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Language as a Social Determinant of Health

Translating and Interpreting the COVID-19 Pandemic

Edited by
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This series examines the crucial role which translation and interpreting in their myriad forms play at all levels of communication in today's world, from the local to the global. Whilst this role is being increasingly recognised in some quarters (for example, through European Union legislation), in others it remains controversial for economic, political and social reasons. The rapidly changing landscape of translation and interpreting practice is accompanied by equally challenging developments in their academic study, often in an interdisciplinary framework and increasingly reflecting commonalities between what were once considered to be separate disciplines. The books in this series address specific issues in both translation and interpreting with the aim not only of charting but also of shaping the discipline with respect to contemporary practice and research.

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Foreword

Health and wellbeing count among the most precious gifts we can enjoy. Sometimes, a crisis or an emergency threatens them. This volume sheds light on the key issue of access to information or services during a time of crisis such as COVID-19. Access on the part of people who do not communicate in the main societal language is gained through language provision (i.e. provision of translation and/or interpreting services). Translation and interpreting services, at times provided with limitations or requested from volunteers without checking quality, other times avoided under the guise of being costly, or simply ignored, or overlooked, have raised their profile during the COVID-19 pandemic. Users of spoken languages became more aware of sign-language as some governments (e.g. Scottish, Welsh, or Northern Irish government) always had a sign-language interpreter in their daily briefings, although others did not (e.g. English government). We read translated news or watched news broadcasted from every corner of the world and understood it through interpreters.

Translation and interpreting are essential to navigating crises and emergencies because, through language services, information can be disseminated equally and equitably to linguistically diverse communities that do not access the societal language. When a crisis or an emergency occurs, translation and interpreting provide all people the opportunity to ask questions as well as to express their concerns or fears. Language provision is key to providing equitable access to institutional, national, and

international resources. At the same time, language provision is an institutional resource to be shared in a fair and equitable way.

While translation and interpreting have existed for as long as there has been contact among users of different languages, we continue to encounter justifications for the challenges of providing language support, or the inability to overcome language barriers. This volume offers us the opportunity to deconstruct these two statements. Languages are not barriers and language support does exist. While, like any other service, translation and interpreting carry a cost, the cost is minimal compared to the cost of non-social integration and/or the cost of human life.

Languages, much like identity or diversity, are part and parcel of being human. Languages, like identities, are diverse, but not barriers, even if when one may perceive a different language as a problem or a barrier simply because one cannot use it. Because we are diverse, we do not all speak one language. This fact does not constitute a barrier to communication. The expectation that we should all be able to use a lingua franca during a crisis would be as absurd as the expectation that all human beings should be of the same race or gender.

As illustrated in this volume, language diversity is addressed through language provision. In our interconnected world, we communicate with the help of humans and technology. We resort to language professionals who, like other professionals, vary in their degree of expertise and experience as well as in their use of technology. These professionals are translators, interpreters, language mediators, and language brokers—different local legislative frameworks and traditions create a continuum of possibilities and professional profiles. By definition, these professionals are bilinguals, but the relationship between language proficiency and translation/interpreting ability is not symbiotic, instead it is hyponymic.

Translators and interpreters are freelancers, members of staff in organizations, they own or work for translation/interpreting agencies. They work for profit and non-profit organizations. They work for government. At times they also volunteer, like other professional groups. They work with written, spoken, and sign languages, deploying their knowledge and skills; they work across two languages or more, they work from a distance or face to face, they work around the clock, individually or in teams. Languages are brokered and there is a continuum of needs in which users

of non-societal languages seek language provision and some organizations provide it (World Bank organization, 2003).

Global crises, like a pandemic, affect us all, however, they affect us all differently. Globalization put these differences on the table. These differences are many. They may be related to geography; to the healthcare systems in place in different areas; to governments' roles or decisions; to culture, language, ethnicity, socio-economic status, and race. While we are all connected through our human fabric, this fabric is diverse. Some differences may be quite evident and constitute facts to account for as we connect with each other. For example, we live in different geographic locations with different time zones, we have different needs. Consequently, we work out our differences, we take into account these facts to connect with each other. With the self comes the language we use to communicate, to describe, and to interpret our own communities as well as those of others.

While globalization in areas such as business, education, entertainment, health, marketing may have made us aware of how interconnected our world is (Pan et al., 2002), globalization has also raised our awareness on how different our perceptions and beliefs can be and how we see the world though our own cultural lenses. It is precisely because we express ourselves through language (whether spoken or signed) that language is central to working out these differences; language is central to integrate others rather than to isolate them.

