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Emergency Language Policy. Principles and Lessons from the COVID-19 Pandemic

Marco Civico*, Cecilia Gialdini[§], Michele Gazzola[°], and Gordon Marnoch[#]

This article introduces and discusses the concept of Emergency Language Policy. Research in language policy and planning has not paid enough attention to the study of language policies in emergency situations, when usually there is little or no time to study and investigate in-depth the existing conditions of a language before planning interventions. The COVID-19 outbreak provided the opportunity to critically examine the way multilingual communication was handled in 2020, particularly in relation to linguistic minorities in Europe. While this article does not aim at proposing a theory of Emergency Language Policy, it sets out some recommendations and principles for future policies to minimise inequalities that structurally disadvantage linguistic minorities. The study of language policy in an emergency should focus on the preparation of flexible, rapid intervention contingency plans to be deployed in case of need, and on the creation and maintenance of systems capable of reacting to the unpredictable and of monitoring short-term changes.

Keywords: COVID-19, linguistic minorities, language rights, emergency, language policy and planning, minority languages

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I. INTRODUCTION: EMERGENCY LANGUAGE POLICY AS AN OBJECT OF INQUIRY

The discipline known as ‘language policy and planning’¹ (LPP) has its roots in the sociolinguistics and sociology of language of the late 1950s and early 1960s.² It has developed along different theoretical and methodological lines which, for reasons of space, cannot be summarised here.³ In general, language policy is defined as a particular form of public policy aimed at addressing social, economic, political, or organisational issues related to the management of linguistic diversity in a territory.

The literature conventionally distinguishes between language policy interventions aimed at modifying the structure of a language (corpus planning), its social functions (status planning) and its acquisition through the education system and adult linguistic training (acquisition planning). Traditionally, research in LPP has been concerned with studying language policy from a long-term perspective, for example by analysing the multi-annual plans for the protection and promotion of minority languages, the legal bases of language policies, and their effects on linguistic vitality.⁴ Sociolinguistic surveys are one of the main instruments used to get to know the real picture and to prepare multi-annual language policy plans.⁵

However, research in LPP has not paid enough attention to the study of language policies in emergency situations, i.e., those contexts in which usually there is no or little time to study and investigate in-depth the existing situation before planning interventions, collect data, prepare complex policy plans and set up the apparatus for their implementation, including indicators

¹ The term ‘language policy and planning’ comes from merging the terms of ‘language planning’ and ‘language policy’, which in international research are often used interchangeably although for some they indicate distinct though related things.

² For an anthology, see Thomas Ricento (ed.), *Language Policy and Planning (Critical Concepts in Linguistics)* (Routledge, London, 2015). For a history of the discipline, among others, see Joseph Lo Bianco, “Language Policy and Planning”, in Nancy H. Hornberger and Sandra Lee McKay (eds.), *Sociolinguistics and Language Education (Multilingual Matters, Clevedon, 2010)*, 146-176.

³ We refer to several recent collective handbooks, namely Bernard Spolsky, *The Cambridge Handbook of Language Policy* (Cambridge University Press, Cambridge, 2012), for contributions of a mainly descriptive and thematic nature; Francis M. Hult and David Cassels Johnson (eds.), *Research Methods in Language Policy and Planning: A Practical Guide* (Wiley-Blackwell, Hoboken, 2015), for research methods; James William Tollefson and Miguel Pérez Milans (eds.), *The Oxford Handbook of Language Policy and Planning* (Oxford University Press, Oxford, 2018), for contributions belonging mostly to the critical and postmodern line; and Michele Gazzola, François Grin, Linda Cardinal, and Kathleen Heugh (eds.), *The Routledge Handbook of Language Policy and Planning* (Routledge, London, forthcoming 2022), for an approach based on public policy analysis.

⁴ For the European context, see, among others the following contributions: Johanna Laakso *et al.* (eds.), *Towards Openly Multilingual Policies and Practices Assessing Minority Language Maintenance across Europe* (Multilingual Matters, Bristol, 2016); Sia Spiliopoulou Åkermark (ed.), *International Obligations and National Debates: Minorities around the Baltic Sea* (The Åland Island Peace Institute, Mariehamn, 2006); François Grin, *Language Policy Evaluation and the European Charter for Regional or Minority Languages* (Palgrave Macmillan, Basingstoke, 2003).

⁵ Laura Baranzini, Matteo Casoni, and Sabine Christopher (eds.), *Linguisti in contatto 3. Ricerche di linguistica italiana in Svizzera e sulla Svizzera* (Osservatorio Linguistico della Svizzera Italiana, Bellinzona, 2022), chapters 12-15, pp. 209-248.

for the evaluation. In this type of situation, it is necessary to manage the unpredictable, to act quickly, and to implement interventions in the best possible way to mitigate the immediate consequences of an emergency. In order to avoid excessive reliance on improvisation, however, it is necessary to be prepared for the unexpected.

The SARS-CoV-2 pandemic, as we will show below, dramatically illustrated the risks a country can face if due attention is not paid to uncertainty management. As we will demonstrate in this article, the COVID-19 outbreak also showed that the lack of adequate structures and plans to manage multilingual communication in emergency situations can have a detrimental impact on linguistic minorities by exacerbating existing inequalities with the majority.

From the point of view of academic research in LPP, the COVID-19 outbreak has revealed gaps in research and practice in LPP. In this article, we use the term ‘emergency language policy’ to denote the set of language policy interventions aimed at managing multilingualism in emergency situations where there is neither the time nor the possibility to develop, adopt and implement complex intervention plans regarding language status, corpus, and acquisition. The study of language policies in an emergency should focus on the preparation of flexible rapid intervention contingency plans and protocols to be deployed in case of need; on the creation and maintenance of permanent structures that are capable of reacting to the unpredictable; and finally, establishing an intelligence system to monitor short-term changes. The COVID-19 outbreak provides the opportunity to critically examine the way multilingual communication was handled in 2020, particularly in relation to language minorities, and draw useful lessons for the future. While this article does not aim at proposing a theory of emergency language policy, it sets out some recommendations and principles for future policies.

This article is organised as follows: Section 2 introduces the problem of language barriers and their repercussions on equality; Section 3 considers the specific consequences of language barriers during the COVID-19 crisis and develops a typology of them; Section 4 presents the review method used in this article. Section 5 applies the methods and discusses emergency language policy measures implemented in Europe to address the crisis; Section 6 completes the discussion by drawing some recommendations and conclusions.

II. LANGUAGE BARRIERS AND THEIR CONSEQUENCES FOR INEQUALITY WHEN THE UNPREDICTABLE HAPPENS

Linguistic inequality has presented significant policy problems in Europe during the global public health crisis precipitated by the SARS-CoV-2 virus. The pandemic began in late 2019 in China and by early 2020 had spread globally, causing a disease named COVID-19. Human-to-human transmission was first reported on 22 January 2020 and the World Health Organization (WHO) declared that the SARS-CoV-2 infection had become a pandemic on 11 March 2020. SARS-CoV-2 was quickly found to be highly contagious; without protection, a single individual could infect two to six persons on average during the first phase. By the end of May

2020, SARS-CoV-2 infection had spread all over the world, with more than 5 million detected cases.⁶

Two years later, according to official records at least 6 million people have died from COVID-19, with the real number likely to be much greater. Globally, it became clear quite quickly that COVID-19 killed certain sections of populations more frequently than others. Much of the difference in death rates appears to be connected to other risk factors such as hypertension, diabetes, obesity, and cardiovascular disease. These are age-related conditions, but are also much more prevalent in minority populations.⁷

In classifying it as a pandemic, every single person on Earth was deemed by the WHO to be at risk from the virus. SARS-CoV-2 was designated so because of its unpredictability. Seasonal flu is regarded as endemic on the basis that the pattern of transmission is relatively well-understood. In stark contrast, SARS-CoV-2 has moved through various mutations with quite different impacts in the sense of growing transmission rates, mortality, and associated morbidity rates, but also in its tendency to produce waves of infection, with the associated risks ebbing and flowing over the span of two years. With no vaccines available, governments faced up to several immediate challenges through non-pharmaceutical intervention (NPI) efforts. Responses involved lockdowns, curfews, restrictions on the numbers of people allowed to meet, travel restrictions, strict border controls, and the promotion—and sometimes enforcement—of changes to behaviour such as social distancing and mask wearing. In short, in prescribing how people met, travelled, and even left their homes, governments covered a significant part of the spectrum of human existence. Worse still, uncertainty over the effectiveness of NPIs was slow to decline during the difficult-to-predict pandemic. Governments worked through many layers of public health problems in which communication and therefore language inequality were significant. To a great extent, the behavioural impact of rules and advice depends on effective communication.

