

Routledge Studies in Health Humanities

THE LANGUAGES OF COVID-19

TRANSLATIONAL AND MULTILINGUAL
PERSPECTIVES ON GLOBAL HEALTHCARE

Edited by
Piotr Blumczynski and Steven Wilson



The Languages of COVID-19

This collection advocates languages-based, translational research to be part of the partnerships and collaborations required to make sense of, and respond to, COVID-19 as one of the major global challenges of our time.

Bringing together scholars and practitioners from a wide range of disciplines, this volume is bound by a common thread stressing the importance of linguistic sensitivity, (inter)cultural knowledge and translational mediation in the frontline response to COVID-19. Featuring contributors from around the world and reflecting on the language used to frame COVID-19 in diverse cultural contexts of the Global North and Global South, the book proposes that paying attention to the transmission of ideas, ideologies, narratives and history through processes of translation results in a broadening of social, cultural and medical understandings of COVID-19. Spanning nearly 20 signed and spoken languages, the volume argues that only in going beyond an Anglophone perspective can we better understand the cultural, social and political facets of the pandemic and, in turn, produce a comprehensive, efficient global response to disease management.

This book will be of interest to scholars in translation and interpreting studies, modern languages, applied linguistics, cultural studies, Deaf Studies, intercultural communication and medical humanities.

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Translational and Multilingual Perspectives on Global Healthcare

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1 Are We All in This Together?

Piotr Blumczynski and Steven Wilson

In June 2021, the *Journal of Communication in Healthcare* published an interview with Dr Mike Ryan, Executive Director of the World Health Organisation’s Health Emergencies Programme, and Melinda Frost, the team lead within the Infodemics Management Pillar for the WHO’s response to COVID-19. In their preface to the interview, the journal’s editors noted that

Pandemics are complex. Pandemic response and recovery are equally complex and require a collaborative and cross-sectoral approach to (1) address existing inequities in health and social systems that may prevent people from adopting and sustaining mitigation and recovery measures, and (2) to build or restore trust among marginalized, vulnerable and underserved communities, which unfortunately always bear the greatest burden of any epidemic.

(JCIH 2021, 93)

Ryan and Frost repeatedly stressed that trust, risk communication and community engagement are three of the essential facets of an inclusive and effective response to COVID-19. In order to achieve such outcomes, “strong partnerships” (94) between agencies are required, they suggested, along with “strong collaborations” among “communication specialists, behavioural and social scientists, data analysts, research and evaluation units, epidemiologists, anthropologists, sociologists and community engagement specialists, among many others” (93). In this introductory chapter, and in the contributions that follow, we make the case for languages-based, translational research to be part of such strong partnerships and collaborations required to make sense of, and respond to, COVID-19 as one of the major global challenges of our time. For if we are truly “all in this together”—to reprise one of the linguistic hallmarks of the pandemic—then linguistic sensitivity and translational awareness must inform collective action that is marked by competence, inclusivity and responsibility.

As Kirsten Ostherr (2020) has asserted, “[i]n times of crisis, when we face complex challenges like global pandemics, we need a collaborative response

that transcends disciplinary boundaries and offers novel approaches to vexing problems”. While a health and life sciences response characterised the immediate outbreak of the pandemic, this volume makes the case for the vital—if often underappreciated—role the humanities in general, and languages in particular, have to play in developing a more comprehensive approach that is now urgently required if we are to understand the profound and extensive lessons of COVID-19—and translate them effectively for the inevitable next pandemic. Bringing together scholars and practitioners from translation and interpreting studies, modern languages, linguistics, cultural studies, Deaf studies, literary studies, intercultural communication, journalism and the medical humanities, this collection is bound by a common thread stressing the importance of linguistic sensitivity, (inter) cultural knowledge and translational mediation on the frontline response to COVID-19. The overarching aim of the book is to demonstrate that the global pandemic is inextricably associated with questions of language and communication, linguacultural identification and state citizenship, access and inclusion, agency and responsibility, power and trust, and many other interlocking dimensions encoded linguistically and manifested behaviourally. Featuring contributors from the USA, Europe, Asia and Australia, and reflecting on the language used to frame COVID-19 in diverse cultural contexts of the Global North and Global South, this international project was supported by a British Academy “Special Research Grant”. It spans almost 20 languages (both spoken and signed), celebrates a diversity of methodological approaches and highlights connections within and between communities, across time and space, showing how we understand the present in relation to the past. Rooted in local contexts yet reflecting global concerns and underpinned by an ethos of inclusivity, collaboration and cross-disciplinarity, the contributions that follow collectively showcase an agile humanities response to one of the most pressing global concerns of contemporary times.

In a context in which the dominance of scientific English constitutes “the broadest single transformation in the history of modern science” (Gordin 2015, 7) and 85% of articles on COVID-19 have been published in English-language journals (Taskin et al. 2020), this book moves beyond the codes, contexts and cultural values that underpin Anglophone articulations of COVID-19. It seeks instead to analyse what new facets or understandings of the pandemic might be revealed by a linguistic, cultural and translational encounter with the native tongues of over three-quarters of the world’s population. In this way, the book offers a sustained and compelling research contribution to practical problems identified by the WHO, Translators without Borders and the Health Information Translations collaboration which, among other organisations, have been developing initiatives to bridge the linguistic divide in science in a context where “most of the world’s population—some six billion people—[have] little or no access to a large body of public health information because it is in English” (Adams

and Fleck 2015, 365). In the spirit of the major “Translating Cultures” project funded by the UK Arts and Humanities Research Council and led by Charles Forsdick, the keynote speaker at the international conference that gave rise to this book, we understand translation in its broadest sense, as involving “the transmission, interpretation, transformation and sharing of languages, values, beliefs, histories and narratives” (Kamali, Forsdick and Dutton 2019, 4). By bringing into dialogue different disciplinary fields and methods with the central aim of analysing the translation of medical, political, public health and cultural ideas concerning COVID-19 across various media (narrative, digital, visual, journalistic, press conferences, speeches, etc.), this book offers a resource for the emergence of new knowledge on the pandemic. Most importantly, it highlights the centrality of translation and communication in an effective response to COVID-19 and, we would suggest, all pandemics. As such, the analyses, recommendations and conclusions drawn in the chapters to follow have implications for culture and society, including practitioners and policymakers.

Peter Koehn (2020) makes the case for more attention to be paid to the dynamic intersections of human movement—the multinational, multilingual communities of international cities; the diasporic communities scattered across the world; migrants, refugees and asylum seekers who cross borders; people who become displaced because of climate change or war—and global health. Yet COVID-19 has revealed strains between the macro and micro levels of the pandemic response; between multilateral organisations and nation states; and between central governments and local communities. In a world characterised by connections between, within and across cultures, the pandemic has exposed economic, political and environmental weaknesses and discontinuities, as well as social and linguistic inequalities. At the etymological root of the term *pandemic* lies a fundamental tension: *pan*—underscoring that the virus does not respect national borders and must therefore be coordinated centrally by the World Health Organisation; and *demos*—a reminder that disease affects people, or peoples, in all their cultural, ethnic, religious, linguistic and political diversity. An exclusively global approach to the pandemic would fail to take account of cultural sensitivities and prove ineffective as a public health response. The respective actions taken in China, Brazil, and India, in the early stage of the pandemic in the United States, and even in the UK, serve as a reminder that exclusively nationalistic, bordered responses to COVID-19 lead to geopolitical tensions, as well as the unequal distribution of vaccines and access to treatment. In short, a failure to learn lessons from other countries and communities amounts to a basic denial of the 21st-century reality that people, societies, economies and knowledges are fundamentally interconnected.

At the same time, for much of the world’s population, the dominant experience of the COVID-19 pandemic has been one of isolation. In addition to periods of national and local lockdowns which radically disrupted familiar patterns of work, study, leisure, sporting activities and religious

practices, all experienced collectively, many of us periodically have had to face the alienating realities of quarantine, shielding and self-isolation—in our tiny bubbles or away from them. COVID-19 has not only wreaked havoc on healthcare systems and economies but also on the physical, mental, social and material well-being of millions of individuals. Physical distancing became the paramount rule of social interaction, accompanied by strict avoidance of physical contact, which has now been integrated into the emerging “new normal”. We seem to have lost a great deal of hugs, handshakes, pats and nudges: the wordless yet powerfully instinctive language of warmth and proximity that the human animal shares with nearly all of the other life forms on this planet. For a long time, in the interest of public and personal safety, we also lost our expressive facial features as masks and coverings effectively blocked another major channel of non-verbal communication. Paradoxically, for many of us, unmasked interaction with people outside the immediate home environment became limited to electronic screens; the video chats we used to contrast with face-to-face interaction became our only face-to-face communicative contact. There is growing evidence that infants born during the pandemic struggle with processing facial expressions, one of the earliest and most important sources of information about other people, their intentions, emotions and interests (e.g. Carnevali et al. 2022). We do not yet know how significant and long-lasting all these effects will be but no one can deny that by radically curtailing the most instinctive and universally understandable means of communication, the global response to COVID-19 has brought with it unprecedented challenges not just in communicating across linguistic, cultural and ideological divides but also in relating to others. A successful response to a global pandemic urgently calls for meaningful, reliable, sensitive, multilingual and multilateral translation.

In their work on crisis translation, Sharon O’Brien and Federico Federici argue that “[t]ranslation, interpreting, cultural mediation and relationships between different language communities that enhance effective communication in crisis connecting linguistic sub-groups to the broader society need to be considered as part of the preventive measures that prepare residents for emergency response” (2020, 137). While their article was written in a pre-COVID-19 context, O’Brien and Federici’s emphasis on the importance of relationships between language communities anticipates many of the concerns articulated by the WHO during the course of the pandemic. As Mike Ryan noted, an effective public health response to COVID-19 is contingent precisely on “true community engagement”; it must be “fully understanding [of] how a community is perceiving an epidemic, what the issues are for them within the context of that epidemic, and only then ... [develop] with them the appropriate communication strategies” (JCIH 2021, 93). Though coming from an epidemiologist, Ryan’s statement summarises a thoroughly translational approach. For translators and interpreters mediating between different linguacultural groups, both the content and form of the translated

message are dictated by what is relevant, acceptable, adequate and accessible to the receiving community.

Translation studies has traditionally used the concepts of a target language, target text, target readers and so on, but this conceptualisation is misguided in several ways. Not only does it perpetuate a reductionist model of communication as a conduit through which messages are carried over—presumably unchanged—from one language container to the next, but this militaristic image of targeting (one also applied to the SARS-CoV-2 virus) entirely misses the process of successful interaction. As so many chapters in this volume demonstrate, viewing communities as “targets” at which information or instruction is to be “fired” causes (understandable) confusion, resentment and rejection; it is counter-productive and caricatures the real work of translation. For information—and especially for advice, guidance and policy—to be *acted* upon, it must be *actively* received. To be *received*, it must be *presented*. In meaningful communication seen as an exchange (of gifts) no party remains passive. This is a very different conceptual image: one that highlights ownership, agency, cooperation, reciprocity, respect and—above all—trust. For George Steiner, it is the starting point of the fourfold hermeneutic motion: “There is initiative trust, an investment of belief, underwritten by previous experience ... in the meaningfulness, in the ‘seriousness’ of the facing of, strictly speaking, adverse text” (1988, 312). Of course, trust is not given once and for all; its continued extension depends on ongoing signs of good will, and any indication of ill will destroys trust irreparably. Yet again, “a curious thing about trust as an interpersonal attitude is that it is, to a large extent, transferrable” (Blumczynski 2016a, 145)—and, strictly speaking, translatable—“We often trust those who are trusted by those we trust. Credentials and references are only as good as our trust in the people who provide them: Their value is less in *WHAT* exactly is said and more in *WHO* says it” (145). This insight is repeatedly confirmed by the studies collected in this volume, especially those focusing on minority groups. For example, Deaf interpreters can reach members of Deaf communities in ways that hearing interpreters cannot. Working on a similar premise, the UK government has actively sought partnerships with

faith leaders—who are the pillars of many communities across the country—[and who] have played a vital role throughout the pandemic, from backing the vaccine drive, to making sure people practice their faith safely, and even adapting places of worship into pop-up soup kitchens and food banks.¹

As too many societies have learned the hard way, except by actively engaging structures of trust (and authority), there is no way of ensuring that “we are all in this together”.

As Ostherr (2020) affirms, “Vaccines won’t help if huge sections of the population believe they are part of a government or corporate conspiracy.

Ventilators won't save the lives of patients who are unable to access health care due to systemic racism". To be "all in this together" implies collaboration, integration and connection; it involves paying sustained attention to boundaries, barriers, proximity and distance. Here, too, in the context of the worldwide spread of a highly contagious disease, there is a paradox to be grappled with. As Priscilla Wald reminds us in her book on what she terms the "outbreak narrative", "contagion is more than an epidemiological fact" (2008, 2):

The word *contagion* means literally "to touch together", and one of its earliest usages in the fourteenth century referred to the circulation of ideas and attitudes. It frequently connoted danger or corruption. Revolutionary ideas were contagious, as were heretical beliefs and practices. ... The medical usage of the term was no more and no less metaphorical than its ideationist counterpart. The circulation of disease and the circulation of ideas were material and experiential, even if not visible. Both displayed the power and danger of bodies in contact and demonstrated the simultaneous fragility and tenacity of social bonds.

(Wald 2008, 12)

As a statement of "the power and dangers of bodies in contact", contagion often demands separation—quarantine, isolation, lockdown—with all of the inequalities that result. Yet a more holistic response to the pandemic whose ethical underpinning is one of inclusivity is predicated on the imperative for *contact* between disciplines, cultures and languages. To invoke another etymological argument: at the core of *communication* is the experience of sharing, the forging of a community—however large or small, momentary or lasting—by passing along information or disease. As Marta Arnaldi (2022, 5–6) argues, tracing the multiple similarities between cultural and biological transmission points "to language as a fundamental tool of communicability and biocultural circulation, since both ideas and viruses replicate themselves through translation". The specific context of COVID-19, with its hypersensitivity to contagion—or "touching together"—offers a renewed impetus to consider the ways in which the pandemic has been communicated and understood. Contagion, indeed, might be regarded as a foundational principle of the medical humanities—and of translation. The same contagious effect, albeit stated in positive terms focusing on power rather than danger—disseminating, spreading, making available and accessible, widening the reach, and so on—has traditionally been attributed to translation. Vaccination, the pinnacle of a successful pandemic response, is a thoroughly *translational* process in the various senses of this term: from the translation of protein sequences in human cells to the roll out of immunisation programmes across populations. It is a model case of translational medicine efforts which "view translation broadly as the full spectrum of work that marks the pathway from discovery to global health, inclusive".²

Thus understood, “translation is not really an option but an obligation; it is viewed in ethical terms as a responsibility” (Blumczynski 2016b, 342). Crucially,

Discoveries and findings are not to be merely “brought to” or “applied in” clinical settings in an essentialist, one-size-fits-all fashion. Rather, they need to be truly *translated* in a process which involves struggling with scientific mysteries and with human behaviour, and therefore requires transformation, contextualization, consideration of fitness for purpose, dynamic adjustment, negotiation, overcoming resistance, obtaining feedback and acting on it, and so on. ... Translation defines a space around itself in which vital change occurs.

(Blumczynski 2016b, 344)

These observations connect strongly with recent advocacy of a more “critical medical humanities”, an approach to medical and healthcare-related concerns that embraces “entanglements” (Whitehead et al. 2016, 3) or the “mobility, fluidity, movement” that allows for a dynamic of “creative boundary-crossing”—itself a brilliant definition of translation—through which new understandings emerge (8). Anne Whitehead et al.’s work extends the call made in a 2015 special issue of *Medical Humanities*, in which the guest-editors argued for a critical medical humanities characterised by “greater attention not simply to the context and experience of health and illness, but to their constitution at multiple levels”, and “recognition that the arts, humanities and social sciences are best viewed not as in service or in opposition to the clinical and life sciences, but as productively entangled with a ‘biomedical culture’” (Viney, Callard and Woods 2015, 2). Against this background, the present volume, with its emphases on the interpretation, transmission and sharing of multilingual narratives, discursive productions and cultural understandings of COVID-19, takes its place in a dynamic and burgeoning sub-field of translational medical humanities (Robinson 2017; Arnaldi, Engebretsen and Forsdick 2022). Extending the paradigm of translational medicine, which seeks to understand the translation of scientific research into clinical application, translational medical humanities offers a cross-cultural and cross-disciplinary space “where both medicine and the humanities challenge and inform each other” (Engebretsen, Henrichsen and Ødemark 2020).

The chapters in this book are situated at various thematic and conceptual boundary crossings where translation occurs. Part I, “COVID-19 and the Global Construction of Language”, focuses on those discursive spaces where the past meets the present, where the local meets the global, and where cultural influence meets political resistance. Chapter 2 alone considers the virus’s cultural and geopolitical significance by comparing the influences that have conditioned the linguistic circulation of the narrative construction of COVID-19 in over 110 countries, with particular emphasis on how

certain terms have reinforced medical, social and public health understandings of COVID-19. Other chapters in this section adopt a broadly political viewpoint, analysing the strategic use and moralising effects of language by politicians and the media to frame the pandemic. Spanning a corpus of TV interviews, presidential speeches and media sources in Italy, France, Spain, Germany and Thailand, these chapters reveal how the pandemic has been discursively constructed through connections to previous pandemics and the appeal of historiography. The final chapter in this section considers how France, a country that has a proud tradition of vigorously defending its national language, has resisted an influx of English terms for COVID-19; in turn, this has led to the creation and circulation of new French words, and the revival of ancient ones.

In Part II, authors discuss some of the issues related to influence, trust and efficacy involved in the translation of COVID-19. Chapters in this section of the book show how pandemic-related science news in a specific linguistic and cultural context reporting on the sensitive, yet crucial, area of vaccine research risks drawing heavily on sources from other cultures and countries; how the translation of messages for culturally and linguistically diverse communities in a linguistically superdiverse city may result in a reduction in levels of trust; how risk and crisis communication during the pandemic in linguistically and culturally diverse communities can have an impact on the quality and appropriateness of translated materials; and how the use of populist rhetoric in government discourses (specifically in the Philippines, but with broader implications) catalyses the circulation of false information and an increased hostility towards mainstream media. Part II pays particular attention to the experiences of Deaf communities during the pandemic and to the quality of access to the public health information they received. Moreover, it asks whether deaf signers considered themselves sufficiently informed to translate the complexities of the pandemic and made informed decisions when communicating COVID-19.

The final part of the book turns its attention to cultural responses to COVID-19 and some of the wider implications of considering the pandemic through a linguistic and translational lens. Each of the chapters in this section is located at an interface where knowledge and ideas are translated, transmitted and shared. The importance of the visual to translational processes is underlined. The opening chapter explores how the visual representation of embodied contagion intersects with the visual representation of the data-driven pandemic, asking what is gained and lost when the human experience of COVID-19 is depicted through abstracted data visualisations. This part of the book also considers how text and image combine in French-language comics to resist the conventional language of medical heroism that was used across the globe to describe “front-line” workers during the pandemic, in favour of a positive reflection on the value of vulnerability. Such an approach aligns with a translational medical humanities methodology that views the clinical encounter as “a

simultaneous interrogation of the patient's and the doctor's co-construction of new and shared meanings that can create realities with medical consequences, not 'mere' symbols of 'real' medical issues" (Kristeva et al. 2018, 57). The intersection between modern languages, translation studies and the medical humanities is further emphasised in a close reading of the *Divine Comedy* and its implications for understanding and communicating the COVID-19 pandemic seven centuries later. The final chapter foregrounds the repercussions of many of the issues explored in the book as a whole. Extending the methodological concept of "entanglements", it examines and compares notions of ecology and translation to bring them to the point of convergence, asking what impact the epistemic collision of these seemingly distant ideas may have on scholarship and policy in the context of the coronavirus pandemic. This final chapter thus develops the concept of "deep translation" as a complex, ecologically inflected construct and considers the uses and limitations of this model across three significant concerns connected to the COVID-19 crisis: health, the environment and ethnicity.

With its emphasis on the transmission and circulation of ideas, ideologies, values, narratives and history through processes of translation, this book shows that sensitivity to language results in a broadening of social, cultural and medical understandings of COVID-19. As Mike Ryan said at an emergency press conference on 28 December 2021, COVID-19 "is a wake-up call. We are learning now how to do things better, how to do science better, how to do logistics better, how to do training better, how to do governance better, how to communicate better."³ In a context of seeking to "do" pandemics better, this book argues that a more effective, inclusive, even ethical response emerges in multilingual and cross-cultural spaces that allow for "creative boundary-crossings"—and in which "we are all in this together".

Notes

- 1 <https://www.gov.uk/government/news/government-and-faith-leaders-join-forces-to-support-booster-drive> Accessed 11 April 2022.
- 2 <https://www.peeref.com/journals/9661/translational-psychiatry> Accessed 12 April 2022.
- 3 <https://www.who.int/publications/m/item/covid-19-virtual-press-conference-transcript--28-december-2020> Accessed 12 April 2022.

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PART I

COVID-19 and the Global Construction of Language



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2 Worldmaking in the Time of COVID-19

The Challenge of the Local and the Global

Catherine Boyle and Renata Brandão

From Our Location

Early in the first period of lockdown in the UK in March 2020, King's College London put out a call for applications to a "Rapid Response to COVID-19" fund, to bring cutting-edge research to bear on the challenges created by the pandemic. Arts and Humanities research is often more difficult to place and read in relation to this type of impact-informed work, and the majority of successful projects were, unsurprisingly, in the medical and social sciences. Research in, for example, immunology, diagnostics, testing, therapy, new technologies and mental health was well represented. Yet, the daily printed and voiced responses to COVID-19 were calling out for analysis of the ways in which the pandemic was being presented and represented. The awareness of the cultural embedding of the lexicon of the pandemic in the UK and its potential illegibility beyond our borders prompted the question of how comprehensible our pandemic experiences are to each other. A fundamental question started to emerge: how are global responses to the pandemic informed by our local cultural histories? How do we start to relate what was insistently being called an unprecedented experience and how does that change across the globe?

We took the view that we start from what we know, what we think we know, what we have heard, read or been told. In the first instance, the Spanish flu of 1918–1920 (H1N1 virus) provided a ready reference. The plague narratives of Samuel Pepys in his diaries, Daniel Defoe's *A Journal of the Plague Year*, Giovanni Boccaccio's *The Decameron*, Albert Camus's *The Plague* all became prominent in the European lexicon of the pandemic, and in the UK, we were often reminded of Shakespeare's prodigious output during periods of quarantine from the bubonic plague. When the virus entered Europe the recourse to known language grew. Reporting was filled with terms that suggested a threat bearing down: when parts of Italy went into quarantine the narrative became that coronavirus was sweeping across Europe and would invade other countries inevitably, inexorably. It barely needed saying: we were at war, being invaded, fighting an invisible enemy, health workers were the frontline.

This field of expression—with particular attention to the verbs being used to express the progress of the virus—was the beginning of the curiosity about how language was being mobilised to create a common sense of what we were facing. Living the experience in the UK, we were told we had an enemy in our midst that must be hunted down and destroyed, we had to play our part in fighting an enemy that does not discriminate, that is clever, mutates, hides, moves in our midst. A long history of terms came to our aid and erupted anew into our everyday language: invasion; contagion; protection; battling; blitz spirit; Dunkirk spirit. The narrative was imbued with a call to individual social responsibility and to common sense. New terms entered a lay vocabulary, not least the term “to flatten the curve”, and it became our duty to play our role to allow the National Health Service (NHS) properly to respond to the outbreak. When lockdown—another refashioned word—was announced, it came with government guidelines about how to act and so the language of social distancing entered our vocabulary. Glossaries of the language of the pandemic and jargon-busters appeared. A BBC coronavirus translator,¹ for example, explained the difference between self-isolation (“staying inside and avoiding all contact with other people, with the aim of preventing the spread of the disease”) and social distancing (“keeping away from people, with the aim of slowing down the transmission of the disease”). We were learning a new language that was instructing our ways of being in the world.

“Worldmaking in the Time of COVID-19” emerges from a much larger project, “Language Acts and Worldmaking”,² in which we think of language as a “material and historical force, not a transparent vehicle for thought” and we posit that “[l]earning a language means recognizing that the terms, concepts, beliefs and practices that are embedded in it possess a history, and that that history is shaped by encounters with other cultures and languages”.³ Nelson Goodman, writing in 1978, invited reflection on the move from a “unique truth and a world fixed and found to a diversity of right and even conflicting versions of the world in the making” (1978, x). He says that “[w]e can have words without a world but no worlds without words or other symbols” (Goodman 1978, 6):

The many stuffs—matter, energy, waves, phenomena—that worlds are made of are made along with the worlds. But made from what? Not from nothing, after all, but *from other worlds*. Worldmaking as we know it always starts from worlds already on hand: the making is the remaking.

(Goodman 1978, 7; original emphasis)

The work we had undertaken across the research strands of “Language Acts and Worldmaking” prepared the way for engagement with the “Rapid Response to COVID-19” call-out. We had worked collectively and in an

interdisciplinary way for almost four years on understanding processes of worldmaking across time and space and we had engaged with multiple communities to understand how language “empowers us, enabling us to construct our personal, local, transnational and spiritual identities” and “can also constrain us, by carrying unexamined ideological baggage”.⁴ Through these processes, we have brought together research in literary and cultural studies, linguistics, pedagogy and digital humanities, and this cross-disciplinary approach informed how we imagined what our research could contribute to the understanding of the impact of COVID-19.

In “Worldmaking in the Time of COVID-19”, we started from a very simple premise that arose from listening to how experts translate complex science—immunology, virology, epidemiology, for example—into lay language: they often turn their knowledge into stories to be told. We became aware of the acts of translation, comprehension and imagination in which we were being asked to engage in order to understand this new and devastating reality. Our premise was that when we collectively look for solutions to complex problems, we start by telling stories to each other in our communities, stories that, for example, set a crisis in context and relate it to our historical experience. This is also true of the goal of exploring and explaining “the science” of the pandemic; the science which we were constantly told was being followed by governments. Communicating complex science is challenging, because of insufficient comprehension of the ideas and their nuances (Gregory and Miller 1998, 106). In this respect, the goal of communicating “the science” becomes to democratise public access to scientific knowledge in order to foster scientific literacy. Indeed, while other areas of media research have been called into question over time, “the importance of discourses of science popularization has been marked by enduring consensus” (Dornan 1990, 49). Nonetheless, the requirement for this scientific language to be translated into lay terms meant that the gap, and indeed the problem of understanding versus communicating science (Gregory and Miller 1998), was consistent throughout the pandemic.

In an already volatile geopolitical global context, we wanted to find out as objectively as possible about the lived experiences of a pandemic that constantly belies slogans that tell us that “we’re all in it together”. This call to togetherness was a global narrative, from the United Nations’ call for “COVID-19 and human rights: We are all in this together”⁵ to the Petrobras slogan that they are all in this together in proposing “initiatives to mobilize resources and assist Brazil in the fight against COVID-19”.⁶ The message “we’re all in this together” appeared to be universal, and it often sounded convincing or even comforting but what did people’s experience tell us? How do we break out of locally bound imaginations to reach out to other realities? From our location in the UK, it was important to us to reinforce the fact that the world is not monolingual and monocultural, that much of the knowledge we need to fight the pandemic globally is hidden away from us in

other cultures and knowledge systems if our focus is purely local and monolingual. The failures of the cultural, historical and political imagination—in counter-position to the dynamic responsiveness in everyday language that articulates the experience of living a pandemic—that haunt responses to the pandemic so often seemed to come from the inability to move beyond the specific location from which the responses arise.

Methodology

To investigate the multiple narrations of the pandemic, we gathered 19 researchers, most of them students, across 12 languages to study the languages of COVID-19.⁷ We gathered evidence about how the pandemic has been narrated across Arabic, English, French, German, Hebrew, Italian, Korean, Japanese, Mandarin and Cantonese, Portuguese, Russian and Spanish. Linguists working in these languages used digital tools to compare and analyse the ways in which COVID-19/coronavirus has been narrated in local settings, with particular emphasis on how the terms coronavirus and COVID-19 lead us into medical and social understandings of the pandemic.

On 31 December 2019 the Wuhan Municipal Health Commission, China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province. Since then, the media have followed every step of this journey. From the time the virus was first identified (COVID-19, 31 December 2019) to the time the disease was named (SARS-CoV-2, 11 February 2020), specific codified terms played a central role in how the pandemic has been narrated. News media offer access to pertinent and comprehensive information illustrating different aspects of the crisis through their specific linguistic lens. As mediators of information and opinion, they are also exposing possible discoveries or state actions that may change society, and in this respect “Worldmaking in the Time of COVID-19” sought to examine how language was being used to articulate narratives and shape discourses around the COVID-19 pandemic in the newsroom. As agents of worldmaking, news media have a specific role to play in the formation of theoretical collectives (Neumann and Zierold 2010), and the dissemination of news and opinions. The current pandemic is an interesting case study: it is global, politicised and almost omnipresent. From fake news to the strain on the political and administrative authorities, it has affected a wide range of news items well beyond its scientific knowledge.

In practice, the project “Worldmaking in the Time of COVID-19” attempted to comprehend the virus’s cultural and geopolitical significance by comparing and analysing the narrative in over 110 countries. In total, we looked at over 1.1 million news articles from 117 countries in 12 different languages. The data was collected by downloading en masse articles with the terms *coronavirus* and *COVID-19* in the header and the lead section. Because of the magnitude of the task of covering the pandemic across the

globe and in multiple languages, identifying and mining appropriate news articles was a fundamental challenge. Researchers used a variety of sampling methods to determine how many texts are required for quantitative content analysis studies that span months or years. This is one of the most complex challenges in communication science (Luke, Caburnay and Cohen 2011), owing to the fact that journalistic formats and styles often differ depending on the day of the week. (On Mondays, for example, the *London Times* includes “The Game”, which summarises the weekend’s football activity.) In this respect, constructed week sampling is more efficient than simple random sampling or consecutive day sampling. The sample dates in a constructed week sampling method are stratified by the day of the week and randomised (Lacy et al. 2001; Stempel 1952). We put together nine randomised weeks to give a comprehensive view of the pandemic’s coverage.

To generate these nine “constructed weeks”, we randomly selected nine Mondays, nine Tuesdays, nine Wednesdays, and so on from the designated period, until we had nine representations for each day of the week. A total of 62 days was recorded between January and April 2020. These dates enabled our researchers to rely on a small sample size while still obtaining valid results on the pandemic’s global news coverage. Using this strategy, we were able to look at one day per week, making up nine full weeks across all languages studied. We gathered the data using LexisNexis and Press Reader (for Korean, Japanese and Hebrew). LexisNexis is a textual analysis electronic database that monitors the news and media and provides instant access to news sources across languages and countries. Press Reader is a digital newspaper distribution platform that primarily provided access to languages not covered by LexisNexis. Following the collection of data via these platforms, the researchers used Voyant as an entry point for content analysis. Voyant is a web-based text-analysis tool that allows users to look at large corpora by conducting a distant reading of collected data.

We looked at the coverage of the pandemic from 1 January to 30 April 2020. Although we have observed smaller waves within the pandemic’s dominant waves, we researched the pandemic’s first wave as it is widely considered and discovered that the language has changed across waves. The term “wave” is frequently used by the World Health Organisation and other international health organisations to describe pandemics. Even though the concept of pandemic waves is not new (the 1918 influenza epidemic, according to the Centers for Disease Control and Prevention (CDC), was divided into three waves), there is currently no official definition. According to the Office for National Statistics (ONS), a wave of an epidemic is a period of increased disease transmission.

Following this logic, we perceived waves as a period of increased narrative media coverage, such as the obvious trend of using terms relating to

China in the early months of the pandemic, which had social implications. The World Health Organisation (WHO) has warned that certain disease names have the potential to stigmatise communities and harm economies. According to Dr Keiji Fukuda, then Assistant Director-General for Health Security, WHO:

We've seen certain disease names provoke a backlash against members of particular religious or ethnic communities, create unjustified barriers to travel, commerce and trade, and trigger needless slaughtering of food animals. This can have serious consequences for people's lives and livelihoods.⁸

When the news started portraying the virus as a Chinese disease, as an us-versus-them narrative, several problematic narratives began to (re)emerge. For example, on 16 March 2020, former President Donald Trump called on the United States to assist industries “particularly affected by the Chinese Virus”. This was the first time he referred to the “Chinese virus”, the reference allegedly instigating hate crimes against Asians, according to newspaper reports⁹ (Hswen et al. 2021). In the initial stages of the pandemic, when cases were mostly linked to China, the term “Chinese virus” was frequently used. These types of naming, which later diminished, contributed to the rise of racism. This is one example of the ways in which the terms COVID-19 or Coronavirus as search tools draw us towards wider usage and connect us with a broader range of experience. The investigation of these instances is ongoing, but as a first step after collating the data, we made four podcasts based on key themes that arose during the data mining: “Moving Geographies”; “Coronavirus vs. COVID-19”; “Propaganda and Combat Narratives”; and “Future and Morality in the Global Narrative of COVID-19”.¹⁰

In “Moving Geographies” researchers explored how, in the months studied, we see shifts from the global to the local. The title is informed by the sense of the virus closing in as it moved westward from China. Over the period of study, a narrative that linked the virus exclusively to China diminished, and the concern for local impact—for example, on health services, the economy, the state of the nation—grew. In Italy, which became an object of horrified observation as it was hit with an early European outbreak, the sense of uncontrolled travelling—*il virus viaggia all'estero* (the virus travels abroad)—was marked. The virus did not attach to verbs of “being in”, that is, emerging from within the borders of the state, but to those of “arriving in”/“arriving from”. The virus was always in transit and so was the language. One key finding was that the pandemic redefined our interactions with space, the environment and one another. Reports on the mental effects of lockdown appeared in a number of languages; in Argentina and Chile the words *sospechoso* (suspect), *aislado* (isolated),

There was a generalised sense that the virus was happening *there*, not here. According to our researchers in French, commenting on the results from 27 January and 3 February:

To begin with, the results show a marked difference in the language used to narrate the crisis before and after it became a European phenomenon as opposed to a Chinese/Asian one. This is reflected in the primacy of the referent, “coronavirus” in the early stages of the crisis in China, and the more scientific referent, “COVID-19”, that grows in frequency in conjunction with the shift of the key places referred to from Asia to Europe (around late February to early March). Furthermore, the predominance of Chinese/Asian place names and the term “coronavirus” correlates to more emotive and evaluative keywords such as: *bioéthique*, *bienveillance*, *anxieuse* (bioethics, benevolence, anxious; results from Jan 27 and Feb 3). The predominance of European place names, on the other hand, correlates to more practical and/or concrete key words that fall into three categories: economic (*économique*, *pétrole*, *activités*, *avion*, *agriculture* [economic, petrol, activities, plane, agriculture]), medical/epidemiological (*santé*, *transmission*, *décès* [health, transmission, death]), and sociopolitical (*gouvernement*, *autorités*, *mesures*, *confinement*, *masques* [government, authorities, measures, lockdown/isolation, masks]).¹²

In February 2020, although China was still very much a keyword, the discourse started to change. On 5 February, in Europe, the frequency of the word *China* rose to 224, whereas the frequency of *Wuhan* dropped to 54. This suggests that the virus was now being perceived as a more global risk, rather than contained in one region. This is highlighted also in the corpus collocate graph, looking at the frequency of two words appearing together, in which there is no proximity between *coronavirus* and *China*. By the end of February, the virus was starting to be described as a local and national issue. It lost its one-directional connection to China. The narrative moved more towards Europe and Germany, with locations such as Frankfurt, Garmersheim, Rheinland and France occurring frequently. As the narrative shifted towards national concerns, in German the discourse turned towards economics, businesses and sport. As the numbers started to rise in Spain, it was also no longer referred to as *el coronavirus de Wuhan*, but as *la enfermedad del coronavirus 2019* (the sickness of coronavirus 2019); it had lost the sense of belonging to China. The results showed a discernible difference in the language used to narrate the crisis before and after it became a European phenomenon rather than a Chinese/Asian one. In one visualisation of the relative frequency of the word *China*, it dropped dramatically—to almost zero—when the virus “arrives in” Spain.

Korean gives us some fantastically specific neologisms to describe the experience of living with social distancing and home isolation: 집콕족 [jip-kok-jok]: people who want to avoid contact with others and stay indoors to avoid infectious diseases; 확찐자 [whack-jin-ja]: a person who decreased activity and stayed indoors due to the fear of COVID-19 infection, and consequently put on a lot of weight; 방구석 1열 공연 [bang-ku-suck il-yeul gong-yeon]: room corner 1-low singing live performances, that is, a person who does not go to see a live stage performance directly, but who is exposed to it through media such as TV, internet, or smartphone, and who responds to the performance; 혼산족과 [hon-san-jok], or 둘산족 [dul-san-jok]: person(s) going out hiking alone or in a pair, respectively. And it also borrows from the English; 코로나 블루 [corona blue]: the corona blues; 홈테인먼트 [hometainment]: home entertainment (a phonetic transcription and hybridisation of the English word); 뉴 노멀 [new normal] (a phonetic transcription of the English term).

When thinking about the podcast “Propaganda and Combat Narratives” we tested our initial perception that the lexicon of war informed many of the responses to the pandemic. At a macro level, in Europe, news outlets used the language of conflict extensively to talk about the pandemic. In Britain, healthcare professionals were “at the frontline”. In Italy, Prime Minister Giuseppe Conte suggested Italy was in its “darkest hour”, while in France, President Emmanuel Macron proclaimed that he would put his country on a “war footing”. In German there was some use of military language in relation to coronavirus: *rüsten* (to arm), Germans were involved *im Kampf gegen* (in battle against). However, perhaps for historical reasons, war metaphors in relation to the pandemic were avoided in Germany, seeming to reflect the lack of war rhetoric in the narrative presented by Angela Merkel’s leadership. The Chancellor was not inclined towards combat imagery to address the pandemic, but was, rather, simple and straightforward. In French, the language showed evidence of frequent comparisons between the pandemic and war, the term *guerre* (war) appearing as a keyword on multiple occasions: *guerre contre l’ennemi invisible* (war against the invisible enemy), *situation de guerre* (state of war), *la guerre mondiale* (the world war).

The reality of the management of the pandemic involved enforcement, and in Russian there was a high occurrence of war rhetoric: *война* [voïna] (war), *войско* [voïsko] (army) and *солдаты* [soldaty] (soldiers) being some of the most common words throughout the period analysed. The *Росгвардия* [ros-gvardiya] (Russian National Guard) was mentioned every day, reaching a peak of 72 times in one day. These mentions referred to two different contexts: rule enforcement, including curfew, domestic isolation, travel ban and border control, within the idea of “preparing and fighting a war” against the virus; and postponement of the Moscow Victory Day Parades on 9 May, most importantly in Moscow’s Red Square, to commemorate the surrender of Nazi Germany and the end of WWII. Early on in the research, for example, it was obvious that the historical reach of the discourse of

the Cold War weighed heavily on the “race” for a vaccine, especially in Russian, where it was likened to the space race, and it is no surprise, perhaps, that their vaccine was called “Sputnik”. The sense of the enemy within appeared in different areas, as did interesting alliances.

In Israel, מתנדבים (volunteers) were referred to as גיבורים (heroes) and שוברי חוק (rule-breakers) as נבלים (villains). In March, coronavirus was seen as an enemy, so Israel’s Intelligence Services joined the “fight”. The Home Front Command prepared to enter the מלחמה נגד קורונה (war against corona). The health emergency led the Public Service to work under emergency state conditions, including cellular surveillance to trace contacts. The Israeli prime minister gave a speech in which he recognised the importance of cooperation amongst countries, for example, how much information had been gained from the collaboration between Israel and South Korea. In South Korea, while there is no evidence of significant use of combat imagery, it is worth noting, however, that in March 2020 China was being identified as an *악의 축* [axis of evil].

In the podcast “Future and Morality” we were concerned with how lockdown prompted reflection on “the new normal” and on how the future would look after this prolonged period of global crisis. Different countries were reflecting on the impact on public health, education, the impact of working from home, lifestyle changes and on questions of social equality, including gender. In Italian, early on, a prevalence of future tense indicated a forward-looking gaze towards resolution at a time of continuing instability. And then, in April, past tenses became prevalent, an introspective and analytical gaze that did not anticipate a new and different future. In German, and with the opening of the creative spheres from March onwards, there was a sense of reflection and critique of lived experience. Emphasis on the economic impact of the pandemic was matched across languages by reflection on the societal impact, especially in terms of the realisation of the global and persistent nature of the pandemic. Questions of the tensions between dealing with local and immigrant populations intensified, with travel bans and closed borders. For example, in Central America there were reports about how the pandemic increased discrimination against specific groups, such as immigrants and prisoners. And there was a serious questioning of what “normality” actually is, and how a return to “normality” was in fact a continuation of poverty, lack of access to resources, medicine, education and justice, especially in terms of domestic abuse and violence. Discourses began to anticipate what has become a transparent impact of the pandemic in terms of global inequalities and of what Toby Green, in his study of the impact on the global south, calls “collateral damage” (2021, 213).

Equally important is the individual impact of the public narratives that emerged from one country to another about, for example, levels of responsibility or of effective management of the pandemic through public policy (for example, in Mandarin, the term “policy” started to be used extensively in

April to refer to the various stimulus policies introduced by the government to help different industries).

The Language of Emotions

A sentiment analysis of official pronouncements across a selection of the languages we have studied offers an insight into how discourses around public health reveal the complex interplay between the local and the global, with the concept of the global response being challenged by the realities of the specific experiences of COVID-19. A recent trend in text analysis, sentiment analysis attempts to identify the emotion behind a text; it is a data-mining-based knowledge-discovery technique that aims to reveal emotions on specific topics. For example, the presence of “anger” in *et les Chinois ne cachent plus leur colère* (“and the Chinese people can no longer hide their anger”) would result in a “negative” on a negative-positive sentiment scale. As well as dictionaries or lists of words associated with specific emotions, sentiment analysis integrates natural language processing (NLP) and machine learning algorithms to provide weighted sentiment scores to words and sentences. As a result, this is an excellent technique for working with unstructured data sources, such as official pronouncements. Despite some limitations, sentiment analysis allows us to investigate fundamental questions about the COVID-19 pandemic’s official statements by identifying and extracting subjective information from the source material. Using the data we have gathered, sentiment analysis offered insights into the nature of state response and intervention. Here we will look briefly at some examples from British Prime Minister Boris Johnson, Brazilian President Jair Bolsonaro and US President Donald Trump.

Johnson, Trump and Bolsonaro all downplayed the effects of coronavirus before becoming infected, meaning that, at different stages, three of the world’s most powerful COVID-19 denialists contracted the coronavirus. When it comes to the pandemic’s early trajectory, the three countries they led shared several characteristics, such as high infection rates and large numbers of deaths. They also shared similar discourses: Johnson made light of shaking hands with people in early March, Bolsonaro called the virus the “little flu”, Trump called it “the Chinese virus” and both Bolsonaro and Trump endorsed the use of hydroxychloroquine. According to our preliminary research, these three governments’ early reactions to the COVID-19 messaging were a mix of confusion and dismissal, and their narrative suggested that they were aiming to change how the pandemic and its actors were framed. For example, despite not being as prevalent in the United States as it was in Europe, the war narrative was frequently found in the context of politicians’ speeches in Spanish (in the United States) where Trump also pronounced himself a “war time president”. Yet, despite this war narrative and the increasing number of deaths, their narrative was mostly positive throughout the pandemic’s first year (from March 2020 to January 2021).

Boris Johnson addressed the nation 42 times between March 2020 and January 2021; 31 of those speeches were judged to have a positive sentiment. This equates to nearly 74% of the time. His most positive speech was on 28 May, just a few days before schools reopened. He claimed in that

at the start of the outbreak, there was significant concern that the NHS would not be able to cope. That turned out not to be the case, thanks to the heroic efforts of everyone who works in the NHS. And the heroic efforts of the British people to contain this virus.

This sentence contains one negative word (*outbreak*), three positive expressions, *heroic efforts* (used twice) and *British people* and is a good example of his overly positive narrative. That is, he claims that the NHS was able to cope with the pandemic, whereas the British Medical Association (BMA) shows that enormous strains were placed on an already overburdened healthcare system.¹³ While ignoring the NHS's already stretched resources, he presents a positive narrative in which everything seems to be fine.

Jair Bolsonaro officially addressed the nation ten times between March 2020 and January 2021, preferring YouTube Live events. Nine of the speeches were deemed to have a positive tone. On Christmas Eve 2020 he delivered his most positive speech. Nonetheless, one interesting finding pointed to a self-centred positive narrative when he suggested that families, businesses and workers “had to change their routines and way of life”, while he and other world leaders were praised for their “responsibility, courage and effort”.

Between March 2020 and January 2021, Donald Trump officially addressed the nation 71 times, all of which were positive. On 8 December 2020, just prior to the Food and Drug Administration's (FDA) approval of the first COVID-19 vaccine on 10 December, Trump delivered his most positive speech, thanking several people and praising the general effort that led to the vaccine's production and distribution. As an example of his positive and nationalist narrative, he said: “In just a few minutes, I'll sign an executive order to ensure that the United States government prioritizes getting the vaccine out to American citizens before sending it to other nations”. In a characteristically patriotic statement, he later claimed that the United States is “the most exceptional nation in the history of the world”.

These are leaders who frame meanings in an overly positive manner. David Collinson (2012) has called this “Prozac leadership”. He claims that a specific attitude to leadership is at the root of the crisis in many Western countries, in which critical thinking has been replaced by positive thinking and risk-taking. Johnson, Bolsonaro and Trump are the quintessential Prozac leaders, given that their own rhetoric underplayed the negatives. All in all, Trump had the most positive rhetoric of the three leaders, up to ten

times that of Johnson. Although Johnson had the greatest disparity between his most negative and positive speeches, Trump was the most loquacious leader, having nearly 60% more official statements than Johnson. Our research also suggests that Johnson's other sentiments included fear and anticipation in equal measure, further exemplifying their confusing message. In general, their discourse was also localised, with a strong patriotic narrative. For example, Trump's highest keyword was *we're* and Johnson and Trump both talked frequently about the people, while Bolsonaro talked about Brazil. There is work to be done in other languages, but this short insight into sentiment analysis shows one direction this research might take in tracing pathways from the discourse of world leaders to the impact on political action and its impact on individual lives.

Conclusion

The current pandemic has influenced our views on social, economic, political issues and on science. Throughout the pandemic, experts had to translate complex science into lay language, science journalism being a newsbeat that has traditionally served as a forum for creating meaning and providing scientific and technical knowledge that contributes to the debate and criticism of the information disseminated and made available to the public. At its core, science journalism is primarily concerned with translation: translation from one language to another; translation of otherwise jargon-heavy language into digestible bite-size information for the lay public, allowing people to make informed decisions. Thus, in answering the COVID-19 question, understanding the language in the news was a key resource for understanding the world around us and especially in the perception of risk and the communication of health threats. As the authors of the concept of a social construction of reality, Peter Berger and Thomas Luckmann (1966) see language as a source of socially shared universes of meaning that emerge from the communication process. As a continuation of this idea, Paul Gross and Norman Levitt (1994) propose that scientists, rather than using infallible methods to reveal facts of nature, are instead constructing explanatory stories designed to reinforce both the scientists' social and cultural mores and their preconceptions and expectations of the natural world—a world that contributes to only a subset of the scientists' social and cultural mores.

The COVID-19 pandemic has affected a wide range of news items far beyond scientific knowledge, from fake news to the top-down narrative in which we received the majority of our information directly from political and administrative authorities. In the words of one of our researchers:

Reporting on COVID-19 has not changed the way global news is narrated in the Spanish-speaking world. Countries give prevalence to

local news and, when international, they give prevalence to European or American (USA) news. China still hangs around but is no longer a focus. Other Asian countries, Middle Eastern countries or African countries are hardly mentioned. This is a conclusion driven from an earlier question: will this global disease change the way we narrate global news?¹⁴

The COVID-19 pandemic is not the first global pandemic to be reported in the media, and it is unlikely to be the last. It is just the current “peg”. Epidemics and pandemics will always be of interest to journalists because they satisfy several news values (Galtung and Ruge 1965), including proximity, impact and consequence, and, most importantly, human interest. According to Pereira, Serra and Peiriço (2003), the purpose of science communication is to expose potential discoveries that may change society and the way it operates. As a result, it could be argued that as the pandemic changes society, so does the way we communicate about it.

Looking back on the project “Worldmaking in the Time of COVID-19” feels both historic and prescient. There is jolt to the memory in recalling the terms that we started to become so familiar with, and a sort of melancholy in knowing that the “new normal” and the different future imagined in some lockdowns are not in the process of emerging. Instead, the fault-lines that we see being articulated in the early months—which, across the world, signal endemic inequality, huge geopolitical divides in access to resources and the different levels of control, of loss of civil liberties, of the growing power of a particular state—are being played out in late 2021. Our podcasts bring to life a real sense of navigating the unprecedented and of the search for ways to name the experience through looking for shared perspectives and through invention in naming the local. In this way, we hear a history of the early pandemic, which brings us into direct contact with a making of our complex world from known cultural-historic worlds. What was striking throughout this experience was a growing sense that, despite some fantastically inventive language to describe the specific reactions to the experience of, for example, lockdown/quarantine and the measures taken at local levels,¹⁵ the responses to this present-day “plague” emerge almost unchanged from historic worlds of “anti-plague measures”, which provide discursive and political systems to deal with global pandemics, as Frank M. Snowden suggests:

When new, virulent, and poorly understood epidemic diseases emerged, such as cholera and HIV/AIDS, the first reaction was to turn to the same defences that appeared to have worked so well against plague. ... In this manner, the plague regulations established a style of public health that remained a permanent temptation, partly because they were thought to have worked in the past and because, in a time

of uncertainty and fear they provided the reassuring sense of being able to do something. In addition, they conferred upon the authorities the legitimating appearance of acting resolutely, knowledgeably, and in accord with precedent.

(Snowden 2019, 81)

This sense of a long, increasingly entrenched, history of action, of a type of cyclical worldmaking, is borne out so far in the discourses we have been studying from the first wave. What we see is the importance of the “vast extension of state power” (Snowden 2019, 82), of measures to contain the populace, of the lexicon of the local versus the global, insiders and outsiders, the known and the alien, of the question of how the actions of other states affect our state. As we end 2021, the lexicon has evolved to be dominated by references to vaccination, to arguments about compulsion, in terms, for example, of COVID passes and mask-wearing, to the “pingdemic” in the UK (the large-scale phone notification of COVID contact) and to new variants. Our methods of study in our first foray into the language of the early pandemic suggest that we have a lot to learn from insistence on this type of research in understanding the real-life impact of the language created to construct the ways we make and live in our worlds in times of crisis.

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Notes

- 1 <https://www.bbc.co.uk/news/health-52182658>
- 2 <https://languageacts.org/>
- 3 <https://languageacts.org/what-we-do/>
- 4 <https://languageacts.org/what-we-do/>
- 5 <https://www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and>
- 6 <https://nossaenergia.petrobras.com.br/pt/sustentabilidade/estamos-juntos-no-combate-ao-novo-coronavirus/>
- 7 Our researchers are: Iman Taleb and Judy Alsoufi (Arabic); Esther Kentish and Lindsay Warner (English); Benjamin Oldfield and Delphine Gatehouse (French); Joseph Prestwich and Iman Taleb (German); Eitan Oren (Hebrew); Anita Baratti (Italian); Hyun Kyung Lee (Korean); Eitan Oren (Japanese); Wing In Choy and Maria Jane Marimon (Mandarin and Cantonese); Tatiana Wells and Aleida Cristina Mendes Borges (Portuguese); Pola Awdankiewicz-Baeta (Russian); Holly Henry, Natalia Stengel Peña and Juan Albornoz (Spanish).
- 8 <https://www.who.int/news/item/08-05-2015-who-issues-best-practices-for-naming-new-human-infectious-diseases>
- 9 <https://www.nytimes.com/2020/03/23/us/chinese-coronavirus-racist-attacks.html>

- <https://www.nytimes.com/2020/04/12/magazine/asian-american-discrimination-coronavirus.html>
- 10 <https://languageacts.org/news/worldmaking-in-the-time-of-covid-19-podcasts-launched/>
- 11 The Voyant tools have recently migrated, and some corpora are still being transferred from one server to another. As a result, the English, Portuguese and Spanish word clouds cannot be published at this time.
- 12 Unattributed quotations relating to the project are from the language reports submitted by researchers. In French, these are Benjamin Oldfield and Delphine Gatehouse.
- 13 <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressure-points-in-the-nhs>
- 14 Unattributed quotations relating to the project are from the language reports submitted by researchers.
- 15 Thank you to our many interlocutors who sent examples from across the world. Especially to Professor Tony Thorne, who provided us with some invaluable information.

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3 SARS-CoV-2 and Discursive Inoculation in France

Lessons from HIV/AIDS

Loïc Bourdeau and V. Hunter Capps

Introduction

On 12 March 2020, French President Emmanuel Macron addressed the nation for the first time to talk about “la propagation d’un virus, le COVID-19, qui a touché plusieurs milliers de nos compatriotes” [the spread of a virus, COVID-19, which has infected thousands of our compatriots], adding that it is “sans danger” [not dangerous] except for older individuals and those living with comorbidities (2020a). Early in the fight against the SARS-CoV-2 pandemic, Macron developed a combative rhetoric that centred the collective good, sacrifice and unwavering support for France’s “héros en blouse blanche ... qui n’ont d’autre boussole que le soin” [heroes in white coats ... whose only concern is to provide care] (2020a). Just four days later, on 16 March 2020, following the growing infection and hospitalisation rates, Macron gave another televised speech—perhaps his most memorable speech to date—in which he officially declared war on the virus and implemented stricter sanitary measures, including a lockdown. Noting that “l’ennemi est là, invisible, insaisissable, qui progresse” [the enemy is here, invisible, ungraspable, making headway] (2020b) while simultaneously failing to provide consistent information—especially as to whether masks were useful or even simply available (*Le Parisien* 2020)—Macron and his government did little to instil trust and contributed to the flourishing of fake news. Following Macron’s address and during the unfolding of the pandemic, radio and television news programmes featured daily interviews with public officials and medical professionals who drew parallels between the two epidemics, often by way of comparisons between masks and condoms—“Le masque est au COVID ce que le préservatif est au sida” [Masks are to COVID what condoms are to AIDS] (*La Provence* 2020)—but did not properly engage with the AIDS crisis of the 1980s and 1990s.

At the same time, French culture was experiencing a resurgence of HIV/AIDS-related productions in an attempt to address the country’s amnesia vis-à-vis this earlier epidemic. Indeed, while a number of major films set in the United States engage with the AIDS crisis, from *Philadelphia* (1993) to *Dallas Buyers Club* (2014), France has been less eager to explore this part

of its history. Films like Cyril Collard's *Les Nuits fauves* [*Savage Nights*] (1992) or André Téchiné's *Les Témoins* [*The Witnesses*] (2007) do include HIV/AIDS as part of their storylines, but they focus primarily on heterosexual couples. They are also rare instances in the larger cinematic landscape and do not focus on the "epidemic" dimension of the crisis or the subsequent militant response led by groups such as Act Up-Paris or Aides. Productions from the last five years have more clearly shed light on the struggles that HIV-positive individuals faced at the time, the numerous losses and the lack of quick medical and governmental response. For instance, Robin Campillo's *120 Battements par minutes* [*120 Beats Per Minutes*] and Christophe Honoré's play *Les Idoles* [*Idols*] (2018) both received critical acclaim and tell the story of the AIDS years from the perspective of, on the one hand, ACT UP members and, on the other, authors who died of AIDS-related complications and gave a political dimension to their art, such as Hervé Guibert or Jean-Luc Lagarce. Other productions, from Olivier Ducastel and Jacques Martineau's *Paris 05:59. Théo & Hugo* (2016) to François Ozon's *Été 85* [*Summer of 85*] (2020), further attest to the ongoing interest in HIV/AIDS.

Despite the contemporary context of increased visibility, President Macron remarked in his first address that "Cette épidémie ... est la plus grave crise sanitaire qu'ait connue la France depuis un siècle" [This epidemic ... is the most serious health crisis that France has experienced in over a century] (2020a). More than 30,000 individuals had died of AIDS-related complications by the 1990s, making it the second deadliest epidemic after COVID-19 and its 128,000 deaths (as of January 2022). Macron's comment undermines the trauma of the AIDS crisis and adds to the pain of those who still carry the weight of these losses. It also shows that some lives are worth more than others. As Judith Butler asks: "Who counts as human? Whose lives count as lives?" (2004, 20). Considering that HIV concerned only certain fringes of society, and homosexual men for the greater part, the AIDS epidemic still fails to be seen as a national crisis. Yet, the turn towards this historical moment on the part of medical professionals attests to the possibility of learning from it. More importantly, perhaps, it quickly became a recurring strategy to compensate for the lack of knowledge, to reassure the population, as well as a means to reinforce specific health measures. By looking at presidential speeches, newspapers, TV interviews and medical developments, our research seeks to explore this turn, investigates how most rhetorical choices rely on problematic and reductive language that erases the trauma and effectively brings into discussion the two pandemics.

Media Response to SARS-CoV-2 and the HIV/AIDS Crutch

Almost a year into the pandemic, on 27 January 2021, radio host Jean-Jacques Bourdin invited Jean-Daniel Lelièvre, Professor of Medicine, Immunologist and Head of the Infectious Disease Department at the

Henri-Mondor Hospital (in the greater Paris region) to assess the situation regarding the ongoing SARS-CoV-2 pandemic and the growing spread of the Alpha variant (also known as the UK variant). Bourdin first points out that the French population is becoming more defiant of sanitary measures, is still struggling to trust the government and fears a new lockdown. He further notes that individuals are also more wary of scientific discourse and prescriptions, which Lelièvre understands. Lelièvre adds:

Je viens d'un monde médical qui est celui du VIH et on voit très bien ce qui s'est passé dans ce monde un peu particulier, c'est-à-dire qu'au début on a eu les médecins, les scientifiques, les politiques qui se sont exprimés et petit à petit ce sont les malades qui ont pris en charge leur maladie. Bien évidemment il y a eu des grands progrès scientifiques qui ont été indispensables pour faire évoluer, mais on a évolué dans la prise en charge de cette maladie avec les associations de patients. Et ça on va en avoir besoin, parce que pour l'instant, ce qu'on entend dans les médias, ce sont des politiques, ce sont des scientifiques et des médecins comme moi, mais c'est une vision du puzzle qui est beaucoup plus complexe que ça ... il faut qu'on entende la société civile.

