Back in the 1970s, IT policy makers (or whatever they were called back then!) introduced disaster recovery intended to ensure seamless continuity of business operations. Disaster recovery became an essential part of the increasingly sophisticated infrastructure of the enterprise world. Some scenarios like floods, fires and so on were obvious, and insight had already been gained from prior experiences. But other ideas like jumbo jets falling out of the sky also received attention. Pandemics were recognized as threats, although the most dangerous diseases like smallpox were close to eradication. Certainly nothing like Covid-19 was recognized as likely to cause the kind of global disruption to our lives that we are currently experiencing.

The healthcare sector, of course, also plans for disasters. Computer support plays a major role in running controlled emergency environments that are properly staffed and provisioned, and on-the-ground experience gained from attempting to manage disasters in the developing world factors in. However, in these situations, staffing and provisioning often remain rudimentary and lacking. Much work still needs to be done. Interestingly, we see this echoed in the language environment — thousands of languages still await digitization, for example.

Like many of you, my current focus is in meeting the needs of a global community negotiating an unexplored and turbulent healthcare landscape. We’re considering recovery from a catastrophic medical disaster. My
experience in running businesses in life sciences does help. But global communication and my work with the nonprofit Translation Commons are of equal importance.

If good healthcare is a right, surely good communication is a right too. Covid-19 doesn’t care what insurance policy you have or where your doctor interned. It also doesn’t care what language you use. As much as the scale of infection and death, that’s what makes this a true humanitarian disaster.

But how and when we shall recover, and even if we can, remain tough questions.

Naturally, we linguists depend on the medical world for the source material that needs disseminating to multiple targets. But they depend on us to facilitate communication. Medical language has been in use for many centuries stretching back to classical times. Some anatomical terms have not changed for centuries, because our bodies haven’t altered during that time. This sets a solid base of precedents that allow precise communication to take place. At the same time, however, new discoveries along the frontier of medicine have resulted in entirely new and highly sophisticated terminological groups. Genetics is a prime example. So is pharmaceutical research. These are fairly obvious.

But then we must take into account policy making, legislation, legal issues, ethics and other source material that may not be so tightly bound to strict medical precedents. It is also quite probable that this information needs to reach much larger, potentially poorly-educated audiences for marketing, content and informational purposes.

Communicating medical information as medics understand it is redundant. What is needed is a linguist’s skill in rendering texts in a plain and understandable way that does not mislead or compromise information.

This brings me to the present pandemic that is affecting the global community. Leaving all the wrangling over preparedness and medical uncertainty aside, we are left with the task of telling the world how to deal with everyday life. One aspect of this is that not everyone observes simple precautions such as wearing face masks. In the so-called developed world, this may be due to oddball political stances. In the underdeveloped world, this is more likely to be due to incomprehension of the factors involved. Language plays a huge role here and I have been involved along with some extraordinary people in a project involving socio-medical translation, in over 200 languages and growing, to help spread the word to all corners of the globe as is specified by organizations like the World Health Organization (WHO).

There are, of course, many excellent initiatives taken up by individuals and organizations to spread information about various aspects of Covid-19 to the community. That is exactly what is required. But this diversity does not quite match the diversity of the global community whose individual requirements exceed most efforts. Yet Covid-19 is one disease. How do we communicate important information to some seven billion people reading and speaking over 6,000 languages? It’s true that there are impressive precedents for localizing information in multiple targets, but the scale of our Covid-19 responses take requirements to unprecedented levels.

Big Data has impacted all of us and our health data is no exception. But is the global community ready for this? The simple answer is no, and it will not be ready until we have a properly developed omnilingual digital infrastructure. How will this impact medical translation? Let’s just say there are mountains to climb, but we’re already on the lower slopes.

Another digitally-enabled service that has assumed a more important place in recent times is telemedicine. It was one thing when we read about doctors seeing patients remotely in underdeveloped locations, but now we are seeing the routine adoption of phone and computer consultations as a result of social distancing. So how does the medical community match up with the global language community? Short answer: it doesn’t. Long answer: it will. It has to.

All of the turmoil we are currently living through must result in an uncertain future for the costs of translation. Will machine translation deliver a magic bullet? Someone still needs to convince me that our future in the language industry is purely digital, and human translation will languish. Let’s see how Big Tech fares when the current layoffs bite deeper than any of us could imagine.

There are certainly many types of clinical, pharmaceutical, research and enterprise considerations to consider when looking at the future of medical translation. But from the community perspective, one consideration stands out for me. We are no longer talking about the multilingual paradigms we have been used to up until now. We are instead talking about a global, all-inclusive, multilingual paradigm where all languages, regardless of their current digital capabilities, are accommodated. This should be an industry priority and we need to make enterprise C-suites understand this.

Things have changed: deal with it.

But there’s a joker in this pack too. We are attempting to hit a moving target. Consequently, we need to adopt much more dynamic planning, delivery and maintenance practices. What is our Plan B? Whatever the answers to this critical question, in our industry we know all too well that languages remain our prime means of communication. We need to slough off the “add-on” label and make ourselves heard as the authoritative voice of global communication. Healthcare is now humanity’s prime concern, and that includes all the tongues of the world. [M]