different medical system.

**Bindiya Jha:** Yes. So, so Bhutanese refugees, they come from Bhutan. So Bhutan is a teeny tiny country that it's in the same belt as Nepal. There's like a part of India and then Bhutan. So it's kind of like in the same belt and ethnically it's the same population, even like the small portion of India that's between Nepal and Bhutan. I mean, there are Nepali speakers there.

So the reason is, primarily Nepali speaking and, in the 1990s in Bhutan there was a sort of ethnic cleansing by the King of Bhutan. Like, you know, who belongs like more, like who has more Mongolian roots and is Nepali speaking, like they had more Aryan or Indian roots. So, these people were kicked out of the country.

So they walked through India or traveled through India. And then they came and were in refugee camps in the Eastern part of Nepal. So they stayed in refugee camps from, for about 20 years, like almost 17 to 20 years on. And, and as I grew up, I was always listening to news where, I read about the King of Nepal had bilateral talks with the King of Bhutan, to solve the refugee issue and all of that. And I, it never struck me as something I was like, Oh, like this news again, like, I mean, I never ever researched more about the refugee issue while growing up, but then, unfortunately, they were never able to go back to their country and the Nepalese government did not issue them any kind of legal paperwork or the citizenship.

So when this happens, like, you know, you and UNHCR steps in, and they normally look for third country resettlement, that's how a lot of refugees come to the U.S. So 2007 was the first year when Bhutanese, the first few Bhutanese families were brought to the US and Massachusetts and being one of the leading states in refugee resettlement and also being one of the really diverse cities.

I was doing an internship at Lutheran Social Services. And they gave me an internship because they were expecting, a group of, Nepali refugees and they wanted someone there. When you get like an influx of a new group of people, they need to see a doctor. I mean, they have all of these community needs. Their kids need to go to school. They have to go to DTA. so that's how now the need for this language started. So, initially, it was more of a community and medical needs, and then people started assimilating and integrating. They started getting driver's license, they started driving and then they started drinking and driving and then, but they started having domestic disputes. And then suddenly I was approached by a trainer at Massachusetts trial court, like, Oh, we are suddenly seeing an influx of all of these Nepali cases in the court system, which we never had before. So that's how I got pulled into a court interpreter training from the medical, because I was a trainer

for medical interpretation, so I think in some way I was lucky to be in the right place at the right time and, and willing to be trained and willing to explore at the same time training a lot of other Nepali interpreters as well. So, so now, like, you know, there's like quite a few, but then, so that's how, that's how the needs shaped up and, and the field started growing.

**Elena Langdon:** That's great. I love the, how you described the evolution from, you know, medical interpreting needs to justice system needs.

**Bindiya Jha:** Yes. Yeah. It started with the immunization, like, I mean, first few appointments. Let's get the kids immunized, let's get them to school. So that, that, that was the first ones. Like I still recall, even in medical, you can see the progression, like it's a primary care refugee assessment. You start getting referred to specialists, then you start going to a bigger hospital. So I think that was the evolution of my career at the same time, and it matches very closely with the assimilation of the refugee group in the U.S. or in Massachusetts.

**Elena Langdon:** Well, thank you. So what does a typical work week look like for you. And, you know, we are interviewing you in, in what is it, June, 2020, and we're still in the pandemic according to most people, including myself.

And so feel free to talk about, I guess I'd like to know a little bit what it looked like before for that. Because it's changed so much for all of us and, and hopefully, hopefully our lives will go back to, I don't know, 70%, 60% normal. And so I'd like, I'd like to know what your work, what your work week looked like before. You know, let's say before February of this year.

**Bindiya Jha:** Yeah. I have always had, interpreting jobs and my other jobs is what I always did a mix. And my other job in healthcare was also very closely like, you know, to working with the community of Nepali people and interpreting for them, but then necessarily my position was not interpreters.

And then at the same time, like, you know, as a trainer, like, you know, you don't have like a constant flow for you teach when there are classes and then not. So right before the pandemic, I was in the process of, like, you know, in some way, transitioning, like, you know, building up my profile more as interpreter trainer, I was involved. Like I just had my position at Found in Translation as, as a Director of Interpreter Education last year, I worked with them as a consultant when they had like a, when they were doing their training. And, I have, I have like care management case, community case management experience. So I had a little bit of that.