(BFM TV 2021)

[My medical training is in the world of HIV studies. And we noticed at the time that doctors, scientists and politicians were the first ones to speak. And slowly those living with the virus/disease took charge. Of course, there have been major scientific developments, but we were able to move forward thanks to patient associations. We are going to need them, because right now the people we hear in the media are scientists and doctors like myself, but we're facing a much more complex puzzle ... We need to hear from laypeople.]

What Lelièvre makes clear in his response is that the management of epidemics or pandemics tends to follow similar patterns, and that as such, lessons can be learned from previous and still ongoing events. Here, he draws specifically on HIV because he has been studying the virus since the early 2000s and accurately underlines the role that organisations such as Act Up-Paris or Aides played in the 1980s and 1990s and how they contributed to a better understanding of the virus and greater visibility. In a similar fashion, “Long COVID” is one such instance where medical professionals must listen to individuals who have come together for more visibility and better care. Indeed, Long COVID Support (UK) or #Aprèsj20 (France) are two twitter-born and patient-led initiatives that centre those who live with “the prolonged fluctuating symptoms of COVID-19” (Long Covid Support), those who reported “de[s] symptômes inhabituels, persistants ... et invalidants sans être crus, entendus ... pris en charge” [unusual, persisting

... and disabling symptoms without being believed, heard ... taken care of] (#Aprèsj20). Lelièvre’s response, however, proves a rare sight in the French media landscape, where many interviewees, doctors for the most part, turned to the past, offered comparisons between masks and condoms, but failed to engage with the AIDS epidemic and all that it can teach us. The following sample of headlines brings forth this easy and oft-used comparison: “Le masque, c’est comme le préservatif, le mauvais usage est un risque” [Masks are like condoms, using them improperly is a risk] (Mouedine 2020) and “Les masques sont-ils les nouveaux préservatifs?” [Are masks the new condoms?] (*Courrier International* 2020). In these instances, it is quite clear that condoms are not just seen as tools to prevent sexually transmissible infections (STIs), but rather that they are historically loaded metonymies for the AIDS crisis and homosexual sex in particular. They also participate in intentionally placing much of the responsibility (and blame) on individual subjects rather than underlining structural or governmental failures.

Rachel Anne Tee-Melegrito writes that “[d]uring the early days of both pandemics, aside from shock, most of the world’s governments responded with denial, downplaying, delayed responses, and neglect” (2021), a fact which tends to be overlooked. The mask/condom parallel thus seems to be a bandage that hides these damaging instances of denial, delay and neglect. A collateral effect is that it also assigns blame and responsibility to all these individuals who died of AIDS-related complications, insofar as becoming infected is a sign of non-compliance, of failure. David Caron, writing about the shame of contracting HIV, declares: “I have failed to remain uninfected” (2014, 96). Additionally, this rapprochement provides an inaccurate picture of the AIDS epidemic and erases its violence. New scientific studies focusing on the similarities and differences between the two viruses clearly show that, in the early years, “HIV spread rapidly throughout the world and the death rate was almost 100%” (Illanes-Álvarez et al. 2021, 847) while the “death percentage without treatment” for someone infected with SARS-CoV-2 lies between “1–4%” (849). Moreover, public health has quickly developed strategies to try to contain SARS-CoV-2/COVID-19—lockdowns, testing, contact tracing, vaccine development—while “the HIV pandemic remains a major global health issue” (Tee-Melegrito 2021). Our point is not to undermine the losses caused by SARS-CoV-2, rather it is to stress that historical amnesia and simplifications reproduce discursive violence.

On 27 March 2020, only a few days after Macron’s second speech, the French gay magazine *Têtu* reported the story of a gay couple in Montpellier who received a threatening, homophobic letter: “Pourriez-vous s’il vous plaît quitter la résidence car nous savons que vous les homosexuels sont [sic] les premiers à être contaminés par le COVID-19. Ceci est le premier avertissement. Merci” [Could you please vacate the building because we know that you, homosexuals, are the first ones to be infected with COVID-19. This is the first warning. Thank you] (Rauglaudre 2020b). While several healthcare workers received similar notes from neighbours who they

feared might bring the virus home, and even though one of the gay men was an “aide-soignant [nurse assistant]” (ibid.), it is their homosexuality that made them more likely “to be infected with COVID-19”. The World Health Organisation, in its *Managing Epidemics* report, explains that “the fear generated by the emergence of a previously-unknown infection may be greatly out of proportion to its real public health impact. Fear often generates inadequate decisions or inappropriate behaviours, including stigma of certain at-risk populations” (WHO 2018, 18). In addition to rising cases of anti-Asian hate speech and violent acts, gay men became targets, too. Given the persistence of conspiracy theories according to which HIV, and now SARS-CoV-2, are divine punishments against homosexuality (Rauglaudre 2020a), and perhaps more worryingly, the continued lack of understanding around HIV transmission (and the difference between HIV and AIDS), it is thus no surprise that new forms of discrimination connected to the virus emerged and that fake news linking HIV to SARS-CoV-2 spread quickly. For instance, the fact-checking section of *Le Monde* debunked an Indian study, shared on national television by 2008 Nobel laureate Professor Luc Montagnier, according to which “le virus SARS-CoV-2 aurait été fabriqué en laboratoire à partir du virus du sida (VIH)” [SARS-CoV-2 had allegedly been produced in a laboratory from the AIDS virus (HIV)] (Audureau 2020).

The question of the virus’ geographical origin and the search for “patient zero” occurred long before the AIDS crisis (see Perino 2020) and brings to light patterns of fear and the stigmatisation or scapegoating of minoritised social groups. Richard McKay reminds us that

[i]n Western Europe from the eleventh century onward, a trend developed in which various minority groups— “lepers”, Jew, heretics, and sodomites—were repeatedly cast as enemies of the state ... Collectively, societies would come to the consensus that a particular named group was to blame for certain social ills.

(2017, 46)

In the case of HIV/AIDS, the term resurfaced as an error when American journalist Randy Shilts misread Canadian flight attendant Gaétan Dugas’ medical report (O for out-of-state, instead of 0 for zero). Not only did he falsely accuse Dugas of bringing in and spreading the virus, but he also unleashed (media) hatred and ruined Dugas’ life. Learning from the AIDS crisis, as McKay does, would remind us that “[w]e should abandon this toxic phrase ‘patient zero’ and discuss contact tracing ... with great care. Otherwise, we risk increased confusion, scapegoating and under emphasising the significance of asymptomatic cases” (2020). Bringing SARS-CoV-2 and HIV closer is thus a relevant move but it cannot do so at any cost. Neither can it be used as a way to settle scores with the past, as did anti-AIDS activist and cofounder of Act Up-Paris Didier Lestrade when he compared

maskless individuals to barebackers. Barebackers were gay men engaging in condomless sex during the AIDS years for specific political reasons (see Bourdeau and Capps 2022). As such, Lestrade did not simply impose moral judgment on those not complying with mask mandates; he also brought into the conversation, and flattened, a complex history. Moreover, equating masks to condoms fails to account for new pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), which are now more effective than condoms. In times of epidemics and pandemics, language matters.

The Language of HIV/AIDS and SARS-CoV-2

With respect to the discursive genealogy of HIV/AIDS, “GRID” (or “Gay Related Immune Deficiency”) was the first term to describe a cluster of gay men who were coming down with a variety of opportunistic infections. While this term was more colloquial and medical officials never officially used it, the very first issue of the *Morbidity and Mortality Weekly Report*—a weekly epidemiological digest published by the Centers for Disease Control and Prevention since 1930—that cited five deaths of young, otherwise healthy gay men, notes:

The occurrence of pneumocystosis in these 5 previously healthy individuals without a clinically apparent underlying immunodeficiency is unusual. The fact that these patients were all homosexuals suggests an association between some aspect of a homosexual lifestyle or disease acquired through sexual contact and Pneumocystis pneumonia in this population.

(CDC 1981, 1–3)

Though this first official medical documentation omits the term GRID itself, the discourse clearly denotes a correlation between the emergent disease and “homosexuality”, that cold, clinical term that so tidily wraps up a world of sexual and social deviance. Thus, from its inception, what we now know as HIV has always been associated with a sense of queerness. Before arriving at the naming of HIV, the medical establishment refined its sense of the disease and coined “AIDS” or “Acquired Immune Deficiency Syndrome” in 1982 (Treichler 1999, 27). The term retained the “immune deficiency” component but swapped out the association of gay for the more medically accurate “syndrome”, an amalgamation of symptoms. It was not until 1987 that France and America were able to compromise on the naming of the causative agent, the virus that was to blame for AIDS. The French LAV, or Lymphadenophthy Associated Virus and HTLV-III, or Human T-lymphotropic Virus type three, were replaced with HIV, the Human Immunodeficiency Virus. To this day, one might be hard pressed to find a layperson able to differentiate between HIV and AIDS. The former is the name of the retrovirus that infects CD4 white blood cells, makes copies and

slowly destroys the immune system. The latter is a medical diagnosis when an HIV-positive person's CD4 cells drop to 200 per cubic millimetre of blood, a threshold past which the body becomes susceptible to a variety of opportunistic infections. Indeed, due to the linguistically fraught history of the disease, these two terms have become nearly indistinguishable for many.

Since the emergence of SARS-CoV-2, or "Severe Acute Respiratory Syndrome – Coronavirus-2", the virus responsible for COVID-19, or "Coronavirus Disease 2019", history has seemingly repeated itself. The World Health Organisation officially announced both terms on 11 February 2020, and the organisation notes:

From a risk communications perspective, the name SARS can have unintended consequences in terms of creating unnecessary fear for some populations, especially in Asia which was worst affected by the SARS outbreak in 2003. For that reason and others, WHO has begun referring to the virus as "the virus responsible for COVID-19" or "the COVID-19 virus" when communicating with the public.

(WHO 2020)

While this rhetoric about naming the virus appears well intentioned, it is ultimately contradictory and pointless since racist and improper iterations concerning the disease have proliferated from the start (e.g. Chinese virus, UK variant, etc.). In other words, the WHO asks for a rhetorical exception that does not linguistically produce the effects it seeks.

It may seem relatively futile at first glance to spend so much time and effort analysing the use of proper terminology to refer to disease at a time when so many are dying, but if we have learned anything from the AIDS crisis, it is that language does indeed matter. Activist and scholar Douglas Crimp wrote in 1988 that "AIDS intersects with and requires a critical rethinking of all of culture: of language and representation, of science and medicine, of health and illness, of sex and death, of the public and private realms" (1988, 15). Similarly, Paula Treichler echoes the irrevocable effect HIV/AIDS had on scientific discourse and its production as she notes that "the AIDS epidemic has produced a parallel epidemic of meanings, definitions, and attributions ... an epidemic of signification ... The evolution of the AIDS epidemic has coincided with a period of attention to language" (1999, 1–2). Furthermore, this attention to language was no mere matter of academic hair-splitting; it was deeply enmeshed in the struggle for dignity, respect and survival by those who were living with and dying from HIV.

Activists laboured tirelessly to make sure that those infected with the virus were treated and spoken about in a manner that did not perpetuate stigma and shame. For example, activists denounced "AIDS patient/Patient sidéen" and "AIDS victim/Victime du sida" as belittling and degrading and insisted that the more neutral "PWA", or "Person with AIDS/Personne vivant avec le sida", be the moniker of choice. "The Advisory Committee of

People with AIDS ... issued the following statement: ‘We condemn attempts to label us as ‘victims’, which implies defeat, and we are only occasionally patients’, which implies passivity, helplessness, and dependence on the care of others. We are ‘people with AIDS’” (Grover 1988, 26). Even “AIDS virus” was rejected because it “is a term more projective than descriptive. It imposes a mortal sentence on anyone infected with HIV, a projection of hostility and fear that bespeaks another’s death in order to quell one’s own anxieties” (21). Despite this intellectual labour, in the French context, the improper usage of “le sida” for both HIV and AIDS has rendered the two terms indiscernible; similarly, “le covid” has come to stand in for both the virus and the disease. Grammatical debates arguing that it should be “le” (masculine) for the virus and “la” (feminine) for the disease have gathered little attention and have not contributed to the socio-political dimension of medical discourse in any significant way (Académie Française 2020).

Scholars have addressed another element of the linguistic dimension of the HIV epidemic: the military metaphor. Most notably, Susan Sontag first remarks that “one cannot think without metaphors. But that does not mean there aren’t metaphors we might well abstain from or try to retire” (1988, 93). She then aptly observed that specifically in the hands of political and medical officials the military metaphor discursively reinforced understandings of AIDS and those affected by it as perpetrators of destruction who compromised the integrity of society and the body politic (182). In today’s viral climate, the military metaphor and its pitfalls have resurged with a vengeance as officials insist that we are at war, medical workers are being referred to as soldiers on the frontlines of battle, and former US President Donald Trump seemed to believe that his referring to the virus as “the invisible enemy” was as novel as the coronavirus itself. Back in 1990s France, mainstream media resorted to similar rhetoric that constantly referred to homosexuals as potentially dangerous and invisible, while refusing to feature them in documentaries or news reports, to let them speak up (Eun 2009). Furthermore, what this metaphor allows officials to do once more is slip easily into a discursive territory wherein instead of acknowledging mass structural failures, nurses’ and doctors’ deaths are cast as heroic and selfless acts for the nation, and individual behaviour is blamed for the spread of the virus. In this context, the military metaphor functions as a red herring, a misdirection that allows for a near-entire displacement of responsibility onto those most affected by the epidemic.

Discursive Inoculation, Morality and Responsibility

For the purpose of our analysis and to bring forth the ways in which military metaphors were deployed in the French context, we have looked at President Macron’s speeches from 12 March 2020 to 12 July 2021. As mentioned in the introduction, the second address is perhaps the most memorable as Macron positioned himself as war leader. Stating “Nous sommes en

guerre” [We are at war] (2020b) no fewer than six times, Macron relies on the power of his anaphora to set the tone before pleading: “Je vous demande des sacrifices pour ralentir l’épidémie” [I ask of you sacrifices to slow down the epidemic] (ibid.). Using expressions such as “La nation soutiendra ses enfants” [The nation will support its children] (ibid.) in reference to front-line healthcare workers, he also deploys a moralising categorisation of individuals between those who are vulnerable, those who fight the enemy, those who follow the rules, and those who break them:

alors même que les personnels soignants des services de réanimation alertaient sur la gravité de la situation, nous avons aussi vu du monde se rassembler dans les parcs, des marchés bondés, des restaurants, des bars qui n’ont pas respecté la consigne de fermeture ... A tous ceux qui ... ont bravé les consignes, je veux dire ce soir très clairement: non seulement vous ne vous protégez pas vous ... mais vous ne protégez pas les autres.

(ibid.)

[at the same time as healthcare professionals from intensive care units were warning us of the serious nature of the situation, we have also seen people meet up in parks, in crowded markets, in restaurants, in bars that did not follow closing regulations ... To those who ... broke the rules, I want to say very clearly: not only are you not protecting yourselves ... but you are not protecting others.]

Macron’s use of “at the same time” creates a logic of cause and effect whereby transgressive behaviours are responsible for the lack of masks, hospital beds, ventilators or healthcare workers. While these rule-breakers certainly play a part in the spread of the virus, the present rhetoric does not account for political measures that have put French hospitals in dire situations in the first place. Numerous strikes led by nurses or interns have, for the past 15 years, drawn attention to the lack of funds to almost no avail. Macron’s own government did little to remedy “la crise de l’hôpital” [the hospital crisis], with astounding testimonies by “aides soignants [qui] récupéraient les yaourts et compotes laissés par les patients pour les apporter à leurs enfants” [assistant nurses [who] would gather up the patients’ leftover desserts and bring them home to their children] (Dupont 2019). As he calls on “tous les acteurs politiques, économiques, sociaux, associatifs, tous les Français à s’inscrire dans cette union nationale qui a permis à notre pays de surmonter tant de crises par le passé” [all political, economic, social, non-profit actors, all French people to take part in this national union that has allowed our country to overcome so many crises in the past] (2020b), Macron somewhat inscribes himself in General Charles de Gaulle’s legacy and draws on the power of the French resistance narrative. In calling for

unity in this fight against the virus, he also prevents all contestation or criticism. Furthermore, his 13 April 2020 address highlights how everyone is assigned a role in this war: “Dans la deuxième ligne, nos agriculteurs, nos enseignants, nos chauffeurs routiers, ... nos éboueurs...” [In second line, our farmers, our teachers, our truck drivers ... our garbage collectors ...] (Macron 2020c). And adds: “chacun d’entre vous, dans ce que j’ai appelé cette troisième ligne” [each one of you, or what I have called the third line] (*ibid.*). Everyone thus plays a part in the fight, everyone is in line and shall not deviate. The recurring use of *nos* [our] hammers down a nationalist discourse in opposition to the global dimension of pandemics. As WHO has repeatedly remarked, “the virus knows no borders and ... no one is safe until everyone is safe” (2021).

Yet, Sontag writes about the AIDS crisis that “[d]emands are made to subject people to ‘test’, to isolate the ill ... and to erect barriers against the real and imaginary contamination of foreigners” (1988, 168). Quickly, too, Macron (as did most countries) followed these old patterns and announced that “les frontières à l’entrée de l’Union européenne et de l’espace Schengen seront fermées” [EU and Schengen borders will be closed] (2020b). Throughout his subsequent speeches, he builds an image of France as a resilient nation but fails to take full responsibility for the government’s errors. In fact, Macron locates successes at the national level—“C’est tous ensemble que nous avons obtenu ces résultats” [We obtained these results together] (2020f)—while failures are global—“comme tous nos voisins” [like all our neighbours] (2020e) or “Comme tous les pays du monde” [Like every other country in the world] (2020c). During the AIDS crisis, the French government did very little in 1981 and 1987. Eventually, former President François Mitterrand made it a “grande cause nationale” [great national cause] (Broqua 2003, 246) but lives had already been lost and the infected blood scandal would soon emerge. Indeed, in 1991 it was revealed that contaminated blood had been used in transfusions for two years between 1984 and 1985. Like Macron, Mitterrand’s comment on the scandal was to note, after pointing out France’s great success in detecting the virus, that “C’est un cas général dans tous les pays industriels qui sont à l’heure actuelle assaillis par la contagion du SIDA” [It’s a global issue in all industrial countries that are currently overwhelmed by the AIDS epidemic] (Mitterrand 1991). What these discursive strategies reveal is a displacement of blame and responsibility that simultaneously seeks to displace the epidemic, or rather, keep it at bay.

Our initial focus on the linguistic and social genealogy of HIV coupled with the unfolding of SARS-CoV-2 in the present and Macron’s rhetorical strategies are what undergird our notion of discursive inoculation. This term refers to how people pick and choose different metaphors, terms and phrases to paint a picture of disease that fits their ends while hoping to keep the disease at bay or exposing the speaker just enough to inoculate them from its harm. A prime example of discursive inoculation that we are

developing can be found on popular gay dating apps such as Grindr where individuals have the option to fill out information concerning both their HIV status and when they were last tested for the virus. It is first crucial to address that during HIV's primary incubation period, the body can take up to three months to produce antibodies, which means that one very well could turn up a negative test while HIV is replicating in one's system (CDC 2021a). Or as Caron writes: "a negative status is often far less certain than a positive one" (2014, 124). With respect, then, to indicating one's serostatus on the apps, such measures of disclosure would appear at first glance to facilitate an openness between those who engage with each other on the platforms; indeed if any positive consequence of such a structure is to be retained, it is that HIV-positive people can sidestep some punitive disclosure laws by putting their information out in the open if they so choose (CDC 2021b). However, the disclosure of one's seronegativity and most recent HIV screening also seems to signal that such disclosures aid in the prevention process, as if the utterance itself performatively alleviates the threat of the virus. It would indeed be more "accurate" to provide a section on these apps to fill out how many partners one has had *since* that last screening and when those encounters were, but of course adding more questions to the survey guarantees neither honesty nor promise of reducing risk. In the context of SARS-CoV-2, (gay) dating apps developed similar disclosure strategies, which proved equally fraught considering that most infected individuals are asymptomatic. In the context of travel regulations, countries and airlines rely on similar feeble assurances such as a negative PCR test within 24 to 72 hours of travel. In both instances of the app and travel regulations, neither fully account for the temporal sensitivity of testing and the assurance of one's status that many take at face value, whether it be in something as socially complex as negotiating sexual activity or something as bureaucratic as boarding a flight.

While it is indeed worthwhile to promote discourse about sexual health among partners as well as encouraging other preventative measures, an unfortunate truth continues to resurface. No amount of discourse can inoculate one from the *actual* risk of exposure to HIV or SARS-CoV-2. Thus, it is not to mount the argument that one should not follow prophylactic protocol, but rather it is to argue that the *moralising* of those who do not always follow said protocol is neither going to protect anyone from infection nor abate the epidemic. In fact, what this ineffective inoculation of social shaming does is further stigmatise, and as we have seen, stigma plays a central role in the exacerbation of epidemics as behaviour is driven underground and people do not seek out public health resources (Manhajan et al. 2008).

Coda: Against the Fetishization of Pain

Our study has focused primarily on notions of responsibility, blame and moralisation, while showing how we can draw lessons from the AIDS crisis

of the 1980s and 1990s to better understand the current SARS-CoV-2 pandemic. This very notion of “drawing lessons” is in fact key to epidemic and disease management. It has also been a key discursive strategy throughout President Macron’s addresses. As he spoke each time about the current viral situation in the country, he made sure to speak of the future because, he remarked, “toute crise comporte une part de progrès” [every crisis carries its share of progress] (2020f). From his earlier speeches where he concluded that “Nous serons plus forts moralement, nous aurons appris” [We will be morally stronger, we will have learned] (2020b) to more recent iterations where he claims that “nous avons tenu, nous avons appris et nous nous sommes à chaque fois améliorés” [we’ve held on, we’ve learned, and we’ve bettered ourselves] (2021), he engages in a form of dolorist thinking which, as Ruwen Ogien posits, “insiste sur les bénéfiques intellectuels et moraux que nous sommes censés pouvoir tirer de la souffrance et de la maladie” [insists on the intellectual and moral benefits that we allegedly reap from experiencing pain and disease] (2017, 47). It is as though pain should be embraced and welcomed insofar as the benefits will outweigh the negatives. One can certainly understand why Macron, the war leader, would focus on these benefits to keep everyone’s morale up. Additionally, his use of the challenge metaphor—which “est en effet la seule qui peut nous faire voir la maladie comme une bonne chose” [is in fact the only one that can make us conceive of illness as a good thing] (74)—glorifies positive thinking and the popular concept of resilience, that is, one’s ability to overcome struggles and turn them into successes. In doing so, failing to succeed or be better is one’s responsibility alone. With regard to healthcare, it tends to remove one’s ability to complain. Complaining not only means being ungrateful (for the opportunity to overcome the negative), but it also shapes patient–doctor interactions and further skews the power dynamic. It forces the patient to be a “good patient” and creates a logic according to which anything bad is but a challenge to be better in the end. As Ogien argues, positive thinking and dolorism “contribuent à discréditer la souffrance des personnes atteintes de graves maladies, à renforcer la violence sociale qui s’exerce à leur rencontre et à protéger certaines formes de paternalisme médical” [contribute to invalidating the pain felt by individuals living with serious illnesses, to reinforce the social violence they experience and to protect certain forms of medical paternalism] (235–236). As far as HIV/AIDS is concerned, the productions mentioned in the introduction do not engage in a form of dolorism that makes infection a welcomed opportunity for self-improvement. However, Chase Ledin shows that some like *120 BPM* and *Théo et Hugo* do “explore the AIDS past not as a site of trauma but instead as a site of resilience and futurity” (2021, 3).

In the end, while everyone does indeed have a part to play in living vulnerably alongside others, we might do well to remember that how we speak of disease matters and that moralising should not be part of the agenda, seeing as it does nothing to reduce our risk of exposure. On the contrary,

most discursive strategies only spread stigma, which is counterproductive to effective epidemic or pandemic management. In moving forward with situating discourse around SARS-CoV-2, we should use language that holds those responsible for the epidemic accountable as much as we ensure we do not moralise or blame those most affected by the disease, especially those living with Long COVID who deal with pain and the daily, bodily, reminders of stigma and shame.

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4 War Metaphors during the COVID-19 Pandemic

Persuasion and Manipulation

Patrizia Piredda

Introduction

The year 2020 can be considered an *annus horribilis* rather than *mirabilis*. After the coronavirus pandemic started in the Chinese city of Wuhan and spread to Europe, in some countries politicians and mass media began to use metaphors based on war imagery to represent the sanitary emergency, which forced a great number of governments to impose restrictions on the whole of society. While politicians used war metaphors in their persuasive argumentations, mass media mostly worked as amplifiers to make this argumentation more cogent. However, several authors have argued over the last few months that the pervasive use of war metaphors to talk about the threat represented by the COVID-19 pandemic was not a successful linguistic strategy (Semino 2021; Piredda 2020; Di Paola 2020). Therefore, two questions should be asked: why, among all metaphors, were those based on war used? Were they appropriate to the circumstances?

The metaphor “we are at war” was immediately understandable and easily adaptable to the emergency. It determined, on the one hand, an emotional predisposition to abide by the restrictions, while, on the other hand, it gave birth to a negative general feeling of fear that in turn had psychological and social consequences, such as fear of the other, spying on neighbours, a lack of solidarity and conditions such as anxiety, depression and phobias. If looked at closely, the real focus of the matter appears to rest in emotions. In the case of COVID-19, the war-related metaphors were aimed at triggering the primary emotion that we feel when we think about an armed conflict, which is fear.

In this chapter, I analyse the use of war metaphors that appeared in newspapers and broadcast companies in Italy, France, Germany, Spain, the UK and the United States between March and April 2020.¹ My methodology consists in carrying out theoretical observations about the effects of the so-called primary metaphors. I will start by investigating some theoretical aspects—rhetorical and cognitive—of primary metaphor, namely its form and ability to manipulate emotions, by referring to the Aristotelian theory of metaphor and recent practical cognitive experiments that have

demonstrated that metaphors affect the formation of opinions and influence practical choices (Cislaru 2012; Lakoff 1996). I will then take into account a number of metaphors that appeared in mass media and public discourses during the first months of the pandemic, to analyse the rhetorical structure and critique the emotional/manipulative effects that such metaphors had on people.

I choose to focus on the first two months of the pandemic because the use of war metaphors reached its peak during those weeks. If we analyse the data collected in the English-speaking countries and gathered in *The Coronavirus Corpus* over the period March–June 2020, we see that the word *war* was used 40,997 times, while in October–December 2020 it appeared 16,476 times, almost 60% fewer. The word *frontline* appeared 5,462 times in the spring of 2020 and 1,149 during the second wave (autumn–winter 2020–2021), almost 80% fewer.² The main reason for this radical change is that, as happens with all metaphors, the war metaphors lost their effectiveness due to habituation and the change of context.

March 2020: War Metaphors Break Out

On 8 March, about ten days after the discovery of the coronavirus outbreak in Lombardy, which later became one of the most disease-stricken regions in Europe, *la Repubblica* reported the words of the first speech given by the former Italian PM Giuseppe Conte, who was obliged to act promptly to tackle the rapid spread of the virus. In the first of a long series of public announcements, Conte said: “In questi giorni ho ripensato a vecchie letture su Churchill, è la nostra ora più buia, ma ce la faremo” [During the last few days, I have thought of old readings on Churchill, it is our darkest hour, but we will make it] (Cappellini 2020). By comparing himself to Churchill and our times to wartime, Conte’s appeal actually sounded like a “call to arms”. Two days later, the paper *il Mattino* reported the words of virologist Roberto Burioni: “Un tiranno ha sconvolto la nostra vita, e si chiama coronavirus. Resisteremo e combatteremo ovunque, nelle case, nei luoghi di lavoro. Aiutando i più deboli e sacrificandoci per un domani migliore. E poi ci rifaremo. Coronavirus, non vincerai. Ne abbiamo cacciati di peggiori” [A tyrant has turned our lives upside down and its name is coronavirus. We shall resist and fight everywhere, in homes, in the workplaces, by helping our fragile fellow citizens and sacrificing us for a better future. Then we’ll be rewarded. Coronavirus, you won’t win. We have chased much worse ones] (Ajello 2020). In this case, Burioni implied that the virus is an evil tyrant who is going to kill us, which therefore forces us to accept restrictions on our freedom in order to be protected. Thus, to restore a “better” free society we must resist, sacrifice and fight the enemy now³ and remember Burioni’s final words, which warn that the tyrant-virus will not prevail because the Italians have already managed to stave off worse tyrants/viruses (like Mussolini, polio and smallpox).

As Ben Macintyre wrote in his article “Wartime Allusions Are Highly Contagious” (2020), the use of war metaphors can quickly saturate public discourse. On 17 March, France, too, lay in the grip of the epidemic. All French and foreign newspapers reported the war declaration of President Emmanuel Macron, who categorically stated “nous sommes en guerre” [we are at war], implicitly citing Minister of War Georges Clemenceau’s speech of 20 November 1917 before the National Assembly,⁴ as several journalists pointed out (Berdah et al. 2020; Chazot 2020; Fressoz 2020). On the same day, British PM Boris Johnson announced at a press conference: “We must act like any wartime government” in order to support the economy.⁵ As Macintyre (2020) notes, Johnson solemnly plays “Churchill as he brings in measures ‘unprecedented since World War Two’”. Two days later, on 19 March, with the pandemic in full expansion across Europe and America, the phrase was taken up by US President Donald Trump, who by describing himself as a “wartime president” vowed that the US would achieve “‘total victory’ over the coronavirus” (BBC 2020c). The meaning of this metaphor is clear: the effort to tackle the pandemic is a war between humans and the virus, a war that would eventually end—in line with the propaganda language typical of American conservatives (Steuter and Wills 2008)—with total victory.⁶ British General Sir Nick Carter said on 10 April that “winning the battle against COVID-19 requires national effort—like that shown in the Second World War”,⁷ and the day after he continued: “The Armed Forces have world-class skills to help fight coronavirus, an invisible enemy”.⁸

In Germany, on the other hand, where the figures of casualties remained low during the first wave, the media used war metaphors as a means to talk about the pandemic only when reporting the news from other virus-stricken countries. On 4 March, in the *Frankfurter Allgemeine Zeitung*, the article “Kampf gegen einen unbekanntem Feind” [Fight against an unknown foe] (Rüb 2020b) informed readers about the epidemic in Italy; on 22 March, the *RND* quoted Giulio Gallera’s⁹ announcement about the hospital Papa Giovanni XXIII in Bergamo, which had been renamed “nationalem Schützengraben” [national trench], and about the so-called “Schlacht um Mailand” [battle of Milan] (Straub 2020);¹⁰ on 28 March, the editors of the *FAZ* reported Trump’s words “war on Coronavirus” (“‘Krieg’ gegen das Coronavirus”) (2020); and finally, on 8 April, the same paper reported one extensive announcement by Domenico Arcuri,¹¹ who talked about “Schützengraben” [trenches] and “Kampf gegen den ‘unsichtbaren Feind’” [the battle against an ‘invisible enemy’] (Rüb 2020a). The only direct reference to war was made in Germany in an Easter speech, on 12 April, by President Steinmeier, who stated that “die Corona-Pandemie sei kein Krieg” [Coronavirus is no war] but rather a “Prüfung unserer Menschlichkeit” [test of humanity] (*FAZ* editorial 2020). The exhortation to solidarity came at a critical moment when the European Union was split into two blocks quarrelling about whether and how to provide financial support to those States which the pandemic had struck harder.

Persuasion: The Role of Metaphor in Shaping Opinion

Before analysing the war metaphors, in this section of the chapter, I focus on showing how metaphors can be used in rhetorical argumentation to orientate and manipulate opinions. Amongst different types of metaphors, resemblance metaphors (Gómez-Moreno and Faber 2010, 124) are particularly interesting because their structure “X is Y” (“Achilles is a lion”) is the same as in logical propositions (e.g. “the house is white”, “London is a city”, and so on) that, according to the table of truth, can be either true or false. It is evident that the metaphor does not belong in the table of truth (therefore it cannot be either true or false) insofar as it does not represent a state of affairs (Achilles and the lion are two different objects). However, because the verb *to be* is copula (Piredda 2017) the meaning of the metaphor could be perceived as a pragmatic message that can direct or manipulate opinion through persuasion. This depends on two factors: one is rhetorical and concerns the correctness of the metaphor; the other, which is linked to the former, concerns the relationship between metaphor and emotions. Regarding the rhetorical factor, there is no method to teach how to create and use good metaphors. The correctness of a metaphor depends not only on how it is made but also on the effect it produces, as well as on its clarity. This last aspect depends on many factors including the context in which the metaphor is used and the person who receives it. We can, however, outline the essential features of the metaphor by analysing chapters 21 and 22 of Aristotle’s *Poetics* and Book III of *Rhetoric*, which first provided an analytical description of the metaphor.

For Aristotle, metaphor is “the application of a strange term either transferred from the genus and applied to the species or from the species and applied to the genus, or from one species to another or else by analogy” (1932, i 1457b 6–7): one word is generally considered alien (allotropic) when we use it in an uncommon way. Among the four mentioned modes, the first three are proportions while the latter is an analogy. All four cases, nonetheless, remain *adequate* ways of using words if the alteration of meaning fits the context in which we use the metaphor—in other words, if a metaphor is properly constructed, i.e. it appropriately connects heterogeneous terms and fittingly with the context.

Aristotle considers appropriateness one of the fundamental qualities of metaphors alongside “perspicuity, pleasure, and a foreign air” (1926, 303§2 1405b). Perspicuity depends on the fact that a metaphor shows connections between two things in an evident way and that its meaning can be apprehended easily and quickly without explanation. The “foreign air” depends on the fact that the metaphorical terms are not used accordingly with their general and usual meaning (in the example of “Achilles is a lion”, the latter term is commonly linked to an animal); and finally, the pleasure is in that we feel happy about achieving new knowledge every time we successfully grasp the meaning of a metaphorical connection.

Aristotle considers a number of different types of metaphor, the best of which is the enthymeme. This is a particular kind of syllogism, and as such it is a deduction that, unlike logical syllogisms, does not rest upon necessary premises (scientific assertions) but rather upon likely assumptions or generally accepted opinions (*endoxa*) (1926, 1357a I.14). One further difference between logical syllogisms and enthymemes is that in the latter the stages of its logical unfolding are not always explicit. Therefore, the enthymeme is shorter and immediate, easy to comprehend and does not require the explication of its logical process, which makes it suitable for non-specialist audiences; and finally, because it rests on likely common assumptions, it is the most suitable for persuasion amongst all forms of rhetorical argumentation.¹²

That a metaphor is properly made rhetorically and adequate to its context is no guarantee, however, that it will be used ethically. This consideration leads us to the second factor, namely the relationship between metaphors and emotions. Generally speaking, language permits us to influence the listener's opinion, no matter whether we refer to the state of affairs or we alter it. The latter process is quite important. It is called "emotional conjugation" or "Russell conjugation" and was shown by Russell during a BBC interview in 1948. The philosopher demonstrated that we can direct the listener's moral judgement through a simple combination of short sentences that represent a state of affairs by employing different expressions that arouse different emotions. Russell provided three examples by speaking about someone who does not change their mind: "I am firm", "you are stubborn" and "he is a stupid pig head" (Russell 2005). The factual content of these three sentences is the same, but the shade of the message changes from that of a neutral or positive assessment to an increasingly derogative judgement.

Many studies in the field of cognitive science demonstrate this theory, which have been known since Plato's age. The following studies investigate the link amongst the manipulation of emotions, metaphors and moral judgement from philosophical, neurological and linguistic perspectives (Citron and Goldberg 2014): Ferrari (2007) analyses the war metaphors used by Bush after the 9/11 attacks to justify the "preventive war" in Iraq; Cislaru studies the manipulation of anger and fear in rhetorical strategies of political speeches concerning the risk of sanitary disasters and terrorist attacks (Cislaru 2012). Finally, Lakoff demonstrates that the audience's moral judgement is largely influenced by disgust (Lakoff 1996). In the wake of this research, it has been shown not only that people who are most sensitive to disgust "show stronger activation patterns for disgust-related metaphors" (Aziz-Zadeh and Gamez-Djokic 2016, 276) but that all metaphors of taste activate an emotional response more than literal communication, and that the amygdala activation is connected to the process of understanding such metaphors. As we see in the next section, war metaphors activate a set of emotions, from fear to alert, which influence our moral judgement and resulting actions.

Analysis of the Metaphors of War: Enemy, Battle, Trenches and the Front Line

From 8 March to the end of April 2020, the European and North American media described the epidemic by using a metaphor derived from this enthymeme:

The pandemic sanitary crisis is an event with a high mortality rate;
 war is an event with a high mortality rate;
 therefore, the pandemic sanitary crisis is a war.

The COVID-19 sanitary crisis is a war was the original resemblance metaphor from which a series of secondary metaphors derived during the first stage of the epidemic. This set of secondary resemblance metaphors aimed to represent every aspect of the COVID-19 pandemic through the domain of war:

- 1) The virus *is* an enemy or an invisible enemy
- 2) Hospitals and intensive care units *are* trenches on the frontline
- 3) COVID-19 *was* an atom bomb in Lombardy
- 4) Infected people *are* invisible bullets
- 5) Healthcare staff *are* soldiers and heroes

Primary Metaphor

<i>War Domain</i>	<i>Pandemic Domain</i>
War	Sanitary crisis

Secondary Metaphors

<i>War Domain</i>	<i>Pandemic Domain</i>
Enemy (invisible)	Virus
Trench and front line	Hospitals and intensive care departments
Atom bomb	The case of Lombardy
Bullet	The infected
Soldiers and heroes	Healthcare staff

Upon closer analysis, these metaphors do not appear appropriate. The greatest inadequacy that makes the primary metaphor misleading is the fact that, in war, killing is the rule, while during a pandemic saving lives is the rule. In other words, the essential trait of curing is to preserve life, while that of war is inevitably death. Therefore, thinking that the purpose of medical treatment is to kill the virus is fallacious, yet the chain gives rise to the following misleading secondary metaphors:¹³

1. The metaphor of the virus as an enemy (or invisible enemy) is quite weak, too, because a virus has nothing to do with a warrior. A virus is a biological form of life whose aim is not killing but rather living (Banda 1984). The purpose of vaccination is not to kill the virus but to immunise human beings, of which the eventual extinction of the virus is only a consequence.
2. The same fallacy can be recognised in the metaphors of the trenches and the front line, the majority of which referred to hospitals: on 5 April, the Italian newspaper *la Repubblica* published the article “Coronavirus a Roma, la trincea dei medici di base” [Coronavirus in Rome, the trench of GPs] (Angeli 2020); on the same day, *The New York Times* reported: “Nurses and doctors treat patients on the front lines” (Stevis-Gridneff 2020); on 11 April, *la Repubblica* published an article titled “Claudia sola in trincea, costretta a decidere chi poteva salvarsi” [Claudia alone in the trench, forced to decide who to save]. On 20 April, *The Guardian* published a photographic reportage titled “On the Frontline: Meet the NHS Workers Tackling Coronavirus” (*Guardian* editorial 2020). Intensive care units and hospitals are not places where lethal weapons are involved, and similarly the stress and the emotional shock that healthcare staff endured cannot be compared with the kind of stress that troops face in a combat zone. Moreover, the technology used to treat patients affected by coronavirus, first of all ventilators, cannot be compared to weaponry because medical tools save lives while weapons kill.
3. The metaphor of the atom bomb, used on 8 April by Giulio Gallera, is inappropriate too. Gallera stated: “Non si può fare alcun paragone tra quello che è successo qui e quello che è successo in Veneto o in Emilia: in Lombardia c’è stata una bomba atomica, il virus ha girato indisturbato per almeno venti giorni prima di essere individuato” [We cannot compare what happened here with things occurred in Veneto or Emilia: in Lombardy an atom bomb deflagrated, the virus has spread unchallenged for at least 20 days before we grew aware of it] (*La Repubblica* editorial 2020a). An atom bomb is a weapon of mass destruction that unleashes its lethal power in a few instants killing thousands of people at once in a small area. The virus in Lombardy did not act likewise, although it caused a great number of casualties (about 15,600), exceeded only by the death rate in the State of New York.
4. The most inadequate war metaphor was coined by Anthony Almojera, a paramedic in New York’s Emergency Medical Services, who said: “In wars you see the bullet, you know who your enemy is. This is a war with an invisible bullet—everyone you come into contact with is a bullet who could get you” (Cuddy 2020). This metaphor basically states that any person we encounter in daily life is a potential enemy difficult to recognise, who could kill us. In other words, this metaphorical way of speaking implies the risk of starting a dangerous hunt for the

“infected”, which may develop social distancing into a habitual form of antisocial life imposed through fear.¹⁴

One further consequence could be the implementation of social control devices such as the apps designed to trace infected individuals, which a majority of people could welcome in accordance with the nefarious logic that Hobbes already analysed in his *Leviathan*, i.e. the remission of part of one’s own liberty in exchange for protection (Hobbes 1965, chapters 14–16). Finally, the least visible but gravest danger is the undermining of solidarity, which is instead the fundamental feeling capable of making individual sacrifice spontaneous. If solidarity ceases to be the motor of altruistic actions, there is a high risk of conceiving healthcare only as a duty (as in the military domain) and not as free ethical engagement.

The Metaphor of the Medic as a Hero

With regard to healthcare staff, two metaphors were widely used that depicted them as soldiers who fought to win the war (e.g. Suárez 2020; Castaldo 2020) and heroes. The first is an erroneous metaphor because, unlike soldiers, healthcare staff’s training is not aimed at teaching them how to kill. Their job involves saving lives with all the means they possess. Consequently, they do not engage any enemy nor do they use weapons. The second metaphor, conversely, might be adequate per se. Under the exceptional circumstances of the pandemic, considering the professional commitment required to carry out their duties and considering furthermore the high risk of contracting the disease and dying, healthcare staff were immediately and instinctively acknowledged as heroes. The definition was so extensively used that on 24 April the BBC published an article by Josh Sims under the heading “Will Coronavirus Change How We Define Heroes?” (2020). The definition of the hero is basically the same in all dictionaries: “A person who is admired for their courage, outstanding achievements, or noble qualities” (Hero 2020). Considering their efforts and courage in the face of danger and the extraordinary results that healthcare staff have obtained worldwide since the outbreak of the pandemic, the metaphor of the medic as a hero is understandable.

However, although adequate, it also had controversial collateral effects: on the one hand, it fed feelings of profound admiration and gratitude for the medical staff among the population in all the countries examined in this article; on the other hand, it contributed to diverting the public from considering the real state of disarray and disorganisation in which years of expenditure cuts have left the national health systems in such countries as, for example, Italy and UK. This caused healthcare staff to react critically and often reject the comparison with heroes.¹⁵ The testimonies of healthcare staff were useful to counterbalance the effect of emotions roused through the war metaphors, as well as to inform the public about the real

circumstances under which healthcare workers had to operate during the crisis.

Healthcare staff testimonies speak against the abstract and mythical image of medics that heroically sacrifice themselves for the nation's sake, as was proposed by politicians and media. Healthcare staff drew the attention of the public to the real problems of national health systems, often caused by austerity and expenditure cuts. Nonetheless, as soon as the pandemic broke out, the political administrations were prompt to praise healthcare staff as heroes, without mentioning that their own previous political agendas had put them in danger. As to that, we must remember the appalling figures of deaths among healthcare staff in the most affected countries, like Italy and the UK, as well as the case of suicide of a PTSD-affected doctor in New York (Watkins et al. 2020).

In the most affected European nations (France, Italy, Spain and the UK), healthcare staff denounced the scarcity of equipment, from the basics (PPE) to technical supplies (ventilators), and generally blamed politicians for the poor condition of hospitals. In France, *Le Quotidien du médecin* published on 21 March a number of medics' testimonies, including: "Merci M. Macron mais je ne suis pas un héros, je veux juste pouvoir me protéger et protéger ma famille avec des masques adaptés" [Thank you, Mr Macron, but I am no hero. I just want to protect myself and my family with appropriate masks] (Long 2020); on 2 April, *la Repubblica* published the testimony of a freshly graduated medic who had just started his career as a "COVID-19 medic" and said: "Siamo tutti d'accordo e abbiamo un messaggio: non vogliamo essere chiamati eroi" [We all agree and have a message: we don't want to be called heroes] (Strippoli 2020). On 10 April, *La Stampa* devoted the article "Coronavirus and the Anti-Hero Doctor" to the testimony of a physician who stated: "Credo di essere un buon medico. Ma senza alcuna attitudine all'eroismo" [I think I'm a good doctor, but without any attitude for heroism] (Ercole 2020). Over the whole month of March, several Italian papers denounced the fact that healthcare staff were not receiving an adequate number of swabs to check if they had contracted the virus (*La Stampa*, 17 March: "In Piemonte tamponi a politici e calciatori ma non ai medici" [In Piedmont Tests for Politicians and Footballers but not for Medics] (Zanotti 2020); *Il Messaggero*, 24 March: "Coronavirus, il dramma dei medici infettati: 'Tamponi ai calciatori, a noi no'" [Coronavirus, the Ordeal of the Infected Doctors: 'Tests for Footballers, Not for Us'] (Evangelisti 2020); *la Repubblica*, 27 March, on the working conditions of GPs: "Siamo entrati in contatto con pazienti infetti e non siamo stati sottoposti a tampone con l'ordine di continuare a lavorare" [We have been in close contact with infected patients but received no swabs and were ordered to keep on working] (Pucciarelli 2020) and, eventually, several papers focused on the shocking news from the Milanese retirement home Pio Albergo Trivulzio, where dozens of senior guests died and the caring staff were forced to "Togliere le mascherine per non

spaventare i pazienti” [remove their masks not to frighten the patients] (*Repubblica* editorial 2020b).

In France, *Le Monde* denounced on 22 March the scarcity of basic medical equipment: “La colère va encore monter ... car il y a un grand ras-le-bol face au manque de masques et de tests. Il faudrait des masques pour tout le monde et des tests pour tous les soignants et toutes les personnes hospitalisées” [Anger builds ... because everyone is disappointed with the lack of masks and swabs. Masks should be available for everybody and tests for healthcare staff as well as for patients] (Mandard 2020). In the UK, the BBC published on 21 April the article “Coronavirus: NHS and Care Staff Struggling to Access Tests” (Schraer 2020). On 21 March, *Le Quotidien du médecin* had reported the reactions of French medics who took part in an inquiry: “La profession est très en colère. Les médecins sont nombreux à partager ce sentiment et à mettre en cause la responsabilité du gouvernement dans la pénurie de masques de protection” [The profession is outraged. A great deal of medical staff share the feeling and blame the government for the scarcity of protective masks] (Long 2020). The BBC (2020b) denounced the same situation in the UK on 14 April, in connection with the death of Mrs Roberts, a nurse in Cardiff, in the video called “Coronavirus: “Nurse’s PPE ‘Like Soldier without Combat Gear’”. Again on 28 April, the BBC published two articles: the former read “The Son of an NHS Doctor Who Died with Coronavirus Has Called on Health Secretary Matt Hancock to Say Sorry for Mistakes in the Government’s Response” (BBC 2020a); and the other was a report called “UK Failed to Buy Crucial Protective Equipment to Cope with a Pandemic, a BBC Investigation Has Found” (BBC 2020d). In the meantime, *la Repubblica* had published on 7 April the article “Noi medici precari in prima linea per senso del dovere” [We precarious doctors on the front line of duty] (ANSA 2020), denouncing some of the main issues of the Italian national health system, i.e. precariousness and lack of funding. The pressure put on the system by the epidemic brought into the open all the damage caused by years of cuts.¹⁶

The same situation was denounced in Spain on 25 April, when the *Redacciòn mèdica* published the article “We are no heroes, we are precarious workers as we were before Covid”, whose author exposed the dire conditions of the Spanish health system and stated that “Y con la matraca del heroísmo se está romantizando una precariedad asistencial y profesional que nunca fue normal” [the bass drum of heroism is romanticising the forever abnormal precariousness of the professional health system] (Redacciòn Mèdica 2020). This series of testimonies, of which I have reported only a few examples here, has been fundamental in (1) counterbalancing the emotional effect of war metaphors; (2) refocusing public attention on the scarcity of investments in public health in the countries I analysed; (3) permitting the activation of the rational critical process by bringing public attention back to the real situation of hospitals and the working conditions of health workers.

Conclusions

The COVID-19 crisis is no war but rather a sanitary emergency. Health systems should have been better equipped to deal with it. However, due to years of spending cuts, these health systems found themselves under-equipped and were put under pressure by the high number of admissions. We can now see that one of the negative effects of using war metaphors was to overshadow (as far as possible) the structural deficiencies of the health systems. Fear, moreover, initially caused people to freeze and isolate themselves, subsequently producing an enormous amount of illnesses including anxiety, depression, sleep loss and nightmares. Through war metaphors, the political discourse reduced the concept of health to the mere absence of physical symptoms of COVID-19 infection, which openly contradicts the definition of health given by the Constitution of WHO: “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Today, it is undeniable that in both Italy and the UK health systems almost collapsed in 2020 because they could not provide adequate medical care for all citizens where the pressure of new hospitalisations in intensive care units was too high. Consequently, the staff were forced to discern which patients should receive treatment from those who could not be saved, which traumatised many of them profoundly.

War metaphors, it turns out, are inappropriate to talk about the pandemic but had, nonetheless, some practical although highly questionable effects. From an emotional point of view, fear and the call to brace society under the aegis of “sacred” and “perennial” values—such as, for example, patriotism—showed some efficacy in terms of mobilising and strengthening collective consensus. However, the only potentially adequate war metaphor, viz. “doctors are heroes”, in combination with the critical testimonies of healthcare staff, allowed for resistance to the misleading use of the war metaphors and efforts to counterbalance the emotional storm-effect caused by fear, as well as informing the public about the real circumstances under which healthcare workers had to operate during the crisis.

Notes

- 1 War metaphors appeared also in other broadcast companies and papers such as CNN, *El Pais* and the *Süddeutsche Zeitung*, although I do not mention them here due to space limits. All translations of non-English articles are mine.
- 2 <https://www.english-corpora.org/corona/>
- 3 <https://winstonchurchill.org/resources/speeches/1940-the-finest-hour/we-shall-fight-on-the-beaches/>
- 4 <http://www2.assemblee-nationale.fr/decouvrir-l-assemblee/histoire/grands-discours-parlementaires/georges-clemenceau-8-mars-1918>
- 5 <https://www.bbc.com/news/av/uk-51936760>
- 6 The formula “total victory” gloomily recalls the Nazi slogan *Endsieg*.

- 7 <https://www.telegraph.co.uk/news/2020/04/10/winning-battle-against-covid-19-requires-national-effort-like/>
- 8 <https://www.telegraph.co.uk/opinion/2020/04/10/armed-forces-have-world-class-skills-help-fight-coronavirus/>
- 9 Chair of the Welfare Department in Lombardy County Council.
- 10 “Das Spital Papst Johannes XXIII ist das drittgrößte in der Lombardei – und es ist in den letzten drei Wochen zu einer Art nationalem Schützengraben im Krieg gegen das Coronavirus geworden ... Giulio Gallera spricht bereits von einer bevorstehenden ‘Schlacht um Mailand’, die man nicht verlieren dürfe”.
- 11 Chair of the COVID-19 national emergency cabinet from 16 March.
- 12 To Aristotle, persuasion depends on three factors: the speaker’s character (1926, II.1, 1378a § 5–7), the audience’s emotional state (II.1, 1378a §8–9) and the kind of argumentation, namely the enthymeme.
- 13 On the meaning of war metaphor see also Nerlich 2020.
- 14 On 20 March, *la Repubblica* reported the appeal of the Mayor of Turin, seriously affected by the epidemic: “attenti torinesi a non subire un altro virus: quello della rabbia” [Beware, citizens, not to get infected by another virus, that of anger] (*La Repubblica* editorial 2020b).
- 15 See Piredda 2020.
- 16 In March 2020 the French government provided the members of healthcare staff who were deployed to contrast with the epidemic benefit payment worth 1500 Euro (<https://solidarites-sante.gouv.fr/actualites/presse/communiqués-de-presse/article/prime-soignants>). In Italy, the Region of Emilia Romagna did the same with benefit payment worth 1000 Euro (<https://www.regione.emilia-romagna.it/notizie/2020/aprile/coronavirus-riconoscimento-a-chi-lavora-nella-sanita-pubblica-regionale-1000-euro-a-testa-a-medici-infermieri-operatori>).

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5 Prophylactic Nationalism

COVID-19 in Thai Public Health Discourse

Wanrug Suwanwattana

Introduction

In *Pandemic!: COVID-19 Shakes the World*, the philosopher Slavoj Žižek poses a conundrum that has been at the heart of global debates regarding political regimes and the response to the COVID-19 crisis, that is, whether more freedom of speech or a strong military state is required in times of pandemic. Žižek's provocative question draws our attention to the importance of communication and trust that underlies the uneasy relationship, particularly in the digital era, between the state and its people, a relationship which is rendered even more problematic during the global pandemic. This chapter sets out to contribute to this recent discussion about authoritarianism and the COVID-19 crisis response from the perspective of discursive practices by foregrounding the close relationship between language—both visual and textual—and politics through a case study of Thailand. Using discursive analysis and a visual culture approach at the intersection of nationalism and migration studies, I examine the rhetoric of warfare and the discourse of prophylactic nationalism deployed by the Thai government in its communication strategy for the general public. I argue that although these political strategies are recurrent in many states around the world (from the United States to the Philippines), their strategic use in Thailand's authoritarian approach needs to be understood in the context of its embeddedness within hegemonic historiography that foregrounds Thailand's status as a non-colonised country. However, when challenged by the realities of the transnational nature of the pandemic that have direct effects at a national and local level, this localised version of global rhetoric reveals a deep-seated identity crisis shared by many postcolonial countries at a time of uneven capitalist development. That is the unresolved tension between global capitalism and cultural nationalism, between modernity and tradition.

Following an overview of the government's response to the pandemic, a set of prophylactic campaigns and slogans representative of the languages and rhetoric used by the Thai government and state agencies will be examined in relation to nationalist tropes and imaginary. I analyse the ways in which a digital artefact deriving from these campaigns and slogans was

appropriated and circulated in the digital media, reproducing prophylactic nationalism with new media languages. The chapter concludes with a case study of disruptive incidents at the end of 2020 that brought into the spotlight figures of marginality who, while being stigmatised by racial nationalism, belie the limits of nationalist discourse in dealing with transnational realities that occur at national and local levels.

The analysis offered here sheds light on how information about the pandemic has been relayed in populist and political rhetoric in part of the Global South, where authoritarianism is constantly being performed in everyday or “banal nationalism” (Billig 1995) through textual and visual communication. The chapter also highlights the inevitable tension articulated by Dipesh Chakrabarty—“One may not always set out to be global. Globalisation catches up with you” (2010, viii)—in which, despite efforts to contain issues within local and national boundaries, countries from the Global South such as Thailand cannot disentangle themselves from the global flow of ideas, people and diseases. The case of Thailand—a country at the liminality of the postcolonial world, neither belonging to the former coloniser nor identifying itself with the colonised—equips us with a more nuanced perspective regarding alternative realities and strategies deployed beyond the Global North and contributes, in line with the aim of this book, to the generation of transnational knowledge for future global health crises.

The Medical and the Military: A Close Collaboration

On 13 January 2020, Thailand was reported as the first country outside China to have been hit with COVID-19. However, while the virus was causing high death tolls across the world throughout 2020, Thailand was one of the few countries where it remained relatively contained. People were leading somewhat normal lives and there were no new domestic infections by the end of April 2020, and there had been no new deaths since June 2020. However, in December 2020, a second wave of COVID-19 started. And more recently, a third wave hit Thailand in mid-April 2021, reaching its peak in August 2021 with an average of 20,000 new cases per day. From the beginning of 2022, with the spread of the Omicron variant, the daily number of new deaths has remained relatively stable and lockdown measures have been mostly lifted as Thailand prepares to “live with” COVID-19. From July 2021 until February 2022, Thailand figured among the top 50 countries and territories with the highest number of COVID-19 cases.¹

At the beginning of the pandemic (12 March 2020), the Thai government established the Centre for COVID-19 Situation Administration (henceforth, the CCSA) as its special task force to manage the situation as well as acting as the key organisation for communicating with the public. Presided over by the Prime Minister, this centralised administrative emergency unit involved many ministries such as the Ministry of Health, the Ministry of Digital Economy and Society, the Ministry of Defence, the Home Office and

not least the National Security Council. Parallel to this centralising communication strategy, using the Emergency Decree, the Prime Minister declared a State of Emergency for Thailand ten days after the establishment of the CCSA (26 March 2020).

Prayut Chan-o-cha is a former general and commander-in-chief of the Thai army who staged a coup d'état against the elected Prime Minister in 2014 before being nominated Prime Minister in 2019 under a new constitution he himself supervised. The State of Emergency has been consecutively extended more than 15 times, despite the reopening of the borders for tourism since October 2021. The use of the Emergency Decree gives the Prime Minister exclusive legal and executive power to set policies and procedures without having to consult parliament. Politically, this decree has been continuously used in Thai modern history to suppress internal political opposition; for example, so far it has been used in the three Muslim-dominated regions of the South to fight against so-called terrorists. In the context of the pandemic, its adoption took place with little criticism from the public, given the emergency of the healthcare crisis the country was facing. What ensued, especially at the national level, was a series of quasi-military measures to control the spread of the pandemic, especially in 2021, such as a total closing down of Thailand's borders and a compulsory 14-day quarantine in state-authorised hotels for Thai citizens returning to the country as well as foreigners with authorised motives.

