

Miscommunication in the COVID-19 Era

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This article discusses issues around the communication of preventive health messages related to COVID-19 to indigenous language-speaking communities in Ecuador, Peru and Bolivia. Official communication is primarily in Spanish, and the many translation initiatives that have arisen do not always succeed in getting the message across due to the lack of cultural interpretation that needs to accompany the linguistic message. This situation compounds the vulnerability of indigenous peoples in the face of the crisis.

Keywords: COVID-19, health, indigenous languages, indigenous people, interpretation, translation.

The WHO's dedicated information website on the novel coronavirus is translated into the six official UN languages. This leaves the challenge of making public health messages on how to contain and prevent infection equally accessible to speakers of the world's other estimated 6000 languages (Piller, 2020). Worldwide, the gap between majority and minority language speakers goes beyond linguistic difference. It reveals and replicates levels of social inequality and injustice, compounding unequal health outcomes in the coronavirus era.

In this article we will highlight the ways in which inadequate linguistic and cross-cultural communication threatens to compromise the timely and effective

protection of Latin American indigenous communities from COVID-19 in Ecuador, Peru and Bolivia. An estimated 98 indigenous peoples with their corresponding languages live across these territories, in highly diverse geographies and ecosystems, giving rise to multiple beliefs and practices related to health, sickness and ideas about the relationship between the human body and the natural world, which health officials may not recognise or understand.

There is an urgent need to communicate the health messages in ways that can be understood and applied in the heterogeneous linguistic and cultural settings in which indigenous peoples live, in order to avoid repeating post-Conquest history of potential ethnocidal proportions in the current crisis (also see Andrade [2020] and Cotacachi and Grigera [2020] on this topic).

Legal Frameworks

Since the start of the pandemic, Ecuador, Peru and Bolivia have followed regulations issued by the UN and the Inter-American Court on Human Rights seeking to protect minority populations. These are aimed at governments, private sector bodies and NGOs with the intention of facilitating indigenous peoples' access to information and improving health responses (UNHCR, 2020; United Nations, 2020). Despite legislative similarities, the situation in each country differs.

Ecuador has issued regulations aimed at the general populace, plus protocols for remote health assistance for the indigenous communities, for example Public Health Agreement No. 00126-2020 (Ministry of Public Health, Ecuador, 2020). The effectiveness of these regulations is undermined by the weakness of the health system, as well as malnutrition and lack of basic services among the poorest communities. The latest official declaration proposes working interculturally with health workers and local leaders, respecting ancestral medicines and training multi-ethnic teams. Amazonian indigenous groups are demanding that the state pay attention to their health and food security and that exploitation of their territories be halted.

In Peru, Legislative Decree No. 1489 (El Peruano, 2020) establishes measures by central, regional and local governments to protect indigenous peoples from COVID-19, to ensure that basic needs are met and to supply information, early warning systems and a means of protecting indigenous peoples in voluntary isolation. Ministerial Resolution No. 308-2020-MINSA approves a health intervention plan to reduce the effects of COVID-19 in ten Amazonian departments.

In Bolivia, Supreme Decree No. 4200 (25 March 2020) aims 'to reinforce the preventive measures taken against contagion and spread of the Coronavirus (COVID-19) across the territory of the Plurinational State' (Bolivia, 2020). However, the decree is designed primarily to control potential outbreaks of public disorder and it does not specify the attention to be paid to indigenous peoples. The lack of food, hospitals and medicine that places rural communities at risk is exacerbated by current political tensions in the country.

Cases of Miscommunication

In these multilingual contexts, miscommunication of official health information issued in Spanish becomes an everyday occurrence. We will review some of the efforts being made to address the problem.

Figure 1. 'Stay at Home' Poster



Source: Ministry of Tourism (Ecuador, 2020).

In Ecuador, from the start of the pandemic, government bodies launched prevention and treatment information campaigns on COVID-19 in Spanish, only later translating audio and video clips into Kichwa, one of the country's thirteen native languages. These messages were based on direct translations from Spanish and a Western cosmovision, making understanding and acceptance by Kichwa speakers difficult.

