# COVID-19 Linguistic Legacy

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The year 2020 – a year to be remembered by all of us for a very long time. Too many things went unexpectedly wrong that it was no surprise we were looking forward to 2021, hoping that the previous nightmares we went through would be replaced by some peaceful dreams.

A new reality dawned on us in a matter of days. Trying to find something good in it, did not work. There was nothing positive about it. Even the word positive became an ugly word.

We painfully wanted back our good old ways of living and working. Dislike towards 2020 was increasing with each day we had to stay locked. The new order of things pushed us towards nostalgia for our previous life. It made us confused, angry, and most disappointingly we felt powerless against that invisible enemy whose name, we sadly learned, was *COVID-19*!
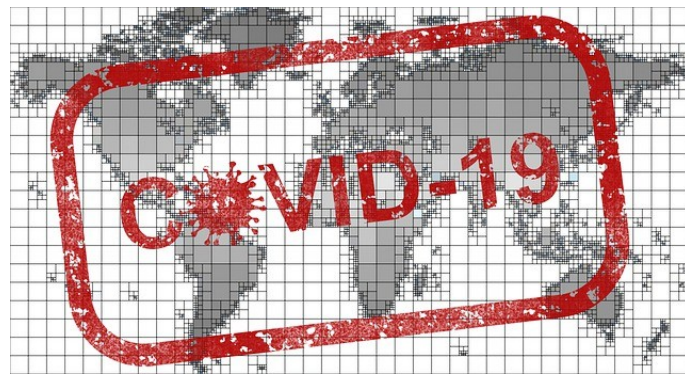
Our work became work from home, our living room became a living office, the school moved to kid's laptop next to us, and Amazon became our favorite shopping mall. The main topic of conversation and concern became the number of newly infected people and a remote friend who got it – no one knows how.

New things came into our life. Microsoft Teams squeezed in to replace our face-to-face meetings, and *Zoom* became the main communication channel with our family and friends. Do you hear me? Do you see me? – became the main greetings. Hello, please repeat that. You were cut off for a moment, or maybe you are muted – became regular parts of our conversations.

We started mixing days and dates, nights, and days, and I think I even mixed the seasons. I remember we used to have four seasons but in 2020 there were somehow only two seasons – Quarantine and No-quarantine season!

If there is one single word to describe 2020, it is the word *CHANGE*, in particular unexpected change. As we remember, it all started with Wuhan and the World Health Organization (WHO) announcing on 11 March 2020[1] that the world has entered the COVID-19 pandemic!

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1   https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

Many things changed, including the way we live, work, take care of our health, shop, entertain ourselves, communicate, and relate to others, and many others. One of the things that came into our lives almost unnoticed is a new vocabulary. In a very short time, we accepted and started using so many new words and terms that it was hard to understand and explain such sudden change. This incredible linguistic development is usually possible only during a major war or economic crisis, but this time it happened with the health crisis.

New social, medical, technical, government, economy, and even conspiracy theory words became part of our newly acquired vocabulary and everyday conversations. We were constantly bombarded with new terms from TV, news, Internet, social media, radio, and friends. There were too many previously unknown or uncommon words to list, but few examples would remind us of the most memorable ones that marked this unprecedented year behind us.

MEDICINE AND HEALTH

Let us start with the field which is the most important and the most obvious source of new terminology.

The most important word we learned and quickly started to use was ***COVID-19***. It stands for novel coronavirus disease 2019, the year when it was detected. We also learned that the illness was caused by the virus ***SARS-CoV-2*** (severe acute respiratory syndrome coronavirus 2).
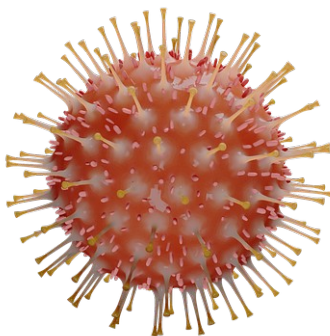

We immediately learned to differentiate *a pandemic* (a worldwide spread of an infectious disease) from *an **epidemic*** (a smaller area or community, sometimes called *an outbreak*). ***Symptomatic*** friends had to be avoided, but ***asymptomatic*** ones, with no symptoms of disease became dangerous as well. Some of us became ***presumptive positive cases***, but, unfortunately, many became also ***confirmed positive cases***. T*he incubation period* became the most feared period of our 2020 life.

Doctors scared us with ***Acute Respiratory Stress Syndrome (ARDS),*** a condition in which fluid builds up in the lungs leading to a deprivation of oxygen in the bloodstream and frequently a fatal outcome. We learned that ***Hydroxychloroquine*** is an oral drug used to treat malaria but might or might not work against COVID-19, just like ***Remdesivir,*** initially developed and used to treat Ebola.

Medical *ventilators* and *respirators* were the most sought out equipment especially at the beginning of the pandemic, while *intubation* became our nightmare.