Such prophylactic measures point to the close collaboration between medical bodies and the armed forces.² In other words, what undergirds the Thai state's emergency policy in curbing the spread of COVID-19 was a mutual reinforcement of two modes of thought and action: on the one hand, a national security approach stemming from the wars against the communists during the Cold War and informed by the long socio-political involvement of the army in Thai modern history; on the other hand, an emerging prophylactic approach built and shared during the pandemic among medical and healthcare bodies. This results in an idea of "national defence" that naturalises even more the armed forces' "infiltration" into civil society (Pawakapan 2021, 62–90) while allowing increasing militarisation of the government's action plans at a time of health crisis. Significantly, this mode of infiltration into the civic domain provided the government with a pretext to allocate additional funding to the army in May 2021, without encountering much opposition regarding the efficiency and transparency of how the army would spend the money.³

This interaction between the national security framework and medical prophylactic practices positions the pandemic first and foremost as the newest threat to the country's national security. Through the rhetoric of national security, COVID-19 is articulated as a threat to the nation's physical borders, first from the outside and later from the inside. The nation's physical limits are then to be understood in at least two senses: first, the national geographical boundaries as the virus travels across the borders,

and second, the corporeal boundaries of Thai people's body, as contamination operates mainly through physical contact. COVID-19 thus represents a transgression of the border and the body. The concept of "liminality" in its spatial meaning of "threshold" and "boundary or limit" (Wels et al. 2011, 2) is useful here in taking into account the viral imaginary about Thailand's body. Understanding this double articulation of COVID-19 that underpins the rhetoric of disease management in Thailand is important for my analysis, whether it is in the rationale behind the campaigns and slogans or in the discursive practices around the figure of the transnational migrant worker.

The Rhetoric of Warfare and the Haunting Spectre of Nationalism

In his speech announcing the State of Emergency on 25 March 2020, the Prime Minister advocated for trust in the Thai public health system. He also warned the public against fake news, while advocating for official news broadcast by the CCSA. He reiterated medical advice about behaviours and good gestures to be adopted against the spread of disease.⁴ In order to imprint these new sets of behaviours into the public imagination, he reinforced his advice through recourse to the slogan "อยู่บ้าน หยุดเชื้อ เพื่อชาติ" [Stay home, stop germs, for the nation]. This slogan has been widely disseminated, particularly in the media, in its shorthand form of "Stop germs for the nation".

It is widely accepted that slogans can be useful as a didactic tool to inform the public about new behaviours to be adopted under the threat of COVID-19. For Thailand, what is apparent in prophylactic campaigns is the nationalistic undertone which operates through "interpellation" (in the French philosopher Althusser's 1971 theorisation of the term) as it conjures up, in the Thai psyche, a shared set of ideologies regarding Thai-ness and Thai identity. Alongside "Stop germs for the nation", there are other popular slogans such as "กักตัวช่วยชาติ" [Quarantine for the nation] or "รวมไทยสร้างชาติ รวมต้านโควิด 19" [Together as Thais, we build the nation, we withstand COVID-19]. Through an invocation of the "nation" (and not its citizens), what is expressed, and immediately recognised by all Thais, is the notion of *samakkhi* ["สามัคคี" or unity] and its corollary, patriotic selfless sacrifice for the sake of the nation (Baker and Phongpaichit 2014, 104–106). This recurrent theme of unity is part of a powerful grand narrative about the "unique" history of how Thailand maintained its independence and sovereignty, although with some "sacrifices", over a series of international and national threats throughout history, in contrast to neighbouring countries which ended up being colonised by Western powers (Winichakul 2001).⁵

In this narrative, the main idea is that *Siam* (the old name of Thailand) *was never colonised*, thanks mainly to the great ability of the Thai kings (hence the King being one of the three sacrosanct pillars of Thailand, along with Nation and Religion) and the unity of the dutiful Thai subjects who

have always been ready to self-sacrifice for the nation. Constructed mainly in reaction to European expansion into the region in the late 19th century, this hegemonic nationalist narrative recounts Thai history as a series of wars. During the processes of nation-state building, Thailand was constantly threatened by external invaders, particularly the Burmese (from the neighbouring Burma, today's Myanmar) in the pre-modern era and the expansionist West in the modern period. There are, of course, a number of tropes linked to this nationalist narrative, such as “unity”, national survival or “lost territory” (Strate 2015). Although exploration of these tropes is beyond the scope of this chapter, suffice it to say that this grand narrative serves as the main scaffolding for the construction of the modern Thai nation and Thai identity throughout the 20th century. This nationalist narrative has been disseminated through the education system, mass media, state policy and cultural discourses. Although there have been contestations and oppositions throughout history, the ideology of nationalism has re-emerged each time revamped (Winichakul 2008, 583–589). It has come to dominate every domain of contemporary Thai cultural, academic, political as well as emotional life, so much so that today it is still extremely powerful and functions as a trans-temporal spectre ready to be revived whenever the image of “a nation in danger” is triggered.

Parallel to the dissemination of slogans, contact-tracing mobile applications offer an illuminating case about how nationalist discourse was recast by the authorities through digital technologies in the guise of innocuous prophylactic campaigns. There exist two mobile applications in Thailand whose function is based on different approaches: “หมอชนะ” [Doctor wins] and “ไทยชนะ” [Thailand wins]. The first application, created in April 2020 by the Ministry of Digital Economy and Society, the Digital Government Development Agency and a private enterprise “Code for Public”, is a track-and-trace application using geolocalisation via Bluetooth. In collecting data on one's whereabouts, the app allows the user to assess the risk of contamination and receive notifications about the risk of the area one finds oneself in. In contrast, the second application, launched just a month later in May 2020, “Thailand wins”, positions itself as a new tool to help with lifting the first lockdown. The application asks the user to “check-in” through a QR code placed by business owners at entrance gates and “check-out” when leaving the premises. This allows a business to monitor its maximum capacity with a social distancing measure and the client to decide whether to enter the premises, as well as the government to later track down high-risk people who might be in contact with COVID-19 patients. “Thailand wins” was presented as the brainchild of the centralising CCSA; its name was concocted by the prime minister himself. The CCSA's spokesperson remarked with admiration at the press conference that one feels “combative” [ฮึกเหิม] even when hearing the name of the application.⁶

If we put aside debates about privacy invasions and criticism of the efficiency of the apps in controlling the pandemic (Lasuka 2021), the titles

of the two apps reveal, through the rhetoric of warfare, the “triumph” of the nation on the one hand and that of the medical bodies on the other. Both unapologetically express the spirit of war and aim to “call” citizens to arms in a combative spirit, reminding us of Althusser’s “interpellation”. The vocabulary of warfare is used here to inspire at once passions and actions, for the affective dimension of the language of COVID-19 in Thailand is also important as part of prophylactic nationalism, particularly in the rhetoric of treason ubiquitous in scandals around the Thai smugglers of Burmese migrants across borders, which I will return to.

If the lexicon of warfare seems to align with the rhetoric of warfare similarly used by many other governments, such as the Trump administration in the United States, the expressions in Thai have a particularly localised and nostalgic resonance as they refer to the hackneyed but hitherto powerful lexicon employed in several episodes of the nationalist historiography. These episodes recount the martial spirit and the bravery of the otherwise peaceful Thai people who were forced to fight for the country against invaders. The legend of the Bang Rajan’s village warriors who stood up against the Burmese invaders before the fall of Ayutthaya, Thailand’s old capital, in the mid-18th century, is a recurrent narrative recounted in both state and popular discourses. Moreover, the rhetoric of warfare used in Thailand for the name of a nationwide contact-tracing app stands out as idiosyncratic, particularly when compared with Thailand’s neighbours in Asia. In Singapore, the app is called TraceTogether; in Malaysia, there is MyTrace App; in Hong Kong, StayHomeSafe App; in the Philippines, StaySafe App, for instance. As a general trend, the name of these government’s apps suggests either a sense of safety and security or the automated labour-intensive task of tracing rather than invoking patriotism and military valour like in the case of Thai government-sponsored apps. This reflects a deliberate communication strategy of the Thai government to readily vest its modern prophylactic tools with nationalist language, the product of which is deemed to be easily consumed by the Thai public.

Prophylactic Nationalism and Its Circulation

An illustration from *Prachachat Turakij* newspaper provides a key insight into the visual language used in prophylactic campaigns against COVID-19 and the ways they were “marketed” to the Thai public and circulated in Thai society through digital technology (see Figure 5.1). The illustration takes the form of a hybrid style in which nostalgia for the nationalist-cum-militarist narrative is recast within the new media grammar and communicative strategy.

This prophylactic campaign against the virus is presented as weapons or protective charms mobilised against an external enemy, represented by the invading coronaviruses of the background. The government’s three projects, grouped together under the same leitmotiv of “triumph”, here suggest the



Figure 5.1 Illustration from an online article in *Prachachat Turakij*, 3 February 2021.

holy trinity of Thai nationalist values—“Nation, King, Buddhism”—which the campaign partially assimilates with. These are the two contact-tracing applications discussed earlier (on the far right) and, on the far left, the financial aid programme targeted at the least-privileged households called “เราชนะ” [We win].

These holy prophylactic “bombs” float protectively over the Prime Minister, whose silhouette oozes a white aura, while his head—the most sacred body part in Thai culture—is coronated with the aura of “Thailand wins”, the application named by none other than himself. The logos of the government’s campaigns combine visual and textual languages that secure an alliance between the nationalist martial spirit in the middle, “scientific” medical knowledge on the far right and the ethical vocabulary of care represented by an embracing hand on the far left. This is an epitome of the nationalist discursive strategy which incorporates medical prophylactic knowledge into the national security framework. Drawing the spectator’s eyes with a perfect visual triangle, as in Renaissance paintings, the Prime Minister’s two clenched fists mirror the raised fist of the application’s logo to deliver the unmistakable—for the Thai public—symbol of martial spirit, not to be mistaken with the communist fist of solidarity; for communists, the archenemy of the military in the 1960s and 1970s, are still to this day stigmatised in Thailand (Murashima 2012; Tejapira 2001).

This pictorial representation is thus an iconography; indeed, it is *designed* to be one. Visually and culturally, the Prime Minister embodies a Buddha-like leader-protector; he is metamorphosed into an iconic general who is leading a battle against COVID-19. This totemic image would not leave the Thai public indifferent as the cult of personality has been one of the distinctive components of Thai political and cultural life (Aeusrivongse 1993; Jackson 1999; Stengs 2012). Symbolically, the Prime Minister's physical boundaries, secured by his government's prophylactic cures that keep the alien virus at bay, at once symbolise and promise the reassuring impenetrability of the Thai citizens' physical body and Thailand's geographical borders along with it. However, from the second wave onwards, as the pandemic turned out to be indiscriminately cross-border, positing Thai physical and geographical limits as a fixed and defined entity only highlighted the failure of the government to address the *transnational* nature of the pandemic. This failure is symptomatic of a wider issue pertaining to the military-nationalist framework, namely the Thai state's imaginary limitation that fails to conceive of Thailand's geo-body as a "liminal" space that is intrinsically mobile and porous, even outside the time of the pandemic.

Another notable aspect of the illustration is a stylistic contrast between the Prime Minister's *conservative* civil officer uniform, with his stern facial expressions and body language on the one hand, and on the other hand, the *modern* digital technologies used to operate the three campaigns (two mobile applications and one national digital wallet installed on mobile phones). Significantly, this multilayered narrative image photoshopped by the media plays with the digital language of "meme". In the context of digital culture, memes are digital artefacts with common characteristics—jokes, rumours, videos or websites—which spread online in their original form or with transformation or imitation (Shifman 2013, 362). They "fulfil significant affective, sociocultural and political functions at both the individual and collective level" (Literat 2021, 116). Originally, the image is taken from the Prime Minister's televised speech at the beginning of the pandemic on 16 March 2020. He ended the speech by declaring "Thailand must win", making the symbolic gesture of two clenched fists. Since then, this image has gone viral, with the "slogan" becoming one of the top hashtags on social media and the picture has transformed into a sort of internet meme by both supporters and detractors. In popular culture, the axiomatic sentence was reclaimed by a group of singers for the name of their collaborative pop song in support of medical workers with sentimentalist lyrics directly inspired by nationalist discourse and the rhetoric of warfare.⁷ In official rhetoric, the Prime Minister's final sentence was also used by the CCSA's Facebook page as its cover photo, in which it was glossed over as "สู้ไปด้วยกัน ประเทศไทยต้องชนะ" [If we fight together, Thailand will win].

In contrast to many studies of memes during the pandemic, which served as a means of social connection and humour-based expression of shared collective identities at individual and societal levels in order to help

with meaning-making (Ortiz et al. 2021; Literat 2021; Outley Bowen and Pinckney 2020), the meme from *Prachachat Turakij* offers a different perspective. It is not an alternative democratic digital language; rather, in an authoritarian regime, it becomes a government-generated “visual political rhetoric” (Huntington 2016) which, instead of extending imagination through virtual space, limits the meaning-making operation within a militarist nationalist-bound discourse. The power of this meme-like image can be understood partly by what I call a “cultural practice of aphorism”. Thai society is very fond of words of wisdom and dogmatic axioms usually accepted uncritically, particularly if they are from high-ranking or senior personalities in public life.⁸ For instance, walking in Buddhist temples, one usually finds aphoristic sentences under the trees in the garden reminding the reader of the so-called universal truth understood as immemorial moralism. This cultural practice extends into all domains of Thai life, not least the political domain. The current Prime Minister is the perfect practitioner of this cultural form of conformism and shorthand wisdom. Hence, the adage-like titles of this government’s prophylactic campaigns operate perfectly within this moralist-cum-Buddhist tradition. Moreover, with the monopolisation of the digital media as the means to communicate with the public, advertising-style slogans with easy-to-grasp logos that play with the sense of danger so familiar in the grand narrative of Thai history are deemed to be successful at a time when the public seeks to feel reassured from an unknown threat.

What I have sought to show in the analysis above are the ways in which prophylactic campaigns against COVID-19, which were originally conceived as the brainchild of the centralised government agency, are appropriated, circulated and reproduced by part of the mainstream digital media, across time and without much criticism. In this process, the rhetoric of warfare and the spectre of nationalism which underpin these slogans go unnoticed, and in fact are embraced. More crucially, they are naturalised as a way, if not *the* way, of imagining and articulating the country’s response to the pandemic. In other words, through a network of discursive collaboration between government agencies and digital media, the hegemonic ideology of Thai history instrumentalised by the government *localises* the experience of the transnational virus by narrowing the perspective of an otherwise *globally* shared tribulation to fit within an inward-looking and deeply nationalist narrative.

The “success” of the year 2020 in curbing the spread of the pandemic in Thailand was partly informed by that of the government’s nationalist campaigns that managed to gain the people’s trust and submission to its authoritarian approach. This pattern seems to correspond to Žižek’s remarks about authoritarianism and COVID-19 mentioned in the introduction of this chapter. However, the “failure” of the following year was heralded and driven by a series of disruptive incidents, belying the limitations of Thailand’s authoritarian approach, as we shall now discuss.

Transnational Realities at National and Local Levels

December 2020 and April 2021 onwards saw a rapid surge in the spread of the pandemic, so much so that the second, third and fourth waves unexpectedly hit Thailand, putting on trial the government's prophylactic nationalism and the nationalist grand narrative about a unified and homogenous society, as well as the very existence of the coalition government presided over by the retired general. A case study emerging from these recent waves—the so-called “migrant workers problem”—will be the focus of this section of the chapter as it brings to light the discrepancy between the inward-looking nationalist approach to the pandemic and transnational realities, namely transnational border crossings.

By reinforcing boundaries between cities, regions and countries, the Thai government overlooked complications that might have arisen for the main workforce driving Thailand's economy and society. In 2020, transnational migrant workers from neighbouring countries, particularly from Myanmar, constituted 5.2% of the entire population (approximately 3.6 million people).⁹ In mid-December 2021, an outbreak erupted in one of the biggest shrimp markets of the country in Samut Sakhon, a province near the capital Bangkok, with migrant workers being pinpointed as superspreaders.¹⁰ The lockdown of the market and a curfew of the province were rapidly implemented with military reinforcement. However, while Thai citizens could circulate freely around Samut Sakhon, restrictions on mobility were imposed upon migrant workers with no criticism from the media or the public. These restrictions were announced amid reports that Thai citizens visiting the market also tested positive after travelling back home to other provinces.

The focus of the press coverage and the interests of public opinion shifted to the fact that the majority of those working in this hub of Thailand's seafood industry were illegal workers who were smuggled by Thai intermediaries back and forth across Thai-Myanmar borders. What outraged the public was not that they were working and living under unfair and insecure conditions or even that many were victims of transnational illegal human trafficking, but rather the discovery that *they* were the spreaders of the virus despite all the restrictive measures against COVID-19 that *we*, Thai people, had endured. Moreover, the public was filled with indignation at the “treason” committed by these Thai smugglers against the country amid the closing down of the borders, as well as the corruption of the border patrol who must have been helping these smugglers.

The trope of the “traitor” associated with Thai smugglers made several headlines and was recurrent in social media. For instance, the nationwide popular *Thairath* newspaper used the expression “bringing the enemies within the country” on 24 December 2020 to describe smuggling. This is one of the most familiar tropes used in nationalist historiography and associated particularly with the Burmese invaders in the premodern period. It implies the destruction of the old capital, the massacre of Thai people and

the end of the Thai “nation” (though the latter had not yet existed officially during that period). By analogy, the modern Myanmar migrant workers stand for the premodern Burmese army, cast as the eternal villain Other in the imaginary of Thai people. This xenophobic discourse of racial nationalism is mapped onto the nationalist prophylactic language as epitomised in the caricature in Figure 5.2.

The Trojan horse releasing COVID-19 inside the iconic Royal Palace in Bangkok has the words “Myanmar migrant workers” written on it by the caricaturist, in case there is any ambiguity. According to this visual narrative, it is “dumping” a bomb-like virus into the country; the visual reference to the scatological act represents the ultimate offence. Through metonymy, the walled Royal palace stands in for the nation as a whole, as the most venerated palace represents the heart and centre of Thailand from emotional and historical perspectives. Its land being infected by the contaminated body of the Trojan horse also suggests the infection of Thais’ bodies through contact with the Burmese body within the territory. This semantically loaded caricature thus plays with the overlapping perception between the Thai people’s biological body and Thailand’s spatial border.

Despite efforts made by NGOs and academics to raise critical awareness about the human rights of migrant workers in past decades, racist



Figure 5.2 Myanmar Trojan horse releasing COVID-19 virus in the Royal Palace. Prachachat Turakij, 24 December 2020.

discourse and xenophobia against them pervade Thai society and the press (ILO and UN Women 2019). The pandemic has particularly revived and exacerbated these racist aspects of Thai nationalism. Legally, after this outbreak, which was only the first of a series of outbreaks concerning migrant workers, the government reacted with a resolution from the cabinet to permit undocumented migrants to legally work in the country for two years until February 2022 in order to curb the spread of COVID-19.¹¹ However, if the authorities ended up giving in to the realities of the need for transnational workers (in fact, in line with the government's neoliberal policy and their close relationship with multinational corporates and industry lobbying), this alignment with global capitalism did not mean excluding racial and cultural nationalism. For if transnational migrant workers benefitted from more open measures in terms of their legal status during the pandemic, they remain nonetheless excluded from the official narrative of a unified and obedient nation united against COVID-19.

The ad hoc and often retrospective measures in response to the "migrant workers problem" reveal not only the authorities' short-sightedness and incapability of managing the pandemic but also, to some extent, an acknowledgement of the transnational realities that inevitably have effects on local, and later national, levels. In other words, the very incidence of this outbreak has partly disrupted the inward-looking nationalist language that underpins Thailand's authoritarian approach to the pandemic. In order to better understand the disruptive repercussions on Thailand's prophylactic nationalism, this migrant-labour cluster needs to be put into the wider context of a series of oppositional incidents that contributed to the "failure" of the year 2021, including "the gambler clusters" who travelled across regions from one gambling den to another despite interregional travel restrictions, provoking prophylactic moralism from social commentators while exposing the realities of Thai society different from nationalist moralism.

The hegemonic discourse the current government seeks to maintain through the languages and practices of prophylactic nationalism aims to bolster its own political agenda, which relies on perpetuating the status quo built on the hegemonic narrative of Thai unity, and by implication Thailand's specific history as a non-colonised country, in the face of challenges and threats instigated by Others. However, the government's management of the COVID-19 outbreaks at the end of 2020 and throughout 2021 has increasingly been criticised by mainstream media and public opinion. Accordingly, the nationalist discourse rehearsed by the CCSA has gradually lost its efficiency as the narrowly localised perception of the pandemic proved to be in discrepancy with the reality of the global and trans-border nature of the pandemic. This has inspired distrust and doubts among the Thai public and even in the mainstream media regarding the management of the public health crisis. Yet this is not a democratic government; accountability, transparency and democratic checks and balances do not constitute the basic vocabulary of their governance. Alongside rehashing the

hackneyed nationalist discourse to control the perception and emotions of the public, the government has been using legal tools such as the Emergency Decree and the Computer Act to target individuals, public figures and even the media whom they accuse of spreading “fake news” and bad rumours that might inspire panic.¹²

Conclusion: Between Local and National(ism)

Through the case of prophylactic nationalism in Thai public health discourse, what emerges is the military-led government’s lack of global awareness, its inability to think beyond national borders and its imaginative limits which fail to locate Thailand within and in relation to a globalised world, at least at the level of discursive practices. One way to think about this resistance to the notion of the global is perhaps to see it in terms of the deep-rooted and unresolved paradox and anxiety at the heart of Thai identity between modernity and traditions, globalisation and “authenticity”, or in other words, between a desire to be part of a globalised world and a resistance against it (Harrison and Jackson 2010). COVID-19 gives an insight into this paradox through this idea of maintaining the boundaries—national, cultural, spatial and physical—rooted in nationalist ideas and ideals concerning Thailand’s status as a non-colonised country.

This paradox is not unique to Thailand; rather, it seems to be shared by many postcolonial countries in the Global South which have faced, albeit in different forms, the threats of colonisation and modernity. If we observe the tension between the global and the local in the official articulation of experiences of COVID-19 in many authoritarian and politically illiberal countries, it becomes clear that understanding the kind of discourses, underpinned by specific socio-cultural and emotional factors, which inform and sustain this tension would help in thinking about how we can address notions of interconnectivity, global solidarity and global awareness in more inward-looking countries, which have distinctive, but perhaps not unique, ways of seeing and locating themselves in an unevenly globalised postcolonial world. This approach will not only help to deconstruct demagogical discourses and build an awareness of differences but also to better organise a more insightful global network of collaboration and policy-making on a global scale in times like these when a sense of urgency tends to isolate and partition.

The current situation of vaccine nationalism, or more precisely Euro-American vaccine centrism, which left the Global South in distress while the Global North was safely immune, has exacerbated the sense of divorce between the global and the local, paradoxically amid the *transnational* pandemic. This confirms once again the crude realities of uneven capitalist development and its inhumane inequality of chances and rights, despite the comforting slogan “we all are in the same boat now” (Žižek 2020: 7–15).

Notes

- 1 www.worldometers.info/coronavirus Accessed 13 February 2022.
- 2 This military mode of operation for crisis and security management has been criticised by scholars working on democracy, community building and decentralisation because this more often than not results in tough military handling of social issues which would otherwise require participatory processes and community involvement. See e.g. Vongsayan and Nethipo (2021).
- 3 <https://www.thairath.co.th/news/politic/2095441> Accessed 13 February 2022.
- 4 *Royal Thai Government Gazette*, Book 137, Section 24 n, 25 March 2020: 1–2.
- 5 Although this nationalist historiography has been revised and criticised by many scholars and the semi- or crypto-colonial situations of Thailand have been established in academic discussions, it remains dominant in the national curriculum and is considered as the only true historical account of Thai past in popular practices and discourses.
- 6 *Khaosod*, 14 May 2020. https://www.khaosod.co.th/special-stories/news_4127402 Accessed 13 February 2022.
- 7 The lyrics go “today the pandemic declares war to us, isolates us, makes us purposeless ... Rise up and write history together, COVID destroys life but not our unity”. *Naewna Newspaper*, 2 May 2020: <https://www.naewna.com/entertain/490341> Accessed 13 February 2022.
- 8 For a historical study of Thailand’s manners and civility, see Jory (2021).
- 9 https://www.migrationdataportal.org/international-data?i=stock_abs_&t=2020&cm49=764. https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/genericdocument/wcms_735108.pdf Accessed 14 February 2022.
- 10 <https://www.reuters.com/article/us-health-coronavirus-thailand-idUSKBN28U070> Accessed 14 February 2022.
- 11 Under this measure, the workers who registered with the government had to undergo compulsory health checks. See <https://www.reuters.com/article/us-thailand-workers-migrants-idUSKBN293193> Accessed 14 February 2022.
- 12 <https://prachatai.com/journal/2021/07/94217> Accessed 14 February 2021.

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* In Thai studies in the English language, the bibliographical format for the names of the authors is first name followed by surname, as a Thai is called by their first name, for example Thongchai Winichakul, 2001. “Royal-Nationalist History of Thailand ...”. On this, consult scholarly journals such as *South East Asian Research*. In this chapter, in view of a wider readership, I use the international standard.

6 COVID-19 as a Foreign Language

How France Learned the Language of the Pandemic

Emilie Garrigou-Kempton

Introduction

In the early weeks of the COVID-19 pandemic, as anxieties were high and the future looked not just uncertain but also bleak, the Académie Française, the national council dedicated to governing the proper uses of the French language, decided that, in French, the word “COVID” was feminine. In keeping with the grammatical rules governing the gender of acronyms, “la COVID” designated “la maladie” (the disease) and should therefore be feminine. This marked a departure from references to “le” COVID—following “le virus”—which had been in common usage in France since the beginning of the pandemic. Indeed, by the time it had officially ruled, “le COVID” was already extensively used in Metropolitan France and the official recommendation to use the feminine never quite caught on. The gap between the public health crisis—described using the common metaphor of war against a disease—and the seemingly futile semantic discussion became the subject of a satirical cartoon by French editorial cartoonist Alex. It features two French scientists in white lab coats vehemently arguing not about public health measures or treatments options—at that time in France medical experts were polarised as they debated the value, or lack thereof, of hydroxychloroquine, then promised to be a miracle cure by the now discredited Professor Raoult—but about the use of the masculine or feminine to speak about COVID-19 (Alex 2020). The subtext is that, as the pandemic raged, the Académie was missing the point and discussions about language were misguided. Yet, as this chapter argues, the importance of language in times of pandemic is crucial, because it allows for vital public health information to be shared, for connection between individuals forced into social isolation and because it serves as a mirror onto broader sociolinguistic debates.

The anecdote of the Académie’s deliberation on the gender of COVID-19 shows that, in times of crisis, language evolves to express a new reality and thereby becomes a dynamic object of study. As such, and uniquely so during the COVID-19 pandemic when many of the discussions about the disease, public health measures and vaccines were taking place on social media, we have observed with heightened precision and speed, not just the

crisis itself, but also how languages have behaved and evolved throughout it. Language—uses of language, changes in language—matters during a pandemic because, as UN Secretary-General António Guterres (United Nations 2020) remarked in March 2020, “we are only as strong as the weakest health system in our interconnected world”. The same idea is expressed by health experts who remind us that “when it comes to the coronavirus, nobody is truly safe until everybody is safe” (Sigal 2021). This image of the chain and its links has been used countless times since March 2020 to describe our global interconnectedness and interdependence and, consequently, the challenges the world has faced during the pandemic when individual behaviour and national policies have had an impact on local and global levels. The etymology of the word *pandemic* offers a glimpse into the scale of these collective challenges. A pandemic, commonly defined as the worldwide spread of a disease, is an event where potentially all (*pan*) people (*demos*) are vulnerable to contagion. In its relentless spread from cities to regions, countries and eventually continents, SARS-CoV-2 offers a striking example of the modern entanglement of the local and the global.

The pandemic has revealed deeply heterogeneous realities: successive surges have exposed the socio-economic vulnerabilities of essential or “frontline” workers and the increased risks associated with crowded living conditions. COVID-19 has highlighted the fundamental social inequities that put many minority groups at a particular risk of contracting and developing a serious form of illness. COVID-19 has also flourished at the intersection of systemic vulnerabilities. Within this web of vulnerabilities, the question of linguistic vulnerability plays a central role as everyone’s access to clear public health messages has been one of the conditions underpinning individual protection and collective success at slowing the spread. Yet, in a world in which over 6,000 languages are spoken, the task of sharing information adequately, across borders or languages, is vertiginous. As early as March 2020, the NGO Translators without Borders pointed out the necessity to share clear, accurate and accessible information about the disease and response efforts in various languages and formats. In our multilingual and multicultural societies, the use of lingua francas is often a cause of vulnerabilities. As stated by Translators without Borders on their website, “Communicating in international lingua francas or national languages makes marginalized people more vulnerable”. In fact, the organisation further remarks that providing adequate translations in native languages is crucial: “Poor or inconsistent translations of key concepts can lead to confusion and stigmatization at best, life-threatening decisions at worst”.

In this context, we can better understand linguist Bernard Cerquiglini’s pronouncement that “le combat contre la pandémie fut en premier lieu du ressort de la langue” [The fight against the pandemic was first and foremost a matter of language] (2021, 19). How we speak about the disease has clear and direct public health implications. As Cerquiglini notes: “Une population entière se protège en partageant des connaissances, des objectifs,

des pratiques; cela commence par les mots. La sauvegarde est collective: il importe à tous de comprendre puis de dire, avant d'agir" [A whole population protects itself by sharing knowledge, goals and practices; it all starts with words. Protection is collective. It is important for everyone to understand, before speaking and then acting] (20). At a time of pandemic, linguistic stakes turn into public health stakes and words carry a concrete responsibility. Yet, if delivering information about COVID-19 across languages evidently poses translation problems, it is also troubling to discover that similar issues can arise when we speak the same language. In April 2020, a *New York Times* article by Richard Pérez-Peña highlighted the fact that, in an English-speaking context, identical words may mean different things depending on their geographical context:

Officials use the same phrases about mass testing, caseloads and deaths to describe very different situations. That makes it hard to give clear answers to vital questions: How bad are things? Where are they headed?

People search for insight by comparing their countries to those that are further along in the epidemic. But if the terms are misleading or used in differing ways, the comparisons are flawed. Also, the statistics and vocabulary offer a false sense of precision while in reality, the information we have shows only a fraction of what's going on.

(Pérez-Peña 2020)

In other words, when speaking about the global context, or even the domestic context in the United States where the handling of the pandemic varies widely depending on local authorities, common terms often refer to very different local realities. While Pérez-Peña focuses on the English-speaking world, the same can be said of French, a language spoken in vastly different public health contexts (Metropolitan France, French Overseas Territories, Québec, or French-speaking Africa). Hence, sharing a language can give a false sense of unity and harmony, for it can also, in fact, be a source of confusion. As Pérez-Peña points out, "terms mean different things from country to country, state to state, even city to city and person to person" (2020).

How can we speak about COVID-19 if we are not using the same metrics? Take "lockdown" for instance—an English word that was used sporadically in the French context. While most of the world has experienced a version of a lockdown in the past couple of years, they differ greatly in operation, from the soft stay-at-home orders in most of the United States to strict *confinement* rules put in place in France, where people could only leave their house with a self-printed *attestation* and were subjected to random police checks. As Pérez-Peña wittily points out, "Making sense of the coronavirus pandemic requires getting up to speed on semantics as much as epidemiology" (Pérez-Peña 2020).

While English has emerged as the universal language of scientific research and communication, and as the de facto international lingua franca, this

linguistic hegemony is problematic. Out of about 7.6 billion people in the world, it is estimated that only approximately 527 million are native English speakers (118 million for French) while 1.5 billion are English learners (82 million for French) (Noack and Gamio 2015). In addition, while English is an official language in 35 countries, in some of these countries it is only spoken by a minority of people as a native language. Thus, in times when precise and accurate communication is key, using English as a lingua franca can be counterproductive and result in dangerous approximations and miscommunications. Similarly, the use of English loan words in other languages can lead to equally approximative communication and ultimately muddle important information. In the multilingual, global and interconnected societies in which we live, the pandemic has highlighted the importance of how we speak about the virus. It has particularly exposed the necessity, and yet the difficulty, of sharing information and speaking *the same language*. Hence, how can we talk and communicate about COVID-19 in translation? How can we deal with the increased incursion of scientific jargon into everyday discourse? In today's Tower of Babel, what has COVID-19 done to language? Conversely, what, if anything has language done to COVID-19? And what can we learn from the way language adapted during the pandemic?

Focusing on the case of Metropolitan France, I explore, in the next section, how linguistic practices have evolved in the context of an initial influx of English loan words into French and how this influx, along with the arrival of new technical terms, contributed to a surprising rediscovery of language. Specifically, this chapter asks: how does France speak COVID-19? And how has French behaved in the face of the accelerated irruption of both English terms and scientific jargon into everyday discourse?

Hegemonic English?

Every year the *Oxford English Dictionary*, in common with other dictionaries around the world, selects a word of the year. This word typically captures something particularly meaningful about the essence of the previous 12 months. Past words have included *selfie*, *post-truth*, *climate emergency* and even, in 2015, the first emoji-word—"face with tears of joy". In 2020, however, hard pressed to identify a single word, the *OED* concluded that no one word could adequately capture the reality of such an eventful year. Rather, it tracked the frequency of the use of several key words in the English language and opted to publish a list of these words accompanied by a brochure entitled "Words from an Unprecedented Year". While most of the selected words were indeed related to the pandemic—*COVID*, *coronavirus*, *lockdown*, *superspreader*—the *OED* also recognised 2020 as a year of social and political crises. Hence, its inclusion of words such as *impeachment*, *BIPOC* and *Black Lives Matter*. Yet the pandemic has resulted in a rich abundance of language, as shown by the dramatic emergence of new

words and usages. For instance, according to the BBC, the use of the term *pandemic* alone increased by 57,000% in 2020 (BBC News 2020), illustrating a massive colonisation of public discourse since the beginning of the COVID-19 outbreak. Although the French context lacks the data analysis of the *OED*, a quick search of Google Trends clearly shows the explosion of the search term *pandémie* starting in late January 2020, peaking in the week of 10 March 2020, before a precipitous descent. The same is true for the term *coronavirus* and for *pangolin* while, by contrast, the search for *ARN* [RNA] starts in the autumn of 2020, peaks in the summer of 2021, but does not experience the same descent as the other terms. Rather, inquiries into the RNA technology remained relatively sustained over time. In the same period, the publication of many French online glossaries dedicated to the new vocabulary of the pandemic also serves as evidence of the proliferation of a new pandemic-related discourse.

As COVID-19 takes over public discourse, the *OED*'s report notes some of the ways the pandemic has affected language:

2020 brought a new immediacy and urgency to the role of the lexicographer. In almost real-time, lexicographers were able to monitor and analyse seismic shifts in language data and precipitous frequency rises in new coinages. ... In a short period of time specialist epidemiological and medical vocabulary entered everyday discourse, such as the R number and community transmission. Public health initiatives rapidly inserted new or unfamiliar terms (lockdown, social distancing, self-isolation) into not just our language but our lives, drastically altering our behaviours—public, private, and professional—in ways inconceivable in almost any other circumstances.

(Oxford Languages 2020)

In the era of social media and 24-hour news cycles, language can be observed in real time. Hence, by monitoring its corpus, the *OED* was able to demonstrate “a huge upsurge in usage of each of those phrases compared to 2019. The corpus gathers news content, updated daily, and currently contains over 11 billion words for lexicographers to search and analyse” (Oxford Languages 2020, 5). The monitoring of these real-time changes reveals just how quickly words hitherto restricted in use made their way into everyday speech. For instance, as early as March 2020, the word *coronavirus* became one of the most frequently used nouns in English (7).

Today, terms such as *comorbidity*, *R number*, *cytokine storm*, *N95*, *FFP2*, *spike protein*, *messenger RNA*, and their French equivalents, have become ubiquitous and form a new dialect in which we, spectators to the pandemic and armchair epidemiologists, have become more or less fluent. Yet, at a time when experts are often discredited and viral content promotes misinformation, this illusion of fluency also stands in for an illusion of competency and contributes to the complexity, and opacity,

of COVID-19 discourse. This jargonisation is evident as scientific terms and false competency make their way into public discourse. Yet, in the case of French, it is compounded by the influx of English loan words. At times, the language of COVID-19 appears twice removed from its users: it is a jargon, *and* it can also be a literal foreign language. In fact, early in the pandemic, several English words related to the virus crossed over to French. Words such as *cluster* and *tracking* appeared frequently in French media. Yet, very much committed to defending the use of France's official language, the French Ministry of Culture promptly published a pamphlet asserting that COVID-19 could be adequately discussed in French without using English loan words and it proposed existing French alternatives to each of these words. La Commission d'enrichissement de la langue française, a French government agency tasked with identifying equivalent French words, has since published another brochure offering translations for even more English loan words. Limiting the use of English has long been a common subject of debate in France. Over the years, the defence of French language against the perceived threat of an English invasion has been considered a national cause. As far back as 1994, the Loi Toubon mandated the use of French in audio-visual programming and rubber-stamped the use of French terms against English ones. With the advent of the internet, France has pushed, with varying degrees of success, for French equivalents to technical terms: if *courriel* is sometimes used for *email*, *baladodiffusion* for *podcast* never quite caught on.

Early in the pandemic, the promotion of French words to talk about COVID-19 was very much inscribed in the context of an institutional rejection of English. Then, just as health organisations were trying to contain the coronavirus, the French Ministry of Culture was trying to contain a linguistic contamination. Here, the linguistic virulence, often spread through viral media posts, mimicked the behaviour of the disease itself. However, in the case of COVID-19, the defence of *francophonie* is not simply diplomatic. Indeed, public health communication cannot afford approximation and, behind the anecdotal French/English rivalry, the resistance to English betrays legitimate concerns that using anglicisms to talk about COVID-19 could prompt misunderstandings and miscommunications, ultimately leading to adverse consequences in terms of public health. The swift response of the Ministry of Culture seemed to foretell an ineluctable shift whereby more and more English words would be used to discuss the pandemic because of English's scientific hegemony (Cerquiglini 2021, 19). The trajectory seemed to be one of a relentless increased anglicisation. Yet, as noted by Cerquiglini, the English takeover did not happen. Rather, it appears that the French language resisted the massive influx of English. In fact, Cerquiglini notes that the pandemic "a prouvé la bonne santé de la langue française" [proved the good health of the French language] (21):

il convient d'admettre que l'‘invasion’ lexicale n'a ni la dimension, ni la nocivité, ni même la prégnance dénoncées: les anglicismes médicaux sont très spécialisés; entrés dans la langue française ils tendent à la francisation. La langue française ‘résiste’, y compris dans le vocabulaire de la santé.

(Cerquiglini 2021, 25)

[One has to admit that the lexical ‘invasion’ is not as large, as toxic or as extensive as had been reported: medical anglicisms are highly specialised; once they have entered French, they move toward a francisation. The French language is resisting, including in the field of health vocabulary.]

What we do see, however, is an increase in the jargonisation of public discourse. Cerquiglini remarks on the necessity for language to adapt to new situations and draws a parallel between the medicalised French of 2020 and the politicised discourse of 1789: “une comparaison avec des crises précédentes n'est pas déraisonnable: à partir du printemps de 2020, la conversation refléta un français singulièrement ‘médicalisé’, tout comme on usa d'un nouveau français politisé à compter de l'été 1789” (Cerquiglini 2021, 20) [one might compare the situation with previous crises: starting in the spring of 2020, the conversation started to reflect a “medicalised” French in the same way that, from the summer of 1789 onwards, a new politicised French started to be used]. Yet, the use of medicalised jargon may have contributed to misunderstandings of the pandemic. As a result, and alongside the Ministry of Culture glossary, other glossaries—known as “Dicovid”, or COVID-Dictionaries—emerged with the aim of clarifying the meaning of new, or repurposed, terms. These glossaries continued to evolve and are added to at every stage of the crisis, thus offering an informal linguistic history of the pandemic. From explaining *quarantaine*, *foyers épidémiques*, *backtracking* then *vaccins*, the glossaries proceeded to describe *variants*, *mutations* and *boosters*. In these Dicovids, we see that, to allow its users to speak COVID-19, French has revived and repurposed old words in the pandemic context. In this effort to propose intelligible equivalents to both English words and scientific jargon, we have witnessed a renewed linguistic vitality.

New Meanings and Old Words

The new language of COVID-19 has prompted an increased visibility of linguists and lexicographers in the public sphere; in addition to their work on glossaries, they also provided context on both neologisms and the repurposing of older words. In both English and French, alongside the limited neologisms linked to this particular pandemic—“COVID-19” or “SARS-CoV-2”—the usage of ancient terms such as *quarantine* or *confinement*

increased exponentially even though their exact meaning in the current context often needed to be spelled out. In French, *quarantaine* has been around since the 12th century. It first emerged as a form of the number 40 and eventually came to signify the duration of 40 days. The Centre National de Ressources Textuelles et Lexicales explains that, in the 17th century, it took on its contemporary medical meaning and defined the 40-day isolation period required of travellers returning from a place with known infectious disease outbreaks. The term was well known and used before the 2020 pandemic, but its very etymology reflects a different public health reality, when 40 days was considered a safe period to rule out infectious diseases. The COVID-19 pandemic dramatically increased the use of the term and prompted its pedagogical redefinition in this new context. Indeed, after it had been determined that the incubation period of COVID-19 was up to 14 days, a proper COVID *quarantaine* no longer needed to be 40 days long. This new science-based reality then led to the new term *quatorzaine*, a meaningful modification of the original term that reflects the 14-day (“quatorze”) incubation period of SARS-CoV-2. The use of this new word demonstrates an effort to use language to promote clear and accurate information. Later, as more information about transmission and contamination became available, the definition of the obligatory quarantine period changed again, this time based on the vaccination status of the exposed individuals. Ever since the beginning of the pandemic, a common linguistic mix-up has consisted of using *quarantaine* (or *quatorzaine*) interchangeably with *isolement* [isolation], a measure specifically applied to a person already diagnosed with the infection, and these terms have been repeatedly featured in Dicovids.

In an article in the newspaper *Le Monde*, linguist Aurore Vicenti contextualises the trajectory of another pandemic word, *confinement*, used in French for “lockdown”:

On forgera des mots et d’autres remonteront à la surface. C’est le cas de “confinement”. Au XVI^e siècle, il appartenait au vocabulaire carcéral dans le contexte pénal de l’emprisonnement. Les religieuses étaient confinées dans leur couvent, les détenus dans leur cellule et on confinait les malades afin d’éviter la contagion. Les mesures de sécurité sanitaire prises en mars 2020 ont généralisé son emploi et modifié sa définition. Il est entré dans le langage courant. Plus personne n’ignore son sens.

(Dalloni 2020)

[We create words and others return to the forefront. That’s the case with “confinement”. In the 16th century, it belonged to the carceral vocabulary in the penal context of imprisonment. Nuns were confined in their convent, prisoners in their cell and sick people were confined to avoid contagion. The public health measures adopted in March 2020

have made its use more common and modified its definition. It has entered everyday language. Everyone knows its meaning.]

Here again, a previously existing term is used to express a new reality. In this case, one of the secondary meanings of the term—the confinement of the sick—has now become its main usage, pointing to the reactivity of a language. If *confinement* is an old word, its opposite, or rather its hopeful conclusion—*déconfiné* and *déconfinement*—are inventions of 2020. The same is true of its unfortunate counterparts: *reconfiné* and *reconfinement*. The history of *confinement* and its lexical offspring thus illustrate the richness of language and its malleability. For Cerquiglini, a *glissement de sens* [a shift in meaning] is the evidence of the fluidity of a language able to adapt to new contexts (2021, 36).

The history of another term, *distanciation sociale* [social distancing], which later in the pandemic became *distanciation physique* [physical distancing] also offers important insights into the evolution of language during the pandemic. Here again, *distanciation* is not a new word but its choice is meaningful. *Le Robert* dictionary editor Berengère Baucher explains that *distanciation* comes from the world of Brechtian theatre to describe the critical distance between the play and its spectators. She points to the difference between *distanciation* and *distance* and highlights that the suffix *-ation* expresses an action, the action of distancing oneself (Laurentin 2021). In other words, it is an active form, suggesting that it aims to keep the individual accountable and put the onus on individual actions. These word creations—known as syntagms—are formed on a central substantive whose meaning is modified by the addition of an adjective; according to Cerquiglini (2021, 39), syntagms were one of the main avenues of new French words in 2020.

These brief examples highlight the linguistic resources available to create meaning in the face of a crisis. Language's adaptability can take multiple shapes and forms: the apparition of new words, the return of old words or the repurposing or modifications of old words. In contrast with the initial fear surrounding an influx of English words, these examples illustrate a renewal of the French language and its adaptability in the face of crisis. They show a thoughtful and resourceful reappropriation of language and illustrate its vitality.

Creativity and Virality

Just like the *Oxford English Dictionary* in the United Kingdom, *Le Robert* dictionary in France acknowledged the singularity of 2020 and refused to select a word of the year. Instead of proposing a list of possible words, as the *OED* had done, *Le Robert* tried a different approach and launched a readers' competition in partnership with the Oulipo, the French literary movement famous for playing with words within very specific constraints,

asking its participants to invent their own words of the year, thereby contributing to a new type of Dicovid, “le Dicovid des mots inventés” [the Dicovid of invented words]. The words to emerge out of the competition, which required readers to create portmanteau words related to COVID-19, are a testament to the linguistic creativity fuelled by the pandemic. Faced with a new set of physical and social constraints in their daily life, participants found in the Oulipo’s linguistic constraints a meaningful creative outlet. On the dictionary’s website, Charles Bimbenet, director of *Le Robert*, went so far as to light-heartedly conclude that: “En attendant le vaccin, la langue française reste, c’est sûr, le meilleur antidote contre le virus ...” [While we wait for the vaccine, French language remains assuredly the best antidote against the virus]. More than just a creative outlet, language and its playful potential were seen to offer a way to protect oneself, if not against the disease itself, at least against the harmful social effects of the virus. Through language, and even more so through the playfulness promoted by *Le Robert* and the Oulipo, individuals were encouraged to maintain a sense of belonging, at a time when social and physical connections were severely limited.

Published on *Le Robert*’s website, the following made-up words—part of the 15 winning ones—illustrate the playfulness of the competition. *Airgasmer*, for instance, describes the first fresh breath of air just after removing one’s mask. *Hydroalcoolisme* is the addiction to the use of hand sanitiser—known in French as *gel hydroalcoolique*—rather than washing one’s hands. Finally, *masquàras* is the wearing of one’s mask right below (“à ras” [to the brim of]) the nose.

These three words, only a few of the many entries received by *Le Robert*, illustrate the lively reappropriation of language prompted by the crisis. Amid such unprecedented times, the diversion of words to produce jokes and puns establishes the pandemic as a fact of daily life while also playing it down. Often shared via social media, these words constituted the language of a new, shared experience and, as such, created a sense of community, even if individuals were physically distanced. This longing for community can also be found in a series of new expressions centred around now endangered social practices, especially the French ritual of the apéritif. *Apéroskype*, *Coronapéro* and *Whatsappéro* are many forms of the same social but distanced experience. Here, we see a very informal, grassroots practice where language is used creatively to describe and make sense of a new reality. Imparting humour in a time of crisis, language emerges as a site of resistance against some of the most damaging effects of the virus. By connecting people around puns and humour, language resists the disconnect and the social distance that resulted from months of lockdown and *gestes-barrières*. But these expressions, these witty portmanteau terms, also mimic some of the characteristics of the virus itself through their potential to travel fast and far on social media and to spread exponentially. On social media, some of these expressions have gone viral and it is remarkable that

this new language of COVID-19 changes and adapts rather as SARS-CoV-2 itself has done.

In France, several public health campaigns have capitalised on both this creativity and this virality as they sought out humour and light-heartedness in order to convey important public health messages in the hopes of making them more memorable. By contrast with some of the serious, understated official public health campaigns launched by Santé Publique France at a national level, smaller campaigns implemented at the local level by small to medium-size municipalities have relied on humour and puns to create catchy, memorable public health messages designed to be shared and circulated widely. For instance, Cap Com', a website dedicated to public communication, remarks that: "Pour maintenir l'attention et apporter un peu de légèreté, plusieurs collectivités et organismes ont tenté de renouveler les messages en misant sur le détournement d'expressions populaires dans des campagnes bigarrées" (Revol 2021) [To keep people engaged and to bring in some light-heartedness, several local authorities have attempted to renew messages by drawing attention to the appropriation of popular expressions in colourful campaigns]. Hence, Tours Métropole, the group of towns surrounding the city of Tours in the Loire Valley region of central France, opted for a campaign that created COVID-related puns blending the names of the towns themselves with popular expressions, thereby forging locally personalised puns. Visually, the typical French sign bearing the name of the town—a white rectangle circled in red—was surrounded by such new expressions. For instance, the sign for the city of Tours became "Le masque + 1 mètre de distance = l'assurance Tours – isque contre le virus" [Mask + distance = fully comprehensive insurance against the virus]. In another example, the town of Notre Dame D'Oé became "Notre Dame D'Oé Oé, elle danse au bal masqué", referencing the lyrics of "Au bal masqué", a famous 1985 dance song by popular band La Compagnie Créole whose simple evocation creates a sense of familiarity.¹

In a campaign targeting local university students, the town of Clermont-Ferrand in the Auvergne region chose to hijack famous sayings, some of them very informal, and turn them into daring hashtags. Composed of six distinct posters, the campaign emphasised three key points of COVID-19 safety: wear a mask, protect the elderly and practice social distancing. Laurent Gerbaud, director of the Service de Santé Universitaire, explained his approach as follows: "Cette campagne se substitue à une campagne institutionnelle extra-universitaire descendante basée sur l'injonction à respecter les gestes barrières. Nous voulions sortir de la communication répétitive et rébarbative, voire parfois culpabilisante, auprès des jeunes" (Revol 2021) [This campaign comes in lieu of an institutional, generic one based on the injunctions to follow safety measures. We wanted to move away from repetitive, stern and sometimes guilt-inducing communication for young people]. Using the type of simple and catchy graphic design that is

nowadays popular on Instagram, each sign illustrated a point by modifying a well-known familiar expression. The original expression was typed at the top of the poster, while the modifications were added as if manually edited. For instance, in the expression “when the cat is away, the mice will play”, the words *cats* and *mice* are scratched out and replaced with supposedly handwritten *distance* and *COVID*. The expression then becomes “when distance is away, COVID will play”, accompanied by the hashtag #rest-éloigné [#stayapart]. Another expression, “avoir le cul entre deux chaises”, literally meaning “to have the buttock between two chairs”, or not to know how to choose between two options, becomes “to have one metre between two chairs”, in conjunction with the hashtag #resteéloigné [#stayaway]. Another one takes on the expression “péter plus haut que son cul”, literally “farting higher than one’s buttock”, but meaning “to think you are the cat’s whiskers” and replaces it with “masquer plus haut que son nez” or “masked higher than the nose” with the hashtag #sortezmasqués [#wear-mask]. Finally, the expression “faut pas pousser mémé dans les orties”, literally “don’t push granny in the nettles”, but signifying “do not go too far”, becomes “don’t put granny in the ICU”, with the hashtag #protègemémé [#protectgranny]. This campaign, with its Instagram-friendly design and format, using pared-down imagery, hashtags as public health injunctions and the humorous playing about with familiar expressions shows how social media can be used to effectively communicate public health messages to the younger demographic.

Along the same lines, on 31 December 2020 the Parisian transportation authority RATP shared on its Twitter account its own creative manipulation of the iconic sign of one of its metro stations. The station “Bonne Nouvelle” [Good news], became “Bonne Nouvelle, l’année 2020 est finie” [Good news, the year 2020 is over]. What links all the examples discussed here is that the message is turned into a familiar formula each time. Each campaign plays with familiar expressions, familiar stories, familiar places, and the familiar is diverted to catch and retain the attention of the public and promote a clear message. Here, the use of popular sayings and well-known expressions of popular wisdom lend some common-sense authority to public health efforts. These examples illustrate how memorable campaigns build on familiar language and humour to promote public health messages. These messages, because they are visually appealing and use short, punchy slogans, are designed to become viral by appropriating the codes of social media. They aim to use virality to fight the virus. But these local efforts also show that, in times of global (mis)information and social media communications, the importance of the local dimension cannot be ignored. Just as the virus made evident the entanglement of the local and the global, it has also shown that global efforts need to be effectively relayed at a community level. Hence, speaking about the pandemic in a familiar language is one of the keys to success in public health communication.

Conclusion

The pandemic has forced us all to learn a new language. New words, new expressions and old expressions with new meanings emerged in a matter of weeks. This new language propagated at remarkable speed, closely following the spread and the development of the virus itself. In the global battle against COVID-19 it was crucial that we all understood each other: scientists needed to communicate their findings clearly with each other, while governments and public health agencies needed to translate data into clear messages for all their constituents, regardless of their native language, to make sure that guidance and instructions were well understood. But within the languages of COVID-19, there are many dialects, many differences, many tensions between the global and the local: ultimately, speaking COVID-19 is cacophonous. In French, within this cacophony, the pandemic has offered an opportunity to witness the resourcefulness of language. While the use of English as the scientific lingua franca seemed at first to threaten French, in the end French reasserted its vitality and creativity as old words were repurposed, and new words appeared. COVID-19 has prompted countless new puns and expressions that have, in turn, gone viral. Far from simply being entertaining, this dialect of COVID-19 is a testament to linguistic creativity and evidence of the role played by language in the strengthening of the social fabric. At a time when traditional social interactions succumbed to distance, using language to make light of COVID-19 contributed to keeping us connected.

Note

- 1 It is worth noting that, in 2020, the band recorded another version of the song, this time titled “Sortons Masqués” to encourage COVID-19 safety: “Sortons masqués, ohé, ohé, il ne faut pas mettre les autres en danger!” The band’s singer, Clémence Bingtoun, explained: “On a eu l’idée d’adapter ‘Le Bal masqué’, notre succès de 1985, avec de nouvelles paroles car l’épidémie est toujours là avec des clusters partout. Ce n’est pas de la pédagogie mais on veut aider les gens qui apprécient la chanson à rendre le port du masque moins pénible, dans un esprit de fête et de solidarité les uns avec les autres” [We thought of adapting ‘Le Bal Masqué’, our 1985 hit, with new lyrics because the epidemic is still here with clusters everywhere. It’s not pedagogical but we want to help people who like the song to make mask-wearing less hard, in the spirit of celebration and solidarity]. https://www.francetvinfo.fr/culture/musique/sortons-masques-la-nouvelle-version-du-bal-masque-de-la-compagnie-creole-pour-lutter-contre-le-coronavirus_4051929.html

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Part II

Translating and Communicating COVID-19



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7 Localising Science News Flows in a Global Pandemic

Translational Sourcing Practices in Flemish Reporting on COVID-19 Vaccine Studies

Elisa Nelissen and Jack McMartin

Introduction

The COVID-19 pandemic generated an urgent need for news about the coronavirus from around the world—and with it, a need to better understand how science news circulates across languages, media and readerships. The public relies mainly on the media for information about science and health, making science journalists important gatekeepers of scientific knowledge to the wider world (Miranda, Vercellesi and Bruno 2004; Matthias, Fleerackers and Alperin 2020). We focus here on newspaper reports about scientific studies addressing COVID-19 vaccines because we are interested in looking deeper into how research findings were disseminated through global news flows. Science journalists played an instrumental role during the pandemic by apprising the public of the latest news about the virus but also by actively countering misinformation (Perreault and Perreault 2021).

Science journalists operate in a multilingual environment characterised by: (1) global convergence across media, modalities and processes (Davier and Conway 2019); (2) the dominance of English-language news sources, amplified by the status of English as the lingua franca of the scientific community (Nguyen and Tran 2019); and (3) an overabundance of newsworthy studies, which only increased during the pandemic (He et al. 2020). The outpouring of information about COVID-19 vaccines has forced journalists into unfamiliar, oftentimes uncomfortable terrain: many journalists reported on science for the first time during the pandemic; all had to cope with assessing sources of scientific information they typically would not (Makri 2021).

In this chapter, we discuss how global COVID-19 vaccine news travelled to Flanders by examining sourcing practices in three Flemish media outlets: *Het Laatste Nieuws* (HLN), the newspaper with the largest circulation; *De Standaard* (DS), a quality newspaper; and *Eos Wetenschap* (Eos), a popular science magazine. Belgium was severely affected by the coronavirus outbreak and had one of the world's highest mortality rates in the first

year of the pandemic. We focus on Flanders, the Dutch-speaking region in Belgium, because it provides an exemplary case to explore the complexities and idiosyncrasies of reporting on a global health crisis from a situated, localised position in a small, language-bound media market that is near to and interdependent with other, larger languages and markets. Belgium has two media ecosystems, one Dutch-speaking and one French-speaking, each with differing orientations in terms of how international (science) news is sourced and covered. Whereas news media in Flanders rely heavily on English-language sources for international news (and consequently report more frequently on the English-speaking world), media in French-speaking Belgium rely mainly on French-speaking sources and prioritise international news from France (van Doorslaer 2009). Media outlets in Belgium also draw on news from Belga, a bilingual news agency based in Brussels. News media in Flanders increasingly source news from the Netherlands, reflecting a trend towards international media brand conglomeration (Hendrickx 2021).

Conceptualising Translational Aspects in Global (Science) News Flows

In the last two decades, journalistic translation studies (JTR) scholars have extensively demonstrated that translation in its various modes is an ever-present feature of global news (see Bielsa 2007; Bielsa and Bassnett 2009; van Doorslaer 2010; Conway 2012; Davier 2015; Valdeón 2015, 2020; Davier, Schäffner and van Doorslaer 2018; Welbers and Opgenhaffen 2019). Indeed, “rather than being a separate process, translation is ubiquitous and interacts with newswriting at all levels and stages” (Perrin and Ehrensberger-Dow 2012, 367). Roman Jakobson’s (1959) famous model has served as a productive starting point for delineating various translational modes in journalistic translation. These include: (1) interlingual translation, as when journalists translate text from second-language sources, (2) intralingual translation, as when journalists popularise specialised knowledge and (3) intersemiotic translation, as when journalists present non-verbal (e.g. visual) interpretations of verbal information. JTR researchers have largely embraced this broad conceptualisation of translation (Conway 2012; Davier 2015), as it helps us understand how journalistic authoring and translating overlap in global news production. Terms such as “transediting” (Stetting 1989) and “journalator” (van Doorslaer 2012) acknowledge that it is “commonplace for journalists to select material from various sources and then weave these snippets into an independent and unique storyline” (Haapanen and Perrin 2019, 15) and that translation is integral to this process. At the same time, “the multi-source and the multi-author situation in journalistic text production” makes it difficult to pinpoint where in the communication chain translation occurs, which poses a methodological challenge for JTR (Davier and van Doorslaer 2018).

