

ETHNIC AND MIGRATION ETHNOLINGUISTIC DIVERSITY: THE CHALLENGE (NEW STAGE) FOR THE HEALTH SECTOR IN SPAIN, MEXICO, AND RUSSIA

Ekaterina Zvereva¹, Kamo Chilingaryan^{2*}

¹PhD at RUDN University, RUSSIA, frakatr@yandex.ru

²Associate professor RUDN University, RUSSIA, chili1@yandex.ru

*Corresponding Author

Abstract

Migration and social mobility are an integral part of the life and development of modern society. In this regard, public services of developed countries have faced the need to adapt their activities to new conditions and develop other strategies with different ethnic groups of the population. Russia, Spain and Mexico have always been multicultural states, and now a number of problems related to migration processes have been added to this diversity. One of the most significant consequences of increasing migratory flows is the "erosion" of identity and the impact on the ethno-political and linguistic situation in Europe and, to a lesser extent, in Latin America. Mutual co-existence of two or more different cultures is a rather complex and painful process, since migrants are reluctant to assimilate and live according to the laws and rules of culture of the recipient country.

The current situation calls for the development of collective approaches based on the principles of humanism and a reasonable balance between the protection of linguistic human rights and the national interests of host states. Nowadays, translators and interpreters working in the field of public services are carrying out their activities in the context of multicultural language communities, which, undoubtedly, determines the specific features of the translation practice and requires new approaches.

All these factors determine the relevance of the problem under study. The article is aimed at the identification of the most common types of barriers that prevent the access to quality services in health care, distinguishing the difficulties faced by professionals in the health care providing medical services to persons who do not know or have a weak command of the official language, definition of strategies for overcoming language barriers between medical staff and patients, and training of specialists in cultural and linguistic aspects in the health care domain. The article studies the legal framework that legislatively determines the right of citizens and non-citizens to language support in the provision of medical services. The leading approach to the study of this problem is the method of empirical analysis, statistical and comparative methods.

The article substantiates two basic approaches to the solution of the problem: mandatory participation of translators / interpreters with linguistic skills in a specific field (technical translation) and those who have the necessary competences in cultural mediation or training of medical personnel.

The materials of the article can be useful in the creation of training courses for the preparation of interpreter-mediators in the field of medical communication.

Keywords: language barriers, interpersonal communication, international migration, Cultural and linguistic diversity, ethnolinguistic diversity.

1 INTRODUCTION

Cultural and linguistic diversity of communities hampers communication. At the same time, the adoption of ethno-linguistic diversity and implementation of a policy of respect and tolerance contribute to the development of methods to facilitate multilingual communication.

Each country is peculiar in the social, cultural and linguistic spheres, but the process of multiculturalism cannot be avoided by almost all of them. Living together, multilingual and multicultural groups make an attempt of adaptation, which goes beyond knowing one language-intermediary. Adaptation efforts include, first and foremost, maintaining a relationship of transparency with the goal of achieving effective interpersonal communication, understanding and communication. This is not only a question of courtesy, respect or tolerance, and one of the basic social functions to solve problems in the absence of communication. At the administrative level, measures are being taken to establish mechanisms and translation tools that facilitate communication. In the social structure, health system, along with the education and judicial system is one of the social areas most deficient in the Americas and Europe, which are the preferred destination of international migration.

We will consider the situation in Spain and Russia, as well as in Mexico in connection with ethno-linguistic diversity that has emerged in recent decades and went beyond the existing legal framework.

1.1 Methodology

The main current contradiction between the state migration policy and the system of providing barrier-free access to medical care is the lack of justification of the need for a certain number of migrants and the possibility of their integration into the social and economic system of the host community. The settlement of this contradiction is possible by developing effective methods based on a unified, interdisciplinary research methodology, which is currently not available. The concept of migration policy, implemented in these countries, has in its "arsenal" a significant set of tools aimed at creating the necessary conditions for attracting, placing, adapting and integrating migrants in the countries studied. At the same time, Spain, Russia and Mexico, facing with a growing migration flow, have not had proper experience to ensure full access of the migrant population to medical services. The study of the nature of migration, the laws of its influence on the host community is carried out by various branches of science. At the same time, the imperfection of the methodology in the study of migration processes so far does not allow to form and implement an effective mechanism of strategies in the health sector. The main problems in reliable estimates of the actual impact of migration lie in the multifaceted nature of migration itself, in the complexity of its full quantitative assessment. In this connection, the authors had to be content with departmental statistical data and intuitive assessments, which do not allow to fully form an objective picture of this phenomenon. We also used the method of empirical observation and comparative analysis of the situation in the three countries studied. Individual factors that determine the state of migration processes are analyzed within specialized disciplines with the help of specific methods and tools. Thus, each branch of science uses its own methodology aimed at understanding the truth within the designated object and subject of research.

