HUMANITARIAN INTERPRETING AT AN ITALIAN MEDICAL NGO: ELF AND CULTURAL MEDIATION FOR VULNERABLE GROUPS

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Abstract: So far, a limited number of studies have focused on the challenges that the unprecedented global spread of ELF poses to conference interpreting, and scarce resources and scholarly literature, if any, have addressed the peculiarities of ELF in interpreter-mediated encounters in humanitarian settings with vulnerable groups. Yet, in today's globalized world, communication is increasingly taking place in a language, mainly English, other than the mother tongue of the participants in the conversation. This leads to the emergence of new "translationscapes" with multiple layers of vulnerability affecting both migrant clients and interpreters/mediators. Stemming from a qualitative research project on the role of cultural mediators employed by the Italian NGO Emergency ONG Onlus, which provides medical and social assistance to vulnerable groups in Italy, this case study investigates the role and practices of the cultural mediators employed at the NGO's Castel Volturno outpatient clinic in a migration-intensive area characterized by urban decay and the well-rooted presence of organized crime, where communication to and/or through the NGO's cultural mediators is often carried out in ELF. Drawing on semi-structured video-interviews with the cultural mediators, the contribution aims to identify the extent to which Emergency's cultural mediators use ELF in their dyadic and triadic encounters with migrant patients and the NGO staff, as well as their challenges in using ELF and coping strategies. The study seeks to investigate if and to what extent ELF increases complexity and vulnerability for all participants in the encounter.

Keywords: ELF; humanitarian communication; humanitarian interpreting; cultural mediators; Emergency ONG Onlus.

1. Introduction

The link between *English as a Lingua Franca* (ELF) and interpreting has only recently become the subject of investigation in interpreting studies. While research has more extensively focused on the challenges that the unprecedented global spread of ELF poses to conference interpreting, a number of studies (Taviano 2013; 2018; 2019) have delved into the specificities of interpreting ELF speakers in complex humanitarian emergencies. In these fragile environments the role of interpreters and cultural mediators (CMs) goes beyond their mere interpretation tasks to involve a complex set of variables, which are sometimes out of control, e.g., situations of human suffering, violations of human rights and refugee laws, and the increasingly protracted emergency nature of today's humanitarian contexts. This has become particularly evident after the recent COVID-19 health emergency. Studies on conference interpreting (Albl-Mikasa 2010; 2013; 2015; 2020; Albl-Mikasa and Ehrensberger-Dow 2022; Reithofer 2013) have shown that the use of ELF by participants in the encounter adds on complexity to the interpreters' task due to differences in terminology and word order, unintelligible accent and intonation, spelling and grammar mistakes, syntax errors, etc.

In dialogue settings, specifically in humanitarian contexts and emergency situations, ELF is widely used by participants in communicative encounters and the use of the *lingua franca* supposedly makes the task of interpreters and CMs equally, if not more, complex precisely because of the complex nature of said challenging settings. Wars and conflicts, natural hazards, health emergencies, and the ensuing migration flows show no sign of diminishing in intensity; instead, they are growing worldwide. In Italy, increasingly large flows of migrants and refugees requiring humanitarian assistance have reached the country in the last few years. Therefore, interpreters and CMs resorting to ELF in already challenging humanitarian contexts, may be exposed to yet another factor of complexity, i.e., language, which could make them more vulnerable (Wisner 2016; Wisner *et al.* 2004).

The author's interest in ELF and the difficulties it poses to interpreting stems from her professional career track as a conference interpreter. Based on her own experience and exchanges with trained conference interpreter colleagues, the author has increasingly acknowledged the unprecedented spread of ELF in recent years and the related challenges for interpreters in terms of both changed working conditions and the increased difficulty in interpreting non-native speakers of English. Based on the evident impact of ELF on the conference interpreting practice, it is reasonable to wonder whether and to what extent ELF poses challenges to the work of interpreters and mediators in the humanitarian settings emerged in the wake of the current migration scenario, allegedly contributing to the increased vulnerability of all participants in the conversation. According to Taronna (2016), interpreters and mediators are today confronted with new situations and linguistic challenges, with communication taking place in a language, English, other than the mother tongue of the participants in the conversation. New complex "translationscapes" (*ibid.*) characterised by multiple layers of vulnerability thus emerge, with the use of ELF being one of them. While

vulnerability is expected to affect all participants in the conversation, this contribution will specifically focus on the vulnerabilities faced by interpreters and CMs active in today's complex humanitarian emergencies. This paper focuses on the CMs working at the outpatient clinic of the Italian NGO Emergency ONG Onlus (hereinafter, Emergency) and their communications with patients in a migration-intensive area characterised by the frequent use of the *lingua franca*. It aims at investigating the extent to which the use of ELF by CMs influences their interpreting and cultural mediation activity and its outcome, and consequently, how vulnerable they are precisely in relation to their use of the *lingua franca* in their daily practices[1].

2. State of the question

2.1. The current migration crisis in Europe and Italy

Europe is facing its greatest migration wave since the end of World War II[2]. Migration is a defining issue for the continent and its institutions, with conflicts, wars and poverty in the Middle East, Asia and Africa having dramatically increased the flow of refugees and migrants to Europe. According to the International Organisation for Migration (IOM)[3], in 2022 alone over 187,000 migrants reached Europe, either by land or by sea, with several of them dying or missing. Most migrants arrive from outside the continent, especially the Middle East and North Africa (MENA) but also from the Sahel and, increasingly, Asia.

