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MARCO CIVICO, CECILIA GIgLdINI, MICHELE GAzzOLA, and GORDON MARNOCH

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Emergency language policy: Principles and lessons from the COVID-19 pandemic

MARCO CIVICO*, CECILIA GIALDINI†, MICHELE GAZZOLA‡, and GORDON MARNOC†§

Abstract

This article introduces and discusses the concept of Emergency Language Policy. Traditionally, research in language policy and planning has been concerned with studying language policy from a long-term perspective, for example, multi-annual plans for the protection and promotion of minority languages. However, research has not paid enough attention to the study of language policies in emergency situations, when usually there is no or little time to study and investigate in-depth the existing conditions before planning interventions, and preparing complex policy plans. The study of language policy in emergency, on the one hand, should focus on the preparation of flexible rapid intervention contingency plans to be deployed in case of need, and on the other hand on the creation and maintenance of systems capable of reacting to the unpredictable and monitoring 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 linguistic minorities, and draw useful lessons for the future. We discuss the impact of language barriers during emergency situations and provide a typology thereof. To better illustrate this idea, we review several examples (both bad and good) from various countries across Europe. We focus on the impact of the pandemic on minority language groups, which was found to be on average bigger than for the rest of the population. While this article does not aim at proposing a theory of Emergency Language Policy, it set out some recommendations and principles for future policies to minimise inequalities that structurally disadvantage linguistic minorities.

*Université de Genève
REAL – Research group “Economics, policy analysis, and language”
Email: Marco.Civico@unige.ch
†Ulster University
Email: c.gialdini@ulster.ac.uk
‡Ulster University
Email: m.gazzola@ulster.ac.uk
§Ulster University
Email: g.marnoch@ulster.ac.uk
1 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. While the main object of LPP is certainly language (or rather languages), it is "ultimately oriented towards non-linguistic ends" (Cooper 1989: 35). Language policies in support of minority languages, for example, are usually justified by the need to guarantee the rights of speakers and to respect their sense of collective identity. Policy action on a language as such - whether it be a spelling reform, or the deliberate intervention on the lexicon to update its terminology - is not an end in itself, but rather instrumental in creating the conditions for better use of the language in society.

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 (the literature is substantial; for the European context, see, among others, Laakso \(\text{et al.} 2016\); Spiliopoulou Åkermark 2006; Grin 2003). Sociolinguistic surveys are one of the main instruments used to know reality and to prepare multi-annual language policy plans (Baranzini \(\text{et al.} 2022\): chapters 12-15).

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 for the evaluation. In this type of situations, 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. This means working on two central components of public policy in emergency situations. Firstly, establishing and maintaining

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\(^1\) 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 would indicate distinct though related things. Language policy would concern the general orientations of the more specific and concrete measures of language planning (see Dell’Aquila and Iannàccaro 2004, for a discussion).

\(^2\) For an anthology, see Ricento (2015). For a history of the discipline, among others, see Lo Bianco (2010).

\(^3\) We refer to several recent collective handbooks, namely Spolsky (2012) for contributions of a mainly descriptive and thematic nature; Hult and Johnson (2015) for research methods; Tollefson and Pérez Milans (2018) for contributions belonging mostly to the critical and postmodern line; and Gazzola, Grin, Cardinal, and Heugh (2022, forthcoming) for an approach based on public policy analysis.
intelligence systems that are able to raise the alarm in a timely manner. Secondly, it is necessary to set up rapid response protocols as well as establishing and maintaining permanent structures that can be mobilised (and expanded) in the event of an emergency.

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 show 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 situation 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 emergency, on the one hand, should focus on the preparation of flexible rapid intervention contingency plans to be deployed in case of need, and on the other hand on the creation and maintenance of systems capable of reacting to the unpredictable and monitoring 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 set out some recommendations and principles for future policies.

This article is organised as follows: we introduce the problem of language barriers and their repercussions on equality in Section 2); we consider the specific consequences of language barriers during the COVID-19 crisis in Section 3); we then discuss emergency language policy measures implemented in Europe to address the crisis in Section 4; and finally, we complete the discussion by drawing some recommendations and conclusions in Section 5.