With a few exceptions (e.g. Ghidhaoui 2019), science news has not yet been broached in JTR. Just as journalists everywhere, science journalists must navigate today's fast-moving, information-rich, multilingual news environment. Although our focus in this chapter is on science journalists' sourcing practices, we want to draw on insights from JTR to develop a broader conceptual framework that situates sourcing within and alongside other translational practices, understood broadly as plans of action for transferring scientific information to and, once there, within the journalistic field. Sourcing strategies include ways of (quickly and accurately) discerning the reliability and relevance of research (Miranda, Vercellesi and Bruno 2004). Sourcing can be seen alongside a broader range of translational strategies inherent to newsmaking. These include interlingual strategies (e.g. how to translate specialised terms from one language into another), intralingual strategies (e.g. how to reconcile the complexity of academic writing with journalistic writing in the same language), intersemiotic strategies (e.g. how to present scientific information visually) and remediation strategies (e.g. how to adapt a science news item for different media, cf. Welbers and Opgenhaffen 2019). These strategies may be laid out explicitly in the editorial policy of a news organisation, be part of a newsmaker's internalised practice, or both. Furthermore, the materials journalists integrate are themselves the result of selection and production decisions made previously by other newsmakers: press agencies design their texts to be easily translated, pieced up and reorganised by their subscribers (Bielsa 2007), as do organisations that use press releases to communicate with the media (Tesseur 2014).

Sourcing practices are intimately related to translational strategies. In what follows, we analyse how three Flemish news outlets cited sources when reporting on COVID-19 vaccine research. Alongside *how* sources were cited, we examine *who* was cited, *what* type of institution they were affiliated with and *where* in the world the source was active. We focus on three types of citing: (1) mentioning a news source in the metadata accompanying the article text; (2) citing a news source in the body of the news item; and (3) citing a person in a direct or indirect quote. This information can help us map out the roles perceived by Flemish newsmakers to be "quote-worthy" and authoritative, information we can then couple to (1) world regions (and their corresponding languages) to gain a better understanding of how global language dynamics shape science news flows to Flanders, and (2) institution types, which provides an indication of who controls scientific information that travels to Flanders through international media. The *how*, *who*, *what* and *where* questions are addressed through a quantitative analysis of a corpus of news articles. To broach the question of *why* Flemish journalists used certain citing practices and what factors influenced their selection strategies more generally, we conducted interviews with reporters and editors. Our contribution seeks to continue the exchange between translation studies and communication studies and open dialogue with an as yet untapped disciplinary neighbour: science communication.

Case Selection, Corpus and Methodology

This section introduces the three media outlets under study and describes our mixed-method approach, which combines a corpus analysis with semi-structured interviews to learn more about the products (journalistic articles) and processes (how these products are shaped) that are central in science journalism.

Het Laatste Nieuws

HLN is owned by the Belgian media company DPG Media, also active in the Netherlands and Denmark. *HLN* is known for its showbusiness, regional and sports news. In recent years, the newspaper has focused strongly on its online presence. *HLN* employs approximately 100 journalists; the journalist interviewed for this study is part of the so-called “now” team, which writes hard news stories typically published only online and not behind a paywall. They are the only journalist on staff who write mostly about science and health. There is also a science and weather coordinator who works for several DPG Media outlets. *HLN* publishes more than any other Flemish newspaper (up to 60 articles per hour). This is reflected in our corpus: we identified more than twice as many *HLN* articles than *DS* articles that matched our criteria.

De Standaard (DS)

DS is part of the Belgian company Mediahuis, which operates in the Benelux and Ireland. *DS*'s daily print newspaper has an insert with articles on culture, media and science. The team consists of about 20 journalists, excluding freelancers. The division covering national news has a separate unit focused on science reporting. At the time of this study, the unit included four reporters who focus on the print newspaper but occasionally write only for the web. The online news team also covers science news. *DS* is the only newspaper in Flanders with a science desk, although other newspapers do have reporters who cover science and/or health.

Eos Wetenschap

Eos is owned by the non-profit *Eos Wetenschap* vzw and is issued monthly. The magazine also targets readers in the Netherlands. *Eos* is part of the international network of *Scientific American*, which includes editions in 19 different languages. There is another collaboration with the online platform *Gezondheid & Wetenschap* (“Health & Science”), an independent website targeted at a lay audience owned by the Belgian Centre for Evidence-Based Medicine, a government agency. *Eos* also republishes articles from *The Conversation*, a blog about research published under a Creative Commons licence. Seven staff members work for *Eos*, supported by 20 freelancers.

Each reporter has their own thematic focus and there is a separate web editor. In contrast to the two newspapers in our study, there is no paywall on the *Eos* website.

Corpus

We analysed a corpus of 216 articles published in 2020, from the early days of the coronavirus outbreak to the first vaccinations in late December 2020. The articles were collected from the three outlets' websites. For the two newspapers, some articles were behind a paywall while others were not. Some articles also appeared in the print edition while others were published exclusively online. We focused on online news because it often includes information on the source of the story which is not (always) available in print.

To identify relevant articles, we first performed a search on each outlet's website with the terms "coronavirus vaccine". Using Python, we created a spreadsheet with the following metadata for each article: headline, author, publication date, category, URL and the first paragraph. Next, we identified articles that included terms related to COVID-19 vaccines in the first paragraph. Since news tends to follow an inverted pyramid structure, articles that include these terms at the beginning are likely to have a main focus on vaccine research (Cotter 2010). We then selected stories which had at least two paragraphs on vaccine research and/or the vaccines' properties, leaving out articles about topics such as vaccine hesitancy or the logistics of the vaccination campaign. This strategy left us with 216 articles about research on COVID-19 vaccines: 61 from *DS*, 139 from *HLN* and 16 from *Eos*.

We manually parsed each article to track how sources were cited, according to the three types mentioned earlier. Often, the sources mentioned on top of an article tell us something about which text(s) the article is based on, while the main source in the text usually indicates how and where the news broke. For example: one article from *HLN* credited Agence France Presse (AFP) at the top of the article, while the first line read, "An experimental vaccine has for the first time 'largely protected' monkeys from the novel coronavirus. This was reported by the Chinese lab that conducted the trial". Here, the reporter used AFP to select and write their article, while AFP based itself on communications from the Chinese lab or another intermediary. For each identified source, we recorded a country of origin and an industry sector in a relational database. When individuals were cited directly or indirectly, we also tracked their institutional affiliation and country.

The data were supplemented with interviews with five editors and science reporters. At *DS*, we interviewed the head of the newspaper's science unit. At *HLN*, which does not have a science desk, we spoke to the co-editor-in-chief, who mainly focuses on online news, and an online reporter who regularly covers science and health news (the only person on staff with a science

beat). At *Eos*, we interviewed the editor-in-chief and the health reporter, who also coordinates externally sourced health stories. The interviews were conducted in Dutch and took place in July and September 2021, either online or in person. Each interview lasted about an hour, was recorded and transcribed. The fragments included here have been translated into English by the authors.

Our methodology has its limits: we could only analyse sources that were mentioned explicitly, and it appears that these are typically added to pieces that contain less original reporting. For *DS*, this means that most of the articles in our corpus were produced by the online news team rather than the science team. Since we sourced our corpus from the newspapers' websites, in most cases we could not tell which articles appeared in print and which did not. Finally, since we relied on data from interviews, we could only gauge what reporters *said* they did, not what they *actually* did.

Results

In this section, we first discuss the sourcing and quoting practices we extracted from the corpus. We then focus on the three outlets' overall selection strategies and the reporters' practices when it comes to using (international) sources. While included in the text, note that we left out data from *Eos* in graphs which show proportions expressed in percentages, as our sample for this outlet was rather small. Percentages are rounded up or down to the nearest integer.

Sourcing Patterns

Different outlets have different practices when it comes to crediting sources as part of an article's metadata. *HLN* mentioned the source of a story in 97 articles (68%), while this was only the case in 14 *DS* articles (23%). *Eos* listed an external source in four articles (25%). Additionally, 84 *HLN* articles explicitly mentioned the key source for the story in the text (60%), while this was the case for 36 *DS* articles (59%) and six *Eos* articles (38%).

At *HLN*, sources are listed at the top of the article, introduced by "Source:" ("Bron:"). The co-editor-in-chief noted that journalists add sources consistently when they use content from another outlet:

If, for example, an article about a scientific study comes from *AP*, but *Le Monde* was able to talk to a scientist and has quotes from them that we reuse, then we'll also credit *Le Monde*. ... We use quite a lot from other media, so I think it's quite clear this way for readers where the information came from.

However, when a story of a sister outlet is republished, *HLN* will credit this outlet in the designated source field, obfuscating information about

consulted press agency reports or other sources.¹ At *DS*, sources (when provided) are introduced in the same way as at *HLN*. *DS* uses separate layouts for online, print and evening edition articles. Sources are typically added to news that originated in the online team. However, an exploratory search revealed several articles that were clearly based on a press agency report but that did not credit that source. The fact that *DS* credits sources less often than *HLN* therefore seems to reflect two distinct sourcing practices: its reporters (1) use less content from other outlets and (2) credit sources less often. At *Eos*, too, the formal aspects of the medium play a key role in how and whether sources are identified as such. Their metadata always mention a single source, which is either its own editorial team, an outlet from the *Scientific American* network, Gezondheid & Wetenschap or *The Conversation*. This is introduced by the phrase “This is an article from:” (“Dit is een artikel van:”). Thus, this field is not used to give information on where separate parts of an article might have been sourced. *Eos* does, however, credit sources extensively in their articles, using footnotes. Usually, these sources are scientific studies.

For the two newspapers, the sources listed above an article are usually press agencies and occasionally other news outlets. At *HLN*, sources from sister outlets owned by its parent company make up a considerable share in that category (14%). For *DS*, we only found one such case (2%). *Eos* published four articles from Gezondheid & Wetenschap (mentioned previously). In all these cases, the sourcing of the contents of the story itself did not happen in-house but at the sister or partner outlet.

Zooming in on press agencies, we see that Belga is the most prevalent external source for both newspapers, followed by the Netherlands-based Algemeen Nederlands Persbureau (ANP) at *HLN* and Reuters at *DS*. *HLN* also used APF and Associated Press, while *DS* also used Bloomberg (once). The finding that *HLN* draws from a wider variety of press agencies may be explained by the fact that they have access to more agencies and that *HLN* publishes more content and has more reporters overall, possibly with more varying selection strategies. The interviews, discussed later in the chapter, shed more light on the use of press agencies in general and Belga in particular.

While research results are typically announced to the press by research institutions or publishers of academic journals, our corpus shows that when an article specified a key source it was most often a pharmaceutical company (36% at *HLN*, 43% at *DS* and three out of a total of five sources at *Eos*). This is not entirely surprising: validated scientific data was scarce in the first year of the pandemic, and pharmaceutical companies communicated avidly to the press about their ongoing research. *HLN* and *DS* also regularly referred to other news outlets, for example, when discussing radio or TV interviews with an expert. *DS* listed scientific sources (research institutions or scientific publications) slightly more often than *HLN* did, possibly because they have a specialised team of science writers.

Looking at the source location, we see that most come from Belgium (45% at *HLN* and 52% at *DS*; all four external sources from *Eos*). This was somewhat surprising, since most science news originated in other countries. It can, however, be at least partially explained by newspapers' tendency to turn to press agency Belga for material. Confirming our expectations, sources from the US and the UK were the second most cited for both newspapers (31% for *HLN* and 39% for *DS*).

In the articles themselves, US and UK sources make up more than half of all sources tracked at *HLN* (61%) and *DS* (58%). *HLN* credited more sources based in Russia and sources from more countries overall (see Figure 7.1). One possible explanation is that they simply published more articles in general, but they also had more coverage of non-Western vaccines, including the Russian vaccine Sputnik V. In fact, ten *HLN* articles in our corpus mention a total of six vaccines that were never covered by the two other outlets in our study.

If we look further at the articles that mention sources from non-English and non-Dutch countries, it becomes clear that 23 out of 25 of these mention a press agency or other outlet in the metadata at the top of the article, from which we again deduce that interlingual translation likely happened at an earlier stage in the communication chain (Bielsa 2007).

Overall, our findings about sources' locations confirm van Doorslaer's (2009) conclusion that Flemish news is heavily based on news from UK and US press agencies. However, in contrast to van Doorslaer's study, many articles also drew on Dutch-language reporting from Belga. Since most of the actual vaccine research did not take place in Belgium, we assume that Belga also sourced these stories from abroad.

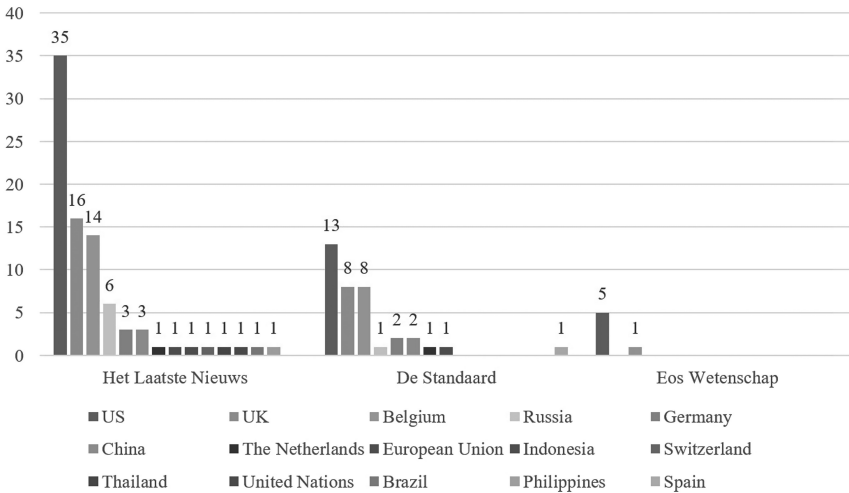


Figure 7.1 Locations of sources mentioned in the article's text.

Experts and Other Commentators

All three outlets quote people in most articles. *HLN* used at least one quotation in 122 articles in our corpus (88%), *DS* in 46 articles (75%) and *Eos* in ten out of 16 articles (63%). Researchers dominated the conversation at all three outlets, making up 45% of people quoted in *HLN* and 47% of those in *DS*. At *Eos*, 18 out of 19 people quoted were researchers, which aligns with their goal of contextualising science. The representation of other sectors was similar at *HLN* and *DS*. After research institutes came pharmaceutical companies (18%), followed by government agencies (10%). Again, the proportion of quotes from the pharmaceutical industry is likely higher than would be the case in a parallel corpus of science or health stories on non-pandemic news, but future research will have to bear this out.

HLN used more quotes from people outside Belgium, specifically individuals based in the United States and the UK, and fewer by people in Belgium than *DS* did. Of the people quoted in *HLN*, 40% were based in Belgium and 35% in either the United States or the UK. For *DS*, this was the case for 51% and 22% of commenters, respectively. Of the 18 people quoted in *Eos*, 16 were based in Belgium and two in the US. Similar to the findings regarding sources, *HLN* used more quotes by people in Russia and cited a larger geographic diversity of people overall. The differences in these results may have something to do with the amount of work that a journalist puts into each article at each of the three outlets: all science writers interviewed shared that most people they reach out to for a comment are based in Belgium (or the Netherlands). It seems plausible that *HLN* has more quotations from international people because overall they appear to recycle more information from other sources (as we will also see later).

Our corpus sheds light on where Flemish news media sourced news on COVID-19 vaccine research during the crucial period in 2020 when early research results were emerging. Despite some variation, we can conclude that while the sources mentioned in the text were often international, most experts were Belgian. We also note that *Belga* plays an important role at the two newspapers, and articles from partner or sister outlets are frequently used at *HLN* and *Eos*.

Different Reporters, Different Organisations, Same Pandemic

Our interviews with science journalists reveal the dynamics and strategies that shape science news sourcing practices. First, domain expertise appears to play an important role in the way science journalists select their sources, as does language proficiency (cf. Davier 2017). At *HLN*, the online reporter we interviewed has a journalism degree. They expressed a keen interest in science, having worked at *Eos* previously. Beyond Dutch, they speak English and French, though they stated that they would be deterred from

conducting interviews with academics in English or using studies in French, “because those are of a slightly more advanced level to translate”. As a result, they “very, very, rarely” consult sources in languages other than English or Dutch. The sources they do check regularly include EurekAlert! (a platform where research institutions share press releases about new studies), *Science*’s news section, *Scientific American* and *Eos*. The science coordinator at *DS* expressed some criticism about press releases but does consult *Science*’s and *Nature*’s news sections. They also named Twitter as a crucial platform for staying up to date about new research. They have a PhD in chemistry and said that this had helped in their reporting during the pandemic, as had their experience covering the Ebola outbreak. Regarding language, they said that “source material, of course, is mostly in English” and expressed no issues with this. Moreover, because their native language is German, this expanded the range of consulted sources. For example, a podcast by German virologist Christian Drosten was “one of the most important sources at the very start of the corona crisis”. Their scientific background may explain their desire to be close to the root source of science news, as they repeatedly stressed the importance of this. The *Eos* reporter holds a degree in translation from English and French to Dutch and sometimes also translates for the magazine. Alongside their own ideas, they named press releases published on EurekAlert! or distributed by renowned journals as important sources for science news. They typically consult sources in English or Dutch but not in French, even though they are highly proficient in that language.

As was briefly discussed in the corpus analysis, alongside the individual experience of each reporter, the business model of each medium also shapes the science news they produce. At *HLN*, “during the crisis, it was insisted even more strongly that we had to be the fastest [news outlet] and bring as much news as possible”, said their online reporter, who writes four to five articles per day. To them, this probably explained the high number of science news articles based on press agency reports, even if their initial perception was that these sources were used only rarely. The co-editor-in-chief also noted the widespread use of secondary sources such as Reuters or the *New York Times*. This, then, helps to explain the high number of quotations from people outside of Belgium. At *DS*, on the other hand, which produces less news and has more science writers, the science coordinator had a different opinion about secondary sources:

Something we definitely didn’t do—and I’m proud of this—and which I often saw in other newspapers, and which bothered me, is that they based themselves on international media ..., even though this is only a secondary source. We really looked at what was topical in the scientific community. It didn’t matter to me whether something was covered by *The Guardian*, because [in those articles] ... the interpretation (“ver-taalslag”) had already been made.

They added that press agencies were only used if the online team wanted something published fast, “but only after we had evaluated whether we had found [it] important or not”. *Eos* has no press agency subscriptions and is less focused on hard news. Reporters have about two weeks for longer magazine articles and extensively consult with experts. The two interviewees from *Eos* mostly checked news outlets (in Dutch, as well as international outlets such as the *New York Times*) to stay informed but not necessarily to use directly.

In the absence of formal guidelines about science writing, interpersonal differences—either within an editorial team or between teams—were also found to influence sourcing practices. For example, even though *DS*’s science coordinator stated that they instructed the online team to use Reuters rather than Belga, the data from our corpus shows that Belga was the most-used press agency at *DS*. Also, given the urgency of the pandemic, the speed at which the online news team operates seems to (occasionally) conflict with the more in-depth reporting of the science desk, which likely resulted in the former team writing more science stories than they would in pre-pandemic times. At *HLN*, there appeared to be a clear difference between the online reporter’s principles about and experience with science writing compared to the rest of the editorial team, with the reporter saying that they would go back and edit colleagues’ stories after they had been published.

Finally, the outspoken opinion of *DS*’s science coordinator regarding secondary sources indicates that some sources were perceived to be more authoritative than others. These perceptions were influenced by individual and institutional contexts. As we saw, the *DS* coordinator was critical of most secondary sources, although they nuanced that position:

I find that [Belga] did a very poor job at translating [scientific information for a lay audience]. Just because they didn’t have the expertise to evaluate and simply chattered about whatever had appeared in *The Guardian*. ... Reuters did a fantastic job so far, I think. ... They didn’t make sloppy mistakes as a result of not understanding the details.

Instead of relying on other outlets, the *DS* coordinator preferred to seek out new leads for themselves, especially on Twitter. At *HLN*, there also was a distinction in how sources were appraised, but it appears that this was based on the perceived rigour of that source rather than on the content itself, with the co-editor-in-chief noting:

If [renowned news outlets] write about something, we feel quite comfortable covering it as well. This also works the other way around. If a scientific study is covered by the *Daily Mail* or the *Sun*, or if *Bilt* also writes about it, this can definitely be a trigger to ... check the original source, and whether some of the other, more highly valued international media are writing about [the same study].

However, the online reporter at *HLN* stressed that the underlying research—specifically the published, peer-reviewed paper—was always the most important source, and that in the absence of peer review, they would look at the available data and consult with experts to estimate the scientific relevance of a finding. They shared an anecdote about an article by a colleague discussing a new coronavirus variant, prompting them to call up a leading Belgian expert late at night only to learn that it was not a variant of concern. They adapted the article to highlight this but admitted that perhaps it should have never been published. This again points to conflicting priorities and selection strategies within a single editorial team.

To sum up, although the interview data revealed a variety of sourcing practices, the reporters at our three outlets all worked mostly in English and Dutch, even when proficient in other languages. None took issue with the dominance of English-language sources. Reporters wanting to remain close to the research being reported relied more on social media and expert contacts, while others relied more on secondary sources such as other outlets and press agencies. When they needed a quotation, they typically contacted someone in Belgium. Relating these findings back to our corpus analysis, this strengthens our assumption that quotations from people in other locations are likely not original but reused from a secondary source operating in those locations. Finally, the opposing priorities of each medium (being fast versus being thorough) and of the reporters working within them (the science writer(s) versus the online news team) also appear to be important characteristics that shape science news selection and sourcing.

Conclusions

This chapter has discussed how news about COVID-19 vaccine studies travelled across geographic and media boundaries, using Flanders as a case study. We focused on the sourcing practices of three news outlets, finding that specific individual, institutional, formal and systemic factors contributed to shaping how COVID-19 vaccine news was covered in Flanders. More concretely, we note that when an article lists a source in the metadata, it is (heavily) based on that source. Furthermore, outlets with specialised science writers such as *DS* and *Eos* seem better equipped to critically appraise scientific information, while larger, popular outlets tend to recycle information from secondary sources. Different sourcing strategies at the organisational level and team dynamics also led to different ways of dealing with science news, as exemplified by the difference between the *DS* science coordinator's opinion of the news agency *Belga* and the newspaper's high usage of that source. Additional content analyses and ethnographic research could reveal further differences in how science journalists and non-specialised reporters go about science newsmaking, and how this influences the resulting news product. Moreover, similar research on a corpus of articles about a science and/or health topic unrelated to COVID-19 could reveal interesting

differences, both in terms of journalists' sourcing practices and the primary and secondary sources they rely on.

The prevalence of international sources in our study indicates that any model purporting to understand science news flows moving forward would benefit from a “translational” approach, building on JTR. We focused on sourcing as the first step in a larger effort to unravel the communication chains through which new scientific knowledge is disseminated worldwide. Although difficult to pinpoint, interlingual, intralingual and intersemiotic translation happens at multifarious points in this process—in scientific papers, in press releases disseminated by research institutions and pharmaceutical companies, in newswires produced by press agencies, in the articles written by the reporters interviewed here, in news outlets' social media posts about their latest stories, etc. There is an urgent need to develop more sophisticated methods for isolating and explaining translational practices in science newsmaking, as these will enable a fuller understanding of the contextual factors that shape science newsmaking in specific newsrooms and the downstream effects of textual and formal manipulations resulting from translation and remediation. Previous research in science communication has demonstrated, for example, that the absence of nuance in science press releases typically finds its way into the resulting news articles as well (see Schwartz et al. 2012). However, these studies limit the comparison to press releases and news articles within one country and do not look at the entire chain, nor at intermediaries operating across languages, media and markets, such as press agencies or news outlets with an international reach. While it was not our explicit intention here to pinpoint “problematic” science news conduits, our finding that press agencies are both widely used and perceived by experienced science journalists as unnuanced points to a need to further study their role in shaping global science news. Certainly, there is also a need to supplement our findings with similar analyses from news ecologies elsewhere, as trajectories from the lab to the press to the news consumer are many and complex.

Note

- 1 We did track one article that was republished from the Dutch newspaper *De Volkskrant*, which listed additional sources at the bottom of the article, a practice which was spotted several times in longer, explainer articles about the vaccine. This illustrates how differences in formal strategies impact how and when sources are presented to the reader.

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8 Community Trust in Translations of Official COVID-19 Communications in Australia

An Ethical Dilemma Between Academics and News Media

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Introduction

Distrust of official health measures during public health emergencies can become particularly acute in cases of language differences. During the second wave of COVID-19 infections in 2020, greater Melbourne endured 111 days of hard lockdown, one of the longest in the world. As in many countries, official health measures met with regular protests in the name of civil liberties, along with various accusations of government conspiracies. Unsurprisingly, in accordance with the general tendencies reported in Ataguba and Ataguba (2020), perceived miscommunication during the pandemic was particularly severe in groups where trust in public authorities was already eroded, especially in communities that were and remain culturally and linguistically diverse (CALD) (Alesina and La Ferrara 2002; Demaris and Yang 1994; Van Bavel et al. 2020). The communication challenge was thus to build cooperation across a linguistically superdiverse society: the metropolitan region of Melbourne has some 5 million inhabitants and more than 260 language varieties spoken at home (State of Victoria 2017). A key factor in the ultimate success of the lockdown was thus public trust not just in the governments' official messaging itself but in various kinds of *translations* of those messages.

Here we explore what happened when mainstream media reported highly defective translations, and those reports echoed through social media. How did the news affect dynamics of trust and distrust in translations? And how should translation scholars, when consulted about the translations, intervene in the play of trust and distrust? Should we ethically support translation professionals or perhaps join the news media in picking up errors and fomenting distrust?

How Does Trust Work in Behaviour-Change Communication?

We start from a simple model. The aim of the communications we are considering is to change the behaviour (wear a mask, stay home, wash hands, get vaccinated) of a person who probably has no direct experience of the cause necessitating the change. Most of us have not seen a virus; we are not experts in virology or epidemiology; we cannot directly calculate the numbers of cases in our wider communities. Given receivers' positions of relative ignorance, they will only change their behaviour to the extent that they trust the veracity of the messages received. This is commonly expressed as "trust in science", but the mechanisms are rather more complicated.

What kind of trust is this? It is not the loose trust that we invest in patterns that are familiar and thus predictable. We trust the sun will rise tomorrow, just as we might trust (or indeed distrust) members of our family because we have known them a long time, and this familiarity can help us predict a certain trustworthiness. For similar reasons of repetition and familiarity, we might choose to trust members of our own cultural and linguistic community, since we at least stand a chance of guessing when they are lying and when they are telling the truth. In healthcare situations involving language discordance, that kind of trust is sometimes invested in family members as go-betweens, in preference to professional interpreters (Greenhalgh et al. 2006; Hsieh et al. 2010). We might term this "thick trust" (adapting Hosking 2014, 46–49) because it usually involves cultivating interpersonal relationships that develop over time and on several levels. Trust in science, by contrast, is based on a position of relative *unfamiliarity*, on a degree of ignorance, as when one buys a used car without really knowing the state of its engine (hence the economics of asymmetric information, since Akerlof 1970). That is "thin trust", of the kind that might be invested in official translators or interpreters simply because they are qualified professionals. Since thin trust is more likely to be unidimensional, Niklas Luhmann (1968) describes it as a mechanism for reducing complexity: because science is difficult to follow, we reduce its complexity by trusting a person or an institution that purports to understand it and can explain it in simpler terms. This is then the kind of trust that may be invested in governments or health systems (Meyer et al. 2008) or in various institutionalised media (Park et al. 2020). Luhmann elsewhere recognises that this thin trust (*Vertrauen* in German) can be distinguished from predictive confidence (*Zuversicht*) and operates as "a solution for specific problems of risk" (1988, 95). It could always be misplaced; it is only active when error or betrayal is possible. Anthony Giddens (1990, 33) aptly notes that trust of this kind is always "in a certain sense blind trust".

Healthcare messaging can involve thick trust, thin trust, a range of intermediary possibilities, and then degrees of distrust (cf. Hwahng et al. 2021). Yet trust is a particularly elusive object of knowledge. You can ask people about it (we will look at a few trust surveys), but to see how it actually works

we mostly have to focus on instances of *distrust*, which tend to be abrupt and visible, surfacing in networks of relationships. Once distrust surfaces, it can point to the context and to the kind of trust that is being challenged.

What then are the trust relationships involved in behaviour-change communication? It is possible to envisage a linear trust chain, perhaps along the lines of some versions of Actor-Network Theory—since the non-human also has interests (Callon 1986). Viruses encode information in RNA that binds with proteins in human cells; the cells then create proteome abundance that becomes information for laboratory detectors; scientists of various fields interpret that information and convert it into written reports; those reports are reviewed and, if trusted, are published in media that are in turn considered trustworthy; other scientists ideally trust those reports and transform them into advice to government agencies; politicians trust the advice and convert it into policy directives that in turn inform press conferences and press reports; copywriters and journalists then ideally trust the authoritative scientific judgments and use them in their news stories; dominant-language news is consequently trusted and translated into community languages; community leaders may further elaborate, amplify or adapt the messaging; receivers of many kinds then trust the translations and act on them. Thus, science communication might eventually produce behaviour change, in a very idealised one-directional way.

There are, of course, many problems with such a linear model. Steps may be omitted: a Chinese-speaking receiver at the end of the chain may consult the scientific journal near the beginning; a journalist might also be a qualified medical practitioner, etc. A health expert with a stellar reputation may be a trusted source of information communicating directly with the communities through national media: the United States had Dr Anthony Fauci and China had Dr Zhong Nanshan, both of whom earned respect during the pandemic. And then, of course, the virus can directly enter the body of anyone, giving information about itself that is unmediated by any science. The model is thus falsely linear and unidirectional. Further, trust is usually not invested in a one-off encounter but is rather a product of social networks: a receiver might trust a government official mainly because the receiver's social contacts manifest the same trust, or they might *distrust* public messaging because their social media networks regularly offer reasons to do so. In the case of CALD communities, the networks can be further complicated by messaging being received from a home country (Karidakis et al. 2022), in a language that may be inherently more trusted, or indeed officials may be distrusted because that is the norm in the home country or there is fear of the new country. Images of a temporary medical clinic, for example, were reportedly interpreted by members of the Somali community as a detention camp where they would be sent to die if they were infected (Yussuf and Longbottom 2021). The linear model thus quickly fans out not just into a network of trust relations, but sometimes into overlapping networks where different languages are used and

trust and distrust are both at work. The simple chain might link instances of thin trust, but the nodes where several networks meet tend to involve degrees of multi-layered trust as well, with resonances that can extend in many directions.

This kind of model enables several interesting questions to be formulated. First, if distrust enters at any one node in a network, does the entire extended communication process then break down? For example—and this is the example we are about to analyse—if the mainstream press inspires distrust in translations, will there then be less behaviour change as a result? And second, at the points where trust is broken, how thick or thin was the trust anyway?

Relative Trust in English-Language Media

Before we consider the way translations interact with trust, there are two general surveys that provide a useful backdrop, even though they elide all linguistic alterities.

The *Edelman Trust Barometer* report (2021a) shows that, across the globe, unspecified trust in all information sources reached record lows during the pandemic in 2020. In Australia, all media remained firmly in the “untrusted” zone: “traditional media” dropped 3 points to 52, while “social media” rose by 9 points but to a still very low 32. However, exceptionally, the analysis of some 1,150 replies indicates that trust in government actually *increased* by 17 points to 61, just above the threshold to be “trusted”, and trust in healthcare rose by 9 points to 75, placing it clearly in the “trustworthy” zone. Thanks in part to its isolation and lack of land borders, Australia rode out the first waves of the 2020 pandemic fairly well, and citizens seemed to become more trusting as a result. Even though the report offers no particular analysis of what kind of trust was at work, the Edelman summary is intriguing:

Australians are recognising they need to take more personal responsibility for their own information diet; being politically aware (+33 points), increasing media and information literacy (+30 points) and increasing science literacy (+23 points) jumping in importance. However, less than 1 in 4 Australians practice good hygiene – meaning they do engage with multiple sources, they avoid information echo chambers, verify information they’re consuming, and vet before content sharing.

(Edelman 2021b)

We might see this as pointing to an increase in thin trust (people trust institutions, even though they feel they should know more about them) but also to a certain practice of thick trust: the echo chambers of accrued familiarity persist. The report also finds that the “informed public” (albeit only 100 respondents) trusted institutions 22 percentage points more than did

the “mass population” and that this gap has been widening since 2012 (Edelman 2021a, 5). Thin trust is increasingly for an “informed” minority.

Park et al. (2020) pick up some of these points in their more detailed data on the ways Australians trusted different media outlets for pandemic-related information. Their online survey of a weighted sample of 2,196 Australians aged 18 or older asked which media were used and which were trusted. Overall, the respondents deemed “experts” (that is, both qualified professionals and self-appointed authorities) to be the most credible source of COVID-19 information (85% “agree”), followed by health organisations (78%), state and federal governments (67% and 66% respectively) and news organisations (61%). Only 21% of the respondents agreed that social media were trustworthy, the lowest score of all, even though 38% of all respondents reported using those same media. That is, not everyone who used social media believed in them. At the other end of the scale, although “experts” were the most trusted source of information, only 20% of the respondents reported having accessed them. People believed experts, but not many used them directly.

We might thus extract a very rough *inverse* relationship between frequency of use and degree of trust: respondents most trusted the sources they used the least. This in turn suggests that the kind of trust being tracked here is of the thin kind, only weakly associated with familiarity. People trusted “experts” because social institutions positioned them as experts, not because people knew them personally.

Together, these two background studies suggest that trust in behaviour-change messaging is far from uniform across Australian society. Neither of these surveys, however, deals with languages or translations—they both falsely assume a monolingual Australia. There are nevertheless frequent reports that pandemic messaging tended to be distrusted in Australia’s CALD communities (e.g. Pym 2020; Gerber et al. 2021; Wild et al. 2021). Further, in August 2021, vaccination rates were significantly lower in some CALD communities (RACGP 2021a), sometimes associated with suspicion that the officially translated information was outdated (RACGP 2021b).

CALD Communities’ Trust in Translations

In 2020 we elicited 43 survey responses from mediators working in the Chinese, Italian and Greek communities in Melbourne, plus 14 interviews (some 9.5 hours in total) with key leaders and representatives of those communities (see Karidakis et al. 2022). We particularly focused on how information reached the elderly, which was the population segment most at risk at the time. Here we draw on interviews with office holders and active members of charity foundations, pensioners’ clubs and community newspapers.

The first point to make is that the community organisations we studied largely depend on government funding, so they might be expected to declare their trust in government information. This is indeed what we found. The

Chinese community leaders were especially adamant that they relied on official government sources alone. In doing so, however, they revealed alternative sources of information at work:

你最近也知道这种微信所谓受到中国政府影响，我们会尽量保持一个中立。就是看澳洲政府[提供的信息]。我们不会先看公众号然后再看政府资料。我们先看政府资料，直接翻译政府的资料。

(Chinese Community Social Services Centre)

[You may also recently see the so-called news that WeChat social media platforms might be influenced by the Chinese government. We will try our best to remain neutral. So we just focus on the information provided by the Australian government. We would not look at those WeChat social media news first and then compare to the government information. What we do is to first look at the government information and translate it directly. (Our translation)]

The implication here is that community members are indeed using social media that channel messaging from another country—an inevitable phenomenon, given the widespread (and not unfounded) belief among the Chinese community that China handled COVID-19 much better than Australia (Pym and Hu 2022). The above statement interestingly also implies that the community organisation functions as a direct link to the Australian government (presumably through official websites) and that the organisation itself undertakes to translate that information without waiting for official government-sponsored translations. There is no mention of trusting news media of any kind or relying on the various translations provided by multilingual press or television outlets. Trust seems to be placed *directly* in the government, impersonally, by a privileged “informed user”; it is then channelled through community-instigated translations for the less informed.

Trust in translations was a common theme in these interviews. While some Chinese organisations did their own translating—to adapt the language and to change the medium to WeChat—the Greek and Italian interviewees were more given to questioning the quality of the government translations they received:

I personally don't trust [the translations]. But I think, you know, because I'm fluent in both Greek and English, I can get the gist. They do the best they can, but sometimes those translations don't make a lot of sense.

(Greek community member and community worker/volunteer)

Because our questions focused on how information reached the elderly, interviewees mentioned community members checking the officially translated information with other members who spoke good English, particularly

their children. This was especially the case in the Italian organisations. This means the official translations were not taken at face value: they became one source of information among many. Or, in our terms, thin trust was backed up by thick trust.

Some interviewees also lamented the time required for translations to come through, especially when government restrictions were changing every few days:

Last Sunday, some of that [daily government press conference] could have been relayed in Italian. And I think that if they've got the expert people to translate it straightaway in the correct Italian or in the correct Arabic or whatever other, you know, then why not do it for them?

(Italian community member and community worker/volunteer)

Daily government press conferences were interpreted in Australian Sign Language from the very beginning. However, it was not until July 2021 that SBS (the Special Broadcasting Service) began providing simultaneous interpretations of New South Wales press conferences in the languages of the communities considered at particular risk (SBS 2021).

In all, official translation services tended to be *distrusted* by our interviewees. This could certainly be caused by the poor quality of the translations. Yet it might also be due to the complexity of the texts to be translated (few were written with translation in mind), the narrow range of strategies used by official translators (when technical, use verbatim) and even the Australian code of ethics for translators and interpreters (written with legal translating and interpreting in mind). Further, one might also weigh up the direct interests of the interviewees, who could be criticising official translations in order to position themselves as alternative mediators of information.

While the Chinese community leaders mentioned government information and WeChat, the Italian and Greek interviewees gave more weight to the messaging relayed through the television, radio and web outlets of SBS, the government media service established specifically to serve the CALD communities. The Italian and Greek interviewees generally trusted those media, although some were quick to point out that not everyone reads newspapers or watches television. They also noted that considerable confusion ensued when restrictions were changed, which they did frequently.

The Italian and Greek community newspapers are of particular interest in this context. The interviewees described them as selecting and translating information from government announcements and SBS but then adding community perspectives and generating their own content. The interviewees saw this as enhancing the trustworthiness of their communities' media, inspiring thick trust. An Italian interviewee reflected, "I often think of the smaller ethnic groups that don't have a newspaper or, you know, how hard it would be for them to deal with these crises".

This expert-to-citizen directionality could nevertheless be turned around. In June and July 2020, COVID-19 hit the Greek-speaking community of Melbourne particularly hard, with high death rates in old-age residences. During this time, the community newspapers effectively reversed the chain of trust, becoming the source of news stories:

Mainstream media like ABC, Channel 9, *The Age* [newspaper], they came to us and for information to do their stories because the readers came to us and they were letting us know what's happening, etc., so we had more exclusive stories than them.

(Interviewee from a Greek-language newspaper)

In this case, messaging was effectively sent from citizen to expert, rather than the reverse.

That is not to say, however, that trust abounded in contacts with the press. One of the Chinese interviewees commented on her experience with mainstream media in the following way:

I remember when ABC interviewed me, I wanted to give them information about our project [to assist stranded Chinese international students]. But the thing is, I think the reporter had a different way [of conceiving the news] because she had a storyline in her mind already.

(Australian Chinese Charity Foundation)

As the interviewee was able to surmise, the media had their own stories to tell.

Mainstream Print-Media Discourse on Translations

We are now able to see mainstream English-language media—here particularly print media—from several perspectives. On the one hand, they were channelling official messaging downstream to wider community networks; on the other, they were giving space to upstream human-interest stories from various communities. For example, they reported on families' distress at not being able to see elderly parents in CALD community nursing homes or families celebrating the lives of elderly people who had died. With this two-way movement, print and television media were the most common ways to receive COVID-19 information (Park et al. 2020) even though, as we have seen, they were less trusted than experts or the government (Park et al. 2020, Edelman 2021a). So how, in this intermediate position, did print media discuss translations?

Here we give an overview of translation-related COVID-19 news stories that were published between 1 March 2020 and 15 November 2020. This covers the period in which Australia suffered two significant waves of COVID-19 outbreaks (Figure 8.1).

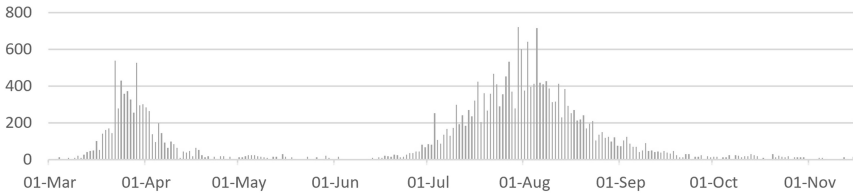


Figure 8.1 New daily COVID-19 cases in Australia between 1 March and 15 November 2020 (Data source: Worldometer COVID-19 data).

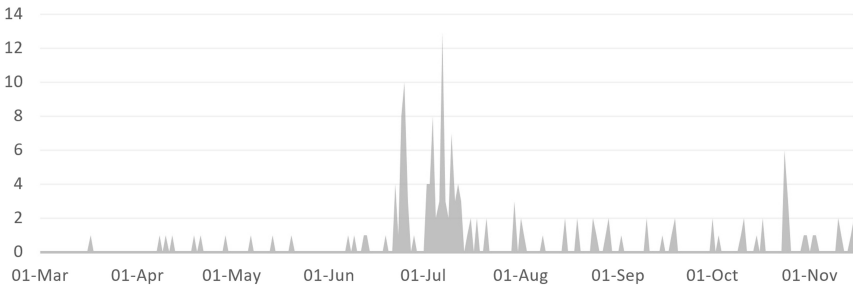


Figure 8.2 Number of translation-related issues reported by Australian newspapers between 1 March and 15 November 2020.

To collect data on the news coverage, we queried the ProQuest Newsstream database for stories that discussed translation in the context of COVID-19. This generated 107 items from a total of 32 media agencies. The five most represented print media were *The Age*, *Herald Sun*, *The Australian*, *The Australian Financial Review* and *The Daily Telegraph*.

When we look at the distribution of those items over time (Figure 8.2), it is clear that translation only surfaced as a major issue at the beginning of the second wave, in June 2020. Since the overwhelming majority of COVID-19 cases during the first wave were linked to international arrivals (Stobart and Duckett 2022), translation was generally absent from the media's narratives. The few reports in March and May 2020 mostly concerned rising racism (Gile 2020) and migrant families made vulnerable by border closures (Clark 2020). One explicit focus on translation concerned the sign language interpreter Stephen Nicholson (Bailey 2020), who became a familiar media figure in Tasmania. At this stage, the media mostly viewed the translation profession as being trustworthy: the general focus was on the hard work and commitment of professionals supporting vulnerable communities.

The second wave brought out a different story. As the outbreak spread fast among CALD communities, cases linked to public housing in inner Melbourne resulted in the state government placing 11 tower blocks—home to approximately 3,000 people, many of whom were CALD refugees

and immigrants—under immediate hard lockdown (Victorian Ombudsman 2020). Residents received almost no warning, being given just two hours to prepare before steel fencing was erected and police arrived to ensure they remained in their apartments. An independent inquiry by the Victorian Ombudsman (2020, 15) found that “owing to translation and distribution delays, written materials explaining the Detention Directions in community languages were not distributed to households until the fifth and sixth days of the intervention”. On 21 June 2021, *The Australian* criticised Victoria’s health authorities for their handling of the lockdown, raising concerns that “health messaging [might] not be well-understood” in “culturally and linguistically diverse communities” despite the government’s attempt to “address these issues with translators” (Baxendale 2020). The government initiated this lockdown with little in place to alleviate the distress of residents, suggesting an initial lack of trust in CALD communities’ disposition to follow public health guidelines. On the same day, *The Australian* argued that “ignorance about the dangers of the coronavirus [should] prompt the [Victorian] government to seek help from the Victorian Multicultural Commission”, underlining that the government should cooperate with “churches and other faith-based groups” to send “the message to multicultural groups” (Ferguson 2020a). On 23 June, *The Australian* pointed out that “some of the key affected areas contained disadvantaged communities and included limited English” (Ferguson 2020b). The media thus began creating a clear link between community organisations and translation: the organisations were expected to deliver healthcare messages to multilingual communities.

The print media generally tied Australia’s second wave to communication problems in communities “where English is often a second language or rarely spoken” (Ferguson 2020b). In response, the Victorian government was reported as taking steps to “launch a community engagement campaign” for CALD communities, including “talking directly to religious communities to ensure the message [was] getting through” (Ferguson 2020b).

At this stage, there were initially positive reports on institutional translation. On 24 June, *The Age* reported that “public health information [had been] translated into more than 50 languages—a nod to the Victorian health department’s shift to focusing on multicultural and linguistically diverse communities” (Fowler and Cunningham 2020). Similar views on institutional translation as a remedy were published in *The Australian*, but now with the caveat that “those in Melbourne’s hotspots may not be engaging with [the translations provided by] traditional media” (Bashan 2020).

The provision of professional translation services was then exploited by right-wing politicians. Australian senator Pauline Hanson opined vociferously that the residents in the locked-down towers were addicts receiving free drugs from the government. She insisted that they were non-English speakers who “don’t know what the hell to do” and were being given the linguistic equivalent of free drugs: “We should not be putting out literature

in their own language. Learn to speak English when you come here to this country” (reported in Graham 2020). Nationally syndicated conservative columnists such as Andrew Bolt (2020) were wary of the government’s efforts to translate healthcare information, lamenting that “it’s so bad Victoria Police will now go door to door in these hotspot suburbs to get residents to listen” because Australia was, in his opinion, “fast becoming a nation of tribes, struggling to share even a common language”.

Such comments became a front-page issue when reports surfaced of clear language bumbles. In June 2020, government-produced COVID-19 healthcare pamphlets were reported as mixing Arabic and Farsi as if they were the same language (Dalzell 2020). In another case, Turkish and Bahasa Indonesia were reported as being similarly mixed (Renaldi and Fang 2020). Images of those pamphlets became memes that quickly spread across all media. A series of follow-up stories reported frequent translation errors and the inadequacy of translation services. Official translations were portrayed as the weak link in the trust network.

As the media’s trust in institutional translation dropped precipitously, their trust in community organisations increased. On 25 June, *The Age* published an article titled “Ethnic groups move to plug gaps in COVID messaging” (Tomazin 2020), underlining the role of community organisations. The article described Sudanese and Chinese community leaders advocating community-based word-of-mouth communication to help CALD community members understand the government’s healthcare directives. Chinese Community Council of Victoria president Li Zhang was reported as having little faith in the efficiency of institutional translations: “I don’t think it’s practical to expect the government to translate everything. ... It’s important for our own Chinese-language media to do the right thing and deliver those messages” (cited in Tomazin 2020).

Multicultural associations such as the Federation of Ethnic Communities’ Councils of Australia (FECCA) had already picked up on this type of criticism. After the onset of the second wave, FECCA chair Mary Patetsos acknowledged government efforts to translate healthcare advice but added that the institutional translations “sit online on a department website” and were difficult to access. As a solution, she suggested that “governments should utilise organisations like FECCA and other peak representative bodies ... and consult with them early to determine the most effective ways” to engage with CALD communities (Fryer 2020). This implied not relying on official translations as the only way to communicate with CALD communities.

Community organisations then used the mainstream press to frequently and freely criticise the quality of institutional translations. Loddon Campaspe Multicultural Services chief executive officer Rose Vincent suggested that “governments should also work more closely with grassroots organisations” because “some of the [institutional] translations—when they did come out—were also very inappropriate translations”. Distrust of

low-quality translation was further linked to suspected machine translation. According to Vincent, “[i]t looked like someone had used Google Translate, which we know is often an inaccurate translation. It felt very tokenistic” (Cosoletto 2020).

The various proposals by CALD community organisations during this time were quickly acted upon. On 24 June, Victorian chief health officer Brett Sutton admitted that communicating with multilingual communities was not “as simple as handing out translated pamphlets ... you do need that community leadership [and] community champions” (Kolovos 2020). And the media, by this time, had become experts in translation. On 7 July, *The Age* columnist Jon Faine (2020) argued that “we are not simply talking about interpreters and translation of words and documents here. There are more subtle skills and knowledge involved in true cross-cultural communication”. Thin trust was out; thick trust was in. Media distrust of professional translators was to have far-reaching implications.

An Ethical Dilemma

We pause here to consider the role of the media (adding to a discussion in Pym and Hu 2022, 56–58). When a government pamphlet mixes Arabic and Farsi, it insults both language communities and undermines trust. But the mistake is a workflow error, not a translation error: it comes from poor project management under pressure, not from bad translators. And the public insult is ultimately only as widespread as the printed pamphlets themselves. A small study by Alexandra Grey (2020) found that very few printed materials actually reached the communities they were written for. When, however, the image of that pamphlet goes viral across all media, becoming the one icon that represents all translation, the insult grows exponentially, trust in all official translations is undermined and the insult potentially bolsters dissent and conspiracy theories. It is thus relatively easy to understand why some community leaders, already positioned as a source of human-interest stories, felt emboldened to question the quality of translations and to position themselves as the more trustworthy mediators.

Were the translations really so bad? As a handful of journalists sought answers to that question, a small network of alternative trust relations opened up. In the SBS media, which happen to employ many translators for their normal multilingual services, journalists ran stories that humanised professional translators and interpreters as frontline heroes. And then other journalists turned to academics who were presumed to be trustworthy experts in languages and translation. And yes, some came to us.

What should we say as academics? Should we pinpoint all the minor slip-pages and areas of doubt in the translations (e.g. Yosufzai 2020), complaining about the inadequate training and certification of translators, hoping thereby to improve future translations? That could further undermine trust in professional translators and exacerbate the already failing communication

networks. Or should we instead support translation professionals, highlighting the complexities of their work, the fast-changing nature of communication, the anecdotal nature of the workflow errors and the fact that Australia has possibly the world's most elaborate certification system for translators and interpreters (cf. Hlavac 2013)? That might encourage users to trust translators and thereby improve communication. This question places academics squarely within the trust network: research is not outside the object of research.

Members of our research team generally adopted the second of these approaches, preferring to support the translation community in the hope of enhancing trust. We did so through several communication channels, including an opinion piece in a university publication designed for community engagement, a radio interview for a young multicultural audience, a press interview reported in *The Guardian* (Australia), a television interview for *SBS News* and an article written for the Greek-language newspaper in Melbourne.

In the texts over which translation scholars had relative control (as was the case, for example, in Pym 2020 and Karidakis 2020), emphasis was indeed placed on the difficulties of translation and the considerable good work being undertaken to solve the problems. The journalists copyediting the first of those texts nevertheless insisted on removing most of the linguistic examples, which were not considered newsworthy, while the more mainstream outlets systematically emphasised the translation errors, without giving examples. In one case (Taylor 2020), the claim that interpreters were sometimes regarded as spies was lifted from research on *European* refugee centres and presented as if it applied directly to the Australian context. In another case, unnamed translation errors were mentioned in the headline and the first paragraph, while complicating factors (different names for masks or concepts like “lawful excuse”) were buried in the minor details near the end—linguistic details are difficult and boring for non-linguists. As Luhmann (2000) observed, the mass media distinguish between what is and what is not information by using their own criteria, highlighting what is attention-grabbing, not what accords with external truthfulness or long-term consequential ethics. But as Jean Baudrillard (1981) might retort, in postmodernity there is no ultimate referent, only degrees and kinds of simulacra: truth is whatever is trusted as being true. Who is to say that scholars know more about translation than journalists?

Postscript: How the Dilemma Was Resolved

Our ethical dilemma was resolved in what could be a favourable way. The Victorian government established a CALD Communities Taskforce and allocated additional funding of AUD 14.3 million for “locally developed solutions” to problems in healthcare communications (Razin 2020). If the ethical choice was between supporting professional translators or magnifying

errors, the latter strategy definitely won out. As much as one might try to enhance public trust by portraying translators as frontline heroes, that was not the kind of communication that brought about behaviour change.

We note how the \$14 million cake was cut: \$6.9 million went to community organisations to provide culturally specific relief (so their discourse as government-bound trustworthy mediators was duly rewarded), \$5.5 million went to expanding the distribution of translations (since distribution was the front-page problem in the first place) and only \$2 million went to professional translation and interpreting services. The change in policy was clearly designed to foster thick trust—the kind that community organisations and social media can enhance without having to show any professional qualifications—and not to rely on thin trust in official translations in the narrow sense, which may fulfil legal obligations but might not always change behaviour.

Not by chance, the community of professional translators and interpreters gave the initiative a lukewarm reception. At the November 2020 Annual Conference of the Australian Institute of Interpreters and Translators (AUSIT), the chat sessions indicated tension and rivalry between accredited professionals and “community leaders”, who ostensibly had experience but no official qualifications.

How did the trust network actually work? There were clearly many loops and back-channels, with varying degrees of community involvement and significant distrust at points along the way, each group pursuing its own systemic interests. In all, though, enough trust remained for the instances of distrust to be sidelined and for misinformation to be kept at bay. Did an enlightened government eventually win the trust of all Melbourne’s CALD communities? Certainly not. And yet, after 111 long days of lockdown, the State of Victoria did totally eradicate the 2020 wave of community-acquired COVID-19 transmissions (Stobart and Duckett 2022), changing behaviour and saving lives—which may be the truth behind the simulacra.

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9 Risk and Crisis Communication during COVID-19 in Linguistically and Culturally Diverse Communities

A Scoping Review of the Available Evidence

Demi Krystallidou and Sabine Braun

Background

On 11 March 2020, the World Health Organisation (WHO) formally declared the novel coronavirus crisis a pandemic. In a health crisis of this scale, the public needs accurate information so that they can adapt their behaviour to protect themselves and others. Along with the pandemic itself, an infodemic began to develop, as an overwhelming amount of information became available in the public domain, often including mis/disinformation. On 29 June 2020, the WHO launched its first Infodemiology Conference to begin a conversation about the global effects and management of infodemics. Since then, a global effort has aimed at ensuring that public communication is accurate. This has included endeavours to account for linguistic diversity in many parts of the world. Examples include the creation of the HealthBuddy+ chatbot, which provides accurate information in 19 languages by collecting and analysing rumours and polling data, and the Early AI-supported Response with Social Listening (EARS) platform, which allows health decision makers to view a real-time analysis of narratives taking place in public online forums in multiple countries and languages. In addition, the WHO and the UNESCO leveraged more than 2,500 radio stations in 128 countries, broadcasting in more than 20 languages, to provide public health information and combat mis/disinformation, especially in remote areas in Africa, Latin America and Asia (WHO 2021).

Whilst the above developments are welcome, the need to account for linguistic and cultural diversity in official risk or crisis communication related to COVID-19 has not been consistently acknowledged. Across the globe, top-down communication has been criticised for being unclear, contradictory and confounding, resulting in increased uncertainty and lack of compliance with safety measures. Additionally, a common theme running across news stories was people's inability to understand precautionary and safety measures, making them at times susceptible to misinformation. A quick search in

the literature and the press had revealed that although it was acknowledged that migrants, refugees and ethnic minorities were particularly affected by COVID-19, language barriers were merely mentioned as one of the causes for the severe impact COVID-19 has had on these population groups, along with socio-economic barriers for access to healthcare. The same approach was also found in official reports (e.g. WHO 2020a). Against this backdrop, we set out to map the literature and bring together evidence from various sources, fields and disciplines in order to gain an initial understanding of how COVID-19-related information has been communicated to linguistically and culturally diverse publics. We also anticipated identifying gaps in the evidence, gaining clarity of concepts and flagging evidence that relates to translation (written, oral, signed). The overview provided in this chapter is intended to stimulate future research in this area.

One of our first observations was the frequent interchangeable and/or overlapping use of “risk communication” and “crisis communication” and variations of these terms (e.g. “crisis and emergency risk communication”) and their definitions in the literature. Traditionally, crisis communication is associated with public relations and aims to manage and frame public perceptions of an event in order to reduce the potential harm to organisations and stakeholders. Risk communication, on the other hand, is associated with the identification of risks to public health and focuses on efforts to persuade the public to adopt healthier, less risky behaviours (Reynolds and Seeger 2005, 45–51). In this chapter, we treat the above terms as complementary, using the definition given above.

Objectives and Research Questions

We set out to gain an understanding of the implications arising from COVID-19 risk/crisis communication practices in linguistically and culturally diverse communities and to examine how different approaches could contribute to improving risk/crisis communication in these communities. More specifically, we sought to address the following research questions:

- 1) What risk/crisis communication strategies were implemented in linguistically and/or culturally diverse communities during the COVID-19 pandemic?
- 2) What was the role of (i) human agents, (ii) technologies and (iii) translation in the implementation of these communication strategies?
- 3) What initial indicators are there regarding the effectiveness of these communication strategies?

Data Collection and Screening

Considering the limited period for carrying out and publishing studies reporting on COVID-19-related communication in linguistically and culturally diverse communities as well as the limited attention given to language

and cultural barriers, conducting a scoping review seemed the most logical approach. Our goal was to determine what range of evidence (quantitative and/or qualitative) was available and to carry out an initial review of it, but we realised it was too early for a systematic appraisal. Accordingly, we set out to identify all relevant literature regardless of research design. We were aware that in addition to the term “risk communication”, as discussed above, “public policy communication”, “crisis communication” and other synonymous terms were used in the literature. We searched Web of Science, PROQuest, PubMed and Google Scholar for relevant publications between December 2019 and May 2021. Our search strategy was built around the following concepts including synonyms:

concept 1: *risk communication OR public health information OR public policy communication OR official communication OR official information OR crisis communication*

concept 2: *COVID-19 OR coronavirus*

concept 3: *translat* OR interpret**

concept 4: *language barrier**

concept 5: *ethnic minorit* OR migrant* OR refugee**

The above concepts were connected with each other through the Boolean Operator *AND*. In addition, we applied a language filter, including only publications in English. Studies were included if: (i) they reported on risk/crisis communication or any variations of the above concepts; (ii) there was reference to language-related issues, language barriers or translation/interpreting; and (iii) they provided information on the availability/accessibility/acceptability/adaptability or use of technologies. Our search strategy retrieved 2,050 records. After deduplication we screened the titles and abstracts of 1,833 papers against the inclusion criteria outlined above. The screening of titles and abstracts resulted in 300 potentially relevant papers whose full text was screened against the above criteria. Following the further exclusion of 269 records, 31 papers were included in the review. To these we added nine hand-searched papers, resulting ultimately in 40 papers which were subsequently analysed in detail (Figure 9.1).

