

Journal of Rhetoric, Professional Communication, and Globalization

Volume 11
Number 1 *Special Issue, 2022*

Article 4

2022

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Soyeon Lee
University of Texas at El Paso, slee15@utep.edu

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Recommended Citation

Lee, Soyeon (2022) "Translingual and Translational Practices as Rhetorical Care Technologies in COVID-19 Recovery," *Journal of Rhetoric, Professional Communication, and Globalization*: Vol. 11 : No. 1, Article 4.

Available at: <https://docs.lib.purdue.edu/rpcg/vol11/iss1/4>

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Translingual and Translational Practices as Rhetorical Care Technologies in COVID-19 Recovery

Soyeon Lee

University of Texas at El Paso
El Paso, TX, USA

Abstract

Drawing from an ethnographic study with Korean-speaking language minority communities in an urban metropolitan area in the United States, this study illuminates how multilingual transnational community workers and members cope with disaster recovery-specific technologies in the aftermath of COVID-19. Networking studies on language and cultural differences and studies on care rhetorics in feminist science and technology studies, this study examines how language minorities enact translingual and translational activities as care practices. By attending to racial, linguistic, and cultural differences and unequal power structures, this study identifies four emerging findings: 1) developing translingual attunements; 2) cultivating transmodal attunements; 3) producing translational attunements; and 4) enacting transcultural coalitional actions. These findings suggest multilingual transnational communities rhetorically negotiate disaster management technologies and unequal distributions of disaster relief resources by translating a wide range of forms and leveraging diverse translingual and transmodal resources. To disrupt technocratic textual regimes of disaster recovery, the author argues that more research should investigate diverse rhetorical strategies and caring practices performed by marginalized communities.

Keywords: migration; translingualism; translation; care; COVID-19

Introduction

Immigration populations, particularly those who use minority or minoritized languages¹, have encountered barriers in accessing information, social network, and financial assistance in the aftermath of a disaster. Multilingual transnational migrants² in the United States from non-English speaking countries have struggled to access resources and have experienced social discrimination during the time of COVID-19. In particular, during the pandemic, Asian immigrant communities have faced unique challenges such as social discrimination (Cho et al., 2021), lack of disaster literacies, and social network in accessing recovery resources including financial aids and health care systems. Although these injustices and social inequalities in communication design in disaster recovery systems still exist and are even being reinforced, disaster-specific professional and networked communication activities of multilingual transnational migrants have been underrepresented and understudied as a result of the gaps in epistemologies that have historically used a White/Black dichotomy as a dominant framework (Dennis et al., 2021; Frith, 2021; Park, 2020).

Until recently, the COVID-19 pandemic provoked rhetorical exigencies in multilingual settings. Critical approaches to and justice-oriented scholarship in risk communication have already taken up the question about language and culture differences and transcultural contexts (Baniya & Chen, 2021; Ding, 2013, 2014; Frost, 2013; Grabill & Simmons, 1998; Walwema, 2021). In this article, I extend this ongoing conversation in risk communication scholarship by bringing empirical examples of disaster recovery communication that navigate monolingual normative and decontextualized recovery systems and Western design ideologies in disaster communication settings. Although risk and disaster communication in non-Western contexts has been studied, discussions on how information about COVID-19 recovery is circulated in multilingual transnational migrants' lives in the United States need more attention. The lack of accessibility and other sociocultural factors in navigating governmental recovery technologies have been observed in city-, county-, and community health center-based COVID-19 vaccine-related forms such as screening and consent forms and registration forms for waitlists. Often, language minority communities have culture-specific differences in understanding vaccination information, registration processes, and consent forms, and in response to these difficulties, they often generate grassroots discursive and nondiscursive practices.

Based on ethnographic case study methods including a survey, a semi-structured interview, field observations, artifact collection, I examine the range of technologies and communication practices that occurred in response to COVID-19-related language, design, and information injustice in the communities of Asian immigrants located in a southwestern state in the United States in the time of the global pandemic. This study illustrates the complex rhetorical processes of grassroots care practices, performed by nonprofit organization workers and community members, in the form of translanguaging, transmodal, and translational practices. Drawing on studies on translation studies in community-based contexts (Bloom-Pojar & DeVasto, 2019; Gonzales, 2022; Gonzales & Turner, 2017), transcultural risk communication (Ding, 2013, 2014; Frost, 2013), and studies on the ethics of care in feminist technoscience studies (Mol, 2008; Mol et al., 2010; Murphy, 2015; Puig de la Bellacasa, 2011; Winance, 2010), I argue that communicative and caring activities

¹ In this article, I use the terms *minority languages* or *minoritized languages* to refer to the languages not only spoken by small numbers of speakers but also affected by unequal social structures and the one-nation-one-language ideology often rooted from colonialism, modernization, and language standardization (Tenedero, 2017).

² I use the term *multilingual transnational migrants* to refer to migrants who bring a wide range of diverse language repertoires and linguistic and cultural differences to the United States, which often disrupt monolingual paradigms and biased presumptions about language, culture, and race (Milu, 2021; Rosa & Flores, 2018).

of transnational community workers and publics, what I would call *rhetorical care technologies*, address communicative injustice engineered in top-down disaster-related communication technologies in creative ways by leveraging their prior experiences, working knowledge, and diverse language and cultural resources. My study shows that based on their interactive and dynamic understanding of the ecological factors, needs, and desires, multilingual communities adopted rhetorics of care and translingual practices, what can be referred to as *translingual care*, as care technologies to navigate technocratic product-based technologies and build alternative communication and care systems.

In this article, I use the term *attunements* to foreground multilingual communities' coordinated and materially tangled interactions with surrounding contexts, which resonate with existing ecological approaches to language, rhetoric, and communication, such as "rhetorical attunement" (Leonard, 2014), "ambient rhetoric" (Rickert, 2013), rhetorical agency as circular interactions (Cooper, 2011). In what follows, I explain the background of this study with a focus on the COVID-19 vaccine registration and vaccination procedures. Then, I review theoretical frameworks with two theoretical strands: revised approaches to translation studies and care theories. To make the case for language minorities' rhetorical care technologies, I discuss four categories including translingual attunements, transmodal attunements, translational attunements, and coalitional actions derived from a larger ethnographic case study to illustrate concrete examples in community-based settings.