The need for an interdisciplinary approach to the study of migration processes is evident: it assumes a certain rapprochement and mutual enrichment of the methodology of various branches of science. It requires the formation of a unified methodological tool that allows a comprehensive study of the impact of migration processes on the functioning of the public health system. Methods of comparative and statistical analysis should be used to optimize the instruments of the relevant directions of the state migration policy. Further functional analysis presupposes generalization of the Russian and foreign experience in regulating migration processes in the healthcare sector, which will allow to develop necessary measures to improve the instruments of the state's migration policy.

2 COUNTRIES OVERVIEW

2.1 Spain

The (legislative) article of the Spanish Constitution of 1978 protects and promotes the linguistic diversity of the country, giving regulatory framework for each region to normalize the use of its own language, along with the Spanish language. In this regard, the efforts of the administration were in the interests of the speakers of these languages to use their language on par with Spanish in all social spheres. In matters of health, the eighties saw the Law, which states that: "the Autonomous communities with their own official language, in employment and providing a workplace in the field of public health, the applicant must be proficient in the two official languages" (Chapter VI, article 84.4).

This law contributed to the fact that the staff was a native speaker or fluent in a regional language as a second language, having adequate language skills in order to effectively serve the citizens who speak an official language in the Autonomous region. That is how the problem of linguistic communication was decided; in the Autonomous communities the bilingualism took place along with their own language.

The state structures serve the users who operate with other cultural codes and adhere to other traditions and beliefs and who have much more communicative taboos compared to representatives of modern European culture. The European society has adopted the current situation and is adapting to it by attracting a number of different strategies. According to article 12 of the Law on Foreign Citizens, the said persons are entitled to medical assistance in accordance with the legislation (Código de Extranjería: 5).

Today Spain (as well as many European countries) has become home to two large groups of the foreign population: on the one hand - foreign residents and tourists, and on the other - economic migrants. In the 1980s initiatives were introduced to effectuate the transfer of hospitals of the coastal regions of Andalusia, Valencia and Catalonia to serve foreign residents and tourists. These services are coordinated and have reached a certain level of organization, comprehensive coverage of languages and some skills over time.

However, since the nineties, Spain has become a destination of international migration which has led to increased linguistic diversity with the arrival of foreign population, moving from bilingual communication for ethno-cultural diversity. According to a study conducted by the National Immigrant 2007, there are 12 nationalities with a permanent residence in Spain. In connection with the new demographic characteristics of the population, even in those regions where medical institutions were able to normalize the local linguistic diversity, as in Catalonia, it is required to adopt new measures from the health facilities.

As an initiative it would be possible to make Spanish and English as a *lingua franca*, but there is no certainty that migrants will be able to learn it on the level of free communication. Now existing initiatives are complemented by other proposals aimed at resolving situations that may arise in connection with the arrival of non-European economic migrants.

The sudden increase in population that seeks health services and do not speak the local language is exacerbated due to the lack of intermediary languages (English, French or Spanish), known to one of the interlocutors, to be able to conduct a conversation in healthcare. As a result the Spanish government had to resort to such measures as: creation interpretation service in medical centres; seeking external translators, if necessary; using the services of interpreter by telephone; providing written information materials in the languages of the user; collecting and analysing information about cultural characteristics of the users for training the medical staff; organizing language courses

Considering possible courses of action for solving the problems, groups were merged as the FITISPos group at the University of Alcalá de Henares (Valero, 2006, 2001, 2013,2014), dealing with research and training interpretation and translation. This group, has been responsible for the training, and has been translating in medical centers since 2002. FITISPos group has created a multilingual guide:

- Multilingual pediatrics Guide
- Multilingual Guide for pregnant women
- Multilingual immigrants' guide for services in social spheres
- Multilingual care of minors' (0-18) guide
- Multilingual guide for the primary examination of the immigrant

These materials are designed to facilitate communication between people. Also brochures have been widely used as communication tools, translated in all major languages, for the sake of improving the quality of communication in the field of social services: jurisdiction, healthcare and education, given the experience of linguists and translators in terms of a multidisciplinary and multicultural approach (Valero, 2006).

