

# **Quechua Ethnolinguistic Vitality: A Perspective on and from Health**

by

**Alana Nicole DeLoge**

Bachelor of Arts, University of Miami, 2004

Master of Arts, University of Pittsburgh, 2007

Master of Public Health, University of Pittsburgh, 2012

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DIETRICH SCHOOL OF ARTS AND SCIENCES

This dissertation was presented

by

**Alana Nicole DeLoge**

It was defended on

February 18, 2022

and approved by

Matthew Kanwit, Associate Professor, Department of Linguistics, University of Pittsburgh

Scott Kiesling, Professor, Department of Linguistics, University of Pittsburgh

Erin O'Rourke, Associate Professor, Modern Languages and Classics, The University of  
Alabama

Thesis Advisor/Dissertation Director: Shelome Gooden, Professor and Assistant Vice Chancellor  
for Research, Department of Linguistics, University of Pittsburgh

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# **Quechua Ethnolinguistic Vitality: A Perspective on and from Health**

Alana Nicole DeLoge, PhD

University of Pittsburgh, 2022

This dissertation increases our understanding of the ethnolinguistic vitality (EV) of one variety of Quechua and expands our understanding of what it means for a language to be vital. Utilizing a sociolinguistics of language contact approach, in which the connections among languages and cultures in contact necessarily underlie outcomes of EV, I explore three distinct cases to demonstrate EV within the domain of health for Cochabamba Quechua, a subvariety of Southern Quechua spoken in and around the city of Cochabamba, Bolivia.

A series of ten sociolinguistic interviews provide the data for the first two analyses. In the first analysis, language ideologies and attitudes emerge that inform Quechua EV, e.g., the Spanish language is associated with that which is academic and scientific, while Quechua is understood as oppositional to this. These ideologies do not demonstrate high EV: Quechua is not valued, but rather is a tool for a hegemonic healthcare system. In the second analysis, I demonstrate that the discourse marker *a veces*, or ‘sometimes,’ is used as a reportative evidential marker that can also denote negative affective stance in Andean Spanish, a result of contact with Quechua and other indigenous languages. Both the presence of *a veces* within Andean Spanish and that it is a resource through and with which speakers navigate social realities denote potential for Quechua EV. Finally, analyzing Cochabamba Quechua outside of Cochabamba, COVID-19 informational videos presented through internet channels and a speech event contributing to the development of a Quechua language textbook also suggest high EV for Quechua because they indicate significant social capital.

In addition to a greater understanding of Quechua EV, this dissertation also demonstrates the necessity to consider the linguistic ecology, through ethnographic and interactional data, to determine how EV is identified and analyzed. Rather than classifications along a high to low continuum, for example, studies of EV might consider looking at where and how vitality manifests, i.e., what Quechua speakers do, how they do it, and how EV manifests in these very particular contexts.

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## Preface

The journey to complete my dissertation has been long and full, and it would not have been possible without the support and encouragement of many. This dissertation, further, was born during an incredibly challenging season of my life and of the world more broadly. Those I thank here, and many I am not able to list, believed in me and my work, despite it all and when I did not believe in myself.

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## 1.0 Introduction

This dissertation contributes to an understanding and assessment of the ethnolinguistic vitality (henceforth EV) of the Quechua variety spoken in and around Cochabamba, Bolivia. The term Quechua refers both to a group of indigenous languages spoken throughout the western portion of South America, from as far north as Colombia to as far south as Chile and Argentina, as well as to various indigenous groups in the same region (Parker, 1963, 1969-1971; Torero, 1964, 1974). The language variety spoken in this region is known as Cochabamba Quechua (henceforth Quechua) and is a variety of South Bolivian Quechua. Even within this geographically small area, Quechua is linguistically diverse. Through processes of colonization and because indigenous peoples have been historically stigmatized and excluded from mainstream economic and sociopolitical institutions, Quechua has not been a language of prestige (Hornberger & Coronel-Molina, 2004). Rather, state efforts have focused on cultural and linguistic elimination. Accompanying a rise of indigenous movements across the Andean region in the twentieth century, official state policy and non-governmental organizations have focused on the revitalization of indigenous cultural identity, including language. Nonetheless, the stigma associated with indigenous languages remains. Quechua speakers are not, however, passive recipients of political domination and linguistic hegemony. Instead, they actively negotiate hybrid cultural and linguistic forms that have developed as a result of contact with non-Quechua groups and make decisions about language use (Mannheim, 1991). Because of complex context of language and culture contact, the EV of Quechua variants needs further examination through analysis of ethnographic and interactional data, as suggested by Coronel-Molina and Quintero (2010) in a synthesizing chapter of *The Routledge Handbook of Sociolinguistics Around the World*. Following this call, my

dissertation attempts to understand Quechua EV by utilizing such a methodology, analyzing data through ethnographic and interactional approaches. Further, this dissertation identifies broader possibilities for what it means for a language to be vital, i.e., have high EV. Therefore, it serves both as a case study of Quechua EV and as a contribution to the theoretical development of EV. The research questions are more clearly and explicitly stated in Section 1.4 below.

### **1.1 Ethnolinguistic Vitality (EV)**

The concept of EV was first developed by Giles, Bourhis, and Taylor (1977) and has received substantial treatment by scholars across different disciplines and with foci around the globe (McEntee-Atalianis, 2011). EV arose in an attempt to understand the complex relationship among language, culture, and intergroup relations in situations of contact. H. Giles et al. (1977, p. 308) propose that the vitality of an ethnolinguistic group may be defined as “that which makes a group likely to behave as a distinctive and active collective entity in intergroup situations.” They argued that three structural variables impact EV: status (e.g., economic and social), demography (e.g., birth rate and immigration), and institutional support (e.g., education and government support). Moving beyond their initial conceptualization, subsequent scholarship and criticism have demonstrated the need for studies of EV that incorporate ethnographic, observational, and discourse-focused methods in order to engage more thoroughly with questions that are both sociological and cultural in nature, e.g., regarding the construction and performance of identity and its impact on EV (McEntee-Atalianis, 2011).<sup>1</sup> In line with current research and in an effort to

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<sup>1</sup> A more thorough discussion of EV is woven throughout the dissertation.



expand our theoretical and methodological understandings of EV and what impacts EV, in this dissertation I address Quechua EV from a sociolinguistics of language contact perspective (explained in Chapter 2), utilizing language ideologies, stance, and discourse analyses. I consider EV as a social construct, one that is enacted among individuals, is fluid in nature, and is greatly impacted by sociolinguistic factors.

## **1.2 Sociolinguistics of Language Contact of Quechua**

Language and ethnicity are intricately connected (Fought, 2010). There is a range both in the ways of speaking and in linguistic choices that contribute to the construction and maintenance of complex and fluid ethnicities. Fought (2010, p. 21) describes this as “a pool of resources from which members of a speech community draw the linguistic tools they need.” In the case presented here, it is pertinent to consider the language ideologies surrounding language and the practices of available linguistic resources to shed light on Quechua EV.

Adding to this sociolinguistic approach in addressing the connection of language and ethnicity, it is also necessary to consider language and culture contact. Language and culture contact in Cochabamba takes place among majority and minority ethnic varieties, which raises particular issues of power, social dominance, and hierarchy, and reflects a common pattern of interethnic contact (Fought, 2010). Historically in these situations, whether in Bolivia or more broadly, attempts have been made to impose the majority language and culture, in this case Spanish, on the minority language, in this case Quechua. Nonetheless, because of the strong connection between language and identity construction and assertion, it is not easy to dictate how such impositions will turn out. Much research has focused on the dominant ethnic influence on

minority languages; however, research also suggests that the minority ethnic languages can influence the majority language. (See Fought (2010) for examples of both.) Therefore, as my dissertation demonstrates, we must expand our search for what constitutes the EV of a language. The attitudes of the speakers, the inherent ideologies, and how speakers utilize linguistic features across languages in contact, in this case Quechua and Spanish, all have the potential to inform our understanding of Quechua EV.

### **1.2.1 Language Contact Between Quechua and Spanish**

The Quechuan language family consists of two language groups, Quechua 1 and Quechua 2, spoken throughout the Andean region of South America (Mannheim, 1991). The Quechua 2 language varieties, of which Cochabamba Quechua is one, developed through and as a result of Quechua's role as a *lingua franca* during the Inka, colonial, and recent periods (King & Hornberger, 2006), many of which are mutually intelligible. Estimates suggest that there are between eight and twelve million Quechua speakers in the region, many of whom are bilingual in Quechua and Spanish (Coronel-Molina & Quintero, 2010). Quechua is primarily an oral language and is, for the most part, not standardized. There have been attempts, however, towards standardization in Bolivia, Ecuador, and Peru, but these attempts remain elusive. For example, *quichua unificado*, a variety of Ecuadorian Quechua, arose in 1981 when a group of indigenous leaders agreed upon a writing system and endeavored to modernize the lexicon (King & Hornberger, 2006). Quechua linguistic varieties, as well as the context and statuses of these varieties across the region, are highly diverse. In the words of Howard (2011, p. 189), "Quechua gives shape to a heterogeneous range of sociolinguistic fields that defies generalized description." This diversity and complexity results from 1) the variability of local varieties and lack of a standard

variety, 2) the diversity of local social contexts, and 3) the range of language contact features that arise when Quechua comes in contact with Spanish and other indigenous languages. The local context that shapes Quechua linguistic forms is referred to, in the field of contact linguistics, as the ecology. The ecology, or interaction between a language and its surroundings (Haugen, 1972; Mufwene, 2001), contributes considerably to a language's EV. The sociolinguistic situation of Quechua in Bolivia, however, is relatively understudied, compared with other Quechua varieties (Howard, 2011), further adding to the necessity of the current research I present here. In Bolivia, according to recent census data, just over 2 million people, or a quarter of the population, speak Quechua (Howard, 2011, p. 192). Because the research presented focuses on Cochabamba, Bolivia, the remainder of this section will discuss the linguistic context specific to Cochabamba.

