16
Translating global epidemics
The case of Ebola
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1 Introduction
Global epidemics and global responses to them set into motion human networks that are meant to curb the epidemic, heal the sick and help the dying. However, there are often different ways of explaining the epidemic, ‘clashing’ with each other and/or competing for hegemony in order to maintain control over its spread. In such situations, the concept of ‘culture’ is often invoked, i.e. it is assumed that differences in culture will lead to differences in medical knowledge, and in the perspectives towards disease, illness, body and mind. As a result of the dominance of so-called ‘Western medicine’, minority perspectives on wellbeing and disease are often ‘translated’ and made intelligible through the hegemonic system of biomedicine. This foregrounds the role of language within global epidemics and the ways in which language needs to be used efficiently and appropriately in order to convey knowledge about how to prevent infections, care for the sick, and, in certain cases, how to conduct funerals for the dead. Language can thus be seen as both a potential barrier to the transference of biomedical knowledge from ‘source text’, i.e. clinical research, to ‘target text’, i.e. clinical practice, as well as a key facilitator for the transference of crucial and life-saving information and knowledge. For instance, as the non-profit organisation Translators Without Borders (TWB) formulated it in relation to the 2014–2015 Ebola outbreak, the Ebola ‘crisis was one of information, and especially information in the right language, as much as anything else. Information provided in languages people can understand can help save lives in a crisis’.

The departure point of this contribution is that translation can serve as a useful analytical tool for understanding how medical knowledge is circulated during global epidemics, such as the Ebola outbreak in 2001 in Uganda, the 2003 outbreak in Congo (Hewlett and Hewlett 2007; Hewlett and Amola 2003) and the wider outbreak in 2014–2015 (Park and Umlauf 2014; Burci 2014; Benton 2014; Li 2014). The contribution will first offer a brief conceptual analysis of the term ‘translation’, discussing some fundamental aspects of the term, in particular ‘translation’ as a means of transferring knowledge from one culture to another and/or from one language to another. It will then look at how the Ebola epidemics have been approached within three interrelated fields: first, how it has been...
approached ‘on-the-ground’ within epidemic spaces; second, how it has been tackled in anthropology as a field of analysis; and finally, how it has been mediated and ‘translated’ in the Global North through the mediatisation of Ebola. Following this, the contribution will offer a section on further directions.

2 Definitions

2.1 Translation

Within the lexicon of Ebola epidemics, translation occupies a space which is not only defined by its connection to the translation of language, but also linked to the concept of ‘translational medicine’, that is, how medical knowledge can be ‘translated’ from ‘bench side, to bedside, and to the community side’ (Cohrs et al. 2015). This implies that medical knowledge produced in laboratories, modelling studies and research-based interventions is ‘moved’, so to speak, from ‘bench to bedside’, to ensure that proven strategies for healthcare and disease prevention actually reach the communities that are affected by epidemics (Woolf 2008). In this frame, translation can be linked to the movement and circulation of knowledge from clinical research to clinical practice. The emphasis here is on the movement of knowledge, and thus, the notion of ‘transfer’ and ‘fidelity’ across sites wherein medical knowledge is circulated. This, of course, also involves actual translation of information and knowledge from one language to another, which brings us into the second frame wherein translation figures in Ebola epidemics.

In this second frame, translation can be seen as the process in which medical knowledge is aimed at the public in an effort to provide information meant to prevent infections as well as encourage people who suspect they are sick to seek out medical treatment. Here, translation of information is based on two interconnected premises. The first one is that knowledge is key in order to halt and stop the ongoing epidemic. By ‘arming’ people with knowledge about a particular disease, people will be able to protect themselves and their families, thus halting the spread of the disease. However, this premise also rests on the assumption that there is only a certain set of knowledges that should be disseminated in order to curb an epidemic. In the case of the various Ebola epidemics, this set has often been seen as biomedical information about Ebola such as its aetiology, the way it spreads, how deadly it is, and what to do if people do get sick, that is, the treatment of the disease (Southall, Deyoung and Harris 2017; Li 2014). As Li observes:

Biomedicine, as a form of science, thus holds a privileged position in Western societies, as the arbiter of the divide between ‘knowledge’ and ‘belief’, the first denoting universal truth and the latter a mere presupposition with a connotation of error.