2 Language Barriers and their Consequences for Inequality when Unpredictable Happens

Linguistic inequality has presented significant policy problems in European countries during the global public health crisis engendered by the virus SARS-CoV-2. 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 SARS-CoV-2 infection had become a pandemic on March 11. SARS-CoV-2 was quickly found to be highly contagious and without protection, a single individual would 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 (Spiegelhalter and Masters, 2022, pp.69-121).

Two years later at least 6 million people have died from COVID-19 according to official records, 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 (Public Health England, 2020).

A pandemic classification signals that every single person on Earth is deemed by the WHO to be at risk from the virus. SARS-CoV-2 was classed as a pandemic because of 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 associated risk ebbing and flowing for over two years. With no vaccines available governments faced up to several immediate challenges with non-pharmaceutical intervention (NPI) efforts. Responses involved lockdowns, curfews, restricted numbers allowed to meet, travel restrictions, strict border controls and the promotion and sometimes enforcement of changes to behaviour such as social distancing and such mask wearing. In short in prescribing how people met, travelled, and even left their homes, governments were covering a significant part of the spectrum of human existence and worse still uncertainty over the effectiveness of NPIs was slow to decline during the difficult to predict pandemic. Governments were working through many layers of public health problem in which communication and therefore language inequality were significant. The behavioural impact of rules and advice depend on effective communication to a great extent.

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, it has been immigrant communities lacking competence to communicate in the language used in the jurisdiction they reside in that have 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 association with minority status and increased mortality and morbidity (see below). When epidemiologist compare race and ethnicity population records during the pandemic, they try to eliminate likely factors and inequalities causing different outcomes including income, prior health status, education, occupation, residence. Sometimes but not always the ethnic and racial disparities go away, in this case the association has remained throughout the pandemic.

There is a good case for elevating the position of language inequality in analysis of 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 too good an idea for people living in crowded accommodation. Immigrants suffer from housing inequality often significantly more than other groups. Sharing accommodation with different family generations can also be more common in ethnic groups. Immigrants may be employed proportionately more in transmission risky employment such as transport or food processing factories. People on low
incomes, perhaps in “zero hours” contracts, may be reluctant to get themselves tested if it means they lose their job. Immigrants are again more likely to suffer employment inequality (Eurostat, 2021).

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 (Kadelka and McCombs, 2021). Inequality and segregation are thought to be consequences along with an echo chamber effect regarding the sharing of beliefs and viewpoints (Butkovic and Galesic, 2022). Whether voluntary or enforced through exclusion from dominant social and cultural systems, homophilic behaviours lead persons with poor levels of dominant language functionality 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 important homophily reinforcing factors during the pandemic and why this can influence receptiveness to heavily communication dependent NPIs. There are likely therefore to be epidemiological consequences of this concentration of social contacts, particularly if the need for testing, isolating, restricting social mixing is being 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 the 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, which counter such beliefs.

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

3 Language Barriers and COVID-19: A Typology

Many of the public health problems caused by the pandemic are 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 kind. 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 the inequalities are directly or indirectly related to the health care crisis:

1a Misinformation or lack of information *upstream* about the health care crisis, due to language barriers (e.g., about the vaccines, and social distancing rules).

1b Misinformation or lack of information *downstream* in the treatment of the public health crisis, due to language barriers (e.g., diagnosis, treatment in hospitals).

2a Misinformation or lack of information about the social and economic crisis resulting from the health care crisis, due to language barriers (e.g., information about travel restrictions, and financial subsidy measures).
Overall reduction in the provision of general services (including language services) resulting from the health care crisis, which could exacerbate existing socioeconomic inequalities.