And, at the same time, like in the evenings, I was doing a remote interpretation from my home studio and just as a freelancer picking up assignments out in the community and in the courts, whenever my schedule allowed. So it was a mix of a lot of things. And, and I was busy. I was really busy because it was a lot of juggling because when you work freelance, as an interpreter, when you are not staff, you don't know, it's kind of setting up a shop some week, you may have 10 assignments, some week, none. So I was going with the flow. It's kind of like, anytime my family told me, like, how was talking about how your week shaped

up this? I was like, you know what it is, it's kind of like the customers, like, you know, if they want to hire you, if there is a need, I need to do it.

Like, who knows when the court case would pop up. Like at times it's predictable, but then at times it's not like, you know, you get called for a restraining order or you get called, for a last minute, arraignment. So. I was doing all of that, just like, juggling a lot. And, as soon as the pandemic started, a lot of in person stopped all of a sudden, like, you know, it was like from a busy week to like no assignments out all the court stop. All the, some of the medical appointments that I took in the community that all stopped immediately. So what did not stop was my remote work, because I was doing that from my studio and there was still a need. And I believe a lot of medical facilities were leaning more towards remote in absence of in person.

And even, at my remote setting, like where I work remotely, I was seeing a decrease in assignments because there were no primary care appointments, only emergency appointments. And the nature of assignments changed from, from like primary care, regular ER visits, to a lot of COVID patients drive in testing, screening testing, like literally the iPads were shoved into the car. So you would know, like you are interpreting in a tent, like, you know, you get to see the back drops. So the, an ICU, a lot of ICU, I mean, definitely interpreting for healthcare providers with a glass shield, like PPE mask, like, you know, it, it just changed, like the nature of the encounter just changed. But then, like I said, like even now June 20, like we are not back to in person appointments. And in my training capacity, I have been doing a lot of work around how to move the training remote for the fall at Found in Translation. And that has been, an evolutionary journey in itself because you are so used to teaching in class and now suddenly you have to move all your, like infrastructure to remote and then make sure you are delivering the same level of training and ensuring the same level of engagement.

So, so that has really kept me busy and pushed me to uncharted territory like teaching online and getting myself trained. What would be the best platform? What would be the good learning management system? How do we ensure students have access to technology. I feel very glad that I'm still doing remote work and I'm still, preparing for a remote class and I'm doing some remote assignments, but not as much as before. And yeah, and still, supporting the families. And I think like, the silver lining for all of this is I hear from a lot of my colleagues, like how assignments have dried up, and people really worrying about the language access during pandemic and for all the right reasons.

But, sometimes like, you know, when you really look at yourself, like, you know, do a self reflection at times, I feel okay because, I feel like I'm contributing to the solution in some ways, and like be it three hours of remote interpretation or trying to put up a remote course, for the fall, like in some way, like, you know, there's productivity like it, and that really fuels me.

And, and, another thing that I should not miss about my work week now is it's fragmented. I have, an almost four year old. So I work one hour, I take 15 minutes. I work another hour. So the, so just, just the, the focus and just like, I think everyone's life had changed. So that, that, that, that's my work week now, like I would say, productive, but fragmented and really trying to, work where the future is uncertain. And sometimes it's difficult when you're trying to

focus when you don't know what the future looks like, because it's kind of, you're adapting and being flexible all the time.

**Elena Langdon:** So I definitely want to, talk to you more about Found in Translation and what, what, what that organization does and what you do is we'll, we'll leave that toward the end, because I want to take a, take the opportunity to kind of hook what you were saying about remote interpreting to talk about your decision about a year ago, right, to focus more on remote interpreting. So tell me, tell me more about that.

**Bindiya Jha:** Yes. So I was doing till last year, I was doing all in person and telephone, yes. Like there was phone calls in between, and then I really never considered it telephonic as remote at the time, to be honest, like I was like, you know what, it's a part of the job. Sometimes you are on the phone and those are like, very few here and there. And I'm just like when I was not, when they needed something last minute and the person was, I was not able to get there on time or, or something like that. So we resorted to telephonic as a last, a last resort.

