

## Interpreting for Forced Migrants in Health Care: Interpreters' Training through Patients' Perceptions in Russia

Larisa Lutskovskaya<sup>1</sup>, Ekaterina V. Zvereva<sup>2</sup>, Elena P. Kalashnikova<sup>3</sup>

### Abstract

The paper provides preliminary study in the field of provision of interpreting services in various health care settings including medical institutions and border-cross points for people with limited official language proficiency in Russia through the prism of linguacultural mediation. Special emphasis is laid on possible barriers in interpreter-mediated communication in health care domain. The research aims to explore target audiences' perceptions regarding the extent to which the interpreters' instruction curriculum meets professional challenges that interpreters might face while working for migrants and refugees in healthcare settings. The research methodology applies qualitative and quantitative methods as well as cluster and factor analysis. The research also features an empirical experiment involving interviews with foreign patients of a Russian hospital, forced migrants living in Russia under status of temporary asylum, and graduate students doing their master degree program "Interpreter and Translator for Public Services and Institutions" in Russia. The research findings obtained through surveys of target audiences suggest that linguistic and interpreting competences alone are not sufficient enough to ensure effective interpreter assisted communication in health care setting. Besides knowledge of field related terminology, a health care interpreter has to act as lingua cultural mediator, bridging the cultural gaps between the communicants both in medical institutions and border-crossing points. The present article has both theoretical and practical value as its findings can be used in determining the content and structure of master degree courses on interpreting and translation in health care settings.

*Keywords: public service interpreting, health care setting, linguistic and cultural mediation, forced migration*

### Introduction

The processes of mass migration have reached global scale during the last decade and affected the majority of the developed countries. Irrespective of the nature of migration, be it labor, academic or forced migration caused by armed conflicts, the process impacts all levels of host society including health care domain.

Next, migrants' accessibility to health care services is a complicated as well as sensitive issue as it concerns not only to administrative formalities required by legal regulation of health care services provision in the host country, but also language and cultural barriers that foreigners often

<sup>1</sup> Assoc. Prof., Dr., Peoples' Friendship University of Russia - RUDN University, [vasilenko\\_lyu@pfur.ru](mailto:vasilenko_lyu@pfur.ru)

<sup>2</sup> Assoc. Prof., Dr., Peoples' Friendship University of Russia - RUDN University, [zvereva\\_ev@pfur.ru](mailto:zvereva_ev@pfur.ru)

<sup>3</sup> Senior Lecturer, Peoples' Friendship University of Russia - RUDN University, [ekalashnikowa@mail.ru](mailto:ekalashnikowa@mail.ru)

face. The situation becomes even more complicated in case of forced migration as the respective category of individuals can hardly foresee all the needs during their move.

Moreover, the existing data confirms that forced migrants can hardly understand the host country language in particular domain, including legal and healthcare settings. This leads to the world-wide accepted statement of the interpreters' engagement importance for communication between migrants and the staff of hosting country authorities and agencies that migrants deal with. Both language service providers and Academia across the world argue for particular modules in the interpreters' training courses depending on the interpreting contexts.

There is a considerable bulk of academic publications and empirical data that specify challenges and constrains regarding interpreting in health care settings. However, neither the angel of forced migration, nor healthcare interpreting practices in some particular countries have become subject to research so far. For instance, Russian data concerning above mentioned research trends are still to be explored. Moreover, no research has focused so far on graduate students – novice interpreters' opinions related to the degree of balance between university course contents and real needs for professional skills to interpret in healthcare domain for forced migrants. The above confirms the present research relevance as well as stipulates the current importance of the topic under study.

The research hypothesis states that the multilingual communication in healthcare settings integrate different target audiences; the above audiences differ in their perceptions regarding challenges that emerge in the mentioned settings; the above diverse perceptions should be taken into account while dealing with the relevant staff training and professional development.

The research goal is to explore target audiences' perceptions regarding the extent to which the interpreters' instruction curriculum meets professional challenges that interpreters might face while working for migrants and refugees in healthcare settings.

This goal required a number of tasks to be fulfilled:

- to explore the research literature with a view to providing sufficient theoretical background regarding interpreting for refugees in healthcare settings;
- to analyze the situation in Russia in terms of legal and administrative issues related to language support for migrant and refugees with limited or no official language proficiency;

- to conduct survey of the target audiences with a view to identifying health care interpreter's working contexts and competences that are relevant in different settings within the language service provision for migrants and refugees;

- to develop recommendations for curriculum development for university-based interpreter training to meet language and culture mediation tasks within healthcare settings.