Present-day Cochabamba represents a situation of stable bilingualism (Sichra, 2005). A brief review of the history of the region and its languages facilitates an understanding of how this linguistic situation emerged. Contact between Spanish-speakers and Quechua-speakers has a lengthy history in the central Bolivian Department of Cochabamba, as well as in the capital city of the same name. As early as the sixteenth century, because the Spanish needed land on which to produce grains and other agricultural products to support the exploitation of nearby mines, Spanish-speaking settlers joined the Quechua population already living in the fertile valleys of Cochabamba (Sichra, 2005). The region was not strictly stratified and there existed substantial contact between speakers of the two languages. Additionally, the Bolivian National Revolution in 1952 and subsequent agrarian reforms, in theory, further integrated the Quechua populations into the Bolivian sociopolitical arena and served to collapse more rigid social and linguistic divisions. Therefore, there have been centuries of sustained contact between speakers of the Quechua and Spanish languages, which has, in turn, affected both languages. Additionally, because of economic

factors and consequent internal migration following the 1952 revolution, Aymara speakers have settled in the region over the past several decades and continue to do so, also affecting the linguistic ecology of Cochabamba.

Based on extensive ethnographic fieldwork and linguistic documentation in more than 20 communities in Cochabamba, Albó (1970, 1974) argued that the situation in Cochabamba is best classified as one of linguistic oppression in which Spanish dominates Quechua. He documented the increasing replacement of Quechua phonology, grammar, and vocabulary with Spanish forms, as well as the continued reduction of Quechua semantic realms. He also noted the absence of Quechua in various social environments, such as in the professional and technological fields, in the formal education system, and in the state healthcare system. This linguistic oppression corresponded to social and political discrimination of the Quechua speaking populations.

Although research from the later part of the twentieth century predicted that a shift toward Spanish monolingualism was most likely in Cochabamba (Albó, 1970, 1974, 1980), Sichra (2005) and Howard (2011) demonstrate that language shift has, in fact, not occurred and that Quechua in Cochabamba has remained stable, despite a decrease in the number of Quechua speakers in the Andean region overall. Additionally, there has been expansion into the domains in which Albó (1970, 1974) said Quechua was lacking.

Based on 2001 census data from Cochabamba, 58% of the urban population speaks Quechua, while 92% of the rural population speaks Quechua. Approximately 55% of the population is bilingual in Quechua and Spanish, a percentage that does not change between rural and urban contexts (Sichra, 2005). This bilingualism, documented since the second half of the 20th century, has become characteristic of Cochabamba and, like the situation of Quechua, appears to be stable, reflected by data from the past three censuses. Howard (2011) attributed the maintenance

of Quechua, at least in part, to the city's proximity to rural, i.e., monolingual, Quechua communities, the increased migration of Quechua-speaking people to the city beginning in the 1990s, and the decreased social stigma attached to Quechua as a result of local indigenous movements.

Exploration of the ecology of language contact and language use allows us to understand the rationale for language maintenance. The physical domains of contact between Quechua and Spanish in Cochabamba have expanded within recent years, and language use is determined by communicative need, speakers' convictions, and identity expression (Sichra, 2005). For example, Quechua-speaking vendors move into Spanish-speaking municipalities via traveling markets while Spanish-speakers increasingly use the predominantly Quechua domain of public transportation. Additionally, most places of employment within the city now require bilingualism. In fact, the new constitution of 2009, as stated in Article 5, requires that all government officials in Bolivia utilize two languages, Spanish and an official language relevant to the local context, e.g., Quechua in Cochabamba (Constitución Política del Estado Plurinacional de Bolivia, 2009). According to Sichra (2005), more important to the explanation of Quechua language maintenance than this expansion, however, is the symbolic significance of Quechua. Quechua speakers throughout Cochabamba direct their efforts toward promoting the symbolic functions of the language, and speaking the language allows people in Cochabamba to carve out a space that is uniquely Quechua as well as to recreate "Quechua cultural tools," (Sichra, 2005, p. 52). Within these Quechua spaces, neighborhoods have recreated *ayllus*, a Quechua construct of family and community, further solidifying community support and cultivating resources. Sichra (2005) went on to suggest that Quechua speakers are not concerned with avoiding diglossia, i.e., moving away from bilingualism in favor of a shift to Quechua or inventing a "modern" Quechua corpus that includes words for

newer technologies and concepts. The result is a multi-lingual ecology with high levels of bilingualism or multilingualism. Based on her analysis, Sichra (2005) questioned academic assumptions about the need for a language to modernize in order to persist. This last point regarding the ways in which Quechua moves into new domains will resurface throughout the dissertation as I attempt to understand the role and place of Quechua within the healthcare domain. Is it incorporated in a way that reflects language patterns that are indigenous, colonial, or something else? And what are the implications for Quechua EV?

In addition to alternating between multiple languages, the contact between languages is reflected in regional varieties of all languages present. Spanish and the indigenous languages with which Spanish comes into contact have all changed. Although we do see greater changes at all levels of the linguistic structure in Quechua, Aymara, and other indigenous language varieties, Andean Spanish also has unique features that are present precisely as a result of its contact with indigenous languages. (See below for examples and citations.)

In terms of linguistic outcomes of the contact between Spanish and Quechua, a large portion of the Quechua lexicon consists of loanwords borrowed from Spanish. For example, the lexicon of rural speakers in Cochabamba had an average of 33% loan words from Spanish in the 1960s (Albó, 1970). This percentage did fluctuate depending on situational variables, such as the topic of conversation, and across speakers. The percentage of lexical borrowings for urban varieties of Cochabamba Quechua is higher still, at around 50% (Albó, 1971). Although the phenomenon of lexical borrowing in Quechua is one of the more salient linguistic outcomes of contact, there are others that are common in bilingual speakers. Examples include 1) a change in word order from SOV (the typical Quechua word order) to SVO (the typical Spanish word order), 2) dropping of the accusative suffix (-ta), and 3) the emergence of an indefinite determiner (*uj*),

which means ‘one’ in Quechua (Sánchez, 2003). Further, there are contact features that are more common in Cochabamba Quechua than other varieties, e.g., the use of -s as a plural marker on nouns ending in vowels, a borrowing of the Spanish plural marker (Grondin, 1990, p. 14).

There is also influence of Quechua on the Spanish language. Lexical borrowing happens from Quechua to Spanish, although for far fewer words. Many of the loanwords borrowed from Spanish into Quechua are for concepts for which there were no previous Spanish equivalent prior to contact, and include nouns for flora, fauna, local constructs of social organization and religion, foods, folklore, agriculture, and clothing (Escobar, 2011). The use of *pues* (well) as an evidential marker in Spanish (Zavala, 2001), the gender-neutral specification of clitics (Sánchez, 2003), frequent use of the diminutive marker *-ito/-ita* in multiple parts of speech, e.g., adverbs, adjectives, and gerunds (Escobar, 2011), the dual presence of possessive and genitive markers, e.g., *su padre de mi padre* (my father’s father) (Escobar, 2011), and constituent word order that favors adverbials and objects in preverbal positions (Ocampo & Klee, 1995), e.g., *Unas cuantas palabras entiendo* (A few words I understand) (Escobar, 2011), are examples of influence from Quechua on Spanish. For more examples, see (Escobar, 2011) for a full review of Andean Spanish.

The kind of borrowing and influences described above, across multiple languages and in terms of lexical items and structure, have been shown to lead to a situation of language maintenance cross-linguistically (Winford, 2003), even in situations of intense contact, such as the more than 500 years of contact between Spanish and indigenous languages and cultures in the Andes. It is the context of stable bilingualism, in which multiple languages are in use and are open to linguistic change that provides an opportunity for speakers in Cochabamba to use their multi-lingual linguistic resources in sophisticated ways. And again, what are the implications of this stable bilingualism for Quechua EV?

### 1.3 Quechua Health and Language

The case presented in my dissertation addresses Quechua EV by focusing on a new domain of language contact, that found within Bolivia's pluralistic healthcare systems. The Bolivian state healthcare system and the practice of traditional medicine, domains that have historically been excluded from the processes of language and culture contact characteristic of much of the Bolivian reality, reflect an emerging situation of contact. Historically in Cochabamba, Spanish has been the language of the state healthcare system. In addition to the lack of contact between Spanish and Quechua languages and culture within the state healthcare system, there has been little formal or official contact, until recently, between Bolivia's pluralistic medical systems themselves. The practice of traditional medicine, which has a rich and extensive history in the Andean region, was not legally recognized by the Bolivian state until 1985 (WHO, 2001); therefore, traditional practices occurred underground and disconnected from state practices. For the purposes of this dissertation, the healthcare encounter in this pluralistic context is the domain of the linguistic ecology in which all the proceeding analyses are situated.

The lack of contact between health domains has shifted in recent years, however. Healthcare efforts across Latin America have prioritized the health of indigenous populations and focused on how to increase state healthcare access. While health statistics have improved generally throughout much of Latin America, health indicators for indigenous populations reveal persisting and severe disparities, including disproportionate rates of maternal and infant mortalities, infectious diseases, malnutrition, and chronic diseases (Montenegro & Stephens, 2006). Considering these rates within the context of inadequate access to biomedical healthcare services, indigenous populations suffer a "triple health burden" (Waters, 2006). The Pan American Health Organization (PAHO), prioritizing indigenous health, has outlined action items for cooperation



with Latin American countries (Pan American Health Organization, 2006). These include ensuring the incorporation of indigenous perspectives into national health policies, improving information on indigenous health issues, integrating intercultural approaches into health systems, and developing alliances with indigenous populations. As a result of these broader policy efforts, attempts are made to include indigenous populations, physically, culturally, and linguistically, into state healthcare systems across Latin America. Consequently, common to the discourse of both state and non-governmental organizations is the promotion of intercultural approaches to health care. Intercultural health care is an attempt to unify various ethnomedical systems, e.g., biomedical and traditional healing practices, in a manner that is complementary and inclusive (Johnson, 2010). These deliberate efforts have thus created an accelerated context for language and culture contact as well as a shift in the local ecological context. Therefore, traditional healing is drawn into the realm of the state healthcare system, while, simultaneously, broader sections of society utilize traditional healing.