Three basic types of translation tools were established as an adjuvant: dictionaries or glossaries; phrasebooks; computer translators

As another example of the use of dictionaries to communicate with immigrants, University of Gerona (Gabinete' Assessorament Lingüístic (Gali)) has prepared a medical dictionary and PhraseBook to serve the group of immigrants. They include pictures and the most common expressions that are useful for understanding important information. The purpose of these developments was to reduce the language difficulties faced by health workers in their daily practice. These materials are intended for primary medical care for adults and Paediatrics, including general obstetrics and gynaecology, a set of questions typical for

social workers and departments of customer service. The materials are developed in ten languages most frequently used by immigrants (Arabic, Berber, Chinese (Mandarin), Soninke, Mandingo, Fula, Wolof, Punjabi, Ukrainian, Tagalog and Romanian) (Gracia and Bou, 2006).

The most famous initiative, developed in Navarre is the use of computer or electronic translators. With the support of the Spanish Society of Family and Community Medicine, and the Navarrese Society of Family Medicine and Primary Care, a computer program (Universal Doctor Speaker. Family medicine in 9 languages) that helps to overcome the language barrier when communicating with a patient that does not speak Spanish was developed. (<http://www.universaldocor.com/>)

This measure was a response to the statistics, where 58% of primary care physicians find that poor adherence to treatment of immigrant patients is due to difficulties in understanding the doctor's language. The use of this initiative is relevant not only in the Autonomous regions, but also across the country, so this program is being implemented among doctors across the country.

The development of such a tool is crucial due to the fact that most health centers do not have a staff interpreter or cultural mediators who are indispensable in healthcare centers. Because of their absence the time of admission is increasing, and such situations raise concern among medical personnel. The creation of such tools is a perfect strategy for a situation of extensive multilingualism, when the physician is almost impossible to learn all languages.

The use of a dictionary can provide some convergence and interaction with the patient, but nevertheless the issue that the medical personnel must be trained in obtaining the basic foreign language arises. The doctor's time is limited and , unable to use the directory, it will become a luxury for a doctor to examine a patient. This also applies to Mexico. This country differs by a large ethno-linguistic indigenous population. Currently, Mexico is a transit area for permanent migration flows, as well as their permanent residence, especially refugees of Indian peoples.

In this country the difficulty is caused not by immigrants, but by ethnic minorities living in the country. For example, while in the United States, the Indians consist 1% of the total population (U.S. Census Bureau, 2000), 30.2 % of whom do not speak English correctly in Mexico in 2005, the indigenous population amounted to almost 7% of the total population. Of these 7%, 12% speaks their language and lives mostly in the Chiapas, Yucatan, Oaxaca, Campeche, Quintana Roo, Guerrero, Puebla, Veracruz and San Luis Potosi States. (Indicadores Socioeconómicos de los Pueblos Indígenas de México)

2.2 Mexico

In Mexico the main provisions for legislative reform of treatment and use of Native Americans' indigenous languages were defined in the early 1990s.

Institutional protection of the linguistic and cultural rights have been developed through the actions of some national organizations such as the National Commission of Justice for the Indigenous Peoples of Mexico, the National Indigenous peoples' Institute, and the legal framework of international agreements such as the Convention 169 on Indigenous Peoples and Tribes in Independent Countries of the ILO, in 1989, and the Universal Declaration of the United Nations convention on the Rights of Indigenous Peoples, in 1991 (Pellicer, 1997: 282-286).

This recognition and legal protection has taken a big step at the Federal level, with the reform of the article of the Constitution of the United Mexican States, 14 August 2001, on Recognition of indigenous peoples' rights and the adoption of a General Act on Indigenous Peoples' Linguistic Rights (DOF del 13 de marzo de 2003) and the law on the recognition in the academic field and the restoration of indigenous languages in educational and professional level.

There are a number of other legislative acts that have created a favorable legal framework for the recognition of cultural diversity and multilingualism of Mexico. For example, the law that guarantees the use of the media, the use of procedures or matters of public management, use of services and public information and non-discrimination on the basis of the language. (Pellicer, 1997: 282-286). Measures are taken to preserve the rights of speakers of other indigenous residents and migrants' languages to receive public education and justice. These measures are complemented by the provision of "interpreters and advocates who have knowledge of their native language and culture" (Article 10 of the Constitution).

