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RESEARCH ARTICLE

Language Issues of Migrants During the COVID-19 Pandemic: Reimagining Migrant (Linguistic) Integration Programs in (Post-)Pandemic Times

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Abstract: This paper surveys the language issues experienced by migrants during the COVID-19 pandemic and subsequently proposes a (linguistic) integration program for migrants, which is responsive and sensitive to their needs particularly during crises and emergencies. Migrants' access to disease prevention and health care has been limited, and one of the reasons for this is the language barrier. Likewise, migrants have also voiced out their difficulty communicating with health care providers also because of language. Migrants have also felt isolation because of their inability to reach out to people who could likewise speak their language and they can communicate with. Another harsh situation they have been put into during the pandemic was when racist and xenophobic language was directed at them, when they have been thought of as carriers of the dreaded disease. Changes and disturbances in migration patterns have likewise impacted how language has been used in contexts of mobility. A proposed (linguistic) integration program for migrants gives special attention to crisis and emergency situations, one which equips them with necessary knowledge, information, skills, and language for living in their destination countries and surviving crises and emergencies.

Keywords: Migration linguistics, integration programs for migrants, COVID-19 pandemic, migration studies

Aim of This Paper

The spread of the coronavirus disease 2019 (commonly abbreviated as COVID-19) has greatly affected and troubled migrants in so many ways but has particularly made them even more vulnerable. The aim of this paper is twofold: (1) to survey the language issues experienced by migrants during the COVID-19 pandemic and (2) to propose a (linguistic) integration program for migrants that is responsive and sensitive to their needs particularly during crises and emergencies. This paper is a work on migration linguistics (cf. Borlongan, in press), a subdiscipline of linguistics and applied linguistics

that approaches language issues of migrants in an interdisciplinary, multidimensional, theoretical, and practical manner.

Guadagno (2020) has broadly covered the issues of migrants during the COVID-19 pandemic, touching on a few issues related to language. And then, Piller et al. (2020) have focused their reflections on the pandemic with reference to the different language issues arising from this crisis. The (language) issues they have raised and identified are similar and actually intertwined (i.e., limited access to disease prevention and health care due to language barriers, difficulty in communicating with health care providers, isolation resulting from the inability to communicate, and racist and stigmatizing language directed towards foreigners and migrants), and to what they have already put forward, I also discuss changes and disturbances in migration patterns.

Limited Access to Disease Prevention and Health Care Due to Language Barriers

In a (health) crisis such as the COVID-19 pandemic, vital information accessible in as many languages as possible is key to avoiding the further aggravation of the situation, and many people and government and nongovernment institutions realized this early. The ideal situation is that there is sufficient information regarding the disease in most of the languages of the migrants, particularly the most well-represented nationalities in the destination country. Countries belonging to the Group of Seven (G7) economies have information at least in the official native language (which is given, and this is likewise used by the autochthonous population) and, at least, in English, though sometimes not as informative as the native language. But not all international migrants could use English to be able to afford themselves necessary information and subsequently care in a health crisis

Table 1

Languages in Which COVID-19 Information Is Available in Different Countries

Country	Languages in Which COVID-19 Information Is Available
Australia	English
Belgium	Dutch, French, German, and English
Canada	English and French
France	French and English
Germany	German, English, and French (only on the government's website but not on the health ministry's website)
Iran	Persian and English
Italy	Italian and English
Japan	Japanese, English, Chinese, and Korean
Netherlands	Dutch, English, and Papiamento/Papiamentu
Russian Federation	Russian and English (English version of the health ministry's website does not provide information on COVID-19 in English)
Saudi Arabia	Arabic, English
Spain	Spanish, Basque, Catalan, Galician, Valencian, English, French
Switzerland	French, German, Italian, and English
United Arab Emirates	Arabic and English
United Kingdom	English
United States	English

such as the COVID-19 pandemic. As of writing, there is information relating to COVID-19 on the websites of health ministries of these countries in the following languages shown in Table 1.

Local governments also took initiatives in making coronavirus-related information available in many (migrant) languages. For example, the Health and Human Services of the Victoria State Government of Australia distributed both in print and digitally QR (Quick Response) code links to information in 54 languages regarding COVID-19, as shown in Figure 1.