#### **1.4 Research Questions**

My dissertation contributes to an understanding of the EV of Quechua by addressing one primary domain of language contact, that of health and healing. Not only has this domain not been studied previously, assessing EV in this particular domain will contribute a unique and nuanced perspective because, as shown throughout what follows, the health domain represents a microcosm of broader society, especially in terms of language and culture contact. Understanding language practices, ideologies, and use within the state healthcare system and within traditional healing has the potential to serve as representative of broader sociolinguistic processes and practices occurring

on a larger scale and in other domains. Within healthcare, there exist areas of a historically Quechua domain (traditional healing), areas of a historically Spanish domain (the state healthcare system), and, more recently, contact between these two linguistic and cultural systems.

The case study presented in this dissertation contributes, additionally, to the methodological and theoretical debates surrounding EV. The research demonstrates the need for subjective approaches to the study of EV, specifically those that are ethnographic in nature. In the case of Quechua, we cannot solely rely on so-called objective factors, e.g., the relatively high number of speakers as indicative of high EV, because there are other signs that Quechua EV is not high, e.g., there is substantial stigma attached to the language and its speakers. Rather, for a more accurate and comprehensive understanding, we must consider the sociolinguistic context to understand the current EV of Quechua. Additionally, this dissertation explores and problematizes our understanding of what it means for a language and group of people to be vital as Quechua EV is exemplified more globally than in traditional scholarship of EV. There are three primary linguistic approaches presented in this dissertation: language ideologies that emerge from interviews with healers and patients, discourse and stance analysis of a particular linguistic feature in Andean Spanish that comes from Quechua linguistic practice, and discourse analysis of public health materials surrounding common diseases in Bolivia. All three analyses, furthermore, underscore the global need for indigenous and minority languages within the field of health care.

To summarize, the goals of my dissertation and the research questions addressed are:

- Goal: Increase our understanding of Quechua EV
  - RQ1) What is the Quechua EV demonstrated in each of the cases presented here (Chapters 3, 4, and 5)?

- RQ2) How does an analysis of Quechua EV within the cases presented here contribute to an overall understanding of Quechua EV on a larger scale?
- Goal: Contribute to the theoretical development of EV
- RQ3) How can we more thoroughly and appropriately analyze EV in a way that considers cultural and sociological factors?
- RQ4) How can we expand what it means for a language and group to be vital?

## **2.0 Ethnolinguistic Vitality: A Sociolinguistics of Language Contact Approach**

I begin by outlining the history of EV as a theory and tool. I then propose an approach to analyze the EV of Cochabamba Quechua that aims 1) to address current problems and criticisms of EV and 2) to broaden our understanding of the ways in which EV can manifest. My dissertation, again, has two main aims: 1) to contribute to a greater understanding of the EV of Cochabamba Quechua and 2) to further the field of EV studies within linguistics, both in terms of theory and methodology.

### **2.1 Overview of Ethnolinguistic Vitality**

As mentioned previously, EV as a theoretical, methodological, and predictive tool was first developed by Giles, Bourhis, and Taylor (1977). Whether in attempt to test or apply EV as a tool, from its earliest days there is an abundance and diversity in the kinds of studies that have focused on EV, ranging from language maintenance and shift (e.g., Hatoss & Sheely, 2009), language loss (e.g., Landry, Allard, & Henry, 1996), revitalization (e.g., Yagmur & Kroon, 2006), planning and policy (e.g., Atkinson, 2000), language learning (e.g., Ceuleers, 2008), and more. All these topics are pertinent for the case of Quechua. Additionally, EV was developed as a means to understand and explain the relationship among language, culture, and intergroup relations, especially within situations of contact. For both abovementioned reasons, EV is an appropriate approach to understand the situation of Quechua in Cochabamba.

Beginning the late '90s, there has been a dramatic increase in studies of EV. The rise of studies and foci on EV corresponds to increasing globalization and its effects on ethnic and linguistic communities (Yagmur & Ehala, 2011). On one side, increased mobility has rendered smaller communities vulnerable to influence from more globally dominant groups. On the other side, this same increased mobility has rendered minority communities more visible. Although EV as a theory continues to be questioned by scholars, it has wide appeal and remains one of the main theories to explain language maintenance and shift. Many, including those who first developed EV, have put forth questions, criticisms, and revisions. This skepticism of the EV model, however, can be framed as continued improvement and, therefore, the merits of EV as an approach will prove strong. A review of these discussions leads to a solid base with which to explore the situation of Quechua in Cochabamba.

In the earliest rendition of EV as a construct, H. Giles et al. (1977, p. 308) proposed that the vitality of an ethnolinguistic group may be defined as “that which makes a group likely to behave as a distinctive and active collective entity in intergroup situations.” As mentioned previously, the initial version of the theory focused on three related sociostructural variables that impact EV: status, demography, and institutional support. Assessment of these variables resulted in low, medium, or high vitality. If a group’s EV is assessed as high, it is hypothesized that linguistic and cultural autonomy by group members will be maintained. On the other hand, a low EV signals likelihood of shift or assimilation into a dominant language and cultural group, unless group members have the will and ability to challenge the social context.

To measure EV, both objective and subjective measures were proposed and are most usually used in combination. Objectives measures, which ‘objectively’ measure a group’s vitality, focus on structural factors that may influence EV, such as general population statistics, degrees

and kinds of migration, educational resources, media presence, etc. Subjective measures, on the other hand, focus on and attempt to capture group members' own perceptions of the vitality of their language and culture. Subjective EV has been evaluated with an array of instruments, most commonly surveys and questionnaires, e.g., some form of the subjective vitality questionnaire (SVQ), which was first proposed by Bourhis, Giles, and Rosenthal (1981). Johnson, Giles, and Bourhis (1983) argued that the combined focus of objective and subjective vitalities offers a means to begin the challenging task of accounting for both sociological and psychological understandings of language, ethnicity, and intergroup relations, therefore offering a more holistic view. Subjective EV, research has shown (e.g., Bourhis and Sachdev (1984) and Kraemer and Oshtain (1989)), does not necessarily correspond with the results of objective EV and, as a result, can impact both positively and negatively on overall vitality. Additionally, these studies have demonstrated the importance of language attitudes and ideologies to EV as well as the fact that the SVQ when coupled with other sociolinguistic methods, e.g., surveys, is most powerful and comprehensive. Further, low vitality perceptions of group members can lead to different outcomes, whether language loss or maintenance (Yagmur & Ehala, 2011). Strong identification with community, dominant groups' strategies, and processes of memory can all impact EV. For example, through studying four Turkish immigrant communities in Australia, France, Germany, and the Netherlands, Yagmur (2011) showed that it is critical to consider both objective and subjective EV in order to understand a group's vitality in a holistic and nuanced way. A second example, for the case of Russian speakers in Estonia, Ehala and Zabrodskaia (2011) showed that results typically acquired through the SVQ do not reflect subjective EV, but rather the perception of strength of the in-group, which, in turn, is dependent on a sense of inter-ethnic discordance. They argued, from this, that what SVQ captures is only one small piece needed to explain EV. Subjective EV perceptions are

related to many interrelated variables, e.g., discrimination, perceptions of legitimacy, future vitality, intergroup attitudes, and linguistic differentiation.

Over the years, new variables and ways to measure objective and subjective EV have been introduced (McEntee-Atalianis, 2011). And although there is strong support for the concepts of both forms of EV (Yagmur & Kroon, 2003), the measurements have been examined and problematized by many (and as early as Johnson et al., 1983). A primary criticism is that the variables and corresponding measurements provide a rudimentary analysis, in which results sometimes align and other times are contradictory (McEntee-Atalianis, 2011). In other words, a conceptual ambiguity (Yagmur & Ehala, 2011) has plagued studies of EV. Researchers, as a result, tend to modify the model per context, resulting in a lack of best practices and consistency in analysis of EV. Further, an additional critique is the homogenizing nature of EV studies in that they consider society as a whole rather than the complex and dynamic nature of society in which social class, age, gender, and other factors are not considered (Husband & Saifullah Khan, 1982). Rather, EV tends to focus on mainstream institutions, even while taking as object of study groups that are outside of the mainstream (Yagmur, 2011). Overall, these criticisms hint at a view of EV that is from a dominant or outsider perspective, as argued by Tollefson (1991). Theories of EV have tended to ignore, or at least fail to take into consideration, fundamental cultural dynamics, e.g., whether groups are collectivistic or individualistic and how core group values factor into EV, which can play a role in the vitality of a group and its language (Yagmur, 2011).

More recently, Mufwene (2017) argued that studies of vitality have lagged far behind other subfields of linguistics and linguistic advocacy. Problematic tendencies, as argued by Mufwene (2017), include a disconnect between the individual cases and processes of language evolution, an insistence on framing language loss as harmful only to indigenous peoples, a lack of historical

considerations, and an omission of ecological factors. It is this last point, he argued, that appears to be the most important factor when considering vitality and potential language loss. He stated that “local interactional dynamics within specific population structures” (Mufwene, 2017, p. 213), which are part of the ecology of language, are most important. Therefore, approaches to EV would benefit by greater focus on the ecology.

It is the call to focus on the linguistic ecology that this dissertation addresses. In the case of Quechua, one of the primary aspects of the ecology, as elaborated on in Section 1.2 above, is one of intricate and longstanding language and culture contact with Spanish. Quechua cannot be considered decontextualized from the situation of language and culture contact in which it is situated. If we are to focus more heavily on the linguistic ecology in an attempt to more holistically understand Quechua EV, therefore, we need to look at specific realizations of language and culture contact and how they play out at the local interactional level. This reasoning, therefore, led to the choice of the three analyses explored in the dissertation: (1) language ideologies that emerge from interviews with healers and patients, (2) discourse and stance of a particular linguistic feature in Andean Spanish that comes from Quechua linguistic practice, and (3) the construction of Quechua use and practice outside the Andes. Focusing on a specific instance of contact, healthcare encounters, I look at three ways that EV may be demonstrated. Together, these analyses incorporate the linguistic ecology both from a local interactional level and from a broader society perspective. The results from these three analyses will be considered as pieces of a holistic understanding of Quechua EV. To reiterate, to understand Quechua EV, this dissertation utilizes a sociolinguistics of language contact approach.