As one of the southern gateways to the EU with Spain, Greece, and Malta, and thus as an external border country of the EU, Italy has been on the front line of rescuing and welcoming hundreds of thousands of asylum seekers and migrants. Traditionally a destination for economic migrants, Italy has now become a country of arrival for migrants in search of better livelihood chances and for humanitarian reasons. Migrants arriving in Italy mainly follow the Mediterranean route and land on the country's southern shores, fleeing from conflicts, persecution, and natural hazards in their home countries. Mediterranean crossings are extremely dangerous, with migrants falling prey to human traffickers and embarking on overcrowded makeshift vessels. These often sink and cause the deaths of countless people, with the Mediterranean often portrayed in the media as the world's largest cemetery. Since the IOM started monitoring "missing migrants" in 2014, 23,150 human beings have been lost in

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[1] The terms "interpreter", "language mediator", "cultural mediator" or "intercultural mediator" are defined in various ways across Europe, leading to confusion on whether a language/cultural mediator is an interpreter (Martín and Phelan 2010). In this paper, the term 'cultural mediator' refers to the language intermediary, employed by Emergency ONG Onlus and active within the framework of the NGO's Italian operations (*Programma Italia*, see section 3.1 below) to provide language and cultural mediation between Emergency health professionals and migrant patients in triadic settings, and social and cultural guidance to migrant patients in dyadic encounters.
[2] OECD Migration Policy Debates, issue of 7th September 2015. See https://www.oecd.org/migration/Is-this-refugee-crisis-different.pdf.
[3] IOM Migration Report. See https://migration.iom.int/europe/arrivals.

the Mediterranean Sea[4]. Recent UNHCR data[5] has shown that a peak 181,436 people have crossed the Mediterranean in 2016, followed by a drastic reduction due to the 2018 Libyan-Italian agreement allowing the Libyan coastguard to push migrant vessels back (23,370 in 2018 and 11,471 in 2019), and by a subsequent increase in landings on Italian shores (105,131 in 2022).

The Dublin Regulation adopted in 2013[6] establishes that the identification of migrants should occur in the country of first entry. Under these circumstances, Italy has found itself managing and identifying numerous migrants landing on its shores and accommodating them in Rescue, First Assistance and Identification hotspots close to landing areas. Before the humanitarian scenarios triggered by the war in Ukraine in 2022, Italy thus bore the brunt of the migration flows since these began, as a few central European countries, especially Hungary, Poland, and Slovakia, opposed a scheme to relocate migrants and asylum-seekers within the European Union[7]. Even though many migrants and refugees only wish to transit through the country, Italy has become a place for them to settle, as many decide to stay and apply for international protection[8].

Within the Italian international protection system, interpretation and cultural mediation enable multilingual communication between local authorities and migrants/refugees. This activity is normally performed by unqualified interpreters in a *lingua franca*, as most African or Asian languages are not covered. Other subjects, e.g., Territorial Commissions for international protection applicants and NGOs with a humanitarian mandate, also use interpreters and CMs.

In this context, NGOs are active in SAR (Search And Rescue) operations, rescuing migrants during their crossings and providing medical and humanitarian relief on-board their ships. In July 2017 the Italian government drafted a controversial 13-point code of conduct[9] to restrict NGOs' rescues in the Mediterranean Sea and to ban non-compliant NGOs from disembarking rescued people at Italian ports. This decision stirred an intense debate over NGO's operations, which is still ongoing. As of the time of this writing, a new decree on the management of migration flows has been in force in Italy since January 2023, aiming to provide a regulatory framework for NGO vessels involved in SAR operations. Signed by the current Interior Minister Matteo Piantedosi, it is considered a controversial measure, as it prevents NGOs from performing rescues during the same mission. As such, it is not compliant with international and EU

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[4] IOM Migration Report. See https://migration.iom.int/europe/arrivals (visited 06/09/2023).

[5] UNHCR data on the situation of refugees in the Mediterranean. See https://data2.unhcr.org/en/situations/mediterranean/location/5205 (visited 06/09/2023).

[6] See https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32013R0604&from=EN (visited 06/09/2023).

[7] After the humanitarian emergency following the Russian aggression against Ukraine in February 2022, Poland and even Hungary have become key entry points in the EU for refugees fleeing Ukraine and over 6 million refugees from the country recorded globally (source: UNHCR, https://data.unhcr.org/en/situations/ukraine, visited 06/09/2023).

[8] For a description of the Italian International Protection system see https://www.openpolis.it/parole/come-funziona-laccoglienza-dei-migranti-in-italia/ (visited 06/09/2023).

[9] Italian Ministry for the Interior, Codice di condotta per le ONG impegnate nel salvataggio dei migranti in mare (in Italian), http://www.interno.gov.it/sites/default/files/codice_condotta_ong.pdf (visited 06/09/2023).

law, which sets out a clear duty on ship captains to render assistance to all people in distress at sea.

NGOs also provide migrants with medical and practical assistance after landing, giving information on procedures to ensure the prompt disembarkation of rescued persons, and on measures to meet migrants and asylum-seekers' specific needs. Some NGOS are present at landing sites and hotspots close to landing areas, where they collaborate with the IOM, UNHCR and the Italian Red Cross informing migrants of their rights and any risks connected with their illegal stay in Italy.

As previously outlined, NGOs, too, require interpreters and CMs' services to enable communication between local authorities and migrants, with this communication usually being carried out in vehicular languages.

2.2. Vulnerability in humanitarian settings

Several international organisations and NGOs refer to the concept of vulnerability, which has become all-pervasive in their official documents, in the EU asylum law and in the case law on asylum seekers and migrants of judicial bodies, like ECHO (Leboeuf 2022). Models of vulnerability have been elaborated over the years, providing expanded definitions and sometimes taxonomies of the concept (Wisner 2016). Wisner *et al.* (2004: 11) define vulnerability as

> […] the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with, resist and recover from the impact of a natural hazard (an extreme natural event or process).

According to a Swiss Government and UNHCR joint report on cultural mediation in protection (Government of Switzerland and UNHCR 2022), vulnerable persons or groups are subjects on the move, who may be at heightened risk from two categories of vulnerability: situational and individual (UNHCR 2017). "Situational" vulnerability arises from the conditions in which movement occurs, or from conditions in a country of migration, with limited use of the local language being one of said conditions. "Individual" vulnerability relates to individual characteristics or circumstances. Various forms of vulnerability can overlap and include socio-economic factors, ultimately leading to reduced access to fundamental human rights.