Intergovernmental organizations also make available multilingual resources regarding the COVID-19 pandemic. The International Migration Organization of the United Nations has dedicated pages on its website where information on the pandemic is available in 27 languages. Meanwhile, the European Commission's Directorate-General for Communications Networks is using language technology to provide COVID-19 resources in many languages through its COVID-19 Multilingual Information Access (MLIA) initiative. The initiative takes advantage of automatic translation to generate multilingual resources regarding the disease.

There were also concerted efforts from various sectors to provide multilingual resources regarding COVID-19. One example is the present and past volunteer students of the Tokyo University of Foreign Studies who have put up a multilingual support portal, which made available information on COVID-19 in 13 languages. The organization Doctors of the World has translated the United Kingdom National Health Service guides into 61 languages, some even with audio and video guides. Links to these translations are found on the Greater London Authority website.

But so far, while there is this disposition to provide information in as many (migrant) languages as possible, there still remains much to be desired. Both health information and health care must be provided as efficiently through a medium easily understandable to migrants. Professor Brett Sutton, Chief Health Officer of the Australian state of Victoria, worded this desire perfectly:

> We know that there are some migrant communities, recent migrants or culturally and linguistically diverse communities, who are overrepresented now with some of our new cases. [...] It's our obligation as government to reach those people. It's not their fault if we're not going in with appropriate engagement.

Difficulty in Communicating with Health Care Providers

Even before the COVID-19 pandemic swept the world, many studies have already been done on how to provide health care for migrants not able to use the language of their destination countries. Discourses are ongoing because the issue still persists. In fact, health care provision for migrants remains among the

Figure 1. Four Pages of QR Codes Linking Translated Information Regarding COVID-19 Distributed by the Health and Human Services of the Victoria State Government of Australia

key issues in globalization in general and migration in particular. Ahmed et al. (2017) effectively summarized scholarly literature on communication barriers between physicians and migrant patients. They highlighted some key themes: there is insecurity on the part of physicians when they communicate with migrant patients, where high levels of misunderstanding often happen, physicians themselves admit. The strategy physicians often take is to be directive, in effect, becoming less personal and more authoritative. The limited proficiency of migrants in the language of their destination countries makes them hesitant to seek health care, so much so to speak with physicians. Often, communication barriers affect treatment decisions and plans. Although there are available interpreters, it remains a question whether they are indeed helpful.

Goldberg (2020) so wittingly captured this issue of communicating with health care providers in the context of the COVID-19 pandemic in her article "When Coronavirus Care Gets Lost in Translation," which appeared in *The New York Times*. The drama—lost in translation, as she says—is conveyed early on in the first two paragraphs of her article worth reproducing here:

> Recently Dr. Alister Martin faced his patient, a Hispanic man who spoke no English, and broke the news that he would have to be intubated. Struggling to keep his voice calm, Dr. Martin, of Massachusetts General Hospital in Boston, suggested that the man call his wife. And he told the patient, a bus driver and a father of three, that he should give her his love and say goodbye, just in case.
>
> This exchange is now part of the fabric of Dr. Martin's daily routine, but it never gets easier. Making it all the more difficult is that each piece of information is repeated at least twice: Most of Dr. Martin's Covid-19 patients don't speak English, so he communicates through a language interpreter on the phone. (Goldberg, 2020, pars. 1–2)

Not only do interpretations lengthen doctor–patient exchanges, they likewise obscure and, worse, make all the interlocutors—the doctor, the migrant, and the interpreter likewise—more anxious. Also, in the case of COVID-19, the progression and escalation to a critical stage are often fast-paced that the burden of having the need to interpret adds to the severity of the situation. Hadziabdic et al. (2009) revealed that the use of interpreters is not liked by migrant patients even if they are necessary for interacting with health care providers. They thus suggest that specific guidelines for medical interpretation be put up and, likewise, an organization for medical interpretation be established so that migrants will have immediate access to these kinds of services that are of quality.