## **2.2 A Sociolinguistics of Language Contact: Quechua and Health Care**

In Sections 1.2 and 2.1, I demonstrated and argued, respectively, why Quechua EV must be considered within a context of language and culture contact. As the data in this dissertation comes from one place of that contact, the domain of health care, below I outline the specifics of that contact.

### **2.2.1 Health in Bolivia**

Significant health disparities exist that result in both poorer health outcomes and relatively low accessibility of health care for Bolivia's indigenous populations. This becomes even more important considering that, in a country with an estimated population of 10.5 million, two thirds of Bolivians self-identify as indigenous, about one third of whom, in turn, self-identify as Quechua. A primary reason for these disparities is that indigenous populations, historically, have been excluded from state health services, due to a combination of social (e.g., discrimination), cultural (e.g., clash of distinct constructions of the body), linguistic (e.g., providers who do not speak indigenous languages), and structural (e.g., lack of transportation and prohibitive costs associated with health care) factors.

Regime shifts in the 21<sup>st</sup> century, accompanying the rise of the country's first indigenous president, Evo Morales, and the *Movimiento al Socialismo* (Movement Toward Socialism, MAS) party, have the potential to affect change in the health of indigenous populations. The MAS government was in power from 2006 to 2019 and returned to power again in 2020. The aims of this administration included cultural recognition for indigenous populations that have been historically stigmatized and excluded from the state, economic development, and the establishment

of a new institutional order based both on an indigenous model, as opposed to a western model, and on decolonization (Kohl, 2010). Morales and MAS made sweeping reforms in the country, including nationalizing the natural gas, telecommunications, and other industries, developing new social programs, and initiating a constitutional assembly, a process that culminated in the 2009 Constitution. The new constitution articulates the rights of indigenous populations, including the rights to health and language. The constitution declares all 36 of Bolivia's indigenous languages to be official and requires that all state functionaries speak the indigenous languages that are local to their posts (Howard, 2011), including those who work for the state healthcare system and other healthcare institutions, such as the insurance companies. Additionally, the constitution states that "The healthcare system will be universal, free, equitable, intracultural, intercultural, participatory, and with quality, warmth, and social control" (Constitución Política del Estado Plurinacional de Bolivia, 2009: 16). Traditional medicine from all indigenous groups in Bolivia is explicitly included in this universal and intercultural health care.

The bridging and bringing together of different medical systems are an example of the government's attempt at interculturality within the healthcare system. Interculturality is defined as an active process of transformation, integrating diverse social groups, including each group's cultural norms, practices and worldviews (B. B. Johnson, 2010). This should, ideally, occur in a context of respect, honest exchange, and mutual growth (Albó & Anaya, 2004). Although not necessarily a new idea in Bolivia, early 21<sup>st</sup> century political changes led to a renewal and reconceptualization of the concept and it is found in the discourse of many state systems, including education and justice. In terms of health, interculturality is the bridging of indigenous medicine and biomedicine in a manner that is complementary (B. B. Johnson, 2010). The government attempted to promote intercultural health care through such acts as the creation of the

*Viceministerio de Medicina Tradicional e Interculturalidad* (Vice-Ministry of Traditional Medicine and Interculturality), founded in 2006 and housed within the *Ministerio de Salud y Deportes* (Ministry of Health and Sports - MSD).

For multiple reasons, which have been explored elsewhere (e.g., B. B. Johnson, 2010), the process of developing an intercultural healthcare system was problematic and fraught with conflict. One domain that has been underexplored, however, is language. Historically, Quechua traditional medicine has been practiced using the Quechua language, with an epistemological base rooted in Quechua constructions of the body and health, while biomedicine is often practiced in Spanish. There is a close connection between language and culture in that language both reflects and constructs the categories and relationships, i.e., the worldview, of its speakers (Hickerson, 2000, describing the ideas of Whorf). Therefore, in some cases, there do not exist words or concepts in Quechua and Spanish that correspond to the alternative medical system. In intercultural healthcare, therefore, there is a situation in which distinct medical systems, and by default the languages used to talk about them, come into contact with one another. The research presented in this dissertation considers the implications of this contact as demonstrative of Quechua EV.

### **2.2.2 Language Contact in Health Care**

The Bolivian healthcare system, a domain that has historically been excluded from the processes of language contact characteristic of much of the Bolivian reality, reflects an emerging situation of language contact and, therefore, offers a valuable perspective on Quechua EV. As stated previously, the ecology (Haugen, 1972; Mufwene, 2001, 2017) contributes considerably in the outcome of language contact and, in this case, Quechua EV. In this dissertation, I focus on the domain of health care as exemplary of the ecology of language contact.

In addition to the lack of contact between Spanish and Quechua within the domain of health, as mentioned above, there has been little contact until recently between the medical systems themselves. Although the MSD became involved with training programs for traditional healers in the latter part of the 20<sup>th</sup> century, knowledge of traditional medicine remains largely passed down through an apprenticeship program or through family connections (Bastien, 1998).

There is a remarkable dearth of research focused on the topic of language contact as it relates to the domains of health and health care for the region of Latin America. There is, however, newly emerging collaborative and intersectional research that argues for linguistic and cultural diversity within multiple domains, including health care. Gooden, Soudi, Park, and Kinloch (2019), for example, argued that embracing cultural and linguistic diversity fosters trust and communication across disciplines, including health care, helps to counter hegemonic narratives, and is necessary for a society to thrive. Further, searching the literature of public health, linguistics, and anthropological research leads to surprisingly few results. Within the region of Latin America, language issues that stem from contact are usually only described, superficially at best, in terms of how language poses barriers between patients and providers, such as in Gracey and King (2009), Montenegro and Stephens (2006), and Pan American Health Organization (2006), all of which are policy papers. Examples of the common statements made about language barriers include:

“Such findings led UNAIDS to take action, by studying trends, vigorously promoting prevention, and engaging Indigenous representatives in decision making. Use of Indigenous languages is important in these processes,” (Gracey & King, 2009, p. 69)

and

“Some of the barriers to health care access are structural and economic factors (distance and location of health care facilities, isolation of Indigenous communities, scarcity of health insurance or funds to pay for services, or time factors) and poor cultural sensitivity and appropriateness of health care systems (disregard of health personnel towards Indigenous peoples or their culture, disrespect for traditional healing practices, language

and religious barriers, or uncomfortable and impersonal environment of hospitals and clinics),” (Montenegro & Stephens, 2006, p. 1865).

Evidenced by these quotes, language is considered in passing only. I have found no literature on intercultural health or the coming together of biomedical and ethnomedical systems that address language contact between Quechua and Spanish, or between Spanish and other indigenous languages, in a way that adequately unpacks what happens on an interactional level. There does exist literature within medical anthropology that includes discussion of language and health, but it usually focuses only on health practices and constructions of ethnomedical systems, not on the contact between or among systems. For example, Pedersen, Kienzler, and Gamarra (2010) focused on language used to discuss medical health issues of stress and distress. Some literature does explore medical pluralism and ethnomedical constructs; however, it usually does not address the language contact involved. An example of this is Knipper (2006), which explores a particular ethnomedical construction, *samay* (breath), in order to demonstrate how such constructions shape and are shaped by biomedical services and technologies. The brief review that follows represents the literature that directly considers the role of language contact between Spanish and Quechua within the realm of health.

In the development of natural language processing tools for Quechua and Mapudungun, an indigenous language spoken in parts of Chile and Argentina, researchers at the Language Technologies Institute of Carnegie Mellon University (Monson et al., 2006) came across a corpus of spoken Mapudungun that is largely about primary and preventative health. They comment on the extreme difficulty in translating the material about Mapudungun ethnomedicine into Spanish: “Just as there are no native Mapudungun words, phrases, or concepts available to describe modern medicine, there are no Spanish (or English) words, phrases or concepts that readily describe traditional Mapuche medicine” (Monson et al., 2006). Although this commentary is not about

Quechua, it reflects the challenges of bringing two languages and their corresponding ethnomedical systems into contact with one another.

Exemplifying difficulty in translation between Quechua and Spanish in the realm of health, Pacheco et al. (2011) investigate the meaning of the “vernacular” (i.e., Quechua) term for diarrhea, *k’echalera*, compared to a “symptoms-based standard definition,” (Pacheco et al., 2011, p. 533) (i.e., the biomedical classification). After conducting a series of surveys with mothers and healthcare providers, through which information about symptoms as well as diagnosis of *k’echalera* was elicited, the researchers conclude that talking about *k’echalera* and talking about diarrhea lead to distinct epidemiological profiles, with the use of *k’echalera* identifying fewer cases of diarrhea and, consequently, potentially leading to poorer health outcomes from a biomedical perspective. This study emphasizes the complexity involved, as well as the potential misunderstandings that ensue, when attempts are made to bring Quechua and Spanish together within the domain of health. How can *k’echalera* be discussed in Spanish and how can diarrhea be discussed in Quechua? It is evident that it is a mistake to gloss over the differences and suggest that the two terms represent the same concept, are synonymous, or can be used in translation.

The topic of language contact arose in qualitative research investigating people’s impressions of intercultural healthcare efforts in Bolivia (DeLoge, 2012). While this research did not focus entirely on language, one of the consultants commented on issues of language contact, stating, “It’s not only about [translating] single words, right? It’s not only about ‘learning to wash with soap’ and all that, right? But is much more, right? And that is the first hurdle, the first problem of academic medicine,” (quoted in DeLoge, 2012, p. 30) The same consultant also commented that an increasing number of doctors attempt to learn about the various indigenous language and culture groups in Bolivia and that the topic is considered seriously within the MSD: “There are projects

with young doctors, very few, but still, right? They go to the countryside not only with their native language, but with having learned the [indigenous] language of where they will work,” (quoted in DeLoge, 2012, p. 30). These quotes only hint at a context of language contact between Quechua and Spanish.

As there does not exist much literature addressing this situation of language and culture contact, my dissertation, in addition to contributing to an understanding of Quechua EV, also contributes to a broader understanding of what happens under contexts of intercultural healthcare.