Language inequality can exist amongst long-established communities, where proximity to a border means that people do not use the dominant language found in their place of residence and employed in public administration systems but instead speak the language prevalent in the neighbouring country. During the pandemic however, immigrant communities lacking communicative competence in the language used in the jurisdiction they reside in tended to be the focus of concern. NPIs are necessarily about convincing people to adopt lifestyle changes, and this works best when both legal requirements and advice are understood. Language and ethnicity are inextricably linked, and early indications from Europe and the United States suggested an association between minority status and increased mortality and morbidity (see below). When epidemiologists compared race and ethnicity population records during the pandemic, they attempted to eliminate likely factors and inequalities causing different outcomes such as income, prior health status, education, occupation and residence. Sometimes, but not

⁶ David Spiegelhalter and Anthony Masters, *Covid By Numbers* (Penguin, London, 2022), 69-121.

⁷ Public Health England, “COVID-19: Review of Disparities in Risks and Outcomes. Review into How Different Factors Have Affected COVID-19 Risk and Outcomes”, 2020, at <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>.

always, the ethnic and racial disparities go away; in this case, the association has remained clear throughout the pandemic.

There is a good case for elevating the position of language inequality in analysing the determinants of the course of the pandemic. The likely factors of significance in transmission of the virus are too closely linked to ethnicity, and by association language inequality, to be disregarded. For example, staying at home to stay safe may not seem to be a good idea for people living in crowded accommodation. Immigrants often suffer from housing inequality significantly more than other groups. Sharing accommodation with different family generations can also be more common in ethnic groups. Proportionately, immigrants may be employed in work where the risk of transmission is higher such as transport or food processing factories. People on low incomes, perhaps on ‘zero hours’ contracts, may be reluctant to get themselves tested for the virus if it means that they might lose their job. Immigrants are again more likely to suffer employment inequality.⁸

A potentially useful concept that focuses further attention on language inequality is homophily, which refers to the tendency of people to be socially connected to each other due to sharing identities such as ethnicity, gender, occupation, or political affiliation.⁹ Inequality and segregation are thought to be consequences, along with an echo chamber effect, regarding the sharing of viewpoints and beliefs.¹⁰ Whether voluntary, or enforced through exclusion from dominant social and cultural systems, homophilic behaviours lead persons with poor levels of functionality in the dominant language to interact more exclusively with each other than would be the norm for the population outside their community. It is relatively easy to see why ethnicity, and in particular associated language inequality, could be an important factor reinforcing homophily during the pandemic, as well as why this can influence receptiveness to heavily communication-dependent NPIs. Therefore, there are likely to be epidemiological consequences of such a concentration of social contacts, particularly if the need for testing, isolating, and restricting social mixing is explained through a public health campaign in a language that group members do not use. Scepticism about vaccination, or outright rejection of it, will of course be hard to address if a homophilic echo chamber effect dominates social discourse within the group. If false ideas about NPIs and vaccination are dominant within the homophilic network, then it will be hard to break into members’ extant pandemic discourse with language-dependent public health messages to counter such beliefs.

The review of language inequality and the pandemic in Europe as presented here examines the public health problems encountered and the responses made by selected governments, with certain lessons drawn from the experience.

⁸ Eurostat, “Migrant Integration Statistics–Labour Market Indicators”, 2021, at https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Migrant_integration_statistics_%E2%80%93_labour_market_indicators.

⁹ Claus Kadelka and Audry McCombs, “Effect of Homophily and Correlation of Beliefs on COVID-19 and General Infectious Disease Outbreaks”, 16(12) *PLOS ONE* (2020), 0260973.

¹⁰ Ana Butkovic and Mirta Galesic, “Relationship Between COVID-19 Threat Beliefs and Individual Differences in Demographics, Personality, and Related Beliefs”. 13 *Frontiers in Psychology* (2022), 13.

III. LANGUAGE BARRIERS AND COVID-19: A TYPOLOGY

Many of the public health problems caused by the pandemic were related to poor communication, misinformation, or complete lack of information. The lack of clear multilingual communication in emergency situations can lead to severe inequalities of different kinds. People with limited knowledge of the local dominant language may be excluded from information campaigns about different matters, including measures to contain the spread of SARS-CoV-2 and vaccines, as well as financial instruments to support businesses. These communication issues were diverse in terms of origin and consequences, and they can be organised in the following typology, depending on whether the inequalities are directly or indirectly related to the public health crisis:

- 1.a) Misinformation or lack of information *upstream* about the public health crisis due to language barriers (e.g., about the vaccines, and social distancing rules).
- 1.b) Misinformation or lack of information *downstream* in the treatment of the public health crisis due to language barriers (e.g., diagnosis, treatment in hospitals).
- 2.a) Misinformation or lack of information about the social and economic crisis resulting from the public health crisis due to language barriers (e.g., information about travel restrictions, and financial subsidy measures).
- 2.b) Overall reduction in the provision of general services (including language services) resulting from the public health crisis which could exacerbate existing socioeconomic inequalities.

The first type of consequences will be explored in more detail in Section 3.1; the second type in Section 3.2.

A. Language Barriers and Healthcare in Emergency Situations

The outbreak of the COVID-19 pandemic sparked interest in language barriers during emergencies. As Piller, Zhang and Li note “Most of the world’s 195 states operate in one or two national languages only, and linguistic minorities within those states – whether indigenous or migrant – face significant language barriers at the best of times”.¹¹

While ethnic background is usually recognised as a barrier to care, language– which is generally considered one of the main manifestations of ethnic diversity¹²–is often barely mentioned among the causes, notwithstanding the fact that racial disparities in health independent of socioeconomic differences have long been acknowledged.¹³ Knuesel *et al.* point to the fact that institutions being caught unprepared for the COVID-19 pandemic and how it hit ethnic

¹¹ Ingrid Piller, Jie Zhang, and Jia Li, “Linguistic Diversity in a Time of Crisis: Language Challenges of the COVID-19 Pandemic”, 39(5) *Multilingua* (2020), 503–515.

¹² Barbara Moser-Mercer, Leïla Kherbiche, and Barbara Class. “Interpreting Conflict: Training Challenges in Humanitarian Field Interpreting”, 6(1) *Journal of Human Rights Practice* (2014), 140–158.

¹³ Elsie Pamuk *et al.*, *Health, United States, 1998. Socioeconomic Status and Health Chartbook*, (National Center for Health Statistics, Hyattsville, 1998), at <<https://www.cdc.gov/nchs/data/hus/hus98cht.pdf>>; Joseph Betancourt, Alexander R. Green, J. Emilio Carrillo, and Elyse R. Park, “Cultural Competence and Health Care Disparities: Key Perspectives and Trends”, 24(2) *Health Affairs* (2005), 499–505.

minority communities, is not excusable, as the precariousness of such communities had already been highlighted by previous cases.¹⁴ Although many have stressed the importance and even the legal imperative for some institutions to implement reliable communication mechanisms (for example, by resorting to interpreters),¹⁵ reliance on the limited language skills of medical staff or even on family members to communicate with patients is still a widespread practice. Knuesel *et al.* suggest that healthcare institutions should place greater value on the skills of multilingual medical staff able to attend to patients in their language in a competent way.¹⁶ Indeed, Manson found that patients cared for by a physician who spoke a different language were more likely to omit medication, miss medical appointments, and make an emergency room visit.¹⁷ Besides, attending patients in their language has long been found to be associated with a deeper understanding of the patient's condition¹⁸ as well as improved health education.¹⁹ In general, patients were found to experience higher levels of satisfaction and were less prone to commit clinical mistakes when supported by medically trained interpreters, rather than family members or other people who could speak their language.²⁰

Emergency situations that need to rely extensively on communication are obviously not limited to healthcare crises such as the COVID-19 pandemic. They include other events which can be man-made (such as wars), or natural (such as earthquakes or floods). In other words, emergency situations can be of radically different natures and, therefore, can call for very different types of intervention. Indeed, it is one thing to accommodate the language needs of a long-time settled community, but another to set up reliable channels to communicate with newly-arrived people during, for example, the 2015 Syrian migrant crisis and the 2022 crisis resulting from war in Ukraine. The problem with the latter case is the unpredictability of extreme events and the weight of their consequences. Translation and interpretation services for individuals involved in criminal proceedings,²¹ for example, are relatively easy to provide as long as the linguistic demographics of the population remain stable or change in a linear or predictable way.²²

¹⁴ Steven Knuesel *et al.*, “Language Barriers, Equity, and COVID-19: The Impact of a Novel Spanish Language Care Group”, 16(2) *Journal of Hospital Medicine* (2020), 109–111.