Li 2014: 3

It is this biomedical information that needs to be translated, both linguistically – often from English or French to local languages – and intersemiotically, from text to images – i.e. from medical texts to flyers describing how to avoid contagion and what to do if one does fall ill.

Once again, this complicated pattern points to the importance of movement and circulation, highlighting how knowledge is perceived as being moved from one point to another, from a sender to a receiver or from a ‘source text to a target text’ (Engebretsen, Sandset and Ødemark 2017). In implying that knowledge about disease patterns, prevention and
care is circulated and disseminated through a process of translation, we are reminded about a key feature of the process, which Michael Wintroub points out when he states that translation

is a common word. However, its meaning cannot be reduced to common usage: to turn one language into another. Made from the combination of two other words, trans, meaning to cross over or go beyond, and fero (whose supine form is latum), meaning to bear or carry, translation signifies movement and transference, transport, and carrying over.

Wintroub 2015: 1

When brought into the context of how translation works in global epidemics, such as those involving Ebola, we can note that the translation of (Western) biomedical knowledge is predicated upon a vast array of processes in which this knowledge is ‘carried across’ from one site to another. One process is the linguistic translation of information from one language to another; the other is the translation of textual messages to images used in public health information. A third process in which translation is linked to the transference and transportation of information is the vast apparatus of medical personnel who communicate on-the-ground with local communities on a daily basis and thus translate medical knowledge into a community setting (Southall, Deyoung and Harris 2017; Hewlett and Hewlett 2007; Hewlett and Amola 2003). This last point links the more conceptual aspects of translation within global epidemics to the very practical and on-the-ground work of translation. It points to the ways in which information needs to be made accessible and intelligible according to local languages and cultures, which brings us into the discussion of how the practical work of translation also intersects with the issues of so-called ‘cultural grids’.

2.2 Cultural grids/conceptual grids

An important way of understanding how translation works within global epidemics is to look at the ways in which information and knowledge pass through what Lefevere and Venuti have called ‘textual and conceptual grids’ within translation studies (Lefevere 2002; Lefevere 1999; Venuti 2009; Venuti 2012). These grids imply a move away from a ‘purely’ linguistic focus on translation to how conceptual schemes and cultural framings ‘around’ or ‘above’ sentences influence translation, as well as occasionally becoming obstacles to translation. Referencing earlier work with Lefevere, Bassnett has noted that in

formulating our notion of textual grids, we pointed out (Bassnett and Lefevere 1998: 5) that some cultures (such as French, German and English) share a common textual grid that derives from the Christian and Greco-Roman traditions. Other cultures (such as Chinese and Japanese) share less with others.

Bassnett 2007: 19

These ‘grids’ reflect ‘patterns of expectations that have been interiorised by members of a given culture’ (Bassnett 2007: 19). Bassnett states that the notion of textual or conceptual grids is a useful one in translation studies, since it can help us understand how meaning is made through the movement between a source text to a target text, or rather from one culture to another (Bassnett 2007). Lefevere points out that by introducing the concept
of textual grids as a metaphor for understanding the process of meaning making within translation, we can see that questions of translatability have more to do with cultural factors, what he refers to as ‘discrepancies in the conceptual and textual grids’, rather than with ‘discrepancies in languages’ (Lefevere 1999: 75–76). This becomes particularly acute in relation to the ways in which the West has constructed non-Western cultures by translating them into Western categories, a process that both distorts and falsifies (Bassnett 2007: 20). This important conceptual part of translation is also present in the everyday work of people within the Ebola crisis. Once again, TWB offers an example by highlighting that translation within local settings needs to take into consideration both local linguistic variants of different national languages and local cultural contexts. The same idea is echoed by the World Health Organization (WHO), in a report on the 2014–2015 Ebola outbreak, which notes that it was key to ‘ensure that documents [were] translated into local languages and explained’. To translate medical information in an Ebola epidemic is just as much about ‘cultural translation’ as it is about crossing or overcoming language barriers, by offering cultural and locally specific ways of conveying biomedical knowledge in a crisis. This brings us to the next section, which will directly link these conceptual issues of translation in global epidemics with the on-the-ground work that is being done by medical personnel and non-profit organisations, exemplified in this case by TWB.