In humanitarian contexts, interpreting and cultural mediation can play an important role in protecting vulnerable refugees, asylum seekers and migrants, as mixed migration movements, emergencies, conflict, and post-conflict situations expose beneficiaries to different protection concerns (UN General Assembly 2016). As such, interpreting and cultural mediation can, therefore, help reduce vulnerabilities (Verrept 2019). At the same time, though, they can also enhance vulnerability, as communication through interpreters/CMs take place in a *lingua franca,* if the interpreter or CM does not speak the beneficiary's language.

2.3. ELF and interpreting

2.3.1. ELF and conference interpreting

With globalisation gaining ground in all spheres of our society along with the unprecedented diffusion of social media in recent years, English has become the world's most important *lingua franca*. Its use is so widespread that its non-native users far outnumber native users (Albl-Mikasa 2010). The spread of ELF now affects almost all domains of public life and has taken on such a pervasive form that it marks the 21st century as much as conference interpreting did in the 20th century (Albl-Mikasa 2013). English has become the language of business, science, research, and academia (Reithofer 2013). Politics, too, has not been spared by this phenomenon, with the principle of multilingualism enshrined in the EU's Treaty of Rome not always being implemented (Tosi 2005) and English being used by some institutions as the everyday working language both in official and non-official settings without resorting to interpretation (Reithofer 2013).

Contrasting views among scholars have been expressed on the unprecedented diffusion of ELF. Several studies have highlighted the advantages of ELF communication, pointing to its success especially in business interactions (Bohrn 2008). More generally, according to Seidlhofer (2001), communication in this *lingua franca* works more often than it does not, although this appears to be the case mainly in dialogic communication, and not so much in conference presentations or speeches. On the one hand, in dialogic communication speakers appear to resort to the so-called "let it pass" principle, based on which comprehension problems are overcome and anomalies in grammar and phonetics of non-native speakers are often accepted, as meaning will become assumedly clear at a later point in time (*ibid.*). On the other hand, the arguments against the spread of ELF include the fear of invasion of global English to the detriment of other languages, the assumed dominance of English that favours English native speakers in negotiations, presentations or in the labour market or even issues of linguistic justice (Gazzola and Grin 2013).

While ELF and its diffusion have been the subject of extensive research (House 2003; Jenkins 2015; Seidlhofer 2001; 2009; 2011), the link between ELF and interpreting has received less attention in interpreting studies. Research has so far investigated the challenges that the spread of ELF poses to conference interpreting both in terms of repercussions on working conditions and job satisfaction, and the increased cognitive load conference interpreters face when interpreting for non-native speakers of English (Albl-Mikasa 2010). As a result, the increasingly widespread use of ELF in multilingual communication is a threat to the very existence of interpreters as professionals and their source of income. Equally, non-native speakers of English are considered a factor of stress and associated with poorer interpreting quality. Research has shown that when interpreting non-native speakers of English, interpreters must adopt compensatory measures, and interpreting processing is made more difficult due to comprehension problems induced by non-native speakers' accents, pronunciation, and syntax, which might impede the underlying processes of

anticipation and inference (Albl-Mikasa 2010). In conference interpreting the "let it pass" principle that favours communication in dialogic encounters does not seem to apply, and interpreters must face a more strenuous task in the impossibility of devising adequate anticipation and inference strategies.

2.3.2 Humanitarian interpreting

Recent literature has tried to investigate interpreting in humanitarian settings. Research studies in conflict and post-conflict scenarios, and in contexts of natural hazards and health emergencies have rapidly increased in the 2000s because of the increased use of interpreters and CMs in challenging contexts to facilitate communication (O'Brien and Federici 2022; Federici 2020; Federici and Declercq 2019; Federici *et al.* 2019). Scholars have analysed the factors influencing interpreters and CMs' work in various regions and contexts (Inghilleri 2009; Baker 2010; Ruiz Rosendo and Barea Muñoz 2017), and the complex ethical, organizational, and psychological implications of interpreters working in conflict zones and in complex settings related to conflict and migration, including asylum-seeking procedures (Filmer 2020; Filmer and Federici 2018; Inghilleri 2003; Merlini and Schäffner 2020; Merlini 2009; Pöllabauer 2004). Additional studies have investigated the role of interpreters and CMs in the context of NGOs (Tesseur 2018; Delgado Luchner 2018; Montalt 2020), focusing on how communication in humanitarian crises can be further improved.

Despite their important role, the interpreters and CMs contracted by NGOs and other institutions to work in humanitarian contexts are often non-professional linguists, and yet they are key in enabling communication (Delgado Luchner 2018; 2020; Lewis and Mosse, 2006; Palmer 2019; Tesseur and Footitt 2019). According to Fitchett (2016) the role of interpreters in humanitarian settings is not recognised by those who employ them, nor is it well defined by the interpreting community or employers. Studies conducted in this area (Filmer 2019b; Todorova and Ruiz Rosendo 2021; Ruiz Rosendo and Todorova 2023) highlight the importance of training, which is often not provided or not sufficient, the need for greater awareness of ethical issues, the importance of intercultural communication, and the emotional and psychological consequences on interpreters and mediators working in challenging scenarios. Since they are often untrained and their interpreting skills may not be adequately developed, there can be negative consequences on the results of the interpretation task and interpreters' ability to resist the pressure deriving from working in complex humanitarian situations.

