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RESEARCH ARTICLE

Between State-Orchestrated Exclusion and Local Projects of Inclusion: A Medical Interpreting Vocational Training Course for Eritrean Asylum Seekers in Israel[i]

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Abstract

Following Mezirow's conception of adult education as transformative, Ragazzi's call for flexibly evaluating vocational training outcomes and Bourdieu's "cultural capital" as an empowering tool for change, this paper analyzes the outcome of the first medical interpreting vocational training course for Eritrean asylum seekers in Israel. The course was initiated in 2013 in response to difficulties expressed by Israeli medical personnel and Eritrean asylum seekers alike in providing health services to the latter. The analysis revealed the course to bea positive learning endeavor that led graduates to better jobs, as well as an empowering experience that fostered a sense of capability, enabled graduates to take better care of themselves and their dear ones, and increased their understanding of their rights as asylum seekers. However, this local project of inclusion created a micro cosmos within an external hostile context of state-orchestrated exclusion, providing strength, yet also arousing considerable frustration.

Keywords: *Asylum seekers, Integration, Medical interpreting, Vocational training.*

Introduction

Based on extensive qualitative research, this paper analyzes the outcome of the first medical interpreting vocational training (VT) course for Tigrinya-speaking Eritrean asylum seekers in Israel against the background of state-orchestrated exclusion, on the one hand, and local projects of inclusion, on the other hand. This course was initiated in response to considerable frustration expressed by Israeli medical personnel over their difficulties treating asylum seekers and the misery, mistrust and anger that Eritrean asylum seekers experience in their encounters with Israeli health providers. We analyze this course following Mezirow's [1] analysis of adult education as having the potential to be transformative, Ragazzi's [2] call for a flexible, wide approach when evaluating outcomes of vocational training, and in terms of Bourdieu's [3] concept of "cultural capital," that is, the non-fiscal, hard-to-quantify component of one's wealth.

The Israeli socio-political context

Between 2006 and 2012, 64,638 African men, women and children crossed into Israel via its long, permeable border with Egypt in quest of asylum. The first to arrive were mainly from Sudan, followed by Eritreans. Some had already lived as refugees, mainly in Khartoum and Cairo, while others arrived directly from the Sinai desert. Local and international aid organizations estimate that half of those arriving via Sinai were imprisoned in torture camps by the local Bedouin and compelled to pay up to $50,000 in ransom before being smuggled into Israel [4].

The vast majority of asylum seekers in Israel are Eritreans, mostly men, numbering about 45,000by December 2015. According to the report of the UN Human Rights High Commissioner [5], these Eritreans have been escaping one of the world's most abusive and violent regimes; over 350,000 Eritreans (5%-10% of the population) have fled over the past decade. Those arriving in Israel

originate mainly from Senafe, Asmara and the Gash-Barka region [6]. Most are Christians and belong to the country's largest ethnic group, the Tigrinya. They mainly reside in Tel Aviv and work in menial jobs in hotels, catering and cleaning services, and restaurants [7].

While Israel has signed the UN Refugee Convention, its general attitude toward non-Jewish asylum seekers has been to reject their claim for asylum and regard them as labor migrants who endanger the Jewish nature of the state. Since 2007, Israel has not dealt with individual requests for asylum (as required by the UN), but rather granted all Eritreans and Sudanese a "group protection visa, renewable every three months, which provides them with a temporary defense against deportation, but no additional rights [7,8]. As the numbers of asylum seekers rise, prevention of their entry has become one of the government's main missions. Indeed, by early 2013 their flow practically halted, mainly due to the completion of a fence on the Israeli-Egyptian border, an amendment to the Prevention of Infiltration Law, and the declaration of a policy to incarcerate African asylum seekers for years in the Holot Detention Facility.

The constant issue of restrictive regulations concerning asylum seekers, and a general tone of hostility set by Israel's right-wing governments has left African asylum seekers without clear status, little access to healthcare and welfare services, and limited possibilities to plan their future by developing themselves professionally and economically in Israel. Thus, the initiative for the VT under study was pursued within an inhospitable socio-political context and an escalation in government measures against asylum seekers.