Personal Protective Equipment (PPE) became part of our daily fashion. Protective masks were everywhere, so we learned the difference between *surgical masks*, *cloth masks*, *N95*, *KN95*, *3M masks* with or without a filter. We even realized a difference between *FFP1*, *FFP2*, and *FFP3* (filtering face-piece) masks.
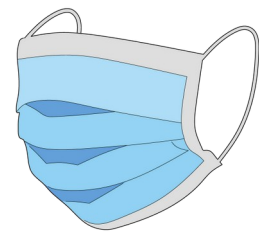
GOVERNMENT AND SOCIETY

State of emergency, *curfew*, *quarantine*, *lockdown*, *lockout*, *shutdown*, and (self)*isolation* became the main concepts introduced and used by various governments. Different *lockdown tiers* and country or region *color-coding* systems were invented to keep us informed about the various degrees of imminent danger to health and social well-being.

The size of our *social bubble* was being constantly modified, depending on our behavior and the *community spread* of infection. *Disease clusters* became targets of prevention and *social distancing* or *physical distancing* was a must throughout the world, although the actually recommended distance varied considerably. Some countries experimented with *herd immunity*, also known as *social or community immunity*, but had to adjust or completely abandon their approach.

It became critically important for states to conduct *COVID-19 RT-PCR* (Reverse Transcription Polymerase Chain Reaction) testing, or to perform simpler *antigen tests* on an entire population, as was the case with some EU countries. *Antibody tests* were much sought since people wanted to know if they had been infected, even though those types of tests were not so reliable and not used to diagnose present infection. We got confused with *false-positive* and *false-negative*.

We became familiar with the concept of *patient zero* (the first person infected with a disease in a region or community) and a *superspreader* (a highly contagious individual).

VACCINES

Like many other fields of human activity, the COVID-19 vaccine became a battleground. Various companies were fighting to become the first ones on the market with their invention, while countries were promoting their approach and criticizing the developments made by other states. Although very confused with their differences and ways they would protect us, we learned about *Pfizer-BioNTech*, *Moderna*, *AstraZeneca*, *Sputnik V*, and *Sinopharm* vaccines.
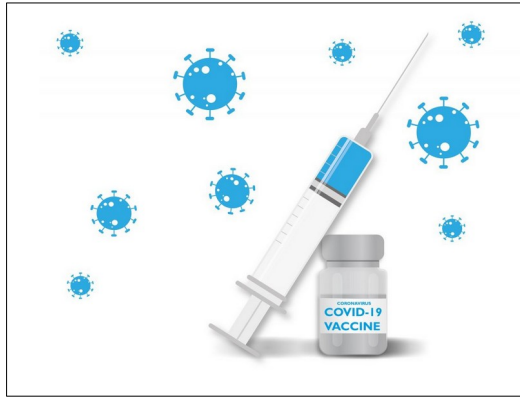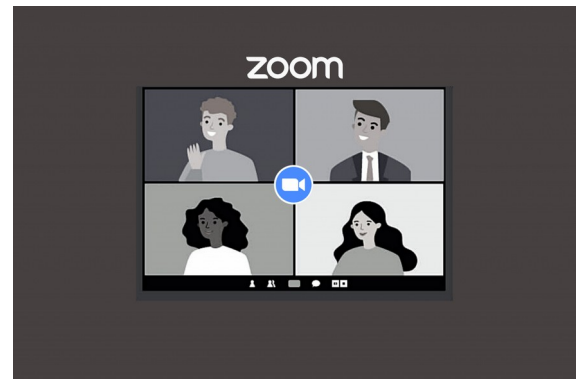
Many became well-informed about something called the ***messenger RNA (mRNA)*** which is used by both the Pfizer/BioNTech and the Moderna vaccines. Coronaviruses have a spike-like structure on their surface called an ***S protein*** so some of the vaccines give cells instructions to make a harmless piece of an S protein.

INFORMATION TECHNOLOGY (IT)

IT played an important role in responding to COVID-19. It helped companies continue conducting their business, children attend schools and lectures, doctors offer medical advice and services, maintain our social contacts, and stay in touch with our friends and family.

Videoconferencing replaced physical contacts, and people used some specific IT terminology in their everyday conversations. So we started ***zooming*** (using the videoconferencing platform) while, at the same time, we paid attention to ***videofurbishing,*** (arranging books and other paraphernalia in our background). Dangers came in form of ***zoombombing*** (unwanted, disruptive intrusion caused by internet trolls and hackers crashing a virtual meeting held on Zoom), and from **doomscrolling** (obsessively scrolling online through depressing news). As gyms were ordered to close down, the term ***Zoom Yoga*** emerged together with a ***quarantini***, the first cocktail in lockdown.

Several applications were developed to keep track of people's contacts and movements, so ***social tracing*** was born as a new widely known term. However, it also attracted negative attention because of privacy protection and big brother issues.