For example, the apparently simple phrase 'stay at home' was translated literally and accompanied by images of urban-style dwellings located in middle class neighbourhoods (Figure 1).

Houses in rural communities, however, are often built with local materials and surrounded by open spaces. Most importantly, the concept of home in most indigenous communities includes extended families and relatives, as posters they themselves have designed show (Figures 2–5).

Likewise, the messages 'wash your hands' and 'use hand sanitiser' were received with irony by those populations without ready access to water, soap or money to buy sanitiser. For many indigenous people living in cities, social distancing is impossible due to officially overcrowded living conditions (small rooms with more than three inhabitants; most recent available figures, Quito Secretaría de Desarrollo y Equidad Social, 2001).

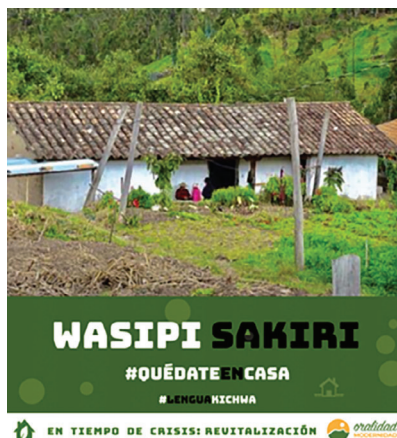
The cases of miscommunication in Ecuadorian Amazonia are worth highlighting. On its own initiative, the Confederación de Nacionalidades Indígenas de la Amazonía Ecuatoriana (*CONFENIAE*, Confederation of Indigenous Nationalities of the Ecuadorian Amazon) translated the COVID-19 information into the eight languages of the region. The translations were based on the written Spanish messages validated by the World Health Organisation and Pan-American Health Organisation (*CONFENIAE*, 2020). The process of translation revealed how written translation also requires cultural interpretation and oral communication, motivating community workers to create their own audio and video clips for community radio and social media. These mostly young communicators realised the need to consult village elders and 'wise ones', as well as people with intercultural bilingual education experience, to help translate and interpret the information in a way that would make sense to the community. As the *CONFENIAE*

Figure 2. Shiwiar House



Source: Photo P. Kunchikuy (<https://oralidadmodernidad.org/recursos/>)

Figure 3. Kichwa House



Source: Photo M. Haboud (<https://oralidadmodernidad.org/recursos/>)

communicator explains, they did not resort to inventing new words, but looked for ways of expressing the idea of ‘pandemic’ to make it commonly understood: ‘if we say “catastrophic illness” people will understand the magnitude of the problem’. Consequently ‘pandemic’ was interpreted as *unguykuna* (illnesses, where the plural suffix -kuna evokes enormity). In Shuar, they used the term *meset* meaning ‘severe illness’, related to contexts of warfare.

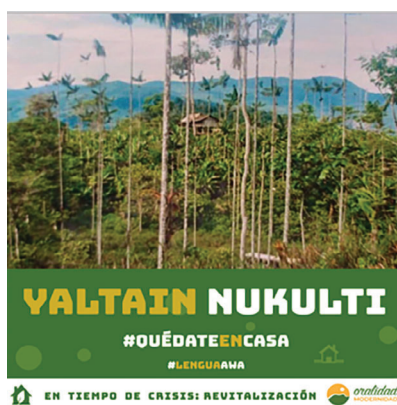
These collective efforts allowed indigenous leaders to convey relevant messages, despite the avalanche of official information in the mass media that was barely comprehensible due to the language or the medical terminology used. Although the reach of

Figure 4. Shuar House



Source: Photo A. Wajarai (<https://oralidadmodernidad.org/recursos/>)

Figure 5. 'The Forest is our House'