Seeking Medical Assistance: Major Challenges

Though literature on Eritrean asylum seekers' encounters with the Israeli medical system is scarce, it is agreed that they consume minimal health services, as most are aged 20-35 and generally healthy [9,10]. At the same time, as some suffered severe violence en route to Israel, they carry physical injuries and mental traumas [11, 12]. When seeking medical assistance, their fragile status and overall weakness is aggravated.

Though based on "justice, equality, and mutual aid", the 1995 Israeli Health Insurance Act applies automatically solely to Israeli citizens, excluding asylum seekers. The Act requires all employers to issue medical insurance to their employees, regardless of their civic or legal status, but many employers of asylum seekers ignore their legal obligations [13,14]. In the absence of insurance, most asylum seekers rely on the Patients' Rights Act (1996), which grants them access to emergency services only. Hence, they receive medical treatment in the ERs of public hospitals and, in most cases, treatment costs become a lost debt for the hospital. As a last resort, community medical services are available through three (mainly volunteer-staffed) clinics in Tel Aviv.

At times, asylum seekers arrive at hospitals in severe medical conditions that could have been avoided had they received prior medical care [10]. Others come to the ER with non-emergency situations that would ordinarily be treated on an outpatient basis had they had access to community medicine. Both scenarios increase the workload in ERs, in the latter case evoking frustration and angry responses from the staff. Another common occurrence is pregnant women who show up at the ER without having received any prenatal care or screening for infectious diseases (e.g., HIV, syphilis, hepatitis). The medical staff unjustly fears contamination, and that fear, together with cultural and language gaps, adds to the already high tension in the delivery rooms, causing the quality of treatment to suffer [10].

Eritrean asylum seekers thus encounter multiple difficulties when requiring medical attention in Israel. The highly limited legal protection is further complicated by bureaucratic and cultural misunderstandings involving differing health concepts and hardly any knowledge of Western health practices and the Israeli system. To make matters more complex, Tigrinya, the language spoken by most Eritrean asylum seekers, is barely used outside the asylum seeker community. Many Eritreans, especially the elderly, hardly

speak any English, Hebrew or Arabic-Israel's main languages.

Literature Review

It has been established that mutual understanding is critical to ensure a correct medical diagnosis, compliance with treatment recommendations, and satisfaction of patient and provider [15,16].Language barriers to healthcare create disparity in access to services, jeopardize the patient's health and welfare, and end up costing the healthcare system more [16,17]. In most cases patients and providers rely on broken communication or the aid of non-professional interpreters, mostly family members, friends or untrained staff. The use of ad hocuntrained interpreters is problematic, as it may result in alterations of the message, unbeknownst to any of the participants [18,19].

The lack of medical interpreting services is not unique to Eritrean asylum seekers. The use of language access tools in healthcare, such as interpreting services, was not institutionalized in Israel until 2011, and even today these services are limited in the number of professionals and the number of languages (mainly Arabic, Russian and Amharic).

Scholars studying VT for migrants in developed countries have focused on four main topics: type, level, quality and outcome of VT provided by Crisp et al., [20], Sella [21], Söhn [22] on VT for refugees in the OECD, see OECD, 2007a, 2007b, 2012; in the EU and Tjaden, [23-26]. Most research has centered on language-skill training offered in Western countries [27-28], emphasizing such courses as a prerequisite for efficient VT and a first step in the integration of new migrants in the host society [29-30]. Others have focused on the motivations of participants to join VT. For example, Field and colleagues [31], in their study of migrants in Denmark, and Povrzanović Frykman [32], in her study of Bosnia-Herzogovina asylum seekers in Sweden, claim that occupational development motivation is the most important motivation for joining state-organized VT.

Indeed, He and Zuo [33] identified occupational development as the most intensive motivation for participation, followed by the social environment and job responsibility. Still others emphasize the link between migrants' participation in VT and their sense of belonging to the host country [2,21,34]. Some emphasize the indirect benefits of VT, such as the expansion of social networks to include teachers from the host society [35]. Most researchers (and agencies conducting VT) agree that good adult VT has the potential to be a transformative experience [36] whereby learners understand, validate and reformulate the meaning of their life experiences within a broader process of behavioral transformations.