### **Research Literature Review**

The migration processes and the range of related problems and issues is one of the most studied social phenomena that attracted the attention and interest of researchers in various branches of science (Atabekova et al., 2017). The access for healthcare services for in the countries affected by migration crises is one of the most complicated and sensitive issues (O'Donnell et al., 2013). Thus, according to P. Estebáñez (2002), the issues related to access to medical care are the most acute for migrants. As many scholars point out, one of the main reasons that significantly hampers migrants' access to health services is the lack or insufficiency of the host country official language competences on the part of arriving migrants (Moreno, 2004). Moreover, researchers note that the inter-language barrier can significantly affect the quality of the medical service provided (Abril, 2006; Abril & Martin, 2011; Flores, 2005, 2006; Kato, 2018; Karliner et al., 2007;). Some authors do not consider language difficulties to be the main ones and concentrate their research on the cultural component: beliefs, myths, taboos, religion, significant cultural differences of immigrants (Angelelli, 2004; Fernandez, 2004). In this respect there is an opinion that intercultural mediation and interpreting functions should be performed by the medical personnel themselves, and it is desirable that they should take appropriate linguistic training (Antonín & Tomás, 2004; Limia et al., 2005).

A significant number of research papers are devoted to the figure of an intercultural mediator, which is regarded as a key element for ensuring effective communication between the user of medical services and the medical institution (Guerrero, 2012; Valverde, 2013). However, the interpreter as mediator is treated somewhat ambiguously in the research literature. Even before migration processes became massive and, possibly, irreversible, Castiglioni (1997) expressed an opinion that linguacultural mediation involves working in a specific setting, and is oriented at preventing possible conflict situations between communicants. There is a point of view shared by some scholars that an intercultural mediator is not to make any decisions, decision making is the prerogative of the two parties to the conflict: the health service providers and the services

users, the key condition is the impartial mediation (Bermúdez, 2002). Scholars also draw attention to psychological problems and cultural shock that migrants may experience arriving to their new host country as well as to the necessity of interpreters' psychological training and teaching them relevant strategies to work with immigrants. In the view of the above Carmen Valero Garcés (2014) underlines that the mediator is a much more complicated role than that of just an interpreter.

Research literature also discusses the issue of involving unqualified interpreters or so-called *ad hoc* interpreters into the medical communication. The interpreting is done by patients' relatives, acquaintances or volunteers, who not only may lack adequate language and interpreting techniques training, but may also run the potential risk of providing incorrect interpreting (Cambridge, 1999). It is also noted that the emotional state of proximity to the patient (proxy interpreters) also affects the correctness of interpreting. Issues of interpreters' professional roles in health care domain are discussed by many scholars (such scholars as Martín A., Abril Martí (2002), M.A. Mateo Alcalá (2004), Cebrián (2004) and others).

The research literature also discusses factors that influence the availability of health care services. Among such factors the following are identified: language barriers, difficulties in organizing medical care for migrants, social deprivation and traumatic experiences of migrants, inadequate knowledge of the health care services' provision system, cultural differences, different understanding of the disease and treatment, the negative attitude on the part of medical professionals and other patients, lack of access to a medical record (medical history) (Cuadra, 2012).

All the above specifies the current understanding of the Academia that should adequately respond to the emerging challenges to the Interpreters' profession due to increase in migration flow across the world (Atabekova et al., 2018).

#### Administrative and Legal Provisions Review

Problems associated with access to healthcare services for refugees and labor migrants (the latter group accounts for the largest proportion of migration influx in Russia) are twofold:

- first of all migrants are often ignorant about frequently changing legislation on healthcare services provision, what services are rendered free of charge, what documents are necessary to have to get medical services and the procedure of obtaining them;

- secondly, immigrants face language and cultural barriers while applying for medical assistance.