Globalization has been enabled by technological developments which allow interconnectivity. These developments are accessible, feasible, and affordable to many but not to all people. Many international organizations, as well as government and NGOs at national, regional, or local level continue to help bridge the technological divide, to bring people closer. However, at the core of being interconnected lies the ability to access and understand information, to communicate with others. As this volume demonstrates, countries which did well are those that provide translation and interpreting services. These services are available and affordable. There is honestly no justification or excuse for not offering these services when they do in fact exist.

This volume successfully explores the COVID-19 pandemic through the lens of access to communication by bringing together studies on

responses from different areas of the world. Contributors to this volume present much needed research in healthcare communication during a pandemic. Consequently, this volume is a valuable contribution to current debates on social cohesion and social justice. My hope is that the new knowledge presented here informs evidence-based policy making. This will help us ascertain if current policy and practice from different areas in the world converge or diverge when it comes to protecting the right to access healthcare, to give informed consent, to hospitalization and treatment as well as to vaccination during a major crisis like COVID-19.

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Preface

A crisis is a disruption of ordinary ways of life, caused by an event, calling for an urgent response, and a strategy to reduce the risks emerging in the short term and long term with their cascading consequences (Alexander, 2016; O'Brien & Federici, 2019; Seeger, 2006; Sellnow & Seeger, 2013). The COVID-19 pandemic is an international crisis. Not all risks are unpredictable; pandemics are expected but not foreseeable. Hence, emergency health relies on training, planning, protocol, and past experience to deal with the unforeseen. Emergency planning makes dealing with the unexpected more bearable and effective, as it mitigates and reduces risks. Striking a balance between unexpected and sudden events and risk reduction is a central concern of public health planning. Risk communication is an integral part of mitigating the impact of a crisis (Reynolds & Lutfy, 2018); large-scale events such as pandemics have been studied in order to create protocols and plans to reduce their potential impact (Crouse Quinn, 2008; Hewitt et al., 2008; Petts et al., 2010). However, multilingual risk communication is rarely well-integrated in emergency planning—even the influential 'Crisis and Emergency Risk Communication (CERC)' manual (Reynolds & Lutfy, 2018) mentions linguistic diversity only in passing.

This is a problem. Translators and interpreters (T&Is), if mentioned in emergency plans and risk communication strategies, figured as a service to be commissioned as part of logistic arrangements to be completed at

the onset of a response, until recently. The Project Sphere (2018) considered their role as essential in planning humanitarian operations focused on real community engagement. Why did most countries face poor levels of preparedness regarding multilingual communication at the start of COVID-19? Why did emergency plans underestimate the need for interpreting, signing, and translation in public campaigns of this magnitude? Of course, eventually translations appeared and have continued to appear. Yet, at the onset, limited translation and interpreting capacity was a logistic, health and safety, and organizational problem (Li et al., 2020; Wang, 2020; Zhang & Wu, 2020); during the pandemic some governments gradually became organized (e.g. see detailed analysis of Ireland in O'Brien et al., 2021). In most countries, speakers of non-main languages have relied on multiple sources of information to understand the mitigating measures and restrictions in place.

Professional T&Is, bilingual staff members, volunteer bilingual nursing teams, and local staff helped the International Federation of the Red Cross and Red Crescent Societies (IFRC) to disseminate information via their capillary local networks from January 2020. Many have drawn on their linguistic expertise to contribute to communicating risks associated with the spread of and infection by COVID-19, including massively open and international crowdsourcing activities (Zhang & Wu, 2020), migrants' support (Ahmad & Hillman, 2021), grassroots organizations, charities, NGOs (Respond Crisis Translation, Translators without Borders, and others), foundations (Engage Africa Foundation, Endangered Language Project), social media (see Hu's Chap. 7 in this collection), professionals volunteering (see the example discussed in Al-Sharafi's Chap. 6), community volunteers (see an example discussed in Teng's Chap. 11), healthcare NGOs (e.g. *Doctors of the World*, *EMERGENCY*, *Médecins Sans Frontières*, etc.), and many others.