The importance of VT provided to migrants in the West has grown since 2010, as work has been identified as the essential pillar in determining migrants' economic development and active citizenship. Work is also seen as a fundamental step in the migrant's self-construction and empowerment and the development of social abilities in times of uncertainty embedded in migration. Hence, the European Commission fosters cohesive growth through VT and VET (vocational education and training) [37-41]. Most of the research on these programs has focused on identifying the "best methods" to target the population in need of VT, the most suitable VT for migrants, the challenges embedded in the process of VT for volatile migrants, and the mechanism of inclusion of migrants within the host country's economic systems [28].

Some academic work has critically analyzed VT outcomes from the standpoint of the host country, employers and participants. Most courses provide slightly positive effects in the short run [42,43] and consistent positive effects in the medium and long run [28,44]. Yet, Kluve [45] reported zero impact of programs, while others reported negative impacts [46-47]. Guilherme Fernandes [48] claimed that the empowering elements of most VT programs in Scandinavia are not realized and remain on paper. Critically analyzing VT for migrant women in France, Scrinzi [49] found that participants, though working, did not see the program as

promoting their occupational development; on the contrary, they claimed the VT and the job they found afterwards hindered their upward social and economic mobility and they stressed other outcomes of the training, such as self-satisfaction.

Several common themes arise from these studies. First, since WWII, countless VT programs have been operating in Western countries with varying levels of success. Second, despite many failures, VT is still regarded as the main tool in achieving transformative learning that will lead to some change in beliefs, judgments and behavior. Third, VT is a significant factor that improves migrants' employment prospects. Fourth, VT, and particularly VET, can be regarded as a goal in itself, as education is a highly valued good in today's "knowledge society". Finally, immigrants are likely to recognize the qualifications, competences, certificates and new contacts in their networks – all from within the host society – as valuable cultural capital.

Over the years, several VT programs have been established in Israel targeting non-Jewish migrants, including labor migrants and asylum seekers. Most offer language courses, basic computer training and other VT, such as welding, mechanics, sewing and cooking [50-51]. There are also short-term business management training sessions [52]. Within the medical arena, beyond the medical interpreters course under study, only training for cultural mediators in mental health has been offered to asylum seekers. To the best of our knowledge, there is no systematic research on these courses beyond evaluations by the training institutions themselves.

The Course

The International Medical Interpreters Association (IMIA) Standards of Practice define professional interpreters as trained bilinguals who work as per shared standards of practice and adhere to ethical rules such as accuracy, impartiality and confidentiality. The medical interpreter's responsibility is to ensure seamless spoken communication between two parties of differing languages and cultures [53]. In practice, however, interpreters may provide input that assists the diagnosis or treatment and at times even serve as informal counselors.

Following the above standards, Israel's first VT course aimed at training medical interpreters for Tigrinya speakers was initiated in 2013 by the authors and Dr. Schuster of Bar Ilan University, an Israeli expert in medical interpreting training. Four main goals were set: to train English-Tigrinya medical interpreters in order to facilitate Israeli medical personnel and Eritrean patients in Israeli hospitals and clinics; to improve the quality of medical services for Eritrean asylum seekers; to enhance employment prospects for course graduates; and to facilitate the creation of a leadership cadre of Eritrean asylum seekers who would be empowered through the acquired professional and personal skills. Following other VT initiatives in developed countries, the organizers believed that the qualifications, competences and certificates the graduates would acquire would enable them not only to expand their cultural capital, but to turn it into a transformative tool for their own good and the good of their friends and family.

The VT curriculum, which followed standard training in the West, was formulated from scratch. International standards were followed so graduates could also work as interpreters outside of Israel. The curriculum included three clusters: information on the Israeli medical system and patients' health rights; medical terminology in English/Hebrew/Tigrinya, basic human anatomy and common medical procedures and treatments; and the everyday practice of the interpreter, including potential intercultural challenges in the medical setting.