The procedure for providing healthcare to foreign citizens residing or staying in the territory of the Russian Federation is established by the Constitution of the Russian Federation, international treaties, Federal Laws: No. 323-FZ "On the Fundamentals of HealthCare for Citizens in the Russian Federation" (2011), No. 326-FZ "On Compulsory Medical Insurance in the Russian Federation" (2010), No. 115-FZ "On the Legal Status of Foreign Citizens in the Russian Federation" (2002), Decrees of the Government No. 186 "On Establishing the Rules of Rendering Medical Care to Foreign Citizens in the Russian Federation" (2013), No. 167 "On the Order of Providing Material, Medical and Housing Guarantees for Foreign Citizens and Stateless Persons in the Period of Their Stay in the Russian Federation" (2003) and others. In the event of a threat to life, medical care (including emergency care) is provided free of charge, including situations when an immigrant does not have any documents confirming the legality of his/her stay in the territory of the Russian Federation. Emergency medical care in the form of an ambulance, including specialized emergency care in state and municipal health institutions is provided free of charge. Other types of emergency medical care, as well as planned forms of medical care are rendered to foreign citizens for a fee. Foreign citizens can access medical care under voluntary insurance agreements and (or) CHIP (compulsory healthcare insurance policy), that is, on the basis of a medical care policy that can be obtained under the general rules established for Russian citizens.

Another major problem associated with migrants' access to healthcare services is related to language and cultural barriers. According to the statistical data obtained as result of "Russian monitoring of economic and health wellbeing of the population" (<https://www.hse.ru/rlms/>) conducted by Higher school of Economics only 40% of immigrants apply to healthcare institutions for medical help in case of illness, 48% of immigrants engage in self-treatment, 12% of immigrants do nothing at all. The monitoring results also indicate slight gender differences in the responses: the number of women who would apply to healthcare institution in case of illness is by 10% higher than that of men. Migrants with poor Russian language command find it difficult to communicate with medical personnel, besides they indicate that they find this communication awkward due to significant cultural differences. Left as it is such situation has a potential for bringing about very detrimental consequences. Instead of applying to healthcare

institutions immigrants frequently seek the help of so called “acquaintance doctors” whose medical qualification is doubtful. Considering the above, authors believe that ensuring access for refugees and migrants to health care services through eliminating language barriers and mitigating cultural obstacles by way of interpreter-mediated communication is vital for preventing marginalization of vulnerable groups of population and thus precluding possible destabilization of social situation.

## **Methodology**

### **Participants Profile**

The Interpreters’ Community experience, legal and administrative provisions on the issue under study, literature review made it possible to map the present research target audiences that for the present research. First, persons who live in Russia under status of temporary asylum were taken into account. Second, foreign patients of a Russian outpatient clinics and graduate students of MA on Translation and Interpreting for Public Services were also included in the research participants pool to get additional information on perceptions of those engaged in cross language interpretation in healthcare settings.

### **Research methods**

The research was implemented within integrated anthropological paradigm. It viewed interpreting in healthcare settings as language and culture mediation to meet vital personal human needs of the patient and professional needs of the doctors, united cognitive, social and cultural approaches to interethnic communication study, accumulated constructivism approach to university instruction. The research combined qualitative and quantitative methods, theoretical and empirical studies, and included statistical analysis, as well. Cluster and factor types of analysis were implemented to process statistics obtained through the pilot empirical studies

### **Research stages**

The theoretical analysis focused on the review of academic literature that laid grounds for conceptual framework to understand current trends and needs regarding university curriculum and instruction contents to train future interpreters. Moreover, the researchers also looked through administrative and legal provisions, official mass media sources that focused on the topics under study.

The empirical part included the survey of forced migrants who have settled in Russia, Russian interpreters who had experience of working with forced migrants in healthcare settings, interviews with foreign citizens – patients of a Russian hospital, and graduate students doing master degree program “Interpreter and Translator for Public Services and Institutions”.

Totally 15 graduate students- novice interpreters, 40 foreign patients, 31 forced migrants with temporary asylum status participated in the surveys.

The questionnaire for the surveys included items to differentiate the working contexts and the respective professional skills that interpreters need in the above contexts.

### **Pilot Experiment Results and Discussion**

The conducted research was aimed at experimental verification of the above mentioned hypothesis that communication in health care setting goes far beyond purely linguistic issues involving social and psychological dimensions and requires target audiences’ perceptions to be taken into account. With the view of obtaining reliable data the authors conducted a survey of three target groups of respondents which included the following:

- Forced migrants who live in Moscow after getting the temporary asylum status in Russia;
- MA students doing their pre-thesis interpreting internship in Russian health care institutions;

- Foreign patients who are provided healthcare services in Russian health care institutions;

The research was conducted in several stages.

The first stage included interviews with persons who have obtained the refugee status in Russia with the view of identifying their linguistic needs at cross border points regarding health care issues.