¹⁵ Ryan Crowley, *Racial and Ethnic Disparities in Health Care, Updated 2010* (Philadelphia, American College of Physicians, 2010), at <https://www.acponline.org/system/files/documents/advocacy/current_policy_papers/assets/racial_disparities.pdf>.

¹⁶ Knuesel, *et al.*, *op. cit.*, note 14.

¹⁷ Aaron Manson, “Language Concordance as a Determinant of Patient Compliance and Emergency Room Use in Patients with Asthma”, 26(12) *Medical Care* (1988), 1119–1128.

¹⁸ Julia Solis *et al.*, “Acculturation, Access to Care, and Use of Preventive Services by Hispanics: Findings from HHANES 1982-84”, 80 *American Journal of Public Health* (1994), 11–19.

¹⁹ Johanna Shapiro and Eleanor Saltzer, “Cross-Cultural Aspects of Physician-Patient Communications Patterns”, 10(10) *Urban Health* (1981), 10–15.

²⁰ Glenn Flores, “The Impact of Medical Interpreter Services on the Quality of Health Care: A Systematic Review”, 62(3) *Medical Care Research and Review* (2005), 255–299.

²¹ Article 14 of the International Covenant on Civil and Political Rights ensures, among other things, the right of an individual involved in a proceeding “[t]o have the free assistance of an interpreter if he cannot understand or speak the language used in court” (International Covenant on Civil and Political Rights, 1976, art. 14.3, at <<https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>>).

²² Marco Civico, “Complexity Theory: Applications to Language Policy and Planning”, PhD thesis on file at the University of Geneva (2020).

However, hard-to-predict events such as wars, terrorist attacks, and natural disasters may lead to migrant crises that can easily catch institutions unprepared. As a consequence, measures traditionally aimed at managing multilingualism might fail to satisfactorily address the problems raised by emergency situations. Alternatively, due to a lack of resources, it might simply be impossible to implement them in good time.

Li *et al.* speak of National Emergency Language Competence (NELC) as “the capacity to use language to cope with domestic and international public emergencies”, such as the COVID-19 pandemic, and they note that China is still lagging behind in this aspect. They observe that most of the measures implemented to address multilingualism during the COVID-19 crisis were not “conscious actions”, as they were not part of a previously-developed long-standing emergency plan but rather hasty measures adopted to face an unexpected crisis.²³ They argue that a well thought-out emergency language plan requires more than just linguistic resources such as translators and interpreters. It should include a legal framework able to ensure the immediate implementation of emergency language services according to precise norms and standards, and the development of technological infrastructure to be deployed quickly during an emergency. New technologies indeed play a vital role in assisting communication during emergency situations. However, it was observed that significant improvements in accuracy and usability are needed before they can be used safely.²⁴ The debate around translation technologies in the context has been ongoing for a long time, but certainly gained a lot of momentum in the aftermath of the Haiti earthquake of 2010.²⁵

The existence of plans and frameworks, of course, is not a sufficient condition to effectively manage communication during a pandemic. It is also about transmitting messages to and raising awareness of obligations in minority and ethnic communities to inform ‘conversations’ or discourse. This is problematic, and to avoid simplistic conclusions we must be aware that giving people messages in their own language is a necessary but insufficient means of focusing attention on the public health narratives that were employed in Europe.

A further question relates to language proficiency. Difficulties in communication are exacerbated by the fact that the issue of language proficiency is often neglected or

²³ Li, Yuming *et al.*, “Conceptualizing National Emergency Language Competence”, 39(5) *Multilingua* (2020), 617–623.

²⁴ Anne Turner *et al.*, “Evaluating the Usefulness of Translation Technologies for Emergency Response Communication: A Scenario-Based Study”, 5(1) *JMIR Public Health and Surveillance* (2019), e11171.

²⁵ Vaughn Hester, Aaron Shaw, and Lukas Biewald, “Scalable Crisis Relief: Crowdsourced SMS Translation and Categorization with Mission 4636”, *Proceedings of the First ACM Symposium on Computing for Development (ACM DEV’10)* (ACM, New York, 2010), 1–7; Harvard Humanitarian Initiative, *Disaster Relief 2.0. The Future of Information Sharing in Humanitarian Emergencies* (UN Foundation and Vodafone Foundation Technology Partnership, Washington D.C./Berkshire, 2011), at https://reliefweb.int/sites/reliefweb.int/files/resources/4686CA7489E8DA068525786100554127-Full_report.pdf; William Lewis, Robert Munro, and Stephan Vogel. “Crisis MT: Developing a Cookbook for MT in Crisis Situations”, *Proceedings of the Sixth Workshop on Statistical Machine Translation* (ACM: New York, 2011), 30–31; Gwyneth Sutherland, “A Voice in the Crowd: Broader Implications for Crowdsourcing Translation during Crisis”, 39 *Journal of Information Science* (2013), 397–409; Sharon O’Brien *et al.*, “Language Translation during Disaster: A Comparative Analysis of Five National Approaches”, 31 *International Journal of Disaster Risk Reduction* (2018), 627–636.

underestimated by relevant studies and reports,²⁶ resulting in the widespread assumption that some knowledge of another language is sufficient to implement communication between two parties speaking different languages. Furthermore, there seems to be a generalised lack of understanding of how languages and multilingualism work, and that language differences usually come with a series of structural differences among languages or among their varieties. Ghandour-Demiri, for example, discusses—among many others—the case of Kurdish speakers in Greek refugee camps during the migration crisis that began in 2015.²⁷ Interviews with humanitarian aid workers revealed that there was a general misconception among them that there was only one Kurdish language and that all Kurds are able to communicate with each other. However, Kurdish is actually a collection of dialects, with Kurmanji and Sorani being the main ones. Mutual intelligibility between these two dialects is only limited, as they use different scripts (with Kurmanji using the Latin alphabet and Sorani using a modified version of the Persian alphabet), different vocabulary, and different grammar rules. Investigating into this matter further allowed the elucidation of a seemingly paradoxical finding which would have otherwise gone unexplained. While it was clear that most migrants interviewed by Ghandour-Demiri preferred to receive information in their native tongue, some declared that they preferred to receive information in a language other than their own. This was precisely the case of Kurds living in Iran and Syria, who preferred Farsi and Arabic respectively, even though they considered one of the Kurdish dialects to be their native tongue. This seemingly paradoxical request can only be understood if one factors in the history of Kurdish in these countries, where it was proscribed from schools and public life for long periods. Consequently, speakers of a Kurdish dialect are often unable to read it and therefore have greater familiarity with the scripts of the local official language.

B. Socioeconomic Consequences of Language Barriers in the Healthcare Crisis

As mentioned, the consequences of the COVID-19 pandemic were far-reaching and extended far beyond the domain of healthcare. Socioeconomic consequences stemmed from the imposition of curfews, extended periods of lockdown, quarantines, large-scale testing, and reduced opening hours for businesses. Through these measures, the pandemic had the indirect effect of largely closing down several sectors of the economy (for example, hospitality and travelling) and slowing down the activities of many others for a certain period of time. It caused unemployment rates to rise significantly in most countries, and this trend could hardly be hedged by government subsidies. From primary schools to universities, it led to the almost total closure of educational institutions, which were obliged to reorient their study plans towards distance learning.