Background

This article presents data derived from a 12-month, community-based, participatory action research study of how multilingual transnational communities, particularly Korean-speaking community workers and members in an urban metropolitan area, cope with disaster-related technologies such as automatized digital platforms governed by disaster recovery-specific bureaucracy in the aftermath of COVID-19. Under a partnership with Korean American Community Network (KACN, a pseudonym), a group growing into a formal nonprofit organization at the time of the study, located in one of the most linguistically and ethnically diverse cities in a southwestern state in the United States, I started researching their community-building activities for COVID-19 recovery from mid-July 2020 to June 2021. This partnership was based on reciprocal relationships I have built with the KACN members while working as an informal volunteer for the events organized by the KACN since 2018. The KACN workers had helped ethnic minority community members, mostly Korean-speaking residents, with a focus on disaster responses, citizenship, voter registration, and Korean-language education. This KACN group of community workers have worked for decades, since the 1960s when immigration populations from Korea started substantively growing. Although they had served immigration populations with a focus on Korean-speaking immigrants, temporary sojourners, international students from Korea, and other ethnic and low-income families in the neighborhood, they had yet to be fully recognized for their grassroots movement and rhetorical practices. Ironically, severe disasters made kairotic exigencies in which they needed to establish an official presence to apply for relief resources to heal from the impacts of the disasters.

Literature Review

Often, nonprofit organization workers have been reported to mediate information between government health agencies and vulnerable populations while adopting diverse genres and modali-

ties to help multilingual community members navigate health care literacies or other bureaucratic literacies (Bloom-Pojar, 2018; Gonzales & Turner, 2017; Rose et al., 2017; Walton & Hopton, 2018). Extending this community-based research work, this study is mainly grounded in two scholarships: a translingual orientation to translation and care ethics. I review studies on translingual and translation rhetoric and care theories together in disaster recovery communication and suggest that these intersected theoretical strands enrich our understanding of intercultural disaster communication. Integrating translingual approaches to translation and care theories, this study aims to contribute to community-based professional communication in a disaster recovery context, which often occurs outside of monolingual paradigms and professional clinical sites. In this section, I redefine translingual and translational work as rhetorical care technologies performed by multilingual transnational migrants (see Figure 1).

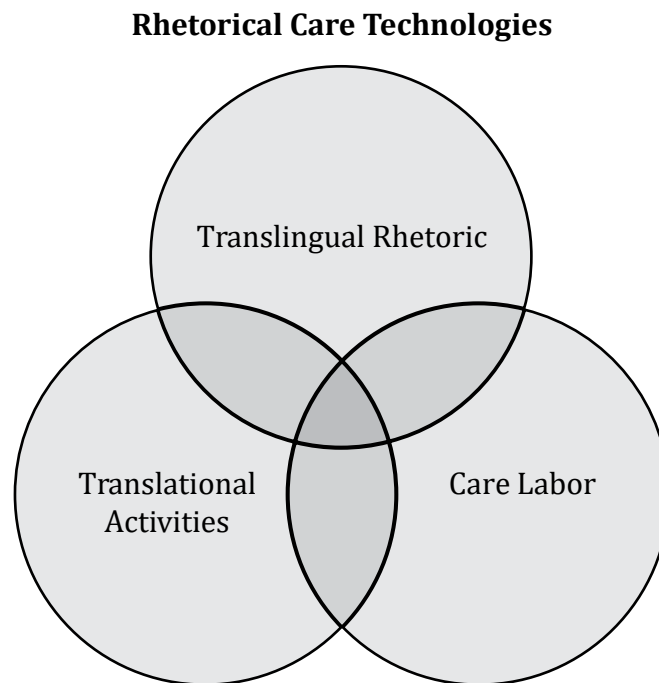


Figure 1. Theoretical intersections of rhetorical care technologies.

Translingual Rhetoric and Translation Studies

Traditionally, the complicated process entailed in translation have been reduced to a product-oriented mechanical understanding in which the source text is replaced by the target text with equivalent words. Recently, in the 2015 special issue of *Connexions: International Professional Communication Journal*, Maylath et al. made explicit conversations bridging translation and multilingual professional communication through a critical approach. For example, in this special issue, Yajima and Toyosaki (2015) extended translation studies and conceptualized translation as a political act that can be partially justice-oriented while it is embedded in and/or facilitates power and hegemony in global contexts (p. 93). Scholars in technical and professional communication also theorized translation as a rhetorical practice that embodies negotiation of meaning and fluid-

ity across languages, modalities, and contexts. For example, Gonzales (2018) proposes a “Revised Rhetoric of Translation” as a renewed “culturally situated orientation to studying linguistic fluency” (p. 5). In the context of community healthcare, Bloom-Pojar (2018) utilizes the term translation space to describe any space “where translation work is required for negotiating meaning making across modes, languages, and discourses” (p. 9). Although translation specifically aims to transfer meanings from tangible source texts to target texts, translation and translanguing or translanguaging activities have overlaps in terms of their attention to inherent fluidity, mobility, and meaning-making process in languages: “We can speak of translation-in-translanguaging and translanguaging-in-translation” (Baynham & Lee, 2019, p. 40). If translation can be revised in a broader sense with a translanguing turn, discursive translational activities³ in cross-cultural disaster communication can align with a more nondiscursive, affective, material attunements, and what is called “immaterial labor” that can create alternative practices and politics (Ding, 2020, p. 264). However, scholars also noted that “the presence of translation, interpretation, and localization does not guarantee access or respect for multilingual communities involved in a particular interaction” (Gonzales, 2022, p. 3). Thus, participatory approaches to localization (Agboka, 2013) and translation in non-professional settings (Gonzales & Zantjer, 2015) need to be more studied to advocate for minoritized language groups in community-based contexts.