**Elena Langdon:** And did you do so just tell me a little bit about that, that telephone at the time. So what was that? Was that when you were at, you were freelance at the hospital sometimes, or from home?

**Bindiya Jha:** Yes, I did. I was freelance at the time. It would be for the court sometime it would be for the community, case managers or the nurses who needed to communicate something about the medication urgently to the client without necessarily making a home visit.

Like, you know, so just, Oh, I was there yesterday, but this is a follow up, like, you know, don't do this. Don't do that. Like some post appointment instructions and sometimes for the court, like, you know, someone gets arrested and they cannot have an interpreter for the same day. So, so we use some telephonic for that.

**Elena Langdon:** And they would, you would be at home. Where were you?

**Bindiya Jha:** Yeah, I was at home and at the time, like to be honest, like I had, cell phone only, like I would, like, you know, either be in a car with a lock doors and, or be in a room, like go to a room and pick up a call. And then some of the immigration court ones that I did, like, you know, that needed to be in a landline. So that was the extent of like remote or over the phone that I was doing before I got formally trained for remote.

**Elena Langdon:** Okay. And so then you decided to go to invest more in remote.

**Bindiya Jha:** I have been a trainer and over the years, especially last few years, students started asking more and more about remote. Like, you know, we always talked about, Oh, different modes of, different kinds of interpreting settings.

You could work for an agency, a hospital, you could work remote, you could be a freelance or you could be a staff like, it was like a general conversation at to a point until people really started showing a lot of interest. Can I work from my home? What is remote? How do you do that? Like, you know, I have heard someone, someone do that. Tell me more. So as an

instructor, I feel, I felt really ill equipped to answer those questions because I was not doing it myself and the questions were increasing. So I felt that if the whole medical field, in some way, the interpreting field is moving in that direction, then I need to know what is happening.

I cannot be going in front of a class and then, just do, say whatever I like about remote, like without having an actual experience. And, I mean, I could not justify that. So, so I, I had slowly started, showing an interest in remote and at the same time, one of my colleagues said, Oh, there's an opening at such and such company.

Do you want to explore? I did like, I, I mean, I went through the application process and, I mean, I was hired and then that company sends their own equipment. Then I started getting boxes and boxes of equipment. And I got so overwhelmed because at the, until that point I had never thought of like, Oh, I need to have a studio in my home.

Like I had a home office, but then I was not really concerned about the background or the, or the windows or the curtain or the light beaming in, headset, extra monitor, like, you know, all of that, like, you know, that, that felt overwhelming, but then, I kept reminding myself I'm here to learn like, this is a learning experience.

Like I wanted to do this so that I could learn and, like, you know, have some experience so that I can take it back to my class. So, so I set up the studio and it was a week long training. I started doing that and, and I still had a full time job. So it was very, very timewise it was very difficult juggling, but I did some like late night, hours, evening hours so that I could get a feel of, video remote interpreting, like in a studio setting, like of course a home studio, I was not going to a call center or, or the office, but, but it was enlightening in many ways. Like, you know, it was overwhelming and intimidating at first, but then as you do it, I mean, I really started enjoying some aspects of it. Like it was a learning curve and a steep one at first. But then as interpreters, I mean, all the professionals, they adapt so easily to any setting. And I think it's just like wired into us who are in this field. Like they're passionate about it. They're passionate about language. And they just adapt.

And I think your adaptation kicks in, like, you know, be it the video remote or telephone. It kicks in. And I started really, enjoying, like, I mean, I would not say all, but then some aspects, some aspects of it were really rewarding.

**Elena Langdon:** So tell me what, what, what aspects were rewarding?

**Bindiya Jha:** I'll start with examples because I think, the best way to say it is with examples.

So the first one was, I had a shift, on New Year's Eve and I was so mad. I was like, who works on New Year's Eve! You know, I could not get a substitution. I had to work my hours and I was just not happy working that day and, and being locked in my studio when my family patiently waited to have dinner and then celebrate like, you know, have New Year's.

So, but then, I got a call from a Labor and Delivery department of one of the hospitals, a woman was in labor. I was in that call for two to three hours and the baby was delivered and

I would just so elated after that, like then I thought about like, how would that woman be, would have access to a Nepali medical interpreter in the evening hours?