3 Critical issues

Several critical issues and topics emerge in the novel field of translation of medical knowledge in connection to epidemics. One of the most pressing, and perhaps most obvious of these issues is to provide life-saving information as fast as possible, adapting this information to local languages as well as to local cultural contexts. This involves looking at how the ongoing information dissemination work unfolds, and how campaigns are launched as the epidemic rages on. Within this dissemination and campaign work, several questions arise in relation to translation proper: who actually translates the informational material? Are the translations outsourced to medical translators, or carried out by on-the-ground healthcare providers? Into which languages are they translated? Does the choice of language reflect the regional dynamics in terms of ‘major’/ ‘minor’ language distribution? Through which media and outlets is the information distributed? Last but not least, does the distributed information work or is it problematic? In the following, this contribution will engage with some of these questions in the form of what we can call ‘critical issues on-the-ground’ in connection to translation and the Ebola epidemic.

3.1 The role of language: international, national and local variations

One of the clearest examples of translational work in the times of the Ebola epidemics is the one carried out by TWB; it offers a good starting point for looking at the critical issues of translation during and after the epidemics. The first issue belongs to the realm of an ‘epistemology of epidemic translation’. Here, the question is why to translate in an epidemic and what role translation has in an Ebola epidemic. In order to address this topic, it is important to understand the role of language as it is understood by TWB.

TWB states that ‘Ebola is a crisis of language’ and that ‘language was one of the main difficulties faced by humanitarian workers responding to the Ebola crisis’. Translation here is seen as a way of overcoming the language barrier. TWB states that ‘Words of Relief is the first crisis response translation network intended to improve communications
Translating global epidemics: Ebola

between crisis-affected communities and humanitarian responders before, during and after a crisis, by eliminating the language barriers that can impede vital relief efforts' (emphasis in the original). Translation in this perspective becomes crucial since the proverbial 'language barrier' is perceived to be overcome only through translation. The emergence of the field of 'crisis translation' is considered by TWB to have been spurred on by a neglect amongst humanitarian aid organisations, as well as national and international health organisations. As TWB states, 'language is usually not seen as a priority in emergency responses. As a result, misinformation, mistrust, fear and panic can spread quickly'. This is due to the fact that information flow during a crisis is vital: relief workers scale up their work rapidly and they must be able to communicate with the local population to provide information on food, water, health and other life-saving issues, and to collect information from affected populations on the challenges they face.

The issue of communication, language barriers and translation has also been noted by the Harvard Humanitarian Initiative, which pointed out in 2011 that 'the lack of appropriate translation' is a 'perennial hidden issue that results in delaying critical communications and disenfranchising affected populations'. As TWB states, the 'Ebola crisis in West Africa was a crisis of communication and the translation of Ebola messages was critical to curbing the emergency. The affected people desperately needed information; not in any language but in the language they understood most'. Here translation is connected with two interrelated issues. First is the practical issue of translating medical information, often produced in either English or French, into national and local languages. Second, there is the issue of translating often highly biomedicalised protocols and information into vernacular and culturally appropriate language. The latter has been the subject of several studies and scholarship, focusing on the ways in which biomedical information is disseminated from 'bench to trench' and from clinicians to patients in an effort to increase patient 'health literacy' (Engebretsen, Sandset and Ødemark 2017; Nutbeam 2008; Nutbeam 2000). Increasing people's health literacy has come to be seen as an important public health outcome, lowering morbidity and risk amongst the population by empowering people with the ability to understand and act upon biomedical advice and knowledge. This goal presupposes a process of translation and carries the same epistemological underpinning which we have seen in the work of TWB, WHO and the Harvard Humanitarian Initiative.

As such, the role of translation proper in the Ebola epidemics goes beyond the idea that there is a language barrier which needs to be crossed. Rather, the work of translation is not only providing life-saving information in local languages as stated by TWB, but also aiding the local population in increasing their health literacy. A standard definition of health literacy provided by the WHO reads as follows: 'The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health' (Nutbeam 1998). However, as Sørensen et al. found in a systematic review of the term, there are 17 different definitions of it, making it a highly polysemous concept (Sørensen et al. 2012). For instance, health literacy may mean 'the wide range of skills, and competencies that people develop to seek out, comprehend, evaluate and use health information and concepts to make informed choices, reduce health risks and increase quality of life' (Sørensen et al. 2012: 4); or it may mean 'the ability to read, filter and understand health information in order to form sound judgments' (Sørensen et al. 2012: 4). In all these definitions, health literacy involves a process of being able to locate, access, evaluate and utilise different forms of health information which is expected to 'empower' the individual with the 'right kind'
of knowledge, and that can in turn bolster health, mitigate risk, and, in emergencies such as the Ebola outbreaks, save lives.