### **3.0 Language Ideologies and Attitudes: Community Perspectives**

The research presented in this chapter took place in the summer of 2013 and involved ten face-to-face semi-structured interviews with consultants living in urban and rural areas of the Cochabamba Valley. The general topic of the interview was consultants' impressions of interculturality within the state healthcare system. Pertinent to the research questions of this dissertation and broadly articulated, the analysis that follows attempts to answer the following questions related to language and culture contact between Quechua and Spanish within the healthcare system: 1) what form does this contact take?, 2) how do speakers react to this contact?, and 3) what are the implications of this contact as it relates to EV?

To begin to address these broad questions, the specific research questions of this study focused on language ideologies: 1) what are the language ideologies that are produced and reinforced within health care?, 2) why do these particular language ideologies emerge?, 3) how is Quechua valued in this context?, 4) what are the implications for health and health care of indigenous peoples in Bolivia?, and 5) what are the implications for Quechua EV? Approaching what consultants say with a focus on language ideologies uncovers unspoken assumptions and valuations of this contact.

As discussed above in Section 2.1, these subjective experiences by those participating in the domain of health, whether as a provider or as a patient, are an important factor influencing EV. Discussing these subjective experiences allow for discovery of locally constructed meanings of the role of Quechua in the domain of health. In an interview context, space is given for consultants to tell their own stories, which results in a more nuanced understanding of attitudes, experiences, and local knowledge. In what follows, I describe the methods of data collection and introduce the



consultants. I then present the results and a preliminary analysis of Quechua EV for this particular case.

### 3.1 Methods

Because I am looking for social meanings constructed on a local level and how these influence EV, exploratory interviews with consultants are intentionally open-ended. As mentioned previously, ten face-to-face semi-structured interviews were conducted with consultants living in urban and peri-urban areas of the Cochabamba Valley. I conducted the interviews in the language chosen by each consultant. In most cases, they interviews were in Spanish; however, one interview was in Quechua.<sup>2</sup> Prior to each interview, which occurred in a place and at a time convenient for each consultant, I read a consent script in Spanish to the consultants, required and approved by the IRB. I used an interview guide for each interview. These questions form the foundation of the interviews; in most cases, however, consultants elaborated in ways that required follow-up questions not included in the guide. Upon completion of each interview, as a token of appreciation for participating in the study, I gave each consultant a box of *mate* (tea). I was unable to record two interviews, one because of the dynamic between the interviewee and myself and one because it was an unplanned and more casual interview at a social gathering. Regarding the former, the

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<sup>2</sup> Although the first language of several of the consultants was Quechua, most of the interviews were in Spanish. I speculate a few reasons that contributed to this language choice: my social position, the conceptualization and context of the interview itself, the topic of the interview, the construction of diglossia in Cochabamba, and previous group language choices with mutual acquaintances in Cochabamba.

interview was with a healer who is, understandably, skeptical about the motivations of foreign researchers and about the concept of research itself, which is understood as a colonial endeavor. Following the interview, however, he relaxed his position toward me and the two of us developed an amicable relationship as colleagues. For both unrecorded interviews, I took detailed notes during the interviews, which I expanded later the same day in both cases.

After multiple readings of the transcripts and notes, I created a codebook that includes code names, reflecting themes from the interviews, and a description of each code. (See Appendix 1.) For example, the code “SpknLng” was used to mark any parts of the interviews in which consultants described languages being spoken in a particular context. Upon completion of the codebook, I coded the transcripts and notes. Because it is an iterative process, the codebook was modified repeatedly as transcripts and notes were read and coded. Some sections of the transcripts and notes received multiple codes and others were not coded.

Upon completion of the coding, I grouped text by code as well as codes into broader themes when they referred to similar or related topics. The data analysis up to this stage occurred primarily in Spanish and Quechua. After this stage of analysis, I translated the transcripts into English in order to present the data.<sup>3</sup> To maintain confidentiality of data, no identifying information is included in the presentation, analysis, or discussion of the data.

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<sup>3</sup> The data for this chapter is presented through the English translations. Contact me for Spanish or Quechua originals.

### 3.2 Consultants

I chose the term *consultants* because the term describes speakers' relationship to and role in the current study and captures that they are cultural inhabitants and holders of knowledge, deeply embedded and rooted in their communities. Their identities are much more complex than even the term *consultant* denotes. Considering this, consultants are, above all, cultural experts. Their opinions, knowledge, and social constructions are reflective of their realities and identities. I selected consultants purposively to attempt to capture as many distinct perspectives and opinions as possible and learn the range of potential views and meanings. Consultants include individuals of various backgrounds (rural/urban, men/women, different ethnic groups, and various ages over 18) and with various relationships to the available medical systems. As a result of more than a decade of research experience in Bolivia, I have existing contacts both within the city of Cochabamba and in surrounding communities. I contacted potential consultants based on previous research experience and utilized the snowball (Neuman, 2006) method to identify new consultants. In this nonrandom sampling method, a researcher begins with one case, identifies other cases based on social relationships from that case, and repeats the selection process. In this way, I was able to carefully select for a range of perspectives, expertise, and experiences.

To provide a context with which to frame the views of each consultant, I first provide basic background information. All patients are adult women. At the time of the research, one lived in the urban zone of Cochabamba; the remaining four lived in Huancayo,<sup>4</sup> a peri-urban Quechua community about 15 miles outside the city of Cochabamba.

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<sup>4</sup> The name of the community has been changed to protect the privacy of the consultants.

Lidia was a 29-year-old woman who lived, at the time, in Cochabamba with her mother and seven-year-old daughter. She was from Potosí, but moved to Cochabamba when she was twelve years old for employment as a domestic worker. She remained in that line of work, spending most of her days at the home of her employers. Unlike most domestic workers in Bolivia, however, she returned home to her mother and daughter each night. She was a native Quechua speaker; she learned Spanish in school, as a child and upon arrival in Cochabamba. She spoke both languages at home as her mother is Quechua monolingual. She did not identify with any ethnic group in Bolivia.

Elba, Eli, T'ika, and Maruja, as mentioned above, all lived in Huancayo. I joined the four women one afternoon as they were harvesting potatoes. We conducted the interviews during periods of rest. These women were friends and worked closely with one another. All worked in subsistence agriculture, caring for the fields collectively with other community members, both men and women. None were from Huancayo, but, instead, had moved there from various communities and in different years.

Elba was 48 years old. She was from a rural community closer to La Paz and was a native Aymara speaker. She had lived in Huancayo for close to 25 years and learned both Quechua and Spanish as a result of multiple moves throughout rural Bolivia. She identified as Aymara, Quechua, and *mestiza*.

Eli was 38 years old and also from a rural area near La Paz; however, she did not move to Huancayo until seven years prior to the interview. Like Elba, she was trilingual; however, she had less comfort with Spanish and Quechua. She also identified as Aymara, Quechua, and *mestiza*.

T'ika, a woman of 27 years, was from another community within the Department of Cochabamba and moved to Huancayo when she was nine years old. She grew up speaking

Quechua and learned Spanish in school. Her children did not speak Quechua, and she spoke a mix of Quechua and Spanish in Huancayo. She identified as Quechua.

Maruja was 52 years old and from a neighboring community. She had lived in Huancayo for about 25 years. She grew up speaking Quechua and was not comfortable in Spanish. Although I started the interview in Spanish, I switched to Quechua. The differences in life experiences of these consultants are reflected in their comments.

The providers greatly ranged in their specialties and involvement with Bolivia's healthcare systems. The interview with Esteban is the only interview with a local healer. Esteban was a well-known and established *jampiri* (healer) in Cochabamba. He ran a health center that provided treatment, offered classes, both on traditional medicine and in health education utilizing traditional medicine, produced local medicines, and hosted a museum of traditional medicine. As mentioned above, the interview was not recorded and, therefore, his perspective is summarized in my own words based on field notes.

María Eugenia practiced family medicine and worked for Bolivia's largest healthcare insurance provider, *La Caja Nacional de Salud (La Caja)*. She was native to Cochabamba, grew up speaking Spanish, with a little Quechua, and identified as *mestiza*. She recently completed the first level of a Quechua language course offered by *La Caja* and self-reported a strong communicative ability. She worked only with biomedical practitioners, stating that *la Caja* does not incorporate other kinds of healers. Similar to the interview with Esteban, the interview was not recorded, and no direct quotes are used in this dissertation.

Luis practiced internal medicine and ran a private clinic in a neighborhood on the outskirts of Cochabamba, which is largely Quechua speaking. He was from Cochabamba and was a native Quechua speaker who learned Spanish in school. He also spoke Portuguese, some Aymara, and

some Guaraní. He and his wife, along with two or three of the nurses, were the only staff at his clinic who speak Quechua; therefore, they did all the translating.

The last two interviews were conducted with healthcare providers who were more involved with administration. Shirley was not a physician, but in charge of social relations at *la Caja*. She was from Cochabamba and grew up speaking Spanish. She knew some Quechua and has been responsible both for the Quechua language program, which María Eugenia took part in as mentioned above, as well as for hiring Quechua-speaking providers at *La Caja*.

Finally, Ramiro was the *Jefe de Planificación* (Head of Planning) at Cochabamba's *Servicio Departamental de Salud* (SEDES), the main health care institution and hospital in the department that is part of the state healthcare system. He lived in Cochabamba, but was originally from Potosí, a neighboring department. He grew up speaking primarily Spanish with some Quechua. The differences in life experiences and positions within the healthcare system of these consultants, like those of the patients, are clearly reflected in their comments.

I will refer to this information as I progress through the results below as it is necessary to contextualize the consultants' perspectives and knowledge. The table below summarizes, in very brief form, the descriptions above for easier reference for both Chapters 3 and 4. For the Language column, + and – symbols are used to represent proficiency, for higher and lower proficiencies, respectively. These are based on self-reported language proficiency.