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

3.1 Language Barriers and Health Care 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” (Piller et al., 2020: 505).

While ethnic background is usually recognised as a barrier to care, language, which is generally considered one of the main manifestations of ethnic diversity (Moser-Mercer, Kherbiche, and Class, 2014), is often barely mentioned among the causes, notwithstanding the fact that racial disparities in health not due to socioeconomic differences have long been acknowledged (Pamuk et al., 1998; Betancourt et al., 2005). Knuesel et al. (2020) point to the fact that institutions being caught unprepared by the COVID-19 pandemic and by how it hit ethnic minority communities is not justified, as the precariousness of such communities had already been highlighted by previous cases. Although many have stressed the importance and even the legal imperative for some institutions of implementing reliable communication mechanisms (by resorting, for example, to interpreters) (Crowley, 2010), 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. (2020) suggest that healthcare institutions should value more the skills of multilingual medical staff able to attend to patients in their language in a competent way. Indeed, Manson (1988) found that patients cared for by a physician who spoke a different language were more likely to omit medication, miss office appointments, and make an emergency room visit. Besides, attending patients in their language has long been found to be associated with deeper understanding of the patient’s conditions (Solis et al., 1990) and improved health education (Shapiro and Saltzer, 1981). In general, patients have been found to experience higher levels of satisfaction and are less prone to commit clinical mistakes when they are supported by medically trained interpreters, rather than family members or other people who speak their language (Flores, 2005).

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, and another thing to set up reliable channels to communicate with newly arrived people during, for example, the Syrian migrant crisis in 2015, and the Ukraine crisis in 2022. 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,\(^4\) 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 (Civico, 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 aiming at managing multilingualism might fail to address satisfactorily the problems raised by emergency situations. Alternatively, it might simply be impossible to implement them in good time due to a lack of resources.

Li et al. (2020) 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 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. They argue that a well-thought-out emergency language plan requires more than just linguistic resources, such as translators and interpreters. They should include a legal framework able to ensure the immediate implementation of the emergency language services according to precise norms and standards, and the development of technological infrastructures to be deployed quickly during an emergency. New technologies play indeed 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 (Turner et al., 2019). The debate around translation-enabling technologies has been ongoing for a long time, but it certainly gained a lot of momentum in the aftermath of the Haiti earthquake of 2010 (Hester, Shaw, and Biewald, 2010; Harvard Humanitarian Initiative, 2011; Lewis, Munro, and Vogel, 2011; Sutherlin, 2013; O’Brien, 2016).

The existence of plans and frameworks, of course, is not a sufficient condition to effectively manage communication during a pandemic. It is also about getting messages through to and raising awareness of obligations into 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 not in itself sufficient means of capturing attention around the public health narratives that were employed in European countries.

A further question related to language proficiency. Difficulties in communication are exacerbated by the fact that the issue of language proficiency is often neglected or underestimated by relevant studies and reports (Moser-Mercer, Kherbiche, and Class, 2014; Rubio Blanes, 2020), 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 (2017),

\(^4\) 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).
for example, discusses, among many other, the case of Kurdish speakers in Greek refugee
camps during the migration crisis that originated in 2015. Interviews with humanitarian aid
workers revealed that there was a general misconception among them that there exists 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
(Kurmanji using the Latin alphabet and Sorani using a modified version of the Persian alphabet),
different vocabulary, and have different grammar rules. Investigating into this matter further
allowed to elucidate a seemingly paradoxical finding, which would have otherwise gone
unexplained. While it was clear that most migrants interviewed by Ghandour-Demiri (2017)
preferred to receive information in their native tongue, some declared that they preferred to
receive information in a language other than their own. It was precisely the case of Kurds living
in Iran and Syria, who preferred Farsi and Arabic, respectively, even though they considered a
Kurdish dialect to be their native language. 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 have greater familiarity with the scripts of the local official language.

3.2 Socioeconomic Consequences of Language Barriers in Health Care Crisis

As mentioned, the consequences of the COVID-19 pandemic were far-reaching and extended
far beyond the healthcare domain. 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 in the economy (e.g., hospitality and travelling) and
slowing down the activities in 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. It led to the almost total closure of education institutions, from primary schools to
universities, 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 income were more
likely to contract the disease and die from it (Jung et al., 2021). This is hardly surprising, as
lower socioeconomic status people are more likely to live in crowded housing or to rely on
shared transportation services, all of which increases their risk to contract the disease. Paton et
al. (2020) found evidence that people from ethnic minority backgrounds are more likely to be
involved in working activities that imply a higher risk of infection. Furthermore, as is
commonly known, income distribution is not equal across ethnic groups, which makes it that
certain communities have suffered disproportionately from the consequences of COVID-19. It
has been noted that the members of minorities and ethnic communities may also be younger
than the population in general, and that this is a big factor that needed to be weighted in analysis
of impacts on the members of such communities. The fact that the members of minorities and