Research on the role of interpreters in humanitarian settings has shown that, in all conflict and post-conflict scenarios and health crises, interpreters enable communication and become active partners in the process of mediation and conflict resolution, often providing humanitarian assistance to refugees and people in need in their capacity as all-round aid workers (Inghilleri 2009; Baker 2010; Ruiz Rosendo and Persaud 2016; Ruiz Rosendo and Barea Muñoz 2017). From this viewpoint, Delgado Luchner and Kerbiche (2018: 17) define "humanitarian interpreting" as

> [...] interpreting practices that fall within the legal framework of International Humanitarian Law (IHL) and International Refugee Law and aim to enable humanitarian organizations to communicate with public authorities, and protected individuals/beneficiaries, in order to allow the latter to access their rights. Humanitarian interpreters are members of the humanitarian field (aid providers, beneficiaries, or both), who work in contexts characterized by human suffering, vulnerability, and stark power asymmetries.

This definition is particularly apt to frame the CMs investigated in this study, who in addition to interpreting and cultural mediation are all-round aid workers, as reported below.

2.3.3 ELF and humanitarian interpreting

A number of studies have addressed the use of ELF by interpreters and CMs in humanitarian settings (Guido 2015; Taviano 2013; 2018; 2019). Here the role of interpreters and CMs goes beyond their mere interpretation tasks to involve a complex set of variables, all of which are worth considering. Knowledge of the culture, context and topic is crucial, as are adequate language and language transfer skills. Yet, external factors that are specific to humanitarian situations are worth considering. In humanitarian contexts interpreters and mediators often have to mediate between people in need with a background of trauma and violence, or whose human rights have been violated. The fact that today's humanitarian contexts often go on for a long time makes their task even more complicated. In addition, by operating in difficult scenarios, often without adequate training, interpreters and CMs are extremely vulnerable and require special protection (Fitchett 2016), including psychological protection, as all these factors expose them to the risk of vicarious trauma.

The *lingua franca*, which is largely used in cases of vulnerability (UNHCR (2017), may add complexity to already challenging situations. Resorting to ELF might generate potential misunderstandings in terminology, accent, intonation, syntax, and word order, among others. It might induce interpreters and mediators to adopt ELF-related strategies (e.g., reformulation, generalization, note-taking/short consecutive, requests for clarification, summary, verbatim or use of memory, among others), compared to the interpreting and mediation strategies they would choose if participants in the conversation were not using ELF. Another aspect is likely to contribute to the complexity of using a *lingua franca* in challenging scenarios. Studies have emphasised the underlying untrustworthiness in using ELF by L2 users of English with migration backgrounds due to their colonial past where English was the language of access to health services for the colonisers (Federici *et al.* 2022; Footitt *et al.* 2018).

In the new "translationscapes" (Taronna 2016) described above, the "let it pass" principle favouring communication in dialogic encounters is expected to apply to humanitarian settings where the use of ELF is widespread, too. However, the use of the *lingua franca* might induce interpreters and CMs working

in humanitarian contexts to implement meaning negotiation tactics that they might not adopt in contexts when ELF is not used.

3. The study

This contribution stems from an ongoing project investigating the CMs working for the Italian NGO Emergency in the complex migration setting of Castel Volturno (hereinafter CV) in Southern Italy and relates to content already published on the same topic (Radicioni and Ruiz Rosendo 2022). Emergency has been active in CV with an outpatient clinic since 2015 within the framework of the NGO's *Programma Italia*. CV is located north of Naples and stands out for the highest percentage of migrants in Italy, most of whom come from Nigeria and Ghana (Caritas and Fondazione Migrantes 2017). CV is characterised by urban degradation, illegal housing and businesses, environmental pollution, and the presence of local and Nigerian organised crime. The patients treated in CV are mostly men working in agriculture and sex workers (Emergency 2022b). Before addressing methodology and data analysis, a brief focus on the organisation, its mandate and activities will be presented.

3.1. Emergency ONG Onlus

Emergency is an independent humanitarian NGO founded in Milan by war surgeon Gino Strada in 1994. Articles 5 and 6 of the NGO's bylaws (Emergency 2022d) indicate the organisation's main objectives, which include, *inter alia*, providing free medical and surgical care to civilian victims of war, land mines, and poverty in war-torn scenarios outside Italy, setting up and accomplishing, in Italy or in other industrialized countries, humanitarian projects to assist people in need, whether or not in response to particular situations of emergency or disasters, and promoting a culture of peace, solidarity, and respect for human rights. Emergency has a humanitarian mandate, i.e., the assertion of the right to health as a fundamental human right enshrined in both the Italian Constitution and the 1948 Universal Declaration of Human Rights.

Emergency is currently active in seven countries (Afghanistan, Central African Republic, Iraq, Italy, Sierra Leone, Sudan, and Uganda). In Italy, it has been conducting humanitarian activities within *Programma Italia* since 2006 in areas where the basic health and social needs of vulnerable communities of both Italians and migrants are unmet (Bellardinelli 2017). Target groups include migrants landing in Southern Italian ports, populations in areas hit by earthquakes and disasters triggered by natural hazards (flooding, subsidence), and Italians and foreigners requesting social orientation and healthcare services, to name but few. Since the outbreak of the COVID-19 pandemic, various communication, prevention, and assistance projects have been implemented in response to the health emergency (Emergency 2022a). Services are provided through mobile units and outpatient clinics, in which Emergency's health personnel are supported by CMs. The latter are pivotal in conducting language

and cultural mediation, social orientation and information tasks targeted to migrant patients in their interactions with the organisation's medical staff and/or with authorities (Emergency 2022c). CMs are employed for *Programma Italia* projects only.

3.2. Research questions, methodology and participants

This study is a qualitative project aiming to investigate, first, the working context of interpreters and mediators active in humanitarian settings, specifically in the framework of the operations conducted by Emergency in a migration-intensive area in Italy; and second, the impact of said context on the work of the CMs employed by the NGO. Due to the qualitative nature of the study and its ethical challenges, prior to data collection the project was authorised by the Ethics Committee of the university with which the researcher is currently affiliated (protocol no. 23 of 6 July 2020). Participants in the study were administered consent forms illustrating the data collection, storage, and management procedures of the research. For reasons of confidentiality, in this contribution study participants are referred to as M1, M2, M3, M4, M5, M6, and M7, and not with their names.