**Table 1. Consultants**

Name	Age	Region	Time in Cochabamba	Relation to Health Care	Language
Lidia	29	Potosí	17 years	Patient	+Quechua +Spanish
Elba	48	La Paz	25 years	Patient	+Aymara +Quechua +Spanish
Eli	38	La Paz	7 years	Patient	+Aymara -Quechua

**Table 1** (continued)

					-Spanish
T'ika	27	Cochabamba	27 years	Patient	+Quechua +Spanish
Maruja	52	Cochabamba	25 years	Patient	+Quechua -Spanish
Esteban	Older	Cochabamba	Life	Local Healer	+Quechua +Spanish
María Eugenia	40	Cochabamba	40 years	Physician	-Quechua +Spanish
Luis	58	Cochabamba	58 years	Physician	+Quechua +Spanish
Shirley	~40	Cochabamba	Life	Insurance Social Relations	-Quechua +Spanish
Ramiro	~50	Potosí	25 Years	Director of Planning, Cochabamba State System	-Quechua +Spanish

### 3.3 Literature Review

Although the overall dissertation is framed within a sociolinguistics of language contact view of EV, as outlined and reviewed in Chapter 2, additional information is needed for the analysis as it is the language ideologies of the speakers that inform EV. I begin with a review of the language ideology literature and conclude the chapter with predictions of both the emergent ideologies and their impact on Quechua EV.

#### 3.3.1 Language Ideologies

As one source of data and analysis used in this dissertation to evaluate Quechua EV, I consider the language ideologies that are revealed through the consultants' speech. Language

ideologies are important in situations of language contact, such as the multilingual and multiethnic context explored in this dissertation, in which there has been struggle over language (Woolard, 1998) and in which language contact may result in either language maintenance or loss, i.e., high or low EV. As Woolard (1998, p. 16) stated, “It is only through the interpretive filter of beliefs about language, cognition, and social relations that political and economic events have an effect on language maintenance and shift.” The term ideologies is used, according to Irvine and Gal (2000), because this interpretive filter contains broader sociopolitical and moral issues and is constructed by (and assists in the construction of) the holders’ social position. In the case presented here, it is the internalized ideologies, as evidenced by the consultants themselves, that shape and contribute to this situation of language contact. These ideologies, in turn potentially affect EV, both objective and subjective.

Schieffelin and Doucet (1994: 176) defined language ideology as “the mediated link between social structures and forms of talk, standing in dialectical relation with, and thus significantly influencing, social, discursive, and linguistic practices.” Language ideologies, to put it into terms that can be used in the current analysis, refer to the indexical associations between manners of speaking, the speakers, and the situations of use, which are often understood as natural and necessary. These associations impact how people use language and, therefore, the EV of a language. Spitulnik (1998: 164), in her exploration of language politics as portrayed through Zambian radio, stated that “language ideologies are, among many other things, about the construction and legitimation of power, the production of social relations of sameness and difference, and the creation of cultural stereotypes about types of speakers and social groups.” Spitulnik also emphasized the naturalizing and universalizing tendencies of language ideologies,



which cover up their own production and ties to power. She argued that it is important not only where language ideologies are produced, but also how they are produced.

There are two main approaches that I use to analyze the consultants' speech in order to understand the language ideologies at play in this case. The first is an exploration of the process of erasure (Irvine & Gal, 2000). They described this semiotic process as one of three frequent ways that language ideologies work: "Erasure is the process in which ideology, in simplifying the sociolinguistic field, renders some persons or activities (or sociolinguistic phenomena) invisible. Facts that are inconsistent with the ideological scheme either go unnoticed or get explained away," (Irvine & Gal, 2000, p. 404).

Additionally, when they are grounded within institutional practice, it is helpful to understand ideologies as processes of evaluation and valuation (Spitulnik, 1998), which is the second approach. Approaching language ideologies as processes, in addition to as ideational constructions, allows for a clearer understanding of how social values are associated with or indexed by languages and styles of languages. It also allows for a wider perspective, so that language ideologies include "ideas, cultural conceptions, processes of meaning construction, implicit evaluations, and explicit comments," (Spitulnik, 1998, p. 164) about the relationships among social and linguistic structures. Through a focus on language ideologies, specifically processes of erasure and of how languages are valued and evaluated, it is possible to see the connection between language use, forms of power, and consequences for both subjective and objective EV.

Language ideologies are particularly important in the context of Quechua because language is currently inextricably and explicitly linked with identity formation and power negotiation across the Andes. In the case presented here, these links are evident in Quechua's role within healthcare

efforts in Bolivia. As demonstrated below, for thorough understanding, it is necessary to consider these language ideologies as the products that result from broader sociocultural and political processes, i.e., the reason the linguistic ecology and a sociolinguistics of language contact are critical. From this discussion on language ideologies and the presentation of language and health above, several questions are worth considering. These include what are the language ideologies that are produced and reinforced within health care?; why do these particular language ideologies emerge?; how is Quechua valued in this context?; and what are the implications for health and health care? These are important inquiries to consider within the context of the broader research questions of this dissertation: the form of contact between Quechua and Spanish, people's reaction to that contact, and the implications of that contact for Quechua EV. In other words, how do language ideologies impact Quechua EV? Approaching what consultants say with a focus on language ideologies can potentially uncover unspoken assumptions and valuations influencing the current state of Quechua.

### **3.3.2 Potential Outcomes for EV**

Although the particular domain explored in this dissertation, the language and culture contact within the context of health, has emerged recently and is understudied, describing the outcome of contact on EV of similar processes in other domains is useful to establish hypotheses and frame expectations about Quechua EV in the healthcare system.

Luykx (2003, 2004), through a criticism of language planning efforts in Bolivia, offered insight into how Quechua has been incorporated into the domain of state education. Language policy makers in Bolivia assume language maintenance can be achieved through standardized inscription in written form and from pedagogical uses of Quechua in schools. Luykx argued that

these current language policies, evidenced by the genres and domains of language promotion, are grounded in western and modern ideologies. The language ideologies include the creation of a standard variety based on reconstructions of an idealized Quechua that was spoken centuries ago that is not intelligible by today's speakers. This standardized and idealized form also attempts to purge Spanish borrowings, replacing them either with neologisms or ancestral (i.e., unused and unknown speakers) forms. Days of the week are a clear example of neologisms that would likely not be understood by monolingual native speakers. For example, *killachaw* is used for Monday and translates literally to 'moon-day', which is clearly based on the Spanish calendric system. While this form appears in all Quechua textbooks, it is not used or understood by native speakers. According to Luykx (2004), when native speakers attempt to use textbooks based on the standard variety, they do not easily follow the text.

Luykx (2003) borrowed Bourdieu's idea of legitimate language, which is furthered by writers and grammarians. She applied this idea to the situation of Quechua, in which the legitimate language concerns the correctness of an already stigmatized language. Spoken Bolivian Quechua, therefore, becomes doubly stigmatized: it is the non-standard compared with the written "standard" variety of a subordinated language. Luykx commented, "Within official parlance, 'indigenous language experts' are those with specialized academic training, not indigenous speakers recognized within their communities for their extensive cultural or linguistic knowledge" (Luykx, 2003, p. 97). As part of her discussion, Luykx quoted Kathryn Woolard:

"Movements to save minority languages ironically are often structured (...) around the same received notions of language that have led to their oppression and/or suppression... [M]inority language activists often find themselves imposing standards, elevating literate forms and uses, and negatively sanctioning variability in order to demonstrate the reality, validity and integrity of their languages" (Woolard, 1998, cited from Luykx, 2003: 995).

Language politics, language use, and language policy cannot successfully be considered removed from the sociopolitical contexts in which they are situated. Quechua language decline, which is what policy makers claim to attempt to prevent, reflects broader social situations, power hierarchies, and political subjugation. Reversing language shift is also about “reversing the social and cultural dislocations that originally caused the shift” (Luykx, 2004, p. 156). Luykx (2004) said it nicely when she commented “An inordinate amount of energy has been spent on esoteric corpus-planning decisions and symbolic gestures with few lasting effects, and too little on eradicating the root causes of language loss” (Luykx, 2004, p. 156).

The fact that much emphasis is placed on schools as the site of language revitalization reflects an attempt to expand Quechua into academic genres, resulting in a context of language and culture contact. There is no effort toward development and maintenance of Quechua discourse practices: “In short, the policies being implemented in the name of Quechua revitalization, despite their ideological appeals to historical virtue, are aimed at producing unprecedented patterns of Quechua usage that are in fact modeled on Spanish discourse patterns” (Luykx, 2004, p. 152). Literacy and writing are seen as the only medium through which to create and transmit cultural knowledge, which ignores and nullifies Quechua linguistic media (Howard-Malverde, 1998) and ignores the potential for language revitalization that exists within the language and speakers themselves. The Quechua that has been incorporated into the education domain, in sum, is based on Spanish practices and likely will ultimately lead to further devaluation and loss of Quechua, i.e., low EV.

Two cases with very different outcomes from that described above are discussed by Hornberger and Swinehart (2012) for the domains of bilingual intercultural education, which is a particular and unique university program, and Andean hip hop. Within these domains, indigenous

language expertise, by native speakers and not solely academic specialists, is a form of linguistic capital in the social marketplace (Bourdieu, 1991) and, consequently, the linguistic market shifts to favor multilingualism rather than Spanish language hegemony. Describing a transnational collaborative effort by six countries, PROEIB-Andes (Program for Professional Development in Bilingual Intercultural Education for the Andean Region) that trains native indigenous language speakers through a master's program in bilingual intercultural education at the University of San Simón, one of Cochabamba's primary and best universities, the authors describe a scenario in which students draw on their varied linguistic and literacy resources and in which such practices are valued and encouraged. Utilizing Aymara, the second most commonly spoken indigenous language in Bolivia, a growing music movement based on hip hop in Aymara that is critical of existing social and political hierarchies finds followers locally and globally. In both cases, indigenous languages have moved into domains, or ecologies, in which they were previously absent or abject. How these cases differ from the language planning case described above is in the fact that there is value cultivated in the linguistic and cultural resources developed at a local level and without need for modification from above. The implications in these two cases, therefore, are for language maintenance and high EV.

Returning to the question of how Quechua fits into the domain of health, will it resemble a case in which Quechua language and cultural constructs about health are subjugated to a Spanish model or will they be valued as they are? And from these results, what are the implications for Quechua EV?