In *The Lancet*, Horton (2020) encourages scientists to reframe the pandemic in relation to its unequal impact on members of society. Not only a viral outbreak, COVID-19 is in fact a syndemic event. For Singer and Clair (2003: 428), 'syndemic points to the determinant importance of *social conditions* in the health of individuals and populations' (emphasis in the original). The disproportionately unjust impact on socially and economically vulnerable groups makes the epidemiological event a

syndemic (see discussion of its translation, in Spoturno's Chap. 4). COVID-19 has paraded all the destructive powers of endemic health inequality locally (e.g. private vs public healthcare, North Italy/South Italy), continentally (e.g. response success rates China/India), or internationally (with the UK, Brazil, and the USA performing terribly on containing the virus spread, and on letting it have an impact directly correlated with the health inequality embedded in their societies; see Lawrence, 2020; Paremoer et al., 2021). Additionally, at the time of writing, inequities in the vaccination roll out make some countries vulnerable to new waves (e.g. Peru), while others are recovering more quickly by accessing more types and quantities of vaccines (e.g. the USA, the UK).

Contributors to this volume discuss these issues engaging with the relationship between risk communication and T&I.

Risk in Public Health

Successful communication in crisis contexts is extremely complex to achieve and extraordinarily significant in mitigating the impact of risks and their cascading effects. Defining the significance of effective multilingual communication in public health entails contributing to saving lives and reducing morbidity. Risk communication is well-studied; it is worth narrowing the focus here to consider only risk communication connected with mitigating the impact of epidemiological hazards, such as SARS coronaviruses or those of flu pandemic. Before Trump's administration reduced federal funds, disempowered, and regularly discredited or undermined the activities of the Centers for Diseases Control and Prevention (CDC), this US body had been extremely influential in establishing practical, actionable, and successful protocols supporting disaster management and public health. Its practices include communication strategies, explained in its *Crisis and Emergency Risk Communication (CERC)* manual (Reynolds & Lutfy, 2018). CERC is founded on six principles: '(1) be first; (2) be right; (3) be credible; (4) express empathy; (5) promote action; (6) show respect' (Reynolds & Lutfy, 2018: 3). In the current collection, Al-Sharafi (Chap. 6) analyses credibility in relation to encouraging action and gaining respect among multilingual

communities, who are excluded from the most widely used channel of communication. During the response phase of any disaster or emergency cycle, these principles are all essential and difficult to respect, which is why preparedness and planning are crucial especially in terms of communication. The principles are valid beyond the response phase, as they also pertain to public health campaigns (e.g. against smoking, in favour of healthy lifestyles, etc.); in fact, 'Risk communication provides the community with information about the specific type (good or bad) and magnitude (strong or weak) of an outcome from an exposure or behavior' (ibid.: 4). To engender action and positive outcomes, risk communication depends on becoming credible and showing respect; creating obstacles, such as limiting provision of information in other languages by not including live signers, interpreters, and distribution of translated information in multiple formats, fails to establish a *respectful* relationship of trust. In *Communicating Risk in Public Health Emergencies. A WHO Guideline for Emergency Risk Communication (ERC) policy and practice* (WHO, 2017), the glossary entry for 'Emergency risk communication (ERC)' describes this type of communication as:

> an intervention performed not just during but also before (as part of preparedness activities) and after (to support recovery) the emergency phase, to enable everyone at risk to take informed decisions to protect themselves, their families and communities against threats to their survival, health and well-being. (WHO, 2017, p. vii)

Even countries once able to deploy professionals from extensive T&I networks were short of all combinations; the problem was anticipated in evidence emerging after the 2009 H1N1 (Swine flu) pandemic, as this passage assessing the UK pandemic preparedness clearly stated in 2010,

> We can expect differential ability to access information amongst those from lower socioeconomic groups. Yet, these will be the very people potentially most at risk during a pandemic and least able to take personal protective measures (including time for recuperation from illness). Careful attention will be needed to communication in different forms and languages as well as opportunities for people to listen to messages, not just read them. (Petts et al., 2010, p. 157)

In England, sign language interpreting was not even provided during the COVID-19 daily conferences, defying legal requirements set out by the UK's 2010 Equality Act. Analysing poor communication strategies through the lens of definitions of health risk in order to understand their full consequences makes for grim thoughts. The probability of that part of the population with limited English proficiency needing extra information in their own language in stressful situations increases risks in a *multiplicative* way:

> Risk is commonly defined as a multiplicative combination of the probability of a hazardous event occurring (e.g., smoking) and the severity of the resulting negative consequences (e.g., lung cancer). This definition of risk, as 'probability × severity,' implies that greater probability and greater severity result in greater overall risk (Slovic, 2000). (Renner et al., 2015, p. 702)

Health risks, especially those arising from biological hazards, are magnified when social factors (e.g. limited language proficiency) intertwine with a hazard. This was the situation, for example, when mitigating measures were (belatedly) taken to protect the UK population.