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5 For the case of the UK, see for example “Income distribution” (2020).
ethnic communities still seem to have died in greater numbers makes the study of inequalities and cultural differences so important.\footnote{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 2020).}

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 and 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 go from all citizens 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 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 be made accessible and understandable to the general population as well as to highly varied subgroups in society (Kreps et al., 2005). To further complicate the picture, we must recall that information in a situation of crisis may change very frequently. The frequency of changes to rules and guidance in England and Wales, for example, changed 65 times during the first 18 months of the pandemic (Home Affairs Committee, 2020).

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 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 wider 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 from the information flow.

SARS-CoV-2, like other pandemics 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. Various authors have pointed out the logistic nature of the spread of epidemics/pandemics (Consolini and Materassi, 2020). 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 is reached by the virus. This means that one would underestimate the consequences of a small increase in the number of infected people, should a linear spread be anticipated.

In the light of these considerations, we must adapt our policy responses. While a 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 cannot 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” (2020: 506).

4 Emergency Language Policy and COVID-19 in Europe: A Review of Responses

This section reviews how European authorities at different levels have dealt with multilingual communication during the COVID-19 epidemic (see Piller et al., 2020) and related chapters for China). In Europe, both international organisations and governments have widely discussed the impact of language barriers during the pandemic both on autochthonous minorities (the national, linguistic and ethnic minorities as defined by the UN Special Rapporteur on minority issues7) and allochthonous minorities (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 has 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 minorities8. Some examples of effective practices in planning and implementing emergency language policy came from South Tyrol9 and Friuli-Venezia Giulia10 in Italy. However, it should be noted that

7 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 here for the full mandate definition by the United Nation’s Special Rapporteur on minority issues: https://www.ohchr.org/en/special-procedures/sr-minority-issues/concept-minority-mandate-definition.
10 https://arlef.it/iniziativis/come-protettersi-dal-coronavirus/
these encouraging results came mostly from regions with a long-standing tradition of integration of linguistic minorities.

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. However, it was noted that in the early days of the pandemic the Commission published an official document on the disease in English only (Di Stefano, 2020). Although translations 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 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 apparatuses of the world.

The Federal Union of European Nationalities (FUEN), a non-governmental organisation established in 1949 in conjunction with the Council of Europe, has conducted a survey between March and April 2020 to analyse the extent of communication in minority languages within EU member states. While the survey did not manage to catch the reality 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 government, minority organisations as well as minority focused media, rather than and not the central government. In this respect, the European Centre of Minority Issues has conducted a study with autochthonous minority groups to analyse the role of media in minority languages during the pandemic. The study entailed ten interviews addressing: Welsh; German and Ladin in South Tyrol; Basque; Irish; Catalan; German in Denmark; Swedish in Finland; German in Poland; Scottish Gaelic. The results have shown that despite a quite widespread use of minority media as a source of information, people have decided to migrate towards majority language media.

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 related specifically to allochthonous minorities, i.e., migrant communities. Examples of strategies addressing the difficulties encountered by migrant communities across the EU include information leaflets in 15 languages published the Portuguese Government, and online information available in 29 languages provided by the Belgian Government. On the contrary, an example of lack of measures addressing such

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13 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” (European Commission, 2016).
difficulties was the campaign aimed at reducing scepticism towards the vaccination launched by the Ministry of Healthcare of Slovakia. The campaign was harshly criticised for providing information in Slovak only, completely disregarding ethnic minorities (Szalay, 2021). Another example of exclusion of migrants from the debate on emergency language policy comes from Denmark: in August 2020 the Prime Minister clearly declared that all Danish citizens have 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” 18. This information, though, was available mainly in Danish or English, and very little had been done to include non-Western idioms to the official communication campaign (Karrebæk and Sørensen, 2020).

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 (Crnić-Grotić, interview by Charles Amponsah, 2019).