Data Analysis

We performed a thematic analysis (Braun and Clarke 2012) on our dataset, taking an inductive approach to data coding and letting the data drive our analysis. However, our analysis was also informed by our understanding of O’Brien et al. (2018) adaptation of Tomasevski’s 4-A framework for conceptualising risk/crisis communication, which includes: (i) *availability* (ensuring translated information is made available and recognised as an essential product and service); (ii) *accessibility* (ensuring available translations are accessible, i.e. free, delivered on multiple platforms, in multiple

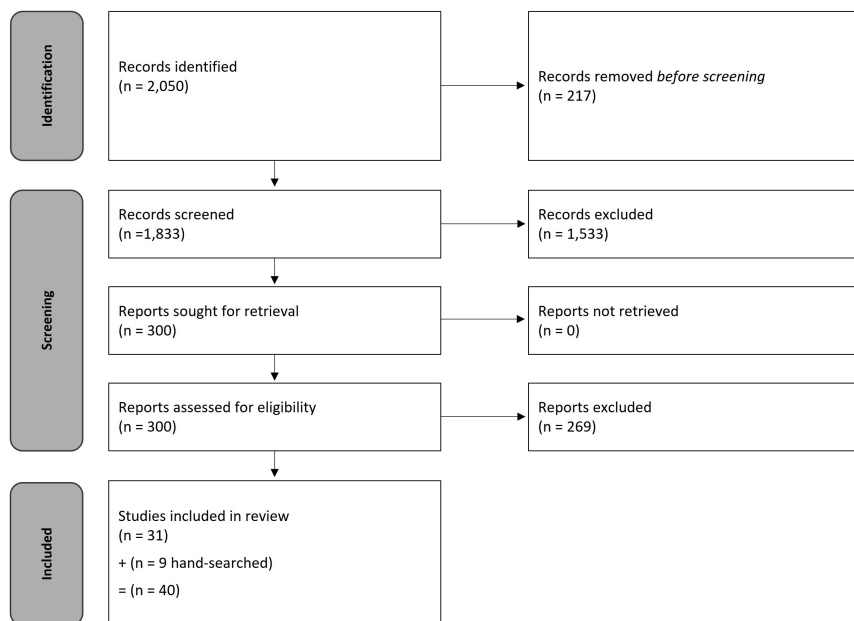


Figure 9.1 Flow diagram for the scoping review process, based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).

modes, in all relevant languages); (iii) *acceptability* (ensuring accuracy and appropriateness of information); and (iv) *adaptability* (aligning/adjusting the provision of translation to different scenarios, for example, fluid language requirements, literacies, technological demands, new modes of delivery, diverse hazards and movement of peoples).

In line with the phases of the thematic analysis, we immersed ourselves in the data by reading the included papers multiple times and making notes as we read, while trying to understand what the data meant. We then generated a set of initial codes by coding everything that seemed potentially relevant to our research questions. We tried to be as inclusive as possible, while keeping the coding rigorous and systematic. From our initial codes, we gradually shifted to themes by reviewing the coded data, identifying similarities and overlaps, and clustering codes that reflected similar ideas. In addition, we reviewed the emerging themes in relation to the coded data and the entire dataset. This resulted in subsequent clustering of similar themes as well as splitting of a broad theme and structuring it around the 4-A framework. Finally, we defined and named the consolidated themes, ensuring that each theme reflected a key idea and/or a single focus, that the themes related to each other in a logical, meaningful and coherent manner and that they addressed our research questions.

Findings

In 25 of the 40 papers there was no mention of a country or geographical region as many provided general accounts that related to our research questions. Fourteen papers reported on communication practices in specific countries or regions: Chen and Liu 2020, Zhang and Wu 2020, Zheng 2020 on China; Chen 2020 on Taiwan; Knights et al. 2021 on the UK; Ortega, Martinez, and Diamond 2020, Prayaga and Prayaga 2020 on the USA; Rhima 2020 on Nigeria; Vanhamel et al. 2021 on Belgium; Waitzberg et al. 2020 on Israel; Wild et al. 2021 on Australia; Kelly 2020 on Spain, Germany, Scotland, South Africa; Ahmad and Hillman 2021 on Qatar; Silva et al. 2020 on Brazil. Finally, one paper provided an account of several European countries (Maldonado et al. 2020)

We identified five main themes:

- I) The role of technologies
 - a. as a means to disseminate COVID-19–related information
 - b. as an enabler of written and/or oral translation
 - c. as an exacerbator of existing inequalities
- II) Top-down approaches
- III) Bottom-up approaches
 - a. the role of non-governmental organisations
 - b. the role of respected figures within linguistic/cultural/ethnic communities
 - c. the role of bilingual individuals, d. collaborative projects
- IV) Hybrid approaches
- V) Gaps in the literature with regard to the quality and appropriateness of translated materials (O’Brien et al. 2018):
 - a. availability
 - b. accessibility
 - c. acceptability
 - d. adaptability

Theme I: The Role of Technologies

- a. *As a means to disseminate COVID-19–related information*

Information and communication technologies were widely reported as means to disseminate information related to COVID-19. A frequently highlighted example was video messages or vlogs published by doctors on social media to provide updated information about the new disease (Ahmad and Hillman 2021; Chen and Liu 2020; Endale et al. 2020; Knights et al. 2021; Vanhamel et al. 2021; Zhang and Zhao 2020). Furthermore, videoconferencing technologies were used for/during group consultations in which

healthcare experts were advising a group of patients (Knights et al. 2021). In some countries, healthcare service providers expanded the use of mobile platforms to deliver text messages to patients and members of specific communities to inform them about appointments, gaps in care or other health topics (e.g. Prayaga and Prayaga 2020). SMS text message campaigns have been suggested as the “most effective medium for mass dissemination due to their reach, immediacy, opportunity for data collection and personalization, ability to tailor and adapt information, and opportunity to link to other sources” (CNN 2020 in Prayaga and Prayaga, 2020).

b. As an enabler of written and/or oral translation

Although we could often infer from the analysed papers that translation technologies had been used in the production of *written* multilingual texts, this was not always explicitly stated. An exception is the study by Knights et al. (2021), in which the authors report that technologies presented solutions for disseminating written information to migrant groups by translating texts automatically into the patients’ language. With regard to the use of technologies with respect to *oral* translation (e.g. remote interpreting), the evidence was limited to healthcare professionals expressing a lack of knowledge or willingness to conduct virtual consultations involving an interpreter (Knights et al. 2021). Both healthcare professionals and patients also expressed concerns about confidentiality in virtual consultations and the reduced ability to detect non-verbal cues, which healthcare professionals considered to be particularly important in their communication with patients who do not speak English (Knights et al. 2021).

c. As an exacerbator of existing inequalities

We also came across evidence of technology being a barrier to information access and exacerbating existing inequalities, especially for marginalised and/or minority population groups. A report by Doctors of the World recognised that individuals from groups experiencing language barriers lack access to relevant language, information and/or communication technologies, and/or the skills to use them, and highlighted that this results in the individuals’ lack of access to key COVID-19 public health messages in their own language (Knights et al. 2021). There is also evidence that older Hispanic/Latinx adults in the United States are more likely to experience language barriers and are at greater risk of poor outcomes from COVID-19, as they are less able and/or willing to use technologies (Ortega et al., 2020). Additionally, in communities where the use of technology is uncommon, it was found that community members (e.g. strictly Orthodox Jews) were not always informed in a timely manner (Waitzberg et al. 2020).

Theme II: Top-down Approaches

Our analysis suggests that top-down communication (initiated by governments, governmental agencies and/or health authorities) had limited success in conveying key health messages to linguistically diverse communities, largely because information was not always available in languages other than the main/official language(s). For example, in Taiwan there were hardly any top-down public health messages in indigenous languages and those that were implemented were far behind the crisis development (Chen 2020). Timeliness of providing information in multiple languages was another key factor that impeded the successful implementation of risk/crisis communication in linguistically and culturally diverse communities. Thus, Chen (2020) reports further that information in Hakka, a language spoken in Taiwan, did not become available in official press conferences until four months after the start of the pandemic. This chimes with White et al.'s (2021) observation that translations of top-down communication were not always updated in a timely manner. Equally important, there was insufficient communication on how to deal with actual COVID-19-related problems within a community's local context (e.g. indigenous populations being both exposed to tourists and dependent on income from tourism) (Chen 2020). Generally, top-down communication seemed to depart more from the values of the authorities than from the values and needs of the linguistically diverse public (Chen 2020). A further difficulty with top-down communication was that it took time to reach all relevant groups. For example, Waitzberg et al. (2020) report that the Israeli Ministry of Health, police and local authorities needed time to persuade the strictly Orthodox leadership to mandate social distancing in their communities.

Theme III: Bottom-up Approaches

The difficulties with government-initiated top-down communication in terms of reaching linguistically diverse population groups are likely to have contributed to the emergence of bottom-up approaches, which started from the local context and the people's linguistic and cultural needs.

a. Non-governmental organisations

Evidence suggests that most of the bottom-up approaches were initiated by NGOs. For example, Doctors of the World, together with the British Red Cross, produced and frequently updated guidance specifically for migrant communities based on government guidance which they had translated into 61 languages (Doctors of the World 2020). Similar initiatives were reported for the International Organisation for Migration (IOM 2020) and the World Health Organisation Regional Office for Europe (WHO 2020b).

b. Individuals from linguistic, cultural and ethnic communities

Apart from the work done by non-governmental organisations, a large part of bottom-up communication was produced and managed by individuals from different linguistic, cultural and ethnic communities. The literature provides examples of Jewish and South Asian family physicians having played a key role in sharing within their communities video messages with health advice in their respective native languages, while taking sociocultural norms and values of their communities into account (Vanhamel et al. 2021; SAHF 2020). In addition to healthcare professionals with a linguistically and culturally diverse background, bilingual individuals produced messages shared through social media. Diaspora influencers reinterpreted official health information and practices, and made reference to experiences of other transnational communities. These individuals thus acted as mediators of information in both their own local and global context (Zhang and Zhao 2020). In addition to producing their own messages in linguistically and culturally specific ways, these individuals furthermore provided volunteer translations of official risk/crisis communication in local languages (e.g. foreign language students translating official information on quarantine measures and COVID-19-related guidance for use in hospitals (Zheng 2020; Lha 2020). However, the reports about volunteer translations share a set of common challenges including time constraints, limited language proficiency and intercultural awareness, and lack of technical knowledge (Zheng 2020). Additionally, many Deaf people as well as hearing individuals who are part of the Deaf community translated official information and posted informative videos (Silva et al. 2020).

c. Collaborative projects

Some collaborative projects among universities resulted in the delivery of translations of top-down communication in various languages. For instance, the “virALLanguages” project brought together several universities in which volunteers aimed to disseminate information in as many languages as possible on YouTube and Facebook (Kelly 2020).

Theme IV: Hybrid Approaches

An interesting take on risk/crisis communication was a hybrid approach combining bottom-up and top-down approaches. Piller et al. (2020) report on the work of the Beijing Advanced Innovation Centre for Language Resources at Beijing Language and Culture University which—through collaboration with government agencies, information technology professionals and volunteers—initiated numerous language access options that proved essential in China’s fight against COVID-19. Other examples include information dissemination by key informants with a leading role in community

organisations and strong ties with authorities from outside of their local communities (Vanhamel et al. 2021), as well as translation and/or adaptation of official information by members of the public (e.g. community and spiritual leaders, radio producers) assigned by governments (Ahmad and Hillman 2021).

Theme V: Gaps in the Literature with Regard to the Quality and Appropriateness of Translated Materials

To explore this theme further, we reviewed the evidence of information produced for linguistically and culturally diverse populations (i.e. either translations of official top-down communication or newly produced materials based on/inspired by official information) by drawing on the 4-A framework (O'Brien et al. 2018).

a. Availability

Overall, the literature suggests that there was a lack of information about access to healthcare and public health messages directed at linguistically and culturally diverse populations, such as migrants, refugees and ethnic minorities (Knights et al. 2021). Maldonado et al. (2020) report that in 23 of the 47 European countries information was available not only in the official language(s) but also in English and other frequently used languages. However, only nine countries offered migrants the opportunity to access the helpline in at least one of the three languages most frequently used by migrants in the country. According to Maldonado et al. (2020), Belgium provided posters on mental health and well-being during the COVID-19 pandemic in 31 languages, making it the only country that provided such information on this scale. The same authors report that no public health communication on disease prevention, for example posters or infographics, directed specifically at migrant groups was found across the 47 European countries. Similarly, sign language interpreting was not consistently available, with gaps in provision reported in the UK and Brazil (Silva et al. 2020).

b. Accessibility

Evidence suggests that the content of COVID-19-related information and the process of its dissemination did not always take local contexts into account. This contributed to problems with access, attributable to four reasons: (1) temporal and technical incompatibility between the local and national/international context, (2) discordance between the communication channels used by the authorities and local communities' communication preferences and needs, (3) gaps in linguistic availability and (4)

geographical distance. An example of the temporal and technical incompatibility was the announcements of official information by the Belgian government on Friday evenings, coinciding with the start of Shabbat. This may have resulted in reduced uptake of official risk/crisis communication by the strictly Orthodox Jewish communities in the country, who adhered to religious rules prohibiting the use of electronic devices during Shabbat (Vanhamel et al. 2021). With regard to the discordance between preferred communication channels, official risk/crisis communication was sometimes shared through television, radio and social media, disregarding the fact that some communities (e.g. Haredi families) do not have access to these communication channels or do not speak the language(s) used in these channels (Vanhamel et al. 2021; Waitzberg et al. 2020). Moreover, translations into relevant languages were not always available (Vanhamel et al. 2021; Alahmad et al. 2020). Equally important, there is evidence that specific and in-depth information about the virus, infection and disease did not circulate effectively among the Deaf people in some parts of the world (Silva et al. 2020). Finally, geographical distance made information inaccessible for some communities. For instance, reaching dispersed Bedouin communities with information and health services has been particularly challenging (Waitzberg et al. 2020).

c. Acceptability

A lack of trust in national authorities and the use of alternative, unreliable sources of information were considered to have created confusion and mistrust during the pandemic among linguistic and culturally diverse communities (Knights et al. 2021). In a bid to reinforce trust, information sent out by the authorities was sometimes endorsed by religious leaders/structures (e.g. the Rabbinate), as this was considered to increase the credibility of the official messages and adherence to them (Vanhamel et al. 2021). In Belgium, for example, Rabbis were considered to be well placed to overcome feelings of mistrust towards the government, rooted in the historical involvement of local city authorities in the Holocaust (Vanhamel et al. 2021). Alternatively, translations of official risk/crisis communication and independently produced messages were disseminated by respected and trusted members of the community through social media.

d. Adaptability

The evidence we found with regard to the adaptability of information was limited and pertained mainly to tailoring official information to local communities' needs either by means of culturally adapted translations or through independently produced messages that relied on or were inspired by official information, as outlined above.

Response to the Research Questions

We set out to gain an understanding of the implications arising from COVID-19 risk/crisis communication practices in linguistically and culturally diverse communities. A key objective was to consider different approaches and to explore what and how they could contribute to improving risk communication in these communities. We scoped the relevant literature in a bid to identify the risk/crisis communication strategies implemented in linguistically and/or culturally diverse communities during the COVID-19 pandemic (RQ1), to explore the role played by (i) human agents, (ii) technologies and (iii) translation (RQ2), and to identify initial indicators regarding the strategies' effectiveness (RQ3).

With regard to RQ1 we identified three main approaches to the production and dissemination of risk/crisis communication in linguistically and culturally diverse communities, namely top-down, bottom-up and hybrid. Although not always explicitly mentioned in the literature, the evidence suggests that bottom-up and hybrid approaches emerged largely in response to the shortcomings present in official top-down risk/crisis communication interventions and the criticism for being inappropriate and/or out of step with the communication needs and preferences of linguistically and culturally diverse communities.

In response to RQ2, our findings show that despite the proliferation of technologies in risk/crisis communication campaigns during the COVID-19 pandemic, human agents played a key role in the implementation of risk/crisis communication strategies, either as agents of dissemination (e.g. respected figures sharing official health information) or as creators of content and producers of information (e.g. bilingual diaspora influencers creating their own messages). Additionally, our findings show that most of the (limited) evidence focuses on written translations and the challenges faced by volunteer translators. The current literature provides little evidence of spoken-language interpreting as a strategy to make risk/crisis communication available. References to volunteer spoken-language interpreters are scarce (e.g. Ortega, Martinez and Diamond 2020). By contrast, sign language interpreting practices were discussed more often (e.g. Silva et al. 2020). Another striking finding regarding translation—or lack thereof—was the preference for monolingual information created at grassroots level by bilingual individuals as opposed to the production of translations by trained professional translators or interpreters.

RQ3 cannot be answered comprehensively based on the reviewed literature but our findings suggest that the solutions produced locally by members of linguistically and culturally diverse communities can constitute a highly effective way of meeting these communities' communication needs, especially when volunteers have a level of awareness and training that enables them to develop the necessary sensitivity for relaying critical messages in line with the intentions of the message source (i.e. relevant government

agencies and/or healthcare authorities), and when such messages are further endorsed and reinforced by key stakeholders in these communities.

Further Reflections on Our Study Findings

The above findings stimulate further reflection to enrich our understanding of the ways in which risk/crisis communication was handled during the COVID-19 pandemic in relation to linguistically and culturally diverse communities.

One key observation from the review of the literature, also reflected in the grey literature (e.g. international press), is the variation in the readiness of governments and other official authorities to account for the needs of linguistically and culturally diverse populations at the earlier stages of the COVID-19 pandemic. An example is the delayed inclusion of sign language interpreters in national press conferences that aimed to provide critical information to the public. While in some countries Deaf people had nearly immediate real-time access to the official information shared by the government (e.g. in Belgium sign language interpreters were included in COVID-19 press conferences from 17 March 2020; Doof Vlaanderen 2020), Deaf communities in other countries were discriminated against, since the official risk/crisis communication was not available to them at the same time as it was made available for the hearing population. In response, a Twitter campaign using the hashtag #WhereIsTheInterpreter was launched in England and later evolved into a class-action legal case (BBC 2020).

Similar cases of linguistic discrimination were noted in various parts of the world including countries with advanced healthcare systems and access to the latest technologies. A case in point is the linguistically and culturally diverse migrant-worker communities in Singapore, mainly from Bangladesh, India and Myanmar, and the communication challenges they faced. The poor living conditions of these communities, combined with a lack of official information about COVID-19 in their native languages, ultimately led to a spike in coronavirus cases (Lim et al. 2020).

A review of our findings, along with insights from the international press and latest searches in the literature on public policy and administration, suggests that the various approaches to top-down risk/crisis communication in different countries share some common traits. In general, the initial responsiveness to the COVID-19 healthcare crisis was shaped by a country's level of experience with previous large-scale healthcare emergencies. An example is South Korea's effective initial response to COVID-19, which drew on the country's Middle East Respiratory Syndrome (MERS) experience in 2015 (Moon 2020). However, it is not clear whether a country's preparedness based on past experience has played out in its response to linguistically and culturally diverse communities. Evidence of discrimination against these populations is more prevalent than evidence of linguistic discordance between them and the official authorities

disseminating COVID-19-related information. A recent review by Jong (2020) that aimed to produce an assessment tool for crisis communication during pandemics identifies five domains, one of which focuses on instructions to the public. This work highlights a common pattern, namely that although there was consideration of the means through which crisis communication was disseminated and whether instructions were balanced between the rational and emotional needs of their audiences, no attention was paid to the communication needs of linguistically and culturally diverse audiences. Addressing linguistic and cultural discordance and the language needs of different population groups is, however, a crucial prerequisite for ensuring that risk/crisis communication is understood by all groups and that everyone can comply with health measures and engage in behaviour change. Despite pockets of good practice and taking into account that healthcare crises also present an array of opportunities for improvement, our review highlights the necessity to treat linguistic and cultural diversity as a key parameter in the development, implementation and evaluation of risk/crisis communication interventions. The increasing linguistic and cultural diversity in many parts of the world, along with the increasing interconnectedness among members of the public, on which the COVID-19 pandemic has shone a light, do not allow us to treat linguistic and cultural discordance as a “blind spot” in risk/crisis communication and only attend to it in the aftermath of failed interventions.

Given two broad models of risk that extend to risk/crisis communication—namely the “realist” approach, where risk is seen as an objective threat or danger that can be measured independently of its social context, and the “social constructionist” approach, which sees risk as a threat or danger construed through social and cultural processes and thus not independent of them (Smith 2006)—it seems that approaches to linguistic and cultural diversity in risk/crisis communication during the COVID-19 pandemic relied primarily on a realist model. Our review has found ample evidence that communication needs and preferences of linguistically and culturally diverse communities were overlooked and/or considered only at a later stage, suggesting that risk was conceptualised as a notion independent of the socially constructed realities of language and linguistic and cultural discordance. Yet, it is widely acknowledged that the way we think about health is deeply cultural and that the language we use shapes our own and others’ perception of health (Napier et al. 2014).

Against this backdrop and based on our findings, we offer a set of recommendations for improved risk/crisis communication for linguistically and culturally diverse communities. These focus on translation in its broadest sense, as any recommendations on other aspects would go beyond the areas of our expertise.

- 1) Recommendations for commissioners of translation services that could lead to improved practice in times of risk/crisis communication:

- invest in proactive structures, quality and prompt delivery of translation in various modalities (e.g. written, oral, signed)
 - safeguard and promote transparency in the translation process, as well as before and after it
 - invest in co-produced solutions in collaboration with stakeholders (e.g. members of linguistically and culturally diverse communities) and integrate them into education programmes (resilience strategy)
 - pre-test health messages with the target community to identify language that retains the meaning of the core message and considers the cultural context of the target audience
 - measure comprehension and acceptability of translations with real users
 - ensure adaptability of translations (e.g. in various modalities, use of technologies)
 - develop evidence-based guidelines on linguistically/culturally inclusive risk/crisis communication based on availability, accessibility, acceptability and adaptability
 - assess the affordances and limitations of technologies used in the production, delivery and dissemination of translations
- 2) Recommendations for professional translators and interpreters that could lead to improved practice in times of risk/crisis communication:
- strive to become active agents of change in the chain of trust (e.g. from the public to the government and vice versa)
 - invest in proactive and collaborative work (e.g. develop fast-track courses for volunteer translators)
 - team up with creators and producers of monolingual texts (oral/written/signed) and trusted messengers, and advise on translation-related issues (know when to step back)
 - embed feedback loops in the translation process (e.g., be open to cultural/religious adaptations of their translations)
 - advocate for the inclusion of social determinants of health in translations
 - practice translational humility and enhance intercultural competence

Limitations

Considering that scoping reviews are meant to provide an overview of the existing evidence base regardless of quality (Peters et al. 2015), we did not perform a systematic quality appraisal of the included papers. It is possible that more papers have been published in the meantime that could help us address our research questions further. Future expansion of this scoping review into a full-blown systematic literature review, including papers in other languages, is recommended in order to capture the complexity of the subject matter in all its breadth and depth.

Conclusion

There are three main approaches to risk/crisis communication for and within linguistically and culturally diverse communities (top-down, bottom-up and hybrid), which intersect and feed each other, although bottom-up and hybrid approaches seem to have emerged mainly in response to shortcomings of top-down approaches to risk/crisis communication. In all of the above approaches human agents have played a pivotal role, either as disseminators or as producers and managers of information that was directed at linguistically and culturally diverse communities, despite the widespread use of technologies. The communication needs and preferences of these communities might be met best by producing linguistically and culturally sensitive information at the grassroots level by people from those communities. Availability of information for linguistically and culturally diverse communities should not form part of a two-tier approach to risk/crisis communication, as this is likely to exacerbate existing inequalities. Equally importantly, linguistic and cultural discordance, between parts of the public and governments and/or others, needs to be dealt with in a manner that leads to equitable outcomes for all population groups, especially in times of crises. An equitable approach to linguistic and cultural diversity needs to become part of the development of future risk/crisis communication strategies and must be treated as a determinant of successful complex interventions. Finally, trained professional translators and interpreters could capitalise on their expertise and technical skills and become active agents of change by engaging in collaborative and knowledge-exchange projects with untrained volunteers who strive to make a difference in their own local communities.

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10 A Lockdown by Any Other Name

Populist Rhetoric as a Communication Strategy for COVID-19 in Duterte's Philippines

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Introduction

Several chapters in this book describe translators and interpreters either as trained professionals whose services are required by institutions catering to multilingual stakeholders or as ad hoc figures conveying information on COVID-19 in less-translated languages. Yet the role governments play in communicating the pandemic is of similar importance, especially since language is one of the main leadership tools governments use when faced with a health crisis as urgent as COVID-19 (Montiel et al. 2021). Implementing far-reaching public health measures depends on what policymakers understand about the disease, how such understanding might relate to current political expediencies and to what extent these political expediencies should shape the information governments share with the public. This chapter focuses on instances in which governments act as institutional communicators that not only relay information about the pandemic but also perform gatekeeping and agenda-setting activities in deciding which messages should be disseminated and what objectives they should fulfil. In public relations research, the term “crisis technical translation” (Stephens and Malone 2009) has been employed to describe such practices. Since a more detailed discussion on the appropriateness of this term cannot be included in this chapter due to space constraints, the terms “crisis communication”, “crisis response” and other derivatives will be used instead to refer to the discourse governments use in relaying information on COVID-19 to a mass audience.

While it is tempting to assume that the standard communication protocol of governments should be to disseminate information as candidly as possible and to craft crisis responses based on sound scientific advice, there is evidence from other public health crises that suggests that this has hardly been the case—or at least it did not always proceed as seamlessly as the public might expect (e.g. Diethelm and McKee 2009; Mbali 2004). For COVID-19 specifically, the gaps in knowledge about the disease, coupled with the astonishing speed of its transmission and the large-scale social uncertainties

it has generated, compelled many governments to employ controversial crisis communication plans that either minimised the severity of the pandemic, racialised its origins or denied scientific evidence in order to create a false sense of security and mitigate potential threats to the status quo. Medical populism, as this political style has been called, operates on the facile narrative of “the people” who are protecting themselves from an unscrupulous “establishment” that wants to enforce suspicious medical practices that will ultimately cause bigger harm. Lasco and Curato (2019, 2–3) have identified three primary features of medical populism. First, it rides on collective fears of a perceived threat to public safety. Second, it draws on a spectacularised view of a health crisis to justify the implementation of quick and sweeping responses. Finally, it simplifies the discussion of complex health issues while dramatising the performance of the response to such an extent that it antagonises accepted medical conventions.

Medical populism certainly existed *avant la lettre*, but what COVID-19 has shown quite glaringly is that “world leaders mobilise familiar patterns of action and rhetoric when confronted with health crises” (Lasco 2020, 1425). One of the most publicised examples was when then US President Donald Trump, whose re-election bid coincided with the upsurge of the virus, referred to COVID-19 in his campaign rallies as “kung flu” and “the Chinese virus” (Papenfuss 2020) after months of downplaying the gravity of the situation. Another well-documented case was that of Brazilian President Jair Bolsonaro, who stated that COVID-19 was nothing more than a *grip-ezinha* [little flu], adding months later that Brazil should stop being a *país de maricas* [country of fags] that kept on complaining about the pandemic (AFP 2020). In the UK, an investigation into the so-called Partygate scandal revealed that social gatherings were held in the residence of Prime Minister Boris Johnson during a time when public health restrictions banned such gatherings for the rest of the country (Pincheta 2022). Scholars and journalists alike have referenced Trump, Bolsonaro and Johnson as prime examples of the failure of populism to respond adequately to the pandemic. As the pandemic dragged on for months without any convincing resolution in sight, more populist crisis responses from other countries began surfacing.

One such country was the Philippines. President Rodrigo Duterte, who was in the fourth year of his six-year term when the first coronavirus case was reported locally, had been catapulted to power on a promise of radical social change, particularly gaining notoriety for his war against illegal drugs and his concomitant pledge to exhaust all means to get rid of criminality, including what became known locally as “extra-judicial killings”. For the first half of his term, Duterte mostly directed his strengths to the drug war, to the detriment of other equally pressing concerns such as the territorial dispute between the Philippines and China and the worsening human rights record of his administration. Duterte enjoyed—and continues to enjoy—popular support; all things being equal, he is set to end his term in June 2022 as the most popular president in Philippine history (Ranada 2021).

Duterte's charisma derives in part from how he expresses himself in public. Far from the usual mould of the mellifluous politician most Filipinos had grown accustomed to, Duterte is unapologetically foul-mouthed, sending shockwaves through this predominantly Catholic society when at one point he called Pope Francis "a son of a whore" (McCargo 2016, 188). He often defies established rhetorical conventions by using profanities in his speeches (Cunanan 2017) to the point that the Tagalog curse words *gago* [stupid] and *tarantado* [moron] have become staples in the lexicon of journalists covering the President's activity. He has no qualms in using misogynistic discourse to work the crowds such as when he joked about a female missionary from Australia who had been raped and killed in Davao City, where he was once the mayor. Duterte said on record that *he* should have been the first one to rape her (De Chavez and Pacheco 2020, 270–271). Such coarsening of political rhetoric characterises all populist regimes (Curato 2017, 149; Rheindorf 2020, 628), but it raises the question as to why it is tolerated in the Philippines. A tentative answer is that it makes Duterte sound more authentic—and hence more appealing—to vast swathes of the electorate (Arguelles 2019, 428–430; Gloria 2018, 11).

Additionally, in a country where more than 170 languages are spoken and where English functions as the language of government and commerce while Tagalog-based Filipino is the national language, Duterte's heavily Bisaya-accented speech instantly ingratiates him with sectors of Filipino society that have long been relegated to the background of national life. It similarly galvanises his packaging as an alternative politician coming from outside a political establishment centred around Tagalog-speaking Manila. Duterte's spokespersons have utilised his purportedly deficient linguistic skills in the country's two official languages to justify his gaffes, even alleging at times that the President is essentially untranslatable. Studies on untranslatability revolve around illusions of fidelity and authenticity (e.g. Meylaerts 2010, 227–228), but references to Duterte's untranslatability in the media are mostly euphemisms for his unwillingness to comply with the rhetorical expectations attached to his position, including clarity, verbal decorum and sobriety in speech. Throughout his presidency, it has become customary for his spokespersons to give reporters the "correct" interpretation of whatever he has said on a previous occasion. So prevalent has this practice become that one senator labelled the presidential spokesperson as a "Duterte translator" tasked to spin the President's admission on national TV that he had ordered the ambush of a mayor in a town in the central region of the Visayas (Mercado 2019). Duterte's untranslatability would prove crucial in his government's crisis response.

What follows is an exploration of Duterte's populist rhetoric as a communication strategy for COVID-19. Insofar as the scholarly literature has already established that Duterte is a populist and that his populism has been deployed as a rhetorical response to the pandemic (Curato 2017, 149; Lasco and Curato 2019, 1421–1422; Montiel et al. 2021, 12–13), this chapter

gathers examples using purposive sampling from news reports, as well as press releases from the Office of the President. The examples are contextualised against the social and political backdrop of COVID-19 and the conflicting demands of governing plural and multilingual publics in the Philippines.

Containing a Transdemic

To better understand the Duterte administration's crisis response to COVID-19, it is important to note that Filipinos are experiencing the pandemic as a *transdemic*. The term has been used in a homonymously titled podcast to describe the experiences of transgender people during a global pandemic. However, for the purposes of this chapter, the term is employed to emphasise that the Filipino experience of COVID-19 navigates complex interdependencies across sites, languages and crisis responses amid restrictions on physical movements of persons. The change from *pan-* [all] to *trans-* [across] gestures to a shift in focus, underscoring the dynamics of a health crisis that has both global and local implications. Whatever happens in another country, whatever is expressed in another language or whatever is mandated by another government potentially has a ripple effect on how COVID-19 is dealt with in the Philippines.

Of particular relevance to this discussion is the fact that the Philippines has historically been the largest exporter of nurses worldwide (Lorenzo et al. 2007, 1406). Even when actual COVID-related deaths were still very few locally, various concerns were already being raised by Filipino health professionals in the diaspora. For instance, in a report submitted to the UK Parliament in May 2020, the Filipino UK Nurses Association reported that Filipino healthcare workers accounted for a staggering 22% of all COVID-related NHS mortalities, the highest among all nationalities that make up the UK healthcare system. In the US, 24% of all nurses who died of COVID-19 as of April 2020 were Filipinos, even though Filipinos only make up 4% of registered nurses in the country (Cachero 2020). These figures become even more significant in light of the Duterte administration's policy of pawning these nurses to other countries in exchange for vaccine donations (Aspinwall 2021).

Analysing the COVID-19 pandemic as a transdemic is also useful for explaining how it intersects with sensitive geopolitical issues in the Asia-Pacific region. The first confirmed COVID-19 death outside China was recorded in Manila on 2 February 2020. A 44-year-old Chinese tourist from Wuhan was diagnosed around the third week of January and eventually expired at a Philippine hospital a few days later (Ramzy and May 2020). Anyone who is familiar with the territorial disputes in Southeast Asia and with the actions of the Duterte administration that appear to protect the interests of Beijing instead of enforcing the UN ruling in favour of Manila will realise that the juxtaposition between the Philippines and China in the news reports had significant geopolitical undertones. Unlike Trump and

Bolsonaro, who both blamed China for COVID-19, Duterte steered clear of this rhetoric, choosing instead to reiterate that Beijing would be Manila's ally in controlling the pandemic. Duterte similarly refused to close the borders with China despite clamour from several sectors to do so as early as January 2020 (Valenzuela 2020).

When local cases of transmission began increasing, Duterte decided to impose measures to curb the spread of the coronavirus, foremost of which was what would turn out to be one of the longest and strictest lockdowns in the world (Yee 2020). Following recommendations from the newly created Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF), domestic travel by land, sea and air was suspended in Manila and its neighbouring cities between 15 March and 14 April 2020, affecting some 12 million residents of the National Capital Region (NCR). On 16 March, the lockdown was extended to the entire island of Luzon. By 17 March, Duterte had signed Proclamation No. 929, placing the entire Philippines under a state of calamity for an initial period of six months to enable local government units to realign their budgets for a localised crisis response. He then extended it to a year, covering the period between 18 September 2020 and 12 September 2021 (Baclig 2021). As of 20 August 2021, many regions of the Philippines were technically on lockdown for 524 days, with intermittent periods of relative easing-up in-between (Regalado 2021). These prolonged lockdowns have had devastating effects on the economy. In the two-week NCR lockdown in August 2021, the government anticipated a loss of about 210 billion pesos, or about 4 billion US dollars, raising poverty and unemployment rates to an all-time high (Rivas 2021).

Despite the ubiquity of lockdowns in the Philippines, there was hardly ever a mention of the word in official crisis communication. Instead of lockdowns, state broadcasters and policymakers talked about Enhanced Community Quarantine (ECQ) and General Community Quarantine (GCQ), the ECQ being the more stringent of the two where travel for all age groups was banned except for those who were classified as APOR or "authorised persons outside of residence". Public transportation was suspended, and only essential businesses such as those related to food and medicine were allowed to operate (Esguerra 2020). Other liminal categories were coined thereafter, including Modified Enhanced Community Quarantine (MECQ), Modified General Community Quarantine (MGCQ), "hard" GCQ, "soft" MECQ, etc. (Gotinga 2020).¹ This barrage of acronyms was confusing, since each was linked to sweeping restrictions affecting millions of people (Felipe 2021). The Duterte administration, nevertheless, insisted on using these terms; one cabinet secretary even denied that a lockdown was mandated (Cudis 2020). But as on many occasions with his administration, it was Duterte himself who contradicted his cabinet secretary's attempts at spinning the measure, remarking at a press conference that "*takot kayong sabihing* lockdown [you're afraid to call it a lockdown], but it's a lockdown" (Talabong 2020).

At first glance, the terminological excess in the Duterte administration's COVID-19 rhetoric was inconsistent with the discursive oversimplification on matters regarding health that characterises medical populism. Yet despite this plethora of words aimed at making the government's draconian measures somewhat agreeable, the national conversation on the disease itself has been paltry, with the conversation leader often resorting to contentious means of speaking about the transdemic to a national audience.

Rhetorical Moments

The Duterte administration's strategy was built chiefly on political survival. On repeated occasions, the primordial objective of conveying complex information in simple language was superseded by the imperative of preserving Duterte's populist image. Populist rhetoric is known to deploy calculated ambivalence to keep interlocutors interested (Rheindorf 2020, 628). Duterte was no exception. Under Republic Act No. 11469, or the so-called *Bayanihan*² to Heal as One Act of March 2020, which granted emergency powers to the Office of the President, Duterte was required to "submit a weekly report to Congress of all acts performed pursuant to this Act during the immediately preceding week" (Congress of the Philippines 2020, §5). Duterte began broadcasting addresses on state TV, which an ally described as a supplement to the mandated weekly report (Colcol 2020). But instead of defaulting to the Gricean maxims of quantity, quality, relation and manner that in theory would guarantee effective crisis communication (cf. Clementson and Xie 2021), Duterte's COVID-19 rhetoric in these televised addresses was unnecessarily verbose and at times even factually erroneous. That most of these press briefings were conducted very late at night (Gita-Carlos 2021) also signals a lack of transparency and an effort to limit active participation from the intended target publics.

One of the more memorable rhetorical moments in the first month of the COVID-19 pandemic in the Philippines was when Duterte was questioned about his government's plans for testing and contact tracing. Speaking more circuitously than usual, he struggled to come up with a coherent answer:

The kit can be distributed to the different health centers, but at this time, *kung kulang*, they can be brought to a testing station, to RITM. *Kokonti lang kasi. Eh the kit... is the kit, meron namang lumalabas pa. I think that ... sabi ko nga ... in every epoch, maybe meron nung una, bubonic plague, mga gago ang tao no'n, tamang-tama lang. Tapos yung Spanish flu, right before the wars. Kawawa yung mga tao! Pero mas kawawa yung sa Middle East. The so-called Roman Empire. You have read the Inquisition, kung may birthmark ka, you are a witch and you are burned at stake.*³

(Malasig 2020a)

[The (test) kit can be distributed to the different health centers, but at this time, if there isn't enough supply, patients can be brought to a testing station, to RITM (Research Institute for Tropical Medicine). There are only a few kits. So the kit ... is the kit, but there are others coming out. I think that... as I always say... in every epoch, maybe there was one before, bubonic plague, people back then were idiots, they deserved it. Then the Spanish flu happened, right before the wars. Poor people! But people in the Middle East are worse off. The so-called Roman Empire. You have read the Inquisition. If you have a birthmark, you are a witch and you are burned at stake.]

Duterte's attempt at giving the pandemic some semblance of historicity ended up sounding evasive and disconcerting. Literati and netizens alike took to the internet to satirise Duterte's statement as a sort of dystopic haiku, asking if anyone actually understood what he was saying. But the potency of this statement was tied to its conspiratorial tone, yet another feature of populist rhetoric (Rheindorf 2020, 627). By suggesting without evidence that COVID-19 followed a generational cycle of history inevitably resulting in the widespread loss of lives, Duterte was resorting to toxic positivity to make the potential consequences of COVID-19 less pressing: others before had it worse, so there was no use complaining now. He was similarly promoting a fatalistic reading of the pandemic that unburdened his government of any responsibility, implying that COVID-19 would yield the same outcome whether or not free test kits were supplied to health centres.

In another broadcast aired on 1 April 2020 after an urban-poor group protested the lack of government support during the lockdown, Duterte declared that:

[m]y orders are sa *pulis pati* military, *pati mga barangay na pagka ginulo at nagkaroon ng okasyon na lumaban at ang buhay ninyo ay nalagay sa alanganin*, shoot them dead.

[My orders are to the police and military, also the barangay,⁴ that if there is trouble or the situation arises that people fight and your lives are on the line, shoot them dead.]

(Tomacruz 2020)

Whether these words were uttered in jest or not, they exposed how Duterte was positioning himself in relation to the pandemic. Divisiveness is a hallmark of populist rhetoric since the very logic of populism requires a homogenising dichotomy between the people and the elite (Rheindorf 2020, 624). It did not matter if the people who protested against Duterte were, for all intents and purposes, outside the elite establishment. They were made elitist by association for going against Duterte, who assumed the role of the only

recognised representative of “the people”. As with the language he used in his campaign against illegal drugs (Gloria 2018, 12), Duterte securitised COVID-19 and framed it as a war that should be resolved with an iron fist (Hapal 2021, 15), instead of highlighting the care aspect of the health crisis. He diminished what should have been a shared social responsibility between government and civil society by attributing the grievances from marginalised sectors to the archetypal *pasaway*, or the obstinate miscreant, whom he blamed for the spread of the disease (Hapal 2021, 10–15). Succinctly put, the price of preventing COVID-19 deaths was the death of anyone who went against Duterte’s health directives.

Duterte’s addresses continued to be broadcast after the *Bayanihan* Act expired on 24 June 2020.⁵ In announcing the government’s intention on 21 July 2020 to distribute free face masks despite limited supplies, Duterte claimed that these masks could be disinfected with gasoline:

Yung wala, ibabad mo sa gasoline o diesel. Putanginang [sic] COVID na ‘yan, ‘di uubra ‘yan diyen. Totoo, if you want disinfection, maghanap ka ng gasolina. Babad mo ‘yung kamay mo.⁶

[If you don’t have those (i.e., alcohol), soak it in gasoline or diesel. That son of a bitch COVID won’t be able to fight that. It’s true, if you want disinfection, look for gasoline. Soak your hands.]

(Rappler.com 2020)

Populist leaders “typically flaunt their anti-intellectualism and disregard for scientific expertise” (Rheindorf 2020, 626). Instead of deferring to health professionals to speak about the medical aspects of a health crisis, they use their platform to promote unproven cures as a quick remedy to the problem at hand (Lasco 2020, 1419). Duterte rejected expert knowledge by recklessly proposing gasoline as a disinfectant, openly contravening sound scientific reasoning and common sense. A spokesperson announced a day later that Duterte was just joking (Ranada 2020). The move was consistent with the established strategy in his administration of creating media opportunities to interpret, finetune and even backtrack on the President’s pronouncements whenever necessary. But Duterte confirmed that his recommendation was not a joke, adding sarcastically that “[t]hey say [Duterte] is crazy, stupid. If I’m crazy, then you can be President, not me. You think I’m kidding, but truly, I am not kidding” (Barcelo and Philippine News Agency 2020).

A recent mapping of the language different governments have used in discussing COVID-19 classifies the Philippines under Duterte as an “institutional enforcer” that uses a “top-down enforcement rhetoric”, emphasising state control to stop the pandemic (Montiel et al. 2021, 12–14). While Duterte’s rhetorical moments produced many newsworthy sound bites, there was hardly any careful discussion of the science behind the policy measures. There was also a marked lack of empathy in the discourse, which

goes against the crisis and emergency risk communication model public relations experts recommend to palliate emotional trauma in a health emergency (Reynolds and Seeger 2005, 52). Words were usually unbridled and unmeditated, mostly drawing attention to the persona of the President as the chief crisis responder.

COVID-19 and Post-Truth

Populism is “a highly personalist enterprise ... dominated by the charisma of individual leaders” (Landau 2020, 294), so it comes as no surprise that the development of an elaborate system of abbreviations, the use of coarse language, the dissemination of false information, the securitisation of crisis communication and an overall lack of empathy and transparency can be traced in the first instance to Duterte himself. Nevertheless, focusing on one figurehead alone can be limiting since a larger system of meaning-making must be at work to legitimise deviations from rhetorical expectations. Populism and its manifestations are systemic and therefore cannot be examined in isolation (De Vreese et al. 2018, 432–433). For populist rhetoric to retain its force, selected actors in government must be authorised to normalise it through action and reinforcement.

Take *mañanita*, a Spanish loanword in several Philippine languages referring to an early-morning birthday party, a tradition the country shares with Mexico. During the Manila lockdown in May 2020, the police flouted prohibitions on social gatherings by organising a *mañanita* for Debold Sinas, the then police director of the National Capital Region. Despite a massive public outcry, Duterte absolved Sinas, saying that a *mañanita* was “almost a religious ritual” for Filipinos (Casilao 2020). This seemingly innocuous re-semanticisation imbued the loanword with the force of religious fervour, thus making its performance unassailable and even praiseworthy. No longer used to describe the ludic secular activity that it actually is, the signifier *mañanita* was deployed in Duterte’s rhetoric to extricate a public official from accountability, reclassifying its referent under a different semantic field (i.e. religious obligation) in a bid to elicit sympathy from target publics. In response, activists re-semanticised *mañanita* online, defining it instead as “[a]n awfully lame and pathetic excuse spouted by a single-celled organism when caught red-handed violating a policy” (Malasig 2020b). Duterte would go on to appoint Sinas as the chief of the Philippine National Police in November (Gavilan 2020); after Sinas’s retirement almost a year later, Duterte made him an undersecretary in the Office of the President (Quismorio 2021).

A major systemic factor affecting the Philippines’ crisis response was the weakening of the usual mechanisms for checks and balances brought about by Duterte’s attacks on critical interlocutors such as the mass media. Populism’s relationship with mass media is ambivalent. Populist governments latch on to it to mobilise their publics while at the same time

repudiating it to maintain their anti-elite self-fashioning (De Vreese et al. 2018, 428). In the Philippines, Duterte's congressional allies succeeded in stopping the franchise renewal of ABS-CBN, the Philippines' biggest broadcast network perceived to be critical of Duterte, in May 2020 (Gutierrez 2020). This shutdown followed a string of incidents in which the government accused other media organisations of espionage and foreign ownership and effected the detention of journalists, the most prominent of whom was Rappler founder Maria Ressa, who went on to win the Nobel Peace Prize in 2021 (De Guzman 2021). Such was the state of the Filipino press that the annual *State of Media Freedom in the Philippines* report concludes that journalists have generally struggled to cover COVID-19 (Center for Media Freedom and Responsibility 2020). According to the report, the IATF has introduced measures requiring journalists to be accredited in order to be exempted from home quarantine and do their job.

With the weakening of traditional mass media came the proliferation of fake news on social media, ranging from the promotion of false information about COVID-19 to the dissemination of incorrect vaccination schedules. Social media is a key tool in populist regimes that allows leaders to directly address publics without journalistic vetting (De Vreese et al. 2018, 428; Rheindorf 2020, 628). Duterte has harnessed the Philippines' position as a global leader in social media usage to his advantage (Curato 2017, 146). Investigative reports have shown in fact that the Duterte administration has a history of fielding troll armies to meet its political agenda in an information war waged mostly online (e.g. Williams 2017). Nevertheless, at the outset of COVID-19, the government took steps to control social media, albeit selectively. The *Bayanihan* Act contained a provision criminalising false information, which led to the arrest of 47 persons accused of spreading fake news (Joaquin and Biana 2021, 37–38). Human rights groups contended that the definition of fake news in the law was so capacious that it authorised the curtailment of legitimate dissent. Such was the case of artist and businesswoman Bambi Beltran, who was detained in April 2020 after posting on Facebook that her hometown of Cebu City on the central islands of the Visayas was the epicentre of COVID-19 “in the entire solar system” (Macasero 2020), a hyperbole intended to criticise the mishandling of the pandemic in the region. But as the National Union of Journalists in the Philippines pointed out, Duterte and various government spokespersons also engaged in disseminating false information on the virus, the only difference being they were able to go unpunished. In other words, impunity was present in the application of the law. Legal provisions could be ignored whenever it was convenient for the government.

Truth is a fundamental feature of crisis communication that can spur publics to action (Clementson and Xie 2021, 14–15). It is quite sobering to note that the Philippines' crisis response to COVID-19 was nestled in a system running on post-truth politics, in which the value of rationality and objectivity was eroded in favour of emotion and personal belief (cf. Lakoff

2017, 604). In the aforementioned examples, language functions as a malleable resource that can be tapped to violate the task of truth-telling. But language can also work in the opposite direction. It can be used to unsettle the dominant narrative and shine a light on alternative accounts of COVID-19 on the ground.

Conclusion: Is It *Traduttore, Traditore* All over Again?

The difficulty of researching the language of COVID-19—in the Philippines and elsewhere—comes from the fact that the virus is still evolving. As countries grapple with pandemic-related contingencies, language will continue to expand in order to make sense of the lived realities associated with the disease. The populist rhetoric Philippine president Rodrigo Duterte employed to describe COVID-19 to a national audience shows that this process does not always happen without complications. The weaponisation of the pandemic for political convenience, the circulation of false information and the erosion of institutional interlocutors that could have scrutinised such information confound the country’s crisis response.

Translation and Interpreting research in recent years has brought the question of trust into sharper focus. While many studies have been conducted to understand trust in the work of individual translators and interpreters, how it operates in government institutions that act as mediators must likewise be assessed. Research into trust in politics appears to be constructed as a zero-sum game. People’s distrust of the establishment compels them to place their trust on populism (Curato 2017, 150; Lasco 2020, 1424). But if populism is as much a communication phenomenon as it is a political strategy (De Vreese et al. 2018, 423–425), it stands to reason that trust in populist regimes cannot be fully explained as a mere loss of trust in institutions. In the case of the Philippines, Duterte’s sustained popularity suggests that trust might not always be determined by factuality and might even be swayed by the reputation of the messenger and the direction of the political winds.

The Italian adage *traduttore, traditore* [translator, traitor] comes to mind again. If the messenger is the message, how can the usual indicators of translation quality such as truthfulness and accuracy be assured? Do these indicators still matter at all, or have they been displaced by other considerations that relativise the truth content of the message? How can the views of the so-called “Manipulation School” of translation studies inform the analysis of crisis communication, particularly with regard to the claim that texts can be manipulated in translation depending on their purpose? What would research in populism look like if the distinction between truthfulness and truthiness (cf. Lakoff 2017, 603–604) were linked to the ideological and poetological considerations of translation?

Finally, this chapter’s invitation to approach the Filipinos’ COVID-19 experience as a transdemic foregrounds the inextricably multilingual nature

of well-being in the face of a global health crisis. Language scholars must insist that linguistic diversity is an important factor in crisis communication, even in sites that are imagined to be monolingual. The success (or the failure, as the case may be) of any communication campaign begins with how a health situation is talked about by those steering the conversation.

Notes

- 1 Additional terms such as “granular quarantine”, “tiny bubbles”, etc., would be used some months later.
- 2 The Tagalog term *bayanihan* roughly means “solidarity” in English.
- 3 To better illustrate the use of code-switching in Duterte’s addresses, I have cast words from languages other than English in italics.
- 4 The barangay is the smallest political unit in the Philippines.
- 5 A second *Bayanihan* Act would be promulgated a few months later.
- 6 It is interesting to point out that the swear words Duterte uses extemporaneously in his speeches are effaced in the official government transcripts. This one, for example, appears as “p***** i**” (Presidential Communications Operations Office 2020).

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11 Prophylactic Language Use

The Case of Deaf Signers in England and Their (Lack of) Access to Government Information during the COVID-19 Pandemic

Jemina Napier and Robert Adam

Context: Communicating COVID-19 in the UK

In the UK, the National Health Service (NHS) is the umbrella term for the four health systems in England, Scotland, Wales and Northern Ireland, which means that there is a degree of decentralisation of health policies across these nations. When the UK Government makes public health announcements, they primarily target the population in England as their health policies are only relevant there. The policies may influence decision-making in the other nations, but ultimately Scotland, Wales and Northern Irish public health announcements are informed by the policy decisions made by the devolved governments. As a consequence, public health announcements related to COVID-19 have often differed throughout the country.

With the advent of the COVID-19 pandemic in early 2020, the UK Government began its “Stay at home, save lives” campaign on 15 March 2020, announcing the first lockdown on 23 March 2020. On 25 March the Coronavirus Act 2020 received Royal Assent, enabling the lockdown measures to legally come into force from 26 March 2020. Over time, with various restrictions in place, it was necessary for the government to regularly communicate information about the ongoing pandemic and provide public health information.

In addition to television broadcasting, digital media also became a dominant channel for broadcasting health information and driving behavioural change (Liu 2020). Throughout 2020 there were regular “Downing Street briefings”, broadcast through all the main TV stations and on digital media, in which the British Prime Minister would provide updates on the spread of the virus, plans to contain it and manage treatment, as well as other policies to support people who could not go to work. The Prime Minister was frequently accompanied by the UK Secretary of State for Health, the Chief Medical Officer and other medical experts. Separate COVID-19 briefings were concurrently held by the First Ministers of Scotland, Wales and

Northern Ireland with information concerning localised arrangements and restrictions.

Much of the public health messaging throughout the pandemic utilised metaphorical language that draws on war or aggression metaphors/analogies, especially by male leaders (Dada et al. 2021; McCormick 2020), for example with references to “batting”, “fighting against”, “waging a war on” or “gaining victory over” the virus, as illustrated in this example from the British Prime Minister at the time:

If this virus were a physical assailant, an unexpected and invisible mugger, which I can tell you from personal experience it is, then this is the moment we have begun together to wrestle it to the floor.¹

(Boris Johnson, 27 April 2020)

Another key component of public health messaging is the use of *prophylaxis*, namely the promotion of prophylactic/preventative measures to guard from, prevent the spread or occurrence of, or to ward off, disease or infection. Prophylactic language is expository in that it is used deliberately to promote any preventative measures and persuade people to adopt behaviours to combat existing, evolving and re-emerging health threats and risks. In the case of the COVID-19 pandemic, UK Government and political public health messages have used prophylactic language specifically to focus on various behaviours to contain or prevent the spread of COVID-19 (Essam and Abdo 2020), such as frequent handwashing, use of hand sanitiser, social distancing and wearing face masks. But people were also required to abide by restrictions, including self-isolation or quarantining; not moving between different parts of the country with varying levels of COVID-19 cases (tiers), understanding the likelihood of the spread of the virus (R number); restrictions on the number of people and/or households you could come into contact with (bubbles); and whether you could meet people inside or outside. The guidance changed repeatedly, so the general public were oversaturated with information from different sources of varying quality in addition to government announcements (Agle et al. 2020).

When the UK experienced a second wave in November 2020 and went into a second national lockdown, the Independent Scientific Advisory Group for Emergencies (SAGE) produced a report urging the government to “reset its communication strategy in order to bring the clarity required for people to understand precisely what to do” (SAGE 2020, 1). The report shared examples of confusing or contradictory messaging in the preceding eight-month period and outlined the following “five principles for an effective COVID-19 lexicon”:

1. Messaging never merely provides factual information—communication unavoidably conveys many assumptions (the subtext, indirect meanings, inferences, and implications)

2. Messaging should be lexically and grammatically precise and thus easy to enact and adhere to
3. Messaging should be “irony-resistant”
4. “Branding” or sloganeering should not come at the expense of clarity and precision
5. Messaging should be underpinned by evidence about what is effective

Again, to use an illustration from the British Prime Minister, in referring to a bell curve diagram demonstrating the numbers of cases, Boris Johnson stated: “We need to flatten the sombrero”, which did not adhere to the effective COVID-19 lexicon principles.

The way in which leaders conveyed information about COVID-19 through public health announcements has been critical for building trust and ensuring an effective response from within a country (Dada et al. 2021), particularly in getting the message to minority language communities:

The severe limitations of multilingual crisis communication that the COVID-19 crisis has laid bare result from the dominance of English-centric global mass communication; the longstanding devaluation of minoritized languages; and the failure to consider the importance of multilingual repertoires for building trust and resilient communities.

(Piller et al. 2020, 503)

The Independent Scientific Pandemic Insights Group on Behaviours (SPI-B) acknowledged this issue and produced an official document targeted at Black and Minority Ethnic (BAME) communities entitled “Public Health Messaging for Communities from Different Cultural Backgrounds”,² suggesting ways of making prophylactic language accessible to language minority communities. It states that:

Translation into a range of suitable languages is necessary, but not sufficient. *Co-production and pre-testing of health messages with the target community to identify language that retains the meaning of the core message and considers the cultural context for the target audience is essential.* If reading skills are limited, consider using audio files and animations.

(SPI-B 2020, 1; added emphasis)

Therefore, it is emphasised that other prophylactic measures can include making accommodations through different forms of language access, including translation into different languages. As acknowledged in the report, though, translations alone are not enough:

[C]onnecting with community stakeholders to ensure accurate and culturally-appropriate translation is essential for both preparedness and

response to crises such as the COVID-19 pandemic. This approach is also more likely to garner trust, an essential component in public health responses.

(O'Brien et al. 2021, 3)

Despite best efforts to foster understanding of public health messaging about COVID-19 across linguistic and cultural minority communities, nowhere in the UK government document was there any mention of deaf people who use British Sign Language (BSL). Sign language interpreters also found themselves in unfamiliar territory, with the use of metaphorical and prophylactic language (Matthews et al. 2022), creating linguistic, cognitive, socio-political and affective challenges. Interpreters had to deal with lexical gaps in public health messaging (exacerbated by metaphorical language and war terminology).

Signing Deaf Communities

Deaf people may acquire sign language in the home from deaf parents or in a deaf school context and therefore be regarded as native or *heritage signers* (Compton 2014; Polinsky 2018). Deaf people can also be *new signers*, who come into contact with a deaf community later in life and learn a sign language which then becomes their preferred everyday language for personal and/or professional reasons (De Meulder 2018). Many deaf signers would consider themselves bilingual in a signed and/or spoken/written language, which may be experienced as a form of “double monolingualism” (Weber 2020).

Deaf signers are a highly minoritized community within the UK, occupying a unique interface of citizenship: positioned as having the “protected characteristic” of disability under the Equality Act 2010 and at the same time as members of a minority linguistic-cultural community (WFD 2018). Neither position has afforded optimum access to information during the COVID-19 pandemic.

It is difficult to estimate the exact number of deaf signers throughout the UK for reasons associated with data collection. Estimations vary from 40,000–70,000 (Turner 2020) to 70,000–100,000, or even 250,000 if hearing signers (such as hearing children born to deaf parents, hearing parents with deaf children, hearing partners, friends, colleagues and sign language interpreters) are included (British Deaf Association 2014). BSL was recognised by the UK Government in 2003 and legally became an official language of Scotland through the BSL (Scotland) Act 2015 and in the UK through the BSL Act 2022, so only deaf signers in Scotland enjoyed legal protections as a linguistic-cultural minority community during the pandemic.