Table 1 uses data provided by the John Hopkins's Coronavirus Research Centre, ordered from the highest to the lowest number of deaths per 100,000 people. Many factors determined high COVID-19 casualties. The figures in Table 1 indicate that there is a correlation in the 20 nations with the highest death toll between their shaky communication strategies and the impact of social determinants of health—in the main language and even worse in other languages used locally—and lack of compliance with mitigating measures, which caused second, more deadly waves (see Lee et al., 2021; Vardavas et al., 2021; Varghese et al., 2021). The impact on these countries' linguistically diverse populations, often concentrated around densely populated urban areas, also correlates with healthcare systems weakened over years of neoliberal approaches that cut costs in publicly funded and managed health systems through austerity (northern Italy, the UK), despite these health systems being known for their effectiveness and efficiency in the long run (van Barneveld et al., 2020). Dense and populous areas have shown the vulnerabilities of cities (Sharifi & Khavarian-Garmsir, 2020); and neighbourhoods with the largest

Table 1 Mortality rates by country (Coronavirus Research Centre, 2021)

	Country	Confirmed cases	Deaths	Case/ fatality	Deaths/100 K POP.
10	Brazil	16,471,600	461,057	2.80%	218.46
14	Italy	4,213,055	126,002	3.00%	208.97
16	Poland	2,871,371	73,682	2.60%	194.05
17	United Kingdom	4,496,823	128,037	2.80%	191.57
18	United States	33,251,939	594,306	1.80%	181.06
21	Argentina	3,732,263	77,108	2.10%	171.58
22	Spain	3,668,658	79,905	2.20%	169.73
46	Tunisia	343,374	12,574	3.70%	107.52
62	Israel	839,453	6407	0.80%	70.77
63	Canada	1,384,373	25,451	1.80%	67.71
74	Oman	213,784	2303	1.10%	46.29
94	India	27,894,800	325,972	1.20%	23.86
95	Saudi Arabia	448,284	7334	1.60%	21.4
96	Qatar	217,041	554	0.30%	19.56
99	Indonesia	1,809,926	50,262	2.80%	18.57
139	Australia	30,096	910	3.00%	3.59
140	Guinea-Bissau	3761	68	1.80%	3.54
171	New Zealand	2672	26	1.00%	0.53
174	China	102,960	4846	4.70%	0.35

culturally, ethnically, and linguistically diverse communities within the cities saw disproportionate incidence of cases (see Lawrence, 2020).

Out of the 180 countries considered by the John Hopkins Coronavirus Research Centre, Table 1 offers only an overview of the countries mentioned in this volume. The figures clearly show how countries that adopted more reliable, credible, empathetic, and trustworthy risk communication strategies also reduced the health risks for the whole population. China, for example, adopted extremely strict and successful protocols early on to stop the spread and control waves arising from incoming flights. New Zealand had proportionally one of the most effective pandemic plans, and it was accompanied by an extensively multilingual messaging (Brandon & Maang, 2022). The figures are strongly indicative of a relationship between language and the other factors producing cascading effects on number of cases and mortality rates.

The Contributors' Aims

This volume engages with examples of health communication during the COVID-19 pandemic from across the world. Whereas interpreting needs may be sudden and unforeseen, this volume shows how exploiting existing data and expertise could make translation into a significant risk reduction, or risk mitigation tool (Federici & O'Brien, 2020). The contributors use different data collection methods and various theoretical ways of interpreting the data. All chapters share a common denominator: T&I needs to be better integrated in healthcare communication and in risk communication to mitigate or reduce the impact of hazards on public health. The lack or approximation of T&I services, engendering widespread needs for more or better translations, remains a leitmotif throughout the volume.

The book is subdivided into four parts entitled 'Terminologies and Narratives', 'Translating COVID-19 Credibility, Trust, Reliability', 'Health and Safety in Risk Communication', and 'Communities and Translation'. In these parts, the contributors engage with case studies emerging from national and cross-national examples of issues in disseminating information in a timely, useful, and trustworthy manner during COVID-19's first and second waves (2020–2021), and the linguistic patterns that influence discourse, narratives, credibility, and trust. To open the volume, Federici in Chap. 1 makes the case for considering translation and interpreting as integral components to achieve higher levels of health equity by discussing multilingual communication strategies in relation to the notion of social determinants of health.