The COVID-19 pandemic did not only cause disruption among minority communities because of language barriers only, but also on a general level. Member of the European Parliament Andor Deli addressed a parliamentary question to the Commission on April 21, 2020, on the subject “Difficult challenges faced by minority language media outlets during the pandemic.” 19 The question concerned the consequences suffered by the 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 the current funding from the EU is not enough to support the industry in this critical moment. The Commission replied by pointing out that it is aware of the unprecedented difficulties due to the pandemic and that it will keep encouraging financial institutions to lend more money to news media. 20 Furthermore, the Commission said that it will continue co-funding specific internship opportunities in minority language media with a budget of 700,000 euros (European Commission, 2021).

The European Web Site on Integration (EWSI) reported that in the year 2020 the number of newly issued residence and work permits had plummeted like never before (see COVID-19’s impact on migrant communities (2.0), 2021). In order to counter the bureaucratic difficulties caused by the reduction in service provision, many countries have implemented measures relaxing renewal procedures. According to EWSI’s report, for example, Spain and Italy relaxed many conditions pertaining 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.

During March 2021, two interest associations organised a webinar to discuss the situation of ethnic minorities in Denmark with respect to the COVID-19 pandemic, which saw the participation, among others, of the Danish Patient Safety Authority (the title of the webinar was

Denmark: COVID-19 and ethnic minorities - what works?, 2021). Indeed, there was much preoccupation around the sudden rises in the number of 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 rate. At the same time, a large proportion of residents with an ethnic minority background live in social housing projects.\textsuperscript{21} Noting the overrepresentation of people with non-Western backgrounds in the infected population, with some politicians, including the Prime Minister Mette Frederiksen, blaming it on cultural differences and accusing ethnic minority groups of not taking precautions seriously enough and undermining the efforts of the majority to stop the spread of the disease (Karkov, 2021). Although such positions were quickly dismissed by representatives of the migrant communities of Denmark (Nilsson, 2021), as well as by official statements by the United Nations on a global level (United Nations Human Rights, 2020), communication issues remained, but several good local-level practices were identified, such as using young people to explain and spread accessible and multilingual information on digital platforms.\textsuperscript{22} Some NGOs took the initiative to provide multilingual information in minority languages. It is the case, for example, of the NGO Danish Refugee Council, that launched a website and a hotline providing information about COVID-19 in 12 different languages.\textsuperscript{23}

The higher COVID-19 vulnerability presented by national minorities and migrant population 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” (Pollack 2020, 909).

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 the issues related to multilingualism is essential during emergency crisis (Piller et al., 2020). However, this is hardly systematic. Olofsson (2011), 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-

\textsuperscript{21} According to a 2008 report, about 60% of ethnic minority residents of Denmark lived in social housing (Vacher, 2008).

\textsuperscript{22} See for example: https://www.youtube.com/watch?v=e-oojIT76XE

\textsuperscript{23} https://coronadenmark.dk /
down perspective (Sellnow et al., 2015). In other words, communication is considered successful if the sender of the message could transmit the message accurately. This view is based on the potentially wrong assumption that, in this way, the receiver of the message will automatically respond effectively. However, this approach disregards the emotional and psychological impact of communication on the receiver, potentially compromising its effectiveness.

5 Recommendations and Concluding Discussion

In light of all the considerations made in the previous sections, we can now try to provide some recommendations or, rather, some 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, one should classify the intervention 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 intervention addressees and their specific language needs.

This idea is maybe 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, they will both call for the deployment of language resources specifically 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 will be essential to select languages not based on 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 would address 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.²⁴

Recommendation #2: Preserving public multilingual capacity. The management of linguistic diversity during the COVID-19 pandemic stresses the importance for 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 run. In other words, instead of massively investing only in popular and mostly widespread languages, public policy should devote a share of resources to maintain the capacity of a country to deal with the unexpected and therefore to be reliant to asymmetric shocks.