Care as Relational Practices

As a way of engaging translanguing and translational activities in non-professional contexts in disaster-recovery with a more ethical, ecological, and ontological consideration, I turn to scholarship on care, which recently emerged from contemporary feminist science and technology studies (STC) and from the field of technical and professional communication. Although discussions on communicative labor and rhetorical strategies in disaster recovery communication contexts are not necessarily connected to care rhetorics, we need to pay attention to care discourses as care labor is an important site where silenced forms of agency can become visible. In STC, for example, Murphy (2015) theorizes “a better politics of care,” warning the danger of “the conflation of care with affection, happiness, attachment, and positive feeling as political goods,” which is often observed “in the history of North American feminist health activism and its entanglements in histories of persistent racisms, class privilege, colonialism, and American imperial ambitions of the late 20th century” (Murphy, 2015, p. 719). This anti- and postcolonial critique to Western care politics urges us to further review the definition of care in two ways: care as a process rather than as a product and care as a relational practice with technologies. According to Mol (2008), care is an “ongoing process” and “interaction” rather than a “transaction in which something is exchanged (a product against a price)” (p. 18). In this approach to care, care and technologies are no longer envisioned as separated but enmeshed (p. 14). Similarly, Puig de la Bellacasa (2011) states, “care is a force distributed across a multiplicity of agencies and materials and supports our worlds as a thick mesh of relational obligation” (p. 20).

In professional communication, care is often differently perceived across different (patient) groups, locations, and contexts (Meloncon, 2017; St. Amant, 2021; St. Amant & Angeli, 2019). St. Amant (2021) connected care to “cognitive concepts” (p. 425) and saw care as an everyday management, which is highly responsive to different cultural contexts by using “cognitive concepts, such as scripts and prototypes” (p. 425). St. Amant and Angeli (2019) unraveled that materials factors such as “the ‘when’ variable” and “the ‘where’ factor” affect the perception of “care-related

³ In this article, I use the term *translational* to indicate translanguing approaches to translation and revised views of translation, which can be observed in translation documents and activities performed by multilinguals.

activities” (2019, p. 2). In their international research work in a non-Western context, Hopton and Walton (2019) explain how hierarchical communication system administered by the government aligned with “culturally appropriate care” (p. 4) and how care could be viewed as a “rhetorical and cultural construction” (p. 6) in community-based settings.

Networking Translingual Rhetoric and Care Theories

I propose that understanding care labor through culturally sensitive and rhetorical approaches can enrich disaster-specific communication in community-based contexts, particularly when care theories are networked with translingual rhetoric that often culminates in translational products. Care ethics can complicate studies on language differences to examine multiply marginalized multilingual communities. In a similar manner, a nuanced, translingual, and critical approach to translation studies can expand the ethical and political potential of care.

To care is to do material and immaterial labor, and its meaning varies because of its contingency on multiple factors, that is, who care whom, when, where, and for what purposes. This divergence in the meaning of care reflects the ambivalence that the notion of care entails: care as an ethico-political relational practice and care as a less visible and unpaid labor. With this persisting ambivalence, which seems to be a generative and reflective power the concept of care inherently has, I investigate language difference in disaster recovery communication to further complicates the notion of care. I suggest a more nuanced and critical approach influenced by soci-olinguistics, transnational literacy studies, and intercultural communication can expand the ethical and political potential of care practices as alternatives to biopolitics. To do this, I use the term *translingual care*, by extending existing scholarships on literate practices in multilingual settings including translingual approaches to language, writing, and rhetoric (Horner et al. 2011; Canagarajah, 2013). I define translingual care as an affective, ecological, material, and immaterial act that addresses social and racial disparities in multilingual contexts. Here, by ecological, I mean the complexity of environments, to borrow Still’s (2010) framework that emphasizes an “ecological mapping of the surrounding system” in researching users’ interactions with products, services, and systems (p. 99). My approach to translingual care attempts to theorize informal and tactical strategies across languages, cultures, and complex environments as a part of collective ethical and political agency that constitutes an alternative public service system.

Methods

This study was grounded in the following research questions:

1. How did the COVID-19 crisis affect immigrants and their literacies in their everyday lives?
2. What rhetorical strategies played a role during the COVID-19 crisis and recovery process particularly in vaccine registration processes and economic relief programs in the aftermath of the crisis?
3. What modalities and technologies did community members and workers communicate with government agencies and local community members?

Data Collection and Analysis

As part of a larger qualitative IRB-approved project⁴, I conducted ethnographic interviews with

⁴ This study was approved by the University of Houston Institutional Review Board (Study00002349).

11 participants composed of 5 community workers in the KACN and 6 community members and observed their activities relevant to COVID-19 recovery. In this article, I present a subset of this ethnographic project with a focus on interview transcripts and fieldnotes that documented my 1-year-long observations. One community member participant withdrew, and thus here I presented my analysis of the data from 10 participants (see Table 1). One participant allowed the interview to be collected but not to be audio-recorded and quoted. I included that participant's interview data non-verbatim. I prepared about 8 questions for community members and 17 questions for community workers to ask about their lived history, detailed experience in the aftermath of COVID-19, and reflection. In mid-July 2020, I started tracing rhetorical strategies of participants including community members and workers with a focus on economic relief programs and vaccine registration processes and vaccination procedures. While gathering data sets in response to RQ 1, 2, and 3, I saw most of their experiences in the aftermath of COVID-19 clustered around web-based or mobile applications required for participants to navigate vaccine registration processes, which generated technological challenges and alternative grassroots tactics. From a larger data set from the project⁵, this article is mainly focused on the data related to vaccine-related communicative activities.

I conducted an individual 45-minute semi-structured interview as a first interview with community members who were affected by COVID-19 and with community workers who were actively involved in COVID-19 relief activities. In the second and third interviews, which were optional, participants were asked more crisis-specific questions and reflexive questions on their previous responses. For the second and third interviews, participants were offered an option to participate either in a group setting or in a one-on-one setting. Out of 5 community workers, 4 participants attended group interviews and shared detailed activities and reflections. Out of 5 community members, 2 participants, who were in the same household, attended a follow-up group interview after individual interviews. Interviews were conducted either via online conferencing tools or in a face-to-face setting.

Observation sites were across different places where COVID-19-related activities occurred including vaccine drive sites, the KACN office and community center room, and participants' homes with a limited aim to observe their registration or application processes. Participants recalled their procedures and shared their screens to explain their experiences in interacting with COVID-19 recovery-related technologies and programs during the online interview sessions. I collected participants' artifacts, public records of the KACN organization, and public discourses distributed by government agencies and other non-profit organizations, related to COVID-19.