Like wherever the hospital was on New Year's Eve. And that just put things in perspective for me, I was like, I'm doing this for a reason. Video remote interpreting is there for a reason. And I mean, we all have like a process cons about like, do I want to do video or not? We all have our preferences, but at that point I felt like at the end of the day, like, you know, it's about access and it's about that woman. It's not about me. Like, you know, or me being in the room or me using a headset. It really does not matter. I'm, I'm, I'm a voice like, you know, and my presence there like, you know, be it in person or a video, like, you know, I mean, it would not have mattered at that point. So that just put things in perspective.

And that was one situation where I felt really moved and I was, I was happy. Like, you know, I had the best celebration after I got done with my shift, but then my mood was like, great after that.

And another was a, about an old man who was on life support and doctors had to talk to his wife. I believe she was in her seventies, like looking at her, and she had to make that difficult decision to tell the doctors that it's okay to take the life support off her husband. A doctor is present in the room. They spoke English, but the doctor insisted that he, I wanted to talk directly to the wife and that appointment was really moving. Like, I mean, I had done some end of life, but then not that kind. So it was really moving. Like I, I had to tell my supervisor that I needed a break after that appointment, I went like, you know, I said, told my husband, I needed to talk, like I need five minutes. Just talk to me, like, whatever.

And then another, that really stuck with me was a baby was just born. Not in one of the big hospital and the baby had a seizure. And, the hospital staff at that hospital had to immediately decide to transport the baby to a big regional hospital out in the, out in the city. So Mom was right out of delivery, Dad was nervous because their newborn had a seizure and it was about interpreting for a transportation consent. I had not done that before. So it said how your baby would be transported in an ambulance, how your newborn, like, you know, just hours old, like, how your newborn would be transported in an ambulance, how long it will take to get there, how the other medical team will meet, who will be in the ambulance, who can go? Of course, Mom was not in a position to go. It was Dad. I could see the nervousness in the voice. I could see the look on Mom's face and. And I mean, that situation, how would, how would they have, like, unless they had a staff interpreter, like, you know, that's a different situation. And sometimes like, you know, when you are in one of those areas where there's not a big population for that language, you don't have that luxury.

All the hospitals won't have, but that's a reality. They won't have a staff interpreter. So just being able to put someone on an, through a video remote interpreting, who's looking at you, who can feel you like, you know, and then, and it was another emotional encounter. And, and especially because I work evenings, I got to see a lot of ER, so ER visits and, urgent nature of appointments. So, so those really were rewarding because as an interpreter of a lesser diffusion and not being a staff interpreter, like, you know, being a freelance, the kinds of assignments that I did through video remote interpreting, I would never have imagined to do those appointments in person. Like it would have taken me years.



Like what I saw in one year is rich. And so in some ways, so powerful than what would, what I would have gotten an opportunity to do in person, like for, for, for, for my language and yeah. Also the access. I felt like there was like at every point, like, you know, there was an access issue and, and so, and also like, you know, it keeps you on your toes because when you get, when you enter an assignment, sometimes you don't know what it is about. Like another interpreter may have been disconnected. They may be talking about a procedure. It could be endoscopy, it could be a surgery because sometimes the doctor will say, Oh, are you clear about this procedure? Like, you really don't know what procedure, like, you know, like things like that. So, so you really have to be on your toes and you, and I think like that really pushed me to enhance my performance. And then that really pushed me to enhance my performance. And, that experience was really rich.

**Elena Langdon:** That's, that's, you know, that's so interesting on many levels. I've been taking notes of things to talk about. Cause you gave me such good, such good examples.