Deaf signers also have the human right to access public services and cultural life in their national sign language through the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (De Meulder 2014),

which means, in addition to other forms of provision, access to information through professional sign language interpreting services (Stone 2013).

The protection that deaf signers receive through various legal instruments means that their experiences overlap with other COVID-19 risk groups. There is evidence that there is a higher incidence of, and more serious consequences for, BAME communities in catching COVID-19 (Public Health England 2020); and in their “Disability-Inclusive Response to COVID-19” (May 2020),³ the United Nations recognised that people with disabilities are the most seriously impacted socially, economically and health-wise by the pandemic. So what is the situation for deaf signers in England? Given its dual status as a disability group and a linguistic-cultural minority group, what are the potential risks of the impact of COVID-19 on this minority community?

Signing deaf communities experience barriers in accessing healthcare information due to generally lower literacy levels, lack of access to the “fund of health knowledge” and to healthcare information in sign language (Beaver and Carty 2021; Napier and Kidd 2013; Napier et al. 2014; Barnett et al. 2011; Panko et al. 2021). At the same time, deaf children and adolescent and adult signers respond to linguistic and societal barriers by developing resilience strategies and drawing upon deaf community networks for support (Listman, Rogers and Hauser 2011; Listman and Kurz 2020; Young et al. 2008). Such support can involve relying on other individuals or collectives to source, understand or broker information in sign language (Adam et al. 2011; Green 2015; Napier 2021), which can include family members, friends, neighbours or colleagues.

The provision of professionally qualified English to BSL interpreting and translation services should go some way towards ensuring that deaf signers get access to public healthcare information, although the presence of professional interpreters does not always guarantee inclusion (De Meulder and Haualand 2019). As the UK has well-established professional sign language interpreting quality standards and provision (Stone 2010), when the pandemic hit there were high expectations that public health information about COVID-19 would be widely accessible in BSL.

Information Access for Deaf Signers during the COVID-19 Pandemic

A prophylactic measure for deaf signers in England would have been to provide government public health information in sign language where possible, following the “reasonable accommodation” made in many other countries (Al Zoubi and Bakkar 2021; Rijckaert and Gebruers, this volume; Panko et al. 2021; Qi and Hu 2020; Swanwick et al. 2020). This would ensure that risks were communicated clearly and that deaf signers were sufficiently informed, in order to slow down the spread of the virus and protect health outcomes. As noted in the US context:

[N]ews briefings conducted without captioning or qualified American Sign Language interpreters preclude deaf and hard-of-hearing individuals from being informed ... [creating] significant informational disadvantages that people with disabilities may experience regarding COVID-19 – from prevention (e.g. social distancing) to symptom identification and treatment recommendations.

(Sabatello et al. 2020, 1524)

Although sign language interpreting has been provided for COVID-19 public health announcements worldwide, the level of access is still inconsistent (Beaver and Carty 2021). In many countries, the responsibility has fallen to local or national deaf community organisations and networks to produce informational videos in sign language that take into account the linguistic and cultural needs of deaf signers (Murray 2020), despite many of them not receiving funds for this work (Sabatello et al. 2020). Without access to information in sign language, deaf people can be disadvantaged (Panko et al. 2021; Qi and Hu 2020). Experiences of being marginalised may be exacerbated, leading to “feelings of fear and helplessness [with] a lasting impact on well-being, health, safety, and independence” (Swanwick et al. 2020, 156), especially across the Global South. Deaf healthcare professionals in the UK were also left feeling isolated and frustrated by a lack of accommodations to meet their communication needs (Grote et al. 2021).

Despite limited access to information in sign language, it has been found that deaf signers have applied collective resilience strategies to navigate public health information and identify and report COVID-19 symptoms (Panko et al. 2021; Swanwick et al. 2020); but still deaf people are more likely than hearing people to experience challenges in accessing, understanding and trusting COVID-19 information (Panko et al. 2021).

National and international legislation notwithstanding, deaf signers in England were not afforded optimum access to information during the COVID-19 pandemic. Open Inclusion (2021) conducted a review of key UK Government and health service websites, apps and social media sites to evaluate for readability of COVID-19 information. The vast majority of important information provided by the UK Government relating to COVID-19 and its impacts on society had no BSL interpretation; most information was in written format with varying degrees of complexity. Of 13 analysed sites, three provided information in a way that university-educated people would be able to read, nine would be readable by people who had completed education from Years 9 to 13, and one site that could be read by people below Year-8-level education. Open Inclusion also found that of the 40 parliamentary sessions from March to December 2020, only five had BSL interpretation, 38 had captioning and two had neither. Meanwhile, all government public health announcements in Scotland, Wales and Northern Ireland had a sign language interpreter in the room where the press briefing was taking place so that the interpretation was



Figure 11.1 Scottish First Minister accompanied by a BSL interpreter.

simultaneously transmitted through all broadcasters, as seen in the example of the Scottish First Minister in Figure 11.1.

It has been suggested that the state provision of interpreters for public health announcements contributed to the promotion of deaf people's rights in Northern Ireland (Sinclair et al. 2021), yet there has been a systematic oversight in ensuring access to information for deaf BSL users in England. The UK Government never provided BSL interpretation from the press briefing room. Instead, the responsibility was taken up by the BBC who broadcast interpretation via a video feed through its iPlayer and on the BBC News Channel. Organisations such as the Royal Association of the Deaf and Sign Health provided summaries of the UK Government press briefings. Facebook groups were established for community members and interpreters/translators to collectively translate and share information in BSL.

The long-running social media campaign #whereistheinterpreter has lobbied the UK Government to take responsibility for sign language interpreting provision for public health announcements and to raise awareness of other barriers. This was raised several times at Prime Minister's Question Time and crowdfunding was used to take the UK Government Cabinet Office to the high court for a judicial review, heard on 16 June 2021, with the charge that the UK Government had breached the 2010 Equality Act in not making broadcasts accessible to deaf signers in BSL⁴. The Government denied that it had breached the Act. The judicial review decision was handed down on 28 July 2021, when the judge ruled that "[T]he lack of provision—the provision of subtitles only—was a failure of inclusion, suggestive of not being thought about, which served to disempower, to frustrate and to marginalise".⁵

To this end, we were interested in exploring how and to what degree deaf signers living in England had experienced language and information barriers

during the first year of the COVID-19 pandemic. In particular, we sought to examine whether:

- a) deaf signers in England could access the prophylactic language of the UK Government?
- b) deaf signers in England could access the COVID-19 specific public health information content?

Methodology

Surveys have been found to be an effective method for eliciting deaf signers' views on their life experiences, opinions or attitudes towards various societal issues, especially now questionnaire instruments may have signing videos embedded (Bosch-Baliarda et al. 2019; Napier et al. 2018; Young et al. 2021). There are ongoing challenges, however, in creating signing surveys that allow respondents to submit answers in sign language, and creating signed surveys is time-consuming. This study was under time pressure to collect data that would feed into evidence for the judicial review and to capture data from as many people as possible. We therefore decided to proceed with a questionnaire survey in English and include embedded BSL videos introducing the survey and explaining key questions. Respondents were given a choice to respond in BSL through a one-to-one video-call appointment or return the written questionnaire in English. No respondents took up the opportunity for a BSL video call.

The Survey Instrument

Working in collaboration with the research consultancy company Open Inclusion, we developed an online survey to better understand the lived experiences and preferences of deaf signers in England relating to official government communications about COVID-19. The survey included 27 questions, structured using a combination of multiple choice, Likert scales with affective/attitudinal statements and open-ended questions. Seventeen questions collected information about respondent demographics and language profiles, and the remaining ten questions addressed:

- How well the communication needs of deaf signers in England had been met by the UK Government in relation to COVID-19 since March 2020
- How deaf signers in England have adapted to gaps in the government communication approach – especially when there have been significant changes such as announcement of new lockdown rules, furlough scheme changes or briefings on the health guidelines
- How deaf signers want their communication needs addressed so they can be aware of changing rules, health recommendations, financial and other support, and
- General experiences about communication regarding COVID-19

Recruitment

Deaf signers were recruited through network and snowball sampling, through social media channels, with an explanation in BSL about the purpose of the survey, as well as by email through personal and professional networks. A follow-up call for participation was sent out after the first batch of survey responses were received to elicit input from a wider range of people across diverse characteristics. Inclusion criteria were only that respondents had to be deaf and use BSL. The survey ran for two weeks in November 2020.

Data Analysis

The survey data was analysed both quantitatively and qualitatively. Descriptive statistics were used to analyse responses to closed/multiple-choice/Likert scale questions, and content and thematic analyses (Krippendorff 2004) were conducted on the free text responses in the open-question comment boxes. Based on a review of the literature and the desk research already conducted by Open Inclusion (2021), *a priori* thematic codes were initially used to code for terms that focused on prevention, (lack of) access, and barrier(s). Further subcodes were identified through an inductive process of thematic coding (Braun and Clarke 2006) to include references to: tier, bubble, confusing.

Results

Respondents

Responses were received from 42 deaf signers (22 women, 18 men, 2 non-disclosed gender) from different parts of England. The majority were aged between 35 and 64 (19% aged 35–44, 28.6% aged 45–54 and 21.4% aged 55–64). The percentage of respondents aged between 25 and 34 and 65 and 74 were comparable at 9.5% for each group, and 7.1% of respondents were aged between 75 and 84; with the lowest response from 18- and 24-year-olds or those who preferred not to disclose their age (2.4% for each group). Of the 42 respondents, 39 indicated their geographical location. Most were from the Greater London area (n=15), followed by the South East (n = 8), South West (n = 5), Scotland (n = 3), the West Midlands, North East and North West (n = 2 each), and the East of England or East Midlands (n = 1 each); the majority (83.3%) live with other people, primarily with family members; most (60%) live with another deaf person in the household.

The majority of the 41 respondents who answered the question about ethnicity indicated white (n=28), followed by Black/African/Caribbean/Black British (n=6), Asian/Asian British (n=3), Mixed/multiple ethnic groups (n=2) or preferred not to say or to self-describe (n=2). Employment status of respondents varied (see Table 11.1), but most were either employed in some capacity or retired. Although some worked reduced hours from March 2020

Table 11.1 Employment status of respondents

<i>What is your employment status?</i>	<i>Responses</i>	
Employed full time	19.0%	8
Employed part time or casual	21.4%	9
Furloughed	0.00%	0
Self-employed	14.3%	6
Unemployed	2.4%	1
Student	7.1%	3
Full time parent	2.4%	1
Unpaid carer	0.00%	0
Retired	16.7%	7
Prefer not to say	4.8%	2
Other	11.9%	5

(14%) or were furloughed (6%), more than half (56%) had not experienced any change in employment status. A small group (12%) declared that they had caring responsibilities outside of typical parenting responsibilities; 53% of the respondents stated that they did not have any other access needs or daily activities that impact their everyday activities. The remainder noted that they had other needs with respect to vision, mobility, mental health, fatigue and long-term health conditions.

Two-thirds (66.4%) of respondents revealed that they were confident in understanding written English. Others stated that they experienced moderate levels of comprehension with challenges arising from time to time (21.4%) or low comprehension and often experienced challenges with understanding (11.9%). Despite the level of confidence with English, when asked about language preferences, all but two respondents stated that BSL was their preferred language as a heritage or new signer (71.4%), or they were equally comfortable with BSL and English (23.8%).

Accessing COVID-19 Information in England

Our analysis of the survey responses and open-comment text revealed issues for deaf signers in England in accessing and understanding public health information about COVID-19 coming from the UK Government. Five core themes were identified that best represent the lived experiences of deaf signers in England through the pandemic. Below is a summary of the results, with quotations from respondents to elucidate the findings.

(1) Information being hard to find

Only 14% of the survey respondents were happy with the level of UK Government communication regarding COVID-19. Respondents were asked to rank five types of official government COVID-19 information

according to how easy it was to find a BSL version. Results revealed that no information was particularly easy to find. The easiest was health information which still had 54% (21 of 39 respondents) who found it “impossible, very difficult” or “difficult” to get.

The following categories are ranked from easiest to hardest, with the percentage and respondent numbers denoting the number who selected “impossible”, “very difficult” or “difficult” to find):

1. Health (54%, 21 of 39)
2. Rules and responsibilities (77%, 30 of 39)
3. Employment (80%, 24 of 30)
4. Education (82%, 19 of 23)
5. Financial information (86%, 24 of 28)

(2) Difficulty in understanding information

More than half the respondents (52%, 22 of 42) found official UK Government information about COVID-19 difficult or impossible to understand. The tier-system information was the hardest, four times more difficult than the next-highest option (which was COVID-19 statistics/R number). The following comments illustrate this pattern (many respondents chose to give a free text response here):

- Tier 2 unclear to state separate household shouldn't mix indoors in public places as know some people breaking rules because they don't understand the rules in English.
- Changing rules between Level 1–5 and Tiers 1–3.
- Confused about how Black and Asian Deaf people are affected.
- Government restrictions about Tiers 1, 2 and 3 without BSL interpreter on News for deaf people living in Greater London.
- Restriction rules & support bubbles are confusing.
- Lockdown rules to do with business places opening and closing haphazardly all over the place information online/in websites not consistent with actual opening times so I couldn't do anything I wanted/planned to do.

Some respondents also expressed concerns for deafblind people who would experience an additional barrier to understanding information depending on their level of vision and whether they can read captions and/or watch BSL.

(3) BSL being the preferred language of access

Many deaf signers struggled to understand complex public health information about COVID-19 because they preferred to receive it in BSL. Accessing

information through BSL was preferred by a fair margin (over 50%) over English captions or written articles; 90% of respondents wanted all UK Government briefings to have a live BSL interpreter (organised by the Government) embedded on all channels when aired on TV:

- This way I can seek information/clarification to support me understand. If in written/printed materials, it can be very confusing and misleading.
- Easy to follow [in BSL]. I am slow reader so captions too fast.
- I don't have a television and so I watched tried to watch news updates on my mobile phone/laptop but there were often no subtitles, and no interpreter either!
- Just totally disappointed with this government. I hate that Boris Johnston does not ensure his social media is accessible, not even subtitles. It feels like they don't care about deaf people. When they are asked why they cannot provide access they come up with ridiculous excuses like social distancing!
- Personally, [I think that] Government has failed to meet the needs for the Deaf here Community under the Equality Act 2010 by making reasonable adjustments.

Sixty-nine percent of respondents said that in addition to live BSL interpretation during Government press briefings, they would have also liked to be able to access a specific BSL helpline to talk about health issues related to COVID-19.

(4) Seeking out multiple sources of information

Given that deaf signers in England often found it difficult to find or understand information, and that their preferred language was BSL, respondents shared that they often had to seek out information about COVID-19 in different, multiple ways. The most popular way of clarifying government information (among 58% of respondents) was to seek out a BSL explanation/translation on social media or a non-government (e.g. community organisation) website. Respondents also reported that they collectively relied on support from other people to broker the information, using the following strategies:

- Ask deaf friends and colleagues to discuss/clarify/explain to each other/navigate together in WhatsApp groups.
- It took some time for me to seek support from both BSL interpreter and BSL explanation/translation as we would likely to get it in two days after the announcements made.
- I ask my deaf partner who is more focused on reading on COVID issues to explain clearer on something I feel unsure.

This was also a challenge for the brokers themselves, who often were deaf:

- Whilst I did not find it difficult to access information as I had no issue accessing the written information, my family who are also deaf did have issues and I had to interpret for them on occasions and that was difficult for me to see that they were not getting the same level of access. I also work with deafblind clients and they have had even a smaller scope of access and I had to interpret for them as well.

(5) Concerns for health and well-being

Almost two-thirds of respondents (64%) were worried about their personal health, safety and well-being as a result of a lack of accessible and understandable government information.

- During my illness, I was not able to watch the live PM's announcement on BBC News Special. Instead of this I lied on my bed armed with my iPad watching it. It turned out that there was no live BSL interpretation. As well as I couldn't access on BBC 24 News at the same time!

The lack of access or understanding created unnecessary feelings of stress:

- I lost all paid work due to the lockdown, no clear information or support for people who are over 60 but not want to retire yet. Also, the rollercoaster experience without a routine deserves better promotion to help avoid me feeling I'm alone in this. I also am "pissed off" with the Government's old-fashioned handling of its broadcasts, refusing a more modern media environment like Scotland & Wales have done, including BSL interpreting. Also, very angry at the total dependence on spoken language, no on-screen captions for pre-recorded briefings etc.

Conclusions

In sum, the survey results revealed that deaf signers in England had to seek alternative ways of obtaining information because they generally found the government's public health information hard to access and understand. The lack of access to information in BSL, and subsequent lack of understanding, had an impact on feelings of health and wellbeing. As BSL was the preferred language for accessing COVID-19 public health information, the ideal would have been for the UK Government briefings to have live BSL interpreters in the press briefing room alongside the Prime Minister.

We recognise that there are limitations to this study, in that the survey was administered in English and even though a BSL option was offered, this was not taken up by any respondents. This means that results are possibly

skewed more towards people who were more comfortable responding in English. Even so, the majority of respondents still said that their preference would have been to access COVID-19 information in BSL.

The key barrier for deaf signers in England during the COVID-19 pandemic was lack of access to public health information in BSL. Despite the outcome of the judicial review in July 2021 that the UK Government had breached the 2010 Equality Act in not making broadcasts accessible to deaf signers, at the time of writing in March 2022 the government has still not provided BSL interpreters during live press briefings, even when they have become a regular occurrence again due to the surge in the COVID-19 Omicron variant. This continuing lack of access to public health information has led to the creation of a short film in BSL entitled “Afterthought”,⁶ which illustrates what it is like for a hearing man living in a deaf BSL world not to be able to access information in spoken English when they cannot understand BSL.

The results of this survey have showed that not providing a BSL interpreter or making information available in BSL through other means, had a prophylactic effect on the British deaf community. Instead of accessing prophylactic language *to understand* how to prevent COVID-19, deaf signers experienced language *as* a prophylaxis, and had to seek information elsewhere, including potentially inaccurate sources. Challenges in accessing the information in BSL created barriers to understanding COVID-19 information and prevented deaf signers from following guidelines and staying safe. Therefore, the UK Government’s prophylactic language use to prevent the spread of COVID-19 *backfired* with deaf signers in England by itself becoming a prophylactic and preventing access to public health information.

Despite the lack of access to official information in BSL, deaf signers in England, like deaf signers in other countries and contexts, have shown collective resilience by seeking out information in other ways, either through deaf community organisation websites, BSL social media sites or through personal networks.

For future global health emergencies, accessibility in various languages including sign languages needs to be considered. Public health information should be available in the prophylactic language of these language communities, including sign language communities.

Notes

- 1 <https://www.theguardian.com/politics/2020/apr/27/boris-johnsons-post-coronavirus-speech-what-he-said-what-it-means>
- 2 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914924/s0649-public-health-messaging-bame-communities.pdf
- 3 <https://www.un.org/en/coronavirus/disability-inclusion>
- 4 <https://www.disabilityrightsuk.org/news/2021/june/lack-bsl-covid-briefings-high-court-challenge>

- 5 <https://www.royaldeaf.org.uk/wp-content/uploads/2021/07/Rowley-Briefing-Note-of-Judgment-28.07.21.pdf>
- 6 <https://www.youtube.com/watch?v=7aTCX1XGWS0>

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12 A Pandemic Accompanied by an Infodemic

How Do Deaf Signers in Flanders Make Informed Decisions? A Preliminary Small-scale Study

Jorn Rijckaert and Karolien Gebruers

Introduction

Since the worldwide outbreak of the coronavirus in 2020, signed language interpreters (SLIs) have become an integral part of press briefings across the globe. In Belgium, COVID-19 updates were interpreted into Flemish Sign Language and French Belgian Sign Language. A deaf interpreter (DI) appeared on-screen and took relay from a hearing interpreter (HI) off-screen; thus, information in spoken language was first interpreted into signed language by a HI, and then reinterpreted by a DI to the wider audience (Gebruers and Haesenne 2021). DIs and HIs co-interpreting at live press briefings was a milestone in Belgian history. Next to official governmental communication interpreted by SLIs, several other news and information sources were (made) accessible.¹ Given that the pandemic has been accompanied by an “infodemic” (WHO 2020), it has been challenging for citizens to consult reliable sources. In the particular context of deaf² signers, it might be asked if they considered themselves sufficiently informed to make assured decisions. This was the overarching question we sought to address in the preliminary study presented here.

This chapter starts with an overview of literature about legislation regarding signed language in Flanders, television and media interpreting, and the COVID-19 pandemic. This is followed by an explanation on the methodology, presentation of our findings and a discussion. In the conclusion we offer insights into the preferences and aspirations of deaf signers regarding information and communication.

Flemish Sign Language and Legislation

In addition to the three official spoken languages (Dutch, French and German), there are three signed languages in Belgium, legally recognised through decrees by the responsible authorities: *Langue des signes de Belgique francophone* (French Belgian Sign Language [LSFB],

recognised since 2003), *Vlaamse Gebarentaal* (Flemish Sign Language [VGT], since 2006) (see De Meulder and Haesenne 2019), and *Deutsche Gebärdensprache* (German Sign Language [DGS], since 2019; see Sequeira Gerardo 2019). The recognition of VGT included the establishment of an Advisory Committee on VGT and some structural funding, and saw VGT signers included as part of a linguistic-cultural minority group. However, this recognition remains symbolic and does not grant instrumental rights (De Meulder and Haesenne 2019). The right to information in signed language has been explicitly included in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (United Nations n.d.), ratified by Belgium in 2009. Among its 50 Articles, five refer to deaf people and signed languages (see De Meulder 2014), specifically covering: the recognition of signed languages (Articles 2 and 21), education (Article 24), interpreting (Article 9) and Deaf culture (Article 30). We will mainly focus on Article 21, freedom of expression and opinion, and access to information:

States Parties shall take all *appropriate measures* to ensure that persons with disabilities can *exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas* on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:

- (a) Providing information intended for the general public to persons with disabilities in *accessible formats and technologies appropriate to different kinds of disabilities* in a timely manner and without additional cost
 - (b) *Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities* in official interactions
 - (c) Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities
 - (d) *Encouraging the mass media, including providers of information through the Internet, to make their services accessible* to persons with disabilities
 - (e) Recognising and promoting the use of sign languages
- (United Nations, n.d., 14–15; added emphasis)

Access to information in times of crisis is seen as a basic humanitarian need (Greenwood et al. 2017, 21). Indeed, during an unprecedented pandemic it is crucial that appropriate measures are taken in terms of access to information and communication. In the next section, we outline how access to

information on television and media in relation to deaf signers was organised prior to the pandemic.

Television and Media Accessibility in Flanders

The European Union of the Deaf (EUD 2018) argues that media providers should ensure that deaf people can choose between different types of information and media content. So far, for audio-visual content, there are three types of accessible formats: programmes including subtitles, signed language interpretation and programmes presented in signed language (Neves 2007). In its position paper, EUD (2018) suggests that because of their specific cultural and linguistic needs, signed language is the best way for deaf signers to gain information in a barrier-free manner. In Europe, most public media make their news programmes accessible through hearing SLIs, who usually learn signed language later in life (Dhoest and Rijckaert 2021). There is a general trend that access to society and public services for deaf people automatically means providing SLIs, referred to as “a quick fix for inclusion” (De Meulder and Haualand 2019).

Following an agreement with the Flemish Government in 2012, the Flemish public broadcaster VRT started providing signed language interpretation for its general 19:00 evening news as well as on its youth news, *Karrewiet* (see De Meulder and Heyerick 2013). As in other countries, DIs in Flanders have always done interpreting work. Prior to the actual provision of interpreters in 2012, VRT organised a pilot-week, in which a DI interpreted the evening news. The concept of having a DI on-screen, however, was something deaf viewers had to adapt to as they were more familiar with subtitles and some questioned the reliability of a DI. Regarding receiving information in VGT, De Meulder and Heyerick (2013) commented that the education system for deaf people in Flanders has always been strongly influenced by an “oralist” view (prioritising spoken Dutch over VGT) and that many deaf people never really learned how to process large chunks of information in VGT. Although the Flemish Deaf association and the Advisory Committee on VGT advocated having DIs on the evening news, HIs were appointed. The 19:00 evening news, which lasts about 40 minutes, can be viewed with live interpretation online and on a separate channel at 20:15. DIs, working from autocue, feature on *Karrewiet*, the 10-minute-long pre-recorded news summary tailored to children and youngsters, presented online and broadcast on a separate television channel the following morning.

De Meulder and Heyerick (2013) provided nine different dimensions for having deaf people, with the required competence and attitude, carrying out interpreting work on television. Four dimensions that are related to comprehensibility, and thus to this study, are summarised here:

1. Cultural: DIs are cultural insiders and have shared experiences with the deaf viewers as they “think as other Deaf people think, relying primarily

on their visual experience of the world and visual conceptualization of information” (Stone 2009, 167). The “sameness” (Boudreault 2005, 335) in terms of both language and experience is important to establish a relationship and communicate effectively.

2. Linguistic: DIs are more competent and skilled at communicating in signed language, and they produce “domesticated output” (Stone 2009, 104–105) as they adopt a participant perspective, making it easier to digest.
3. Language ownership: DIs are role models in terms of language, and it is this kind of language representation that needs to be shown (cf. Kyle 2007).
4. Process/modality: the output of DIs is less influenced by spoken language features, resulting in a “Deaf-centred” interpretation, an essential part of the “Deaf Translation Norm” (Stone 2009).

Dhoest and Rijckaert (2021) conducted the first in-depth study evaluating deaf viewers’ comprehensibility of the interpreted VRT evening news. The study collected data from 20 deaf interviewees to identify possible difficulties. The news interpreted by HIs is not easily understood: interpretations are not coherent, include lexical and grammatical errors, and are often influenced by Dutch. Apart from these linguistic aspects, technical and practical issues add up to challenges regarding intelligibility. Deaf viewers miss information due to visual input overload: the interpreter, videos and sometimes subtitles, are often not displayed synchronously, and the deaf viewers’ own knowledge of news-related topics varies. The deaf interviewees indicate a stronger linguistic and cultural identification with the DIs working for *Karrewiet*. As part of the study, a new format was produced, in which news items were summarised and presented by a deaf heritage signer.³ Still images were shown in the background and relevant videoclips of the mainstream news were asynchronously displayed. This was again evaluated by the same interviewees. Dhoest and Rijckaert (2021) recommend a summarised format “in” signed language, designed and produced according to the needs of deaf viewers, which is preferred over news “with” signed language. A deaf presenter should be deployed to prepare and present this news. The recommendations put forth by Dhoest and Rijckaert (2021) have not yet brought visible change.

The COVID-19 Pandemic

In Belgium, previous advocacy work by Deaf associations, established networks within the interpreting profession, and willingness demonstrated by the federal crisis communication team led to the provision of two teams of deaf and hearing SLIs at the press conferences about the coronavirus (Gebruers and Haesenne 2021). With time, the presence of on-screen DIs became part of the new normal. At the time of writing over 170 press

updates organised by the National Crisis Centre, announcing statistical and topical information on the coronavirus in Belgium, and over 30 held by the Belgian Government, elaborating on the COVID-19 measures, were interpreted.⁴ Press briefings were broadcast live online and were (partly) used in live televised news programmes. An example of this practice is shown in Figure 12.1.

Gebruers, Vermeire and Garitte (forthcoming) conducted a study on the press briefings interpreted into VGT, gathering the experiences of deaf and hearing viewers as well as conference speakers and interpreters. Deaf viewers were very positive about this practice, acknowledging the work of DIs, which indicates a shift in their mindset compared to a decade ago when deaf viewers questioned DIs' reliability (De Meulder and Heyerick 2013). Some deaf people, however, had difficulties navigating through the press updates (Gebruers, Vermeire and Garitte [forthcoming]). One older deaf participant of their study thought it was important that deaf people share this information amongst each other. Two deaf participants watched the press conferences as well as the summarised videos in VGT to “double check” they understood the information correctly (see below for an explanation of these videos).

As was already customary, HIs were provided at the evening news and some additional broadcasts featured the same SLIs. In addition, nine information videos⁵ on COVID-19 were translated into VGT by DIs, funded by the Federal Government. Some Deaf-led organisations voluntarily shared information about the coronavirus. Visual Box,⁶ a Deaf-led media company, produced its first update on 12 March 2020, five days before the first

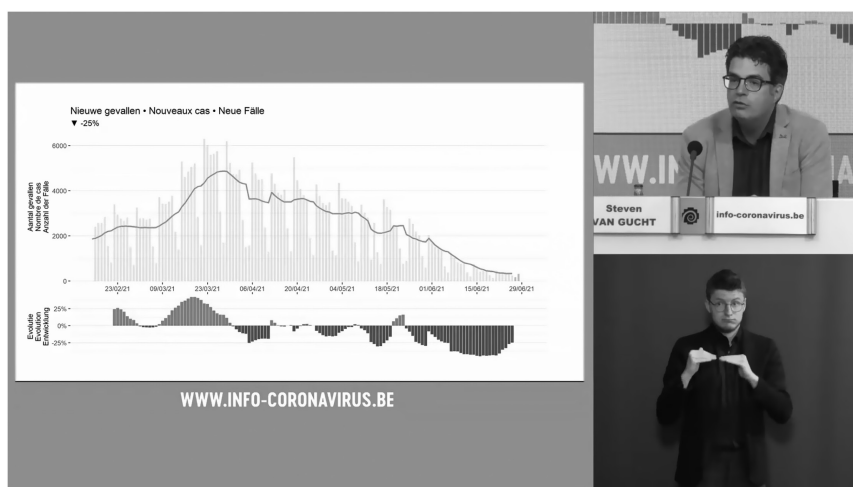


Figure 12.1 Screenshot of interpreted press briefing on 30 June 2021. (© Visual Box, <https://news.belgium.be/nl/corona>)

interpreted press conference. The short updates of Visual Box were presented by a deaf presenter and were accompanied by plain visuals to convey the message as clearly as possible (see Figure 12.2).

In total, more than 20 videos were distributed, shared via Facebook, and warmly welcomed by deaf people. Visual Box, however, produced these videos voluntarily in addition to their daily work. In October 2020, in a video on Facebook, they asked deaf people whether they still would like them to continue producing videos. This post received 174 responses in which deaf viewers wrote they hoped new videos would be added. Their accounts suggested that the videos were clear, concise, comprehensible and easy to process compared to other news sources.

Historically, Deaf clubs have been the place for deaf people to exchange information (see Ladd 2003 for the UK context). Deaf clubs in Flanders are declining and typically attract an older population. Because of the measures related to the pandemic Deaf clubs had to close their doors for an extended period; private social gatherings were no longer possible. In March 2020, a deaf volunteer created the Facebook page “Corona in VGT”,⁷ centralising and sharing important information, which reached over 600 followers. This is an apt example of “digital Deaf spaces” (Kurz and Cuculick 2015, 225) in which digital communities can be built or maintained, and can be seen as a substitute for a “physical Deaf space”.

The COVID-19 pandemic has been accompanied by an infodemic (WHO 2020). A large amount of misinformation was circulated. As Vermeire (2020) attested, inclusive crisis communication implies multilingual and multi-modal communication. As information has never been (made) accessible to



Figure 12.2 Screenshot of summarised video of Visual Box, 7 May 2020. (© <https://www.facebook.com/visualboxmedia/videos/3439120449504244/>)

deaf people in various ways as much as during the pandemic it is an important topic to study.

Our observations and the reviewed literature have led to the following research questions:

- 1) How did deaf signers find and receive information concerning the pandemic?
- 2) Did deaf signers understand the available sources of information regarding the pandemic?
- 3) How did deaf signers make informed decisions in relation to the pandemic?

Methodology

First, we want to outline our positions. The first author is a DI and media expert leading the media company Visual Box. The second author is a HI working at the COVID-19 press conferences. We are both “practisearchers” (Gile 1994), actively involved in the signed language (interpreting) communities, and we both carried the responsibility for conveying information. Although we acknowledge our positions, we believe our perspectives as insiders were valuable during the research (see Dwyer and Buckle 2009).

We carried out a qualitative preliminary small-scale study. Three co-designed semi-structured interviews were conducted by the first author, who is deaf himself and thus better positioned to liaise with the deaf participants. The second author was not present as we wanted to avoid the “hearing intruder” effect (Sutherland and Rogers 2014). These research design decisions were based on the authors’ strengths and capital (O’Brien and Emery 2014). We recruited participants using the opportunity sampling technique (Hale and Napier 2013, 73). Given this study’s exploratory nature and time limitations, we opted for a small sample size and prioritised in-depth conversations. All participants were approached by the first author as they had been viewing information on the coronavirus provided in VGT. An informative video was sent, explaining the study and requesting consent. Participants were assured data would be anonymised, stored safely, and only shared with the second author. Since we conducted this study as independent researchers no formal approval was sought from an ethics committee, however, ethical procedures were considered throughout. Furthermore, we engaged with feminist ethics principles, aiming to establish a caring relationship with the participants, foregrounding their accounts and being aware of power issues (Bell 2014). The interviews were conducted online in VGT, recorded and reviewed by both authors, totalling almost four hours of data. All three participants were white, female, between 50 and 75 years old; two were retired. All received their education at a Deaf school and have deaf family members. As the participants are part of a small community, making it easier to be identified, we do not share any further background

details. We consciously targeted deaf signers in a higher age group as they generally did not receive high-quality education in Flanders (De Meulder and Haualand 2019), which impacted their reading and writing skills, making VGT for many of them the preferred language.

The interviews were transcribed and separately analysed by both authors looking for overarching themes and patterns (Hale and Napier 2013), followed by a discussion. Keeping the research interests in mind, the data guided the thematic analysis. We aimed for an “on, for and with” paradigm that underscores the importance of approaching the research participants sensitively in terms of ethics, being mindful of their expectations and agendas, and actively involving them as prerequisites for empowering research (Cameron et al. 1992, 22).

We acknowledge this was a small-scale study, including only white female middle-class deaf digitally literate participants. Signed language communities are diverse (Kusters et al. 2017) and they have different needs and aspirations in terms of communication and access to information (De Meulder and Haualand 2019). As such, our preliminary findings cannot be generalised. Although we attempted not to steer the respondents, socially desirable responses (cf. Mellinger 2020) might have occurred. Nevertheless, we believe that we gathered some important insights. The interviews took place in August 2021 about 18 months after COVID-19 started spreading in Belgium, which means that participants partly answered the questions retrospectively.

Findings

In this section we discuss the following identified themes: finding and consulting information, understanding information, and making informed decisions.

Finding and Consulting Information

All three participants stated that their main source of information about COVID-19 were interpreted press conferences. However, early on in March 2020, they experienced difficulties in accessing them. Two participants used multiple search engines whereas one participant relied on a family member to gain access. One participant stressed that deaf people are responsible for sharing accessible information with other deaf people.

Once the participants had found their way, they bookmarked the pages to consult them again later. Two watched the press conferences via the Facebook page of the Federal Public Service “Public Health”, while one preferred to watch the livestream provided by a newspaper. One participant consistently watched the press conferences at first but then less so because of corona fatigue and resuming outdoor activities as measures were gradually lifted. Another participant viewed all the briefings and became

“addicted”. The third participant did not frequently watch the press conferences organised by the National Crisis Centre, but she did follow Federal Government’s press briefings in relation to measures as she found them more useful.

Two of the participants indicated that they sometimes received notifications of an upcoming press conference via one of the DIs’ social media accounts. One participant explicitly stressed the working DI’s responsibility to inform deaf people via social media: “It’s just one click, it’s a small effort”.

One participant mentioned that she would turn to other “smart” deaf people (i.e. deaf people she deemed more competent at reading Dutch), if information would not have been provided in VGT:

I am happy there is someone who explains in VGT in the media. In the past that was not the case. Deaf people went to the Deaf club to ask for that kind of information. Now there’s information in VGT in the media, deaf people watch it.

This comment is interesting as the evening news at VRT was already featuring hearing SLIs before the pandemic commenced. It was not mentioned as an information source until the interviewer explicitly addressed it. Two of the three participants confirmed watching the interpreted evening news but they did not consider it to be a main source of information. One participant preferred watching the youth news with DIs because she identified more strongly with them, and stated that she was hardly watching the interpreted news anymore.

Only one participant consulted the “Corona in VGT” Facebook page as she consciously wanted to access multiple information sources in VGT. All three participants stated that they also considered the informative videos produced by Visual Box as a main information source. All three of them actively searched for videos on the Facebook page, which became a “digital Deaf space”. They believe it was the Deaf-led media company’s responsibility to share content, as one participant commented:

When a deaf person shares something on their page, I watch it but then I forget what the source was as I don’t pay attention to it. Therefore, I think it’s best that Visual Box shares videos on its page.

Corroborating social media responses, all three participants were disappointed but understanding when the summaries in VGT were no longer produced. They argued for more efforts and investment from the government to create other tailored news and information sources in VGT. All three of them agreed that this role would be reserved for the Deaf-led media company rather than the Deaf association, as the latter should focus on advocacy work.

When asked whether the participants felt they were sufficiently informed, opinions varied. One participant mentioned the risk of COVID-19 fatigue, while also stressing the importance of deaf people being informed on a par with hearing people. Another participant felt she was sufficiently informed about the coronavirus, whilst the third one thought specific information in VGT about vaccination was lacking. This participant commented that deaf people had to inform each other via social media about the (in)accessibility of local vaccination centres. Indeed, only in May 2021, months after the vaccine rollout started, did the interpreting agency publish a video on the use of interpreting services in vaccination centres. Another participant, who resides in a care home, stated she was aware of the procedure but did not have access to that information in VGT at the time she got the vaccine.

In sum, the participants in this study considered both the interpreted press updates and the summaries in VGT to be the main sources of information about the pandemic. They felt that DIs, but also the Deaf media organisation, carry responsibility to share information, including if an interpreted event with DIs takes place and sharing videos with a DI or a deaf presenter.

Understanding Information

When asked about how comprehensible the different information sources that were accessible in VGT were, the participants promptly started comparing them. One participant reported noticing a difference in language use when a DI and a HI appeared side by side on-screen, when the news includes a clip from the press updates. She stated:

I am still watching the news with VGT every day but when a deaf interpreter appears I'd rather watch them. Sometimes the hearing interpreter stops signing, sometimes she continues. Then I compare both and I notice a big difference.

Another participant watched the news with VGT to receive information about the coronavirus before the press conferences were interpreted:

Of course I watched the news with VGT when the coronavirus crisis started, I had no other choice, but I had difficulties understanding. I had to use subtitles to be able to follow the interpreters, but then there's too much visual input, so I have to connect the dots to be able to understand the information. [...] To understand the interpreted content I have to rewind a couple of times, which I don't have to with deaf interpreters. With the press conferences I can fully concentrate on the deaf interpreter.

She even considered herself to be fortunate to have the youth news with DIs to get some information from. Another participant felt that the press conferences were slower paced and hypothesised that ministers might be minding their tempo so everyone would understand. She also criticised the HIs working at the news:

I still watch the news in VGT but to be honest I don't think their signed language is of good quality. ... How to put it ... I can see they do not fear that they get fired. That's why they don't pay attention to the quality of their interpretation into VGT. They don't make respectful efforts towards the deaf viewers. Considering the other format in VGT [...] I know [deaf interpreters] are still new in the profession so they have to fight harder for their position and status. But I can see all three of them have it in them to interpret into VGT in an explaining way. This is lacking in the news interpreters.

One respondent elaborated on the fact she contracted COVID-19 during the first wave and was admitted to hospital:

At that moment I didn't realise how dangerous the coronavirus situation was, I underestimated the health crisis. Thanks to [the deaf interpreter] I gradually understood the severity of it. Without press conferences with a deaf interpreter I still wouldn't realise, it was thanks to the deaf interpreter, who was really necessary. I don't claim Dutch subtitles are useless but through signed language I receive the information better.

She mentioned experiencing difficulties in understanding the news with VGT as well. As following the news with Dutch subtitles became increasingly challenging because of her educational background, her ageing, and Dutch borrowing more English words, she felt "forced" to watch the news with interpretation. When the press conferences with DIs commenced, "a new world opened up". She understood them better and she felt they were conveyed in "real deaf language". It even impacted her view on media in VGT:

Yes, thanks to [this] I became more aware of the fact that I want more information in VGT, tailored to deaf people. We want to see "deaf language" and a professional attitude, and understand the information!

One participant stressed, however, that a DI is not automatically a good interpreter, as they too must meet high-quality requirements. She preferred DIs who are heritage signers and who frequently attend Deaf clubs over DIs who only gather with other deaf people in private settings. She continued:

Of course I prefer a deaf interpreter over a hearing interpreter. I understand them better because they are deaf. But I do think a deaf interpreter must make an effort to come into contact with different target groups within the Deaf community.

Next to the interpreted press conferences, the summaries on the COVID-19 measures produced and distributed by Visual Box were a main source of information. All three participants attested that they received and could recall more information from those videos. When comparing these videos presented in VGT with the interpreted press conferences with DIs, they found the latter took much longer and contained a lot of information, whereas the former were summarised and visually supported by images, enhancing comprehensibility. The participants felt that in these videos “real deaf language” was being used. As one participant put it: “I think these videos are clearer and their language is like the language we use. I identify more with the videos of Visual Box”.

All three participants explained that they want to follow the live press updates to receive the information on the measures at the same time as other people do. However, this information is less well received and more easily forgotten. Although this might be mainly related to the fact that most deaf people in Flanders in this age group have never been trained to process large chunks of information in VGT (cf. De Meulder and Heyerick 2013), the general information overload in relation to the pandemic might have added to it. As one participant attested:

I think it's important that I can watch the press conferences live. I understand everything but afterwards I sometimes forget parts. Then I watch the summarised videos, these are shorter and clearer, and professionally produced. Then I remember the measures and am better capable of recalling them.

One participant thought that the summaries in VGT were more detailed than the press briefings. When it was explained that these were summaries of the press conferences held by the Federal Government, she responded that this perception might be created by the information being repeated in the videos, making it easier to process, and by including only one deaf presenter in the videos, whereas during the press conferences interpreters working into VGT and LSFb take turns. Moreover, the provision of DIs has increased the awareness of their added value. One of the participants argued that DIs should become the norm at press conferences and even considered working with DIs in personal contexts.

In summary, the main sources of information that the participants consulted were also seen as the sources that were most comprehensible. Both sources are considered to be complementary.

Making Informed Decisions

When the participants were asked about whether they felt they could form an opinion after consulting and understanding information, they mainly focused on vaccines. Although all three of them chose to take the vaccine because of multiple personal reasons, they had their doubts. One participant was sure that she would have been less convinced of the vaccine effectiveness without information in VGT:

When I got my first dose, I found out there were confusing messages circulating about the effectiveness of vaccines. I mainly read this news in Dutch. I encountered it by accident but I tried to ignore it. I always say it's other people's opinions, I followed the information in VGT from the start. This was enough for me to form my own opinion.

Two participants felt they became more independent, as one of them commented:

Otherwise I would have to ask my children for their opinion but to date they didn't have to explain anything to me as they know I'm sufficiently informed. [...] I trust the information I receive because I understand the interpreted press briefings and the videos of Visual Box. I continued watching until I was convinced to get the vaccine.

The importance of trust was discussed. One participant stated that it is not necessarily related to one's hearing status but rather to a way of explaining and language quality, or as another participant put it:

As it includes deaf interpreters, I trust the information, mainly because I understand. That's normal, you first have to understand in order to get a good feeling. I never had that with the news interpreters.

Another participant felt fortunate she did not have to consult a hearing family member to form an opinion about the vaccines as "they are not a doctor, right". Because of her age and her residing in a care home, she belonged to one of the priority groups to get the vaccine. She received an invitation letter in Dutch, of which she does not have full command. At first, she doubted her doctor's advice because of the poor communication so she decided not to take the vaccine as she is, as she expressed, "distrustful by nature". She said:

Without the press conferences with deaf interpreters I had to consult information in Dutch, which honestly, I don't fully understand. [...] I didn't feel good seeing all those different opinions as it made me panic. Fortunately, there were almost daily press conferences from the start. I have been watching them for months. [...] When they started to discuss the vaccine, I was originally not convinced of its effectiveness. I didn't

trust it. [...] But gradually I got more information in VGT [from the crisis centre]. Thanks to this accessible information I slowly put more trust in it. From then on I didn't consider other people's opinions anymore. I just went for it.

The third participant, who is younger, was mainly concerned about the long-term effects. After consulting different information sources in VGT she remained critical and scrutinised written information. She stated:

It's mainly about understanding information but that doesn't mean I have to believe it per se. These deaf interpreters only translate what the government says. [...] I believe I have to critically handle the information and not be naive.

The participants in this study seemed to be able to identify unreliable information and had access to information in VGT, which they understood, believed and trusted, and formed the basis to make informed decisions.

Discussion

In terms of finding and consulting information sources in VGT, at the start of the pandemic, the participants experienced difficulties accessing them. Making information available in signed language is one thing; making sure deaf signers easily find their way is another, and equally important, thing. Within the age group we studied, it continues to be important that deaf people share information with other deaf people (Gebruers, Vermeire and Garitte forthcoming), even when it comes to interpreted events. In the past, deaf people relied on each other to exchange information, so this is not new, but it raises questions about the expectations deaf people have regarding the ethical conduct of DIs.

Due to various reasons, the participants were critical of the news with HIs. The youth news with DIs was mentioned as a source of information by one participant because of the strong identification (cf. Dhoest and Rijckaert 2021). Interestingly, the participants mainly referred to the Facebook page of Visual Box as a space where content should be collected and shared, a "digital Deaf space" (cf. Kurz and Cuculick 2015). This might be because they were already familiar with this organisation, the people behind it, and its social media account prior to the pandemic.

Regarding comprehensibility, the visual on-screen input was a topic of discussion. The press conferences with DIs did not seem to be visually overwhelming as mostly only one speaker and interpreter were displayed, along with a still image. This is different from the news with HIs (Dhoest and Rijckaert 2021). Moreover, linguistic and cultural aspects, language ownership and process/modality (cf. De Meulder and Heyerick (2013) in relation to DIs' work), underpinned the participants' accounts. All participants

applauded the government's initiative to provide DIs at the press conferences because of cultural identification and linguistic skills. In addition, we noticed the participants expressing themselves through signs that were used by the DIs (e.g. lockdown), which illustrates that DIs are indeed language role models (cf. Kyle 2007). Some participants often used the sign "explain" when talking about the work of DIs, which we believe is because they experienced the output as "domesticated" (Stone 2009, 104–105). Overall, these results confirm previous studies, suggesting that deaf viewers have more difficulties with understanding HIs working in the media context.

The summaries made by Visual Box were also a main source of information, exemplifying the format introduced by Dhoest and Rijckaert (2021) as an alternative for interpreted news broadcasts, which starts from a "deaf framework". The dimensions proposed by De Meulder and Heyerick (2013) were even more evident when participants shared their viewing experience about these summarised videos. Moreover, the summaries served as a "double check" to understand information (see also Gebruers, Vermeire and Garitte forthcoming).

Because of the availability of two important, informative sources, participants seemed to have become more confident, empowered and independent to form opinions and make decisions. The issue of trust was raised as being important to understand information and make informed decisions.

Conclusion

In reference to the UNCRPD, we examined how deaf people received and understood information that was (made) accessible in VGT and how they made informed decisions during the pandemic. It became clear that the participants considered the interpreted press updates featuring DIs and the summarised videos produced by the Deaf media organisation as the main information sources. The awareness of what deaf viewers in Flanders expect from news presented and interpreted into VGT increased, which is a positive evolution. The participants stressed the need to find and understand information in VGT to be able to believe and trust it, so they can make informed decisions. This is of vital importance during a global health crisis.

Being grateful for having received comprehensible information that was sufficient to make informed decisions, the participants also stressed it should be a matter of course. Although information on the coronavirus was available in VGT on an unprecedented scale, there was a lack of access in other venues, such as hospitals, care homes and vaccination centres. These individual barriers might have had serious consequences for deaf people and should be tackled in future crises.

In general, deaf people aspire to access more news and information in VGT on a variety of topics in their preferred way: presented in VGT by a deaf presenter as well as interpreted into VGT by a DI. We hope this preliminary study provides insights into how deaf signers have experienced the

flow of information related to the pandemic and contributes to knowledge of the aspirations and expectations of deaf people in relation to how (crisis) news and information in signed language should be organised in the future.

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Notes

- 1 Throughout this chapter “accessible” means “made available in signed language”, though not necessarily intelligible for deaf signers.
- 2 We use “deaf” to refer to individuals and “Deaf” to indicate socio-cultural entities (e.g. Deaf community) and theoretical concepts (e.g. Deaf culture) (Kusters, De Meulder and O’Brien 2017, 13–15).
- 3 A heritage signer is a signer who grew up using a signed language at home with deaf parents (Napier, 2021).
- 4 See <https://news.belgium.be/nl/corona>
- 5 See <https://www.info-coronavirus.be/nl/videos/>
- 6 See <https://www.facebook.com/visualboxmedia>
- 7 See <https://www.facebook.com/coronainvgt>

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Part III

Translational Cultural Responses to COVID-19



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13 The Visual Language of COVID-19

Narrative, Data and Emotion in Online Health Communications

Kirsten Ostherr

Introduction

The history of public health is, in part, a history of visual representations of contagion. Efforts to halt the spread of infectious disease depend on a concept of prevention that entails anticipation and mitigation of threats that are invisible to the naked eye. To this end, public health organisations have attempted various techniques for making invisible contagions visible. This chapter will consider this process of making visible as a process of translation—an effort to translate invisible epidemiology into a visual language that becomes shareable and therefore understood across communities, racial and ethnic groups, cultures and countries through the international forum that is the internet. Using posters, pamphlets, motion pictures, radio messages and televised public service announcements, public health officials of the past century attempted to raise awareness and motivate public action to contain outbreaks of infectious disease (Hansen 2009). Researchers have shown that these forms of communication often visualised contagion through imagery that stigmatised vulnerable groups, locating blame for the spread of disease on those pathologised figures (Ostherr 2005; Kraut 1995; Gilman 1985). In recent years, the media of public health have migrated online, with contemporary versions of health messages—both official and unofficial—appearing on Instagram, YouTube, TikTok, Facebook and Twitter (Mitchell and Liedke 2021). In this shift to predominantly image- and video-based online platforms for health communication, the emphasis on visual expression has been reinforced, making the popular language of COVID-19 a distinctly visual language. Moreover, the most widely disseminated COVID-19 visuals have been forms of personal media produced by individuals rather than official media produced by credentialed health organisations (Sleigh et al. 2021). Visually oriented, personal social media posts therefore constitute a major corpus for analysing the language of the pandemic. This raises the important question of who shapes understandings of disease. In this context, the visual—precisely because it enjoys the advantage of being readily communicable to a large transnational audience—becomes a contested space, in which popular and professional influences vie for control.

However, another visual language has emerged to express the conditions of the pandemic: the data visualisations that chart in quantitative terms the rise and fall in rates of COVID-19 testing, infections, hospitalisations, deaths, vaccinations and other numerical renderings of the human toll of the pandemic. These visualisations serve not only as representations, but also as predictive models that project, based on current and past data, how the pandemic will evolve, thereby presenting a quantitative presentation that is often at odds with the personal modes of address in popular COVID-19 visuals. These data visualisations therefore offer a site for examining how the emergence of predictive analytics in healthcare has interacted with and shaped the visual narratives of infection and prevention during the COVID-19 pandemic. By juxtaposing these two widely circulating languages of COVID—the personal, visual narratives and the quantitative data visualisations—this chapter will ask what is gained and what is lost when the human experience of global suffering is depicted through these different forms of representation. To do so, this chapter will examine the attempts by official health organisations to bridge the personal narrative-data divide in their own health communications. By framing this analysis in relation to larger debates around data and narrative in healthcare (Ostherr 2022a) this chapter will also offer a framework for recovering the erasures of data-driven healthcare.

The proliferation of visual representations of COVID-19 on social media and in data visualisations (which also circulate on social media) has led to intense debate over the spread of mis- and disinformation online. Inaccurate and anti-science messages about COVID-19 have been blamed for undermining efforts to control and halt the pandemic through mask mandates and vaccination efforts. Many of the proposed solutions to this problem aim to intervene in the social media ecosystems where misinformation spreads, for example by countering false claims with accurate information online, and flagging or removing inaccurate and false claims about COVID-19 (Chou et al. 2021), reprogramming algorithms on social media platforms to promote scientifically validated messages (Perry 2020) and de-platforming known spreaders of conspiracy theories (de Vynck 2021). While local, community-based micro- and nano-influencers may play a role as important as mass health messaging online (Anderson 2021), for the purpose of the present discussion, this chapter will focus on the ways that health organisations produce a particular visual language of COVID-19. Specifically, I will argue that the current state of research and debate about how to manage health misinformation online has failed to address a fundamental aspect of health communication: the role of visual form and style—or aesthetics—in mediating affective responses to health communication. As I have argued elsewhere (Ostherr 2022b), the emotional dimensions and aesthetics of pandemic response are consistently overlooked in data-driven communication techniques. As a result, the emotional impact of different narrative and visual styles in COVID-19 messages online remains underexamined as a

source of influence. This chapter will demonstrate that the personalised, affect-driven, image-based narratives of social media provide a language for communicating and thus understanding the human toll of the global crisis that engages attention and empathy more effectively than abstracted, data-driven visualisations. Consequently, the impersonal style of many scientific correctives to misinformation has led to a polarisation of these forms of representation. The harmful consequences extend beyond the dehumanisation of quantitative data visualisations by reinforcing a dichotomy between narrative and data that further alienates the idea of science from the experiences of local communities.

Cultural Narratives and the YouTube Health Content Initiative

The visual mediation of the COVID-19 pandemic in English-language media of the United States and Western Europe has drawn from some familiar iconographies in the global history of disease, particularly in the widespread reliance upon visual imagery of pathologised others to embody the mortal threat of contagion. For example, imagery of so-called exotic animals in Chinese “wet markets” (Standaert 2020) characterised the origins of the COVID-19 outbreak as foreign and primitive. Anti-Asian racism and xenophobia from such dehumanising depictions led to violence against people who appeared visually to be East or Southeast Asian (Jeung 2021; Tang 2021). By contrast, such stereotyping was notably absent in depictions and treatment of Italians when the epicentre of the pandemic migrated from China to Italy. Later, anti-immigrant politicians deployed rhetoric of a foreign disease invasion to generate support for policies that would prevent Latin American and Haitian migrants from entering the United States (Durkee 2021). All of these tactics have been used repeatedly in outbreaks of the past to produce white supremacist imagery and ideologies of national belonging and exclusion (Bracken 2018). In the international, transcultural space of the internet, these visual languages borrow from and react against each other, depending on local circumstances; and migration underlines the global circulation not only of people and disease but also of (visual) languages.

However, notable variance from the history of public health iconography has also emerged in the COVID-19 pandemic, as the media of public health have migrated online, with contemporary versions of health messages—both official and unofficial—appearing on Instagram, YouTube, TikTok, Facebook and Twitter (Merchant et al. 2021). After Google, YouTube is the second most-visited website worldwide, and several other image-based and video sharing sites, including Facebook and Instagram, are in the top ten (We Are Social 2021). These sites not only present a visual mode of communication, their recommendation algorithms also reinforce the perception that online content must be visual in order to reach large audiences and become “viral” (Sleigh et al. 2021; Li and Xie 2020). The resulting

feedback loop increases the traffic in visual content, elevating views of video communications about COVID-19 above textual forms such as scientific papers (Kamiński et al. 2021). One major consequence is that YouTube has become a site where misinformation about COVID-19 is widely shared, with one study finding that over 25% of the most viewed videos about COVID-19 on the site contained misleading information (Li et al. 2020). For this reason, WHO Director-General Tedros Adhanom Ghebreyesus described the pandemic as an “infodemic” on 15 February 2020 (Tedros 2020), only two weeks after the World Health Organisation (WHO) had declared that SARS-CoV-2 was a Public Health Emergency of International Concern. In doing so, the Director-General acknowledged that the challenge of preventing the spread of mis- and disinformation online posed nearly as great a threat as the virus itself.

The WHO responded to the “infodemic” by convening an online gathering of experts for the first global infodemiology conference in June–July 2020. Defining an infodemic as “an overflow of information of varying quality that surges across digital and physical environments during an acute public health event”, the experts identified the harms of this form of contagion media as leading to “confusion, risk-taking, and behaviours that can harm health and lead to erosion of trust in health authorities and public health responses” (Calleja et al. 2021). While the report notes briefly that “emotive misinformation travels much more quickly across the digital media than fact-based health information” (Brennen et al. 2020), it does not prioritise this aspect of misinformation as a research question, and although the focus is on misinformation spread through social media, the role of visual style in this form of communication is also absent from the report.

The role of major social media platforms such as Facebook, Twitter and YouTube in enabling the perpetuation of the infodemic led policymakers and NGOs to demand accountability and cooperation from those companies in the effort to halt the spread of harmful messages online. In recognition of its outsized influence, YouTube launched a new health content initiative in January 2021, led by medical doctor Garth Graham and featuring partnerships with health and medical organisations including the American Public Health Association (APHA), Cleveland Clinic, The Forum at the Harvard School of Public Health, Mayo Clinic, Osmosis, Psych Hub and the National Academy of Medicine. The aim of the new initiative was to “address the evolving digital health needs of consumers and continue connecting people with credible health information” (2021a). As Graham explained, “In our increasingly digital world, the next phase in health communication is video, where we can connect with people and answer their questions in a way that is both visual and personal” (2021c). The initiative also developed new features for the user interface such as information panels that appear near videos to promote content from authoritative sources such as the Centers for Disease Control and Prevention (CDC). However, researchers have found that despite YouTube’s recent efforts to promote

accurate, pro-vaccine videos, “when viewers are directed to antivaccine videos on YouTube from another site, the recommendation algorithm is still likely to expose them to additional antivaccine information” (Tang et al. 2021). This research demonstrates that single-platform regulation is inadequate as a form of governance of online content, due to the inherently networked nature of the internet.