Empirical research was conducted on CMs who, at various times, have worked at the CV outpatient clinic to investigate their working practices in their natural setting. According to Hammersley and Atkinson (2019), ethnography explores the nature of social phenomena and investigates small numbers of cases in depth and detail in their naturally occurring settings. In the context analysed, ethnographic case study research was the methodology adopted, as language and mediation practices are assumedly influenced by the specific culture of both participants in the interactions and the NGO.

Data was collected in different ways and at various moments: e-mails, written and oral conversations, and documents provided by *Programma Italia*'s secretariat throughout the study; written semi-structured interviews in autumn 2018; fieldnotes of an observational visit to CV in August 2019; and video-recorded semi-structured interviews with study participants in 2020 and 2021. The multiple data sources also justify the use of case study as research methodology (Yin 2018; Yu 2019). Five observational periods in CV were originally scheduled between May 2020 and February 2021 to take field notes and observe CMs in dyadic and triadic encounters. This was, however, not possible due to the outbreak of the COVID-19 pandemic, which imposed a revision of the research design. Data collection continued through unstructured recorded video-interviews scheduled from July 2020 to May 2021 and subsequently integrated with internal documentation, screenshots of the software used within *Programma Italia* to track patients and mediators' activities, WhatsApp messages sent to lists of migrant patients to spread health-related information, videos, etc. Data triangulation was eventually performed to corroborate research results and contribute to the trustworthiness of the process. While the overall empirical research relies on data from various sources, the

findings presented below mainly draw on the recorded video-interviews conducted in the period of the health emergency.

(Self-)reflexivity has also been considered as a major strategy for quality control in this qualitative research as a way to counter ideology, hegemony, and power asymmetries by becoming conscious of the researcher's own "ideological presumptions [and] of the asymmetries of power which shape any act of translation" (Baumgartner 2016: 115), helping highlight "the cultural hegemony of Anglophone value systems and […] uncover the intellectual roots of the epistemic threat which Anglophone discourse poses towards alternative forms of knowledge" (*ibid.*). Throughout the research process the author has adopted a (self-)reflexive approach in order to minimize subjectivity, bias and partisanship (Baumgartner 2016; Berger 2015) and undertake ethical research. In terms of (self-)reflexivity, the researcher is an Italian civilian, more specifically a conference interpreter who has since 2008 provided conference interpreting services to Emergency.

AtlasTI[10] was the data management software used for data analysis, coding and category building. It served as a basis for the elaboration and presentation of findings on CMs' working practices, challenges, and needs.

Study participants were recruited with the support of *Programma Italia*'s secretariat. As a migration-intensive area, CV was selected as the research site as the CMs working there are assumedly involved in dyadic and triadic interactions. Seven CMs (four males and three females) who have worked in CV at various times participated in the study. They include both the CMs currently employed at the clinic and those who used to work there in the past, with no exclusion criteria applied. Specifically, before the outbreak of the COVID-19 pandemic, four CMs were working at the CV outpatient clinic (two Italian males, one Nigerian female and one Romanian female, with one of the Italian CMs serving as the clinic coordinator). Those who were not working in CV had all previously worked in the clinic for a long period of time. They included one Italian female currently working at the NGO's headquarters in Milan, one Nigerian male active in Polistena, Calabria region, and one Italian male serving as the *Programma Italia* mobile unit coordinator. After the pandemic, out of the four CMs previously working in CV two continued working at the clinic (i.e., the coordinator and the Nigerian CM), one was moved to the Ponticelli (Naples) outpatient clinic and the Romanian CM terminated her contract with the NGO. Interviewees were aged between 40 and 49 and had qualifications in areas other than language mediation or translation/interpreting (political science, economics, cultural heritage). The Nigerian and Romanian CMs received a formal qualification in cultural mediation (a 900-hour course in intercultural mediation). All CMs had worked for other NGOs and the public sector before joining Emergency. They spoke Italian, English, French, Romanian, several Nigerian languages (Pidgin English, Broken English, Esan, Bini).

As in all *Programma Italia* projects, the CMs working in CV perform language and cultural mediation, interpreting and social and health guidance tasks in dyadic encounters with migrant patients and interpreting in triadic scenarios

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[10] See https://atlasti.com/ (visited 06/09/2023).

between migrant patients and Emergency's health professionals and/or officials, when they support migrants in dealing with administrative and bureaucratic issues. Other tasks include welcoming patients and/or health and social service users; performing language and cultural mediation prior to and during the medical examination; accompanying patients to specialist examinations, public hospitals and assisting them with reception and admission procedures; liaising with local authorities and the Italian healthcare system; informing patients about their rights; providing healthcare education; supporting the computerised management of data; and contributing to administrative or logistical aspects of the projects. Different and/or additional tasks are always context-dependent, agreed upon with the *Programma Italia* secretariat and implemented accordingly (Emergency 2022c). The COVID-19 pandemic contributed to add further/modified tasks to the above, with CMs in CV having to adapt their work to the new circumstances imposed by the health emergency to safeguard themselves and the patients. Additional tasks included Emergency's support to local health authorities in the pandemic, with CMs being pivotal in this activity. New initiatives initiated by CMs included the shooting of a video in Pidgin English and the creation of WhatsApp Groups with the migrant patients registered in the CV patient database to spread the correct health information and the behavioural rules to follow in the emergency. In carrying out the new tasks imposed by the health emergency, CMs have served as actual humanitarian workers based on the definition by Delgado Luchner and Kerbiche (2018).

4. Findings

While the study has so far yielded results on several fronts, this section will only report on the results related to the use of ELF by the CMs who work or have worked at the CV outpatient clinic of Emergency. Interestingly, all the seven CMs interviewed have expressed similar views on their use of the *lingua franca* and their perceived vulnerability in relation to the use of ELF. Below are some relevant excerpts from the video-interviews with the CMs. They report the acronym of the interviewed CM, while R indicates the researcher. A backtranslation by the researcher in English is also provided. In the backtranslation, it was not always possible to reproduce wording or grammatical errors present in the original Italian.

