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# Translating COVID-19 information into Yiddish for the UK Hasidic community

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**Abstract:** This article documents a recent project translating COVID-19 information into Yiddish for the benefit of the Hasidic Jewish communities in London's Stamford Hill and in Manchester in the UK. The translation work developed as a response to the urgent need for Yiddish-language resources specifically designed for the Hasidic community near the beginning of the pandemic. The translations were undertaken by a team consisting of linguists and native speakers of Hasidic Yiddish and took place within the framework of a research project funded by the UK Arts and Humanities Research Council, dedicated to linguistic and sociolinguistic analysis of contemporary Hasidic Yiddish worldwide. In this article we discuss the sociolinguistic background to the translations and investigate the reasons why they were so urgently needed, before going on to address the issues encountered during the course of the translation process and the decisions taken in order to resolve them. These issues include the type of Yiddish chosen for the translations, the translation of medical terminology, gender-based linguistic differences affecting the translations, and specific cultural considerations that needed to be taken into account.

**Keywords:** COVID-19 linguistics; Hasidic; translation; United Kingdom; Yiddish

*This article is lovingly dedicated to the memory of Rashid Alimov (1980–2020), ecologist and dearest friend, whom we tragically lost to COVID-19 on 18 December 2020.*

## 1 Introduction

This article documents our recent project translating COVID-19 information into Yiddish for the Hasidic Jewish<sup>1</sup> communities in the London and Manchester regions of the UK. In the article we will both examine the sociolinguistic context underpinning the need for these translations and discuss the actual translation process itself, which necessitated careful consideration of linguistic and cultural issues particular to the UK-based Yiddish-speaking Hasidic communities. It is hoped that our documentation of this translation project will serve as a case study illustrating the ways in which linguistic expertise can be used to directly address and mitigate the current COVID-19 crisis, and how important culturally specific translation efforts are in the dissemination of potentially life-saving information about the virus.

Since April 2019 we have been working on a research project on contemporary Hasidic Yiddish, funded by the UK Arts and Humanities Research Council and based in the UCL departments of Linguistics and Hebrew & Jewish Studies. Yiddish was the traditional language of Eastern European Jews and had around 10–12 million speakers before World War II. It is today considered an endangered language (Moseley 2010), but it remains an everyday language among many of the world's estimated 700,000–750,000 Hasidic Jews (Biale et al. 2018;

<sup>1</sup> This term refers to devotees of the Hasidic spiritual movement, which is a Haredi (strictly Orthodox) Jewish group following different rabbinic dynasties which trace themselves back to various geographic locations in Eastern Europe.

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Comenetz 2006: 58; Isaacs 1999: 13). The main Yiddish-speaking Hasidic communities are based in the New York area, London's Stamford Hill neighbourhood, Manchester, Antwerp, Jerusalem, Bnei Brak (near Tel Aviv), and Montreal (Wodziński 2018). Contemporary Hasidic Yiddish exhibits striking linguistic differences from the traditional pre-war Eastern European dialects of the language as well as from its standardized variety, such as a distinctive orthographic system, absence of morphological case and gender, developments in the pronominal system, various syntactic differences, and many salient lexical differences (see e.g. Assouline 2014; Assouline 2017; Belk et al. 2020a, 2020b, 2022, in press; Bleaman 2018; Bleaman 2020; Fader 2009; Kamoshida 2008; Krogh 2012, Krogh 2018; Nove 2018b; Sadock and Masor 2018). However, despite the intriguing differences in its structure, and its central role in the contemporary Yiddish world, apart from the studies mentioned above very little research exists on Hasidic Yiddish grammar or language practices (see Nove 2018a for discussion of reasons for this lacuna). Our main aim is to change this situation by providing the first in-depth description of the grammatical and sociolinguistic features characteristic of the Yiddish used by Hasidic communities worldwide, and an analysis of their implications for linguistic theory. Our research team consists of four UCL-based linguists and three research assistants who are native speakers of Hasidic Yiddish from Stamford Hill and Israel.

