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Public health messages about COVID-19 prevention in multilingual Taiwan

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Abstract: In this paper, I explore multilingual preventative public health messages against the spread of COVID-19 in Taiwan between January and April 2020. Based on empirical data, the symbolic and substantive content of multilingual top-down and bottom-up public health strategies was analyzed and discussed. Findings suggest that the voices of indigenous people have largely been excluded from top-down efforts and strategies in public health communications. Top-down communication did not address the actual concerns of indigenous populations who relied on tourism to bolster their economy. Bottom-up efforts emerged from social exclusion and the inaccessibility of public health information to indigenous populations; such efforts were over-communicated, and the problems of indigenous populations remained unaddressed. I conclude by relating multilingualism and the needs of minority groups, and suggest an inclusive approach to social challenges and solutions for future pandemic preparedness.

Keywords: COVID-19, indigenous population in Taiwan, multilingual public health communication, social actor inclusion

1 Introduction

This paper is concerned with the language used in public health mandates and social interactions when attempting to combat the spread of COVID-19 within multilingual communities in Taiwan. Taiwan has 23 million citizens, who fall into four main ethnolinguistic groups: Southern Min (Fukienese), Hakka, Mainlanders, and Austronesian. The first three groups are ethnically Chinese and account for the overwhelming majority of the population. Therefore, Mandarin Chinese is the dominant language in Taiwan. The indigenous Austronesian population is estimated at 570,000 (National Statistics 2020), or approximately 2.4% of the island's

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total population. The 16 indigenous languages currently recognized by the government include Amis, Atayal, Paiwan, Bunun, Puyuma, Rukai, Tsou, Saisiyat, Yami, Thao, Kavalan, Truku, Sakizaya, Seediq, Hla'alua, and Kanakanavu. Additionally, a population of migrant workers, mainly from Indonesia, Vietnam, the Philippines, and Thailand, also reside in Taiwan, and their number is estimated at 710,000 (Ministry of Labor 2020). Minoritized populations may be particularly vulnerable to the virus, as is evidenced by the fact that an undocumented Indonesian caregiver was one of Taiwan's earliest COVID-19 patients in February 2020. Public health communication aimed at Taiwan's highly diverse indigenous multilingual communities is the focus of this paper.

Having suffered from a SARS outbreak in 2003, the Taiwanese government was relatively well prepared as it had established a central command system in 2004. The Taiwan Centers for Disease Control (CDC) activated the Central Epidemic Command Center (CECC) in January 2020 after novel coronavirus cases were reported from mainland China. The command center has become an efficient communication instrument in fighting the pandemic. The slogan of 防疫視同作戰 'preventing the epidemic is like going to war' has been widely disseminated across the country. However, Wang et al. (2020) reported that there have not been adequate efforts to communicate in languages other than Mandarin with multilingual residents, and argued that it was vital that intensive health policies be transformed to suit various contexts. Even so, little attention has been paid to written and contextual displays of indigenous languages in the public sphere. With an overall emphasis on preventing the spread of the coronavirus, it is important to discuss how to facilitate collaborations between the government and these communities as well as how the vital voices of minority groups can be included in social interactions.

Public communication during the coronavirus outbreak in Taiwan has mostly been conveyed in Mandarin Chinese and sign language, with occasional translanguaging using Southern Min (Taiwanese) to increase the comprehensibility of the health information. For instance, text messages from the CECC advising people to practice social distancing were sent to mobile phones in Mandarin Chinese only. Some of this public health advice was then translated into English, Vietnamese, Indonesian, Thai, Malay, Burmese, and Filipino to be used in videos and posters aimed at migrant workers.

Additionally, some minority ethnic groups created their own public health messages, particularly in digital formats, but also through the use of public loudspeakers or mobile trumpets. However, the majority population has, by and large, been oblivious to the health needs of minority populations, as is evident, for example, from the fact that visitors poured into indigenous resorts like Mount Ali over the Tomb-Sweeping holidays.

Against this background, this study aims to investigate multilingual top-down and bottom-up public health information dissemination efforts aimed at and produced by indigenous groups in Taiwan. After outlining the Taiwanese language policy context, I will first illustrate top-down public health promotion strategies in multilingual communities and identify the symbolic and substantive content of such strategies with concrete examples. This will be followed by a discussion of bottom-up approaches and the challenges encountered in indigenous communities, analyzing dynamic relationships, language identities, and solidarity constructions of indigenous social actors. I will conclude by relating how top-down strategies and bottom-up efforts address the needs of the minority groups, and suggest an inclusive approach to social challenges and solutions for future pandemic preparedness.