First, the interviewees have reported their use of a *lingua franca* in their dyadic and triadic interactions with migrants, with English, Pidgin English, and Broken English as the most used vehicular languages:

(1)

M5   **Nel caso di CV, la lingua che ho utilizzato di più chiaramente è l'inglese, perché c'è una fortissima componente di comunità nigeriana o ghanese, e in misura minore, in alcuni casi anche in francese o l'arabo […]. Si tratta ovviamente di lingue veicolari,**

perché nessuno di noi si esprimeva nella sua madrelingua.

In the case of CV, the language I used most clearly was English, because there is a very large Nigerian or Ghanaian community, and to a lesser extent French or Arabic in some cases [...]. These are obviously vehicular languages because none of us expressed ourselves in our mother tongue.

(2)

M1   **Sì, io mi ritrovo davanti il paziente, e so che l'italiano non lo parla, perché per lui è più facile parlare la sua lingua, che io non conosco. Quindi io in base al mio inglese ed in base all'inglese che parla lui capisco se posso interagire con lui in questa lingua e se possiamo andare d'accordo; se no, si trovano le alternative [...].**

Yes, I am in front of the patient, and I know that he doesn't speak Italian, because it is easier for him to speak his language, which I don't know. So, based on my English and on the English that he speaks, I try and understand if I can interact with him in this language and if we can get along; if not alternatives are found [...].

As previously outlined, study participants have confirmed that they use the vehicular language in both dyadic and triadic interactions:

(3)

M1   **[...] E [il ricorso alla lingua franca] non vale solo per gli africani, ma anche nelle situazioni in cui comunichiamo con persone dallo Sri Lanka o dal Bangladesh che hanno una lingua che rende difficile comunicare con loro. A quel punto entriamo in tre, in alcuni casi in quattro. Perché c'è il medico, il paziente, il mediatore e il mediatore, nostro collega, che dobbiamo contattare dall'altra parte con una comunicazione tramite il telefono.**

[...] And [the use of a lingua franca] does not only apply to Africans, but also in situations where we communicate with people from Sri Lanka or Bangladesh who have a language that makes it difficult to communicate with them. At that point three of us get in[to the room], in some cases four. Because you have the doctor, the patient, the mediator and the mediator, i.e., our colleague, whom we have to contact on the other side with a communication through the phone.

The main reason given by interviewees for their use of ELF is related to the migrant patients' poor or absent knowledge of Italian:

(4)

R **Qual è la lingua che usi di più con il tuo pubblico di riferimento? Con quale lingua lavori di più?**
What language do you use most with your target audience? Which language do you work with most?

M7 **A CV?**
In CV?

R **Sì.**
Yes.

M7 **L'inglese.**
English.

R **L'inglese standard, oppure Pidgin, una lingua franca?**
Standard English, or Pidgin English, a lingua franca?

M7 **L'inglese Broken.**
Broken English.
[...]

R **Ok, quindi il Broken English come lingua veicolare?**
Ok, so Broken English as a vehicular language?

M7 **Sì, perché [...] come mediatore devo cercare di venire incontro al paziente [...], magari è un ghanese che non parla bene italiano, o non lo parla proprio, magari parla chewa come madrelingua e io il chewa non lo capisco. L'unico legame che abbiamo è l'appartenenza all'etnia africana, siamo neri, e questo è già qualcosa che può essere utile. Anche se sono senegalese, e sono di colonia francese e parlo molto meglio il francese rispetto all'inglese, ma abbiamo comunque delle possibilità di comunicare meglio con un inglese un po' così, ma ci riusciamo meglio che col francese.**
Yes, because [...] as a mediator I have to try to meet the needs of the patient [...], maybe he's a Ghanaian who doesn't speak Italian well, or he doesn't speak it at all, maybe he speaks Chewa as his mother tongue and I don't understand Chewa. The only bond we have is belonging to the African ethnic group, we are black, and this is already something that can be useful. Even though I'm Senegalese, and I'm from a French colony and I speak French much better than I do English, we still have a chance to communicate better with English a little bit like that, but we do it better than with French.

The video-interviews with the CMs working or having worked in CV confirm an aspect, which had already emerged from the written interviews conducted in Autumn 2018, i.e., the strong focus on culture, the role that cultural differences

between migrant patients and Emergency health professionals might play on CMs' activity. As a result of these differences, CMs report difficulties to ensure an effective transfer of meaning. Furthermore, there is ultimately a close correlation between the ability to successfully mediate between different cultures on the one hand, and the effectiveness of care and compliance with treatment on the other. Interviewees highlighted that, in their interactions with migrant patients, including encounters in ELF, the latter usually prefer to address CMs with a shared *lingua franca* and cultural background.

(5)

M3   **Allora, il paziente, se deve scegliere tra me e la sorella nera, tendenzialmente sceglie la sorella nera [...]. Nel caso mio funziona il passaparola, nel senso che magari una persona a cui ho risolto un problema dice all'amico: [...] "chiedi di [M3]", [...] in questo caso ovviamente si rivolgono a me. Però se hanno davanti me e [M2] tendenzialmente preferiscono la mediatrice nera perché, diciamo, è paesana loro.**

So, the patient, if he has to choose between me and the black sister, tends to choose the black sister [...]. In my case, word of mouth works, in the sense that maybe a person to whom I solved a problem says to their friend: [...] "ask for [M3]", [...] in this case they obviously turn to me. But if they have me and [M2] in front of them, they tend to prefer the black mediator because, let's say, she comes from their same area.