Recruitment began using a key informer in the community followed by a short notice in English and Tigrinya posted on various websites and hung on notice boards in locations where asylum seekers gathered. The notice asked: "Do you have good communication skills? Are you interested in helping other members of the community when they need to visit a hospital or a clinic? Want to learn a new and important skill? Join a medical interpreters course. Most participants however, were ultimately

recruited through leading Eritrean and Israeli activists. Interviews were held January-February 2014 at a free public clinic in south Tel Aviv and all candidates had to demonstrate reasonable mastery of English or Hebrew. To ensure motivation, a token tuition of 300 NIS (about $80) was set, refundable upon graduation. Thus, in April 2014, 21 Eritrean asylum seekers (17 men and 4 women), aged 22-40, enrolled in the VT program; of these, 16 graduated. Training took place at Sheba Tel Hashomer hospital, located in the greater Tel Aviv area.

Participant scame from a heterogeneous array of personal and professional backgrounds and could roughly be divided into two groups: those from within the medical field, broadly speaking, and those whose involvement was limited to sporadic volunteering. The former expressed their desire to improve their professional skills and gain more money, and the latter regarded the course as an opportunity to improve their lives. Some related to the global dimension of medical interpreting and indicated that this may open future employment possibilities for them in other countries.

The main language of instruction was English, although Hebrew was the stronger language for some (mainly the younger participants). The final exam was held in English and Hebrew, upon the participants' request. Those who passed were required to perform ten hours of practical training in a medical setting. In some cases, those already working as interpreters had the practicum waivered, and instead had to submit a report on their experiences in interpreting assignments and relate them to the contents of the course. Those completing the course were presented with a diploma, which bore the logos of Tel Aviv University and the 'Social Clinic', Tel Hashomer Medical Center.

Methodology

The study, based on qualitative research methodologies, employed data collected from five main sources: (1) Participant evaluations filled out at the end of the course; (2) An open group discussion held with participants at their concluding session;(3) Records of each admission interview; (4) Informal conversations with participants during and after the course; and, most importantly, (5) In-depth semi-structured interviews with graduates held a year after the course ended in an attempt to acquire a broader perspective on outcomes. Some informal conversations and interviews were carried out by the authors/organizers, while others were done by an external researcher, so as to allow participants more freedom to express criticism.[1] The following elaborates on the in-depth interviews.

An interview guide was created jointly by the authors, built around the question of the significance of the course within the participant's life trajectory. Interviews were held mainly in cafés in southern Tel Aviv in 2014-2015. Two interviews were held in Jerusalem, and one was held over Skype with the only participant who had left Israel after graduating the course. All interviews but one were recorded and transcribed, and all were systematically analyzed for themes.

Our main research questions were threefold: To what extent has the course met the organizers' original goals?[ii]To what extent has the course met the participants' aspirations? Has the course created change in the lives of participants, and, if so, what is the nature of these changes? The data gathered was analyzed using the constant comparative method

Findings

Three major insights were drawn.(1) First, participants exhibited a huge thirst to acquire knowledge and professional training, and a desire to find work in the medical arena in Israel or elsewhere. Indeed, as of January 2016, the vast majority of course graduates who sought a job in the medical arena found one.(2) Second, participants found the course a positive learning endeavor and an empowering experience that enhanced their self-esteem, fostered a sense of capability, enabled them to take better care of themselves and their dear ones, and increased their understanding of their rights as asylum seekers.(3) Third, within an external hostile context, the

[1] We wish to thank the external researcher Dr. Gez for his contribution to the data collection.

course created a microcosmos, both strengthening participants and arousing considerable frustration.

- **The Thirst for Knowledge, Professional Training and Work**

All VT participants without exception related to their thirst for knowledge:

JE: I wanted to study, to get an education… any kind of training was good for me.

SR: Knowledge is power, you know? I think it's good …[when you]know more and more… you feel confident.

AM: [Albert Einstein] said that when you learn, you are new... you cannot be old. Even if you are old, if you are still learning, you are a new man because you see many new things….

Some related to the necessity to flee Eritrea before completing their studies and perceived the course as an opportunity to compensate. Others saw education as a source of sheer pleasure and a key to future success:

AM: I stopped [school] when I was 18 or 19, but now I want to finish my schooling… Like to reach some…level, like I don't know, to be a nurse…to be an engineer, mechanical engineer, like to be something. I [would] like to get some diploma, some degree, and then after that I can continue.

TS:I have two little children, so it was hard to leave them, but … I put my head in a place where you learn…. I left Eritrea while I was in 11th grade, I did not graduate, so this course is great…. I come into the class and I feel myself not only as a mother, but I have a chance to give my head a place of its own, to be independent…. I enjoyed [the course] very much, I had time for work, for the kids and for education. This is so much fun.