For data analysis, I adopted constructive grounded theories (Charmaz, 2014) and collected emerging initial codes and categories. Based on the initial codes, I generated focused codes and categories. Focused codes were clustered into tentative categories such as doing translational activities, doing translingual activities, doing transmodal activities, and affective/material/ecological concerns.

I acknowledge that my presence as a researcher and invited informal volunteer at once might have affected the dynamics of this community organization's work. However, this research study intentionally aims to find solutions and actions with community partners in an ethical way through that type of interactive and collaborative stances "to improve conditions and situation for all members of the learning community" (Craig, 2009, p. 7). My role as an informal volunteer

⁵ The preliminary result based on the other part of its larger data set was presented at the ACM SIGDOC 2021 conference (see Lee, 2021).

lasted until June 2020, and after the IRB approval was granted on July 9, I started working as a researcher to explore the activities of community members and workers in response to frequent changes and updates in vaccine programs and financial aids, provided by government authorities.

As a professional English-Korean and Korean-English translator, I transcribed all the audio recordings recorded in Korean and then translated them into English. In transcribing, translating, and writing up memos, I invited community worker participants and member participants to share what they think about my analyses and representations. Out of 10 participants, one participant shared substantive feedback.

Table 1. Participants*

Participant	Age Range	Years in the U.S.	Occupation
Kevin	45–54	34	Community Worker
Daniel	45–54	37	Community Worker
Helen	45–54	20	Community Worker
Teresa	45–54	42	Community Worker
Kelly	65 and above	40	Community Worker
Taehan	65 and above	44	Retiree/Community Member
Kyunghwa	65 and above	40	Retiree/Community Member
Sunjung	65 and above	32	Retiree/Community Member
Junhwan	45–54	7	Factory Worker/Community Member
Yunkyung	34–44	9	Full-Time Mother/Community Member

*All names are pseudonyms.

Findings

The common findings among participants are their mobile, adaptable, and resourceful approach to the COVID-19 recovery process and rhetorical negotiations in navigating documentation procedures of and access to government-sponsored recovery programs. Four types of caring strategies were found as follows: (1) developing translingual attunements; (2) cultivating transmodal attunements; (3) producing translational attunements; and (4) enacting transcultural coalitional actions. Table 2 gives an overview of focal participants’ rhetorical care strategies and technologies.

Developing Translingual Attunements

In this section, I analyze participants’ language awareness and dynamic practices across languages and registers. By translingual attunements, I mean their conscious awareness of language differences and activities across languages for the purpose of accomplishing their aimed rhetorical tasks. Mostly, community member participants, particularly those who are 65 years and above and accordingly belonged to the first eligible groups for vaccination at the time of the study, explained that they sought ways of registering and signing up for vaccination opportunities at the local, county, and state levels but often identified their needs of language resources and fair distribution of information from the government. For example, Taehan and his wife Kyunghwa said that they had difficulties completing their vaccine registration forms online via their smart-

phones or computers. In his interview, Taehan said, “I see that the CDC website has its Korean version, but there are no appointment pages in Korean. The webpages from the city and the county don’t have Korean language pages although they have Vietnamese, Chinese, and Arabic versions” (February 13, 2021).

Table 2. Care Technologies Used by Focal Participants for COVID-19 Recovery

Name	Position	Care Technologies	Task
Taehan	Community member	Local Korean newspaper (print), Google Translator, translator applications developed by Korean companies, an email account (Gmail)	Receiving the Economic Impact Payments, Signing up for the waitlist/ appointment for the vaccine registration (for the first shot)
Kyunghwa	Community member	Local Korean newspaper (print), translator applications developed by Korean companies, informal network with a Korean church, voice translators, a magnifying glass application, Korean websites, YouTube clips	Receiving the Economic Impact Payments, Signing up for the waitlist/ appointment for the vaccine registration (for the first shot)
Kevin	Community worker	Voicemails, nonprofit business email account, OOMA, KakaoTalk Business Channel	Application for COVID-19 relief loans
Helen	Community worker	Voice and text messaging via phone, desktop, Google Workspace (mainly, Google Docs), KakaoTalk	Vaccine registration, Grassroots vaccine drive events
Teresa	Community worker	Conference phone call, voice and text messaging via phone, desktop, Google Workspace, KakaoTalk	Informal medical interpretation, vaccine registration, Grassroots vaccine drive events
Kelly	Community worker	Internet search for medical terminology, online dictionaries, KakaoTalk	Vaccine registration, Grassroots vaccine drive events

To execute their vaccine registration process, participants seemed to develop translingual attunements. For example, Taehan and Kyunghwa rhetorically utilized ethnic Korean local news channels to get information on how to sign up for the waitlists on the city- or county-level digital vaccine portals or make an appointment for vaccination through the websites of the hospitals designated as vaccine hubs. When I asked what actions he took to get information from those digital vaccine portals or vaccine hubs-related websites that did not have a Korean translation, he said:

I change the sentences from English to Korean. You see, I take photos of these [showing the home screen of his phone] through this “English-Korean Snapshot Translation” app. If you just take a photo, it will translate the text in English into the text in Korean. It is very easy. Is there anything I can use for the [government] websites like this application, for translation? (February 13, 2021).

Taehan showed his rhetorical agency in adopting technological products through translingual attunements. While he had a lack of resources in his technological environment and faced a limited translation or interpretation service support, he used a wide range of different mobile application to compensate for that limitation. For example, instead of his Windows desktop that had not been updated for several years and thus had become inoperable for many tasks, he mostly used a mobile phone he purchased 3 months earlier to better administer this type of application processes. He said that he downloaded multiples mobile applications from Google Play Store, such as translation apps including “Korean-English Snapshot Composition” and “English-Korean Snapshot Translation” and dictionary apps, developed by Korean companies rather than Google Translator because they were more accurate and sounded natural in the results of translation.

This rhetorical choice was taken to meet his own translingual tasks and do caring practices for him and his spouse, as he should interact with multiple languages and sources to achieve his communication goal, that is, registering for vaccine programs.