However, although the question of the services in the healthcare domain is prescribed by law, the question about the use of interpreters in this area, as in the U.S. the law does not stipulate (The Civil Rights Act)

The scope of legislative and administrative measures is significant and is mainly applied to the access to

justice, ensuring the presence of translators, interpreters and lawyers who know the language and culture of the citizens, as well as translation of legal texts and national anthem in indigenous languages.

Although these measures in Mexico are being implemented slowly and unevenly, in any case, the institutions are obliged to familiarize the person with his/her rights, laws and regulations, programs, projects and services for the indigenous population, with the use of language and media, and develop a policy for training those public servants who work with the indigenous population or work in administrative structures (Article 67 of the Constitution).

However, this regulation and these measures are not fully applied to the healthcare setting.

In accordance with the Constitution, the Ministry of Health only provides an effective access to healthcare by expanding coverage of the national system, using appropriately traditional medicine, as well as developing nutrition programs for indigenous populations, children in particular. Hence, these initiatives require expansion of the Department of traditional medicine and intercultural development (la Dirección de Medicina Tradicional y Desarrollo Intercultural), as well as human potential, material and financial resources.

Paradoxically, the recognition of ethnolinguistic diversity confirms the lack of regulation on language similar to that which exists in other spheres of the government. It can be concluded that it is necessary to consider the communicative problem that affects health and treating the indigenous communities. Many scholars in the early nineties spoke about the need to formulate an effective state policy that would be aimed at legislating the equal barrier-free access to medical services for the Mexican Indians (Hernandez et al., 1991).

And much later, in 2012, Mexican researchers continue to speak about explicit ethnic and racial discrimination in the sphere of obtaining medical services, while singling out both the Indian population and Afro-ethnic groups as vulnerable groups. (Hurtado-Saa; Rosas-Vargas, Valdés-Cobos Ra Ximhai, 2012)

The only measures that will apply to the system of the Mexican public health care for indigenous communities is hiring an assistant who preferably is a bilingual native speaker or ask for help from family members as interpreters (Coronado, 1999: 53-54).

Thus, attempts have been made to ensure the permanent presence of medical personnel in the field to perform tasks of linguistic and cultural translation between a doctor and a patient. Usually it is either the interpreter / translators in the health sector or health workers fluent in the language spoken by the population of this area. . (Figueroa-Saavedra, 2009)

This procedure is not part of the policy per se but rather is a good practice to solve the recurring problem.

Only in some States of Mexico, the question of language is included in the social law, but there is no law, which could make or recommend that the medical staff should know the local language, either simply have the appropriate staff to overcome the language barrier.

The available experience does not allow to create a specialized medical interpreters/translators staff. The medical centers are largely dependent on the availability of the professional staff that masters another language. The opposite case is when the staff from another region knows the local language and may be considered as a competent interpreter and cultural mediator, although it is rare, but possible.

Speaking about the problem of overcoming the language barrier with the representatives of other cultures, the problem is solved in the following way: Mexican doctors all speak English, which could be in the provision of services to foreigners, the mediator language. In Mexico doctors and some other engineering specialties are required to speak English. According to the educational standards, a medical student cannot enter a master course without passing the international English exam.

So communication between the Mexican doctor and patient in many cases can be carried out without any mediation, based on the linguistic competence of both. This could include such means as: the use of slow speech and simple words; use pictures and symbols; sign language.

Or, if the patient is not fluent in a common language of mediation, then mediators: relatives or friends of the patient are one of the most common solutions.

2.3 Russia Case

Immigration to Russia is steadily growing; Russia has become the largest center of migration in the Eastern hemisphere, and the migration processes are becoming more complex.

Immigration to Russia proved to be predominantly interesting to citizens of Central Asia and the Caucasus, and mainly they immigrate in Moscow and the Moscow region. (Federal State Statistics)

Today, the national issue in Russia is very acute, mainly related to the relationship of the local population with immigrants mainly from Central Asia.

According to the President of the Russian Federation, migrants should respect the local customs, the customs of the Russian people and other peoples of Russia. And inadequate, aggressive, causing, disrespectful – behavior should meet the corresponding lawful, but rigid answer from the authorities. (<http://www.arvedi.kz/news/v-putin-migranty-dolzny-znat-russkiy-i-uvazhat-traditsii-rossii.html>)

For normal adaptation of migrants in the Russian society, the President demanded to make the examination in the Russian language and Russian literature compulsory, as well as history and basics of state and law of Russia to obtain or renew your migratory status. (Lusikova 2014).