As such, translation proper as it unfolds in medical emergencies cannot be understood without its relationship to concepts such as (il)literacy. This raises two other critical issues in connection to translation within epidemics: one is the question of multiple languages that need to be addressed in the translational work being carried out; the other is the question of literacy.

The notion that the Ebola crisis was a ‘crisis of language’ not only highlighted the need for health information to be translated from English or French to the local languages, but also implied the need to translate into the right local language. TWB states

People at risk of contracting Ebola need information to keep themselves and their families safe. Information they don’t understand will not help them. They need clear communication in plain, localized language, in a format they understand, and through channels they trust.  

The emphasis on localised languages is key in the TWB report. TWB notes, for instance, that

The local form of Swahili is the most effective language for risk communication […] Participants did not reliably understand key concepts in French and standard Swahili […] In more rural and linguistically diverse areas, people may have greater difficulty understanding the Swahili used in Goma [centralised capital of the Northern province of Kivu in the DRC].  

As such, a critical issue in bolstering health literacy through correct translation is to translate medical information into a language which is as local as possible. In practical terms, this meant that TWB translated English and French information into Congolese Swahili rather than standard Swahili. However, TWB notes that ‘professional translators in most West African languages do not exist, and the project had to focus on the more widely spoken languages. This meant that requests for languages like Susu, Kpelle, Bassa, Mano and Mandingo could not be met’. This underscores the difficulties faced by a country rich in linguistic diversity. Translation during an emergency needs to cope with the ‘language politics’ wherein certain variants or languages have come to be hegemonic or dominant. Regional dynamics of ‘major’ and ‘minor’ languages are clearly an issue to be confronted with and a cause for concern for the translators.

Another critical issue connected to ‘health literacy’ is the issue of actual illiteracy on-the-ground. TWB states: ‘Although in the right language and using graphics elements, posters and other written materials are not effective if people can’t read them’. Illiteracy is an important issue in translating medical information to local people during an epidemic. Countries affected by the 2014 Ebola epidemic, e.g. Sierra Leone, Guinea and Liberia, provide an illustration of this. UNICEF reports that literacy rates in these three nations are 43.4 per cent in Sierra Leone, 42.9 in Liberia and 25.3 per cent in Guinea.  

As such, translation in this case is not only concerned with the literal linguistic translation from one language into another in an effort to help people protect themselves through medical information, but also involves the ‘translation’ of words into images. TWB states that ‘Visual content should be simple and culturally relevant’, alluding to the need to bridge the language barrier not only through the translation of a foreign language into a
local language, but also by bridging the language gap by utilising images which also are contextually relevant and sensitive to cultural frames of reference. This type of translation locates ‘crisis translation’ within the domain of ‘cultural translation’ (Trivedi 2007; Bhabha 2000; Asad 1986; Lefevere 2002). The use of images as part of crisis translation is seen as a crucial way of addressing the issue of illiteracy, as images are expected to convey medical information on how to protect oneself from Ebola, how to respond if oneself or a family member gets sick, or how to bury those who died of Ebola. However, even here TWB warns about the risk of employing a sort of ‘universal iconography’ of Ebola as ‘illustrations and icons do not carry universal meaning’. Once again, translation seems to highlight the need for contextual and localised systems of meanings and should always be ‘culturally and linguistically specific’. This last point also touches upon another key issue within crisis translation, which pertains to the role of the translator in communicating knowledge about the Ebola epidemic.

3.2 The role of the translator: insider or outsider?

Just as the multiplicity of local languages and the need to address local literacy levels have been important and highlighted in the emerging field of crisis translation, so too has the role of the translator. As mentioned earlier, crisis translation in West Africa in the midst of an Ebola epidemic was challenging not only due to the nature of the situation, but also due to the lack of access to translators. In the case of the translator’s role in the Ebola epidemic, it has been defined as being the mediator of life-saving knowledge from a source text, a biomedical protocol, or a leaflet produced in either French or English, into local languages, often supplemented by visual aids. The role is clearly that of a mediator, not only of a particular language but also of a particular genre, that of medical texts meant to be clearly understood.