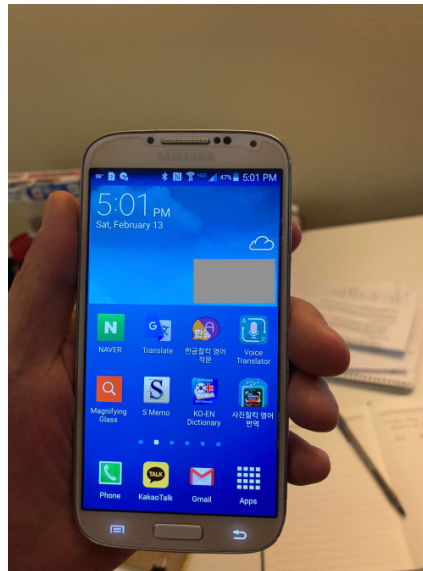


Figure 2. Kyunghwa’s mobile phone home screen. Photo by Soyeon Lee.

Similar to Taehan, when asked what technologies are used in everyday settings and/or in COVID-19-related processes, Kyunghwa shared her mobile phone’s home screens and let me know various applications she had downloaded, which ranged from translation apps to KakaoTalk (a Korean instant messaging application, often called KaTalk) (see Figure 2). For her, her phone was the only major device for communication. In her interview (February 13, 2021), she said that she used her mobile phone mainly to check local Korean newspapers, watch YouTube clips, and communicate with fellow church members in her neighborhood via KakaoTalk in Korean and that she used these mobile device-based communication channels to inform herself of government-led COVID-19 recovery programs.

Taehan’s interview and Kyunghwa’s home screen both showcase how they practice translingual care for themselves by shuttling between English and Korean through technologies and how they navigate English monolingual paradigms in the aftermath of a pandemic. After multiple and persistent attempts, Taehan signed up both himself and Kyunghwa for the waitlists through

two government vaccine portals. However, their translingual activities did not necessarily lead to achieving their goal, that is, actual vaccination processes. Taehan and Kyunghwa ended up being vaccinated at a local pharmacy store after he made daily visits to ask about available extra vaccines at the end of the day.

As shown in Taehan and Kyunghwa, who do not speak English as a first language, multi-lingual tools such as web-based and mobile applications and translingual activities emerged as tactics. Translingual attunements seemed to help them leverage their resources across languages and tools. Although their translingual activities do not necessarily result in the completion of their aimed tasks, these activities show their rhetorical agency in which they adopt diverse applications across English and Korean based on their own needs to navigate monolingual Western normative design in vaccine registration procedures.

Cultivating Transmodal Attunements

Such translingual attunements were often assembled with transmodal attunements in my participants' observed activities. By transmodal attunements, I mean participants' critical awareness of different modalities in communication and dispositions toward and activities across different technologies and modes. In her interview, Helen, one of the community worker participants, described her activities across diverse modalities. She said that she received lots of voice and text messages for asking help via her smartphone from her community members she previously served. Then she said that she quickly emailed those messages to her Gmail account and preferred addressing tasks by using her laptop connected to her desktop monitor because it was easier to read and type via big screens than through her smartphone to organize the information of senior community members she helped and to administer registration procedures on behalf of them. She said that she preferred laptops and big monitors because mobile apps provided by government websites are not fully responsive to mobile screens. In her interviews, she said, "Have you ever used that app ["Smart Waitlist," a mobile version of the vaccine portal application provided by the county]? I will not even mention any word about what it looks like ... [she frowned]" (February 6, 2021), critiquing this type of mobile applications that were not fully mobile responsive and often did not reflect the actual users' environments and conditions.

As the number of the senior Korean immigrants she served increased, Helen needed to create a community email account that could be used in multiple registration forms because she did not want to use her personal email on behalf of them any longer. Often, seniors did not have email accounts and were not capable to respond to a phone call from an English-speaking agent regarding vaccine appointments. Helen usually input the community email address she recently made and her phone numbers across multiple registration cases to respond to those calls and text messages from government agencies. She centered seniors as users and tried to meet their needs by understanding their environments and material constraints and by incorporating them into helping senior immigrants to be registered for vaccines.

Other transmodal attunements were observed when Helen and Teresa organized local vaccine drives under the partnership with philanthropic foundations, government agencies, and community health centers and created a flyer that was sent via direct messages and KakaoTalk rather than websites.

The flyer reads: "Vaccine Shot Opportunities!" (see Figure 3). This title is combined with a head image borrowed from the city's official vaccine website. This flyer shows how they negoti-

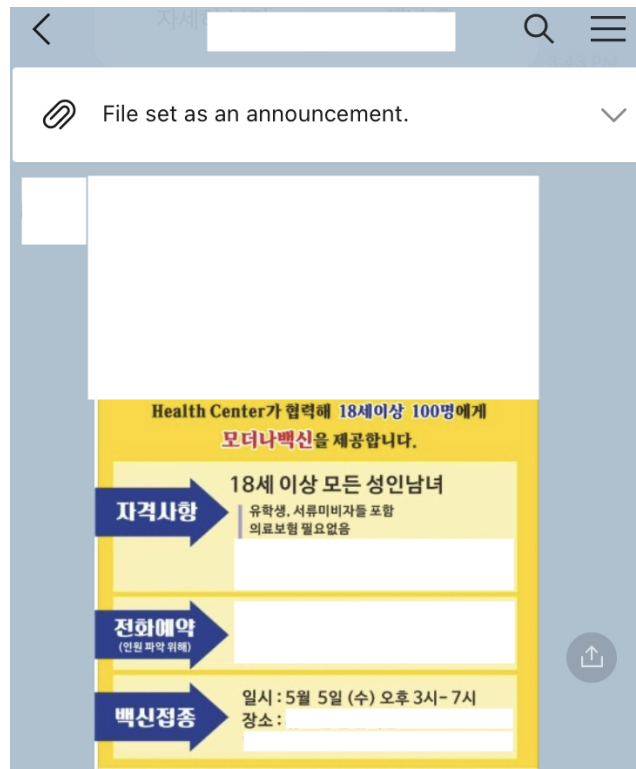


Figure 3. A screenshot of the flyer via Kakaotalk for the community vaccine drive event, which Helen and Teresa sent to the community members the KACN served.

ated public formal health events with local immigrant contexts by integrating the official authorities of the city vaccine program and the Korean language in alignment with smartphone-based messaging app environments, such as KakaoTalk, based on the understanding of the technological environment of the senior immigrants who mostly use smartphone data plans rather than access computers. This translingual and transmodal text across English and Korean with grassroots user-centered design components (larger fonts for senior readers and a high color contrast for accessibility) demonstrates that they leverage diverse resources with an ecological understanding of the surrounding material contexts. Rather than explain the details, they use minimal texts with a bright-yellow background to invite seniors or other vulnerable populations who had struggles in registration processes to government-sponsored vaccine programs.