EF: I always was looking for something to do, to develop myself…. I went to Hebrew and English classes. ... I always wanted to study something, anything.

TS did not even mention the content of the course, instead highlighting her joy in learning, in gaining back parts of her personality that were lost when she fled her country in her youth and since then has had to survive as an asylum seeker, a mother of young children. EF, too, did not relate specifically to the content of the VT, but rather emphasized that any activity that develops oneself is valued.Not withstanding differences, the informants quoted above attest to what has been found elsewhere [54] for migrants, participation in any VT program is a goal in itself. Education is a highly valued good in today's "knowledge society". Yet, even within this general thirst for knowledge, high quality VT are singled out, highly praised and appreciated. As AM stated after detailing all the courses he had taken since arriving in Israel a few years earlier: "[This] course might be different from the others … I have taken.... It's like, micro university, you know, it's like [a] small university".

Other participants related more directly to the content of the course and saw the VT as providing desired professional knowledge:

DA: It was my vision, I mean always, I was dreaming to be a nurse, so I accept [the medical interpreting course] as the beginning for that, for opening doors…. I said okay… I will start…now, I have this small medical interpreter…. This is my profession now…but I [still] need to be a big professional, like to be a nurse or be another thing. I am working for that goal… for that target, I want to succeed [in] this aim.

KI: For me, this is not necessarily [going to be] my profession. I just want like a secondary profession….For example, I'm just into languages … because I know Arabic, Hebrew, English and all this Tigrinya, Amharic, so I am going to … develop [these skills] well.

Both informants referred to the potential for occupational development as a motivation for joining the course and perceived VT as a necessary step on the road to personal and occupational advancement as He and Zuo's [33] observed.

It should be noted that few criticized the course as being too short, not comprehensive enough and not recognized within the higher education system in Israel or elsewhere. In our pre-course interviews, we stressed that the professional standard of the course would be high, offering graduates the potential to find work in the local or global

arena, but we also emphasized that we could not promise them a job. Nevertheless, not a single applicant decided to leave for this reason. Indeed, immediately following the course,9 of the 16 graduates found work in the field, or if already employed in the field, had slight improvement in their work conditions. Two years after the course ended, 4 more found employment as medical interpreters.

Our findings join others who have stressed employment prospects as key in analyzing VT, as some of our interviewees indeed mentioned finding work as an important desire and the lack of it as a sign of failure. When asked to evaluate the course, AM, for example, said:

I'm not working with that course yet, but I would like [to] work with that course… I didn't find any [work] yet…. I do have a diploma…. Yeah I mean it doesn't make sense to take a course just to keep your diploma in your pocket.

For those participants who already worked in this field, the assumption was that their work conditions would improve following their professional training. JE**,** who had been working in a medical clinic prior to the course, said:

I thought that after the course I will get more money because now I'm a professional…. Not much, even 1 shekel more… but nothing….so, I'm not sure now that I can recommend this course to others.

RT, who was working in a large public hospital, said: **"**I have been working as an interpreter before, but now I'm more professional … the course made me want to move on to a better job."

Some of those who had volunteered as interpreters now expected to find a paying job. For instance, KR stated:

I volunteer[ed] before, but also now… that becomes a lot, you know … you cannot just volunteer, volunteer for your whole life…. I love to work for the communities, [but] I need to work.

Others related to the training as a potential asset for future employment elsewhere:

JE: Maybe if I change countr [ies], maybe [the diploma] can be helpful for me because of the certificate, if I apply in some offices.

KR: This [diploma] is something I can use outside of this place.

Nonetheless, not one participant interview edsaw improving employment prospects as the main outcome of the course, nor did any identify this as the key factor in evaluating this VT. In a sense, this outlook is in line with academic work that has critically analyzed the short- and long-term outcomes of similar VT.

Research on VT for refugees in the West also contends that finding work is, in turn, a key element of refugee integration, providing a sense of belonging [55]. Interestingly, not one of our informants mentioned issues of integration or belonging. On the contrary, all were well aware of their precarious situation in Israel and the uncertainty of their stay.