The practical work of recruiting translators to a region of the world which has a vast number of local languages was conducted through what TWB calls a ‘spider network of translators’. These were virtual teams of translators trained to respond rapidly to language needs [...] They were based around the world, in the United States, Ghana, Sierra Leone, Mali, France, Switzerland, Germany and Kenya. They were recruited because they are native speakers and have strong links to the affected countries. Their languages skills [sic] were vetted and they underwent online training focusing on rapid translation. The training sessions addressed topics such as ‘What is translation’ and ‘How to translate’. They also included tips for translators and best practice for terminology problems and quality assurance.

However, the recruitment of translators in this manner also leads to challenges, which can tell us something about the role of the translator in relation to crisis translation. TWB notes that ‘non-professional translators recruited from the diaspora via the spider networks often lack experience in translating’, but that this is mitigated by basic training in translation in order ‘to provide contextual and key aspect of rapid response translation’. On the other hand, the training of non-professional native speakers by a set of professional translators also point to a strength of this approach which is the ‘power of crowdsourcing’ (Gao, Barbier and Goolsby 2011), a point that has also been highlighted in relation to relief efforts in the aftermath of the Haiti earthquake (Norheim-Hagtun and Meier 2010). However, this also has the weakness of, as TWB notes, requiring
training of translators within the network, as well as running the risk of recruiting translators who might not have any medical training. Another potential pitfall is that the ‘non-professional’ translators must rely on the fact that the medical information they are translating is accurate and in line with ‘best practice’ information. If the information is not quality assured, then at best this might lead to delay in seeking help for those who are sick, or lead to confusion and contradictory information on what to do in an epidemic. Conversely, in a worst-case scenario, information of low-evidence grade might indeed exacerbate the epidemic and lead to potentially harmful outcomes for patients and communities alike.

Since translators are ‘outsourced’ from a diasporic network, the need for quality assurance is also key in crisis translation. TWB ensures that quality assurance was maintained through a process in which ‘two people reviewed each translation. This also helped address another issue associated with the multiple dialects of a language’. Since the spider network draws its translators from a diasporic and online community, the distinction between local/global spaces of locality vanishes; that is, while it is true that TWB uses people with a ‘strong diasporic connection’ to the areas of concern, the dichotomy between local/global or near/far is downplayed through this form of translational work.

Since TWB insists that information should be communicated in the most locally specific dialect/language possible, and that concepts should be explained ‘using familiar words and clear sentence structure’, avoiding ‘technical jargon and words that are not commonly used’, a certain degree of adaptation and ‘betrayal’ of the language of biomedicine seem inevitable. However, this type of translation, and the accompanying role of the translator, should be seen as a form of pragmatism wherein the main concern is to provide information ‘in languages people can understand’ to ‘help save lives in a crisis’. The pragmatic approach is important, as the question of local versus professional translators must also account for the difficulty of access to personnel in an Ebola crisis. This brings us to another topic of concern in terms of the translation of knowledge in Ebola epidemics, as translators on-the-ground are not the only people who provide what we can call crisis translation. So too are anthropologists.

3.3 Cultural contexts: other ‘translators’ in an epidemic

Conceptualising the work of the anthropologist as that of a translator is not a very new or original approach. A vexing and peculiar problem of translation lies at the heart of anthropology: how to ‘translate’ the Other, i.e. how to avoid the many pitfalls and distortions in interpreting indigenous concepts and modes of thinking through a foreign conceptual system, then re-presenting them through the languages, categories and conceptual systems of meaning associated with the ‘Western world’ (Brisset 2010: 71). As for the anthropologist as translator in global epidemics – and in this case, Ebola epidemics – the function of translation and the translator can be seen through the following prism provided by Bolten and Shepler (2017). Calls for anthropological engagement and subsequent ‘translation’ came from ‘frustrated officials who, for example, could not understand why local people persisted in “traditional” burial rituals. They also came from frustrated anthropologists concerned that officials were treating African cultures as backwards and unchanging’ (Bolten and Shepler 2017: 353). Within the same call to action and to translation, Bolten and Shepler highlight the duality of the work of translation provided by anthropologists: on the one hand, anthropologists were seen as mediators who could ‘tell’
or ‘translate’ the correct biomedical information to local people, thus preventing them from continuing their ‘traditional’ funeral practices. On the other hand, anthropologists were afraid that public health officials would ‘mistranslate’ local customs and practices, thus they themselves also highlighted the need for translation, but one that would go beyond ‘getting the biomedical message across’ to local populations.