This flyer shows a stark contrast to the city government agency's official COVID-19 emergency website at the time of the study. In the city-level website, all the vaccine hub locations and availability information in the state were listed in one Microsoft Excel sheet, which looked overcrowded with texts and made those who use language other than English feel far more marginalized because of a lack of language resources. This rhetoric as shown in the flyer exemplifies "the overall process of creating effective, ethical visual health communication for cross-cultural audience" and the ways of "facilitat[ing] dialogue or persuad[ing] communities to approach their health in a certain way" (Bloom-Pojar & DeVasto, 2019, p. 2). Community workers negotiate fluid, powerful, empowering tools in crossing languages, cultures, and contexts through transmodal

attunements with ecological and material considerations.

Producing Translational Attunements

In this section, I focus on community workers' translational attunements. By translational attunements, I mean participants' rhetorical negotiation across languages, modalities, contexts, and design elements, through translingual and transmodal approaches, for the specific purpose of producing textual and verbal materials. In response to these difficult circumstances prevalent in language minority senior immigrants as demonstrated in Taehan and Kyunghwa, the KACN community workers built a small team for COVID-19 vaccine supports and communicated the needs of these senior groups who lacked technological devices and literacies with other nonprofits, philanthropic foundations, government agencies, and local community health centers.

In this process, the KACN workers adopted two key strategies in translational attunements: (1) utilizing their prior experiences in creating language support resources and (2) using translation techniques, which are similar to "implication" and "explication" strategies (Verzella, 2017). Helen, Teresa, and Kelly were part of the small group within the KACN. First, they commonly said that they came to understand these immigrant population-specific needs and build contextual knowledge, after they helped their family or other community members with applying for government-led programs or communicating with medical professionals. For example, Kelly explained how she volunteered to help her neighbors to apply for citizenship applications after she finished obtaining citizenship by herself without hiring an attorney. Similarly, Teresa, a generation 1.5 immigrant whose extended family members were located across different states, explained how she built her translation and interpretation skills mediating communication between her family and medical professionals since she was 11 years old as an only child. She said that she had a clear understanding of what struggles senior immigrants usually encounter. For example, she explained that elderly community members often avoided contacting their own grown-up children or city officials because they felt ashamed when their requests were not taken or disregarded. According to her, in many cases, this avoidance is due to cultural gaps between themselves and their grown-up children or due to the fear of losing face in communicating with government officials due to their self-reported limited English proficiency and lack of understanding of U.S.-specific bureaucratic literacy (e.g., citizenship processes, Medicaid/Medicare applications, tax filing).

As explained above, the translational strategies community worker participants used can be discussed with the notions of "explication" and "implication" (Verzella, 2017). The explication strategy can be defined as "a stylistic translation technique, which consists of making explicit in the target language what remain implicit in the source language" (Verzella, 2017, p. 62). For example, in her interview (May 20, 2021), Kelly explained how she and other volunteers worked intensively and rhetorically purposively to translate the given texts to clarify ambiguous aspects of the information. For example, when she translated the term "blood thinner" in the vaccine screening and consent form, she explained that she selected "피를 묽게 하는 약" that can be back translated into "medicine that make blood thinner" as its translated term, instead of the term "혈액희석제" that can be back translated into "blood dilution medicine" to help people who came to a vaccine drive better understand the question on the screening and consent form. This shows how they negotiated language differences through a keen awareness of the rhetorical purpose of the screening and consent form, which requires a prompt and transparent understanding to check their biological conditions and medication histories and the ecological contexts of their target audience, which consists of mostly seniors with low vision or people with lack of medical English

and time constraints in actual vaccination sites. For this “explication” process, Kelly explained that she used the Internet and searched medical information websites such as Mayo Clinic and WebMD to investigate possible translations through multiple medical information websites.

At the syntactic level, this small group team in KACN used “implication” as one of the key rhetorical strategies in translanguing and translational activities, which can be described as “a stylistic translation technique which consists of making what is explicit in the source language implicit in the target language by relying on the context or the situation for conveying the meaning” (Verzella, 2017, p. 63). When I arrived at the vaccine drive at one of the churches for my observation, Helen showed me a one-page form she created for the vaccine registration process. She said that she made a one-page document in which the main questions in English about the patient’s medical conditions were alternated with the translated questions in Korean in parallel, while important information about the consent process was selectively translated in Korean with the source text in English in parallel. In this process, implication strategies were used to prioritize crucial information in Korean. Rather than a full-length bilingual page, Helen created information hierarchies and then designed it into one page so that the patient can easily go through information and understand the consent process.

Instead of including a final translated version only, Helen and other community workers decided to show their translation process, in which Korean and English texts are interweaved or are made explicit or implicit. This translational practice was made through rhetorical negotiation across language, design elements, and environments and was primarily based on the understanding of language minorities’ needs and their ecological contexts such as their Internet access, digital literacy, and material environments.

Enacting Transcultural Coalitional Actions

For COVID-19 vaccination procedures, not only translanguing, transmodal, and translational strategies but also coalitional strategies were adopted. My community worker participants approached other local community organizations, such as Chinese community organizations, local assistance ministries, community health centers, and government agencies to ask about partnership opportunities in organizing community-based vaccine drives. The KACN persuaded government agencies and other nonprofits to understand language minorities’ unique challenges in accessing government- or pharmacy-sponsored vaccine portals. As a result of coalitional attempts, between March 2021 and May 2021, the KACN hosted vaccine drives with community health centers and the county health department for their community members to access essential health resources. Through this, the KACN community workers helped more than 200 community members who relied on social benefits for living or who had been struggling to access vaccines because of their lack of digital environments to get vaccinated at convenient locations and times with in-person language services. In total, KACN created more than 6 vaccine drive events across three community-based sites including churches and community centers, which were convenient for community members to access. Their strategies can be discussed as “coalition” (Walton et al, 2019, p. 134) in non-professional settings, which were proposed by Walton et al. (2019) as a social justice-oriented action item in the field of technical and professional communication (TPC).