The SARS-CoV-2 pandemic highlighted many social and economic issues, including inequality in various forms. For example, it was observed that individuals with lower incomes were more

²⁶ Moser-Mercer *et al.*, *op. cit.*, note 12; Berta Rubio Blanes, “Modèle pour la gestion de la communication multilingue dans un centre d’accueil de migrants”, MA thesis on file at the University of Geneva (2020).

²⁷ Nada Ghandour-Demiri, *Language and Comprehension Barriers in Greece’s Migration Crisis. A Study on the Multitude of Languages and Comprehension of Material Provided to Refugees and Migrants in Greece*, (Translators without Borders, 2017), at <<https://translatorswithoutborders.org/wp-content/uploads/2017/07/Language-Comprehension-barriers.pdf>>.

likely to contract the disease and die from it.²⁸ This is hardly surprising, as people with lower socioeconomic status are more likely to live in crowded housing or to rely on shared transportation services, all of which increased their risk of contracting the disease. Paton *et al.* found evidence that people from ethnic minority backgrounds are more likely to be involved in work activities that involved a higher risk of infection.²⁹ Furthermore, as is commonly known, income distribution is not equal across ethnic groups,³⁰ which meant that certain communities have suffered disproportionately from the consequences of COVID-19. It has been noted that members of minorities and ethnic communities may also be younger than the general population, and that this is a major factor that needed to be weighted when analysing the impact on the members of such communities. The fact that members of minorities and ethnic communities still seem to have a higher mortality rate makes the study of inequalities and cultural differences so important.³¹

Governments and organisations communicate with citizens through many different channels. For example, they often publish policy documents that provide a summary of the motivations, purpose, and scope of a set of policy measures, as well as the specific ways in which such measures are going to be implemented. Policy documents can concern virtually all the domains that fall within the competence or interest of a public institution. Depending on the type of content, these documents may be addressed to different recipients, which can range from every citizen up to the specific institutions formally charged with the implementation of the measures. Concerning the specific case of the COVID-19 pandemic, many policy documents were addressed to hospitals and other health facilities, but also to the general public. In particular, much of the information which was aimed at a wider audience concerned recommendations and rules of conduct to follow during specific situations and in different contexts, with a view to limiting the diffusion of the virus. In general, during an emergency situation, it is essential that information is made accessible and understandable to the general population, as well as to highly varied subgroups in society.³² To further complicate the picture, we must recall that

²⁸ Juergen Jung, James Manley, and Vinish Shrestha, “Coronavirus Infections and Deaths by Poverty Status: The Effects of Social Distancing”, 182 *Journal of Economic Behavior and Organization* (2021), 311–330.

²⁹ Alexis Paton *et al.*, *Submission of Evidence on the Disproportionate Impact of COVID 19, and the UK Government Response, on Ethnic Minorities and Women in the UK*, 2020, at <https://publications.aston.ac.uk/id/eprint/41460/1/Submission_of_evidence_for_Select_Committee_Aston_University_pdf.pdf>.

³⁰ For the case of the United Kingdom, see for example “Income distribution”, *Gov.uk*, 2020, at <<https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/pay-and-income/income-distribution/latest>>.

³¹ For example, according to the U.S. Census Bureau population estimates of 2019, the African American population had a median age of 32.3 years, while the White population had a median age of 39.5 years (U.S. Census Bureau, “65 and Older Population Grows Rapidly as Baby Boomers Age”, 2020, at <<https://www.census.gov/newsroom/press-releases/2020/65-older-population-grows.html>>).

³² Gary Kreps *et al.*, (2005). “The critical role of communication in preparing for biological threats: Prevention, mobilization, and response”, In H. Daniel O’Hair, Robert Heath, and Gerald Ledlow (eds.), *Community Preparedness and Response to Terrorism: Communication and the Media*, (Praeger Publishers, Westport, 2005), 191-210.

information in crisis situations may change very frequently. For example, the rules and guidance in England and Wales changed 65 times during the first 18 months of the pandemic.³³

Obviously, information coming from the government to the citizens does not only flow through official documents. It can also rely on other means such as television, internet, or the press. Arguably, these alternative means are the most common source of information for most people, regardless of their level of education and language proficiency. But regardless of the channel being used, there is one key element that all acts of communication share: the language in which they are transmitted. In this regard, the obvious choice for an information campaign is to use the *de facto* or *de iure* official language of the context (geographical, such as a region or a country; or institutional, such as an organisation) in which it is launched. Assuming that this language is spoken or at least understood by the majority of people (which is not necessarily the case), it makes sense to use it to draft all of the communication material as it has the highest chances of reaching the widest audience possible. While it is certainly true that widely-spoken languages can reach a larger audience than other languages, it is equally true that they do not reach everyone. The more diverse the linguistic background of the target population, the higher the chances that a sizeable amount of people will be left out of the information flow.

Like other pandemics, SARS-CoV-2 was a complex non-linear phenomena. A discussion on the non-linearity of complex phenomena is beyond the scope of this article, but in short it refers to the fact that there is no proportionality between input and output variables. In other words, seemingly small changes in one variable can lead to great changes in the other, or the opposite may be true. Various authors have pointed out the logistic nature of the spread of epidemics/pandemics.³⁴ Indeed, when the infected population is plotted against time, the resulting function does not look linear but S-shaped, like the so-called logistic function. This means that at least in a theoretical scenario, the infection spreads very slowly in the initial phases, then accelerates dramatically and eventually slows down again until the entire population has been exposed to the virus. This means that, should a linear spread be anticipated, the consequences of a small increase in the number of infected people would be underestimated.

We must adapt our policy responses in light of these considerations. While general coverage of the majority of the population can be enough in many normal and routine circumstances, in the specific case of the measures aimed at preventing the spread of COVID-19 non-linearities could not be neglected. A seemingly negligible number of new infections can quickly turn into an overwhelming number of new cases. Omitting even small groups of people from effective public health communications can therefore have major consequences. As Piller *et al.* note “as anyone can become a carrier of the virus, prevention and containment efforts minimizing the personal risk of individuals are deeply intertwined with the overall risk to the community”.³⁵

³³ Home Affairs Committee, “First Report of Session 2019-21. Home Office Preparedness for Covid-19: Policing”, 2020, at <<https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/562/56202.htm>>.

³⁴ Giuseppe Consolini and Massimo Materassi, “A Stretched Logistic Equation for Pandemic Spreading”, 140 *Chaos, solitons, and fractals* (2020), 110113.

³⁵ Piller *et al.*, *op. cit.*, note 11.

IV. METHODS

Our review of the literature took place when the research base was only in an embryonic form. The uneven impact of COVID-19 on minorities was apparent, but its causes were far from being clearly explained by research, much less regarding the role of language inequality. The impact of public health policy was only beginning to be understood, and there was not a large amount of research and data available. In due course, we believe that a more systematic review should be conducted when more results are published, allowing for an appropriate weighting of evidence to be made with firm conclusions drawn. In the meantime, however, the Rapid Evidence Review (also known as Rapid Evidence Assessment or Quick Scoping Review) utilised in this study can provide useful input for reflection and action.³⁶

Therefore, we approached the review in an orderly manner which initially involved the research team deliberating over how the search should be framed. This relied on observations made by the authors in respect of what they felt were relevant sources of research evidence reported in the media or appearing directly in academic outlets. Concerning the content of the documents examined, we decided to focus on the following areas:

- 1) literature addressing LPP conceptual issues (as deemed relevant to the aims of the chapter);
- 2) literature on COVID-19 and inequality;
- 3) literature on language and emergencies;
- 4) country-specific manifestations of inequality;
- 5) country-specific LPP.

Employing this classification, the review addressed the following questions:

- 1) What kind of political and socio-economic problems did the COVID-19 pandemic cause for linguistic minorities?
- 2) How did multilingualism affect information campaigns concerning the pandemic?
- 3) How did governments respond to such issues? Are there any notable practices, both positive and negative?