Since the beginning of the project our main focus has been on collecting and analysing linguistic data from Yiddish speakers in the main Hasidic centres worldwide, with extended fieldwork conducted in London's Stamford Hill, the New York area, and Israel. The COVID-19 pandemic put an abrupt stop to our work as we suddenly found ourselves unable to conduct interviews. We expected that we would spend the lockdown working on written materials and analysing data that we had already collected. However, owing to the rapid and unpredictable developments in the early stages of the pandemic, we soon found ourselves with an unexpected role to play during the crisis.

## 2 The UK Hasidic community

The Hasidic community in London's Stamford Hill comprises approximately 40,000 people, the majority of whom are Yiddish speaking (Holman and Holman 2002). There is also a substantial Yiddish-speaking Hasidic community in Manchester. The UK Hasidic communities have much in common with their counterparts in the other main Hasidic centres worldwide (the New York area, the Montreal area, Israel, and Antwerp). They are largely self-sustaining and are centred around the extended family and communal structures (for discussion of contemporary Hasidic culture and society, see Biale et al. 2018; Heilman 1992; Mintz 1992; Wodziński 2018). These Hasidic communities are characterized by an internal diglossia whereby the vernacular and L variety is Yiddish, while the H variety is a form of Hebrew maintained as a vehicle of reading and writing in certain (often more formal, learned, or elite) contexts (see Glinert 1999; Kahn 2022). Boys' education is typically in Yiddish at the primary level (termed *cheyder*), with more and more Hebrew introduced year by year. From the age of around 13, boys' education takes place in the yeshiva (Talmudic academy) and focuses on the study of the Talmud, a fifth- to seventh-century legal compendium in Aramaic (and, to a lesser extent, Hebrew), which is studied in the original languages but analysed and debated in Yiddish. Hebrew-language texts of Jewish law are also studied in the yeshiva. Girls' education, by contrast, is conducted in a mixture of Yiddish and English, with Yiddish reserved for Jewish subjects and English for the state curriculum (which comprises at most half of the school day). Girls do not typically study the Talmud or other Jewish legal texts, and as such are less familiar with Aramaic and Hebrew than their male counterparts (see Fader 2009 for discussion of Hasidic girls' education and language use). In addition to this internal diglossia, there is also an external bilingualism whereby English is used with the outside, non-Jewish, community, as well as with members of the Jewish community who do not speak Yiddish. Use of English most typically occurs in everyday contexts such as visits to the library, the post office, supermarkets, pharmacies, and hospitals, interactions with the local authority, and similar exchanges. Just as men are typically more familiar with Hebrew and Aramaic than women, so women tend to have greater exposure to English and to employ the language more often than men; for both genders, English serves primarily as a spoken language rather than a vehicle of writing. Newspapers and other media are typically read in Yiddish.

### 3 COVID-19 and the UK Hasidic community

All around the globe, COVID-19 has affected various groups of people unequally even within one country. Especially in the beginning, Hasidic communities appeared to be quite vulnerable to the pandemic in contrast with average numbers in the UK, the USA, Israel, and Canada (see e.g. Bateman 2020; Baxter 2020; Goldstein 2020; Hutton 2020; Stack 2020). One reason for this may be the fact that the Jewish festival of Purim took place on 9–10 March 2020, just as the pandemic was spreading around the world but before any official stay-at-home guidance or travel restrictions had been issued by the governments in the UK, the USA, or other countries with large Jewish populations. Purim is a carnivalesque holiday which involves large public gatherings, and as such the timing of the festival may have put Jewish communities, including Hasidic ones, in a vulnerable position with respect to virus transmission at this very early point, before there was widespread international awareness of its dangers (see e.g. Aherfi et al. 2020).

Given the rapid spread of COVID-19 throughout the world in March and April, governments, community organizations, and other institutions began a rapid information campaign in order to warn the population of the dangers and to quickly implement new and fast-changing regulations on social distancing, the need to stay at home, travel bans, and so on. Unfortunately, this information did not reach the Hasidic communities in London and Manchester as quickly or effectively as needed, owing to these communities' special cultural and sociolinguistic situation, as well as their own particular attitudes towards medical practices (see Coleman-Brueckheimer and Dein 2011; Kasstan 2019). First, Hasidic communities are extremely tight-knit and members frequently avoid secular sources of information, especially online media. For example, Hasidic households typically lack television sets or internet connections, and many community authorities expressly forbid the use of internet-enabled smartphones (with certain limited exceptions that specifically meet with rabbinic approval). Second, in addition to these cultural barriers, there are linguistic challenges to accessing information designed for the general population of the UK: many members of the Hasidic community are most comfortable reading in Yiddish and Hebrew, and might not find English-language written information particularly accessible.