These coalitional actions provoked by KACN had major two differences, compared to other government-sponsored vaccine hubs or clinical sites. First, this vaccine support work relied on KACN’s rhetorical understanding of the community members’ environments. At the beginning of the vaccination campaign, KACN helped senior community members sign up for the coun-

ty-sponsored vaccine sites. Helen said, “English is not the only problem.” She and other KACN community workers considered the locations and technological environments of elderly community members. For example, Helen came to know that vaccination sites were too scattered across the metropolitan area for elderly members to drive. In many cases, the elderly members who registered for the county- or city-level vaccine hubs ended up being required to drive up to 30 miles to arrive the designated vaccine hub. Thus, instead of continuing signing up elderly members for the vaccine hub portals or the “Smart Waitlist” system provided by the county, she and other KACN workers came to organize local vaccine drives through coalitional approaches. This example shows how community workers adopt a keen ecological understanding of environmental factors in doing care and communicative practices.

Second, transcultural and localized vaccination practices were observed. In my observation of the vaccine drives across different places, the KACN community workers set up tables and greeted the patients and provided information about the vaccination process and the screening and consent form in Korean if needed. Then, the patients were guided to proceed to the nurses for getting a shot, and the translators/interpreters were ready to help them communicate with medical professionals such as the date of birth for identification, medication history, and any experienced symptoms (detailed below). This vaccine drive helped community member patients perceive this vaccination process with “prototypes” and “scripts” that can help people gather information and “perform information in a location or context” (St. Amant, 2021, p. 411). The script at this vaccine drive can be described into seven activities (see Figure 4):

1. Registering in with translation services
2. Checking in with translation services
3. Getting informed about the vaccination process with translated texts in Korean
4. Filling out the consent form with translated texts in Korean
5. Getting a shot with Korean translators if needed in communicating with nurses and other medical professionals
6. Waiting 15 minutes
7. Picking up gifts (a hygienic product package and a rice bag)

This script presents a part of their care technologies through translational activities. Along with these prototypes and scripts, the KACN workers also provided community members with transcultural contexts. In my observation, Helen spoke to all the patients who were waiting for 15 minutes after the shot at this vaccine drive:

Before you leave, please take a bag of rice. These rice bags were sponsored by the Chinese Community Center people, who helped those who had difficulties in the winter storm a month ago. They kindly shared extra rice bags with us. If you finished your 15 minute-waiting, please don't forget to pick up one bag.

These rice bags seemed to allow community workers to represent their transcultural partnership, implement their material care technologies, and build their relationships with community members, as rice is one of the most important food items across East Asian countries and cultures. The rice bags at the end of the series of activities can represent the KACN workers' coalitional actions, their material and discursive practices, and grassroots movements across diverse Asians

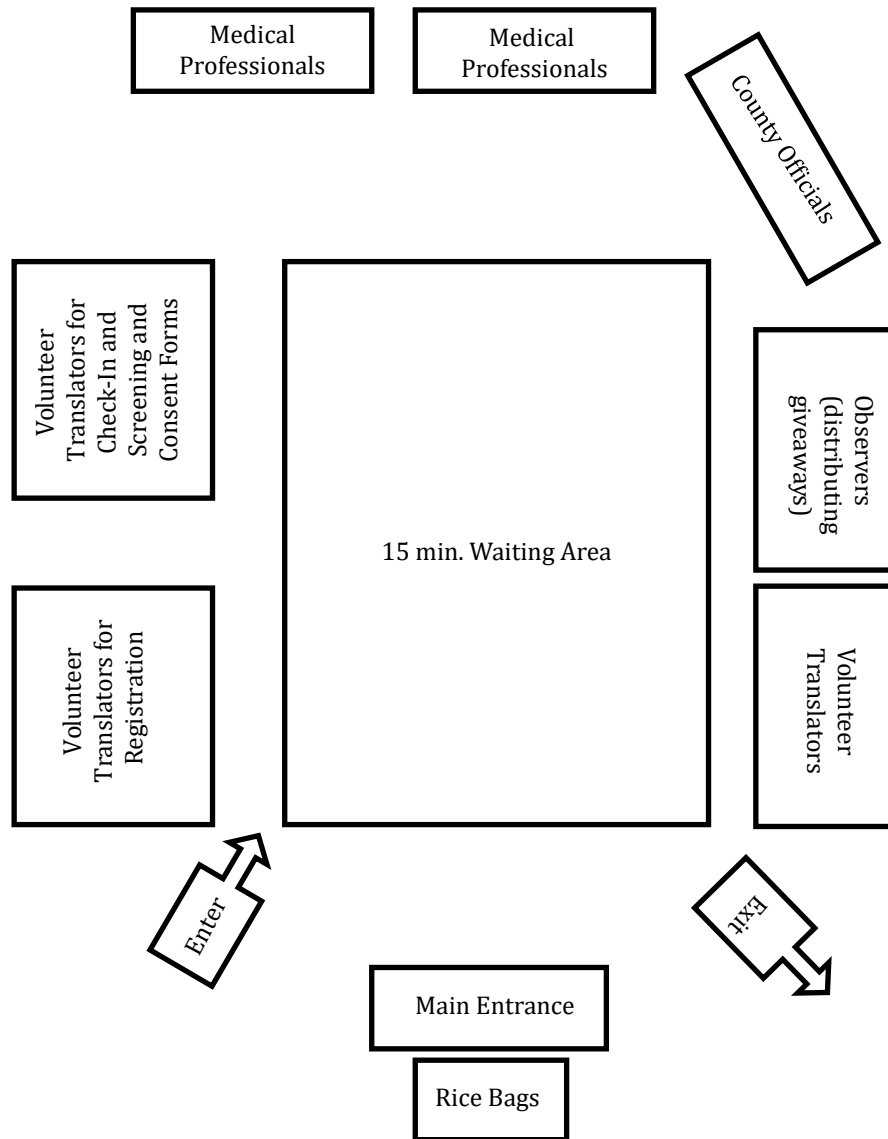


Figure 4. A vaccine drive map observed from a community center site, March 31, 2021.

and Asian-American communities, who navigated multiple disasters and health crises to support each other.