Refugees and internally displaced persons have the right to free medical care in Russia. 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" (with amendments effective from 31.03.2015) This right is granted on the same basis as citizens of Russia; at the same time to get access in paid medical institutions, you will do the paying. The treatment in clinics and hospitals, funded from the local budget is free for residents of the area and, as a rule, paid for out-of-town (except for "emergency medical assistance"). The state adult and children's federally funded hospitals provide free services to citizens and officially registered refugees.

It should be noted that in Russia, in addition to language barriers, the main barriers to the availability of medical care for migrants are the following: the illegal (with no documents) situation of many foreign workers, leading to the inability to receive insurance from employers and deterring from submission to insurance companies; the high cost of voluntary medical insurance policies and the inaccessibility of Compulsory Health Insurance policies; lack of motivation for employers to protect the health of migrant workers; lack of choice of medical institution for medical examination (migrant is an "involuntary client"). Moreover, not only migrants without a work permit and a patent are vulnerable, but also foreign workers who possess all the permits for work. The informal labor status aggravates the situation of the migrant in the situation of the need to receive medical assistance. The issue of its accessibility for labor migrants concerns not only health institutions and departments: it is a matter of national importance.

Summarizing the information presented above, it should be noted again that among the many solutions that have been developed in recent time, very few are attracting qualified staff to provide professional services which ensure all the necessary guarantees.

It is known that if professionals are not involved in the process of communication, there is no guarantee in the quality of translation, which poses a threat to the health and well-being of the patient.

One of the ideal solutions is the creation of a professional team of interpreters in hospitals, because it allows you to adapt services to specific needs. Simplifying the integration of interpreters in the structure of health care, in turn it improves the quality of communication and relationships between all parties involved. In these cases, it is preferable that the medical service itself provides a minimum training for interpreters for their inclusion in the state agencies.

It is not possible to have an interpreter / translator for each indigenous language in every medical center or hospital: the cost of such project is huge. It would seem that hiring of interpreters / translators is a suitable measure. However, although the interpreter is fluent in the language, he/she has not necessarily had the language command in ESP (here, medicine). That is, the non-professional translator / interpreter may result in a bad outcome because of lack of medical knowledge. In addition, there may be other weak points in intercultural communication, that is, understanding the social and cultural context of the patient.

Even if the interpreter is hired directly or through an Agency of interpreters, there is no guarantee that the interpreter has the necessary knowledge in the field of translation, medicine and culture.

The lack of a legal base does not guarantee the confidentiality of the relationship between doctor and patient either. Here, it is possible to use the Mexican experience. In Mexico there are so-called "peritos" - experts in various fields, particularly in translation, who has a special permission to carry out their activities, issued by the Supreme Court of Mexico.

Today, the best solution is the availability of human resources of the hospital with the necessary knowledge. For example, the presence of medical staff with knowledge of "lingua franca" (e.g. English) to cover (to encompass) at least part of the patients who speak the language of mediation with the aim to overcome the

language barrier and improve the quality of medical attention and treatment. As well as the availability of specialists in the field of health care or staff, with knowledge of the languages of minorities who may combine their duties in the health settings, with translation for the experts who do not speak the language. Yet, these professionals can prove their skills with minimum training in the field of translation.

So, the most appropriate remedy is: availability of professional interpreters with the necessary linguistic, medical and cultural skills; availability of medical staff with the necessary translation, language and cultural skills

3 TRAINING OF SPECIALISTS IN LANGUAGE AND CULTURAL ASPECTS IN HEALTH CARE

Currently, the process of teaching a foreign language for translators/interpreters in the field of medical institutions has some gaps and does not always take into account the new needs of the changing ethnopolitical picture of the world. Often there is a preponderance of general language to the language for special purposes, and there is no comprehensive approach that involves combining materials on narrow medical terminology with courses on studying the health care system and access to medical services in the countries of the language studied, as well as sets aimed at the psychological preparation of future translators/interpreters, topics of medical ethics and sets of cultural information on the main ethnic groups of migrants with whom the translator/interpreter will have to work, disciplines on communicative strategies. The absence of a universal approach to this problem and the insufficient formation of the corpus of linguo-didactic materials generate an imperative need for in-depth theoretical and, to a greater extent, practical research in the field of teaching a foreign language for medical translators and interpreters.