The second stage involved the survey of MA students in terms of their perception on effectiveness of their academic and practical training to meet the real challenges of health care interpreting. The third stage focused on foreign patients’ perception of interpreter mediated doctor-patient communication.

The first stage of the experiment involved persons with temporary asylum status presently residing in Moscow. The respondents who agreed to participate in the experiment were mostly from Syria, Afghanistan, they represented the following language communities: Pashto, Dari, Uzbek, various regional dialects of Arabic.

All the respondents asked for confidentiality and non-disclosure of their personal data.

In the course of the third stage of the experiment the following clusters of challenges were revealed regarding the respondents' experiences of language –related issues at the stage of crossing borders and arriving at the territory of Russia:

**Table 1**

*Clusters of challenges that persons with temporary asylum status presently residing in Moscow mentioned*

Challenges	Respondents, %
1) Lack of Interpreters at cross-border points	78%
2) Limited variety of working language pairs	70%
3) Social aspects of communication	56%

Source: Authors

The factor analysis discloses the following factors that stand behind the above clusters

Regarding the lack of interpreters at cross-border points 89% of respondents mention little number of refugees attempting to get into Russia as forced immigrants.

The second factor mentioned by respondent, and that actually follows from the thirst one, is insignificant attention to refugees' linguistic needs on the part of border officials (61% of respondents). Due to insignificant number of refugees it appears unreasonable to employ permanent staff of interpreters.

Some of the respondents agreed to be interviewed on condition of absolute confidentiality, 5% of them mention illegal crossing the Russian border which constitutes the third factor standing behind the cluster No 1.

The factors supporting the second cluster of challenges comprise the following: the diversity of dialects, some of which even have no written form (mentioned by 75% of respondents).

No massive influx of refugees, which is the case for many European countries. As has been mentioned before limited number of asylum seekers representing a vast diversity of rare languages and regional dialects render it economically costly to employ extensive staff of interpreters at cross-border points. The item was mentioned by 46% of respondents.

The third item mentioned by respondents in regard to the cluster No2 is associated with lack of LSP skills on the part of available interpreters (57%). It must also be mentioned that according to respondents' impression only a small number of interpreters appear to be certified interpreters with university or institute degree, who mostly work with major European

languages; the bulk of ad-hoc interpreting is done by border officials themselves.

Social cluster is comprised of the below:

Lack of adequate communication tactics on the part of the available interpreters. Interpreters appear to have no relevant skills to adjust their communicative tactics to target audience when dealing with women, children, adults in condition of considerable stress.

To implement the second stage of the experiment the authors developed a questionnaire for research participants (MA students at the first stage) and offered them to submit their answers two times: before and after their internship activities in a Russian outpatient clinic. Students were strongly encouraged to give their comments (All the tables presented in the paper were compiled by the authors on the basis of experimental data).

**Table 2**

*Questionnaire given to students before the experiment*

Question	Positive response	Negative response
Do you believe that knowledge of medical terminology is sufficient to provide effective interpreting in medical setting?	13	2
Is it necessary to include the following subjects into interpreting training curriculum?		
Course on Psychology of communication		
Course on cross-cultural communication within targeted language community	8	7
Course on Medical anthropology		
The health care system of Russia (the procedure for providing health care services)	5	10
	0	15
	6	9

Source: Authors

As can be seen from the table most students believed the knowledge of medical terminology was sufficient for performing effective interpreting. More than that, 12 students out of 15 indicated in their comments that they believed knowledge of medical terminology to be the key factor of effective interpreting. More than the half of the respondents indicated that psychology is an important element of interpreter's training generally. Concerning Cross-cultural studies with special focus on targeted language community only 5 students indicated this course as important for interpreter's professional practice, the majority of respondents believed that this subject is useful in terms of expanding general erudition. Medical anthropology, a subject area close to ethno medicine, caused confusion in the students involved in the experiment; they acknowledged ignorance about such subject area.