### 4 The Yiddish COVID-19 translation project

It was clear from early on that a strong flow of information would be a key means for all of us to shift our daily routine drastically to this new emergency mode of living, and the information flow to London's Hasidic community was quite lacking. Given the fast-moving situation, health and police guidance started to appear in several waves on online forums to which many in the Hasidic community do not have access. In any community, it is natural that such inconvenient rules can be better adhered to if the authorities provide clear and transparent guidance as to why they have been put in place. We thus decided that we had a role to play in making such advice available to the Hasidic communities in an accessible format. One of our project leaders immediately contacted the NHS (UK National Health Service), as well as the London-based Metropolitan Police and Hackney Council, the local government authority for the London borough of Hackney, in which Stamford Hill is located. We offered to provide these institutions with Yiddish-language translations of the COVID-19 guidance that they had produced in English, targeted specifically for the Stamford Hill and Manchester Hasidic communities. The institutions responded enthusiastically to our offer, and we were able to begin work on the translations straight away. In addition, we also published information pages in a local magazine in Stamford Hill which reaches over 5,000 households. Subsequently, we were contacted by the organization Doctors of the World (<https://www.doctorsoftheworld.org.uk>), an international medical charity with a UK branch which runs various programmes providing medical care to vulnerable groups around the world. Doctors of the World had launched an initiative translating COVID-19 guidance into different community languages in the UK, and wanted to be able to offer a Yiddish version for the benefit of the Hasidic population in the country. We were also later contacted by a Manchester-based GP (doctor) whose clinic was located in an area with a large Hasidic

population. She asked us to translate into Yiddish a number of information letters giving COVID-19 precautions and guidelines, for dissemination among her patients.

#### 4.1 The language of the translations

We decided to translate the official guidance into colloquial Hasidic Yiddish in order to make it as accessible as possible to our target audience. As mentioned above, Hasidic Yiddish has a number of characteristic orthographic, grammatical, and lexical features that distinguish it from the standardized form of Yiddish which is widely used in non-Haredi settings (e.g. universities, language summer schools, the Yiddish theatre, secular Yiddish newspapers, etc.). Most professional Yiddish specialists, including translators, are based outside of the Hasidic communities and employ Standard Yiddish, which is in many ways alien to those accustomed to the Hasidic form of the language and indeed can evoke hostile reactions among Hasidic readers owing to its strong associations with the often anti-Hasidic rhetoric that can be seen in the secular Yiddish world (Bleaman 2018: 54–92). We wanted to make sure that our translations would be appealing and relatable to the Hasidic readership, and we felt that a translation into Standard Yiddish would have the opposite effect.

Our determination to translate the documents into an authentic Hasidic variety of Yiddish was underscored by our awareness of the detrimental effects that inappropriately translated public health announcements could have on attempts to safeguard Hasidic communities. For example, in 2019, the New York State Department of Health produced a Yiddish translation of an information sheet designed to combat the rapid spread of measles in New York-area Hasidic communities, but failed to avail themselves of any Yiddish speakers at all (let alone Hasidic Yiddish speakers) in this endeavour. The resulting Yiddish document was neither Standard Yiddish nor Hasidic Yiddish; it was replete with errors and was “barely comprehensible, almost offensive” (Nove as cited in Cohen 2019) and backfired dramatically as Hasidic Yiddish speakers roundly rejected the content of the information owing to the inadequacy of the language in which it was presented (see Cohen 2019 for further details).

