Focus: Access to Healthcare

Our research shows that a lack of understanding of historical context and stereotyping of "Eastern Europeans" in the UK impacts on the experiences of displaced Ukrainians in multiple ways. This 2-page briefing focuses on the implications for supporting Ukrainians in accessing healthcare in the UK. The full report (including bibliography) can be downloaded from: https://postsocialistbritain.bham.ac.uk/

Recommendations

In the area of healthcare, we recommend that national and local government, service providers, and organisations working with displaced Ukrainians implement the following:

1. Guidance for Ukrainians (in English, Ukrainian and Russian) on navigating the NHS, including information on average waiting times, level of service, and advice on getting essential care. This should include guidance on asserting yourself in medical situations and a directory of medical professionals with a cultural background in a CEE country.

2. Guidance for British doctors on using prior medical histories provided by patients, including test results, prescriptions, and diagnoses, recognising that Ukraine has an advanced medical system.

3. Guidance for service providers on the provision of interpreters for Ukrainians. The guidance should make clear that not all Ukrainians are equally (or at all) competent in Russian and Ukrainian, and that Ukrainian is not a dialect of Russian. Many Ukrainians do not speak and understand the other language sufficiently to cope in complex and/or traumatic situations.

4. Limit the use of Russian-speaking interpreters to occasions when service users indicate this as a preferred language. Ensure in all cases that interpreters are briefed on appropriate ways to communicate on topics relating to the war. This should be recognised as part of the requirement to consider safeguarding responsibilities.[1]

Findings

Difficulty in accessing quality healthcare is an issue that runs throughout our interviews, often combined with a sense of shock at the standard of care in a country which is assumed (also by our participants) to be more developed. In one particularly dramatic case an interviewee waited for nine hours for treatment when she – at that point six months pregnant – began to bleed heavily. The woman sadly lost the pregnancy and after further complications returned to Ukraine to receive the care she needed.

The crisis facing the NHS is a threat to the health and wellbeing of anyone reliant on public healthcare. However, previous research shows that some NHS services are especially difficult to navigate and negotiate for refugees.[2] A systematic review of refugee experiences indicated that for refugees: "being 'outside their country of nationality' can contribute to difficulties related to language and cultural differences, limited health system literacy, and socioeconomic disadvantage".[3]

This is confirmed by our interviewees. They indicate that some doctors do not take seriously the accounts Ukrainians provide about their own health, pain, prior care, and contraindications. Our interviewees perceive that this situation is made worse by their

[1] NHS England (2019), *Guidance for commissioners: Interpreting and Translation Services in Primary Care*, available at: https://www.england.nhs.uk/publication/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care/; Gov.uk (2017), *Language Interpreting and Translation: Migrant Health Guide*. Available at: https://www.gov.uk/guidance/language-interpretation-migrant-health-guide (both accessed 11 March 2023).
[2] Tomkow, L.J, Kang, C.P., Farrington, R.L., Wiggans, R.E., Wilson, R.J., Pushkar, P., Tickell-Painter, M.C., Lee, A.R. (2020), "Healthcare Access for Asylum Seekers and Refugees in England: A Mixed Methods Study, Exploring Service Users' and Health Care Professionals' Awareness", *European Journal of Public Health*, 30(3): 527-532.
[3] Cheng, I.-H., Drillich, A. & Schattner, P. (2015), "Refugee Experiences of General Practice in Countries of Resettlement: A Literature Review", *British Journal of General Practice* (March): 171-175.

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limited fluency in English and attitudes to them as migrants. That is, it may be attributed in part to "Eastern Europeanism". One participant explained:

Sometimes, it seemed to me that, as far as medicine is concerned, I am served somehow [differently], well, I attributed it to the fact that I am a migrant.

Given that the majority of Ukrainian refugees are women, the gendered dimension of access to healthcare should also be taken into account. Previous research shows that women often struggle to be taken seriously by healthcare professionals and have their pain and symptoms dismissed.[4]

Moreover, culturally specific understandings of health – or the "cultural acceptability of medical care" and "differing conceptual models of health" feed into expectations about what a public health service should provide.[5] This should be taken into account in the guidance provided to displaced Ukrainians on accessing healthcare.

The second area of importance in terms of accessing healthcare is the relationship of Ukrainians to Russian and Ukrainian languages in the context of the Russian war in Ukraine.

Previous research argues that when the focus is on language use, rather than national/native language, there are three main linguistic groups in Ukraine: Ukrainian speakers, Russian speakers, and those who feel (more or less) equally comfortable in both languages.[6] Survey research conducted since 2014 (but before 2022) indicates that especially Russian speakers are moving towards an understanding of nationality based on civic identity (i.e. identifying with the structures, laws etc. of a country), rather than one based on ethnic or linguistic identity. That is, as Russian speakers, they nonetheless identify very much as Ukrainian.[7] Some of our interviewees confirm this position:

the Russian language is in my veins, because I'm from Kharkov, and my grandmother spoke Russian, and my great-grandmother spoke Russian, but I feel like a Ukrainian.

Some of our interviewees suggest that the most recent Russian aggression may have instigated a shift in their relationship to the two languages. There is some ambivalence, but many participants suggest that being Ukrainian now means speaking Ukrainian:

In Kharkov, before the war, many people spoke Russian, now people who spoke Russian are switching to Ukrainian en masse, because they believe that Russian is the language of the enemy.

These are important considerations when providing service users with an interpreter to support their care. One interviewee described how she was provided with a Russian-speaking interpreter in a medical situation:

I was very badly affected, she was silent at first, and then she started asking me about us, about our situation, about our war and said that the Americans are to blame for the war. She said that the Americans are to blame, not Russia.

We see then that even for those who do not view Russian as the "language of the enemy", there is a risk of retraumatisation if Russian-speaking interpreters are not vetted carefully.

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[4] Dusenbery, Maya (2018), *Doing Harm: The Truth About How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed and Sick* (New York: Harper Collins).
[5] Public Health England (2020), *A Rapid Evidence Review of Interpreting Interventions in Public Health: Language and Communications Service Needs Assessment.* Available at: https://www.wmsmp.org.uk/wp-content/uploads/Rapid-evidence-review-on-interpreting-interventions-in-public-health-2-1.pdf (accessed 14 March 2023); Napier, A.D., Ancarno, C., Butler, B., Calabrese, J., Chater, A., Chatterjee, H. (2014), "Culture and Health", *Lancet*, 384: 1607-1639; Cheng, Drillich and Schattner (2015).
[6] Barrington, L. (2022), "A New Look at Region, Language, Ethnicity and Civic National Identity in Ukraine", *Europe-Asia Studies*, 74(3): 360-381.
[7] Kulyk, V. (2019), "Identity in Transformation: Russian-speakers in Post-Soviet Ukraine", *Europe-Asia Studies*, 75(1): 156-178.

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