In the first part, Chatti in Chap. 2 looks at metaphors in public health communication, with particular attention to Tunisia. Chatti argues that the global outbreak of COVID-19 continued the existing approach to the use of figurative language in medical contexts, namely war metaphors. Building on Conceptual Metaphor Theory, the chapter explores the multiple correspondences between war and COVID-19 as an illustration of the war/fight/battle framing often adopted in healthcare communication. The chapter engages the reader to consider whether a reframe is needed to evoke hope and optimism that affordable and effective vaccines can bring an end to the pandemic. Dawood in Chap. 3 focuses on Australia.

This chapter analyses translations into Arabic of several English Covid-19 awareness posters, issued by the Government of New South Wales. Analysing the posters, through the lenses of Postcolonial Theory of Translation, Dawood puts forward provocative and grounded reflections on the ways in which English as the dominant language of scientific communication negatively influences translations. From layouts to sentence structure, the Arabic translations analysed manifest a degree of linguistic hegemony that increases the risk of confusion and uncertainty in the target readers, when the leaflets should be informative, clear, accessible, and trustworthy. Spoturno in Chap. 4 contributes to discussing the role of translation in the communication of health risks in relation to the circulation of health narratives from abroad that coexist with local, specific narratives of risk mitigation. Focusing on Argentina, Sportuno assesses the different trajectories of journalistic debates straddling on the one hand presentations of advancements, risk protocols, and recommendations made in Argentina for its residents, and COVID-19 findings and debates imported from abroad through translations from English on the other hand. The chapter investigates the specific role of translation in communicating risks locally and contextualizing the pandemic globally. Using a corpus of news articles published online in *Clarín*, *La Nación*, *Infobae*, *Página 12*, and *Perfil* in Spanish, and English articles from *The New York Times*, *The Washington Post*, *BBC News*, and *The Guardian*, Spoturno highlights how narratives emerged and continue to develop in the journalistic discourse around COVID-19.

In the second part, Nugroho, Prananta, Septemuryantoro, and Basari in Chap. 5 show the urgency of carrying out translations to access crucial information in Indonesia. In March 2020, the Indonesian government commissioned translations of guidelines detailing hospital treatments and mitigation of the contagion. This chapter reports on a project focused on assessing the translation, and its reception, of the *Guidance for Corona Virus Disease 2019* (Liang, Feng, and Li, 2020). Written in Chinese, this text was translated into English and published in February 2020; the English version was then translated into Indonesian. The chapter reports the results of the mixed-method approach used to evaluate via a questionnaire the accuracy of the Indonesian translation (involving professional translators as evaluators) and its reception. Surveying specialist readers

(doctors) and members of the public, the author's reception study aims to ascertain their understanding of the Indonesian version. The findings of the project are discussed in relation to mistranslation and maltranslation, which are important concepts in medical translation. Al-Sharafi in Chap. 6 focuses on the strategies adopted by the Omani government in establishing credibility in its dissemination of information, so that trust in the messages would endanger compliance with the restrictions and mitigating measures. The chapter uses a corpus of 183 official statements and 23 press conferences issued in Arabic by the Omani Covid-19 Supreme Committee over a period of nine months from January 2020 to February 2021 and their official translations into English, explaining the recruitment of translators, and development of a strategy to complete the translations into English. The discussion is then contextualized by taking into account the linguistic diversity of Oman *beyond English*, putting forward considerations regarding the effectiveness of adopting this bilingual strategy for trust-building which still excluded many residents, that is, those foreign nationals who do not speak Arabic or English. Hu in Chap. 7 looks at the relationship between official sources of information in translation and additional sources of information in Chinese among Australian Chinese-speaking communities. Focusing on the abundance of (mis) information during the COVID-19 pandemic, the chapter considers how multilingual communities were more exposed to poor or unreliable information, as linguistic and cultural difficulties interfere with distinguishing truth from falsity. The chapter investigates the communicative effects of the Australian government's translated COVID-19 information in relation to three types of trust (interpersonal, institutional, and cultural). The findings encourage Hu to suggest that translators could act as *ethical filters* in the context of the COVID-19 infodemic, choosing what and how to translate, and what translation norms to obey to avoid misrepresenting risks, even when they were operating in unofficial channels of communication.