The last decade saw an increase in old foreign-born and trained health workers across the developed world (Organisation for Economic Co-operation and Development, 2019). Likewise, it is worth noting that, also in the developed world, those health workers born abroad outnumber those who were trained abroad. It could be assumed that, at least, these health workers can communicate in a foreign language and culture. This helps minimize communication difficulties. But the ultimate vision that remains is that there could be a health worker available to be able to communicate to a patient in their language as a consequence of these health care workforce migration trends. Needless to say, this remains a vision out far to this day.

On a more positive note, Sudesna Roy Chowdhury, a graduate student of medicine at the National University of Singapore, developed a website that could aid doctors and nurses in treating foreign workers who caught COVID-19. Translations for common phrases for checking symptoms and medical history have been done for Tamil. Other languages will follow. Aside from this one, there are also many other voluntary efforts toward bridging the language gap between health workers and patients in Singapore.

Isolation Resulting from Inability to Communicate

Beyond its immediate threat to physical health, the COVID-19 pandemic also harms people's mental and psychological health, so much so for migrants. This could be due to their inability to communicate with the local population because the migrants do not (fluently) speak the language of the locals. One particular study (Kumar et al., 2020) pointed out that, in a survey of close to a hundred migrant workers, three-fourths got depressed and half have been anxious because of the current situation. Around a

third of their respondents have expressed that they have been lonely, half said there was a decrease in social connectedness, and a third reported their experiences of social isolation.

In the process of assimilating and integrating, of building and wielding their networks within the society of their destination countries, migrants often also take the route of connecting with their co-ethnics who likewise migrated into the same country. These co-ethnic social networks often provide a refuge for migrants, a kind of support with some sense of familiarity because of shared national identity. To this, I can further add, with some degree of confidence, a common language or lingua franca. Particularly during crises like the COVID-19 pandemic, it would be very helpful to have access to such a network, most especially, as was discussed earlier, since important information regarding the virus, the pandemic, and health care provisions might only be available in a language not too familiar to the migrant. But what is very worrying is that the isolation brought about by physical distancing guidelines to prevent further spread of the virus has made interactions with co-ethnics less frequent, if not totally preventing them. Opportunities for them to gather in either ethnic enclaves or transnational social spaces would have been minimized or inhibited.

For example, Filipino domestic workers in Hong Kong often congregate in an open space downtown and their Singapore counterparts congregate in a certain shopping center also downtown during their rest days, but they have been advised not to do so by their employers. Even worse is that the Hong Kong government empowered its Secretary for Food and Health on March 28, 2020, to prohibit group gatherings, in effect disallowing the usual gatherings of Filipino domestic workers in Hong Kong. Similarly, the Singapore Ministry of Manpower instructed on April 11, 2020, that domestic workers must remain home even on their rest days and that they should only go out when doing important errands.

Of course, now, connectivity through the Internet and social media makes social isolation less severe, but it could not completely substitute for face-to-face encounters and interactions. Unless migrants live in ethnic enclaves, people in the immediate surrounding of migrants may not offer the same kind of support co-ethnics could give, which could only be assuringly given by and through a language so familiar to migrants. Truly, (a common) language is a bridge that connects people, uniting migrants with their co-ethnics.

It is good to add here that there are initiatives like Newcomers' Health and Well-Being by the Canadian Mental Health Association, York and South Simcoe (CMHA-YRSS), serving a region in the Greater Toronto area. Established just this year, it is funded by Immigration, Refugees and Citizenship Canada and aims to assist migrants, particularly newcomers, as the name of the program suggests, in the mental health issues they may have in relation to living in Canada. Although the association's website does not say specifically that this program includes provisions for mental health issues of migrants caused by the pandemic, the association also provides resources regarding the pandemic for use by the general population, so it is highly likely that pandemic-focused help could be given by the association to migrants.