To establish an acceptable degree of rigour, a strategy or protocol was employed in the selection of materials to be reviewed. The quality of sources retrieved initially included a wide range of materials ranging from ‘opinion pieces’ at one end of the spectrum to early academic studies (based on the most rigorous research methods possible in the circumstances) at the other. A filter procedure was established to weed out materials which were deemed to be of little value, given their basis in comments and opinions rather than in observation or empirical research. A consensus was reached on materials which merited review and inclusion in the chapter. In identifying academic papers, the review initially relied on Google Scholar and Web of Science; for the more specific purposes of the study PubMed and PubMed Central were also used.

³⁶ For a general discussion of Rapid Evidence Assessments, see Alexandra Collins *et al.*, *The Production of Quick Scoping Reviews and Rapid Evidence Assessments* (Joint Water Evidence Group (JWEG) - Natural Environment Research Council/Department for Environment, Food & Rural Affairs, London, 2015). For an application of the study of COVID-19-related inequalities and their effects on London, see James Nazroo *et al.*, *Rapid Evidence Review: Inequalities in Relation to COVID-19 and Their Effects on London* (University of Manchester, Manchester, 2020).

Concerning policy documents that were considered, the review tended to use the official websites of the relevant institutions. As a means of considering some of the wider political context that was emerging, there was also consideration of how language and inequality were covered in the media.

V. EMERGENCY LANGUAGE POLICY AND COVID-19 IN EUROPE: A REVIEW OF RESPONSES

This section reviews how European authorities at different levels dealt with multilingual communication during the COVID-19 epidemic.³⁷ In Europe, international organisations and governments widely discussed the impact of language barriers on autochthonous and allochthonous minorities during the pandemic. The former are the national, linguistic, and ethnic minorities as defined by the UN Special Rapporteur on Minority Issues³⁸, while the latter are people who speak a different language from the majority but do not fit into the previous category; this includes migrants and asylum-seekers as well as temporary residents.

With respect to autochthonous minorities, the practices adopted by the various countries were quite mixed. A report by the Council of Europe outlined how countries were inconsistent in sharing information, instructions, guidelines, or recommendations in languages other than the official language of the country, disregarding the needs of the numerous linguistic minorities³⁹. 22 of the 47 member states of the Council of Europe provided “at least partial online education in regional and/or minority languages during the first phase of the Covid-19 pandemic in spring 2020”.⁴⁰ Furthermore, “[i]n spring 2020, of the 47 Council of Europe member states, 26 provided Covid-19 related information, health advice and services, including emergency hotlines in some regional or minority languages”.⁴¹ Some examples of effective practices in planning and implementing emergency language policy came from South Tyrol⁴² and Friuli-

³⁷ For China: see Piller *et al.*, *op. cit.*, note 11.

³⁸ Minorities under international law are defined as “an ethnic, religious or linguistic minority is any group of persons which constitutes less than half of the population in the entire territory of a State whose members share common characteristics of culture, religion or language, or a combination of any of these. A person can freely belong to an ethnic, religious or linguistic minority without any requirement of citizenship, residence, official recognition or any other status”. See the following link for the full definition of the mandate by the United Nations Special Rapporteur on Minority Issues, at <https://www.ohchr.org/en/special-procedures/sr-minority-issues/concept-minority-mandate-definition>.

³⁹ Council of Europe, “COVID-19 Crisis: Vital that Authorities also Communicate in Regional and Minority Languages”, 2020, at <https://www.coe.int/en/web/portal/-/covid-19-crisis-vital-that-authorities-also-communicate-in-regional-and-minority-languages>.

⁴⁰ *Ibid.*, 27.

⁴¹ Council of Europe, *Protection and Promotion of Regional or Minority Languages: Promising Practices across Europe 2015-2020*, (Council of Europe Secretariat of the European Charter for Regional or Minority Languages, Strasbourg, 2021), 27-29.

⁴² European Centre for Minority Issues, “Minority Language Media and the COVID-19 Pandemic – the Case of German and Ladin in South Tyrol. An Interview with Marc Röggl”, 2020, at <https://www.ecmi.de/infochannel/detail/minority-language-media-and-the-covid-19-pandemic-the-case-of-welsh-an-interview-with-marc-roeggla>.

Venezia Giulia⁴³ in Italy. However, it should be noted that these encouraging results came mostly from regions with a long-standing tradition of integrating linguistic minorities.

The “Coronavirus pandemic in the EU — fundamental rights implications” bulletins issued between 2020 and 2021 by the European Union Agency for Fundamental Rights reported that ethnic minorities were at increased risk of infection due to their disadvantaged living conditions, and that ethnic minorities and immigrants experienced forms of discrimination or even hate speech and violence.⁴⁴

It should be noted, however, that in recent times the EU has expressed (or rather, reaffirmed) its willingness to promote equality and to support minority groups. Indeed, in light of the challenges posed by the crisis, the President of the European Commission, the President of the European Parliament and the representatives of various other European organizations signed the Porto Social Commitment on 7 May 2021. In this document, they committed to “develop[ing] public policies that [...] strengthen social cohesion, fight [...] discrimination [...] and promote equal opportunities for [...] people with a migration background [...] and minority groups [...]”⁴⁵.

The Federal Union of European Nationalities (FUEN), a non-governmental organisation established in 1949 in conjunction with the Council of Europe, conducted a survey between March and April 2020 to analyse the extent of communication in minority languages within EU member states⁴⁶. While the survey did not manage to capture the real picture of all minorities (29 minority groups in 18 countries), the results showed that at least general information on the COVID-19 outbreak is available in the language of minority communities and language groups in slightly more than half of the cases (52%). It was noted that most of that information was provided by regional governments, minority organisations, and minority-focused media, rather than the central government.

In this respect, the European Centre of Minority Issues (ECMI) has conducted a study with autochthonous minority groups to analyse the role of media in minority languages during the pandemic.⁴⁷ The study entailed ten interviews addressing Basque, Catalan, German (in Denmark), German (in Poland), German and Ladin (in South Tyrol), Irish, Scottish Gaelic, Swedish (in Finland), and Welsh. The results showed that despite quite a widespread use of minority media as a source of information, people decided to migrate towards majority language media.

⁴³ ARLeF, “Cemût protezisi dal Coronavirus - ARLeF”, (Agenzia Regionale per la lingua friulana ARLeF, Udine, n.d.), at <<https://arlef.it/iniziativis/come-protiggersi-dal-coronavirus/>>.

⁴⁴ See “FRA - Promoting and protecting your fundamental rights across the EU”, at <<https://fra.europa.eu>>.

⁴⁵ Porto Social Summit, “Porto Social Commitment” (7 May 2021), at: <<https://www.2021portugal.eu/media/icfksbgy/porto-social-commitment.pdf>>.

⁴⁶ Federal Union of European Nationalities, “Do You Speak Corona? Many European Countries Do Not Offer Information on the Pandemic in Minority Languages”, 2020, at <<https://www.fuen.org/en/article/Do-You-Speak-Corona-Many-European-countries-do-not-offer-information-on-the-pandemic-in-minority-languages>>.

⁴⁷ Sergiusz Bober and Craig Willis, “How Has the COVID-19 Pandemic affected Minority Language Media (MLM)? The Findings from a Series of Expert Interviews”, *European Centre for Minority Issues*, 2020, at: <<https://www.ecmi.de/infochannel/detail/how-the-covid-19-pandemic-affected-minority-language-media-mlm-the-findings-from-a-series-of-expert-interviews>>.