Furthermore, in their rhetorical care technologies, community workers including Helen and Teresa carefully considered the material circumstances and the affective and emotive dimension of immigration populations in vaccination processes. In her interview, Helen mentioned, "International students, ESL students, undocumented people, and small business owners and employees altogether were welcomed to our vaccine drives" (April 22, 2021). These ecological understanding of and material approaches to coalitional actions were reflected in their flyers and advertisements of the vaccine drives on local Korean newspapers and KakaoTalk. In their

flyer for the vaccine drives, Helen and Teresa highlighted that people would not be asked about their social security number because they knew that for immigration populations, concern about legal statuses may be one of the potential barriers in accessing services. In those flyers (see Figure 3), they emphasized that people do not have to make an online appointment with any personal information—the only thing required is to make a phone call for them to estimate the number of the vaccines needed—and that they welcome any adults regardless of their legal status or insurance status. This communication design as triangulated across Helen’s interview and the flyers evidenced my community worker participants’ caring, ecological, and material approaches to the process of the translational and other communicative activities in their grassroots and coalitional vaccine drive projects.

Conclusion and Implications

As shown above, we can see how multilingual transnational community members and workers have used translanguaging attunements, transmodal attunements, translational attunements, and coalitional actions as rhetorical care technologies that are entangled with (im)material caring and emotional, ecological, and affective dimensions beyond discursive practices. These care technologies, that is, translanguaging care, including discursive and nondiscursive practices, provide not only the ways that constitute and create knowledge but also the agentive tools that can dismantle oppressive ideologies in recovery technology design and reassemble resources. However, it should be noted that given that ten participants were interviewed and observed for this study, the findings above are not generalizable. And these categories from the findings need to be viewed within the cognizance of the potential danger of reducing the complexity of COVID-19 communicative activities that took place across different locations and communities. The terms Western and non-Western along with the term Asian in the context of this study should be carefully used because they might reinforce stereotypical understanding of cultures and reduce dynamic and fluid features of cultures on micro levels to static and essential notions of culture (Agboka, 2012, p. 167).

Overall, this study shows how the needs for culturally sensitive and multilingual care in COVID-19 recovery were met by grassroots community work. For community members, this community care work was perceived as agentive and affective recovery processes in the aftermath of COVID-19. For community workers, this community care work provided an empowering moment in which they collectively developed coalitional strategic plans. For both participant groups, translanguaging, transmodal, and translational practices seemed to serve as what Ding et al. (2015) call “strategic entries” (p. 32) where they can effectively and creatively leverage their resources and prior knowledge across language, modalities, and contexts. These “entry points” (p. 44) help them avoid dominant narratives of victimhood that flattens their rhetorical agency and practices into a reductive narrative of “resilience” (Barrios, 2016) and build alternative practices.

My findings suggest that translanguaging and translational care technologies question monolingual paradigms and unequally engineered digital infrastructures. By using a case of Korean-speaking transnational migrant communities, I have demonstrated how they implemented rhetorical agency and built alternative spaces of care that disrupted Western normative disaster recovery systems. Against remote and decontextualized care systems and power structures, they built coalitional networks and justice-oriented grassroots movements with a focus on material, ecological, and discursive care. In their rhetorical care technologies, participants not only negotiate language, culture, and contexts but also change material and ecological systems. Here, care technologies include not only digital devices and platforms such as smartphones, KakaoTalk,

direct messages, and community organization websites participants utilized but also rhetorical labor and care practices such as translingual/transmodal attunements and translational processes that pay attention to the community members' emotion, affect, and environments. As Winance (2010) articulates, "To care is to tinker, i.e. to meticulously explore, 'quibble,' test, touch, adapt, adjust, pay attention to details and change them, until a suitable arrangement (material, emotional, relational) has been reached" (p. 111). Thus, language minority community workers and members included in this study can help professional communicators better understand that crisis or disaster recovery communication needs relational and process-oriented rhetorical care practices among different stakeholders.⁶

This study does not intend to essentialize care ethics and caring attitudes of my community member and worker participants. But it is noted that these practices were based on their awareness of social inequalities embedded in disaster recovery infrastructures and that community worker participants actively took intersectional, sociopolitical, and material-discursive labor through coalitional approaches to advocate for the right to gaining access to resources. As many researchers already noted, it is important to view "community members as collaborators rather than passive audiences" to resist a deficit model, which "may also privilege the goals and needs of public health officials over those of local communities" (Bloom-Pojar & DeVasto, 2019, p. 5). A more adaptive and material understanding of translingual, transmodal, and translational practices in community contexts can help language minority transnational communities facilitate their agency in the aftermath of a health crisis. To promote this facilitation, government officials, practitioners, and researchers in TPC should understand the rhetorical strategies and lived experiences of multilingual transnational populations first. More research should be done to investigate translingual, transmodal, and translational practices, care-oriented relationships, and rhetorical strategies in underrepresented and underserved communities.

Acknowledgments

The author thanks all the community members and community workers who participated in this study. Also, the author is grateful to the editors of the special issue and the anonymous reviewers.

⁶ It should be noted that researchers and scholars should beware of celebratory interpretations of care practices because systemic transformation and infrastructural changes should be prioritized and stressed ultimately. This rhetorical and discursive care labor unequally burdened marginalized communities to find alternative and additional places, times, and strategies, and celebratory approaches to care practices might be complicit in sustaining this discriminatory system.

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About the Author

Soyeon Lee is an Assistant Professor of Rhetoric and Writing Studies at the University of Texas at El Paso. Her research interests include transnational environmental rhetorics, user experience studies, and decolonial and community-based approaches to technical communication. Her research has appeared in an edited collection titled *Self-Culture-Writing: Autoethnography for/as Writing Studies* and peer-reviewed journals and proceedings such as *Prompt: A Journal of Academic Writing Assignments*, *Composition Forum*, and *ACM Special Interest Group for Design of Communication (SIGDOC) Proceedings*.