I think the first thing is related to the last, last thing that you talked about. I just wanted to relay to you that, you know, for me, for, for four years now, I've been telling myself, well, medical interpreting isn't linguistically challenging. And it's one of the reasons that I've, that I work more in conference interpreting because I, you know, I wasn't getting that challenge. And so it's really interesting to hear you say that in a different modality--so by doing video remote, You know, given the type of situations that you're dropped into that then you do get that linguistic challenge. So that's, that's really good to hear. It, you know, it reminds me of, of the idea of looking, you know, looking into that, just to stay within the healthcare interpreting field and still get that reward, which is, you know, is a, is a good one. But I wanna, I want to touch upon a couple of things that you said, you know, you talk, you gave examples of such fundamental encounters, you know, in, in both senses of the, of the word, you know, encounters being, interpreter-mediated event. Right, so where you have an interpreter working with with two or more speakers that don't share the same language. And then an encounter in life because you, you, you know, you mentioned examples that are life and death, you know, and the, and the, the, as you mentioned, the, the core reason that medical interpreters are so important and then, you know, which is language access. And, you know, I think you just exemplified that so well, when you talked about the woman giving birth, the woman who--and I love, I love it. I love that the provider insisted, as you said, insisted on having the interpreter there. And this is something that a lot of people don't understand is that, you know, the family members shouldn't have to interpret. You know, and, and in many cases they want to in a, in a life or death or end of life situation like that, I would think that most of them would not want to, you know, so that's, what's so it's so wonderful to see that that doctor really insisted on that because yeah, it wouldn't, it would not make any sense for the, for the family to have to be going through that and be impartial.

**Bindiya Jha:** And I think for providers, like, you know, the ease of access, like, you know, not having to tell their assistant and the secretary to arrange someone to come into the room and then have that uncertainty, I think in some way, like, you know, looking, I mean, I'm not a provider, but then looking at it, I think they must have felt empowered that they have actually have a choice to have an interpreter. And it's easy versus I need to do like, I need to check three boxes because I can have interpreter for this patient versus, okay, I'm just going to call and then have interpreter here. And I mean, they are busy and some of these

encounters they're unanticipated, it's not something that you can plan and then, have interpreter there.

And, and like I said, like, you know, staff, interpreter does solve a lot of issue, but then let's be honest for Nepali, like, you know, staff, interpreter. I mean, and how many...

**Elena Langdon:** Yeah. It won't make sense. When we talk about language access, there has to be access and access means, like you said, that it's easy. And we know that providers and other, English speakers or other people that are part of an institution and users aren't--if it's difficult to do, they're not going to do it. And that's completely understandable. you know, they're working in an environment that doesn't allow them to prepare ahead of time.

And, I think video remote interpreting is if it's set up well and, and it is just, you know, making a phone call or getting the iPad or getting the video phone. And in a matter of minutes, as they say, you can get someone that's going to win every time. When I, when I talked to Vonessa Costa, who's Director of Interpreter Services at Cambridge Health Alliance, she, she spoke about that too, where they had a, you know, a whole, I mean, very many very robust department of staff interpreters and the providers would have to wait 10, 15 minutes to get one. She was talking, you know, most likely about languages that were not of lesser diffusion. And of course they're gonna, you know, they started picking the remote interpreters because it would only be a couple of minutes, if even one minute. And in her model, as you know, it was, you know, their staff interpreters and she made a really good case for why that's, that is the best of all the worlds, right, is to have the, the remote access, the easy access, but they're local people that know the patients, know the system, but it's different for, for languages of lesser diffusion, like Nepali, because you wouldn't have staff and you wouldn't have, you can't, you know, you wouldn't have local people and that's the whole point. That's the, you know, you, you can help somebody make those decisions and go through those, those moments.

**Bindiya Jha:** A lot of interpreters find it difficult to stay in a field because it can not guarantee a full time employment. So people have to, go on and have like a second job or a third job. And sometimes like, you know, interpreting is the one that gets lost in the shuffle, although they are, they are trained. So I think like, you know, having like some sort of like remote opportunity or something to, to balance your career and finances, I think it may be a motivation for a lot of interpreters to stay in the field because, like, especially now, like the onsite interpreting, like, you know, if you lose assignment, you really have to go and like, I mean, you need to run your household, you need to do what you need to do. But then, I mean, how can we situate interpreting as a profession, people would not drop, but keep.

**Elena Langdon:** Exactly. Yes. Thank you. It really is how to keep, how to keep interpreting as a profession. And I think a lot of us, I've seen this with almost everyone I've interviewed a lot of us do a couple of different things. And sometimes it's in the field of interpreting, most of us it's been within the field of interpreting and would like, like yourself training or different, you know, court interpreting and, press briefings or, or political debates like Ernest does. Just a variety, you know, a variety of things within it. And it keeps you, it keeps you moving. Yes. It keeps you financially afloat and, and you know, some of the fields pay more than the others. And so that allows you also to do the ones that are more necessary in many ways, for

language access and are more rewarding for the reasons that you said, but unfortunately you don't pay as well, which is another, a whole other...