VT as a Positive and Empowering Learning Experience

The second major theme we identified had to do with the course being a positive learning endeavor for all participants, an experience of empowerment, respect, sense of community, and friendship with Israeli teachers and hospital staff:

SR: After the course you feel confident… You know how it goes even though you don't know each and every thing, but you know the basic highlights, so it's really helping me…. Now, I know medical terms, you know how to apply … I have also the book [of medical terms given to all participants].If I get some medication from the supermarket… I don't get worried about what it means, because I also have the glossary, the dictionary translated from Tigrinya to English.... It's a good thing… now I know where you go to diagnose. …. There is lots of difference, the way I [knew] before and now.

TS: To know, that's what was important to me from the beginning. Not just to translate for others, but first and foremost to know myself and then help others…[Because of the course,] I believe in myself… I say to myself that now I know things…and I read the book I was given, so I know how to treat specific illnesses and what kind of medication…. You take the course to know things in your life….

The course develops you, I know it helped me.

Both informants related to the new medical knowledge they acquired as a practical tool in life, an asset that can easily be used on a daily basis, and a self-empowering experience. For both the VT, first and foremost, enabled them to take better care of themselves. Knowing more, they are less intimidated by medical terms and conditions. This has strengthened their self-esteem and fostered an overall sense of capability.

Some participants reported that they changed their behavior in an attempt to take better care of themselves and their dear ones:

KR: Professionals themselves are very knowledgeable people about [medicine] and all these stuff, right? … So, yeah, you start to be critical about what we are [eating] and your body. ... You have to start questioning this. … You start [to] read about these things-what's organic, what's not organic. [Before] you just keep on drinking Coca Cola and it gets into your body and then you wonder, oh, what's going on with my body? … And at the end of the day you go for a checkup and then you have a lot of sugar or something wrong in your liver … in your blood…. So I changed. … I start[ed] to [take] caution or to take more seriously anything that I take into my body, you know, like in terms of food, what food is good for me, and all that stuff, so it's good….

TS: I drink a lot of sugar. … Dr. Shiri, when she [saw] us, she would say: "Wooo, you will be sick". In the course, we would always finish all the sugar [with our tea]…. Nowadays I know why people are sick and what is their illness…. Now I also started to take better care of my children…. I even argued with a doctor, yes, seriously…. I learned about… cancer. … If you eat a lot and don't move, don't do sport, eat bad food, then we get cancer…. [Dr.] Shiri told us that in Israel there is a lot of cancer. They have good food, but they don't move, only take a car, so they have cancer…. In Africa, no, because we do physical work, life is dynamic, you move, you work hard. So here there is a lot of cancer….. Me? I'm afraid now, I don't sit and eat all the time, I walk a lot…. I still take a lot of sugar... and also salt and spicy [foods], but Coca Cola I don't drink at all, even in the house I don't bring it [or for] my kids. … I also don't give them Macdonalds…. I know much and also I can apply it [to] my children.

Elaborating on their personal empowerment and its transformation into a tool for change, participants indicated that the new knowledge they acquired from the VT was useful to their entire community:

SR: [I didn't know] what are the powers for my community…what are the rights. I [didn't] know also before that everyone has a right to get medication. It seems that we are just [without rights],butafter taking the course I know it … I change my perspective…. If you have such kind of knowledge about the medical setting…, you are really powerful.

EF: I wanted to help my community [by] using my capabilities….Let's say, for example, a sister from my community does not talk Hebrew, she has little girls and they keep going to the hospital and getting lost there, they have no idea what to do and how…. Before I joined the course, I too had no right words for medical issues… Now it's different….I can assist.

KR:[Learning about] the medical system in Israel was very important, a very interesting part… how the medical center swork … Actually, asylum seekers can go and take health insurance…. I did not do medical insurance but [after the course] I gave information for some people who needed that…. People contact me because we know each other and then they just [ask] you, if they like, for help….

Even those who did not work or volunteer in the medical arena reported using the knowledge gained both directly and indirectly. For example, TS, who graduated the course, but decided to work in a beauty salon frequented by asylum seekers, said:

I take what I learn to my work in the salon…. I learned to treat fungi so I treat people here if they have it… I know what to do … how to treat, what kind of drops, how to clean…. Our people, … some say their back hurts, some say their heart…. In our society people say that something hurts like

in the heart, but it does not mean the pain is in the heart…. So they tell you that they go for checkups. … I tell them [what] to tell the doctor….