Medical translation requires the interpreter/translator to be not only linguistically competent, but to have deep knowledge in the field of medicine. (Mitrofanova, 2010, Atabekova, 2011, Penkova, Mitrofavova 2013)

Since the translations on medical topics require special knowledge, the interpreter/translator should possess not only knowledge of the language and ability to translate, but also higher medical education. This is necessary because one cannot correctly translate the medical nuances of something if you do not understand them. The competent translation of medical scientific articles, medical records, references and examination results requires understanding of the used terms and the ability to speak a common "medical language". In most cases the names of diseases, diagnoses, symptoms cannot be translated literally, and the corresponding terms in one language sometimes are not similar to the counterparts in another language. After all, the person who takes responsibility for the translation is also responsible for the health and the lives of those people targeted by particular drug.

It should be remembered that even a great specialist in a particular field of science cannot make an adequate translation, without knowledge of those lexical and grammatical patterns that underlie the language.

In all above mentioned countries (Spain, Mexico, Russia), the interpreters are trained in higher education. The curricula include medical subjects. Studies conducted in Spain, Mexico and Russia note the lack of knowledge in the field of medicine due to the lack of specialized training in this field. A characteristic feature of modern medicine is the growing number of subspecialties, as well as fragmentation of existing specialties. Accordingly, in addition to the needs in the interpreters/translators, the requirements for qualifications of the interpreter/translator are increasing. Now it is not enough to have linguistic and medical education to be an interpreter/translator.

The quality of medical translation, depending on its purpose, must meet different requirements. The most stringent requirements apply to the translated documents for patients: there should be nothing incomprehensible to the patient, so the translation has no specialized terms and Latin letters. Terms and Latin are allowed in translations intended for the doctors. For translations which are provided along with documents to the expert examination and approval departments, the requirements are minimal, even stylistic errors are possible.

For example, in Russia, the existing English textbooks for medical universities, as a rule contain short medical texts with easily and unambiguously recognizable terminology and do not contain explanations, have no glossary and are not suitable for self-study. Often these books take the form of a phrase book, designed for semi-professional communication "doctor - patient". At the same time, they are mostly designed for the pre-intermediate level of knowledge of the language.

In this regard, the centers of medical universities and some faculties of Russian universities of Continuing

Professional Education which issue a certificate of “Translator and Interpreter for Public Services and Institutions” began to emerge. A new generation of local physicians and pharmacists receives linguistic training in the framework of the program “Translator in professional communications”.

Never before have the translators of medical literature been trained. What existed was a foreign language course (usually English) for professionals, usually in higher education institutions, or courses in the field of professional communication where specifics of medical translation were not considered.

The main objective of these educational programs is to prepare modern highly skilled experts in the field of medicine and pharmacy, able to speak a foreign language as a means of communication with linguistic and cultural competence needed for effective participation in international professional communication, which contributes to the dynamic entry into the European informational and educational space.

The qualification of an interpreter/translator can be assigned to graduates with degrees in various specialties: “General Medicine”, “Stomatology”, and “Pharmacy”. Acquiring additional qualifications is particularly relevant regarding the Bologna process, one of the Central provisions of which is “academic mobility” in higher education.

The training program includes advanced training in a foreign language. Students work with original medical scientific literature; acquire the various methods of extracting and processing information with a view to its use in the study of special clinical subjects, as well as in their future professional activities. The training of professional communication is in the form of scientific conferences, organization, content, and atmosphere as close to a real situation of international meetings involving health professionals and pharmacists.

In addition to in-depth English language course, the future interpreters/translators study the stylistics of the Russian language and culture of speech, foundations of linguistics, English (or another language) lexicology and stylistics. They also receive special translation training, which includes theoretical courses on translation theory and practical course of professionally oriented translation. Students are going through translation internship.

CONCLUSION

In conclusion it should be noted that the social and political processes taking place in Russia, Spain and Mexico affect all civil society. Issues, related to the life and health of a citizen, require a special attitude to the legal regulation of this sphere. The growth of the number of migrants, together with the historical development of the society, should encourage real development and improvement of relations in the sphere of medical care for migrants. Migrants, having found themselves in another state, fall into unfavorable, sometimes even extreme, living conditions. Among them: non-mastering of the dominant language of the recipient country, the housing problem, social and psychological adaptation, legal ignorance, etc. Given that the health problem of the population has been and remains traditionally relevant throughout the history of mankind, migrants cannot do without proper medical qualified assistance. Migrants are not always able to independently understand all the intricacies of constantly changing legislation and in cases when there is a threat to life and health, at times they do not know what kind of medical care is free, what documents are necessary and where to get them.