(6)

M3   **[...] a pelle, se il paziente [...] deve scegliere senza conoscerci tra me e [M2] sceglie [M2] automaticamente, anche se non è nigeriano ma è ghanese, per esempio, o è maliano che parla proprio un'altra lingua, a pelle preferirebbe parlare con [M2] [...] [...] se deve scegliere ovviamente preferisce parlare con [M2], che è sicuro che parla la sua lingua e viene dalla stessa zona...**

[...] on first impression, if the patient [...] has to choose without knowing us between me and [M2] he chooses [M2] automatically, even if he is not Nigerian but is Ghanaian, for example, or he is Malian who speaks another language altogether, on first impression he would prefer to talk to [M2] [...] [...] if he has to choose of course he prefers to talk to [M2], who is sure to speak his language and comes from the same area...

Communicating to vulnerable groups, including migrants, and informing them about safety and general behavioural norms to be observed can be extremely challenging during crises and/or health emergencies. In this respect, the COVID-19 pandemic made it strikingly clear how the vehicular language used by CMs has enabled them to reach many people in order to disseminate health- and safety-related information. An extremely effective communication initiative after the pandemic was a video in English, which was produced in CV by the clinic's CMs to provide correct information to non-Italian speakers and make sure that minimum safety standards are respected. CMs opted for Pidgin English, as their main objective was to reach as many people as possible and this *lingua franca* is spoken and understood by the two largest communities present in CV, i.e., the Nigerian and Ghanaian migrant groups. The video in Pidgin English was disseminated on YouTube and Facebook, and on various social groups managed by Nigerian communities living in Italy, and by other communication channels, including WhatsApp. The initiative was so successful, that other *Programma Italia* outpatient clinics were induced to shoot and disseminate same-content videos in other languages spoken by their target communities (including French and Arabic as other vehicular languages, in addition to Punjabi, Bengali, Russian and Romanian). This experience highlights that the *lingua franca* was a most effective tool, and a deliberate choice, to communicate rapidly in a shared language to as many people as possible in times of a health emergency, thus consolidating trust in the NGO. From this standpoint, the *lingua franca* was considered by the interviewees as a means of reducing the vulnerability of already vulnerable individuals.

(7)

M2   **[…] Abbiamo realizzato il video per fornire quante più informazioni possibili, e abbiamo deciso che io lo registrassi in Pidgin English. Perché, sai, noi [in Nigeria] abbiamo una cultura molto diversa, i migranti dalla Nigeria si fidano di solito di più di me perché veniamo dalla stessa zona. E dunque, con la mia faccia in video e col Pidgin English abbiamo pensato di poter raggiungere e convincere più persone [a CV].**

[…] We made the video to provide as much information as possible, and we decided that I would record it in Pidgin English. Because, you know, we [in Nigeria] have a very different culture, migrants from Nigeria usually trust me more because we come from the same area. And so, with my face on video and with Pidgin English we thought we could reach and convince more people [in CV].

Interview data suggest that the study participants are confronted with challenges related to the use of ELF. One of the most frequently highlighted issues concerns the fact that the vehicular language, by its very nature, is subject to diachronic

and diatopic variations, which make it difficult for the CM to understand participants in the conversation, and be understood by them:

(8)

M2   **Perché io sono [...] di Edo State, [...] e Igbo, Yoruba, [la lingua del] Calabar, più o meno abbiamo la stessa base. Però se vai un poco più su non è più la stessa cosa, cioè anche quando parliamo in Pidgin English ci confondiamo tra di noi, poi cambia da regione a regione. Se senti gli Hausa che parlano Pidgin English è molto diverso, perché viene mischiato con l'Hausa; se senti [chi parla] Yoruba che parla il Pidgin English...ancora diverso. Per questo è bello il Pidgin [English], perché viene mischiato, ma non è sempre facile capire e farsi capire...**

Because I am [...] from Edo State, [...] and Igbo, Yoruba, [the language of] Calabar, we have more or less the same base. But if you go a little bit further up, it's not the same, I mean even when we speak in Pidgin English we get confused with each other, then it changes from region to region. If you hear Hausa speaking Pidgin English it is very different, because it is mixed with Hausa; if you hear [speakers] Yoruba speaking Pidgin English...still different. That is why Pidgin [English] is beautiful, because it is mixed, but it is not always easy to understand and be understood....

The study also revealed that some non-African interviewees have little or no knowledge of the *lingua franca*, specifically Pidgin English or Broken English. This poses an additional challenge, limiting the mediation and interpretation service offered and increasing the workload of mediators who do know Pidgin English.

(9)

M3   **[...] quando mi sentono parlare in inglese, che io lo parlo malissimo, e io provo o faccio finta di parlare il Pidgin English, e magari dico qualche parola così, la gente rimane scioccata ancora di vedere un bianco che gli parla in inglese, tra l'altro maccheronicamente come parlo io, e per loro è proprio scioccante. [...]**

[...] when they hear me speak in English, and I speak very poor English, and I try or pretend to speak Pidgin English, and maybe say a few words like that, people are still shocked to see a white man speaking English to them, and even in a macaronic way as I speak, and for them it's just shocking. [...]

Furthermore, interview data suggest that study participants consider the migrant patients' poor or absent knowledge of English in their interactions with CMs and health professionals as one of the main challenges they face to ensure effective communication, thus confirming the findings of previous research on the topic (Filmer 2019a). This deficiency refers to both English, and ELF (Pidgin English or Broken English). In these cases, CMs often involve community members and/or relatives who can give support in the conversation.

(10)

    M4   **[...] delle volte il loro livello di inglese è così scarso che non riusciamo a capire se traduciamo noi, e neanche [M2] col Pidgin English riesce. E allora proviamo a coinvolgere qualcuno della comunità, un parente o un amico, e usiamo l'inglese con questo, e diventa una situazione a quattro. [...]**

            [...] sometimes their level of English is so poor that we can't understand if we translate, and [M2] with Pidgin English can't either. So, we try to involve someone from the community, a relative or a friend, and we use English with that, and it becomes a setting with four people. [...]