Seen as experts on both language and ‘culture’, the anthropologists are then regarded as translators *par excellence*, able to translate language and context in an epidemic, and benefiting from the expertise gained through social practice and long term engagement ‘in the field’, which in turn cultivates ‘local knowledge’ and causes them to ‘act[…] as a kind of translator’ (Bolten and Shepler 2017: 357, my emphasis). In some cases, anthropologists have been called upon to explain, that is, to ‘translate’, what public health officials deemed ‘nonsensical actions’ such as bush meat consumption, engaging in ‘traditional funeral rites’ and seeking out ‘traditional healers’ (Goguen and Bolten 2017; Bolten and Shepler 2017; Wilkinson and Leach 2015; Spencer 2015). Importantly, as Bolten and Shepler state, these ‘African others’ in need of translation, have traditionally been stereotyped in the Western imaginary as acting nonsensically according to Western norms and have thus been perceived as ‘ranking below’ Western people in relation to various hierarchies and in particular when it comes to knowledge claims about health and illness (Bolten and Shepler 2017: 357). The call to translate here seems to cast anthropology as the handmaid of epidemiology (Li 2014: 5); what translation entails in such cases seems to be a transfer of ‘Western’ biomedical knowledge to local populations in such a way as to ensure fidelity between the biomedical message being sent out and the end result, which is not the integration of ‘Western biomedical knowledge’ into local health-related knowledge but rather the total assimilation of such knowledge within the target population.

Since Ebola epidemics have often been conceptualised as being driven by ‘local, traditional burial rites’, practices of bush meat consumption and the use of local indigenous knowledge and resources, such as ‘traditional healers’, the anthropologist as translator alludes to an underlying notion wherein a generic ‘African culture’ is regarded as a risk factor for the acquisition of an Ebola infection (Li 2014: 2). For the purposes of looking at the role of translation here, one can argue that ‘African culture’ becomes an obstacle which Western biomedical knowledge needs to overcome; in this frame of analysis, the anthropologist then becomes the translator with the means and skills to overcome these cultural barriers on the road to ensuring epidemic control. However, this also rests on the assumption that there is such an entity as ‘African culture’, a gross homogenisation of an entire continent. It also assumes that ‘African’ countries’ experience with and response to the Ebola epidemics are homogeneous and that the patterns of disease spreading, as well as responses to them, are similar across vastly different geographical regions. Finally, it also stipulates that translation, here understood as the mediation of Western biomedical knowledge, is hindered by *cultural* forces, while leaving out, or at least pushing aside, systemic issues such as economy and material disparities.

Anthropology within epidemic settings, then, is predicated on translation. It is, as DiGiacomo states, ‘raided for bits of information about “culture” which can then be plugged into a statistical model that generates correlations amendable to being represented as causal’ (DiGiacomo 1999: 438). In this light, anthropology in epidemic settings becomes a discipline that, seen through the eyes of epidemiologists and public health administrators, promises to overcome the ‘problem’ of culture by way of providing translations. Here translation is conceptualised as being the work that is done
by anthropologists in translating knowledge about conditions on-the-ground in Ebola settings back into the matrix of public health epidemiology and statistics in order to get a view of how culture allegedly influences the spread of the epidemic. Packard and Epstein note that this form of translational work can be envisioned when public health bureaucrats and medical researchers

define the parameters of the social science input in line with dominant models of behavior within disease epidemiology and as such, anthropologists are presumed to have the knowledge of culture which they then can package into discrete units which can be used by public health experts in order to make epidemic control more effective. Packard and Epstein 1991

Conversely, the other work of translation is when anthropologists and other social scientists are called upon to re-translate biomedical information back into the local context, so that local populations take the necessary precautions in limiting their risk of infection. In both cases, culture becomes ‘the obstacle’ that is to be overcome, and the movement of knowledge between a ‘target text’ and a ‘source text’ can be conceptualised as the relationship between ‘biomedical knowledge’ (source text) to be translated into local systems of knowledge (target text). Of course, this also presupposes that local systems of knowledge are homogeneous, as well as sealed off from biomedical regimes offered by the Western global health systems.