One of the most important characteristics of the current health care system is the fact that at present medical facilities do not just serves patients, but interact with the users of health services that must have equal, barrier-free access to the health care system for all segments of the population, including immigrants. Nevertheless, the legislative acts of the country do not contain any envisaged mechanisms that fix the role of an interpreter-mediator, his status and functions, and the compulsory availability of such a position in medical institutions.

In this regard, the authors believe that countries nowadays should consider the issue of enacting, in legislation or, possibly, in regulatory legal acts of medical institutions, the introduction of the position of an interpreter/translator who is certified in the language for special purposes of the relevant state body (Ministry of Health) with the assignment of a civil servant status.

The study of the current situation in Spain, the numerous measures taken by both governmental and non-governmental organizations, the work of academic university groups, the participation of private charitable organizations, the creation of an extensive network of telephone interpreting services and the development of multilingual electronic medical applications, and their own initiatives of medical institutions make it possible to conclude positively that the authorities are willing to resolve the current situation.

The authors believe that taking into account the experience of Spain for the Russian Federation and Mexico

a possible practical solution to the problem, apart from its consolidation at the legislative level, could be the creation of the Job Centre of medical interpreters/translators, presupposing round-the-clock duty, at least in a telephone or video format. These persons could receive some form of contract of civil servants with the provision of a minimum wage.

In the sphere of educational institutions, the authors offer the following:

-Development of unified standardized programs in the Russian educational institutions, with a view to obtaining a unified certificate of an interpreter-intercultural mediator.

- The creation of interdisciplinary training programs that, in addition to courses in general linguistic disciplines involving the acquisition of language competencies and translation techniques, provide for the introduction of such disciplines as psychology, cultural studies, medical anthropology, sociology, communicative techniques and techniques of intercultural mediation, as well as a course in the legal field in the health care system);

- Systemic and integrated approach;

- Development of competence in the field of intercultural mediation in the health sector to serve the specific needs of particular population groups, in particular immigrants;

- Development of practical methodological tools that would allow to include intercultural and inter-language mediation as one of the types of translation services in this field.

These recommendations should be recognized as not limited. Of course, research in this area should continue with the participation of specialists from related disciplines: linguists, sociologists, psychologists, and culture experts.

In conclusion we will note that the practical use of the research results and the application of relevant recommendations can be possible only with the active participation of public services and with a clear awareness of the importance of problems of the migratory population in the modern ethno-political situation. National and migration ethno-linguistic diversity hampers communication, which contributes to the creation of methods to facilitate multilingual communication. At the administrative level, measures are being taken to establish mechanisms and translation tools that facilitate communication and ensure full communication.

Today, the most optimal is the not only the language but also the specialized skills of interpretation and translation of medical orientation, but also understanding the social and cultural context of the patient. It is essential to have medical personnel that speak the generally accepted language (e.g. English) to accept patients who speak the language of the mediation, with the aim to overcome the language barrier and improve quality of care and treatment. Specialists are required in the field of health care with the knowledge of minority languages to combine their duties in the field of health with translations/interpretations for the experts who do not speak the language.

For this purpose the three mentioned countries (Spain, Mexico and Russia) provide training of specialists in foreign language, and appropriate amount of extralinguistic knowledge at a level sufficient for international communication in medicine or pharmacy.

ACKNOWLEDGEMENT

The research is implemented within the framework of the RUDN university participation in the Russia-wide 5-100 project.

REFERENCE LIST

Atabekova, A. (2011). Training Language and Culture Mediation Skills in Legal Domain: Transferring Disciplines within the Law School Curriculum. ICERI 2011 Proceedings, pp.846-849.

Código de Extranjería. Available at:

https://www.boe.es/legislacion/codigos/codigo.php?id=070_codigo_de_extranjeria&modo=1

Constitución española Artículo 43.