Several months after the new programme was announced, in response to continued criticism of the site’s role in spreading conspiracy theories, YouTube further expanded its medical misinformation policy, shifting from a model of promoting authoritative information to actively removing misinformation (YouTube Team 2021). The long-term effectiveness of this strategy remains to be seen, but the significance for the purpose of this chapter is twofold. First, the effort highlights the centrality of visual media in shaping the language of COVID-19 knowledge creation. Second, this effort highlights the role of knowledge hierarchies in the struggle to represent and thereby narrate the pandemic. Notably, YouTube’s new medical misinformation policy primarily targeted individuals, not organisations, who were responsible for spreading false claims (Sebastian 2021). In fact, the authorised organisations whose content is now promoted on the platform are all officially credentialed entities, not the popular personalities (or “influencers”) that are typically promoted on YouTube. Moreover, even when the promoted content by organisations such as the APHA featured celebrity appearances, the official endorsements played a defining role in validating the legitimacy of the messages. This raises questions about the visual aesthetics of narrative authority, that is, how institutional authority shapes the mode of address, content and, ultimately, the influence of these postings. As the examples discussed in this chapter demonstrate, the top-down approach to managing misinformation online exemplified by YouTube’s policy depends on models of trust, engagement and communication that fail to account for the role of visual aesthetics in shaping user engagement with 21st-century media ecosystems.

The YouTube platform acknowledges that “firsthand, personal experience regularly plays a powerful role in online discourse” (YouTube Team 2021). The style of this form of presentation typically involves first-person direct address, that is, a charismatic (and often confessional) individual speaking directly to the camera about their thoughts, feelings and experiences. Yet, the guidelines that YouTube proposed to control the spread of misinformation failed to address the form and style of the videos that spread mis- and disinformation, focusing instead on the source and content of the postings. The principles governing YouTube’s efforts were developed in 2021 when YouTube asked the National Academy of Medicine to “consider the question of how to define ‘authoritative health content sources’, and the ways in which those sources attain and maintain their authority”. The resulting guidelines emphasised the techniques for identifying credible sources of health information, based on an assessment of

whether the sources are science-based, objective, transparent and accountable (Kington et al. 2021). While these principles may accomplish the aim of removing some bad sources from the site, they fail to address the fundamental question of why these messages appealed to viewers in the first place. That is, the guidance failed to consider why conspiracy theories spread so rapidly across the internet, while the communications of traditional experts such as accredited health organisations and government entities struggled to reach a broad public. I have described this misalignment elsewhere as the “shifting aesthetics of expertise” (Ostherr 2018). In the context of the COVID-19 pandemic, I argue that visual language is an essential—yet overlooked—dimension of health communication that can explain the “virality” gap, with the outdated mode of authoritative address alienating viewers precisely because of their top-down form and style of communication.

YouTube spokesperson and medical doctor Garth Graham identified several of the partnerships that YouTube formed to “increase the accessibility of high-quality health content on our platform”, with links to their content. For example, the American Public Health Association (APHA) hosted four episodes of a programme called “Barbershop Medicine” on its YouTube channel (“American Public Health Association—YouTube Channel” n.d.), starting with a 16-minute pilot called “Why COVID-19 Has Hit the Black Community So Hard” (American Public Health Association 2021). The programme was developed by YouTube Originals in 2021 as part of the company’s “Black Voices Fund” and is hosted by two Black physicians, Dr Italo Brown and Dr Cedric Rutland. As described on the YouTube blog,

In Barbershop Medicine YouTube aims to put the “public” back in Public Health, exploring the impact race and socioeconomic status have on healthcare and longevity. The barbershop has long been a center of community, as captured in the landmark clinical trial of blood-pressure reduction that delivered education and care in barbershops.

(Ducard 2020)

The first episode takes place in a Los Angeles barbershop that moved outdoors during the pandemic. Several community members, including a Gang Interventionist called Low Down, a college athletic director named Kal, the musician Masego, a barber named Danny and another barber called L participate in a staged conversation about vaccine hesitancy and racial health disparities. A couple of times during the video, the conversation freezes so that the hosts can insert an explainer about one of the topics that comes up, such as the reasons for the long history of medical mistrust in the Black community, or the reasons why Black and Brown communities have higher rates of pre-existing conditions that raise their risk for severe COVID-19. The production style is professional and reminiscent of popular, youth-oriented music video programming.

“Barbershop Medicine” attempts to mitigate the effects of the “infodemic” by communicating with audiences through local, culturally specific language and signifiers. Another set of videos was commissioned by YouTube in collaboration with the Kaiser Family Foundation to serve a similar purpose. The initiative was called “The Conversation: Between Us, About Us” and featured a set of videos called “Greater Than COVID” (see Figure 13.1), focusing on Black and Latinx communities and low-income rural communities across America. “Greater Than COVID” aimed to “answer top questions from the Black community about COVID and vaccines” (Graham 2021b). The series was hosted by Black comedian W. Kamau Bell, and included 69 short, approximately one-minute-long videos addressing key topics around the virus and the vaccine. In the introductory video for the series, called “Hello Black America!”, Bell jokingly directed his audience to stop listening to their “uncle at the cookout” for COVID-19 advice; instead, he posed questions to a variety of Black scientists, doctors and nurses, whose responses were edited together to present a plurality of trusted Black voices who could help combat medical misinformation in the Black community.

The videos in both the APHA and Kaiser series are more relaxed, casual and overtly entertaining in their mode of address than many public service announcements (PSAs) from the WHO, the CDC or other national health authorities, whose messages typically emphasise straightforward delivery of factual scientific information about a disease rather than viewer engagement. However, the “Barbershop Medicine” and “Greater Than COVID” videos nonetheless reflect a formal structuring around the authority of official medical sources. As compared to the videos by conspiracy theorists that these productions are designed to counter, the APHA-sponsored videos have a polished level of production values that may undermine their credibility for viewers. In addition to the formal style of the videos, it is worth noting their short and sporadic runs—“Barbershop Medicine” produced only four episodes, while “Greater Than COVID” produced scores of very brief episodes, but at intervals separated by several months at a time. Unlike the constant output of individual social media creators who are promoting themselves or their sponsorship brands, these organisations are not dedicated to the kind of sustained output that builds trusting fan/follower communities. The instrumental, short-term approach of official health communication through corporations such as YouTube reflects the misalignment of their motives with their media tactics. Despite the company’s attempts to adapt their output to the influential style of “firsthand, personal experience” (YouTube Team 2021) that is known to reach more viewers, YouTube partnered with large national organisations such as the APHA whose institutional identities and practices make it difficult to speak in a personal voice to their followers. Efforts to translate WHO messages into more popular vernaculars resulted in PSAs featuring the Minions from the *Despicable Me* animated movie series, and a spot featuring the comedian Mr Bean (World Health Organisation 2020). While these approaches aim to make WHO communications more

Got Questions About the COVID-19 vaccine?

Doctors, nurses and researchers provide facts and dispel misinformation in this new video series.



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 **WATCH NOW!**



 **SCAN ME**

BLACK
COALITION
AGAINST COVID-19

WEO
COVID

Figure 13.1 Flyer for “The Conversation” video series, Kaiser Family Foundation.

accessible and engaging, they do so by replacing the universalising rhetoric of global health with the universalising rhetoric of mainstream corporate global popular culture, thereby missing the opportunity to communicate through the culturally grounded, decentred vernaculars of marginalised communities.

Data Visualisations and Emotion

Although health organisations have begun to work with celebrities and influencers in their communication campaigns, the default visual language

of these institutions remains firmly quantitative. As a pandemic of the big-data era, COVID-19 has presented new scenarios of prevention that depend on risk-modelling based on analysis of large data sets. The visual language of data has become widespread in this context, and numerous data aggregation and visualisation efforts have been so widely cited as to become the foundation for this branch of the visual language of COVID-19. The preeminent visualisation has been the Johns Hopkins University COVID-19 Dashboard, launched in January 2020, with a map of every infection site in the world (Dong et al. 2020). The global map in the centre of the screen is surrounded by graphs of weekly cases, deaths and, later, vaccines administered on the left side of the screen, with a list of cases and deaths by country/region/sovereignty on the right side (Center for Systems Science and Engineering at Johns Hopkins University 2020). This data visualisation has been frequently cited by news media, government officials and health professionals throughout the pandemic. In this way, the Johns Hopkins dashboard serves as an irreducible daily snapshot of the evolving pandemic and as a reliable, evidence-based representation of reality that receives billions of daily visits (Perkel 2020).

Another prominent example of data-driven depictions of the pandemic is the work of “Our World in Data”, which provides open-source COVID-19 datasets that include confirmed cases, deaths, hospitalisations and testing numbers. The website allows users to select which variables they wish to display, and whether they want to visualise them as linear or logarithmic charts, maps or tables, by individual country or at a global scale (Ritchie et al. 2020). Thumbnail images of data visualisations called “Map of cases (last 14 days)” created by “Our World in Data” now appear on the results page of many Google searches for COVID-19 in a specific location, such as “COVID Houston” or “COVID London” (Google 2021b). Immediately beneath the data visualisation is a link called “About this data”, which directs the user to a page called “Coronavirus (COVID-19) statistics data”. The page succinctly lists five caveats that acknowledge the uncertainty of the data, adding nuance that is impossible to capture in the data-driven representations that are presented to hundreds of millions of Google search users around the world every day (We Are Social 2021). The page qualifies the implicit objectivity of the data, with caveats addressing the geographic variability of results: “[The data] changes rapidly and may differ by location”; the heterogeneity of the data: “It includes confirmed and probable cases”; the subtleties of specific data classifications: “It shows positive tests, which differ from positive cases”; the steady influx of new data: “It’s constantly updated from resources around the world”; and the inconclusiveness of the results: “It may differ from other sites and sources” (Google 2021a). Each topic is followed by a brief discussion, and taken as a whole, this explanation of the data highlights the limitations of our ability to understand the global impact of the COVID-19 pandemic through data visualisations. Yet, this acknowledgement does little to displace data

visualisation as the dominant approach to organising and representing the human toll of the pandemic. Moreover, although the caveats do mention that data may differ by location, a fundamental assumption of this approach to representing the pandemic is that the language of quantitative data is universal.

To understand the formal context for these official data visualisations, which circulate widely across the varied sites of the internet, it is helpful to consider the landing page for the health organisations that extend their scientific authority through this form of representation. For example, at the time of writing, the English-language homepage of the World Health Organisation highlights the International Health Emergency of the COVID-19 pandemic (see Figure 13.2), featuring a menu of expandable quick links and two data visualisations (World Health Organisation 2021a). One is called “Coronavirus disease (COVID-19) Situation dashboard” and is described as an “interactive dashboard/map [that] provides the latest global numbers and numbers by country of COVID-19 cases on a daily basis”. The other data visualisation prominently featured on the WHO home page is titled “Timeline: WHO’s COVID-19 response”, where users are invited to “Explore the interactive timeline showcasing how the organisation has taken action on information, science, leadership, advice, response and resourcing” (World Health Organisation 2021b). The same visualisations are available on the Portuguese-language landing page. However, if a user clicks on the “select language” dropdown menu on the WHO homepage and chooses another official language of the WHO (Arabic, Chinese, French, Russian or Spanish) none of these other landing pages contain the data visualisations on their homepage. No explanation is provided for the discrepancy, but one might hypothesise that this is because English is the global language of the internet, and the internet in turn is where global visualisations of COVID-19 are circulated. This explanation does not, of course, account for the Portuguese-language home page, although the country of Brazil (where Portuguese is spoken), has the second highest global death toll from COVID-19 after the United States, and this grim affinity may explain the shared approach to prioritising data visualisation on both home pages.

Although these data visualisations are treated as empirical evidence that is validated by scientific knowledge-creation practices, this style of imagery has also been adopted by conspiracy theorists to validate their own narratives about the pandemic (Lee et al. 2021; Hannah 2021; Shelton 2020). This phenomenon is an example of the contested nature of data within the languages of COVID-19. As Kennedy and Engebretsen (2020) note,

while data visualizations have a growing importance in society, their novel forms and uses mean that our understanding of how they work as semiotic and aesthetic phenomena and how they support or hinder personal and social agency is also in flux.

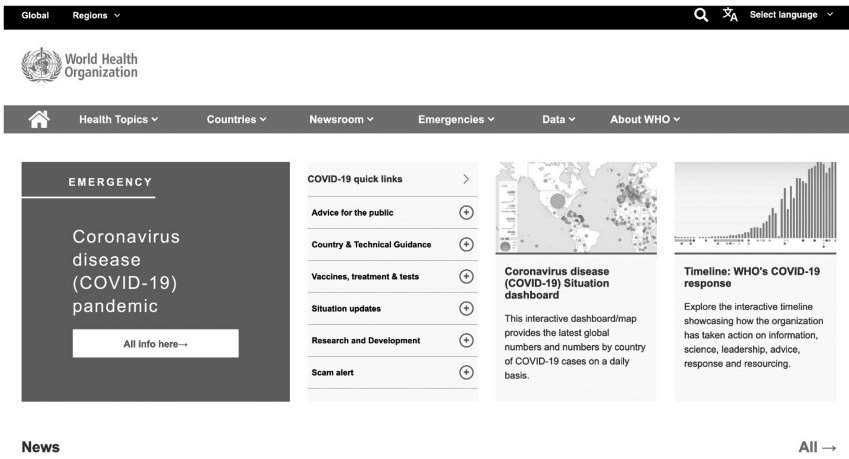


Figure 13.2 Screenshot of English language WHO Coronavirus disease (COVID-19) pandemic home page. Accessed 28 October 2021.

Notably, the use of data visualisations by conspiracy theorists is integrated with the personalised narratives discussed in the previous section of this chapter. That is, while scientific organisations present data visualisations in emotionless, non-narrative explanatory contexts, conspiracy theorists such as QAnon have been shown to entangle these visualisations with emotional exhortations that fuel belief in the master narratives of these groups (Hannah 2021). To disentangle the multiple functions of data visualisations in the “infodemic”, scholars in critical data studies have argued that data analysts must “elevate emotion and embodiment” in order to value “the knowledge that comes from people as living, feeling bodies in the world” (D’Ignazio and Klein 2020). Moreover, while they function on the surface as precise, disembodied summations of information, data visualisations also generate feelings, or “emotional responses that are connected to human encounters with data visualizations. Meanings and feelings are inseparable in our situated interactions with texts”, and for this reason, “Emotions are vital components for understanding the social world, including data visualizations” (Kennedy and Engebretsen 2020).

In line with this reframing of the interpretive contexts of data, media scholars have explored alternate data visualisations, including “counterplots and subaltern maps” that “remind human subjects that they are more than mere data points” (Bowe et al. 2020). In addition, these alternative approaches to data visualisation direct attention to the gaps in the data. For example, artist Mimi Onuoha describes her mixed-media installation, *The Library of Missing Datasets* (2016a), as “a physical repository of those things that have been excluded in a society where so much is collected” (2016a, b). These

“counterplots” raise questions such as: how does the visual representation of embodied contagion intersect with the visual representation of the data-driven pandemic? Does the proliferation of data—from testing, contact tracing, cell phone mobility, geographic information systems, wearable fitness trackers, online searches, telehealth encounters and other digital residue—shape our understanding of contagion differently than previous approaches to representing infectious disease outbreaks? The very networks of digital connectivity that have enabled the wild spread of conspiracy theories and other forms of misinformation through visual narratives online have also been the sources of pandemic “big data” that drive the scientific privileging of data visualisations. In this sense, the “firsthand, personal experience” style of address that YouTube acknowledges as central to the popularity of its most viewed videos is intricately entangled with—not diametrically opposed to—a more data-driven view of the pandemic. Yet, the discursive opposition of these two modes of reasoning, by conspiracy theorists and scientists alike, leads to an impasse in public health communication that embraces scientific methods yet must compete with the popular videos on YouTube to reach its audience.

Conclusion: Understanding Long COVID through Synthesis of Narrative and Data?

The question of characterising the visual language of COVID-19 has great import for the equity (or lack thereof) in policy responses to the pandemic. When considering the vast internet corpus of COVID-19 imagery and narratives, we must ask which representations and perspectives circulate most widely, and which linger at the margins? Whose narrative is heard? As this chapter has shown, the polarisation of narrative- and data-based forms of representation in health communications online can lead to widely divergent depictions of reality. Yet, the phenomenon of “Long COVID”, with its proliferation of patient narratives and elusive biomarkers, can help illuminate the challenges of official health communication in times of crisis, and may offer a way forward in cooperation with—rather than opposition to—scientific forms of representation.

In their article “How and Why Patients Made Long COVID” (Callard and Perego 2021, 1), the authors argue, “Thousands of patients collectively made visible heterogeneous and complexly unfolding symptoms: most were not commonly acknowledged within many healthcare and policy channels in early pandemic months”. This process of making visible—both by naming and by communicating in public—points to the tension between diagnostic visualisation and empirically based epistemic authority. Who is seen as suffering from COVID-19? Who is seen as possessing authority to name that suffering? Callard and Perego argue that

patient and lay contributions have often been ignored or underacknowledged by conventional actors, which has intensified patient suffering

and societal inequalities. We need to learn from these episodes and ensure that patient contributions to the coronavirus pandemic are fully acknowledged and incorporated into policy making.

(Callard and Perego 2021, 1)

The scientific discourse around the naming of Long COVID as a medical condition emphasises the search for biomarkers (Greenhalgh et al. 2020), in contrast to discussions rooted in patient experiences (Garner 2020; Lokugamage et al. 2020). In this process, Long COVID becomes transformed from a diffuse phenomenon with “invisible” symptoms to a public narrative that only gains epistemic authority when it can be quantified as biomedical data (Bond 2021).

Yet, the uncertainty surrounding the enduring sequelae of COVID-19 infections, even in cases described as mild, points to the need for understanding the nuances of the condition through patient narratives, in all of their messiness and idiosyncrasy (Yong 2020a, b; 2021). One patient (a professor of infectious disease) described his experience as “a roller coaster of ill health, extreme emotions, and utter exhaustion” (Garner 2020). Others describe an “illogical” feeling about their experiences:

Maybe that’s why I took photos when I was sick. Yes, that’s right, I took occasional selfies of my sick self. Why? Maybe I thought that they, more than words, might help people to ‘get it’. Maybe I wanted a record of this thing that seemed so huge in my experience, and that I wanted other people to get. I’m also pretty sure that (alone in person and in my head) I somehow believed that the photos were keeping me alive. I even took a couple in hospital. Some kind of illogical proof of life. Who the hell does that?

(Stewart 2020)

Patients and sympathetic clinicians alike have noted the overall lack of attention to these narratives. As a group of British clinicians wrote in a published opinion piece, “many affected individuals have been dismissed with the label of ‘anxiety’ and have endured incredulity and a lack of sympathy or support” (Lokugamage et al. 2020). Some research studies of Long COVID have been launched, but those have been based primarily on hospitalised patients, and will therefore exclude the millions of patients worldwide who were never sick enough to be admitted to a hospital (or had no access to formal healthcare), yet still experienced severe side-effects after the acute phase of the illness passed (Mahase 2020). The devaluation of personal narratives in contrast with the valorisation of quantitative data generated within hospital medical records in this example reflects the broader tension between narratives and data discussed throughout this chapter.

From the examples considered in this chapter, we can see that visuality has played a central role in shaping the languages of COVID. The

meanings expressed by the two major strands of visual communication—the image-based, personal social media posts and videos on one hand, and the quantitative data visualisations on the other—often seem to be diametrically opposed, with one strand carrying the affective weight of the pandemic, and the other offering sober, objective statistics. However, these strands merge in the misinformation spread by COVID-19 conspiracy theorists, as their videos reinterpret the meanings of data through emotionally charged communications. While the content of these messages is damaging, the approach may be instructive for health communicators seeking to engage audience attention in the social media realm. As scholarship in critical data studies has shown, the meaning we derive from the representation of data is entangled with our emotional response to the information presented. For the health experts struggling to provide effective communication during the COVID-19 crisis, this is an urgent lesson that might save lives.

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14 Reading COVID-19 through Dante

A Literature-Based, Bilingual and Translational Approach to Making Sense of the Pandemic

Beatrice Sica

Introduction

This chapter looks at the COVID-19 pandemic through the lens of Dante's *Divine Comedy*, showing how engagement with literature can facilitate a deeper exploration of the human experience of living through a pandemic. In discussing the relevance of Dante's *Divine Comedy* to understand illness, trauma, life and death, I adopt a bilingual approach, looking at Dante's text in Italian, because without considering the original language next to its English translation, it would be impossible to detect in full the core mechanism of repetition and variation that my reading aims to highlight. Transnational here means, in the first place, bilingual, so that, when extending beyond national boundaries—something that can be taken for granted for a classic like Dante's *Divine Comedy*—the original sounds and rhythms are not lost in translation but are kept next to the new sounds and rhythms of the translation.

My reading of Dante's text in relation to COVID-19 is also transhistorical. Evidently, Dante's early 14th-century Christian universe is very different from our 21st-century pandemic world. It is this difference that triggered and allowed for the metaphorical and allegorical readings that preceded mine. In my analysis, I too disregard the historical and cultural circumstances of the composition of the *Divine Comedy*, but—unlike previous readings, which are based on its content, characters and stories—I concentrate on the formal qualities that still today characterise Dante's poem as a literary text. This allows for a further translational step, whereby, using a psychodynamic perspective as well as the philosophy of Gilles Deleuze and Félix Guattari, I convert the results of my literary analysis into a deeper exploration of the human experience of living through a pandemic.

This chapter sits at the intersection between modern languages and health humanities. However, literature here does not help us understand an individual experience of illness; rather, it offers an alternative mode of seeing and imagining our collective experience of the pandemic—and of life.

Metaphors and Allegories

As with every literary masterpiece, the *Divine Comedy* is a source for ideas and metaphors; indeed, in the past two years many have recalled it to describe the hardships of the pandemic and take a lesson for the present.

On 27 July 2020, Filippo Gianferrari, an assistant professor at the University of California, Santa Cruz, published “A Dantean Reflection on the Ecological Disaster of Isolation”, writing that lockdowns are “a fitting retribution for the social isolation that had plagued our society long before this pandemic”; in his Christian apocalyptic view, “[a]s a punishment for our social apathy, we have been deprived of all society” (Gianferrari 2020; see also White 2021). More pragmatically, on 30 July (updated on 2 August) 2020, Jorge Luis Galvez Vallejo, a PhD student in Quantum and Computational Chemistry at Iowa State University, urged his peers to wear a mask when returning to campus, so that people would not have to be

locked down into this circle of hell we have entered. ... We currently have no Virgil that will guide us through the complex planes of Hell. At this rate, Dante would have never gotten out of the ‘Inferno’ to ever meet the concentric circles of the ‘Paradiso’.

(Galvez Vallejo 2020)

And on 15 October 2020, Jayden Montalvo, a student at Johns Hopkins University, noted that:

There is still much to learn about our current struggles from the *Divine Comedy*. When Dante left with Virgil, who was to say that he could ever get safely through his journey? Who’s to say that our phones and Zoom will guarantee our safety and thus our satisfaction from this realm of isolation we have been forced to immerse ourselves in?

(Montalvo 2020)

2021 opened with Bob Brody, an American essayist, turning to Dante as a timely guide “for coping with our unprecedented circumstances”. He compared our journey through the pandemic to Dante’s journey from Hell to Heaven: “It’s a destination perhaps analogous to our growing successes against the pandemic and the recent arrival of promising vaccines”, he wrote. In his view, the final lesson to take home is patience and perseverance: “We must play the long game” (Brody 2021). Later in 2021, with vaccines approved and distributed more or less effectively around the world, references to Dante became more persuasive and compelling.

An extensively developed comparison between the *Divine Comedy* and our COVID-19 times was made by Michele Vitacca, the Director of the Pulmonology Unit of the Istituti Clinici Scientifici Maugeri in Lumezzane, near Brescia (Italy), and Nicolino Ambrosino, the Director of the

Cardiorespiratory Unit of the Auxilium Vitae Centre in Volterra (Italy). In an editorial in *Pulmonology*, they wrote:

Like Dante, the healthcare world is still on its journey of knowledge through the painful and difficult events and ethical dilemmas caused by COVID-19. ... Patients plummet down through the hell circles of COVID-19 in a long trail that begins with initial symptoms, then the discovery of virus positivity, then serious illness, hospitalization and isolation, and the need for acute medical treatment ... Like Dante we, the health professionals, have been compelled to descend, with our personal protective equipment, down through the hell circles of material and moral bewilderment in the awareness of our fragility and often impotence to fight against the ferocious claws of this new Lucifer. However, we are not alone in our fight. We have a Virgil, a “*teacher and authority*”: Science with its principles and evidence. With the support of Science, we may hope to rise up and meet *Beatrice*, a “*teacher of truth*”.
(2021, 281)

Vitacca and Ambrosino offered many detailed parallels between Dante’s poem and the COVID-19 situation today: Virgil and Beatrice, Dante’s guides in the poem, are “to us: an allegory of Science and Health Care”; the so-called “No Vax doctors” are a modern version of sinners in the poem of the likes of Pope Boniface VIII, “supposed to fight for the truth and instead...”, or of Count Ugolino, “a traitor to his country (Science)”; today’s “politicians ... promoting, consenting to, or not sufficiently curbing inappropriate behaviours like mass shopping” reminded Vitacca and Ambrosino of the coward Pope Celestine V in Dante’s times; and people crowding on the streets with cocktails and no social distancing were like “the *injurious guilty-of-gluttony Ciacco*”. Today’s worst sinners, however, are “Negationists, Reductionists, No Vax and/or No Mask people”: they are compared to “the heretic *Farinata degli Uberti*” in the poem; to them, the authors addressed the words that Dante’s Ulysses spoke to his crew: “Bethink you of the seed whence ye have sprung; for ye were not created to lead the life of stupid animals, but manliness and knowledge to pursue” (Vitacca and Ambrosino 2021, 281).¹

But the most powerful comparisons with Dante’s Hell were made to describe the April 2021 emergency in India, with its hospitals poorly equipped and understaffed, shortages of beds and supplies, and COVID-19 patients struggling to breathe and dying. On 29 April 2021 in the *Financial Times*, the pulmonologist Zarir Udwardia (2021) denounced the poor management of public health in India and the brutal effects of shortages of oxygen supplies: “Ward rounds are now scenes from Dante’s ‘Inferno’. Row upon row of patients waging a desperate struggle to breathe”.

On 20 May 2021 in *The Wire*, Debasish Chakraborty, the Dean of the School of Business at Seton Hill University, expanded on Udwardia’s

comparison with Dante's *Inferno* and gave us detailed vivid images of the "nine circles" of the Indian Hell. For space constraints, here I cut down his description to the first few circles and the conclusion:

The first circle of hell starts with loss of taste and smell. You suspect you are COVID-19 positive, but you cannot confirm it. There are no tests available. ... You have to wait till you cannot wait anymore. That is when you have entered the second circle of hell.

You are frantically searching the internet to find a doctor to consult, but you cannot find one. ... Soon you cannot breathe. You are now really sick.

You have now entered the third circle of hell. ...

As your body is consumed by the fire, your family finally has some time to reflect, and it is then that they realise, that very soon, you will reach Dante's Purgatory and you are on your way to Paradiso.

(Chakraborty 2021)

Of all these authors who used Dante to make sense of COVID-19 and describe its effects, Vitacca and Ambrosino offered an allegorical interpretation of the *Divine Comedy*. Guided by COVID-19 in their reading, for all the main characters in the poem they found correspondences in today's pandemic world: Virgil represents Science, Beatrice represents Healthcare, etc. In so doing, Vitacca and Ambrosino revealed a hidden moral content of the text:

What did Dante Alighieri learn after his journey? He rose up reborn and purified. And what will we learn from our present journey? That we need to make a fresh start, we need to "reason" our approach to healthcare to decide new priorities and care paths to follow.

(2021, 281–282)

The others proposed a metaphorical reading of Dante's narrative: they picked one element of the poem with its distinguishing feature—mainly Hell with its pain—and transferred it into our times to describe similar experiences today, for example, lockdown and hospitalisation. As a consequence, Virgil and Beatrice disappeared as characters, eventually substituted by other guides from our own times (phones and Zoom for Jayden Montalvo; literary masterpieces for Bob Brody, etc.). I want to propose a different reading of Dante's Hell, which I call a metonymic reading.

Metonymy

Metaphor and metonymy have long been contrasted, particularly by linguists. Roman Jakobson (2003 [1956]), in a seminal paper, defined metaphor and metonymy as "poles" of the human mind centred on principles of similarity and contiguity respectively. In my approach I follow René

Dirven's (2003) reading of Jakobson and discussion of metonymy, in particular, his discussion of inclusive metonymy. In summary, he writes:

In metonymy two elements are brought together, they are mapped on one another, but keep their existence and are construed as forming a contiguous system. ... In metaphor, too, two elements are brought together, but the source domain loses its existence when mapped onto the target domain. Although the source domain itself is wiped out, some aspects of its own nature or structure are transferred to that of the target domain. The contrast between the two elements or domains is often so great that this disparity can only lead to full substitution of one domain by the other.

(Dirven 2003, 100)

In the metaphorical readings of COVID-19 through Dante that have been proposed so far, Dante's text has been eventually wiped out by COVID-19; as we have seen, aspects of the *Divine Comedy*, such as human suffering, sin, or divine and human justice, have been transferred to the pandemic world of today, but Dante has de facto disappeared. While this metaphorical approach to the *Divine Comedy* allowed for some very effective accounts of the COVID-19 crisis, as is Chakraborty's powerful description of the emergency in India, in most cases Dante worked only as a tenuous, albeit elegant, reference. With my metonymic reading, Dante's Hell remains there while I reflect upon the COVID-19 crisis: in Dirven's terms, I bring the two together but keep them as contiguous systems.

Metaphor and metonymy are not mutually exclusive. In my reading, I too start with a similarity: between hospitals during the COVID-19 crisis and Hell in the *Divine Comedy* as described in *Inf.* III, 1–3 (that is, in the first three lines of the third canto of *Inferno*). I subsequently analyse and dissect these three lines. As I said at the beginning of this chapter, my reading of Dante's text here is transhistorical: I disregard the historical and cultural circumstances of the *Divine Comedy* and I concentrate, instead, on the formal qualities that still today characterise the poem as a literary text. Then, with COVID-19 back in mind, I take a translational step: considering the results of my literary analysis first in a psychodynamic perspective, and then through the lenses of Gilles Deleuze and Félix Guattari, I translate those results into a deeper exploration of the human experience of living through a pandemic, thus showing that, not only the *Divine Comedy*, but literature in general, can speak to us on a deep level, during a pandemic and even after.

Dante, *Inferno* III, 1–3

*Per me si va ne la città dolente,
per me si va ne l'eterno dolore,
per me si va tra la perduta gente.*

[Through me the way into the suffering city,
 Through me the way to the eternal pain,
 Through me the way that runs among the lost.]²

These are the words written on the gate of Hell in canto III of the *Divine Comedy*. This inscription marks a threshold: beyond this point is damnation. If we think about hospitals during the COVID-19 crisis, we realise that they were similar to Dante's Hell: they were suffering cities, where pain seemed eternal, beyond time or outside time, because we could not know how long hospitalisation would last and how it would end. Indeed, before vaccines were administered, if you entered a hospital with COVID-19, you did not know whether you would ever come out of it.

Let us consider Dante's three lines in detail. The vocabulary is homogeneous: suffering city (*città dolente*), eternal pain (*eterno dolore*) and lost people, or souls (*perduta gente*). Indeed, this is Hell, traditionally the place for pain and the soul's damnation: "Abandon every hope, you who enter here", readers are told at line 9—just as COVID-19 patients going to intensive care would feel. The strong anaphora *Per me si va* [Through me the way], highlights the sense of threshold: this gate is a passage, a very important one; beyond is Hell, there is no return. The repetition does not give us any hope.

In these three lines, the first hemistich, i.e. the first half of the line, is identical. Where they differ is in the second hemistich, where we find a noun (N) and an adjective (A) in each. This is more apparent in the original Italian text, where we have *città dolente* [city suffering]: N+A (l. 1); *eterno dolore* [eternal pain]: A+N (l. 2); and *perduta gente* [lost souls]: A+N (l. 3). We thus have three homologous pairs, but variedly arranged: instead of having N+A, or A+N three times, Dante starts with a N+A, followed by A+N two times:

N	A
<i>città</i>	<i>dolente</i>
[city]	[suffering]

A	N
<i>eterno</i>	<i>dolore</i>
[eternal]	[pain]

A	N
<i>perduta</i>	<i>gente</i>
[lost]	[souls]

This is a small variation in a structure that, from the start, has a very rigid mould with that anaphora in the first hemistich. It would have been too much to have the same beginning, *Per me si va* [Through me the way],

and the very same bipartite structure N+A or A+N at the end of each line. The variation keeps the readers' attention alive. Indeed, even in literature, change gives pleasure.

However, there are calculated rapports among words that go beyond this simple variation and impart a greater movement to these three lines. Let us now consider the last word in each of the first two lines, *dolente* and *dolore*: an adjective and a noun. Grammatically they are different, but etymologically they are strictly connected, because they share the same stem *dol-*: *dolente* (suffering), *dolore* (pain). Therefore, they are different (one is an adjective, the other is a noun), but they are also the same:

N	A
<i>città</i>	<i>DOL-ente</i>
[city]	[suffering]

A	N
<i>eterno</i>	<i>DOL-ore</i>
[eternal]	[pain]

A	N
<i>perduta</i>	<i>gente</i>
[lost]	[souls]

If we also consider the last word in line 3, *gente* (souls), we can say that it shares something with both *dolore* and *dolente*. *Gente* has the same rhyme *-ente* of the adjective with which line 1 ends: *dol-ente*, *g-ente*, and is a noun like *dolore* in line 2. Thus, *dolente* (end of l. 1) and *dolore* (end of l. 2) not only share the stem *dol-*, but they also have each something in common with the last word in l. 3, *gente*: the same rhyme and the same grammatical category (a noun) respectively:

N	A
<i>città</i>	<i>DOL-ente</i>
[city]	[suffering]

A	N
<i>eterno</i>	<i>DOL-ore</i>
[eternal]	[pain]

A	N
<i>perduta</i>	<i>g-ente</i>
[lost]	[souls]

Dolent/dolorel/gente: suffering/pain/souls. In Dante's Hell, souls suffer, there is only suffering. Yet this is not a monotonous world: as the reader

discovers by reading through the *Inferno*, Dante speaks to many different lost souls and learns himself that each category of damned has a different punishment and endures a different pain. Somehow, the inscription on the gate of Hell anticipates the diversity and interconnectedness of the infernal regions.

Let us now consider the number of syllables in the pairs N+A and A+N discussed so far:

N	A
<i>cit-tà</i>	<i>do-len-te</i>
[city]	[suffering]
2	3

A	N
<i>et-ter-no</i>	<i>do-lo-re</i>
[eternal]	[pain]
3	3

A	N
<i>per-du-ta</i>	<i>gen-te</i>
[lost]	[souls]
3	2

We have: 2-3, 3-3 and 3-2. Variations, again. Let us also consider where the stressed syllables (+) are:

N	A
<i>cit-tÀ</i>	<i>do-lEn-te</i>
[city]	[suffering]
2	3
- +	- + -

A	N
<i>e-tEr-no</i>	<i>do-lO-re</i>
[eternal]	[pain]
3	3
- + -	- + -

A	N
<i>per-dU-ta</i>	<i>gEn-te</i>
[lost]	[souls]
3	2
- + -	+ -

The last beat is regular and has a fixed position: it is in the tenth syllable, as required in the metre that Dante uses (*endecasillabo*³). This means that all lines, here of 11 syllables, end with a trochee, that is, with a foot of two syllables, the first of which is stressed (+ –). The penultimate beat, however, changes its position: we find it in the eighth syllable in line 1, in the seventh in line 2, then again in the eighth syllable in line 3. Thus, if we consider the first hemistich as well, with its fixed beats, we have the three lines stressed as follows:

– + – + – – – + – + –
 – + – + – – + – – + –
 – + – + – – – + – + –

For an English ear, we could probably translate these as pentameters, or lines consisting of five feet, with the first and third lines each made by two iambs (the iamb being a foot of two syllables, the second of which is stressed: – +), followed by a spondee (a foot also made of two syllables, but both of which are stressed: – –), then an amphibrach (a foot of three syllables, only the second of which is stressed: – + –), and, at the end, the trochee noted earlier (+ –). The second line would be almost the same, except that, instead of the amphibrach, we find a dactyl (a foot of three syllables, the first of which is stressed: + – –). Once it is clear that, because of the anaphora *Per me si va* [Through me the way], for three times in a row the first hemistich will present the very same beats, the variation in the second hemistich is welcome, pleasurable, and not surprising at all: indeed, *endecasillabo* is known in Italian poetry for being a metre that allows for a great variety of beat positions (which is the reason for its renowned musicality and wide use). Here we simply note that Dante uses this possibility of variation once more.

Lastly, let us look at sounds. The three rhyme words, *dolente*, *dolore* and *gente*, with their stressed syllables (*do-lEn-te*, *do-lO-re*, *gEn-te*), establish the prominence of the O and E sounds. These are precisely the vowels of *dolore* (pain) which is the core reason for Hell to exist. But, once again, if we look at the vowels in the rest of the three lines, we see again some variations:

E E I A | E-A I-A O-E-E
 E E I A | E E-E-O O-O-E
 E E I A | A A E-U-A E-E

It is yet another way to tell readers that in Hell pain is overwhelming and with no escape, but nevertheless varied.

Rhythm and Refrain

What I have proposed is not an exaggerated dissection of Dante's lines and words. As every great poet, Dante chose his words very carefully and was

aware of their effects. At the entrance of Hell, we are told in many ways that Hell is a single place but can take different forms. Suffering takes different forms, because people are varied: united in pain, they differ in how they endure it.

The reading and interpretation of only three lines of great poetry has shown us a core principle of literature—and, I dare say, of life: the dialectic between repetition and variation. Repetitions stress and strengthen identity; if considered in a therapeutic, psychodynamic perspective, they create a rhythm that is soothing for the suffering mind. As Gian Luca Barbieri puts it:

The rhythm created by a repetition allows [patients] to reduce their sense of [life's] unpredictability and at the same time to shape and strengthen the experiences [that they have] reconstructed using words. Even in this case, repetition helps them reduce the destabilising force of mental suffering.⁴

(2015, 279)

However, only repeating a given, limited set of discursive elements would bring us to obsessive utterances. Every repetition comes with the possibility of variation; indeed, repetition is understood through variation. Let us take lists, for example—of nouns, adjectives, adverbs and verbs: while they are based on repetition (the accumulation of words with the same grammatical function), they also offer variations (changes of meaning within the same set of words). Barbieri has also indicated the psychological effects of lists:

With this device, a rhythm is created that makes the structure of the whole sentence stronger, particularly around those discursive clusters that are usually sensitive because they are linked to painful emotions. This tendency can be very well seen when the series of nouns, adjectives or other elements are ordered in a *climax* and arranged in an order of increasing importance (“beautiful, amazing, fantastic, mythic!”; “a frustration, a grief, a tragedy”). ... Even with iterations and accumulations one acts on the container, imposing a structure and a rhythm that make it stronger, so as to protect the emotions expressed by its content.⁵

(279)

Even at the beginning of canto III of Dante's *Inferno* one can see a sort of *climax*: first, the space beyond the gate is described as a *città dolente*, a “suffering city”; then its *dolore*, its pain, is defined: it is eternal, which means beyond or outside time, i.e. infinite; and finally, from that infinite quality of pain, readers are taken to the very reason for Hell: damnation. Souls in Hell are lost for ever, *perduta gente*, there is no redemption for them.

Dante's subtle play between repetition and variation shows how the two forces of identity and change work through rhythm and construct meaning in literature. Poetry, with its rhymes and meters, appears as a privileged

space to understand these forces, but the same mechanism can be seen at work everywhere in life, not just in literature. The French philosophers Gilles Deleuze and Félix Guattari have offered an analysis “Of the Refrain”, where this latter is to be understood not in literary terms, but in much broader terms, as a mechanism of human life:

The refrain has all three aspects, it makes them simultaneous or mixes them: sometimes, sometimes, sometimes. Sometimes chaos is an immense black hole in which one endeavors to fix a fragile point as a center. Sometimes one organizes around that point a calm and stable “pace” ... : the black hole has become a home. Sometimes one grafts onto that pace a breakaway from the black hole.

(2013, 363)

We can think of the pandemic and how we experienced it in the same terms: first, the black hole into which the disease threw us all, with lockdowns as a fragile centre; then masks, vaccines, green passes and regular tests created a new pace in our lives to escape the chaos: the black hole became a home; after which, a new lifestyle emerged, one that will take us away from the black hole, not restoring life as it was before the pandemic, but taking advantage of what we have learned through it.

Literature and the arts work in the same manner: from a chaos of signs, authors create an ordered and “paced” succession of elements—words, colours, sounds, movements, etc.—that then opens to something else. This something else can be anything: another work by the same author; a new thought or action in readers, viewers, listeners, and spectators; or a bigger change in the life of a community. Deleuze and Guattari also write: “What chaos and rhythm have in common is the in-between ... In this in-between, chaos becomes rhythm, not inexorably, but it has a chance to” (2013, 364). Literature is a chance for our chaos to become rhythm and open to something else.

Circles and Territories

Let us go back for a moment to our three lines from Dante’s *Inferno*. There is one aspect that we have not yet considered: the rhyme scheme. The first three lines of *Inferno* III present themselves like a poetic unit, or stanza, at once concluded and opening onto the next unit-stanza. We have seen the rhyme words *dolente, dolore, gente*, that is a rhyme scheme ABA. If we read further, we would notice the same pattern in the following tercets-stanzas, as follows: BCB CDC DED, etc. This pattern is called *terza rima* (literally: third rhyme) in Italian and was first used by Dante in the *Divine Comedy*. It is very peculiar because, as I said, it is at once closed and open: indeed, the first and third lines (i.e. the beginning and the end) of each stanza have the same rhyme (A), while the second line, which is in the middle, enclosed

between the other two, opens onto the following stanza by rhyming (B) with this latter's (new) first and third lines (BCB). The same applies to each stanza.

Per me si va ne la città <i>dolente</i> ,	A
per me si va ne l'eterno dolORE,	B
per me si va tra la perduta <i>gente</i> .	A
Giustizia mosse il mio alto fattORE;	B
fecemi la divina potestate,	C
la somma sapienza e 'l primo amORE.	B

Therefore, except for the very first stanza, which has nothing before it, each one, with its first and third line, concludes a rhyme-statement first presented in the previous stanza: for example, BCB takes over from the previous stanza (ABA) and brings its single rhyme-statement (B) to a conclusion (B...B). At the same time, BCB initiates another rhyme-statement with its own middle rhyme (C), which finds a conclusion in the next stanza (CDC):

Per me si va ne la città <i>dolente</i> ,	A
per me si va ne l'eterno dolORE,	B
per me si va tra la perduta <i>gente</i> .	A
Giustizia mosse il mio alto fattORE;	B
fecemi la divina potestate,	C
la somma sapienza e 'l primo amORE.	B
Dinanzi a me non fuor cose <u>create</u>	C
se non eterne, e io eterno duro.	D
Lasciate ogni speranza, voi ch'intrate.	C

The result is a series of interlocked stanzas whose rhymes are like rings forming a chain. The pattern can be repeated virtually an infinite number of times, until the poet terminates the canto with a single line that repeats the rhyme of the middle line in the last stanza (terminating the lines above, for example, would mean: DED E).

Terza rima, like any piece of literature, starts from silence, or a void (a chaos?), a blank space (or a black hole?); the first stanza creates a circle, a safe space of rhythm; the following ones proceed further in rhythm, away from chaos. This mechanism is like the one described by Deleuze and Guattari:

One opens the circle not on the side where the old forces of chaos press against it but in another region, one created by the circle itself. As though the circle tended on its own to open onto a future, as a function

of the working forces it shelters. ... One ventures from home on the thread of a tune. Along sonorous, gestural, motor lines ...
(2013, 362–363)

In *terza rima* we see a similar movement away from silence into a circle of rhythm that is like a home, then again away from that home on the thread of a tune. It is, once again, a play between repetition and variations expressed through rhythm. As Deleuze and Guattari would put it: “It is the difference that is rhythmic, not the repetition, which nevertheless produces it” (2013, 365).

There is one further concept by the two French philosophers that is useful for us here. In their exposition “Of the Refrain”, Deleuze and Guattari also claim that the refrain “is territorial, a territorial assemblage” (2013, 363). In their account, territory must be understood as follows:

There is a territory when the rhythm has expressiveness. What defines the territory is the emergence of matters of expression (qualities). ... Territorialization is an act of rhythm that has become expressive, ... the territorializing factor, must be sought ... precisely in the becoming-expressive of rhythm or melody, in other words, in the emergence of proper qualities (color, odor, sound, silhouette ...).
(2013, 366–368)

From our point of view, we could say that literature is that territory where a rhythm of words has become expressive, with sounds, repetitions and variations that create and enhance meaning. It is a porous territory, not a closed one. Like *terza rima*, literature starts somewhere with a circle, then opens onto a future through additional circles and further openings—like life.

Closer to Catharsis

As we have seen, looking at COVID-19 through Dante can take us in different directions. An allegorical reading of the *Divine Comedy* transfers specific elements from Dante’s text to today’s pandemic world; it preserves the structure, names and relations that are in Dante’s narrative but assigns them different meanings: in Vitacca’s and Ambrosino’s reading, for instance, Virgil becomes the Science and the Reason that guides us against the no-vax heresy; Beatrice is Healthcare; the heresy of Farinata degli Uberti is the no-vax doctrine; and so on. A metaphorical reading picks one element of Dante’s poem, such as Hell, or pain, and transfers it into our times to describe similar experiences today: in this type of reading, Dante’s original characters (e.g. Virgil and Beatrice) disappear and are substituted by their modern versions (phones, Zoom, literary works to read, etc.). Finally, a metonymic reading brings COVID-19 and Dante’s text together to form “a contiguous system”, in which the two have contact and share a border

but do not overlap: Dante's text remains Dante's text with all its rhetorical devices, and our COVID-19 experience is not transfigured, but mapped onto the literary text and readable on a deeper level.

This takes us to some final considerations about the connections that we can make between literature and medicine. There are various ways to connect them. Medical humanities bring them together with the aim of training health practitioners to deliver care more effectively by paying attention to the psychological needs of those who suffer. In this case, literature is mostly used for its content because it describes illness or traumatic events effectively, but less attention is paid to its form. Health humanities, aiming at the well-being of people, often use literature as part of creative art therapies that allow individuals to feel better: the patients' written productions are a tool for them to work through unhealthy states of the mind-body or traumatic experiences. Here, form is telling—as we have seen in Barbieri's discussion of repetition and lists—and literature functions like a therapy: some have even compared it to Freud's "talking cure" (see Gammelgaard 2015; Di Piazza and Piazza 2015, 255–256; Pellicer-Ortín and Sarikaya-Şen 2020, 324–325). However, even if it can be used as a move towards language and symbolisation that helps individual recovery, literature does not work exactly like a therapy and remains something different, as clarified by Julia Kristeva:

[A]esthetic and particularly literary creation ... set forth a device whose prosodic economy, interaction of characters, and implicit symbolism constitute a very faithful semiological representation of the subject's battle with symbolic collapse. Such a literary representation is not an *elaboration* in the sense of "becoming aware" of the inter- and intrapsychic causes of moral suffering; that is where it diverges from the psychoanalytic course, which aims at dissolving this symptom. Nevertheless, the literary ... representation possesses a real and imaginary effectiveness that comes closer to catharsis than to elaboration; it is a therapeutic device used in all societies throughout the ages.

(1989, 24)

Catharsis comes from literature even through rhythm. This is why, when adopting a literature-based, transnational approach to making sense of COVID-19, it is important to make it a bi- or multi-lingual approach, depending on the languages involved: because each literature speaks through its proper sounds and rhythms, and to compensate for what is lost in translation, we should try to keep the original text in sight. This is where the study of modern languages becomes important.

This chapter sits at the intersection between modern languages and health humanities and has shown how engagement with literature can facilitate a deeper exploration of the human experience of living through a pandemic. If we look at the COVID-19 pandemic through the lenses of the *Divine Comedy* and concentrate on the formal qualities of Dante's verse, it

is possible to adopt a translational approach that allows us to better understand illness, trauma, life and death. The inscription on the gates of Hell in the *Divine Comedy* can trigger different thoughts in readers, depending on their life experiences, personal beliefs and cultural backgrounds. Yet there is something in it, as in every piece of literature, to which we are all responsive if we listen, and that is rhythm: “rhythm is not meter or cadence, even irregular meter or cadence”, as Deleuze and Guattari clarify (2013, 365). “There is rhythm whenever there is ... coordination between heterogeneous spaces-times” (364–365) and that can mean also between the space-time of Dante, writing in the 14th century, and us, living in the 21st century through a pandemic. “Sometimes chaos is an immense black hole” (363); we all know it. Literature is our chance to make it become rhythm.

Notes

- 1 For Dante’s text in English, Vitacca and Ambrosino referred to Langdon 1918.
- 2 Here I follow the Petrocchi edition and the English translation by Allen Mandelbaum, which can both be found on the *Digital Dante* website at Columbia University.
- 3 *Endecasillabo* (or hendecasyllable) literally means “a line of verse of eleven syllables”, even if this is not always the case: in fact, *endecasillabo* is a line of verse whose last strong beat is on the tenth syllable. Since in most Italian words the last stressed syllable is the penultimate, this means that most *endecasillabi* have eleven syllables.
- 4 My translation. The original text in Italian is: “Il ritmo giocato su una cadenza ripetuta permette una riduzione dell’imprevedibilità e parallelamente una strutturazione e un rafforzamento dell’esperienza ricostruita attraverso la parola. Anche in questo caso la ripetizione è funzionale a un’attenuazione della forza destabilizzante della sofferenza psichica”.
- 5 My translation. The original text in Italian is: “Con questo artificio si crea una cadenza che irrobustisce l’impianto della frase, soprattutto intorno a nuclei discorsivi che normalmente risultano delicati perché connessi ad affetti dolorosi. Questa tendenza si evidenzia particolarmente quando la serie sostantivale, aggettivale o di altra natura è disposta in forma di *climax* ascendente, in cui l’intensità delle singole espressioni disposte in sequenza è progressivamente crescente (‘bello, bellissimo, meraviglioso, mitico!’; ‘una frustrazione, un dispiacere, una tragedia’). ... Anche nelle forme dell’iterazione e in quelle dell’accumulazione si agisce sul contenitore, imponendogli una struttura e un ritmo che lo rafforzano in modo da proteggere le emozioni veicolate dai suoi contenuti”.

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15 COVID-19 *Bandes Dessinées*

Reframing Medical Heroism in French-Language Graphic Novels

Steven Wilson

Introduction

The spread of COVID-19 has underlined the interconnectedness of global nations, even when the initial response of many governments to each wave of infections was to close international borders. Yet the pandemic has also drawn attention to the transmissibility of certain patterns of thought and features of language across national and cultural frontiers. While local contexts often condition the reception and reproduction of such language, the rhetoric of medical heroism has been a hallmark of the linguistic framing of COVID-19 in many nations (Lipworth 2020).¹ In the United Kingdom, on a National Day of Reflection one year after the first lockdown, Prime Minister Boris Johnson predicted that “When people come to describe this epidemic to future generations, we’ll tell the story of the heroes of the NHS and social care, of pharmacists, teachers, armed service personnel, shop workers, transport workers, the police, and so many others”.² In the United States, the House of Representatives passed the Health and Economic Recovery Omnibus Emergency Solutions (Heroes) Act, designed to provide support for businesses, employees and health care providers, albeit that, when it reached the Senate, Republicans proposed the much smaller Health, Economic Assistance, Liability Protection and Schools (HEALS) Act. The World Health Organisation in Thailand tweeted on 31 March 2021 “Let’s support our heroes”, in a post accompanied by four images—of a doctor, a nurse, a scientist and a lab technician, each surrounded by an angelic halo.³

The widespread appreciation for medics and other so-called frontline workers was dramatised during the first lockdown by the “clap for our carers” phenomenon. These events began in Italy, then spread to Spain, Portugal and France, before dispersing to many countries across the world, catalysed by social media recordings with hashtags in different languages (#OnApplaudit/#ClapForOurCarers/#AplausoSanitario etc.). The weekly displays, while designed primarily to demonstrate gratitude to healthcare and other essential workers, provided moments of national and even international solidarity in response to the isolation of lockdown. Yet the clapping rituals also helped to underpin an appreciation of COVID-19 as the

metaphorical “enemy”, a disease against which citizens collectively were “at war”, with a responsibility for defence invested in “heroic” medics operating on the frontline. The use of such conceptual metaphors to describe SARS-CoV-2 across the world is analysed in detail in other chapters in this book and in contributions published elsewhere that centre on the English language (Sarjono and Barli Bram 2021). The present chapter seeks to reorient attention onto the ways in which the discourse of heroism is resisted by clinicians themselves. It does so through an analysis of four French-language comics, or *bandes dessinées*, published in 2020 and 2021.

Since at least the development of the 11th-century Bayeux Tapestry, France has enjoyed a reputation for pioneering representational forms that combine text and image. Today, the *bande dessinée*, known as the *neuvième art* in France and Belgium, is a highly esteemed and avidly consumed feature of francophone life that extends well beyond metropolitan France (Screech 2005; Forsdick et al. 2005). In contemporary scholarship, critics have pointed to significant shifts in the ethos and thematic content of *bandes dessinées*. Laurence Grove, in an *état présent* of the field, notes the medium’s evolution away from an author-based, nation-specific focus, towards an embrace of global critical traditions, an “acceptance of popular culture, blurring of borders between subject areas ... and high reliance on new technologies both in primary and secondary communications” (2014, 86). Elsewhere, Grove has argued that the trends witnessed in contemporary *bandes dessinées* represent a revolution in the field “in terms not only of production, but also of social integration and mainstream relevance” (2021, 109). Fransiska Louwagie and Simon Lambert, in their Introduction to a 2021 special issue of *European Comic Art* on “Tradition and Innovation in Franco-Belgian *Bande dessinée*”, note that 2020 was the “année de la bande dessinée” in France, even if the initiative eventually extended into 2021 to take account of the pandemic. BD20>21, directed by the Centre national du livre (CNL) and the Cité internationale de la bande dessinée et de l’image (CIBDI), and supported by France’s Ministère de la culture, represented, they argue, “a new milestone in the public consecration of the medium” (Louwagie and Lambert 2021, 2).

In this chapter, building on Grove’s point about the genre’s “mainstream relevance” and propensity to harness interdisciplinary dialogue, I argue that 2020–2021 represented an important landmark in the conceptual development of *bandes dessinées* due to the ways in which they portrayed and, more importantly still, raised questions about the language used to represent the healthcare response to COVID-19. With reference to four graphic novels published in France and Switzerland, all of which either feature medical personnel or are collaboratively authored by medics, this study is the first to analyse how COVID-19 *bandes dessinées* contribute to global debates on the vulnerabilities of healthcare systems and personnel during the pandemic, arguing that they symbolically reframe the rhetorical and ideological associations axiomatically established between vulnerability and weak

defences. The chapter adds to scholarship on the long tradition of comics that incorporate medical stories. Coined by British physician and comics artist Ian Williams (2014), “graphic medicine” is the term given to the multimodal expression of the subjective experiences of patients, physicians and carers that are often overlooked by biomedical approaches to illness. It is widely recognised that graphic art offers an important contribution to research in the medical humanities, even if it, and the visual more generally, have occupied a marginal place in the field to date (Whitehead and Woods 2016, 19).⁴ Williams argues that the diversity of representational strategies inherent in comics allows for the forging of a language that captures the intricacy of medical experience: in comics, he suggests, “ambiguity and metaphor can be layered, bestowing properties that seem to lend comics the portrayal of complex or taboo narrative” (2012, 25). Extending the concept of narrative medicine developed by Rita Charon, comics thus find themselves increasingly integrated into the field of medical education as a means through which to enhance understandings of issues such as professional ethics, empathy and communication of the illness experience.⁵

The analysis in this chapter represents the first connection established between French-language *bandes dessinées* and the medical humanities. Located at the methodological intersection of discourse analysis, text–image relations and the medical humanities, the chapter argues that the COVID-19 *bande dessinée* marks a definitive turning point in the genre’s lamented tendency to celebrate male heroic models and to under-represent female perspectives and voices (MacLeod 2021). I suggest that the COVID-19 *bande dessinée* gives prominent voice to female medics, challenges orthodox discourses of war and heroism as they apply to the pandemic and privileges perspectives on what it means to be vulnerable on the so-called medical frontline. Drawing on Foucauldian poststructuralism and contemporary feminist thought, I propose that recent *bandes dessinées* have functioned as a textual space for the creation and dissemination of a new language of COVID-19, one that defiantly eschews political rhetoric and clichéd metaphors of warfare, in favour of a positive reflection on the value of vulnerability. In their portrayal of events that take place in spaces of isolation, COVID-19 *bandes dessinées* thus challenge some of the conventional language of medical heroism during the pandemic, and call to our attention aspects of the healthcare response that are rarely articulated in political or wider societal discourse.

Refuting Heroism

Faith McLellan, tracing the fictional representation of the doctor from ancient writings to modern literature, has posited that the image of “the bungling doctor as buffoon” began to disintegrate in the nineteenth century, in parallel with the development of medicine as a distinct branch of science, and gave way to portrayals of the physician as hero (1996, 458). Bert

Hansen (2004) has further shown that the adventure subgenre in American comics of the 1940s specifically depicted medical figures in similar terms to military heroes on the battlefield. Today, the language of heroism extends to nurses (Mohammed et al. 2021) and many public health workers, including in literary and cinematographic representations (Han and Curtis 2021). Yet, given the number of women who occupied key roles on the “frontline” of healthcare during the pandemic, the epithet of heroic worker presents opportunities to challenge the associations routinely established between heroism, valour, courage, stoicism and the stereotypical traits of masculinity. Comics, traditionally, have foregrounded male figures, yet the COVID-19 *bande dessinée* notably engages with the experience of female medics. While we will return to the importance of this tendency later, for now it is important to note that the discourse of heroism in healthcare is problematic for many reasons. As Han and Curtis underline, “many public health workers ... have little choice in the matter and continue to work while frightened or over-burdened”; indeed, “the widespread veneration of new forms of heroism in both the media and among the general public provides a veneer of protection for authorities and governments: their own failures obscured or hidden behind a façade of good will and empathy” (451).