However, while the EU addressed the lack of information in the official EU languages, issues remained concerning communication with autochthonous linguistic minorities, as well as other direct or indirect difficulties relating specifically to allochthonous minorities, i.e., migrant communities. Examples of strategies addressing the difficulties encountered by migrant communities across the EU included information leaflets in 15 languages published by the Portuguese Government⁴⁸ as well as online information available in 29 languages provided by the Belgian Government.⁴⁹ On the contrary, an example of the lack of measures addressing such difficulties was the campaign launched by the Ministry of Health of Slovakia which aimed at reducing scepticism towards the vaccine. The campaign was harshly criticised for providing information in Slovak only, completely disregarding ethnic minorities.⁵⁰ The website of the campaign was subsequently updated to include an English and Hungarian version. Another example of exclusion of migrants from the debate on emergency language policy comes from Denmark: in August 2020, the Danish prime minister clearly declared that all Danish citizens had received sufficient information about the virus: “The information is there and has been available for months, no one in Denmark can be in doubt about how to behave in relation to COVID-19”.⁵¹ This information, though, was available mainly in Danish or English, and very little had been done to include non-Western languages in the official communication campaign.⁵²

In general, the lack of information in languages other than the country’s official language(s) was noted to not only cause a non-homogeneous spread of information, but also to pass on the idea that minority languages are less important than official ones.⁵³

The COVID-19 pandemic did not only cause disruption among minority communities just because of language barriers, but also on a general level. The Member of the European Parliament Andor Deli addressed a parliamentary question to the European Commission on 21 April 2020, on the subject “Difficult challenges faced by minority language media outlets during the pandemic”.⁵⁴ The question concerned the consequences suffered by already-struggling minority language media, with particular reference to national minority languages. Noting that media outlets are crucial for the maintenance and promotion of minority languages, he argued that current funding from the EU was not enough to support the industry in this

⁴⁸ Alto Comissariado para as Migrações, “COVID-19: Medidas, Orientações e Recomendações”, at <<https://www.acm.gov.pt/-/covid-19-medidas-orientacoes-e-recomendacoes>>.

⁴⁹ Agentschap Integratie en Inburgering, “Coronavirus: Meertalige informatie”, at <<https://integratie-inburgering.be/corona-meertalige-info>>.

⁵⁰ Zoltán Szalay, “Kampaň na podporu očkovania obišla Maďarov, Rómov aj ostatné menšiny. Ministerstvo to chce napraviť”, *Denník N*, 3 February 2021, at <<https://dennikn.sk/2253120/kampan-na-podporu-ockovania-obisla-madarov-romov-aj-ostatne-mensiny-ministerstvo-to-chce-napravit/>>.

⁵¹ Regeringen, “Krav om mundbind i offentlig transport”, 15 August 2020, at <<https://www.regeringen.dk/nyheder/2020/pressemedde-i-statsministeriet-loedag-15-august-2020-kl-1100/>>.

⁵² Martha Sif Karrebæk and Solvej Hellestøj Sørensen, “Covid-19 Exposes Language and Migration Tensions in Denmark – Language on the Move”, *Language on the Move*, 2020, at <<https://www.languageonthemove.com/covid-19-exposes-language-and-migration-tensions-in-denmark/>>.

⁵³ Vesna Crnić-Grotić, “Interview by Charles Amponsah”, *Council of Europe*, 2019, at <<https://www.coe.int/en/web/portal/covid-19-minority-languages>>.

⁵⁴ European Parliament, Parliamentary Question E-002385/2020 “Difficult challenges faced by minority language media outlets during the pandemic”, 21 April 2020, at <https://www.europarl.europa.eu/doceo/document/E-9-2020-002385_EN.html>.

critical moment. The European Commission replied by pointing out that it was aware of the unprecedented difficulties due to the pandemic and that it would keep encouraging financial institutions to lend more money to news media.⁵⁵ Furthermore, the Commission said that it will continue co-funding specific internship opportunities in minority language media with a budget of EUR 700,000.⁵⁶

The European Web Site on Integration (EWSI) reported that in 2020 the number of newly-issued residence and work permits had plummeted like never before.⁵⁷ In order to counter the bureaucratic difficulties caused by the reduction in service provision, many countries implemented measures relaxing renewal procedures. According to EWSI's report, for example, Spain and Italy relaxed many conditions pertaining to the issuance of permits for foreign agricultural workers, who are crucial for the agricultural sector. Portugal and Sweden granted automatic temporary residence to asylum seekers whose applications could not be processed on time.

In March 2021, two interest associations organised a webinar to discuss the situation of ethnic minorities in Denmark with respect to the COVID-19 pandemic, where the Danish Patient Safety Authority, among others, was one of the participants.⁵⁸ Indeed, there was much concern regarding the sudden rise in COVID-19 cases in social housing projects throughout the country. According to BL Danish Social Housing, an association of Danish social housing organisations and one of the organisers of the webinar, social housing residents in Denmark are characterised by lower income and higher unemployment rates. At the same time, a large proportion of residents with an ethnic minority background live in social housing projects.⁵⁹ Noting the overrepresentation of people with non-Western backgrounds in the infected population, some politicians, including the country's Prime Minister Mette Frederiksen, blamed it on cultural differences and accused ethnic minority groups of not taking precautions seriously enough and undermining the efforts of the majority to stop the spread of the disease.⁶⁰ Although such positions were quickly dismissed by representatives of Denmark's immigrant communities of

⁵⁵European Parliament, Parliamentary Question E-002385/2020 "Answer given by Mr Breton on behalf of the European Commission", 24 August 2020, at <https://www.europarl.europa.eu/doceo/document/E-9-2020-002385-ASW_EN.html>.

⁵⁶ European Commission, "EU-Funded Projects to Support the News Sector, Media Freedom and Pluralism", 2021, at <<https://ec.europa.eu/newsroom/dae/redirection/document/67352>>.

⁵⁷ European Council, "COVID-19's impact on migrant communities (2.0)", *European Web Site on Integration*, 2021, at <<https://ec.europa.eu/migrant-integration/news/covid-19s-impact-on-migrant-communities-20>>.

⁵⁸ The title of the webinar was *Denmark: COVID-19 and ethnic minorities - what works?* (2021).

⁵⁹ According to a 2008 report, about 60% of ethnic minority residents of Denmark lived in social housing. See Mark Vacher, "Flygtninge og Indvandrere i den almene boligsektor – Bidrag til forståelse af flygtninge og indvandreres forhold til deres bolig", *Institut for Antropologi, Københavns Universitet og Center for Bolig og Velfærd*, 2008, at <https://boligforskning.dk/sites/default/files/Mark_Vacher_rapport_Integration_og_Bolig_2_als.pdf>.

⁶⁰ Rasmus Karkov, "Professor om Mette Frederiksens udtalelser om ikkevestlige smittede: »Det giver frit spil for folks fordomme«", *Berlingske*, 16 August 2020, at <<https://www.berlingske.dk/samfund/professor-om-mette-frederiksens-udtalelser-om-ikkevestlige-smittede-det>>.

Denmark⁶¹, as well as by official statements by the United Nations at a global level,⁶² communication issues remained. However, several good practices at the local level were identified, such as using young people to explain and spread accessible and multilingual information on digital platforms.⁶³ Some NGOs took the initiative to provide multilingual information in minority languages. This is the case, for example, of the NGO Danish Refugee Council, which launched a website and a hotline providing information about COVID-19 in 12 different languages.⁶⁴

The higher COVID-19 vulnerability presented by national minorities and migrant populations is quite well-established. And yet, such vulnerability can barely be pinned on the nature of the infection, but it is the result of a series of decisions made by accountable agents. In this sense, the state is the actor who holds the most degree of accountability: “state action, inaction, incapacity, group conflict, and economic and political inequality create and perpetuate existing vulnerabilities”.⁶⁵

The interventions across the various countries were mostly developed with a view to accommodating the needs of settled minority communities. Indeed, the selection of languages for the information campaign was mostly based on national demographics. As we said, this is seemingly a good strategy to maximize the amount of people reached by the information campaign, as long as there are no particular changes in the demolinguistic profile of a country. However, this practice proves ineffective when the linguistic background of the population changes significantly.

In general, there seems to be an overall recognition that acknowledging and addressing issues related to multilingualism is essential during emergency crises.⁶⁶ However, this is hardly systematic. Olofsson,⁶⁷ for example, discusses the example of a Swedish municipality taking on a much more pragmatic approach that partly disregarded multilingualism (quoting one of the interviews reported by the author, “you can’t save them all, and if you manage to save 84% you’ve done a good job”). Furthermore, there seems to be a general tendency to evaluate the efficacy of measures to address multilingualism from a top-down perspective.⁶⁸ In other words, communication is considered successful if the sender of the message is able to transmit the message accurately. This view is based on the potentially wrong assumption that in this way

⁶¹ Kirsten Nilsson, “Praktiserende læge på Vestegnen må dræbe myter: Ændrer vaccinerne vores dna, gør de os syge, og indeholder de celler fra en chimpans?”, *Politiken*, 10 April 2021, at <<https://politiken.dk/forbrugogliv/sundhedogmotion/art8165230/%C3%86ndrer-vaccinerne-vores-dna-g%C3%B8r-de-os-syge-og-indeholder-de-celler-fra-en-chimpanse>>.