**Bindiya Jha:** Another topic we can do hours and hours and we can't solve all the problems. Right, in one, in one podcast episode.

**Elena Langdon:** In the time that we have left, let's talk about Found in Translation and your work, your work for them.

**Bindiya Jha:** Yeah. So I was initially introduced to Found in Translation as a trainer. Like I was a language coach. I used to teach there when they had Nepali students. So I had, I taught, I was a language coach over the years. And then, this year I'm more involved with them, especially now, we're looking at how to launch our program remote and the program is unique in a way that it's a nonprofit and, it's a free medical interpreter training program and it not only teaches bilingual women interpreting skills, but then it's a job placement program. So, there's like financial illiteracy, professional development. We work on their resume. We take their headshot. We have like sessions and professional attire. We match them up with Dress for Success. And, and one of the biggest barrier for women to come to the class is there is either like, you know, for low income woman is, transportation, childcare. So we provide onsite childcare and we provide, all the materials, books, everything are for free. And, and, and after that, like, you know, the transportation. So like they get T passes to come to the onsite classes. . The whole point is we, we want to eliminate all the, barriers that women are facing so they can, actually go back and integrate into the workforce. So, I mean, it's, it's, it's we call it like a job placement program, but then how, like you will utilize medical interpreter training as a means for job placement and there's like extensive career counseling, professional development and one-on-one support mentoring.

A lot of that goes into, it's kind of like reshaping someone's career, in so many ways. So yeah, so that's how, like it's really unique in its mission is, do reduce, injustices. And then, also at the same time tackling, the language disparity issue in healthcare.

**Elena Langdon:** So. Yeah, it it's a, it's a beautiful program. You know, for them, those of you listening that aren't from that aren't from Massachusetts, you might not have heard of, but it, it really, you know, I mean, listen to what, to what Bindiya just said, so it's free. It's completely free, free childcare. And when I found out about that, I was, I was like, yes, of course, you know, how, how can women, how can women go to classes at night or at any time, if, if they're not helped with who was going to take care of the children, and having all the materials and then doing all that development on top of it, it's just, it's, that's really, really good, an excellent model to take.

**Bindiya Jha:** Yeah. Most the interpreting programs like, you know, they do the training and then you are on your own to find a job. You don't even know where to start after the training. You have a certificate that says 60 hour medical interpreter, but unless you have your personal network, it's very difficult to actually find that first assignment or first jobs. So our program extends beyond the training. So that, that's what, and I feel like the goal is like,

people will stay in the field. People will work in a field and have a meaningful gainful employment out of this training.

**Elena Langdon:** Yeah. And, and, and the other thing is for those of you listening that T pass means like subway or, but it's public transportation. That's what, that's what it's called in Boston because Found in Translation is based in the Boston area. Okay, tell me a little bit more, as we end up a little bit more about being a, being a mother and working in the field.

**Bindiya Jha:** I would start with the positives, like, you know, like interpreting is a field where, you have flexibility, like, you know, as a freelancer, I get to set my own calendar. So that has been huge, so like, you know, with like juggling with parenting, that's really huge. And, and one of the, I mean, I'm just going to share an example, like, you know, my daughter--fingers crossed--so far is a bilingual. She speaks both Nepali and English fluently. And then, she had this enlightening thought that she can trick her babysitter because she does not speak Nepali. So she was taking her for breakfast and he loves her so much. So she asked her what she wanted to have. And my daughter had just made up a word and said she wanted to have something. So she showed pictures, like, do you want to have this or that? Like, she felt bad all day long that she was not able to her the food she wanted, I came back from work and then she asked, like, what is this? She said this word in Nepali. And I could not get her, I could not like make her say the English word. So I was not able to get that for her, like with like a very small face, like really sad. And then, the word is like, it's a non existent word.