**Table 3***Questionnaire after the experiment (Source: authors' experimental data)*

Question	Positive response	Negative response
Do you believe that knowledge of medical terminology is sufficient to provide effective interpreting in medical setting?	2	13
Is it necessary to include the following subjects into interpreting training curriculum?		
Course on Psychology of communication with different target audiences	12	3
Course on cross-cultural communication within targeted language community		
Course on medical anthropology	11	4
The health care system of Russia (the procedure for providing health care services)	9	6
	13	2

Source: Authors

Having had a hands-on experience of interpreting in medical institutions within the framework of pre-thesis internship students submitted the responses that drastically differed from the initial ones. Students found themselves exposed to various psychological difficulties that frequently occur in healthcare setting: to provide effective interpreting it occasionally required to calm the patient down, give him/her advice, create a comfortable atmosphere, relieve the stress of communication in an unfamiliar environment, smooth out conflict situations with medical personnel occurring due to patients' unjustified expectations. Students acknowledged that they found themselves going far beyond the traditional boundaries of interpreter's role trying to promote doctor-patient effective communication. In the course of interpreting internship students realized that patients tend to develop greater confidence in the interpreter rather than in the doctor, as interpreter is the one who speaks his/her native language. Students involved into experiment also had to deal with a large number of issues regarding the access to medical services in Russia, for example, how to get a medical policy, what services were covered by insurance and what were chargeable etc. To ensure patient's better understanding of the procedures students occasionally had to find parallels with healthcare services provision in patient's country of origin. All these factors influenced the change in students' perception of the relevancy of certain courses.

At the third stage of the experiment a series of interviews were conducted with foreign patients. The authors asked them to answer a simple set of questions related to their experience of interpreter mediated communication in healthcare setting. The targeted group of respondents included foreign students and migrant workers. The total number of respondents was 40.

Respondents were expected to provide yes/no answers, but were encouraged to give any comments they saw fit.

**Table 4**

*(Source: authors' experimental data)*

<b>Issue of the Survey</b>	<b>Positive response</b>	<b>Negative response</b>
Do you believe that interpreter's knowledge of medical terminology is the most important factor for effective interpreting?	23	17
Do you believe that interpreter should assist doctor-patient communication through cultural mediation as well?	31	9
Are you satisfied with your experience of interpreter mediated communication?	28	12
Would you prefer to communicate with medical professionals directly, without interpreter's services?	30	10

Source: Authors

Table 4 shows the research data obtained from patients' survey. It is not surprising that slightly more than the half of the respondents believe that interpreter's knowledge of terminology is most important for effective interpreting. Somewhat more surprising results were obtained for the second question: the majority of respondents indicated in their comments that interpreter's lingua-cultural competences were the key factor that ensured comfortable atmosphere of doctor-patient communication. Answering the third question 12 respondents out of 40 said that they had a frustrating experience of interpreter assisted communication. Among the reasons that caused frustration they identify the following: low level of interpreter's cultural competence: they felt that the interpreter didn't fully grasp the culturally specific meaning of what was said, respondents came to such conclusion on the basis of doctor's reaction and obvious hesitation on interpreter's part; another cited reason was emotional discomfort caused by the presence of the third party (this reason was cited by 4 respondents and all of them were men); one respondent noted that interpreter was pushing her figure too much forward, thus hampering the communication rather than facilitating it. Despite the cited reasons the majority of the respondents expressed their preference to be provided with interpreter's services, however 10 respondents said that no matter how well interpreter was doing his/her job, they would still prefer to communicate with a doctor directly without third parties' presence.

As can be seen from the survey data the diverse target audiences reveal common challenges related to provision of interpreting services in health care context both in medical institutions and at border-crossing points as well issues of interpreters' adequate professional training. The research results convincingly demonstrate that health care interpreters' role goes beyond

traditional conduit model and is increasingly perceived as that of linguacultural mediator.

Having processed the survey results authors drafted an approximate and, of course, an open list of competences that the interpreter-mediator is expected to have, it should be noted that linguistic skills are only part of this list.

- knowledge of medical terminology;
- knowledge of cultural background of the participants of communication;
- mastery of interpreting techniques;
- knowledge of the legislative and regulatory framework for provision of health care services to immigrants;
- mastery of communication skills;
- the ability to resolve conflict situations, negotiation skills;
- the ability to integrate and work in a team in different contexts;
- empathy, interest in the patient's problems;
- respectful attitude to manifestations of cultural diversity;
- impartiality.

The mentioned competences cannot be trained only through traditional approaches to interpreters' professional training. Task-based approach, involving case studies, video-based tasks seem to be more relevant.

### **Conclusion**

The research findings obtained through surveys of interpreters, university graduate students and foreign patients revealed the need to update the university curriculum. It should go beyond terminology and basic cross cultural communication issues, and include the subjects on psychology of communication, medical anthropology, on health care system of Russia (the procedure for providing health care services).