As TS understands what lies behind her own people's spoken words, she is able not only to assist her clients with a specific diagnosis or remedy, but also to offer a bridge to the local Israeli doctor. By telling her clients what to tell doctors, she helps the latter take better care of their Eritrean patients. Thus, these new personal modes of conduct have the potential to affect a change not only in the health of participants, their family and friends, but also in a wider realm – in power relations between doctors and patients.

AM further suggested that, by helping others with the new knowledge he gained, he raised his social status within his community:

I can help other people here and then I'm happy about it…. If you like to help people… a lot of people [like] you, it means that …you are popular you don't have to call people, they come to you....In our society you have to be, I cannot, I cannot do anything separately.

His new skills expanded his power and enriched his cultural capital. Asked to elaborate on what he is doing, AM replied:

[I help]… like delivering babies. Yeah, …the women drive me crazy…they call at night, when it pains they call, when the baby wants to get out…any time they call…. They don't care about the time because… I am still young, I don't get angry, I don't say: why [do] you call me at 2am? … [If] people have a problem, it's okay for me that they call…. I love what I'm doing….

In these testimonies the graduates identified the new status they acquired and the sense of belonging to the larger Eritrean community as essential commodities in their lives as asylum seekers. SR expanded on this:

I was motivated when I saw what special influence … Israeli activists have. … They struggle to change … so you feel part of that…. [We] must be doing something instead of just watching, being the audience….

Being connected to and inspired by a local Israeli activist became an additional asset to SR, motivating him to be an activist rather than a passive observer.

Following Bourdieu, who related to capital as a social relation within a system of exchange, and in line with Allen's [56] findings on African refugees' social capital in the US, the graduates listed their new social goods as an important component of their wealth. These new goods transformed them from mere spectators to active participants within a disempowering Israeli context. Further, their testimonies suggest their VT experience changed their meaning schemes (beliefs, attitudes and emotional reactions), forcing them to critically reflect on their experiences, which in turn can transform their perspectives. All participants implied that the VT led to a psychological change, to changes in understanding the self and to behavioral changes.

VT is a Micro Cosmos that both Empowers and Frustrates

The last theme was the most elusive and difficult to identify. Our data suggested that, within a hostile external context, the course created a micro cosmos. On the one hand, this enabled participants to dream about a better future. On the other hand, it evoked considerable frustration, as it highlighted the gaps between this experience of empowerment and their harsh living realities and limited options.

AM, for example, talked about the course as a source of motivation for further studies, but immediately after listing the options this course potentially opened for him, he said: "In Israel it's difficult to live, work, study, from there to there you don't know where you live". EF talked about the illusion the course created and compared it to a placebo: "In the course we studied about these medications that people get that don't have anything real in them, but still it makes them feel good, the placebo effect…you know?" Refusing to reduce the course to a placebo, he continued:

This course, I don't want it to be like a placebo. I try to handle things as they come in the real way, not like people will tell me…. I want to think for myself. Thinking on my own is something I learned and it is something I now do in my life.

EF used the placebo analogy to talk about his desire to think critically, independently and rationally. According to him, changes in his behavior will enable him to minimize the apparent gap between the course and his daily reality, between his unstable life conditions and his personal desires.

The difficulties in bridging the gap between the world of the VT course and participants' harsh daily realities was often expressed in the common complaint of the long commute to the hospital:

RZ: Sometimes I would be two or three hours on the bus to get to the course.

JE: One time it took me two hours to go back home and I came after midnight and then in the morning I was too tired to go to work. It's too hard for me.