Digital inclusion, as the ability of individuals and groups to access and use information and communication technologies, became important. Access to and use of information and communication technologies impacts individuals, communities, and even whole nations. Digital inclusion is important to economic and social development, civic participation, education, healthcare, culture, and many other areas of activity.

BUSINESS

Business in general was hit exceptionally hard. In a very short time, it had to change its regular **modus operandi** and move, whenever possible, to ***Work From Home (WFH)***[2]. Not only business

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2 http://dobrica.savic.ca/pubs/TGJ_V16_N2_Summer_2020_DS_article.pdf

but our personal and professional lives were directly impacted. We soon realized that r*emote work* is not the same as *telecommuting*. When employees live outside the vicinity of the organization's main headquarters of office, like abroad, they work remotely. However, telecommuting assumes work from the same location as the main office.

Governments around the world introduced a category of **essential businesses**. These are businesses that meet a critical social purpose, such as grocery stores, pharmacies, waste collection, health care providers, gas stations, banks, transportation, and agriculture services. All the other businesses were regarded as **non-essential businesses** and as such remained closed during the lockdowns. We were told that during the lockdown essential services can continue operating, while during a curfew everything should be closed.

New normal and **great reset**[3] are being contemplated as a way of life, work, and interaction with other people, as long as the world has not found a cure or a vaccine for Covid-19. This concept was invented and promoted by the *World Economic Forum*[4] causing an avalanche of negative reactions since it went very deep into challenging the essence of the socioeconomic structure as we know it today. The World Economic Forum estimated that the world's billionaires got significantly wealthier as the pandemic spread by increased their collective wealth by 27.5% just during the first four-month of COVID-19, to $10.2 trillion. This triggered numerous *conspiracy theories* questioning the origin of the coronavirus, the outbreak being planned, the motivation of people who were trying to financially help vaccine development, the usefulness of wearing masks, and many, many others. Out of that, we got a new term – *covidiot*! An insulting term for someone who ignores health advice about COVID-19 or spread conspiracy theories.

STATISTICS

Understanding statistics enabled us to follow the intensity and spread of COVID-19 around the world. ***Daily New Cases*** and ***Daily Deaths*** became starting topic of many conversations. Soon, we found problems with such statistics due to many deficiencies, so we introduced variables such as ***Total Cases per 1 Million Population***, ***Deaths per 1 Million Population***, ***Tests per 1 Million Population***, and some others. Government officials made sure that we learn about the importance of ***Reproduction number (Rt)*** since our freedom of movement depended so much on it. Rt is a key measure of how fast the virus is growing. It's the average number of people who become infected by an infectious person. If Rt is above 1.0, the virus will spread quickly. When Rt goes below 1.0, the virus will stop spreading.

We had to learn the difference between the ***Mortality Rate (MR)*** and a ***Case Fatality Rate (CFR)***. MR is a measure of the relative number of deaths (either in general or due to a specific cause) within the entire population per unit of time. A CFR, in contrast, is the number of dead among the number of diagnosed cases only.

Flattening the curve was another concept for us to grasp. It is an attempt to slow down the steep rise of new cases to avoid overburdening the health care system. Now we know that flattening the curve

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3   https://thepowershift.ca/wp-content/uploads/2020/11/COVID-19_-The-Great-Reset.pdf
4   https://www.weforum.org

does not necessarily mean a decrease in the number of cases, but rather their spreads over a period of time.

These are the most important linguistic terms that have been introduced or that became popular during the COVID-19 pandemic. Besides them, we also learned some other things, such as that the city of **Wuhan**[5]**,** where the COVID-19 started, is the capital of **Hubei**[6], China, and that the city of **Bergamo**[7], the hardest-hit city in Italy, is part of the *Lombardy[8]* region. There were also many abbreviations to understand, such as **WHO** (World Health Organization)[9], **CDS** (US Centers for Disease Control and Prevention)[10], **EUA** (Emergency Use Authorization)[11] from the **FDA** (US Food and Drug Administration)[12], **ACIP** (Advisory Committee on Immunization Practices)[13], **NHS** (UK National Health Service)[14], **MERS** (Middle East Respiratory Syndrome), **SARS** (Severe Acute Respiratory Syndrome).

CONCLUSION

It is difficult to predict if this newly acquired language is going to stay with us for long. Previous social crises also left us some language legacy, but only a few words or terms stuck for long. It is in human nature to forget unpleasant events and anything related to it. I hope we will forget most of this vocabulary as soon as possible!

31 January 2021

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5   https://en.wikipedia.org/wiki/Wuhan
6   https://en.wikipedia.org/wiki/Hubei
7   https://en.wikipedia.org/wiki/Bergamo
8   https://en.wikipedia.org/wiki/Lombardy
9   https://www.who.int/emergencies/diseases/novel-coronavirus-2019
10 https://www.cdc.gov/coronavirus/2019-nCoV/index.html
11 https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#covid19euas
12 https://www.fda.gov/home
13 https://www.cdc.gov/vaccines/acip/index.html
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