In the third part, the relationship between phraseologies, terminologies, and expectations dictated by health and safety regulations are analysed from two different perspectives. Kodura in Chap. 8 focuses on safety instructions, related to COVID-19 mitigation measures, by comparing English versions with their Polish renderings. Drawing on her study of

the pragmalinguistic shifts introduced in Polish when translating from English, through a detailed analysis, Kodura observes possible correlations between pragmalinguistic dimensions of health and safety discourse and the public's compliance with the dissemination of information regarding the mitigating measures adopted by the Polish government. Rossato and Nocella in Chap. 9 consider the efforts made in translating health and safety regulations for cruises to support the tourism industry in its recovery from the impact of COVID-19. Issues of safety concerning the promotion of COVID-19 measures are analysed by engaging with the websites of four different cruise lines (MSC, Costa Crociere, Royal Caribbean, and P&O Cruises). As cruises can be overcrowded spaces, heightening the risk of spreading viruses, health and safety discourse became paramount for the industry during the pandemic. Drawing on investigations of the language of tourism and cruises, the chapter examines how cruise lines' websites talk about risk, safety, and prevention. Rossato and Nocella use multimodal and discourse analysis to compare examples of both written texts and non-verbal content (images, videos, colours). The analysis focuses on cross-cultural elements and the role of images in localizing the message across the different languages.

In the fourth part, Pena-Díaz in Chap. 10 reports on a study conducted in La Paz hospital in Madrid after the end of the main lockdown in Spain. The chapter provides an analysis of intercultural communication in health settings as perceived by users of interpreting and translation services. In particular, it focuses on migrants as users of public service interpreting services, and through qualitative data collection (surveys and interviews) the chapter seeks to understand whether there is any correlation between T&I services and the users' perception of risks. Participants' responses are used to assess the participants' perception of risks associated with COVID-19 and to identify risk communication strategies and their effectiveness. Pena-Díaz's findings indicate that for many participants the perceived quality of access to healthcare services is proportional to their satisfaction with the interpreting and translation services available. This relationship in turn influences trust in institutions and the participants' perception of risk.

Teng in Chap. 11 assesses the involvement of citizen translators in crowdsourcing projects through the conceptual framework of 'imagined

community'. Focusing on communities of citizen translators who provided translations into Chinese during the COVID-19 pandemic, Teng discusses three levels of imagined community engagement: weak, medium, and high. In relation to these levels, the chapter assesses the citizen translators' familiarity with the targeted community and their ability to produce translations of appropriate quality for their target audience. Reflecting on its findings, the chapter considers the training of citizen translators and the role of community engagement in risk communication. Specifically, it focuses on (1) remote community engagement in contrast to onsite interactions; (2) recruitment of citizen translators among multilingual communities in relation to trust-building and solidarity; and (3) the relationship between language needs and channels that grant access to information in the languages preferred by the affected communities.

The Volume's Aims

All contributors and the volume as a whole suggest that there needs to be political willingness to ensure that T&I services contribute to making information about risks accessible to all members of multilingual communities. Many chapters also identify a recurrent issue: lack of preparedness and planning for inclusion of T&I services in the public health campaigns. For instance, guidelines to respond to a SARS-based disease were published in English in 2004 and revised twice (WHO, 2014); the scramble to translate new guidance in February 2020 could have benefitted from having translated the existing information on SARS-type diseases before. Translation of these materials could have informed practices in countries that faced the COVID-19 outbreaks early on. It is difficult to understand why guidelines of this type anticipating the impact of certain hazards are not routinely translated into widely used regional languages, prioritizing regions with under-resourced healthcare systems. Taking time to produce, assess, and validate high quality translations of these documents means being better prepared. Translations of guidelines for known and expected epidemics and pandemics could create language assets that would help to inform translators, interpreters, and sign

language T&Is when rendering mitigating measures during the response phase of an outbreak, when information flows are constant and overwhelming.

It is not surprising that Showstack et al. (2019), basing their experience on the US contexts, encouraged applied linguists and Translation and interpreting researcher to collaborate more than is currently the case in conducting studies that focus on the inclusion of language among the social determinants of health. Even though fairer healthcare systems free at the point of access are *always* better (van Barneveld et al., 2020), healthcare cannot address all inequality in health. Inequality is dependent on social factors and healthcare on its own can only treat the symptoms but not the causes. Translation and interpreting provision for multilingual countries as well as for culturally and linguistically diverse communities in predominantly monolingual countries could serve as a powerful risk reduction tool in the context of public health, contributing to the reduction of such inequalities.

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Contents

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