Others suggested the course should be held in Tel Aviv near their homes. For the course teachers, these complaints seemed petty, annoying and meaningless in the overall experience. However, their analysis within the overall context highlighted that in complaining, the participants were not only marking the borders of their life, but also highlighting the gap between what they experienced within the course and the hostile external Israeli arena. Their ambivalence is aptly expressed by SR:

So the first time it makes you a little bit upset, because it's far from south Tel Aviv, you don't feel energy to go from work…but when you see the first two lessons, wow, you really start to miss the course…. You hope it will be twice a week instead of once every Thursday, because you get, every day you get new things….It's like university for us, that's what we think [of] the course, because it's very interesting. I hope it will be … for a year also. I hope to continue the course, you see feeling of belongings, you know that you are in the right position even though you don't get a chance to go to the higher education for the coming long years… you get something. Before I [was] not so confident. After the course you feel confident. But it's [also] difficult for me … what [do] I have to do for the coming two, three years, because there is a dilemma whether to stay here [in Israel], because you have no guarantee to live here… those sort of things, so for me, for the time being, it's okay, but for my personal life …I have also some plans, maybe to go from this country, I don't know, to go abroad to study, I don't know. Because it will be difficult… every year I have to wait for a new Israeli policy.

Thus, in a sense, the petty complaints should be understood as a shield against frustration and failure, so common in their lives as asylum seekers.

Conclusions

Following Mezirow [1], who claimed that adult education has the potential to be a transformative experience, as well as Bourdieu's [3] concept of "cultural capital," our study of the first medical interpreting VT for Tigrinya-speaking Eritrean asylum seekers in Israel expands our understanding of the outcomes and significances of such initiatives. By placing our analysis within the complex socio-political context of asylum seekers in Israel- i.e., state-orchestrated exclusion, on the one hand, and local projects of inclusion, on the other hand-we have revealed the multiple outcomes of this unique VT. Malkki [57] and others who have emphasized the need to identify the agency refugees have while attempting to create meaningful interventions or training, we too claim that this VT created a sense of worthiness and empowerment. This in turn enabled the participants not only to seek – and find – a new job, but to contain multiple and conflicting feelings, face uncertainty regarding their present realities and vague future and, most notably, to not only survive but also to thrive – relative to others-within a hostile Israeli context.

As mentioned, the VT itself was initiated in response to difficulties expressed by Israeli medical personnel in treating asylum seekers and the misery and anger that Eritrean asylum seekers experience in their encounters with Israeli healthcare. From its inception to the graduation ceremony, the course was designed to provide participants with high quality VT and with additional tools for self-empowerment. The basic assumption was that participants had the potential to become agents of change within their own communities.

The study revealed several major insights. All participants, due to life circumstances that prevented them from completing their

studies, exhibited a huge thirst to acquire knowledge and professional training. Many related to the VT as an essential tool for improving their current employment situation and a source of potential strength in their future whether they remain in Israel or not. Interestingly, no informants mentioned issues of integration or belonging to the host society as an expected outcome of the course. This comes in sharp contrast to studies claiming that refugees in the West contend that VT are not only fundamental in finding work, but are also key for integration and feeling a sense of belonging [55]. Apparently, the Eritrean participants of the VT were well aware of their precarious and uncertain situation in Israel and hence did not develop or express such expectations.

In line with Bourdieu's [3] concept of "cultural capital" and observation, graduates of the studied VT saw mere participation as a highly valued good. Moreover, in keeping with Sohn's [22] findings regarding adult education for migrants in Germany, many graduates regarded the expansion of their local social networks– thanks to their encounter with local Israeli experts and volunteers–as an asset in itself.

Overall, participants found the course to be not only a positive learning endeavor, but mainly an empowering experience that enhanced their self-esteem and fostered a sense of capability. In addition, the new knowledge gained enabled them to change some of their life habits and hence to take better care of themselves and their dear ones. Following Mezirow [1], it seems that this VT was indeed a transformative event, as it helped them develop autonomous modes of thought and enhanced behavioral changes.

Moreover, since the VT included information on their rights as asylum seekers within the medical arena and beyond, many related to the new modalities of conduct they employed as safeguarding their rights. Here, too, we noticed how graduates became agents of change, forcing other asylum seekers as well as Israelis to re-examine existing disempowered images of asylum seekers.

Finally, we found that the VT itself was seen asan isolated empowering experience within a sea of deprivation, disempowerment and frustration. Although the overall evaluation was positive and a follow-up VT was much desired, the gap was a source of frustration and despair.

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[ii] The findings do not refer to the impact of the training on the quality of healthcare. This question will be addressed in a separate study.