⁶² United Nations Human Rights, “COVID-19 Fears Should Not be Exploited to Attack and Exclude Minorities – UN Expert”, 30 March 2020, at <<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25757&LangID=E>>.

⁶³ See for example: “Quaranteens - en film om corona-livet af Brøndby Strand Ungefællesskab”, at <<https://www.youtube.com/watch?v=e-oojIT76XE>>.

⁶⁴ NGO Danish Refugee Council, at <<https://coronadenmark.dk>>.

⁶⁵ Harold A Pollack, “Disaster Preparedness and Social Justice in a Public Health Emergency”, 45(6) *Journal of Health Politics, Policy and Law* (2020), 907–920.

⁶⁶ Piller *et al.*, *op. cit.*, 11.

⁶⁷ Anna Olofsson, “Organizational Crisis Preparedness in Heterogeneous Societies: The OCPH Model”, 19(4) *Journal of Contingencies and Crisis Management* (2011), 215–226.

⁶⁸ Deanna D. Sellnow *et al.*, “A Receiver-Based Approach to Effective Instructional Crisis Communication”, 23(3) *Journal of Contingencies and Crisis Management* (2015), 149–158.

the recipient of the message will automatically respond effectively. However, this approach disregards the emotional and psychological impact of communication on the recipient, potentially compromising its effectiveness.

Lack of equality between languages was experienced also at the level of EU official languages. At the time of writing, the institutional website of the European Commission has information about COVID-19 in all 24 official languages of the European Union.⁶⁹ However, it was noted that in the early days of the pandemic, the European Commission published an official document on the disease in English only^{70,71}. Although translations of it were published in the following days and weeks, the fact that these documents were initially available exclusively in a language that, at the moment of publishing, was the native language of roughly 2% of the EU population and spoken fluently by approximately another 10% is quite telling of the attention paid to multilingualism. This is all the more alarming and unexpected if one thinks that the EU possesses one of the most advanced translation and interpreting services in the world.⁷²

VI. CONCLUSION AND RECOMMENDATIONS

In light of all the considerations made in the previous sections, we now aim to provide some conclusions that we will present as general recommendations—or, rather, orientations—to handle language-related issues during emergency situations.

Recommendation #1: Classifying the type of intervention. Ideally, before developing and implementing policies to address language needs during emergency situations, the intervention should be classified by assessing two aspects, namely:

1. the type of event that caused the emergency; and
2. the demolinguistic setting in which the emergency is unfolding.

This distinction is crucial to understand better how the institutions should act. Assessing the first dimension is essential to figure out the type of linguistic resources that need to be deployed, while the second dimension allows relevant institutions to understand better the linguistic background of those to whom the intervention is addressed and their specific language needs.

This idea is perhaps better explained through an example. Let us consider two emergency situations, a global pandemic and a natural disaster such as an earthquake. Both these events will cause people to have similar needs in terms of type of information, i.e., mostly medical, as opposed to, say, information on the prevention of terrorism which may be mostly related to safety measures. Therefore, both call for the deployment of language resources specifically

⁶⁹ Formerly available at <<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response>> [the site has now been deleted].

⁷⁰ Paolo Di Stefano, “Anche nelle emergenze la Commissione Ue parla solo inglese”, *Corriere della Sera*, 26 February 2020, at <https://www.corriere.it/opinioni/20_febbraio_26/anche-emergenze-a993f9c2-58c6-11ea-8e3a-a0c8564bd6c7.shtml>.

⁷¹ The EU document is available here: <https://ec.europa.eu/commission/presscorner/detail/en/qanda_20_307>.

⁷² The EU itself declares that “[t]he translation services of the Union institutions are the largest in the world in terms of size and variety of languages and themes covered”. See European Commission, “Interpreting and translating for Europe” (2016), at <https://ec.europa.eu/info/sites/default/files/en_print_2016.pdf>.

addressing medical needs such as medically-trained interpreters and machine translation devices specifically trained with medical corpora. However, the specific languages to be addressed may differ substantially, which leads us to the second dimension. In the case of a global pandemic, it is reasonable to base the selection of languages for communication on the linguistic demographics of each country. On the contrary, a natural disaster might trigger massive population displacement to neighbouring countries. In that case, it is essential to select languages not based on the demographics of the local population, but of the population that was hit by the disaster. However, this distinction is not clear-cut. There are also hybrid cases that fall somewhat in the middle. For many countries, the SARS-CoV-2 pandemic, occurred in the middle of a migrant crisis. In Italy, for example, the government had to take measures that addressed the needs of African migrants coming from Libya, not just as migrants in search of refuge and/or better economic opportunities, but also as people deemed particularly at risk of contracting the disease.⁷³

Recommendation #2: Preserving public multilingual capacity. The management of linguistic diversity during the COVID-19 pandemic stresses the importance of public policy to maintain and enhance the long-term capacity of the education and research system to deal with several languages, even if they are not very common or used in the short term. In other words, instead of massively investing only in popular and widespread languages, public policy should devote a share of resources to maintain a country's capacity to deal with the unexpected, and therefore to be resilient to asymmetric shocks.

Recommendation #3: Investing in the management of relevant translation technologies. The development of increasingly accurate translation technologies will be crucial in the management of multilingualism during emergency crises. However, exclusive reliance on technology might lead to other problems. Moser-Mercer, Kherbiche, and Class⁷⁴ discuss the example of crowd translation, the practice where a large number of translators work on the same translation project through an online platform. While this practice speeds up the translation process, it might lead to poorly translated texts and could prove very challenging in terms of management. Zhang and Wu⁷⁵ present the case of the WeChat group “疫区翻译服务义工小组” (*Yì qū fānyì fúwù yìgōng xiǎozǔ*, ‘volunteer translation services for epidemic areas’),⁷⁶ in which volunteer translators provided translation from Mandarin Chinese into nine languages, namely English, French, Japanese, Korean, Portuguese, Russian, Spanish, Thai, and Vietnamese. It should be noted that many translators were not formally trained as such and of those who were, many had not worked as translators for many years. Zhang and Wu note that this type of bottom-up approach rooted in people's initiative proved much faster than the traditional top-down approach, as it could circumvent many of the bureaucratic barriers usually encountered by government measures during the implementation process. This emphasizes the

⁷³ Camera dei Deputati, “Emergenza COVID-19: le misure in materia di immigrazione, at <<https://temi.camera.it/leg18/temi/emergenza-da-covid-19-le-misure-in-materia-di-immigrazione.html>>.

⁷⁴ Moser-Mercer *et al.*, *op. cit.*, note 12.

⁷⁵ Jie Zhang and Yuqin Wu, “Providing Multilingual Logistics Communication in COVID-19 Disaster Relief”, 39(5) *Multilingua* (2020), 517–528.

⁷⁶ WeChat, or 微信 (*Wēixìn*) in Chinese, is a messaging and social media platform widely used in China.

need for public policy to be responsive and embrace bottom-up initiatives in emergency situations where there is the lack of a better alternative.

Besides, this approach allows direct access to a very wide base of multilingual resources scattered all over the world. However, Zhang and Wu also discuss several critical issues related to this approach. First, there were quality issues; while China counts many foreign language programmes across the country,⁷⁷ the extreme bias in favour of English-language programmes (as well as other programmes taught through the medium of English) has created a huge imbalance in terms of competencies of translation providers, with translators of “smaller” languages being less skilled on average. Therefore, it was not possible to provide revision for those languages that precisely needed it the most (see also *Recommendation #2*).