Racist and Stigmatizing Language Directed Towards Foreigners and Migrants

Xenophobic attitudes and actions toward migrants during this COVID-19 pandemic are already well-documented, even in scholarly literature. Gover et al. (2020) referred to this as the "reproduction of inequality," whereas Reny and Barreto (2020) despised this "othering" towards Asians. Language directed towards foreigners and migrants has also been specifically discriminatory because of COVID-19. Early on, there have been reports of racist comments towards them, particularly those of Chinese and other East Asian ethnicities. United States President Donald Trump's notes in the daily White House briefing on the pandemic for March 18, 2020, were photographed by Jabin Botsford of *The Washington Post* as having crossed out the word *corona* and replaced it with *Chinese* before *virus*. President Trump has then subsequently used the term *Chinese virus* on many other occasions and even justified why so, telling the media that it is because the virus originated from China, adding, "It's not racist at all." Similar verbal and nonverbal racist acts have been reported globally towards Chinese and other East Asians and even those who are local residents having those ethnicities. As such, some took these as attacks directed toward the Chinese and other East Asians and have called out these

remarks, and there has been an outcry to the tune of "Asians/Chinese are not the virus."

Differentiating language may even be used in the local official narrative in some countries. For example, Japan distinguishes new cases by age because, for some time, the increase in the number of infections was largely because of people in their 20s and 30s enjoying the nightlife, and the Philippines pointed out "late" cases, those who tested positive for the infection after four days or even more, vis-a-vis "fresh" cases, those who tested positive within the last three days. On the other hand, Singapore categorizes new cases as coming from the "community" (Singapore citizens and other local residents not belonging to the next two categories with breakdown per visa status), migrant construction workers in dormitories, and foreign travelers. At the onset of the spread of COVID-19, Singapore was among those who seemingly controlled the situation and even became a model to other countries with just a hundred cases by the end of February 2020. Unfortunately, in controlling the spread of the disease, migrant construction workers living in dormitories were missed. The first case of a migrant construction worker infection surfaced on February 8, 2020, and the first cluster, on March 30, 2020. In roughly two weeks, the first migrant construction worker dormitory cluster reached around a thousand infections. Although there have also been other cluster infections in the island nation outside of those dormitories, the situation in migrant worker dormitories—often cramped and shared with many individuals—has caused the surge in the number of cases in Singapore. These workers were eventually given the necessary health care from the government and were also isolated from the rest of the nation. Possibly to make the daily rise in the number of cases a little less alarming, it was better thought that a distinction is made between cases in these dormitories and cases outside, those called cases in the "community." Also, there was a need to point out infection of individuals with recent travel histories. Although the three-way distinction might have been made to prevent widespread panic, it could also lead to discrimination towards these migrant workers, most especially because these categorizations are used and repeated many times in daily news and discussions regarding the pandemic in the nation. The categorizations may allude to a notion of othering—earlier mentioned by Reny and Barreto (2020)—within the nation, and that other is the migrant construction workers in particular and migrants and foreigners in general.

Yeh (2021) studied the news about the COVID-19 pandemic and the relevant Taiwanese students' sentiments using corpus-assisted discourse analysis. She found that international news reports have the capability of spreading ideological views of anti-Chinese sentiments. Meanwhile, students demonstrate a strong sense of pride in Taiwan's campaign against COVID-19 and often make it clear that they are not Chinese from the mainland but Taiwanese.

Changes and Disturbances in Migration Patterns

As was mentioned earlier, travel restrictions and border closures have been implemented to prevent the further spread of the virus. Early on these times of the pandemic, it was reported that almost 91% of the global population, or 9 out of 10 people (which is roughly 71 billion people), had been restricted from traveling because of the prohibitions made by governments around the world (Connor, 2020). Although the restrictions and closures worked to curb the spread of the virus (Linka et al., 2020), they nevertheless had serious socioeconomic implications (Nicola et al., 2020). Clearly, these limitations on cross-border movements have greatly impacted migrants. Migrant and transnational families could not be reunited, foreign workers could not go to their work, international students could not attend their classes, and even refugees and illegal aliens could not move or could not earn income; thus, their situations worsened.