### 3.4 Results

I first present a discussion of the themes found in the interviews, grouped as patients and as providers. I then analyze the language ideologies that emerge through these themes and present preliminary potential consequences for Quechua EV.

#### 3.4.1 Patients' Perspectives

There are four main themes that emerged from the interview with patients: 1) valuation of local resources and local knowledge, 2) interactions with healthcare providers, 3) impressions of a Spanish domain, and 4) communication and language use in health. Each will be discussed, in turn, below.

##### 3.4.1.1 Valuation of Local Resources and Local Knowledge

Common to all five consultants, none regularly makes use of either biomedical or local healers. Instead, they elect to treat themselves with local plants and seek knowledge at the local, i.e., community, level. Only if this treatment does not work do they seek help from healers. They all say local knowledge and local plants are their primary means of healing and very infrequently visit healers, either biomedical or traditional. As Elba said,

“I don’t go much to the health center. I cure myself like this with herbs, like *molle*, a kind of pink peppercorn, and eucalyptus. With these, chamomile too, we boil with them, we bathe with them. And sometimes that, nothing more, cures us. Only when that doesn’t work do we go to the health center.”

In the words of Maruja,

“We are poor people. Here in Huancayo there isn’t milk. There isn’t water for planting vegetables. For this reason, we get sick. We use herbs more to cure ourselves. The doctors give us sedatives, but a month later we’re still sick. We get better with the herbs.”

Also, part of the aforementioned quote, in addition to the use of local plants is a valuation of this system over other healing systems. Similarly, when I asked Eli how her experience is when she goes to the hospital, she responded with frustration,

“Sometimes in vain we go; we don’t get better. Yes, we go. Injection, injection, pills. At times, at times we get better. At times, no. At times, it’s this plant; with this plant we get better.”

While all consultants occasionally seek help from biomedical healthcare providers at times, only Eli and Maruja seek help from *jampiris*, local healers. Maruja, the one consultant with whom we did the interview in Quechua, commented that *jampiris* do heal: “Like the doctors. Some more or less are good, some are not good.” Neither said much about these experiences, which may have been a result of speaking with me, an outsider whom they would have identified with the biomedical world.

All consultants seek health information from within their community networks and emphasized the role of collaboration in health and healing. When asked what she does when she has a question about a health concern, Elba responded,

“Among ourselves we inform one another. For example, a neighbor comes and says ‘Look, I’m sick. This is what hurts me. What could it be?’ She says this to me, and I say to her ‘Chamomile. Boil a little water and drink it like a mate, try to drink it as hot as you can handle. Then put a black cloth in the mate, squeeze it out, and put it on what hurts. That will help you,’ I say to her. She does it and says, ‘Wow, how good it was what you told me. I did it like that and the pain has gone away. Now I don’t have it.’”

Similarly, Eli explained:

“We ask ourselves like this, we communicate, we walk, and also we collaborate... Someone advises you. Someone else advises you. Yes, like that we communicate and collaborate, both.”

T'ika echoed that collaboration, saying, “When we’re sick, we don’t go to the doctor. But like this, among ourselves we take care of one another. Herbs, we know what herbs are good.” This local level communication is done in Quechua, confirmed by multiple consultants.

Lidia’s network and form of communication about health is slightly different, as she is in an urban context. She relies on her mother for knowledge and to share ideas: “I know a little bit about how natural medicine functions, yes. But more than anything, my mother also uses, no?” In addition to growing herbs and collecting wild herbs locally, which all five women do, Lidia also buys herbs in the central market of Cochabamba, in which, she said, Quechua is the language of communication.

The strategies that all women use to seek health care and information about health are similar. They involve self-treatment with plants and knowledge sharing at the community and local level. Seeking outside help always comes second and, according to the consultants, is the less preferred option.

#### **3.4.1.2 Interactions with Healthcare Providers**

The responses regarding interactions and communication with healthcare providers were more varied. Lidia does not feel comfortable communicating with healthcare providers because of shyness, stating “I don’t like to tell them about my private things that I have. I’m reserved. Especially for feminine things.” Elba feels comfortable speaking with doctors and describing her symptoms. She believes they understand her well and that communication is good; however, her responses were very brief. Eli, when asked about communication with healthcare providers, responded, “[With] some good, some not. Some aren’t understandable. Others, good, they explain well to you.” T’ika had a similar response: “There are many doctors that are good. They listen to you well and also orient themselves to you, no? On one hand. But there are others that don’t. You



speak and they don't understand well. Neither understands one another." Eli does go to *jampiris*, but only sometimes and comments, "[The communication] is like at the hospital. Some good, some bad. Some trick us, for money, nothing more."

When asked what could be done to improve communication with healthcare providers, responses were similar. T'ika said, "Well, when a doctor doesn't understand us, it's a little bit difficult, no? Because, well, for example, we take our children and we try to make them explain. But the doctors think we're saying something else and want to insist... Usually, we go to the doctor that we know best and with whom we can understand one another." Similarly, Lidia said, "They look for someone who understands. They find a person who can speak [Spanish]. That person accompanies them. If there is no one, they ask other patients that are waiting if they know Quechua [and can help]. Through that, they communicate."

While these consultants feel more or less comfortable speaking with healthcare providers, they also recognize that there are differences among providers that contribute to the feeling of comfortable communication. They employ similar strategies to address communication barriers, which involve finding a translator.

### **3.4.1.3 Impressions of a Spanish Domain**

Lidia, Elba, Eli, and T'ika all believe that biomedical healthcare providers only speak Spanish, whether at a clinic, pharmacy, or health fair and that health communication, whether in-person or broadcast on radio or television, always occurs in Spanish. In the words of Elba, "I have always heard [them] speaking Spanish, nothing more." T'ika says, "Spanish, because that's the only [language] that they understand, right?... It's rare that they speak Quechua." She added, further, "In some ways it's easier for the doctors that doesn't understand. And they also discriminate a little, no?... They discriminate because [the patients] can't talk. They don't

understand one another. For those of us who know a little Spanish, at least we can defend ourselves.” Interestingly, Maruja, the consultant with whom I spoke in Quechua and who had the least comfort in Spanish, commented, “They [doctors] speak both, Quechua and Spanish... They understand, but for me, herbs are still better medicine. From the doctors, they just give you a sedative, an injection, whatever.” She went on to provide further commentary on communication, “Now with our new president, they have to speak Quechua. Lawyers, too, whoever, they all have to speak Quechua.” Maruja’s response, as the one person with whom we spoke in Quechua and who had the seemingly lowest proficiency in Spanish, demonstrate just how strong the connection between language and culture is in situations of contact. She does find providers who can communicate with her in Quechua; however, this is not enough for her to feel comfortable with the healing methods used by doctors. Ultimately, many consultants shared this lack of comfort with the cultural elements of healing, that included, but were much greater in scope, than an issue of language. Eli went on to say, as well, that *jampiris* also speak mainly Spanish. This, however, may have reflected her status as an Aymara speaker. *Jampiris* in the region would likely be Quechua-, not Aymara-, speaking.

#### **3.4.1.4 Communication and Language Use in Health**

The two youngest consultants, Lidia from Cochabamba and T’ika from Huancayo eagerly offered suggestions of how to improve health care and communication from the level of the state healthcare system. Lidia said, “That [having information in indigenous languages] would be good! Fantastic for the people of the countryside... It seems to me good to have things in Quechua, Aymara, and Guaraní, for example. There are many people who don’t understand Spanish. If there were information in those languages, so they could know how to protect themselves from illnesses.” She commented, though, that she has not heard of anything related to biomedical health

in indigenous languages. T'ika, when asked if she knew of any activities by the MSD to improve doctor-patient communication responded enthusiastically, “That I’ve heard of, no. But I think they should!... They should do a little more. I don’t know. Perhaps more than anything in Quechua because I have seen that in reality there are people that don’t know how to speak Spanish. You go... I have seen at the health post; one continues talking and the other doesn’t understand. It’s like that. Then they leave, and that’s it.”

In sum, these younger women felt strongly that information in Quechua would be beneficial and helpful for much of Bolivia’s population. When I asked the other consultants, they stated that they did not know of any efforts, but they also did not offer any suggestions.

### **3.4.2 Providers’ Perspectives**

There are six main themes that emerged from the interviews with providers: 1) the importance of language in health care, 2) recent language-related laws, legislation, and programs, 3) challenges to increased use of Quechua, 4) intercultural health care, 5) metanalysis of language ideologies within health care, and 6) suggestions for improvement. Each will be discussed, in turn, below.

#### **3.4.2.1 The Importance of Language in Health Care**

Four of the five providers feel that issues of language are critical in addressing problems within Bolivia’s healthcare system. They all talked about this in slightly different ways, whether providing personal stories, broader commentary, or suggestions for how the situation could be improved. Luis thinks that language plays a critical role in health and that there is very often a barrier as a result of language. He believes that a large part of the Bolivian population is not

understood by the healthcare workers because of a lack of language and cultural knowledge training at the university. Of his own experience, he commented:

“The moment I can speak with them in their language, they feel at home. Then there is no barrier preventing them from talking about their diseases and they can communicate how they feel with their manners and idioms... The patients that come here seek someone who understands them.”

Echoing the importance of language, Ramiro described it in the following words:

“What I consider important is that language is a product of a social construction, no? Then completely different scopes are created... That there exist various forms of seeing what exists, of interpreting reality. These can be incongruent. By ignoring them we are not going to make them disappear. They are there. I believe that our health system here in Bolivia, in Cochabamba, is not good in terms of performance. If you ask many people outside, many will say they are not happy with the system, a large part of the population. Why is this? Exactly because of the problem with language, very important.”

He went on to say:

“When one speaks in Quechua, even if it is a bad Quechua, it is more accepted. And more trust. We see this. If a doctor has a lot of patients in a Quechua-speaking area, most likely this person speaks Quechua. It is a way to gain the trust of the people, speak to them in their own language, offer educational programs in Quechua, and have meetings in Quechua. It is a way to get closer to the population, speaking to them in their own language.”

Shirley commented, “One of our fundamental pillars is the theme of equity. Right? Equity, solidarity, opportunity. And basically opportunity also refers to language. Then definitely we are conscious that the theme of offering a good service also has to do with the communication that we have with the patient.”