The above courses should overcome traditions of academic teaching and move to task-based and problem-solving interactive training, including role plays, use and analysis of video extracts of interpreting in real health care settings.

Moreover, future interpreters should be consistently trained as language and culture mediators who understand the importance of their extra language tasks related to information mining and its adequate provision to representatives of different cultural, social, religious

communities, with different educational and professional backgrounds. The above facts require specific modules related to interlanguage communication strategies and tactics when applied in healthcare settings for addressees who bear different status in a particular communicative situation.

The present research article has both theoretical and practical value. Its findings enhance the vision of the tasks for university education to meet societal needs, provide theoretical background for curriculum development to help interpreters be ready to act as mediators in specific domains. The research confirms the earlier statement regarding the need for revisiting the academic framework for interpreter training.

The research results can be used for further analysis of the topics under study and academic activities related to methodology development to study interpreting activities for migrants and refugees in specific domains. The obtained data can be applied for degree and CPD courses design and implementation as it provides information on the professional needs for content and structure of courses on interpreting in health care settings. The research results provided information on specific needs for interpreters who work for refugees at the border crossing points and temporary settlements. The research findings refresh the understanding of the requirements that the interpreting industry should take into account when setting standards and identifying components that specify the essence of interpreters' qualification.

#### **Acknowledgements**

The authors thank Peoples' Friendship University of Russia - RUDN University for financial and administrative support. The publication was prepared with support of the RUDN University program 5-100 as part of the research under grant № 090511-2-000.

### References

- Abril, M.I., Martín, A. (2011). La barrera de la comunicación como obstáculo en el acceso a la salud de los inmigrantes. In: J. García Castaño, N. Kressova (Eds.), *Actas del I Congreso Internacional sobre Migraciones en Andalucía* (pp. 1521-1534). Granada: Instituto de Migraciones.
- Abril, M.I. (2006). *La interpretación en los servicios públicos: caracterización como género, contextualización y modelos de formación. Hacia unas bases para el diseño curricular*. Granada: Universidad de Granada.
- Angelelli, C.V. (2004). *Medical Interpreting and Cross-cultural Communication*. Cambridge University Press.
- Antonín, M., Tomás, J. (2004). La escala de actitud ante la inmigración para Enfermería: validación preliminar. *Enfermería científica. Granada ES*, 262-263, 77-82.
- Atabekova, A., Stepanova, V., Udina, N., Gorbatenko, O., Shoustikova, T. (2017). Interpreting in the context of refugee migration: Emerging professional challenges and needs. *XLinguae*, 10(4), 184-195.
- Atabekova, A., Gorbatenko, R., Shoustikova, T., Valero Garces, C. (2018). Academia's thoughts and graduates' opinions of education at university degree for translators and interpreters: is there a need for revisiting both concept and practice? *XLinguae*, 11(1), 269-283.
- Bermúdez, K. (2002). *Mediación intercultural. Una propuesta para la formación*. Madrid: Editorial Popular.
- Cambridge, J. (1999). Information Loss in Bilingual Medical Interviews through an Untrained Interpreter. *The Translator*, 5(2), 201-219.
- Castiglioni, M. (1997). *La mediazione linguistico-culturale. Principi, strategie, esperienze*. Milano: Franco Angeli.
- Cebrián Sevilla, C. (2004). Estudiantes de medicina e interpretación social: Trabajo de campo. In: M.I. Abril, A. Martín (Eds.), *Revista Puentes. Hacia nuevas investigaciones en la mediación intercultural*. Monográfico dedicado a la traducción e interpretación social, nº 4 (pp. 17-28). Granada: Atrio.
- Cuadra, C.B. (2012). Right of access to health care for undocumented migrants in EU: a comparative study of national policies. *The European Journal of Public Health*, 22(2), 267-271.