Recommendation #3: Investing in translation-enabling technologies, and managing them. The development of increasingly accurate translation-enabling technologies is going to be crucial in the management of multilingualism during emergency crises. However, exclusive reliance on technologies might lead to other problems. Moser-Mercer, Kherbiche, and Class (2014) 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 Wu (2020) present the case of the WeChat25 group “疫区翻译服务义工小组” (‘volunteer translation services for epidemic areas’), in which volunteer translators provided translation in 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 many of those who were, had not been working as translators for many years. Zhang and Wu (2020) 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, and it emphasizes the need for public policy to be responsive and embrace bottom-up initiatives in situations of emergencies faute de mieux.

Besides, this approach allows to access directly a very wide base of multilingual resources scattered all over the world. However, the authors also discuss several critical issues related to this approach. First, there were quality issues. While China counts many foreign language programmes across the country (Zhao, 2016), the extreme bias in favour of English language programmes (as well as other programmes taught through the medium of English) created a huge imbalance in terms of competences of translation providers, with translators of “smaller” languages being on average less skilled. Therefore, it was not possible to provide revision precisely for those languages that needed it the most (see also Recommendation #2).

Obviously, mistakes or even small inaccuracies can have serious consequences in emergency situations. The second main critical issue discussed by Zhang and Wu (2020) 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, one should not forget 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 them. Besides, within communities that are left out of the

25 WeChat, or 微信 (Wēixìn) in Chinese, is a messaging and social media platform widely used in China.
information flow, there might be other factors that exacerbates the isolation for some specific sub-groups. For example, in a 2018 report, the OECD noted that there exists a significant digital gender divide that disfavours woman and that this divide is partly due to socio-cultural norms (OECD, 2018). In terms of public policy, this requires contingencies plan to set up free platforms that can be used by users to deal with multilingual communication in emergencies situations. However, this should be done under some form of supervision from the government to avoid wasting resources, as we saw in the previous section. Therefore, institutions can learn from all the bottom-up initiatives started during the COVID-19 pandemic and adopt them for the future with the due improvements.

Recommendation #4: Training to improve the awareness about 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 about the general situation of a language minority community. We mentioned the case of Kurds in Greek refugee camps, who were wrongly assumed to speak all 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 issues surrounding the Kurdish dialects and the reasons why many Kurds are actually unable to read them, but some fundamental 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 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 Pokorn (2021) 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 only be achieved through the implementation of courses specifically aiming at getting aid workers familiar with the culture.

Recommendation #5: Developing linguistic diversity intelligence services. The linguistic diversity intelligence service can be thought of as a standing commission entrusted with the task of assessing the language resources needed to face potential emergency situations, for example by keeping continuous track of the changes in the linguistic demographics of all the surrounding countries, as well as to maintain and preserve enough specialised human resources in the education system (e.g., in the university) capable of providing the necessary know-how to deal with lesser used languages in situations of crisis (see also Recommendation #2).

Recommendation #6: Preparing protocols to implement multilingual communication. An additional point should be made regarding the actual implementation of 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 in respect to elderly people, who might find difficult to navigate new means of communication (such as social medias 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 Tomasevski’s 4-A Standards framework to assess the realisation of the right to education (Tomasevski, 2001), Sharon O’Brien and colleagues have developed a framework to assess state practices regarding translation during disasters based on four criteria: availability, accessibility, acceptability, adaptability (O’Brien et al., 2018). The framework evaluates the quality of multilingual crisis communication according to four dimensions, that is:

- **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.
- **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 (O’Brien et al., 2018, 628).

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

Access to public health protection has much significance in democratic countries and just states and becomes even more crucial in case of emergencies. Sen drew attention to health inequalities in the case of the Bengal famine (Sen, 1977, 1982) but his observations can be extended to all forms of man-made 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 (Sen, 1998). Disregarding the impact of language can only exacerbate pre-existent inequalities. Language in emergency helps maintaining social cohesion and avoid discriminatory and stigmatizing behaviour (Li et al., 2020). Emergency language policy shall deliver clear and precise messages of humanitarian support and common good, leaving no space for harmful misinterpretation or broader social inequalities. 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 while elaborating and implementing contingency plans and mitigation strategies. The recent outbreak of the war in the Ukraine and the resulting massive flows of refugees towards other European countries is a further proof of how important it is to be (linguistically) prepared for events that are possible but not considered likely.

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