Building trust between healthcare providers and patients through shared knowledge and resorting to a shared language and culture is a crucial factor in ensuring that patients acknowledge the correct diagnosis and treatment of diseases and conditions (Greenhalgh *et al.* 2006). Interview data suggests that one of the main challenges that non-African CMs face regarding the use of ELF is the migrant patients' lack of trust towards them precisely because they do not share patients' language and culture:

(11)

    M2   **[...] noi [in Nigeria] abbiamo una cultura molto diversa, i migranti dalla Nigeria si fidano di solito di più di me perché veniamo dalla stessa zona. E dunque, con la mia faccia in video e col Pidgin English abbiamo pensato di poter raggiungere e convincere più persone [a CV].**

            [...] we [in Nigeria] have a very different culture, migrants from Nigeria usually trust me more because we are from the same area. So, with my face on video and with Pidgin English we thought we could reach and convince more people [in CV].

Migrant patients' lack of trust is, however, also reported toward CMs of African origin. Interview data show that the absence of trust towards CMs coming from the same geographical area and sharing patients' language and culture is due to the fear that CMs might report the situation and circumstances of the assisted patients to their community, precisely because CMs are associated by migrant patients with said community because of their origins:

(12)

    M3   **Allora, il paziente, se deve scegliere tra me e la sorella nera, tendenzialmente sceglie la sorella nera, a meno che non vuole, [perché] teme che questa sorella nera possa raccontare ad altri la sua situazione; quindi, non vuole farlo sapere proprio a lei perché è lei [...]**

                   So, the patient, if he has to choose between me and the black sister, he tends to choose the black sister, unless he doesn't want to, [because] he fears that this black sister might tell others about his situation; therefore, he doesn't want to let her know precisely because one of her [...].

Interviewees affirmed that they resort to coping strategies to deal with ELF-related challenges in their daily interpretation and cultural mediation practices. These include the translation and simplification of the content to be conveyed, as well as related explanations and/or integrations. Said strategies aim to help migrant patients to better understand the content exchanged, sometimes intervening with mediation that takes cultural differences into account.

(13)

    M4   **Il problema è che a volte loro vanno a fare i prelievi del sangue oppure li ricoverano, [...] praticamente non solo spieghi linguisticamente le domande, ma spieghi anche perché fanno queste cose.**

                   The problem is that sometimes they go for the blood tests or are hospitalised, [...] you practically not only explain the questions linguistically, but you also explain why they do these things.

(14)

    M4   **[Semplifichiamo] per far comprendere esattamente lo scopo del percorso medico, perché tieni conto che tu parli di persone che hanno uno spirito religioso molto forte e di una religione che sarebbe diciamo evangelica, protestante, in verità e ancora molto pervasa ed elementi animisti.**

                   [We simplify] to make them understand exactly the purpose of the medical path, because you have to consider that we are talking about people who have a very strong religious spirit and a religion that would be let us say evangelical, Protestant, in truth and still very much pervaded and animistic elements.

The study shows that the difficulties of using the *lingua franca* are often addressed with other coping strategies, for instance the involvement of migrant patients' relatives or friends, who help with the language or the *lingua franca* when the CMs and the patient find it difficult to understand one another. In other cases, CMs may decide to split tasks in such a way that migrant patients are assigned

to the CM who best masters the *lingua franca,* or to the CM who shares the same cultural and linguistic background with the patient, or who has both characteristics. Such behaviour shows that the CMs forge a community of practice (CoP) that helps them construct and implement a new learning concept for their collective activity through learning by doing. This CoP is fundamental for the work of the organisation, as it makes extensive use of languages and cultural mediation to provide guidance and mutual assistance, thus contributing to the overall attainment of the organisation's humanitarian goals.

5. Conclusions

This paper aimed at investigating the use of the *lingua franca* by the CMs working for an NGO in a challenging social and humanitarian context. The contribution adds evidence to the existing literature in that it is an ethnographic case study that specifically concerns an NGO and its CMs, whose interpretation and cultural mediation practices, and the impact on them of the use of ELF in terms of vulnerability, have never been investigated in the unique social context of CV, in the specific operational context of the NGO concerned in that setting, and in the context of a health emergency such as the COVID-19 pandemic. In spite of the underlying untrustworthiness carried by ELF due to a colonial past in which English was the language of access to healthcare services for the colonisers, the study showed that the use of ELF is well-established in the interactions between CMs working at the CV outpatient clinic of Emergency, both in their dyadic interactions with patients and in the triadic encounters interpreting between patients and health personnel.

ELF is undoubtedly a useful tool for CMs to communicate health and safety information quickly and effectively and to reach more addressees in emergency situations, thus helping reduce their vulnerabilities. At the same time, though, the use of ELF in humanitarian settings can enhance CMs' vulnerabilities and make communication more difficult for them, as it adds to external factors other than the mere transfer of content from one language to the other. Furthermore, while CMs are largely resorted to in NGOs and within public services in general in Italy, most of them do not have a code of conduct, nor is there a single code of conduct for the profession of CMs and/or interpreters in humanitarian settings. This applies to the CMs investigated in this study, too. This may be the consequence of poor knowledge of the role and duties of interpreters and CMs working in humanitarian settings. Undoubtedly, it is the result of their lack of training in cultural mediation, interpreting and communication skills in fragile environments, also with reference to the use of ELF. Proper training is crucial, especially considering that the CMs investigated forge a CoP within which learning occurs from peers and by doing, also when it comes to the assignment of cultural mediation and interpreting tasks in ELF. In this respect, more training and skills development programmes specifically targeting interpreters and CMs in challenging humanitarian settings are needed. In general, it is believed that the use of ELF in interpreter-mediated interactions in humanitarian settings should be more extensively researched, in particular in order to design forms of

training capable of accommodating the *lingua franca* and the criticalities it poses. Given the diverse and multifaceted nature that such training should cover, and the need for it to address the peculiarities of local contexts, it could include guided self-learning solutions based on local circumstances and the needs of the intermediaries involved, including training in cultural mediation and interpreting in a *lingua franca* in humanitarian contexts.

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