<http://www.congreso.es/consti/constitucion/indice/sinopsis/sinopsis.jsp?art=43&tipo=2>

Coronado, Suzán, G. (1999). Porque hablar dos idiomas... es como saber más. Sistemas comunicativos bilingües ante el México plural. México, DF: CIESAS y CONACYT

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" (with amendments effective from 31.03.2015)

Federal State Statistics Service. Accessed 9.08.2018

http://www.gks.ru/wps/wcm/connect/rosstat_main/rosstat/en/main/

Figuroa-Saavedra, Miguel. (2009, julio-diciembre). Estrategias para superar las barreras idiomáticas entre el personal de salud-usuario de servicios de salud pública en España, Estados Unidos y México. Nueva época, 12, 149-175.

Gracia and Bou, (2006). Gràcia Solé, Bou Mías. (2006). Lenguas, inmigración y comunicación en los centros de salud. En Actas del Primer Congreso Nacional de Lingüística Clínica (pp. 60–82). València: Universitat de València.

Hernández, Peña P., Zapata, O., Leyva, R., Lozano, R. (1991). Equidad y salud: necesidades de investigación para la formulación de una política social. En Salud Pública de México, Suplemento, Vol. 33(1), pp. 9-17.

<http://www.arvedi.kz/news/v-putin-migranty-dolzheny-znat-russkiy-i-uvazhat-traditsii-rossii.html>

Hurtado-Saa, T., Rosas-Vargas, R., y Alberto Valdés-Cobos Ra Ximhai (2013). Servicios de salud, discriminación y condición étnica/racial: un estudio de caso de la problemática en México y Colombia, enero - abril, Vol. 9, Especial 1 Universidad Autónoma Indígena de México Mochichahui, El Fuerte, Sinaloa. pp. 135-151.

Indicadores Socioeconómicos de los Pueblos Indígenas de México, 2015

<https://www.gob.mx/cdi/articulos/indicadores-socioeconomicos-de-los-pueblos-indigenas-de-mexico-2015-116128?idiom=es>

Lusikova, S. (2014) Testing of migrants in the Russian language as an indicator of the implementation of Russia's migration policy // Bulletin of the Tver State University, series "Philology", No. 1. pp. 217-221

Mitrofanova, K. (2010) Training foreign medical vocabulary of medical students: Ekaterinburg, pp. 39-45.

Pellicer, D. (1997). Derechos lingüísticos y educación plural en México. En Garza Cuarón, Beatriz (coord.), Políticas lingüísticas en México (pp. 273–289). México, DF: Universidad Nacional Autónoma de México–La Jornada.

Penkova EA, Mitrofanova K.A. (2013) Additional linguistic education in a medical college // Professional linguistic education. Materials of the Seventh International Scientific and Practical Conference. pp. 381-385.

The Civil Rights Act of 1964 in the USA. <https://www.archives.gov/education/lessons/civil-rights-act>

U.S. Census Bureau, 2000, <https://guides.library.harvard.edu/census/2000>

<http://www.universaldocctor.com/>

Valero Garcés, C. (2001) "¿Mediador social = mediador lingüístico = intérprete? Práctica, formación y reconocimiento social del "intérprete" en los servicios públicos". En: La evaluación de la calidad en interpretación: Docencia y Profesión. Granada: Comares. pp. 257-266. Available at: http://comunicacioninterlinguistica.2012.wikispaces.com/file/view/Valero_44-mediador+interprete.pdf

Valero Garcés, C. (2006) Formas de mediación intercultural: traducción e interpretación en los servicios públicos: conceptos, datos, situaciones y práctica, 1ª. ed. Granada: Comares, Granada. 254 pp.

Valero-Garcés, Carmen y Cedillo Corrochano, Carmen (ed.) (2013) La comunicación en el ámbito médico-sanitario/Communicating in the healthcare setting. Madrid: Servicio de publicaciones de la Universidad de Alcalá.

Valero Garcés, C. (2014) Communicating across Cultures. A Coursebook on Interpreting and Translating in Public Services and Institutions. Lanham/Plymouth: University Press of America, ISSN: 1139-7489

Valero Garcés, C, Lissie Wahl Kleiser (2014) Desencuentros culturales en el ámbito de la salud: las voces de los profesionales sanitarios y los pacientes extranjeros Panace@: Revista de Medicina, Lenguaje y Traducción, ISSN-e 1537-1964, Vol. 15, N°. 40, (Ejemplar dedicado a: Comunicación intercultural en el ámbito médico), págs. 315-328.

The concept of the state migration policy of the Russian Federation for the period until 2025.
<http://www.garant.ru/products/ipo/prime/doc/70088244/#ixzz34itpvXp5>