Obviously, mistakes or even small inaccuracies can have serious consequences in emergency situations. The second major critical issue discussed by Zhang and Wu was the lack of resource management. Due to the absence of an effective central mechanism for the division of labour, many translation tasks were done multiple times, resulting in a massive waste of resources. Furthermore, it should not be forgotten that language services are only useful if they are able to reach the people who need them. Developing online platforms for the spread of information is certainly a valuable strategy, but it risks being ineffective if people who need this information are unable to access it. Besides, within communities that are left out of the information flow, there might be other factors that exacerbate the isolation for some specific sub-groups. For example, in a 2018 report, the OECD noted a significant digital gender divide exists that disfavours woman, and that this divide is partly due to socio-cultural norms.⁷⁸ In terms of public policy, this requires contingency plans to set up free platforms that can be used by users to deal with multilingual communication in emergency situations. However, as already noted by Zhang and Wu, this should be done under some form of supervision from the government to avoid wasting resources. Therefore, institutions can learn from all the bottom-up initiatives started during the COVID-19 pandemic and, with due improvement, adopt them for the future.

Recommendation #4: Training to improve awareness of linguistic and cultural diversity. Preparing effectively to address potential language barriers during emergency situations cannot– and should not–be limited to setting up quick and reliable translation and interpreting services. It should also include at least some basic training for all workers involved in the management of the crisis regarding the general situation of the language minority community concerned. We mentioned the case of Kurds in Greek refugee camps, who were wrongly assumed to all speak the same language and to have a seemingly paradoxical preference to receive information in languages other than their own. It is not surprising that humanitarian aid workers were unaware of the issues surrounding the Kurdish dialects and the reasons why many Kurds are actually unable to read them; some basic cultural training would have been of great support and would have most likely avoided some inefficiencies and difficulties during communication. As language is among the main manifestations of ethnic diversity (if not the

⁷⁷ Shiju Zhao, “National Language Capacity in Global Competition”, 37(3) *Social Sciences in China* (2016), 93–110.

⁷⁸ OECD, “Bridging the Digital Gender Divide–Include, Upskill, Innovate”, 2018, at <<https://www.oecd.org/digital/bridging-the-digital-gender-divide.pdf>>.

main one), it is deeply intertwined with the culture of its speakers. Therefore, an appreciation of the cultural background of the people involved in the emergency is crucial for the smooth flow of information. Mikolič Južnič and Pokorn⁷⁹ discuss the difference between ‘intercultural mediators’ and ‘community interpreters’ who are, respectively, more focused on the cultural aspects and the purely linguistic tasks. Both figures play a vital role in emergency contexts, but as it is not always possible to involve specialised cultural mediators, smooth communication can only be achieved through the implementation of courses which specifically aim at familiarising aid workers with the culture.

Recommendation #5: Developing a linguistic diversity monitoring agency. A linguistic diversity monitoring agency could provide intelligence services to governments to pre-empt potential problems due to language barriers in situation of crisis. Such an agency could provide periodic assessments of the type and amount of linguistic resources needed to face potential emergency situations. For example, it could track changes in the linguistic demographics of all the surrounding countries and war contexts, and report about the availability of specialised human resources in the education system (e.g., at universities) capable of providing the necessary knowhow to deal with lesser-used languages in crisis situations (see also *Recommendation #2*). Such an agency does not need to be independent; it could be an administrative unit of the government department that deals with the domestic or internal affairs of a country.

Recommendation #6: Preparing protocols to implement measures ensuring multilingual communication. An additional point should be made regarding the implementation of measures to ensure multilingual communication. As a matter of fact, the availability of information in more than one language is not enough to guarantee linguistic inclusion. We mentioned the 2018 OECD report on gender imbalances in access to communication, but a similar approach could be taken also with respect to elderly people, who might find difficult to navigate new means of communication (such as social media or webchats). Evaluating shortcomings in state intervention may be a daunting task, but we can draw some insights from the literature on disaster risk reduction. Following Tomaševski’s 4-A Standards framework⁸⁰ to assess the realisation of the right to education, Sharon O’Brien and colleagues have developed a framework to assess state practices regarding translation during disasters. It evaluates the quality of multilingual crisis communication according to four criteria:⁸¹

- Availability – ensuring translated information is made available.
- Accessibility – ensuring that translated information is accessible on multiple platforms, in multiple modes, and in all relevant languages.
- Acceptability – ensuring that the provision of translation is acceptable, i.e., provisions are put in place to ensure accuracy and appropriateness of information.

⁷⁹ Tamara Mikolič Južnič and Nike Pokorn, “In Search of the Essential Competences for Overcoming Language Barriers in Public Services”, 18(1) *ELOPE: English Language Overseas Perspectives and Enquiries* (2021), 15–35.

⁸⁰ Katarina Tomaševski, “Human Rights Obligations: Making Education Available, Accessible, Acceptable and Adaptable” *Right to Education Primers 3* (Swedish International Development Cooperation Agency (SIDA), Gothenburg, 2001).

⁸¹ O’Brien *et al.*, *op. cit.*, note 25.

- Adaptability – ensuring that the provision of translation can be adapted to different scenarios, for example, fluid language requirements, literacies, technological demands, new modes of delivery, diverse hazards, and movement of peoples.⁸²

This framework can be helpful to define protocols and checklists that help to implement multilingual communication in cases of emergency and check the quality of existing approaches. Awareness of these four dimensions, in fact, can be useful in structuring language policy contingency plans.

Access to public health protection has much significance in democratic countries and becomes even more crucial in emergencies. Sen drew attention to health inequalities in the case of the 1943 Bengal famine,⁸³ but his observations can be extended to all forms of manmade or natural disasters. His conclusion that “the prevention of devastating crisis is [...] part and parcel of the freedom that people have reason to value”, has particular resonance in the context of the global pandemic.⁸⁴ Disregarding the impact of language can only exacerbate pre-existent inequalities. Language policy in emergencies helps to maintain social cohesion and avoid discriminatory and stigmatizing behaviour.⁸⁵

Research in language policy and planning has not paid much attention to the management of multilingual communication in emergency situations. However, this is an area of research that it would be wrong to leave uncovered, given the negative consequences that the lack of an inclusive language policy can have on minorities during health and humanitarian crises. It is therefore necessary to review interpretative models that are frequently used in the specialist literature, such as those that focus on the relationship between structure and individual agency⁸⁶— where the structure is the official language policy –, or models that explain language policy as the result of practices, beliefs, and management.⁸⁷ For example, the study of the relationships between structure and individual agency needs to be revised, because in emergency contexts the structure itself can be overwhelmed. At the same time, models that focus on practices do not take into account the fact that in emergency contexts, behaviour is often dictated by impulsive or improvised reactions. Recent research on complex language policies can make a useful contribution to this reflection.⁸⁸

In concluding, what can be learned from the experience of the COVID-19 pandemic is that large-scale emergencies ultimately call for greater attention to language barriers and the demolinguistics of a given country or region when elaborating and implementing contingency plans and mitigation strategies. The recent outbreak of the war in Ukraine and the resulting

⁸² *Ibid.*, 628.

⁸³ See Amartya Sen, “Starvation and exchange entitlements: a general approach and its application to the great Bengal famine”, 1(1) *Cambridge Journal of Economics* (1977), 33–59.

⁸⁴ Amartya Sen, *Poverty and Famines: An Essay on Entitlement and Deprivation* (Oxford University Press, Oxford, 1982).

⁸⁵ Yuming Li *et al.*, *op. cit.*, note 23.

⁸⁶ For a review, see David Cassels Johnson, “Research methods in language policy and planning”, in James William Tollefson and Miguel Pérez Milans (eds.) *The Oxford Handbook of Language Policy and Planning* (Oxford University Press, Oxford, 2018), 51-70.

⁸⁷ Bernard Spolsky, *Language Policy* (Cambridge University Press, Cambridge, 2004).

⁸⁸ François Grin, “Principles of integrated language policy”, in François Grin, László Marác, and Nike K. Pokorn (eds.), *Advances in Interdisciplinary Language Policy* (John Benjamins, Amsterdam, 2022), 23-42.

massive flow of refugees towards other European countries is further proof of how important it is to be (linguistically) prepared for events that are possible, but not considered likely.

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