Based on a study of media electronic databases between March and August 2020, Mohammed et al. (2021) have evaluated the effects of the discourse of heroism on the professional, cultural and political identity of nurses, though many of their analyses could be applied to medical personnel more generally. Their overarching conclusion is that the language of heroism “is not a neutral expression of appreciation and sentimentality, but rather a political, social, and cultural technique employed to accomplish multiple aims” (7). They suggest that the aims of the use of such language include positioning nurses as sacrificial and selfless, thus diverting attention from a lack of personal protective equipment onto the bravery of individuals; portraying nurses as model citizens, so that they may be used by public health bodies and politicians to promote basic hygiene defences and other pandemic responses as acts of civic duty; and encouraging an outpouring of generosity towards nurses, including discounts in shops, while governments resist demands for pay rises and investment in additional staffing to relieve pressures. The discourse of heroism is, in short, “employed as a disciplinary political device in the creation of docile bodies” of medical workers (Mohammed et al. 2021, 7). As Michel Foucault (1966) has shown, knowledge and power are indissociably linked via language. Through discourse—systems of knowledge, beliefs, attitudes and practices that do not merely describe but *construct* objects—dominant social systems and institutions are reproduced and entrenched, shaping how people think, speak and act (Foucault 1972). Yet Foucault has also shown that poststructuralist discourse analysis can illuminate such discursive practices, stating famously that “where there is power” that seeks to produce and normalise docile bodies, “there is resistance” (Foucault 1976, 95). While Foucault closely

examined the use of medical discourse and the construction of patients as objects of the “medical gaze”, I argue in the analysis to follow that it is, in fact, medics themselves who, in COVID-19 *bandes dessinées*, resist political discourses of heroism.

In *Putain de COVID*, an anonymous junior doctor (“interne de garde”) under the pseudonym Védécé published an account of 35 days of life in a French hospital from 16 March 2020. While the text is predominantly a series of written accounts supplemented by images rather than a traditional *bande dessinée* in which the verbal and the visual are integrated and interdependent, the observations contained in it offer a powerful demythologisation of the stereotype of the heroic medic. Across a double-page spread (Védécé 2020, 78–79), a drawing of an imaginary COVID doctor is contrasted with “the reality”. On the left, a fabled doctor with “sex appeal incroyable car il sauve des vies” [unbelievable sex appeal because he saves lives] and “Pectoraux gonflés d’orgueil grâce aux applaudissements de 20h” [Pecs swollen with pride thanks to the 8pm clapping], resembles a celebrity model. On the right, an exhausted figure, wearing a homemade cloth mask and a gown that offers the protective qualities of a “sac poubelle” [binliner], conveys the de-idealised reality experienced by COVID-19 medics. From the outset, Védécé’s account specifically critiques the military lexicon of “strategies”, “defences” and “reserve” used to frame the medical response to the pandemic and redirects attention towards “le quotidien”—the lived reality—of medical teams, patients and their families (3). In a striking eight-page section in which the background is black, Védécé communicates the reality of life inside hospitals (20-hour shifts; lack of PPE; physical and emotional exhaustion; a discussion in a corridor about which patients to admit to ICU). The right-hand page every time reads simply “Putain de COVID”, with the font size increasing in each sequence. The section concludes on a close-up featuring a moment of stark introspection in which a doctor, splashing himself with water, recognises that, far from performing heroic acts, “On fait de la mauvaise médecine” [We’re delivering poor medical care] (26).

Védécé’s refusal of military metaphors on the grounds that they do not convey the reality of life in COVID-19 wards is accentuated by a heightened representation of the vulnerability of medics who discuss the possibility of their own death. One is depicted waking up early in the morning, only to read an SMS sent overnight from a friend and colleague in the East of France declaring: “Je ne veux pas mourir!” [I don’t want to die!]. The doctor reflects that, even two months previously, young medics would not have uttered such words to each other, but that fear is becoming a common feature of their lives: “Là où, il y a trois mois, on avait peur pour nos patients. Là où, il y a trois semaines, on avait peur pour nos proches. La peur s’installe en nous” (33) [Three months ago, we were scared for our patients; three weeks ago, we were scared for our loved ones; but now, we’re scared for ourselves]. Védécé’s text then challenges the authenticity of

the “clap for our heroes” ritual, with one doctor highlighting the hypocrisy of and danger posed by some of those engaged in the weekly performance who had been spotted on the streets only moments before the 8pm show of support: “Ils nous tueront quand ils arriveront dans trois semaines” (67) [They’ll kill us when they are admitted in three weeks’ time]. Symbolically recasting the “war on COVID” from an imaginary scenario in which front-line doctors heroically battle to save their fellow citizens from death, Védécé suggests that it may in fact be some members of the public, rather than the disease per se, that merit the appellation of “enemy” for placing doctors at high risk of exposure to infection and eventual death.

In *Patient zéro: A l’origine du Coronavirus en France* (2021), writer Renaud Saint-Cricq and cartoonist Nicoby, in collaboration with three journalists from the newspaper *Le Monde*, present in the form of an investigative *bande dessinée* a detailed enquiry into the origins of COVID-19 in France. The text is based on real-life events and extends the problematisation of binary assumptions that situate heroic medics against an enemy disease, this time by positing politicians as the antagonists in the medical response to COVID-19. *Patient zéro* develops some of the traits of crime-fiction thrillers as a team of contact tracers painstakingly attempt to identify the source of infection in the case of Jean-Pierre Gossart, a logistics worker based at the military base in Creil, approximately 30 miles north of Paris, where repatriated French citizens from Wuhan landed. The military backdrop to the text is exploited as concerned citizens of Creil speculate on the number of infected army personnel who have already spread the disease among the local community. While *Patient zéro* diverts its attention more onto the role of leading politicians than military employees in facilitating contagion, the military thread nonetheless pervades the text—at least linguistically. In an echo of actual-life events, President Emmanuel Macron is depicted in the *bande dessinée* as visiting Paris’s La Pitié-Salpêtrière hospital on 27 February 2020, following the demise of 60-year-old Dominique Vapoteaux, a local councillor and respected technology teacher in the town of Crépy-en-Valois (20 miles from Creil), who became the first person to die from COVID-19 in France. Macron’s political advisor suggests the President emphasise his solidarity with frightened medics in the hospital who are concerned about a lack of formal response plan and protective equipment, telling him: “Il faut leur montrer qu’on les soutient. Les prochaines semaines seront difficiles” [We’ve got to show that we support them. The next few weeks will be difficult] (59).

Macron’s visit to the hospital predates his 20-minute address to the nation, on 16 March 2020, in which he famously declared “nous sommes en guerre” [we are at war] six times in a four-minute segment.⁶ Macron qualified that the enemy in this “guerre sanitaire” [public health war] was not an army, nor another nation, but something “invisible, insaisissable, qui progresse” [invisible, ungraspable, making headway], and that medical personnel were “en première ligne dans un combat qui va leur demander énergie,

détermination, solidarité” [on the frontline in a combat that will require energy, determination and solidarity]. “Nous leur devons évidemment les moyens, la protection” [We clearly owe them the means, the protection], he promised. Yet representations of medical workers in *Patient zéro* defiantly resist political attempts to imbue them with the hackneyed qualities associated with frontline heroes. In one panel, a doctor standing on the sidelines of a hospital corridor is pictured desperately calling out to Macron during his visit to La Pitié-Salpêtrière that medics need sufficient equipment if they are to treat patients with COVID-19 (60). Another, defiantly pointing his index finger at the President in an exchange captured by TV cameras, suggests that if the state had the financial means to support the restoration of Paris’s Notre-Dame cathedral following a structurally devastating fire, the same efforts could and should be invested in public hospitals “qui [sont] en train de flamber à la même vitesse” [which are burning at the same rate] (61).

As Macron declares his confidence in the doctor, the latter questions the relationship between public hospitals and the political state: “Ah oui, vous pouvez compter sur moi. L’inverse reste à prouver!” [You can indeed count on me. The opposite remains to be seen!] (61). The *bande dessinée*’s accentuation of this uncomfortable moment for the French President illustrates the more general challenge the text poses to a simplistic binary, promulgated by Macron and political leaders across the world, which situates medics on the frontline of a fight against a virus. Instead, *Patient zéro* suggests that, in the national response to the pandemic, the real confrontation is between France’s healthcare personnel and political leaders. This conflict between France’s medics and politicians is the source of sustained media attention. In a sombre image in *Patient zéro*, featuring a grey background of the cityscape of Paris and its landmark Eiffel Tower, a journalist-presenter of France’s main 8pm evening news on channel TF1 prefaces a question to then Prime Minister Edouard Philippe by highlighting the stark consequences of political discourse that is not reinforced by corresponding action: “Les médecins généralistes n’ont pas reçu de masques, et ils sont en première ligne face à des patients contaminés” [GPs have not received masks, yet they are on the frontline of contact with contaminated patients] (79). *Patient zéro*, like *Putain de COVID*, thus demonstrates how *bandes dessinées* can work to problematise the discourse of war in different ways, by questioning the identity of the “enemy” undermining medics’ efforts to treat COVID-19 patients. In the next section of this chapter, we will consider how other *bandes dessinées* go further still, not only by eschewing ideals of heroism, but by reclaiming vulnerability from its negative associations with weakness in the context of “war”.

Medics’ Voices

As Martyn Evans has asserted, one of the principal tasks of mainstream medical humanities scholarship has been “to return the patient’s voice to

prominence within the clinical encounter” (2016, 339). To date, much work in the field has centred on the possibility that paying sustained attention to patient’s stories may serve as a vehicle for training “doctors who are technically good but also deeply connected with the interpersonal aspect of their work” (Bleakley 2015, 2). The shift from a concentrated focus on doctor-centred authority to a more communicative, empathic and patient-centred form of care may be seen as a response to the emphasis on the technical aspects of medicine in the 19th and early 20th centuries. The “medical gaze”, as Foucault characterised it, is directed at tissues and symptoms, rather than people; it symbolises an approach “that dominates” the patient by means of the gaze “of a doctor supported and justified by an institution, that of a doctor endowed with the power of decision and intervention” (1973, 39; 87). Proponents of a more patient-oriented form of care have sought to encourage a broader consideration of the subjective thoughts and emotional state of the patient, as well as their physical symptoms. Yet the sheer scale of COVID-19, and its concomitant effects on medics, have called into question a rigidly patient-centred paradigm of care during the pandemic. In its first wave in particular, before the development of vaccines and in the context of unprecedented and often unseemly national(istic) efforts to secure personal protective equipment, medics who came into contact with COVID-19 patients were subjected to high risks of contagion. Close proximity to the disease produced a heightened sense of exposure in medical personnel who then often had to care for one another psychologically and emotionally. Compounded by prolonged working hours and the ordeal of witnessing extremes of suffering and large numbers of deaths, the sense of fragility experienced by many medics rendered them, at different times and in complex ways, patients rather than “heroes”.

In collaboration with cartoonist Fiamma Luzzati, Karine Lacombe, Professor of infectious and tropical diseases at Paris’s Saint-Antoine Hospital and the first female clinical lead of a department of infectious diseases in the city, published in 2020 a *bande dessinée* entitled *La Médecin: une infectiologue au temps du corona*. The text opens on 27 April 2020 with a description of the “cellule de crise” [crisis unit] at the hospital (Lacombe and Luzzati 2020, 17). Its graphics are based on first-hand observation of life on COVID-19 wards, while the story, penned by Lacombe, follows fictional patient Livia Guzzanti, a 38-year-old immuno-compromised investment banker, “qui porte en elle un peu de chacun des patients hospitalisés” [who somewhat embodies all hospitalised patients] (10). In the prologue to the text, Lacombe underlines that the purpose of situating the *bande dessinée* at the heart of a major hospital during the pandemic is to “partage[r] avec vous chacune des journées qui ont changé notre vie et les émotions qui nous ont traversés, nous les soignants: la sidération, l’exaltation, l’angoisse ...” [share with you each of the days that changed our lives and the emotions that we as caregivers have experienced: amazement, exaltation, anguish] (9).⁷ *La Médecin* therefore gives emphasis to the voice of medics in a context

whereby, as Lacombe states in the Epilogue: “Souvent le brouhaha médiatique a couvert la parole scientifique, le savoir médical a été remis en cause comme jamais auparavant” [Often the media hubbub has drowned out scientific perspectives and medical knowledge has been questioned like never before]. Yet, the gendered title of the *bande dessinée* emphasises that it seeks not merely to give voice to the experiences of medics as a generic group who spent countless hours in public hospitals during the pandemic, but to female perspectives in particular.

Lacombe is depicted using the military metaphor three times in the text. On one occasion, she explains the operation of SARS-CoV-2 in accessible language to her young daughter at the kitchen table: “le virus ... rentre dans la cellule comme un invité inattendu qui ferait chez toi” [the virus enters the cell like an unexpected guest would do in your home]/“Comme il est étranger à la cellule, le corps va chercher à se défendre et c’est la guerre!” [As it is foreign to the cell, the body will seek to defend itself and war will break out!] (55). The language used in the description channels the now ubiquitous militarised rhetoric that Susan Sontag has suggested first developed in the late 19th century with the identification of bacteria as agents of disease, but which, over time, came to designate diseases in general, casting them as “evil predators”, “demonic enemies” and “alien others” (1991, 65–67). On only two occasions is Lacombe depicted as using the language of warfare in the hospital—once, at a meeting of clinicians during the early stages of the pandemic, when she explains that the virus progresses through the body by “attacking” various organs systematically (78); and once in communication with a patient: “votre corps lutte contre une inflammation généralisée: c’est une guerre des défenses immunitaires contre le virus” [your body is fighting a generalised inflammation: it’s a war of immune defences against the virus] (116). Yet Lacombe is more often found emphasising vulnerability in the course of her medical duties: in a particularly tender moment, she is pictured holding the hand of an elderly patient on a ventilator, reassuring him he will recover, even while conceding to herself, in the subsequent panel, that the patient is likely to die alone, without the presence of family members (129). Lacombe’s holding of the patient’s hand symbolises not only the subversion of doctor–patient hierarchies, but the fact that many hospital personnel occupied the gap in care normally offered by relatives or friends. In the sealed-off space of the COVID-19 ward, the holistic care offered by doctors is seen in Lacombe and Luzzati’s text to extend far beyond the realms of medicine, into the domain of the familial, the palliative and even the pastoral.

Care, in *La Médecin*, is regarded not only as a response offered to defenceless patients, for medics are also portrayed as vulnerable, albeit in more subtle ways. As Ewa Plonowska Ziarek has explained, in its linguistic application to the domains of biopolitics and national defence, “vulnerability means a failure of security, the exposure to or the risk of an attack by hostile forces” (2013, 67). It is in this sense that the term is usually

applied to COVID-19 patients. Yet Ziarek, in tandem with other scholars who approach vulnerability through the lens of modern feminist theory, has sought to reorient vulnerability from its reductively negative associations with powerlessness and passivity towards a political and ethical concern that signifies the harmful effects of domination and power. Vulnerability can then acquire a positive meaning through being “reclaimed as a condition of intersubjective freedom, action, and political engagement” (Ziarek 2013, 68); it is in this sense that it applies to the medical response of hospital staff. Erinn Gilson challenges normative conceptual associations of vulnerability with violence (articulated through discourses of biopolitics and security), arguing that: “When vulnerability is regarded as weakness and invulnerability is prized, attentiveness to one’s own vulnerability and ethical response to vulnerable others remain out of reach goals” (2014, 5–6). In *La Médecin*, female medics voice vulnerability in ways that emphasise and valorise an ethics of care within structures of community—among hospital staff, and between medics and patients. Lacombe, in one panel, is depicted touching the shoulder of Inès, an exhausted colleague who is under considerable stress due to the number of requests she is receiving for patient admissions at a time when the hospital is at capacity, telling her, in an act of solidarity: “repose-toi, on a vraiment besoin de toi!” [rest—we really need you!] (112). Leaving the hospital in a taxi later that day, Lacombe phones a colleague, asking her if she could call by to see Inès, given the pressure the latter is under.

Several panels draw attention to the psychological burdens of working in COVID-19 wards by presenting solitary images of staff and giving access to their inner reflections via thought bubbles: Lacombe, at one point, wonders if offering improbable assurance to COVID-19 patients is a betrayal of the Hippocratic Oath (119); while a nurse, Natalie, is pictured comforting an elderly patient by holding his hand and telling him he will not die, yet in the next panel she is depicted leaving the ward and thinking: “cette mort solitaire est atroce” [such a solitary death is appalling] (129). The connection between the isolated patient, afraid of dying alone, and the caring nurse, carrying the weight of watching a patient die alone, is one of mutual vulnerability, albeit in different ways. Nonetheless, in forging such connections, *La Médecin* gestures towards the status of patients and medics as embodied, relationally constructed beings. As Gilson states, “to be vulnerable is not always or simply to be susceptible to injury. Rather, vulnerability can have positive manifestations and value, enabling the development of empathy, compassion, and community” (Gilson 2014, 8). This is demonstrated most powerfully in one of the closing scenes in *La Médecin*, in which Lacombe visits a COVID-19 patient who has just spent three weeks in a coma. In the first two panels on the page, Lacombe, standing, encourages the seated and clearly still fragile patient on the progress the latter is making towards recovery. In the final panel, however, a symbolic inversion occurs, in which the patient, ever so slightly leaning forward, administers care to a visibly

listless Lacombe, telling her: “Mais vous aussi, vous devriez vous reposer: vous avez l’air fatigué, professeure” [But, professor, you also ought to get some rest: you look tired] (140). By refuting discourses of clinical heroism, *La Médecin* simultaneously recasts vulnerability from static binary systems of representation in which it is stereotypically associated with passivity and weakness. Lacombe and Luzzati, in extracting the concept from a narrow security-focused understanding of its meaning and application, value its propensity to forge connections, community and care—even on the so-called frontline.

In *Au cœur de la vague*, Lebanese-Swiss cartoonist Patrick Chappatte, known for his work for Lausanne-based newspaper *Le Temps*, the German news magazine *Der Spiegel*, *The New York Times* International Edition and the French satirical newspaper *Le Canard enchaîné*, offers an account of life on a COVID-19 ward in the University Hospital of Geneva. The text is based on a journal of recorded conversations with healthcare professionals, including Professor Didier Pittet, the creator of disinfectant gel who went on to be invited by Emmanuel Macron to advise on the management of the pandemic. *Au cœur de la vague*, which incorporates Chappatte’s cartoons published in the press during the first wave of COVID-19, also includes pixelated images of real healthcare professionals (who are subsequently portrayed in cartoon style) so as to enhance the text’s claims to authenticity. The *bande dessinée* extends reflections on vulnerability as a counterpoint to the discourse of heroism, begun in *La Médecin*, but presents them within a more transnational framework. For example, Chappatte presents comparative charts on excess mortality rates in Peru, Spain, the UK and France, and explains that up to 60% of staff in hospital in Geneva come from France, even though 19 of the 34 crossing points on the French-Swiss border were closed during the first wave of the pandemic. One of the hospital staff members who commutes between her home in France and work in Geneva is 42-year-old ER nurse Dagmar Dimelgo, who compares the response to the pandemic on either side of the border.

For the purpose of the present analysis, the most significant transnational feature of the pandemic to be incorporated into Chappatte’s text is a cartoon from the *Boston Globe*, dated 2 April 2020. In it, one COVID-19 doctor, preparing to enter the ward, tell his colleague: “When I was a kid, I wanted to be a superhero”, only for the latter to retort, “And you became one!” (Chappatte 2020, 70). The cartoon opens a sequence of the *bande dessinée* on the #onapplaudit phenomenon in French-speaking Switzerland. Yet Chappatte, like the other cartoonists studied in this chapter, problematises the rhetoric of heroism and public displays of acclaim by giving voice to medics themselves. When Chappatte asks 61-year-old Jérôme Pugin, head of intensive care since 2014, how he reacts to being called a “hero”, the latter gives a blunt assessment: “Je réfute ce mot. Les gens ici se lèvent tous les matins et font leur boulot. Le font bien” [I refute that word. People here get up every morning and do their job. And they do

it well] (81). By disassociating himself from the politically charged concept and rhetoric of heroism, Pugin embodies an ethos of solidarity and community that extends throughout the hospital and unites cleaners, porters and doctors. In a clinical atmosphere in which “la peur, on l’a tous” [we’re all scared] (82), 34-year-old Irkam, a hospital cleaner, tells her medical colleagues: “on vous soigne, vous pouvez soigner les patients” [we care for you, so that you can care for patients] (83). As in *La Médecin, Au cœur de la vague* reorients vulnerability as a positive attribute, engendering care and connection. Chappatte’s text extends networks of vulnerability from those experienced between medics, or doctor–patient relationships, and includes—indeed, gives voice to—ancillary workers as a vital element in the delivery of empathic COVID-19 healthcare. Yet it also anchors a reflection on vulnerability in an expansive conceptual framework that extends well beyond the physical confines of the hospital.

In a chapter towards the end of his *bande dessinée*, Chappatte situates the pandemic in the context of ongoing social ills. In one sequence, he focuses on the work of 44-year-old Dr Roberta Petrucci, who works for Médecins sans frontières and previously treated Ebola patients in West Africa. Petrucci makes the point that while Western countries have the financial and infrastructural means to respond to COVID-19, she now finds herself leading humanitarian work in Geneva with homeless people and undocumented migrants from across the world, who are three times more like to be infected by the disease than the general population. By including Petrucci in his work, Chappatte connects the first wave of COVID-19 to the ravages of injustice and the unequal distribution of healthcare among different population groups. While this aspect of the pandemic would become protracted in later stages, with wealthy countries stockpiling supplies of vaccines, Chappatte frames the first wave within a global perspective, even going so far as to connect the pandemic to the damage done by climate change. Significantly, Chappatte gives the final word of his text to Ikran, who implores readers: “On doit prendre soin de la planète, comme on doit prendre soin les uns des autres. C’est une leçon de vie tout ça!” [We must take care of the planet, as we must take care of each other. It’s a life lesson all this] (120). The ethos transcending this text, as in *La Médecin*, is that voicing vulnerability serves as a prelude to acts of care, reconstruction and healing rather than a war-like act of defence against an invasive disease.

Conclusion

COVID-19 has acted as a catalyst for the production of comics across the globe. 2020 and 2021 witnessed the publication of a range of cartoons—in digital and print versions—that take as their thematic focus the experience of living through a pandemic. These include Ralf König’s *Verwirte Zeiten* and Leo Ortolani’s *Andrà tutto bene*, on the challenges of adhering to lockdown restrictions, and David Ramírez’s *Conviviendo 19 días*, on the effects

of self-isolation on social relations. The UKRI/AHRC-funded “COVID in Cartoons” project, based at the University of Leicester and directed by Fransiska Louwagie and Di Levine, has engaged political cartoonists to help young people construct a critical narrative of the pandemic and its impact on their lives.⁸ As Stephen Tabachnick suggests, comics allow for a multi-layered representational response to complex phenomena:

Words can do things that visual images cannot—for instance, portray complex inner mental states or complex philosophical meditations—and visual images can do things that words cannot, such as capture subtle facial expressions. An excellent graphic novel combines the best of both the verbal and visual worlds.

(2017, 2)

In France, the SantéBD organisation, which seeks to promote informed healthcare awareness in the population at large, mobilises precisely these effects, by allowing online users to create and customise their own *bandes dessinées* which offer pedagogical information on COVID-19 tests, vaccinations and public health measures, such as mask-wearing, in an accessible and engaging format.⁹

While many comics published across the globe have underlined commonalities in our experience of the pandemic, the focus on medical settings and personnel in French *bandes dessinées* serves to draw attention—in line with the aims of this book—to the language of COVID-19. The four texts analysed in this chapter problematise and resist, in different ways, the discourse of heroism and conceptions of vulnerability—often framed as dialectic binaries—in the much-cited “war on COVID-19”. On the “front-line”, the medics portrayed refute any suggestions of heroism and follow instead in a tradition of medical humanism embodied by Dr Rieux in Albert Camus’s 1947 novel *La Peste/The Plague*, which attained new levels of popularity during the COVID-19 lockdown: “Je n’ai pas de goût, je crois, pour l’héroïsme et la sainteté. Ce qui m’intéresse, c’est d’être un homme” [Heroism and holiness don’t really appeal to me, I think. What interests me is being a man] (1947, 230). The *bandes dessinées* considered in this chapter extend the deglamourised depictions of physicians that run through graphic novels such as Ian Williams’ *The Bad Doctor* (2014) and *The Lady Doctor* (2019) (Venkatesan and Ancy 2021). But rather than point to inherent fallibility or the fact that medics carry all sorts of wounds, they respond to the specific cultural language used to frame COVID-19. Countering the political and popular identification of the medic as a hero on the front line, they draw attention to the inability of hospital staff to treat patients effectively when vital supplies are not provided, to the inappropriateness of public displays of applause from citizens who put medics at risk by not adhering to lockdown rules, and to the reality that hospital workers during the first wave of the pandemic were more likely to be exhausted and frightened than

courageous in the face of a novel disease. The COVID-19 *bande dessinée* thus marks a decisive rejection of the genre's much-cited tendency to venerate male heroic figures. By amplifying female voices and perspectives, and subverting the language of toxic masculinity through a reappraisal of the ethics of vulnerability, these *bandes dessinées* suggest that a more humane and less militaristic discursive response to the pandemic is not only possible, but desirable.

Notes

- 1 While the coronavirus pandemic has drawn renewed attention to the metaphorical use of warfare to describe responses to disease, such linguistic trends can be traced back to the 19th century (Otis 1999, 94). See also Flusberg, Matlock and Thibodeau (2018), who argue that war metaphors elicit an emotional response that in turn motivates urgent action.
- 2 <https://metro.co.uk/2021/03/23/lockdown-anniversary-boris-johnson-praises-heroes-of-covid-14292305/>
- 3 <https://twitter.com/WHOThailand/status/1377227973355397131>
- 4 Johnstone (2018) notes that the medical humanities has recently been engaged in a “visual turn” whose “full potential has yet to be realised”.
- 5 Rita Charon defines narrative medicine as “medicine practiced with the narrative competence to recognize, absorb, interpret, and to be moved by the stories of illness” (2006, vii). For more on the role of graphic narratives in medical education, see Green and Myers (2010).
- 6 <https://www.elysee.fr/emmanuel-macron/2020/03/16/adresse-aux-francais-covid1> Accessed 25 January 2022.
- 7 As Kuhlman notes, the inclusion of notes, appendixes, forewords and epilogues in *bandes dessinées* serves as “proof of an authentic effort to represent the truth about a person's biography” (Kuhlman 2017, 124).
- 8 <https://le.ac.uk/covid-in-cartoons> Accessed 21 January 2022.
- 9 <https://santebd.org/coronavirus> Accessed 21 January 2022.

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16 Translational Futures

Notes on Ecology and Translation from the COVID-19 Crisis

Marta Arnaldi

In a Region of Unlikeness

I would like to preface this chapter with an invitation to enter the “region of unlikeness”, a space in which, in the words of Antonio Damasio (2017, 99), “each of us, each cell in us, and every other cell [coexist as if we] were part of one single, gigantic, supertentacular organism, the one and only organism that began 3.8 billion years ago and still keeps going”. Such a region exists thanks to the capacity of living organisms, including humans, animals and plants, to regulate their own internal environment whilst also responding to external stimuli, thus being at once autonomous and dependent upon one another. These subtle processes of life regulation, also referred to as homeostasis, guarantee dynamics of self-protection and exchange between the self and the other, the familiar and the foreign, and enable not just the survival of species but also their flourishing. Damasio pushes this vision further when he states that homeostasis, far from being simply a biochemical process, is a complex form of communication mediated by culturally inflected perceptions and emotions. The many dimensions of culture—arts, philosophical enquiry, religious beliefs, justice, economical institutions, technology and, crucially, science—require “feeling a situation of actual or anticipated homeostatic decline (for example, pain, suffering, dire need, threat, loss) or of potential homeostatic benefit (for example, a rewarding outcome)” (57). Damasio adds that “it is not possible to imagine the origin of the responses that became medicine or any of the principal artistic manifestations outside an affective [interpersonal] context” (399). Through the prism of interconnectedness, we come to realise that “the sick patient, the abandoned lover, the wounded warrior, and the troubadour in love were able to feel”—feeling being not just an inward experience but also the need to engage with, and respond to, alterity (399). In its material (the body) and immaterial (culture, emotions) forms, life is preserved and regulated by means of homeostatic communication, interspecies relation, and boundary crossing (see Arnaldi 2022). As I shall argue in this chapter, diversity—a key feature of our biological and cultural lives—ensures healthy, sustainable interactions across linguistic, cultural, biological and

disciplinary ecosystems, both at times of crisis and beyond. In this sense, translation as a “body of ideas and set of practices” can be seen as an instrument of life conservation and the furthering of life in that it enables us to communicate across realms of difference, where preservation is at risk and multiplicity challenged (Cronin 2017, 1).

COVID-19: Towards a Translational Response

I conceive of the region of unlikeness as a “translation zone” (Apter 2006), one in which we can cultivate biological and cultural diversity on the one hand, and explore notions of translation in new, ecological ways on the other. The terms *translation* and *ecology* are used here in a broad, relational sense which recognises the “fundamental interdependence of all phenomena and the fact that, as individuals and societies, we are all embedded in (and ultimately dependent on) the cyclical processes of nature” (Capra and Luisi 2014, 12). Translation and ecology are similarly preoccupied with questions of human, non-human and interspecies connectivity (and vulnerability) in ways that transcend mainstream understandings of linguistic, cultural and biological borders. Just as ecology is not simply about “global warming, recycling and solar power” (Morton 2010, 2), translation is a capacious concept that is not to be limited to practices of interlinguistic communication and cultural exchange. Some branches of environmental studies and translation studies have explored ecology’s and translation’s contributions to our ways of knowing (epistemology) and interpreting (hermeneutics) the complexity of life, especially in the light of the interdisciplinary intersections between the humanities and science (e.g. Capra 2021; Robinson 2017; Marais 2019). Yet, apart from Michael Cronin’s (2017) pioneering definition of the translation–ecology nexus, translation’s and ecology’s theoretical configurations have surprisingly been kept apart, the two disciplines having produced parallel but largely unconnected systems of thought.

By building upon a recent body of studies that has stressed the epistemic fertility of both ecology (Morton 2010) and translation (Engebretsen et al. 2020), this chapter singles out ecology’s and translation’s intersecting meanings to bring them to the point of convergence. It asks what impact the semantic collision of these seemingly distant terms may have on scholarship and policy in the context of the current coronavirus pandemic, thus bringing under a unified lens some of the interrelated, translational aspects, and consequences, of the COVID-19 crisis as explored in this volume. “COVID-19 interconnectedness”, which has been defined as a problematic conflation of health inequity, environmental injustice, economic insecurity and collective trauma (Watson et al. 2020), is examined here not simply as a fitting case study of translational communication across spheres of difference (biological, cultural, linguistic etc.). The coronavirus experience—multifactorial by nature—offers a theoretical paradigm to study the “translationality” or “translation-ness” of phenomena in that it points

vividly to the intersections of ecocriticism, public health and translation (Marais 2019, 7). Its composite fabric challenges the disciplinary divisions that have led to sectorial understandings of the world. Having started as a medical emergency (an outbreak of pneumonia of unknown origin), in a specific place (the city of Wuhan in the Hubei province of China) and at a definite time (December 2019), the coronavirus disease mutated into an ongoing economic, environmental and racial crisis of global concern, one that triggered chains of mutually implicated issues that are as epistemological as they are epidemiological (Arnaldi, Engebretsen and Forsdick 2022). To a large extent, the COVID-19 crisis is one of perception in that it requires us, on the one hand, to seek a radical shift in our thinking and values, and, on the other, to overcome the outdated, unsustainable world-views to which scientific, social and political institutions have so far subscribed (Capra and Luisi 2014, xi).

Placed at the end of this volume's translational investigations into the coronavirus crisis, this chapter serves as an invitation to reflect upon and operate this shift. It intends to analyse translation's ecological possibilities (or, if one prefers, ecology's translational tenets) in three distinct yet intertwined problem areas connected with, and elicited by, the COVID-19 crisis. These areas are health, the environment and ethnicity. I propose that translation theory, especially its most radical branches (translational medical humanities, eco-translation and the sociology of translation, especially actor-network theory), can be used as an interdisciplinary, cross-epistemic tool to examine, tackle and respond to the multilayered crisis we are living through. An honest and committed evaluation of the potential and limits of translation theory—in its broad, ecological sense—can help us (1) untangle the complexities of this crisis and (2) build a healthier, sustainable and more just society in which we respect the human as well as the non-human Other. I suggest that an ecology of translation may provide us with paradigms of crisis management, interdisciplinary thinking and hospitality, which—while yet to be placed under the same lens of scrutiny—can show us ways out of the coronavirus impasse. These paradigms epitomise what I call deep translation, that is a translational method of approaching and reimagining complex societal issues, integrating disciplinary perspectives, and generating new knowledge.

This chapter consists of three parts. First, I outline the reasons why I see translation and ecology as comparable discourses. Second, I introduce the concept of deep translation as an ecological construct. Finally, I offer some reflections on the uses and limitations of deep translation across the three problem areas outlined. I am conscious that these preliminary considerations require further research before suggesting viable solutions and answers; yet, I hope that they may at least raise questions that challenge our way of conceiving of, and separating, policy and research, the humanities and science, the relative and the objective during and after the coronavirus crisis.

Tradosphere: The Proximity of Ecology and Translation

Translation theory and ecological thinking tackle, in similar ways, the question of communication across realms of difference. To date, the most accomplished study of the linkage between translation and ecology is Michael Cronin's *Eco-Translation: Translation and Ecology in the Age of the Anthropocene* (2017), by which the present study is profoundly inspired. By drawing upon Michel Serres's intuition that "all forms of being have in common that they receive, process, store and emit information", Cronin comes to the conclusion that "exploring what is held in common becomes a strategy of survival" (2017, 69–70). He demonstrates that "the age of the Anthropocene is of necessity a Translation Age as it requires all the skills translators can master to restore a degree of intelligibility to our damaged ecosystems"; in this age, Cronin adds, translation helps us make sense of the different forms of communication "implied by the multiple connections between the organic and the inorganic" (5, 7). Yet, translation's and ecology's attempts at engaging with multiplicity do not entail an "annihilation of difference" (5). Just as translation is key to the understanding and disclosure of the world, a core value of ecophilosophy is "to make humans alive to the sheer diversity of the living and the non-living" (7). The result of Cronin's eco-translational vision is a new understanding of the world in which we find ourselves living. We coexist "always and everywhere in what might be termed a tradosphere", which Cronin defines as "the sum of all translation systems on the planet, all the ways in which information circulates between living and non-living organisms and is translated into a language or a code that can be processed or understood by the receiving entity" (71). Cronin goes on to suggest that "in communicating with others, in trying to understand what it is an organism or non-sentient object is expressing, the point is not anthropomorphic projection but communication across and in the full knowledge of radical difference" (71). From this viewpoint, translation serves the purposes of ecological as well as linguistic and cultural survival. In translation, all entities—not only texts—coexist in ways that acknowledge not just uniqueness, individuality and the past, but also states of reproduction, replication and multiplicity, the necessity of relationality, as well as the promise of an afterlife, which we may call the future.

In *A (Bio)Semiotic Theory of Translation: The Emergence of Social-Cultural Reality*, Kobus Marais builds on Cronin's argument to challenge translation studies to an "ecological awareness" (2019, 118). He contends that translation, rather than simply aiming at transferring meaning across languages and cultures, is itself concerned with the production of meaning, the creation of culture, and the evolution of the natural world. Translation, "the process that creates relationships between existing meanings [or semiotic systems], thereby creating new meanings [and semiotic systems]", is a form of relational semiology, i.e. a way of communicating across different ecosystems (123). Marais specifies that "all

living organisms participate in this process of translating meaning”, thus confronting the anthropocentric, “lingual bias” that has vexed translation studies since its beginnings (125). Marais’ intervention, which is deeply informed by complexity theory, brings a further layer of conceptualisation to my eco-translational investigation of the COVID-19 crisis (Marais and Meylaerts 2019; Capra and Luisi 2014). It is this line of thought that I explore and extend here.

A second aspect of what I call the translation–ecology proximity is their commitment to deal with margins (Bhabha 1994). This explains the flourishing of radical, unorthodox disciplines connected with these fields, from ecofeminism (Mies et al. 2014) to postcolonial translation (Bassnett and Trivedi 1999). These fields encourage a perspectival shift from the centre to the peripheries and from the conventional to the innovative, thus challenging our worldviews and ways of producing knowledge. Again, what these different approaches have in common is a similar preoccupation with, and understanding of, identity as a fluid construct, one that is subjected to the changes of the self as much as to the encounter with the Other. A translational existence is, by nature, ecological, feminist, postcolonial and posthuman in that it implies the many interactions with the multiple others that coexist on this planet (and beyond), including those interactions that happen outside the remit of a common, understandable language (see Braidotti 2013). Since the encounter with alterity can often represent a risk, as immunology teaches us, the self may end up segregating itself rather than opening up to the Other, with the result that vulnerable groups, such as women, migrants, children, the sick, the animals and so on, are marginalised further and further. Ecology and translation offer ways of rethinking diversity in complex terms, since encountering the human and non-human Other presents us not just with the thrill of life’s multiple patterns but also with potential forms of discrimination, xenophobia, lack of consideration and risks.

Planetary interconnectedness reveals the third manner in which the translational and the ecological imaginations intersect. I refer here to the idea of system. In *The Systems View of Life: A Unifying Vision* (2014), Fritjof Capra and Pier Luigi Luisi describe two competing models of practising science and seeing the world: the mechanistic and the holistic. Even though contemporary science still oscillates between these two worldviews, an agreement has been reached on the basis that the universe is not a “machine composed of elementary building blocks” which can be examined, recomposed and/or fixed through linear processes or by means of a purely quantitative logic (mechanistic worldview) (2014, xi). New emphasis has been placed on qualitative notions of “complexity, networks, and patterns of organization”, the material world (to which our bodies belong) being a “network of inseparable patterns of relationships” as well as a “living, self-regulating system” (xi). This conception of life implies a kind of relational thinking—“thinking in terms of relationships, patterns and contexts”—which is known as

“systemic thinking”, “systems thinking” or, to use Capra and Luisi’s definition, “the systems view of life” (2014, xii).

In outlining this worldview, Capra and Luisi wish for an epistemic shift in our perceptions, thinking and values. The model they propose does not dismiss the quantitative and the sectorial but rather aspires to strike a “dynamic, [homeostatic] balance” between self-assertion and integration, analysis and synthesis, the linear and the nonlinear, competition and cooperation, quantity and quality, and domination and partnership (13). By following a remarkably similar agenda, the sociology of translation, especially actor-network theory (Callon and Latour 1981) and polysystem theory (Even-Zohar 1990), describes the relational nature of all phenomena, from interpersonal interactions to the production and circulation of literature, and from political negotiations to the evolution of socio-cultural life. In actor-network theory, “the actor does not refer to an individual agent, but rather to an entity whose existence depends upon their network of alliances within a shifting, heterogenous and expansive relational field” (Barry 2013, 414). From this perspective, translation always implies modification in that “the identity of an actor necessarily mutates as it enters into, or is enrolled and mobilised into, a field of relations with other entities” (414). It also implies the exercise of power since the spectres of dominance and hierarchy always loom when two or more entities enter into contact with one another. As actor-network theorists Michel Callon and Bruno Latour put it, translation refers to “all the negotiations, intrigues, calculations, acts of persuasion and violence, thanks to which an actor or force takes, or causes to be conferred on itself, authority to speak or act on behalf of another act or force” (1981, 279). Translation studies scholars, including Kobus Marais (2019) and Maria Tymoczko (2019), have recently investigated the implications of an “epistemology of complexity” for translation practice and theory (Marais and Meylaerts 2019, 3). According to Marais and Meylaerts, “translation studies’ models can deal with parts and wholes, but they cannot deal with complexity and paradox” (3). They go on, saying that

analysis should be focused not on parts but on the relationships and connections between parts and between parts and wholes. ... This new kind of science, which is able to study both relationships and things, should thus also be able to synthesise and not only to analyse.

(10)

This attentiveness towards dynamics of interaction, integration, domination and exchange is key to both translation’s and ecology’s theoretical imageries, as I have suggested here.

The fourth point of convergence between the translational and the ecological is the shared, interdisciplinary design aimed at addressing societal issues in a holistic fashion. Just as environmental studies combines views from the physical sciences, economics, the humanities and the social sciences

to tackle these issues (e.g., Oberg 2011), translation studies does so by integrating principles from domains such as comparative literature, linguistics, history, philology, philosophy, sociology, computer science, psychology and medicine. Translation and ecology are not the only interdisciplines concerned with the well-being of the individual and the planet. However, quite distinctively, they consider this well-being from a single, unified perspective. Translationally and ecologically inflected paradigms, in policy as well as in research, offer deep, comprehensive and functional modes of reflection and action when it comes to the handling of complex, multi-layered crises.

Deep Translation

I have not used the adjective *deep* accidentally. The expression *deep ecology*, which refers to a concept that is as well-established as it is contested, was coined by the Norwegian philosopher Arne Naess in his 1973 article “The Shallow and the Deep, Long-Range Ecology Movements”. In it, Naess makes a distinction between shallow and deep ecology with the aim of capturing the intricate network of interdependencies between organic and inorganic life (see Devall and Sessions 1985). Whereas shallow ecology is human-centred and biologically construed, deep ecology “does not separate humans—or anything else—from the natural environment”, in an attempt to view humans (including their culture and values, not just their physiology) “as just one particular strand in the web of life” (Capra and Luisi 2014, 12). Naess’s definition of deep ecology put forward a holistic vision of nature as culture, and vice versa, which was to complement contemporary views within ecophilosophy (e.g., Bhaskar, Naess and Høyer 2012), translation studies (Marais and Meylaerts 2019) and systems thinking (Capra and Luisi 2014). At the same time, when taken to its extremes, the concept of deep ecology has elicited the development of ecofundamentalist attitudes (Hannesson 2014) whereby interspecies relatedness has become a discourse of debasement (humans having lost their humanity) rather than a form of justice (see Cronin 2017, 74–75). Even though this chapter makes use of deep ecology’s holistic meaning and, equally, a discussion on this concept’s problematic reception falls outside the scope of this study, it is important to acknowledge the multiple uses of this expression, its problematic reception as well as its limitations, in line with the sense of complexity sought in this chapter.

By coining the expression *deep translation*, I introduce a way of conceiving of translation that parallels, complements and extends Naess’s distinction between shallow and deep ecology. Far from referring exclusively to the linguistic and cultural transfer of meaning from one language and culture to other languages and cultures, deep translation is a novel epistemology emerging from the cross-fertilisation of the many subfields composing translation studies: translational medical humanities, eco-translation, the sociology of translation, the history of translation, postcolonial translation studies,

translation and gender, translation and migration, translation and ethics, and translation and emotions (also known as the psychology of translation). The translational energy released as a result of this disciplinary crossing is more than the sum of each subfield's energetic contribution. This epistemic configuration is also ignited by contact with the related disciplines of comparative literature, emergency linguistics, and knowledge translation, which interact with, and inform, the majority of the subfields mentioned above (see, for example, the interplay at work between eco-translation and disaster linguistics in crisis communication). Deep translation's design and purposes evoke those of deep ecology in that they converge in the offering of sustainable, post-anthropocentric solutions to the complex challenges of today's society. Concurrently, deep translation contributes to the emergence of a complex, non-linear culture that "subverts traditional binary oppositions such as universal/particular, local/global, mind/body, as well as source/target, original/translation, monolingual/multilingual", in the spirit of radicality and futurity that have animated this volume (Marais and Meylaerts 2019, 8).

As suggested by Kobus Marais's theoretical resetting of translation, this is not the first attempt at devising a holistic understanding of translation as a science-humanities interdisciplinary aimed at the analysis of complex systems. From 2017 to 2020, a group of researchers led by Eivind Engebretsen and John Ødemark, based at the University of Oslo, worked on a project exploring notions of translation from the humanities and medical sciences in a genealogical, comparative and theoretical fashion. This groundbreaking project, named *The Body in Translation: Historicising and Reinventing Medical Humanities and Knowledge Translation*, laid the foundations for translational medical humanities as a cross-disciplinary field (Engebretsen et al. 2020).¹ Whereas this programme of investigation had a firm medical focus, Cronin's eco-translational programme interpolates concepts of translation from the humanities and environmental studies, thus creating channels of dialogue across the humanities, the natural sciences and the social sciences, including economics (Cronin 2017). Another translational field, the psychology of translation examines the psycho-physical involvement of the translator in their practice (Hubscher-Davidson 2017), but so far it has not regarded translation as a psycho-physical discipline in its own right, one that would allow us to study body-mind interactions comparatively and transversally. This path of enquiry has been partly explored in literary and critical feminist studies by Clive Scott (2015) and Julia Kristeva (1987) respectively, but it has received scant attention outside these domains. Equally, insights from emergency linguistics have shown us further important ways of understanding translation's science-humanities dimensions, especially in relation to the ethical issues linked to the comprehension and dissemination of vital information at times of crisis (O'Brien and Federici 2019; O'Mathuna and Hunt 2020). Yet, an ecological reading of the precious and risky diversity of human and non-human languages is still missing within this field.

Deep translation aspires to co-express and mobilise translation's many meanings in order to attain ecological goals. This ecological agenda, I argue, is inherent to any translational venture that is preoccupied with forms of coexistence, communication and circulation of meaning across realms of difference. Deep translation is at once a new mode of conceiving of translation and of thinking translationally in research and policy that, both within and outside scenarios of crisis, address the interactions among, and damage of, multiple, related ecosystems. My theoretical design complements Marais's in that it provides and performs a conceptual confluence amongst different translational subfields, thus revealing comparative patterns within, and across, translational imaginaries that have hitherto remained separate. Marais has introduced categories for defining his biosemiotic theory of translation; however, an integration of translation studies' many agendas, and an interrogation of its potential benefits for improving our understanding of complex realities, are yet to be attempted. With the aim of addressing this need, in the next section I adopt a deep translational approach to discuss the intersection of health, environmental and racial issues emerged from the coronavirus crisis.

COVID-19: The Disease of Translation

The coronavirus crisis has proven to be a disease of translation. I explored this idea in a co-authored article (Arnaldi, Engebretsen and Forsdick 2022) which devised a translational medical humanities framework to address some of the translational challenges brought about by the current global health emergency. The translational aspects discussed include the necessity of interpreting information for multilingual populations and the need to translate laboratory research into a vaccine and medicines for patients. We considered translation: (1) as multilingual and multicultural practice that is central to medical, social, cultural and political responses to the pandemic; and (2) as medical concept and practice, translational medicine being the efficient and effective translation of scientific findings relevant to human disease into knowledge that benefits patients (a process itself known as "knowledge translation"). We proposed that translation is an instrument of epidemiological enquiry, one that is apt to capture the biocultural dimensions of pandemics in ways that would have the potential to inform public health interventions significantly. Here I take this theoretical frame to the next level, that of deep translation, a perspective that comprises, but is not limited to, translational medical humanities paradigms.

A deep translational lens allows us to examine the medical and the environmental conjunctly. As has been pointed out (Akhtar 2021, 6),

A new study by researchers at the University of Cambridge suggests that climate change may have played a role in coronavirus pandemic. "Increases in temperature, sunlight and carbon dioxide, which affect

the growth of plants and trees, have shifted the makeup of vegetation in southern China, turning tropical shrubland into tropical savannah and deciduous woodland. This type of forest, the authors contend, is more suitable to bat species ...”

Some studies imply that increased air pollution may lead to an increase in COVID-19 intensity (Akhtar 2021, 9), whilst climate change alone has been called “the largest human health threat by public health, medical, and health care organisations across the globe” (Harvie and Guarneri 2020, 206). In this scenario, “emotional, spiritual and mental health impacts are also recognised effects associated with climate change and can include trauma, fear, fatalism and loss of loved ones, livelihoods, social support, identity, and a sense of control” (206).

There exists a tight and delicate connection between our well-being and that of the planet; when this connection and the homeostatic setup on which it is based are threatened, living and non-living organisms alike become fellow sufferers, despite the ontological, biological and cultural differences that distinguish them. As Karen Thornber (2020, 4) puts it,

alleviating the suffering associated with adverse health conditions, involves not only developing new medical treatments ...; it also requires fundamentally changing how people treat themselves, one another, and the planet, everything from how we interact with our loved ones and strangers alike, within families, health care settings, and well beyond, to the types of leaders and policies we support and for whom and what we advocate.

Tee Guidotti has explained the nexus between the environment and health through the notion of sustainability, which he defines as a form of stewardship. Health, he states, “describes a state of well-being and well-functioning that also combines the sense of being whole and can be applied to individuals and to populations”; similarly, sustainability is a “concept that embraces environmental protection and includes stewardship so that resources are available equitably and to future generations” (2015, 1). Therefore,

health and sustainability go together not because they are linked in an obvious or physical way—so that improvement in one automatically means improvement in the other—but because health protection and enhancement, on the one hand, and sustainability and environmental protection, on the other, are driven by similar values of care, tolerance, and mutual understanding (1).

These are translational values in that they shift the focus from the self to the other. Through the combination of paradigms from translational medical humanities, eco-translation, translation and emotions, the sociology of

translation, and translation and ethics, deep translation can help us analyse coronavirus disease's environmental causes and impacts on the one hand, and, on the other, the social, psychological and ethical implications of climate-change-induced illnesses.

COVID-19 is a disease of translation and of our relation with alterity also because it has affected minority ethnic groups, migrants, the elderly and other vulnerable bodies disproportionately. It has revealed that the medical and the ecological are inseparable from the cultural, the linguistic and the racial, if we understand ethnicity as “a complex entity composed of genetic make-up, social constructs, cultural identity, and behavioural patterns [which] interplay with virus spread through cultural, behavioural, and societal differences including lower socioeconomic status, health-seeking behaviour, and intergenerational cohabitation” (Pareek et al. 2020, 1421–1422). According to data collected by Public Health England, “minority ethnic groups were between two and four times more likely to die because of COVID-19 compared with those from a White ethnic background”; moreover, a UK-wide survey showed that Black and Black British respondents had the highest rate of vaccine hesitancy (71.8%) (Kadambari and Vaderslott 2021, 1204–1205). Even though “the reasons for vaccine hesitancy are complex, multifactorial, and vary according to age, sex, and ethnic group”, the fact that communication has only been delivered in one language (English in the UK) has amplified anxieties, reduced confidence in COVID-19 vaccines and resulted in a chain of misinformation (Kadambari and Vaderslott 2021, 1205).

The grip of the coronavirus disease on vulnerable people is not limited to the UK; on a global scale, it has become apparent, for example, in the inequality of vaccine distribution. “With much of the world's vaccine production and distribution capacity reserved by wealthier nations, impoverished countries stand to face devastating financial, social, and health-related impacts” (Oehler and Vega 2021, 1). Furthermore, the outbreak of the coronavirus pandemic has coincided with an increase in xenophobic episodes, begun with US president Donald Trump's definition of the virus as a foreign enemy and culminating in the killing of African American citizen George Floyd at the hands of a white police officer in Minneapolis, on 25 May 2020.² Manish Pareek et al. have concluded that “if ethnicity is found to be associated with adverse COVID-19 outcomes, this must directly, and urgently inform public health interventions globally” (2020, 1422).

Translation theory can provide paradigms of hospitality through which we can relate to otherness in all its forms, ethnic, cultural and biological, thus diminishing the xenophobic aspects of this crisis. Notions of translation invite us to step into the “region of unlikeness”, abandon anthropocentric and/or Anglocentric views, and start thinking, living and making decisions ecologically and translationally, both for ourselves and with (not just for) the Other. A deep translational approach allows us to corroborate ethically and culturally inflected notions of translation from the humanities

and social sciences with advanced research in epidemiology and environmental studies.

This vision, however, does not come without limitations, in particular: (1) the realisation that the proposal for a public health protocol lies beyond the possibilities of this chapter (rather, it is something to be developed collaboratively through space and time); and (2) the idea that a deep translational agenda offers a framework for thinking actively, radically and innovatively about the coronavirus crisis by outlining the horizon of complexity, rather than by providing explanations of, and/or solutions for, this complexity.

And yet, as suggested by Kirsten Ostherr, leader of the “Translational Humanities for Public Health” project and fellow contributor to this book, the humanities—which are key to the construct of deep translation—can be an essential part of the pandemic response “through front-line, immediate translational work” (2020).³ Ostherr mentions how, for instance:

scholars in Asian American studies can identify and document xenophobia, and they can disseminate those findings in real time to legal advocates. Media scholars can draw on their knowledge of contagion films to alert health organisations to harmful visual iconographies and suggest alternatives. Literary scholars can identify how narratives are being used to spread misinformation, and they can advise health communicators how to create compelling counternarratives to challenge the fictions of conspiracy theorists.

(2020)

Scholars in translation studies, I would add, can show us ways of interlacing apparently unrelated discourses of incommunicability, misinformation, misunderstanding, public health failure, science distrust, loneliness and isolation, and collective trauma. The disciplines mentioned here inform the fields of eco-translation and translational medical humanities insofar as they contribute to the understanding and solving of this multifactorial crisis, a crisis that, as I demonstrated throughout, cannot be solved by means of simply biomedical, linear and mechanistic models.

Finally, as a corollary, the coronavirus crisis makes us aware of a further translational disfunction—that is, the difficulty of communicating scholarly work to a broader public, a challenge that is shared by the humanities and science alike. Deep translation helps us reimagine the audiences of our work in ways that have the potential to impact “debates, right now [as well as in future] about what to do” (Ostherr 2020). We should not just reconsider the uses and potential of translation; we should also nourish the culture of translational knowledge that emerges from the interstices amongst different systems of thought. From these regions of unlikeness, a new profundity and a new perception can take form.

Translational Futures

I have drawn a comparison between notions of translation and ecology to suggest that they share a similar theoretical setup as well as analogous, ethical preoccupations: namely, the need for communicating across spheres of difference. By understanding translation in ecological terms, or, if one prefers, by looking at ecology from a translational angle, I hope to have seeded the idea for a translational epistemology based upon sustainable concepts of, and approaches to, ecology, complexity and holism. This theoretical construct, which I have called deep translation, is likely to offer alternative mental habits and courses of action that could help us target and overcome the coronavirus crisis, as well as other multifactorial crises that may occur in future.

Deep translation is built upon and provides the conceptual energy that is necessary to cross boundaries (biological, cultural, disciplinary), manage relationality and negotiate alterity when we are least ready, capable and/or willing to do so. Yet, despite its theoretical setup, it is not a merely conceptual effort. As it includes perspectives from the psychology of translation, and through its sustained dialogue with the natural and medical sciences, deep translation reveals the embodied dimension of translation as a lived and living experience, namely as something that we both are and do.⁴ Translation is psycho-physical in that it takes place within our body (the process whereby RNA is used to produce protein is known as translation); it impacts, and transforms, the way we operate, respond to stimuli, and feel (Damasio 2017); it helps us afford change; and, by foregrounding otherness in its many forms, it changes our perception of the self and the world. As Marais puts it, “scholars of translation can study all semiotic [psycho-physical] process, comparing translations ranging from DNA processes through animal interaction and human politics and power, to dreams and other flights of fantasy” (Marais 2019, 5) alongside bleak realistic realisations, such as acts of concealment, silencing, miscommunication and misdirection (Italiano 2020, 1). Despite being still initial and tentative, my definition of deep translation aspires to encompass translation’s composite and sometimes contradictory agenda in the conviction that complexity—not just of reality but also of thinking—is a viable route to take in both policy and research. This route, I contend, aligns scholarly speculation with lived experience, thus pointing to novel, translational signposts and sustainable destinations in the roadmaps that lead to our future. In no way do I want to suggest that deep translation is merely a theoretical construction that we ought to realise or achieve; such an idea would leave us with no sense of agency, thus suffocating the diversity of voices that I have auspicated here. Rather, deep translation can help us understand our—and other species’—translational existence as we inhabit, and respond to, the many environments that make up our mental and bodily life. It is about complexity and plurality rather than univocity and persuasion.

The chapter is an exploratory attempt at outlining this broad-spectrum, translational imagination. More work is required in order to test deep

translation's applicability to medical, environmental and policy-related scenarios. What I hope to have achieved in these pages is a vivid appraisal of translation's epistemic function. In *The Ecological Thought* (2010), a book exploring the same function within an ecological context, Timothy Morton has captured the translational, inter- and cross-species nature of flourishing and suffering in this way:

[Ecology] has to do with love, loss, despair, and compassion. It has to do with depression and psychosis. It has to do with capitalism and with what might exist after capitalism. It has to do with amazement, open-mindedness, and wonder. It has to do with doubt, confusion, and scepticism. ... It has to do with race, class, and gender. ... It has to do with ideas of self and the weird paradoxes of subjectivity. It has to do with society. It has to do with coexistence.

(Morton 2010, 2)

I cannot think of a more precise and evocative portrayal to describe the deep translational agenda envisioned here. The imagery of translation theory is a common denominator that encapsulates and meets the reasons of knowledge, action, ethics, fiction and science, and it does so in ways that have the potential to enhance sustainability and advocate for futurity. Translational thinking can be a signature of care, that is a non-linear, non-vertical and non-normative space in which we are allowed to disrupt narratives of (epistemic) power and, in doing so, welcome alternatives, welcome alterity. We depend on translation for survival (Walkowitz 2015, 11). In translation, literature, but also, we ourselves, as humans and non-human beings, have a past as well as a future. Within this complex, fluctuating horizon, the post-pandemic future that we are willing to build and that we are trying to envisage resembles, perhaps, the translational present that we are already inhabiting. We cannot and maybe should not "colonise", as in master, dominate and fix, the time-space of this crisis. What we are asked to do is to actively and responsibly host, engage with and respond to the pandemic of languages—medical, environmental, cultural and so on—that COVID-19 has presented us with. In doing so, we become aware of, and start to honour, our translational, embodied existence as a way of knowing, communicating and living across a variety of complex ecosystems. SARS-CoV-2 is the disease that we are urged to translate.

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Notes

- 1 <https://www.med.uio.no/helsam/english/research/projects/body-in-translation/>
- 2 See Donald Trump's words delivered as part of his Oval Office Address on 11 March 2020: "This is the most aggressive and comprehensive effort to confront a foreign virus in modern history". For a discussion of the linkage between epidemics and xenophobia see Gilman 2021.
- 3 <https://transhumhealth.rice.edu>
- 4 I thank Steven Wilson for helping me reflect on two crucial points: the embodied nature of translation and its implications on the subject's agency.

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