#### 4.2 The translation of medical terminology into Hasidic Yiddish

One major issue in our translation process concerned the need to provide accurate translations of English-language technical and medical lexical items that would be accessible to our target readership. While Yiddish vocabulary has historically existed for much technical and medical terminology, contemporary UK- and US-based Hasidic speakers are not always familiar with these Yiddish terms, and tend in many cases to employ a borrowed English word instead. As such, we wanted to ensure that our translations included as many options as possible for medical terminology that was essential for proper understanding of the messages being conveyed. One solution to this problem was for us to provide the Yiddish, but then to add the English equivalent in parentheses. This particular technique was informed by our field research, in which we found that the use of chains of synonyms is a typical discourse tool for oral and especially written forms of modern Hasidic Yiddish. Thus, we provided Yiddish terms such as אַפֿטייק *apteyk* ‘pharmacy’, יענע מחלה *yene makhle* ‘cancer’, and רפואה-קליניק *refue-klinik* ‘medical clinic’ in our translations but supplemented these with their UK English equivalents *chemist*, *cancer*, and *GP surgery* in parentheses in order to ensure maximum accessibility. Similarly, in many cases Yiddish has two different synonyms for a particular concept, one deriving from the language’s Germanic lexical component and the other from its Hebrew component (see below for further discussion of the Hebrew component of Yiddish). In many cases, an individual speaker might be more familiar with one of these two synonyms, while another speaker might be more familiar with the other. In addition, Hasidic society is very international, and many UK-based community members have recently relocated to London or Manchester from Israel, where Hebrew-derived Yiddish vocabulary tends to be more widely used. As such, we often provided a Germanic-origin Yiddish term alongside a Hebrew-origin synonym, as some speakers would be more comfortable with the former and others with the latter; for example, we used

סימפטאמען *simptomen* ‘symptoms’, which comes from the Germanic component of the language, in addition to the Hebrew-origin equivalent סימנים *simanim*.

### 4.3 Gender-based linguistic considerations affecting the translations

Owing to the very strict gender roles in Hasidic society and the different models for boys’ and girls’ education, Hasidic Yiddish is used differently by men and women in certain respects (Belk et al. 2020b). In some cases, these gender differences had an effect on our translation and necessitated specific solutions that would ensure accessibility of the Yiddish document to men and women alike.

As noted above, Yiddish, including the Hasidic variety, has a substantial lexical component traceable to Hebrew and, to a lesser extent, Aramaic. This Hebrew and Aramaic component comprises approximately 12–20 percent of all Yiddish vocabulary (Jacobs et al. 1994: 417). However, its frequency varies to some extent depending on the context, with the rate of Hebrew and Aramaic terms rising in topics of conversation relating to Jewish religious topics, for example in sermons given by Hasidic leaders. As such, knowledge of certain types of Hebrew and Aramaic vocabulary, particularly those items relating to Jewish law as studied in the yeshiva, are more familiar among male Yiddish speakers than their female counterparts.

An example of these gender differences came up in our discussion regarding the Yiddish translation of the English term *essential*, which lacks a straightforward equivalent in Hasidic Yiddish. The male members of the team suggested the Hebrew-origin term הכרח *hekhrekh* ‘obligatory, essential’, but this was rejected by a female member of the team; she pointed out that women would be unlikely to understand it given the fact that it is typically used in legal contexts and would be familiar to men from their studies in the yeshiva, which women do not attend. In this case, we chose the Germanic-origin alternative נויטיג *noytig* ‘necessary’, which is familiar to speakers of both genders.