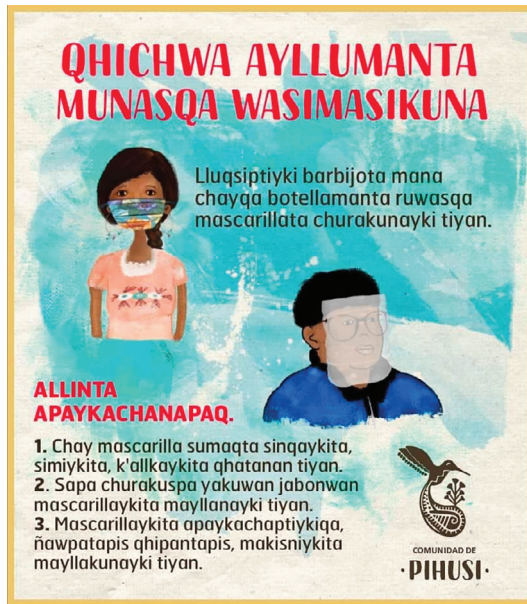


Source: Photo E. Contreras (<https://oralidadmodernidad.org/recursos/>)

this initiative has not been statistically evaluated, community members confirm that it has been effective in preventing the virus from becoming even more lethal.

In Peru, the Ministry of Culture coordinated the translation of preventive measures and recommendations about care of the elderly into 21 of the 48 Peruvian indigenous languages, broadcast through posters, mini programmes and radio spots to indigenous, rural and frontier communities. Also, as a general measure to ensure language rights for speakers of indigenous languages in public service settings, the Ministry of Culture has set up a system of remote translation and interpreting, known as the Central de Interpretación y Traducción de Lenguas Indígenas (CIT, Translation and Interpreting in Indigenous Languages Hub), which currently prioritises information on COVID-19. The intervention of state-trained indigenous interpreters helps to ensure that messages can be understood and contextualised in relation to people's reality (Roca Aguilar, 2020).

Figure 6. Protection Measures in Bolivian Quechua



Source: Comunidad de Pihusi, Cochabamba, Bolivia.

In Bolivia there are 37 officially recognised languages, but only a few Quechua video and audio clips and infographs, sporadically posted on social media, to which speakers have limited access. The lack of bilingual information is, according to many indigenous people's reports, an accelerating factor in the spread of the virus among these populations.

Quechua-speaking staff at San Simón University in Cochabamba, working with health practitioners, have addressed the problem by preparing clips in Quechua and five other languages for community radio transmission. One such message states that the coronavirus has no cure, explaining the quarantine and hygiene methods to be observed (Choque, 2020). In terms of language, the clips avoid artificially created neologisms for the technical terms; the words *mascarilla* (facemask), *jabón* (soap) and other Hispanisms are inserted in the Quechua to ensure understanding (Figure 6). Unfortunately, the lack of mobility and internet connectivity among the rural population often means these messages do not get through.

Alongside top-down approaches, important grassroots strategies have been developed. To give just one example for reasons of space, in Ecuador a series of posters in five indigenous languages, conveying the 'stay at home' and 'wash your hands' messages in culturally relevant ways, have been collaboratively produced by a team of academics and indigenous leaders in their communities (Figure 7).

Furthermore, young language activists send daily statistical updates on the state of COVID-19 and preventative advice in both Kichwa and Spanish. Ecuadorian communities frequently report success fighting the virus using ancestral medicines and healing practices. This alerts us to the fact that the death of elders and 'wise ones' brought about

Figure 7. Handwashing Instructions in Tsa'fiki



Source: Photo J. Jende (<https://oralidadmodernidad.org/recursos/>)

by the virus means losing invaluable linguistic, cultural and environmental knowledge, irreplaceable for all of us.

Conclusion

Despite legal government frameworks in Bolivia, Ecuador and Peru, communication problems faced by already structurally marginalised indigenous communities present an added threat to their well-being during the COVID-19 pandemic. Some private and public translation initiatives seeking to spread preventive health messages and recommendations in indigenous languages have made an impact, doubtless saving lives. Nonetheless, these initiatives desperately need more funding and infrastructural support in order to improve the translations and interpretations and for the messages to reach more indigenous communities more effectively.

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