2 Multilingualism in Taiwan

Mandarin Chinese is the lingua franca in Taiwan, a linguistically diverse society. Most people in Taiwan use Mandarin to communicate with each other in public spaces. Empirical surveys have shown a decrease in proficient speakers of other languages, including Hakka and aboriginal languages with a rapid shift toward the use of Mandarin (Chen 2010). The majority of youngsters prefer to express themselves in Mandarin (Dupré 2013). While local language education and language rights have received a boost in the democratization processes of recent years (Dupré 2014), a lack of consensus regarding such matters as standard selection or orthography has negatively affected revitalization efforts (Chen 2010; Dupré 2014). In terms of media presence, the Hakka TV network was founded in 2003, but it was not until 2014 that a Taiwan Indigenous TV channel began its operation. Only in 2019 did the Taiwanese government announce the “Development of National Languages Act” (Ministry of Culture 2019) to promote language equality. The Act recognizes the multilingual and multicultural nature of Taiwanese society. Under Article 3 and Article 4 of the Act, natural languages and sign languages used by different ethnic groups in Taiwan shall be equal. The Act has noted that language equality actions have not yet been adequately implemented.

It is against this background that multilingual public health communications in the context of the COVID-19 outbreak need to be understood. When public health messages support the dominant code (Hall 1999), as has been the case with Mandarin in Taiwan, it is important to remain aware that the ideologies of minority groups also emerge. Based upon the framework of Van Leeuwen (1993, 1995, 1996, 2008), I examine how social actors are represented verbally, visually, and

contextually in the linguistic repertoires of top-down and bottom-up public health communications. Data sources include daily press conferences conducted by the CECC and 270 min of COVID-19-related news from the mainstream media, the Hakka TV network, and the Taiwan Indigenous TV channel broadcast by an organization called “Indigenous Peoples Cultural Foundation”¹, as well as 96 min of COVID-19-related videos from YouTube posted from late January to the end of April 2020. Relevant news texts related to the pandemic from the *Taipei Times* and *The China Post* were also collected. Additionally, I undertook two field trips to indigenous communities to identify and confirm semiotic resources, symbolic meanings in communication, and the perceptions and reactions of indigenous groups. Analytically, this study assesses social actors of inclusion and exclusion in the construction of collaborative efforts to combat COVID-19, considering them in light of the socio-semantic context of the epidemic.

3 Top-down public health promotion strategies in multilingual communities

A Mandarin communicative approach was used in top-down public health promotion context as the lingua franca in Taiwan and specifically when written messages were more efficient within pressing time constraints. Top-down approaches aimed at indigenous minorities are rare, in contrast to multilingual focuses on migrant workers for use in videos and posters. Despite few top-down messages at indigenous groups, the local government officials requested indigenous groups to work out travel routes that complied with social distancing regulations, and the marginalized groups faced the dilemma of balancing socioeconomic needs and the public health crisis caused by tourists. The tension between indigenous groups and tourists is evidenced by the excerpt from *Taiwan Indigenous TV* (my translation from the Mandarin original) that “tribal elders worried about the coronavirus being carried by incoming visitors.” Most top-down communication was in Mandarin, as evidenced by Mandarin-only text messages, and such approaches did not adequately address the needs of indigenous populations who were concentrated in tourist areas and relied on tourism to bolster their economy.

The four-day Tomb-Sweeping Festival in early April challenged social-distancing efforts in Taiwan, as tourists visited crowded scenic spots and failed to follow existing guidelines. Tourists who visited resorts, such as Mount Ali and

¹ See <http://www.ipcf.org.tw/english.jsp>.

Kenting, received text messages from the CECC in Mandarin warning them to practice social distancing and avoid crowded places (Figure 1), while indigenous residents feared contracting the virus because some of the visitors did not wear masks. The first warning text in Figure 1 states ‘you visited crowded tourist sites over the Tomb-Sweeping long weekend, and you should practice social distancing, leaving a buffer of 1.5 m indoors and 1 m outdoors, otherwise wear a mask and frequently wash your hands. If you develop any symptoms, please wear a mask and seek medical attention immediately. Should you have any questions, please call the 1922 hotline.—from the CECC.’ The second text warned receivers not to go to crowded Kenting and its surrounding spots given the aforementioned measures.

Even the much larger Hakka language has been mostly excluded from governmental public health communication. For instance, it was only on April 04, that the CECC commander invited a journalist from the Hakka TV network to publicize the importance of social distancing in the Hakka language at press conference. It was the first time the inclusion of Hakka messages emerged in a CECC press conference, highlighting that previous Mandarin only messages may not have been accessible to Hakka speakers.

In sum, the voices of indigenous people have largely been excluded from top-down efforts and strategies in public health communications.