### 4.4 Cultural considerations affecting the translations

In addition to the linguistic and gender issues that came into play during the translation process, there were also cultural factors to be taken into account. One of the main priorities for our translation process was to ensure that the Yiddish text we produced was culturally appropriate to the Hasidic community in question and did not contain any content which might be insensitive to the concerns of the target audience (see e.g. Bassnett and Lefevere 1990; Nida 2012 [1964]; Nida and Taber 2003 [1969]; Pym 2014; Toury 2012: 17–34; Vermeer 2012 [1989] for discussion of cultural considerations in translation). The NHS and police information provided to us for translation was written for a general British audience and therefore contained certain important points of reference that would not be relevant for a Hasidic audience. For example, many of the English-language guidance sheets provided government websites for individuals to contact if they had COVID-19 symptoms and needed assistance (instead of going into a clinic and risking infecting others). We felt that providing a website but not a phone number would be counterproductive for our Yiddish-speaking target audience, given the fact that many Hasidic families do not use the internet. Thus, we asked for permission to provide a phone number in addition to the website address in our translations.<sup>2</sup> Likewise, one instruction sheet issued by the NHS in June 2020 that provided guidance about when to contact the NHS regarding a suspected case of COVID-19 contained the instruction to seek medical help if everyday activities “such as watching TV” began to be difficult. We felt that watching television was not a helpful point of reference for our target audience, since most Yiddish-speaking Hasidic households do not own television sets. Thus, in our Yiddish version we added in a reference to ליינען *leyenen* ‘reading’, which is a comparable and more relevant everyday activity carried out in Hasidic homes.

<sup>2</sup> The phone number does not provide information in Yiddish, but for many members of the Stamford Hill Hasidic community spoken English is much more accessible than its written counterpart, and phones are much more accessible than the internet.

Conversely, because the information sheets were designed for a general audience, they did not contain any mention of specifically Jewish issues, such as prohibitions regarding attendance at the mikveh (ritual bath), forming a minyan (quorum of 10 men required for daily public prayer), and attending synagogue services. As such, we were concerned that Yiddish-speaking Hasidic audiences would be left without crucial information needed to help them modify their daily activities sufficiently. We felt that it was vital to apply our cultural knowledge of the Hasidic community by intervening in the translation process and including details of these salient topics so that the translated notices would be as helpful and relatable as possible for our readers, thus helping to stem the spread of the virus to a greater degree. Thus, we asked for and were given permission by the relevant authorities to add in these specifically Jewish points of reference to our translations. We were pleased that the NHS and police allowed us to make these additions so that the final products were not only in Yiddish, but also culturally relevant for the intended readership.

Similarly, some of the information sheets contained instructions regarding restrictions on family and public gatherings such as weddings which we were concerned might be open to misunderstanding by a Hasidic readership. For example, at one point during the early summer, government guidance was issued that limited wedding guests to “close family”. The term “close family” in Hasidic circles typically includes a much higher number of individuals than in the general British context as household units are usually considerably larger (with between six and 12 children being the norm); moreover, “close family” can often encompass a wider range of relatives (e.g. in-laws, cousins, grandchildren, aunts, uncles, nieces, and nephews) than is usually the case in Western societies. Therefore we felt that this instruction was too vague to be helpful for our readers, and asked for permission to cite a particular number so that the Yiddish-speaking audience would know what was meant by the restriction.

## 5 Conclusion

Our project has highlighted a number of issues relating to the unique position that minority languages occupy vis-à-vis the dissemination of COVID-19 materials. First, it is easy to assume that minority communities are typically familiar with the majority language and therefore should be able to access public health messages in that language; however, as our experience has shown, this is not necessarily the case, and even highly bilingual minority communities may respond better to materials in their own mother tongue. Second, even where the official variety of a minority language would be alienating to the target community, it is possible to overcome the specific challenges related to this and to provide a translation which is both accurate and natural. In such situations, the use of synonyms from different languages or from different layers of the target language can be a useful tool for ensuring maximum accessibility in the case of a minority language variety without a uniform vocabulary for specific medical and scientific terms. When conducting translations of this type, it is important to keep in mind the linguistic sensitivities of the community in question, rather than resorting to use of a standard variety which may be unfamiliar or uncomfortable for the intended readership. Third, when translating public health information it is not only necessary to have knowledge of the target language, but also of the cultural sensibilities of the community; a certain degree of localization may be required in order to make the target text relatable to the readership, without compromising on the accuracy of the message.

It has been a very moving experience producing these translations, and even more so to hear reports of them being disseminated in north London. We were particularly touched to receive a positive message from a friend of a friend living in Stamford Hill who had seen the Yiddish information on display in the community. It is our sincerest hope that these translations will go some way towards helping to support the Hasidic Yiddish-speaking residents of London and Manchester in these grim times. We also hope that our findings and experiences with respect to Hasidic Yiddish can be relevant to the translation of public health materials into minority languages more broadly.

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