At first instance, these travel restrictions and border closures may seem likely to have no effect on languages or language ecologies, but they certainly do. Though migrants have, by and large, been considered as "different" in their destination countries, their presence has brought about the kind of diversity that is inevitable for societies pushing to globalize even further. Along with this, expectedly, they contribute to linguistic diversity beyond the local languages of their destination countries. To a certain extent, the travel restrictions and border closures have prevented migrants who are speakers of other languages from coming over to destination

countries or have driven them back to their origin countries. This is immediately noticeable in the languages heard and spoken when one goes around, particularly in cosmopolitan areas in destination countries—there are fewer foreign languages heard and spoken because migrants, as well as temporary visitors (e.g., leisure and business visitors)—could not be heard speaking foreign languages. Although this is imaginably temporary (as closures and restrictions are little by little being lifted), there is the growing fear that general migration patterns will be forever changed because of the COVID-19 pandemic. It remains to be seen how this will affect the linguistic diversity brought about by migration, though I hope that the effect is not severe.

In the same vein, migrants, particularly foreign workers and international students, usually have some language classes before or at the beginning of their move to their destination countries. However, because of these travel restrictions and border closures, they are unable to travel to their destination countries. Thus, they do not get the optimum advantage of acquiring and learning their target languages in an environment where they are used. It is a classic principle in developmental psycholinguistics that languages are ideally acquired and learned in an environment where they are used, where exposure to the target language is both abundant and natural (cf. Lightbrown & Spada, 2013). It is unfortunate that, due to these restrictions and closures, migrants trying to learn the languages of their destination countries have to make do solely with language learning materials and, at most, interactions made online. Especially the international students who study the languages of their destination countries within a predefined period (e.g., the specified number of years of their study), they lose this advantage and privilege of acquiring and learning the target language in an optimum environment.

These, among others, are ways in which changes and disturbances in migration patterns have affected language, acquisition, and learning during the current pandemic. Although significant changes could only possibly happen if these changes and disturbances linger on far too long, it is not premature to be predicting their linguistic ramifications, which are often felt much later and thus many a time left to their own before they are more carefully dealt with, hopefully through recalibrated sociolinguistic engineering given these (new) realities.

(Linguistic) Integration Programs for Migrants in (Post-)Pandemic Times

Our discussion thus far emphasizes how important it is to always be prepared for crises and emergencies, regardless whether one is a migrant or a local. As such, Li et al. (2020) suggest a national emergency language competence, which is built around four dimensions:

1. Crisis stage: Preparation, rescue, and recovery phases
2. Communication task: Information provision, trust-building, and minimizing misinformation
3. Language type: Standardized national language, nonstandard varieties, minority languages, major international languages, migrant languages, and signed languages/ Braille
4. Capacity: Linguistic talent, human resources, technical resources, and databases

Helpful for national governments and even so for local governments is such a competence as outlined by Li et al.'s (2020) that I further proposed a "crisis and emergency language competence and plan for migrants" (Borlongan, 2022, p. 506) as having the following strands or components:

(1) Pre-migration and in-migration orientation regarding crises and emergencies for migrants: Orientation must be given to migrants as to how to act and what to do during crisis and emergency situations supplied with the necessary local language needed to carry out such contingency plans. This kind of orientation must be given both by the origin country government before departure and by the destination country upon arrival.

(2) Information and instruction for a migrant-inclusive plan during crises and emergencies for citizens and other local residents: When citizens and other local residents are given information and instruction regarding crises and emergency situations, they must also be taught and trained as to how to include in their community action plan migrants, new residents, and even foreigners who might not be too familiar with the place

and not too proficient in the language to help themselves in these situations.

(3) Provision for multilingual health information and health care: Governments of destination countries must continuously strive to enrich their material and human resources to be able to provide health care to a multilingually and multiculturally diverse populations particularly during crisis and emergency situations.

(4) Training for health care providers for a multilingually-diverse population: Doctors, nurses, and other health care workers must be equipped with basic emergency response and interactional strategies for migrants needing health care who are not proficient in the local language and must likewise be given support and resources to seek out further language assistance when need arises.

(5) Government agencies in charge of migrants particularly during crises and emergencies: Specialized government agencies must be set up to respond to the needs of migrants during crisis and emergency situations and they must be able to (a) ensure there is adequate health care provision for migrants, (b) censure and penalize discriminatory and racist attitudes, actions, and language towards migrants, and (c) provide accessible, multilingual mental health support for migrants.