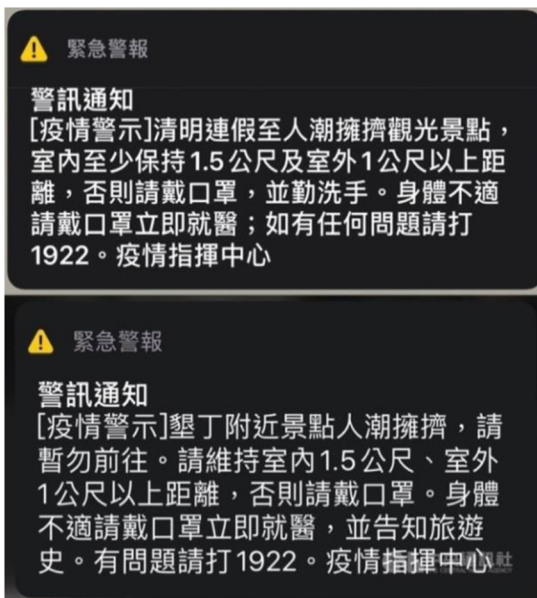


Figure 1: Examples of warning texts in Mandarin from the CECC.

4 Challenges and bottom-up approaches in indigenous communities

Many indigenous groups countered the government's health mandates with traditional public health approaches. The aboriginal Paiwan tribes in Eastern Taiwan, for instance, undertook a traditional *pakiqecan* 'sheltering' ceremony as early as February 24 to shield themselves against the coronavirus. This ceremony involved an effort to expel evil spirits and protect tribal residents. In March, fear and anxiety were resolved in a sheltering ceremony to maintain the mental health of the elders of two Southern Paiwan tribes, resembling the functions and efficacy of exorcism when facing the SARS outbreak in 2003. Protective materials were placed by the chieftains, *pulingaw* 'witches', and tribal priests in front of the major entrances during the ceremony in an effort to block the virus.

Beyond traditional ceremonies, indigenous groups also created their own public health messages. For instances, an aboriginal Atayal *yaki* 'grandmother' wearing a mask became a spokesperson for the CECC in a cartoon video produced by an Atayal language and cultural association in April advising tribal residents to stay at home, wash their hands, practice social distancing and wear masks (Figure 2). The audio in this video is in Atayal and the captions are in Chinese, as writing in the Atayal language has not been popularized. To facilitate the accessibility of health information, the government released official videos in the Paiwan and Atayal languages in April to deliver information about public health policies. A Paiwan doctor constructed this social action by promoting the Paiwan slogan *nu kiljivak aken tjanusun ki ta kicacadja aken tjanusun* 'I express my love for you by staying away from you' to emphasize the importance of social distancing,



Figure 2: Cartoon figure of Atayal elder (right) explaining the spread of the coronavirus.

represented by verbal expressions in indigenous languages in line with top-down public health strategies.

Local aboriginal teachers also participated in promoting the practices required by such intensive policies, translating self-protection guidelines into indigenous languages at tourist resorts, sharing keywords counteracting the epidemic in native languages on YouTube, and inviting respected elders to announce health regulations issued by the government. Because speaking the mother tongue is appropriate to the nature of these social actors, ethnic identity was constructed through practices of self-protection against the virus. Actions have been transformed into verbal expressions in the Paiwan language, such as *pacacadjau* ‘social distancing’, *kisugem* ‘wearing a mask’, *pilimalima* ‘washing one’s hands’, *kipucemel* ‘seeing a doctor’, and *padingwa* ‘making a phone call’ (to the epidemic prevention hotline 1922). Mobile signs and loudspeakers conveying such messages in indigenous languages became a major means of transmitting health messages before governmental reassurance or resources were accessible, standing in stark contrast to the dominance of Mandarin in public health communication.

With an indigenous Amis proportion of approximately 52% in Tunghe Township in Taitung County, township office workers recorded three versions of public health policies in Mandarin, Taiwanese, and Amis and employed music-playing garbage trucks to spread awareness at a communal trash pick-up event. Garbage trucks playing Beethoven’s “Für Elise”, which is characteristic of garbage pick-up across Taiwan,² included an indigenous Amis voice to disseminate epidemic-prevention information, transforming the routine task of taking out the trash into a channel for promoting measures to combat COVID-19. Indigenous voice paired with the popular tunes played by garbage trucks were associated with ideological language use to respond to public health mandates. The solidarity of the Amis social actors was promoted, and, in this case, they became embedded in an inclusive network of social actors. Their beneficial role (Van Leeuwen 1996) was recontextualized by using garbage trucks to take material actions to generate a collaborative relationship with the government.

Against these bottom-up approaches, fear and tensions of indigenous actors as well as the social challenges remained unaddressed, as evidenced by Excerpt 1, illustrating actual dynamic and ideological interactions.

2 In Taiwan, tunes from garbage trucks signal to the community residents when it is time to take out their bags of trash. Beethoven’s “Für Elise” was reputedly chosen as garbage truck melody because 21 garbage trucks purchased from Germany in 1968 were equipped with the tune; since then, the tune has been in continuous use.