### 3.4 Media translations

Global epidemics not only mobilise vast networks of political engagement, various health initiatives, military and medical personnel on-the-ground, economic funding streams, and the transportation of goods and supplies; they also mobilise international streams of media coverage. Epidemic knowledge that circulates in the media follows along the same lines of rational inquiry that circulates on-the-ground within zones of epidemics. As in the case of anthropology as a discipline which is often called upon to ‘translate’ the ‘what, why, and how’ of global epidemics, questions of aetiology – why the disease spreads, how it spreads, how deadly it is and who gets the disease – are also mediated in and across diverse media platforms.

The concept of ‘translation’ can be used here to investigate how various media outlets ‘decode’ information collected on the epidemic, as well as how they mediate the very nature of the epidemic. In this understanding of translation, the notion of conceptual grids discussed above becomes just as important a tool kit for examining the tropes used in order to mediate causality, explain patterns of disease, and distribute blame and moral responsibility, since it is through these grids the information gets filtered through.

The mediatisation of global epidemics can be exemplified by studies on the HIV/AIDS epidemic (Lovelock 2018; Miller 1998; Lyttleton 1994; Zhang and Matingwina 2016), the ‘bird flu’ or H1N1 pandemic (Klemm, Das and Hartmann 2016; Mccauley, Minsky and Viswanath 2013; Briggs and Hallin 2016; Hallin and Briggs 2015) and Ebola (Zhang and Matingwina 2016; Abeyesinghe 2016; Joffe and Haarhoff 2002). In these studies, many scholars have produced analyses similar to the one discussed above, wherein culture becomes the culprit for the spread and emergence of various epidemics. As such, in a translational framework, we can state that the conceptual grid knowledge and information pass through in the mediatisation of global epidemics plays on the notion of ‘other
cultures’ as being the cause for the spread of the disease in question. Case in point can be the early mediatisation of the AIDS epidemic, wherein the invocation of ‘gay lifestyle’ was a frequent trope utilised in order to understand the spread of the disease (Epstein 1996). Other examples of this type of conceptual grid analysis can be the continual mediatisation of Ebola epidemics with culture given as cause, in particular the focus on bush meat consumption as an ‘African cultural practice’ (Abeyesinghe 2016: 463; Monson 2017: 13). Once again, culture becomes part of the decoding object that information is filtered through in many of the Western media outlets and as such knowledge about the epidemic is ‘translated’ by way of tropes such as ‘African backwardness’ (Dionne and Seay 2016). It is worth noting, as Morris did, that ‘while anthropologists introduced “culture” into the public debate over managing the Ebola crisis to change medical practices, the mainstream media often tended to use “culture” in ways that represented those communities as the West’s quintessential, abject Other’ (Morris 2015: 542). In such an analysis, ‘culture’ becomes the conceptual filter or grid through which information about the Ebola epidemics are filtered, and with this comes an understanding of the epidemic in which the well-known patterns of homogenising the continent of Africa into the ‘Africa-as-a-country’ become widespread (Monson 2017:5). Furthermore, this understanding of Ebola as a disease that is ‘culturally contingent’ flattens differences across and within the geographical places that Ebola does emerge in, and, last but not least, it turns Ebola into an ‘African disease’ (Monson 2017: 11; Dionne and Seay 2016).

However, we should note that examples of more nuanced and multi-layered media representations often do circulate side by side with the more culturalist narratives of causality. While ‘culture’ can be said to be a dominant trope within the conceptual grid of Western translations of Ebola epidemics, other narratives have also emerged and have come to fill the conceptual grids related to Ebola. For instance, once the epidemic was brought under a tentative control, more and more analytical pieces emerged that moved the focus away from culture to structure, pointing out that the epidemic was due to ‘African infrastructure’ and the issue of economy. While this was an important and more nuanced approach, this tendency to point to economy and infrastructure as distal vectors that drove the epidemic risked ending up as a black box in itself. Just as culture had acted as a black box and became reified, so did economy and infrastructure. Suddenly, there was such a thing as ‘an African economical problem’ or ‘an African health care system’, once again flattening differences and homogenising heterogeneous contexts within nations and across countries.