Like she just played a trick like on her. So I think like, so parenting and like, I mean, like your work has such a big influence on your, on your children. Like, you know, she sees me interpret and then just the language, like the beauty of the languages and the fact that she can trick people or like, you know, having an extra language is a strength is something that she's learning at such a young age, like, I mean, for all the wrong reasons to trick her sitter, but still it's a strength to be speaking another language. And I think the influence and then just like, because all of, all of, all of us, like, you know, we want our kids to be bilingual, like preserve the culture, like all of us immigrants, like we want to preserve the identity, like have some like values that's from our culture.

That's very dear to us. So I think, that's the positive influence of interpreting and, and I think she's learning that. And also, the boundaries, like, you know, so I think, setting up a home studio, it has really helped me teach her boundaries. Like, you know, how she cannot like come to the room, this is my workspace and I work and, I think that's the positive influence. And, so, and, but then like, I think like the, in general, like, you know, parenting is feeling guilty as well in so many ways. Like as a mom, like I do, I have my, I usual list of guilt that I feel like I'm not able to do this. "I didn't do that. She's still not yet learned the Nepali alphabet." So this, that, but I think, I forgot the question. So what was the question?

**Elena Langdon:** You, I, I, you answered it. I just wanted to talk a little bit about, about being a mother and being a professional because it, you know, it's yeah, there's so many of us and the issues are, are similar at the same time, there's always, you know, something particular to your experience. But yeah, I hear you that the guilt thing is something that's a real, it's a real issue and there's, you know, a lot of people talking about it and how to, how to get rid

of it and how to really let go, you know, if that idea, because there's so much pressure for us to do everything, including being an amazing mother.

**Bindiya Jha:** Yes. Yeah. I mean, like we have been like very, free flow with homeschooling, like, you know, instead of like really coming up with homeschooling plans, we installed the swing set, so she can go out and play. So, something to burn her energy. So that was our quarantine, survival strategy, we installed the swing set, she loves it. And, and I think that's like teaching in so many ways. but then at the same time, like, you know, I think like mothers are really taking a lot of hit, like, you know, because I think like women in general work more with women and they're more tolerant and it's okay, like if my daughter comes and sit on my lap when I'm having a meeting, but then it's really not okay when she goes and sits on my husband's lap because he has to then switch off the camera. I mean, I don't switch off the camera. I think people I work with are more tolerant and, I, I mean, in general, I think women are, women have it difficult, like when some of this adversity happens and, and the work is opening, but childcare is not like, you know, I have seen a lot of moms worry about like what to do.

And, and I, I mean, I'm no, I'm not perfect, but I have just said as long as they are happy, healthy and eating and running, like that's what, that's the basics I have come down to.

**Elena Langdon:** eah. It's, it's, it's, it's gotta be the basics at this point. Yeah. So we talked about, we talked a lot about how you, how you love your work. That is usually how we finish up the interview before we get to the lightning round of questions. So just in sum, what about your work, do you, do you love, and how does that fit in with your, your life in general? This is this idea of loving your work.

**Bindiya Jha:** In general, like there's so many problems in the world. I would like to like end with a very short story. So the ones, there was a forest that was on fire, all the big animals, lions, elephants, tigers, they were all like, you know, they were all sad. They were just like staying there, like really sad that their home is burning away. And there was this like little hummingbird that was going to the water, taking a drop of water, coming back, putting it in the fire. So all the animals said, are you stupid? Like, you know, do you really think you are going to put out a fire by just like your tiny, teeny, tiny mouth? You are the smallest of the creature. And, hummingbird said, "I'm doing my part." So that's, that's the story. I remind myself when I get very, frustrated with all the problems out there, language access, woman issues, injustices. And then, I look at my work and then I can say I can, "I'm doing my part." That's what I love the most.

**Elena Langdon:** Oh, that's beautiful. Thank you. Well, now we're going to do the lightning round. So this is just a series of questions with, you know, one word answers when possible. Okay. So notepad or a digital pad?

**Bindiya Jha:** Notepads, sticky notes.

**Elena Langdon:** Coffee, or tea?

**Bindiya Jha:** Coffee.

**Elena Langdon:** For language learning, are you a more visual learner or do you learn more by listening?

**Bindiya Jha:** Listening.

**Elena Langdon:** Do you have a special object or totem that you carry around or that you have with you when you interpret it?