Excerpt 1

Reports on *Taiwan Indigenous TV* for social challenges in Paiwan and Rukai communities (my translation from the Mandarin original)

- (1) We were afraid of falling into a gap in the epidemic-prevention system. The government did not provide enough financial aid for preventive measures in remote tribal areas, and we had to voluntarily set up checkpoints to measure each visitor's temperature before they entered our tribal areas.
- (2) Beginning on April 8, 2020, the Rukai tribe in Wutai Township closed all its guesthouses and shops and turned away tourists in the mountain regions.
- (3) There were many vulnerable elders in our Kucapungane tribe, and we made calls for promoting tribal welfare and urged our members to postpone orders and reservations from the outsiders, reflecting knowledge of the vital health issues at stake.

As can be seen from the excerpt, the urgent issues of these indigenous communities were insufficient funding and an influx of tourists amid the pandemic crisis. There is a gap between the public health messages available in indigenous languages and the actual concerns of residents. Public health messages focus on preventative measures under the control of the individual, such as hand washing or mask wearing. These messages were over-communicated. By contrast, there was hardly any communication related to how to deal with actual COVID-19-related problems faced by indigenous populations such as being inundated by tourists while simultaneously depending on the tourism economy. These issues were only addressed in bottom-up measures such as voluntary checkpoints at the entrances of the tribal areas. Additionally, some indigenous groups rejected the tourism economy altogether, such as Rukai activist social actors who turned away tourists for the sake of public health in their communities.

5 Conclusion

Languages represent knowledge systems, and the exploration of the connections between language and health-related information and the progress of the epidemic has implications for the well-being and public health policies of multilingual communities. This study was focused on public health communication aimed at indigenous multilingual communities. It includes a comparison of preventive measures through top-down strategies and bottom-up efforts from the perspective of linguistic and semantic features based on an analysis of social

actions and actors. It was found that there were hardly any top-down public health messages in indigenous languages over the course of the pandemic, and those that were implemented were far behind the crisis development. Even bottom-up messages in indigenous languages were relatively rare although they did emerge in and through a variety of media and channels. These bottom-up communications were virtually always translations of top-down mainstream messages, focusing on prevention measures under the control of the individual. The only exception to this centralized pattern was indigenous sheltering ceremonies. Furthermore, the multilingual messages provided did not adequately address the needs of indigenous populations in tourist resorts, where problems regarding the health risks resulting from an influx of tourists and potential virus carriers into indigenous resorts remained unsolved.

Overall, multilingualism in these contexts was largely symbolic. Top-down public health policies and multilingual health communications were shaped based on the values of the authorities, not those of the populations vulnerable to the virus. Preventive measures and policies in indigenous communities were primarily established based on the values of the local governments. Bottom-up efforts emerged from social exclusion and the inaccessibility of public health information to indigenous populations amid the COVID-19 outbreak. Nevertheless, through sheltering evil spirits in the traditional ceremony, the indigenous communities have shown their self-reliance and integrity of their ethnic groups. The solidarity of these indigenous communities transformed their linguistic knowledge and cultural confidence into rapid reactions as activists in the social actor network. These communities have boosted their resilience by making their multilingual voices audible while strengthening their solidarity (see also Baioud, this issue).

The exclusions and inclusions described here are not only true of indigenous populations but also (undocumented) migrant workers. In their case, fear, anxiety, and homesickness were neglected and relegated to the background while promoting symbolic unity. In contrast to multilingual slogans, substantial support for the well-being of minority groups within the time constraints is essential to top-down health management strategies. Actions should be taken by the government with regard to medical supplies and health management in multilingual communities, and issues of economic and psychological pressures affecting the health and well-being of minority populations need to be addressed while spreading awareness of the disease.

This study of language use and social practices of multilingual public health messages about COVID-19 prevention in multilingual Taiwan has at least two implications. First, top-down strategies did not address the actual concerns of indigenous populations who relied on tourism to bolster their economy. The viability of encompassing voices of the minority groups to fight the virus can be

redefined in top-down public health communication given the time constraints, taken in conjunction with actions of inclusion of such groups in the network of social actors for future pandemic preparedness. Second, traditional public health approaches maintained mental health of the indigenous social actors, whereas bottom-up communications did not fully address the needs of indigenous populations in tourist resorts. Multilingual public health messages in bottom-up translation did not provide solutions for socioeconomic problems. Indigenous social actors in the context of COVID-19 prevention were marginalized, and multilingualism was largely symbolic. Evidently, inclusion of indigenous knowledge systems in healthcare resources is essential to sustainable health communication in the communities. With the increasing attention being paid to the actual concerns of the indigenous social actors, an inclusive approach to social challenges and solutions can be implemented in collaboration with linguistic functions and substantive content of public health messages.

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