Here is a paradox of translation, and of the analysis of conceptual grids within the Ebola epidemics as they emerge: how to account for culture without reifying it, without black-boxing it, in such a way that it does not filter out complexities or leave out complex networks of contagion; how to translate the biomedical message to a local context in a way that accounts for local particularities; and finally, how to communicate and mediate disease aetiology and causality between systems of beliefs in a way that minimises suffering and the loss of human life.

4 Future directions

While scholarship on anthropologists as translators of culture and language as well as media representations of epidemics abounds, the emerging field of ‘crisis translation’ is still relatively new (O’Brien et al. 2017; Federici and O’Brien 2019). TWB highlights this by drawing our attention to some potential avenues of future research and practice. Case
in point would be to address the ways in which aid organisations utilise and access translation services in epidemic crises.\textsuperscript{25} As TWB states, translation is not always considered a priority by governments and aid agencies. This challenge was reflected in the difficulty in getting content from aid organizations. While there was demonstrated interest, follow through, whereby organizations actually provide the content to be translated, has been weak.\textsuperscript{26}

Another challenge, as well as direction for future research and innovation, lies in the need to develop digital tools that can ease and speed up the process of translating medical information from one language to another. This is highlighted by TWB in their call for more technological innovations and subsequent research into the use of machine translation.\textsuperscript{27} The call for more research on charting, testing and evaluating different modalities of crisis communication is also important, such as SMS services and audio messages played on radio or mobile devices, as well as finding out what forms of images and icons relay the most effective message about Ebola prevention and care.\textsuperscript{28} Yet another avenue of future research on the concept of ‘crisis translation’ and its connection to epidemics lies at the intersection between linguistic studies, media studies and what has been called ‘a sociology of translation’ (Heilbron 1999; Callon 1984). Here the future of crisis translation lies in combining perspectives on ‘on-the-ground’ translation, the mediation of medical knowledge and crisis information in the media, and the transfer and mediation of translated medical knowledge by various media modalities. Finally, and perhaps of more fundamental epistemological concern, is the call made by some within the medical humanities and medical anthropology for a new form of knowledge translation – one that is not just a ‘soft supplement’ to the ‘hard sciences’ such as biomedicine (Kristeva \textit{et al.} 2018; Engebretsen, Sandset and Ødemark 2017). This direction of future research would ask how translations and translators can become agents for change both in the ‘target culture’ and in the ‘source culture’. This would help uncovering how translation studies can develop methods and epistemological perspectives that not only aid in medical crises, but can also change and transform biomedical cultures by insisting on the primacy of textual and linguistic meaning making that goes beyond the biomedical. This would be one of many epistemological concerns that translation studies could contribute to in expanding on the ‘knowledge translation metaphor’ so often used in translating (Western) biomedical knowledge to the West’s alleged Others and even within the West itself (Engebretsen, Sandset and Ødemark 2017; Wieringa \textit{et al.} 2017; Greenhalgh and Wieringa 2011).

Notes
Translating global epidemics: Ebola


Further reading


This article gives an excellent critique of the ‘culturalist’ paradigm of analysing Ebola epidemics as well as offering a nuanced reading of the ways in which ‘culture’ operates within the lexicon of global epidemics.

This chapter offers one of the few scholarly efforts of engaging with Translators without Borders and how their work can be analysed as part of the field of ‘crisis communication’.


This article offers a thought-provoking foray into the interconnectedness between medical anthropology and medical epidemiology. It addresses the role of ‘culture’ and its interception with epidemiology. Implicitly, this article also touches on issues of translation and health.


This article addresses the role of knowledge translation, medical knowledge and culture as a primary locus of how knowledge is produced, how it is translated and how biomedicine and cultural contexts of care interact with each other.

**Related topics**

Translation and Interpreting in Disaster Situations, Healthcare Interpreting Ethics, Machine Translation in Healthcare

**References**


Translating global epidemics: Ebola