- Decree of the Government of the Russian Federation No. 167 of March 24, 2003 "On the Order of Providing Material, Medical and Housing Guarantees for Foreign Citizens and Stateless Persons in the Period of Their Stay in the Russian Federation" (2003). Retrieved from <http://base.garant.ru/12130328>
- Decree of the Government of the Russian Federation No. 186 of March 6, 2013 "On Establishing the Rules of Rendering Medical Care to Foreign Citizens in the Russian Federation" (2013). Retrieved from <http://base.garant.ru/70329696>
- Estebáñez, P. (2002). Salud y grupos excluidos: la inmigración. In: Estebáñez P. (Ed.), *Exclusión social y salud. Balance y perspectivas* (pp. 99-115). Barcelona: Icaria-Antrazyt.
- Federal Law No. 323-FZ of 21.11.2011 (as amended on 03.07.2016) "On the Fundamentals of Protecting the Health of Citizens in the Russian Federation" (2011). Retrieved from [http://edu.rosminzdrav.ru/fileadmin/user\\_upload/documents/zakoni/fz\\_21\\_11\\_2011\\_323-red\\_ot\\_03\\_07\\_16.pdf](http://edu.rosminzdrav.ru/fileadmin/user_upload/documents/zakoni/fz_21_11_2011_323-red_ot_03_07_16.pdf)
- Federal Law of 25.07.2002 N 115-FZ (as amended on 31.12.2014) "On the Legal Status of Foreign Citizens in the Russian Federation" (2002). Retrieved from [http://www.consultant.ru/document/cons\\_doc\\_LAW\\_37868](http://www.consultant.ru/document/cons_doc_LAW_37868)
- Federal Law on Compulsory Health Insurance in the Russian Federation of 29.11.2010 N 326-FZ (2010). Retrieved from <http://fzrf.su/zakon/obyazatelnoe-medicinskoe-strahovanie-oms-326-fz>
- Federal State Statistics Service (2018). Retrieved from [http://www.gks.ru/wps/wcm/connect/rosstat\\_main/rosstat/en/main/](http://www.gks.ru/wps/wcm/connect/rosstat_main/rosstat/en/main/)
- Fernandez, A. (2017/2018). Antropología Aplicada: Salud y desarrollo Comunitario. Retrieved from: [http://antropologiaaplicada.usal.es/data/\\_uploaded/documentos/Guia.pdf](http://antropologiaaplicada.usal.es/data/_uploaded/documentos/Guia.pdf)
- Flores, G. (2005). The impact of medical interpreter services on the quality of health care: A systematic review. *Medical Care Research and Review: MCRR*, 62(3), 255-299.
- Flores, G. (2006). Language Barriers to Health Care in the United States. *The Lew England Journal of Medicine*, 355(3), 229-231.
- Guerrero, A. (2012). Migration and health Perspectives on the immigrant population. Retrieved from [https://www.gob.mx/cms/uploads/attachment/file/166446/Migracion\\_y\\_Salud\\_2016.pdf](https://www.gob.mx/cms/uploads/attachment/file/166446/Migracion_y_Salud_2016.pdf)

- Kato, K. (2018). Cultural Understandings of Mental health: The Role of Language and Ethnic Identity. *Journal of Ethnic and Cultural Studies*, 5(1), 58-83.
- Karliner, L.S., Jacobs, E.A., Chen, A.H., Mutha, S. (2007). Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature. *Health Services Research*, 42(2), 727-754.
- Limia, S., Aguado, M.G., Salvadores, P. (2005). Crecimiento de la población inmigrante y su relación con la oferta formativa en Enfermería. *Enfermería científica. Granada ES*, 276-277, 43-51.
- Martin, A., Abril, M.I. (2002). Los límites difusos del papel del intérprete social. In: C. Valero Garcés, G. Mancho Bares (Eds.), *Traducción e interpretación en los 64 servicios públicos: Nuevas necesidades para nuevas realidades* (pp. 55-60). Alcalá de Henares: Universidad de Alcalá.
- Mateo Alcalá, M.Á. (2004). *La interpretación social: hacia el reconocimiento de la profesión. Jornades de foment de la investigació*. Alicante: Universitat Jaume I. Retrieved from <http://www.uji.es/bin/publ/edicions/jfi10/trad/10.pdf>
- Moreno Preciado, M. (2004). La asistencia al paciente inmigrante: un reto para los gestores sanitarios. *Gestión Hospitalaria*, 15(3), 85-92.
- O'Donnell, C., Burns, N., Dowrick, C., Lionis, C., MacFarlane, A. (2013). Health-care access for migrants in Europe. *The Lancet*, 382(9890), 393.
- Valero Garcés, C. (2014). *Communicating across Cultures. A Coursebook on Interpreting and Translating in Public Services and Institutions*. Lanham/Plymouth: University Press of America.
- Valverde, M. (2013). *Barreras comunicativas en la atención sanitaria a la población inmigrante*. Retrieved from <https://e-revistas.uc3m.es/index.php/RECS/article>