(6) Coordination plans with national governments and embassies of migrants: Officials in charge of dispensing help during crisis and emergency situations must have immediate contact with national governments and embassies of migrants, particularly those whose language is not readily available in the local human and material resources.

At this point in our discussion, it is efficacious and plausible to propose a (linguistic) integration program for migrants that gives special attention to crisis and emergency situations. A program of such a purpose attuned to migrants' needs during crises and emergencies equips them with necessary knowledge, information, skills, and language for them not only to be prepared to help themselves during those precarious situations but also to ensure that they will be able to cooperate in whatever mechanism and plan their destination country government has during crises and emergencies. I envisage of that purpose to have the following content and organization:

A. General Information

1. Basic Survival: Enumerates the important points for living in the destination country, in particular those relating to food, housing, and utility.
2. Culture and Lifestyle: Discusses ways of life of local residents including cultural bases of these mannerisms.
3. Public and Government Services: Previews the public and government services and aid available to local residents but most especially (new) migrants.
4. Common Crises and Emergency Situations: Informs migrants of the common crises and emergencies that happen in the destination country and how local residents react to them.

B. Language Proficiency

1. Common Expressions: Introduces useful expressions for daily life, for example, buying food, asking for directions, asking for assistance (simple tasks).
2. Basic Language Structure: Gives an overview of the language structure and guide to producing meaningful sentences.
3. Cultural Dimensions of Language Use: Explains cultural explanations and expectations regarding language use.
4. Useful Language During Crises and Emergencies: States the language that is necessary during crises and emergencies and negotiating meaning particularly during difficult situations.

C. Schemes

1. Public and Government Services: Identifies the various public and government services available to local residents as well as migrants and how these could be accessed by everyone.

2. Crisis and Emergency Plans: Very clearly outlines how to act and what to do during crisis and emergency situations and where to get further help in the language accessible to the migrant.

Much of the success of any program such as this one proposed lies in the people designing and teaching it. Thus, it is important that facilitators will be composed not only of highly qualified people who can talk about the topics and themes in the program. Aside from the teachers of the program, the involvement of government officials and workers, social and community welfare workers, crisis and disaster managers, language educators, culture experts, and the like is also highly desirable to make the program as rich, enlightening, and profitable as possible. Depending on the resources available (but most especially time and budget), it might be helpful to deliver this program in the span of a month for full-time takers and three months for part-time takers. Activities and learning experiences beyond the four walls of the classroom are highly encouraged, like visits to government offices, shops of companies serving the basic needs of people, places of cultural interest, and hospitals and crisis and emergency centers. The topics and themes identified do not necessarily have to be taught one after the other, and they may be integrated, though, of course, the logical complexity of a topic or theme may have to dictate where it would exactly be taught in the program. I do not wish to provide specific details regarding the delivery of the program, though that is always possible, but the outline above should be instructive enough to allow people in the position to implement such a program to be directed what to do while letting them to be creative in their pedagogy and likewise permitting adjustments and appropriations relevant to the migratory context where the program is being implemented.

Summary and Conclusion

The COVID-19 pandemic has emphasized how highly vulnerable migrants are and why their integration in their destination countries must be carefully designed. In this paper, I zoomed in on these circumstances and complications in relation to language and outlined one possible way to prepare migrants for living in destination countries but most especially surviving crises and emergencies. Migrants' access to disease prevention and health care has been limited, and one of the reasons for this is the language barrier. Likewise, migrants have also voiced out their difficulty communicating with health care providers also because of language. Migrants have also felt isolation because of their inability to reach out to people who could likewise speak their language and they can communicate with. Another harsh situation they have been put into during the pandemic was when racist and xenophobic language was directed at them, when they have been thought of as carriers of the dreaded disease. Changes and disturbances in migration patterns have likewise impacted how language has been used in contexts of mobility. It is in light of these issues that I proposed a (linguistic) integration program for migrants which gives special attention to crisis and emergency situations, one which equips them with necessary knowledge, information, skills, and language for living in their destination countries and surviving crises and emergencies. The global experience regarding COVID-19 pandemic makes discourses on migration linguistics all the more relevant and significant during and beyond the pandemic times.

Declaration of Conflict of Interest

None

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