**Bindiya Jha:** Oh, not, not really actually like, you know, I have not, I don't have anything, but then, I mean, like after having my daughter, I had to go back to Nepal on my own. And one of my friend had gifted me like an elephant and a baby elephant.

It's like, this teeny tiny. And I carry that in my purse. So I think that goes with me whatever I am going. So I think that's the object. And I think every time I want to revamp my purse, I was like, I'm going to take this out. It's getting bulky, but that still stays there. So it's some, some, some connection,

**Elena Langdon:** Freelance or in house?

**Bindiya Jha:** Like in staff interpreting?

**Elena Langdon:** Just for yourself, it's like, you know, do you, would you rather be freelancer or?

**Bindiya Jha:** Freelance.

**Elena Langdon:** And what about consecutive or simultaneous?

**Bindiya Jha:** Both. I cannot pick. I do both.

**Elena Langdon:** Is there a term or an area when you work that kind of doesn't seem to stick or that you know, that you have to, you know, look at before you start a job because you will, you tend to have problems with it? You know, it could be in anything, but.

**Bindiya Jha:** No, I think I'm having more and more problems with like the tech jargons that we're using now. Like, you know, finding the equivalent for like patient portal. I think I see one thing, one time, another thing, another time, secure connection, communication, like, you know, those kinds of things that we are using more and more our digital strategy. Like I don't think, I, I mean, I think I need to work vocab list or something. I think I say a different thing every single time, based on the context.

**Elena Langdon:** Ah, yeah. Yeah. I think you had mentioned before we started recording about the, that, that term about "portal" and you know how to...

**Bindiya Jha:** It's a concept. It's not a word. So I think I struggled with those a lot. Yeah. And the funny story is when I was doing my medical interpreting training. kidney is the word that I never learned because yes, there is a word for kidney in Nepali, but then people use "kidney" so commonly that I didn't realize until one year down the line, that there is a word for kidney in Nepal.

**Elena Langdon:** Interesting. What, how do they, that you said they use it a lot. What is it? Is it, is it kind of a metaphor for something else or how do they use.

**Bindiya Jha:** No. I think people just import the word, like heart attack, like, you know, people hear it and people just say it like, I mean, this, there is a word for that. Like blood pressure, things like that. People find it easy to use the English word. So I just said like kidney, like I thought kidney was like, Oh, kidney in English, kidney in Nepali. Like, you know, but then there is indeed a Nepali word for kidney.

**Elena Langdon:** I see what you're saying. I see. So that they say the term in English. Yeah, that definitely happens in, Brazil people who have lower back pain often say that their kidneys hurt. That's why I was asking. I was like, I wonder if there's some kind of...

**Bindiya Jha:** You know, and we have something like that in Nepali, when people have shortness of breath, they say they have asthma, every single time. And I was like, you have asthma, like, nope, it's shortness of breath. Like, you know, so that, that's an obvious sticky thing. Like, you know, where you need to clarify and like all the time.

**Elena Langdon:** Yep. Yeah. Cause it's, you know, and then do you interpret the first time? Just say, but, but you don't know because maybe this person actually has asthma. I think I once did interpret that my kidneys hurt and the doctor was like, Kidneys, really, your kidney's hurting? How do you know it's your kidney? And I was like, okay, I'll go back to saying my lower back. Okay. And the last question is, can you name a favorite podcast?

**Bindiya Jha:** I'm so new to the podcast.

**Elena Langdon:** That's okay. So it will be Not quite magic.

**Bindiya Jha:** Yes. Yep. Fair to say that.

**Elena Langdon:** I'm kidding. Well thank you, Bindiya. This has been, this has been a real pleasure. I can imagine bringing you back for different topics. I think I will do a season about training and teaching. but thank you so much for your time and for talking and sharing your experience today.

**Bindiya Jha:** Yeah, thank you for having me here. Like, you know, I mean, it's, it's, it's really nice when you can, come and share your thoughts because interpreting can be isolating at times. So thank you really for the opportunity.

**Elena Langdon:** You're very welcome. And I'll see you soon.

**Bindiya Jha:** Yeah. See you soon.