Alternatively, however, Esteban does not feel that the issue of language in health care is the primary problem and that the problem that does exist is improving little by little. The issue of language is secondary to what he called the “hegemonic medicine model,” which is described in greater detail in Section 3.4.2.4.

All the healthcare providers offered anecdotes of their experiences with language. María Eugenia frequently experiences the effects of indigenous language use in health care. She finds satisfaction in being able to communicate better with patients after having taken the language course. She loved studying Quechua, stating that the course was both fun and appropriately focused on health themes. She also loved the emphasis on writing, which was a novelty for her. Before the program, although María Eugenia understood Quechua well, she lacked speaking skills. When she did her required year of service after completing her training, for example, she needed a translator and relied on drawings and diagrams. Now she enjoys patients telling her that they prefer her because she understands them and can talk with them while the other doctors cannot.

Beyond the barrier constructed as a result of limited Quechua skills, Ramiro described a problem of communication not only as a result of lack of providers with indigenous language skills, but also a problem of medical jargon in Spanish:

“Because unfortunately the medicine has created its own language within even Spanish. It has created a jargon that wants to call things with a different name... This creates more of a barrier. Yes, there is a barrier of Spanish and Quechua. And now within Spanish jargon even increases the barrier. And that is what they do not want to understand at the university... I often say to them, ‘You all do this to appear more intelligent. Not to help. More to feign intelligence and to have a way to control a situation. Power. It is these things that we need to undo. Language is very important.’”

To summarize the above results, four of the five consultants felt that language issues were one of the largest barriers to providing quality health care in Bolivia. Luis said it best: “If you as a professional, as a person, don’t understand the population, its culture, ways of living, language, you cannot understand their problems let alone solve their problems.”

#### **3.4.2.2 Recent Language-Related Laws, Legislation, and Programs**

The four providers from the biomedical community all commented on various programs or measures undertaken to address the issue of language in health care, as described in their

commentary below. All acknowledged the impact of recent legislation on language requirements in health care. Shirley described the initiative of *la Caja* to provide language training in Quechua. Because there are many health posts and hospitals in dominantly Quechua-speaking areas, they decided to train their staff in Quechua “to try to improve service and gain the confidence of our patients.” The program runs for three months and focuses on basic medical Quechua. The emphasis, according to Shirley, is on the oral component. Exams involve role-playing and acting out of health scenarios. These are filmed and photographed. Although there were mixed reactions to the program on the part of *la Caja* staff, including fear of the change, of the new state requirement, and of having to learn something new, there is now satisfaction and acceptance of the program. She now notes a difference and an effect: *la Caja* healthcare staff are using Quechua with some of the other workers, such as janitorial and kitchen staff. There has been no assessment or evaluation, however, of the effects of the program in the healthcare setting.

Ramiro provided insight into how SEDES in Cochabamba is attempting to increase the number of Quechua speakers. He stated that all new hires must speak a local indigenous language, in compliance of the new laws, and described the process:

“Speaking Quechua is a basic requirement. But not speaking Quechua certified by a paper. Why? Because that also is a problem here in our country. Making courses is a business. Then we have people that bring a certificate that says they speak Quechua perfectly, that they have done three hundred hours of Quechua with a grade of 100. If you then ask them, ‘Here you have a mother that has a child with diarrhea. Give her an educational talk in Quechua.’ They cannot even start. Then these certificates for us do not mean that a person can actually speak Quechua. Instead, we have a commission of Quechua speakers and we do interviews to potential hires. The interview is not about asking formal things in Quechua... ‘You have a patient here with gastritis. Give him a recommendation in Quechua.’ The potential hire has to do it. If he cannot, he does not advance further.”

For those who already work for SEDES and do not speak Quechua, they offer courses. But, according to Ramiro, there are always people who resist: “They do not see Quechua as a tool that can help them improve their relationships with patients.”

### **3.4.2.3 Challenges to Increased Use of Quechua**

There remain many obstacles to improving the use of Quechua within healthcare efforts, which were articulated by all consultants. María Eugenia commented that some of her colleagues are resistant to the idea of studying Quechua, claiming they don't have time, they are too close to retirement to put in the effort, or they are resentful of the obligatory nature of the program. She also described colleagues who are rude to indigenous patients. Luis said, "The professionals, for whatever reason, don't try to communicate, forgetting their indigenous languages, due to lack of practice and upon closing themselves off in the hospitals without contact with people from rural areas." María Eugenia commented that the communication barrier can extend beyond issues of translation. She described family planning as a particularly difficult topic to translate, for reasons of language, culture, and the intimate nature of family planning.

### **3.4.2.4 Intercultural Health Care**

In many ways it has been difficult to isolate the language and communication issues from the discussion of intercultural health care. Overwhelmingly, healthcare providers are skeptical of the process. Although they believe it has potential in theory, the implementation of the model has presented a huge challenge and has been unsuccessful thus far. Esteban feels that the application of intercultural health care is different than the theory behind intercultural health care and that the entire process is full of contradictions. He believes that intercultural health care is not working because of the persistence of a hegemonic medical model, which he described as the positioning of biomedicine above traditional medicine in all respects, including valuation, control, and status. He commented that the government's application of interculturality within health care is insulting, offensive, disrespectful, and closed, "like giving sweets to children. It is a joke." He cited examples such as the salary differentiation between biomedical and traditional healers. Esteban also

remarked there were never any rules or clear protocol in the process to develop intercultural health care. He said the time was not spent to determine how the various systems of medicine could come together nor where disconnects and clashes would surface and how to resolve them.

María Eugenia commented that interculturality is a buzzword, a term heard frequently, thanks to the current president and changes at the state level. She thinks the incorporation of the term is just an attempt to win votes. She was critical of Evo Morales, who, she believes, does not actually speak any indigenous language.<sup>5</sup> Similarly critical of the government's efforts, Patient 8 said,

“What the government is doing now is a mistake. It is dividing natural medicine from the medicine of the *kallawayas* from scientific medicine. It is not going to work like that. It has to be coordinated, it has to be complementary, it has to be on all levels coordinated... We are a diverse country with many cultures, with many customs, with many dialects. We should make them complementary. But the president has done a lot of dividing. I believe this is something that is not going to lead to positive results.”

Ramiro, as the only consultant involved in planning and implementation at the state level, described processes involved with implementation of interculturality. He commented explicitly that for the past few years SEDES has incorporated traditional healers because these healers are now part of the health system. According to Ramiro, SAFCI was developed as the new model in 2006. He described it as familiar, communitarian, and intercultural. His comments, however, suggested that the model is no longer in use: “A little while ago now it is not what we do; the model was abandoned because it was just politics. Health politics.”

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<sup>5</sup> This is a common complaint about Evo Morales. According to popular opinion, he has never delivered any public speech in an indigenous language, leaving many people to believe he does not actually speak a language other than Spanish. This is also a clear example of the connection of language, politics, and ideologies.



Ramiro, however, did describe the process for intercultural health care, regardless of the success or continuation of SAFCI:

“Within interculturality, elements of traditional medicine and academic medicine are incorporated. We have been working for the past few years on the articulation of this process. We are not looking to surrender them to the system. We are not looking to absorb them into the system. What we are looking for is a type of complementarity. What knowledge, practices that they have can be complementary with the knowledge, practices, and values of the kind of medicine that is learned at the university?... Now at the more operative level, above all at the primary level of health care, this works by incorporating the traditional healer to the health establishment.”

Ramiro continued to describe some of the practical steps, including doing a census of all the traditional healers in the various communities. He said, “They don’t have to be recognized or validated by the health centers; rather, the ones that validate and identify them [the healers] are the community members themselves. Their logic is completely different.” He went on to describe the process that often happens at the community level, including committees for review, the fulfillment of certain requirements, and local level accreditation. He described several ways that the traditional healer may be incorporated into the state system, whether remaining in the same space with a system of mutual referral or working out of local health posts, physically alongside biomedical healers. Ramiro also described scholarships for intercultural training, available to biomedical healthcare providers.

Ramiro recognizes the complexity in the process of interculturality:

“The people who speak Quechua have their own vision, their own paradigm. From this logic they interpret illnesses... And the logic of academic medicine is completely different. But there is a place in which they meet. And this is the problem, when an academic doctor does not recognize that the other is also valid because it has another logic.” “It is another construction that is of another process that does not fit within these methodologies within this form of knowledge.”

He went on to say,

“The process of articulating this complementarity without denying the other. This is difficult...Many people, for the fact that studying medicine one has to spend first seven

years in university, then a specialty that takes another five years. Then one clings to this. I learned it this way and why would I undo this and accept another way? One binds oneself emotionally and strongly to what has been learned. This is what we want to break.”

Two providers commented that intercultural health care is not new, even if the term itself is new in this context and with the new government. María Eugenia stated that healthcare providers have been doing the activities associated with interculturality for years, just without identifying them as intercultural. One example includes respecting local birth practices, e.g., home birth and vertical birth. She did state, however, that there are more intercultural efforts now because it is obligatory. Luis reiterated the same theme. Since the 1952 revolution, according to Luis, various attempts have been made to incorporate and increase access for the indigenous population, through means of communication, to health and education. Included in these efforts were the incorporation and capacity building of traditional healers and midwives. The recurring problem still facing the government today, in the opinion of Luis, is the difference between interculturality as a discourse and theory, versus its application on the ground. Three consultants from the biomedical field discussed their interactions with other healers, as part of intercultural medicine. Luis described his interaction with local healers in the following terms:

“What I do with them is support them and try to make them understand. If a patient needs a surgery, for example, I tell him [a *jampiri*], ‘You are not going to be able to do anything.’ I try to show the limits that all knowledge systems have. The naturalist I work with utilizes medicinal plants. I say to him ‘Yes, diabetes can be treated with natural medicine. But this has to be quantified. Because diabetes is a number; therefore, you need to be able to classify.’”

María Eugenia and Shirley do not work with local healers; they are involved with *la Caja*, which does not include traditional medicine within its domain. Shirley stated that traditional medicine still is not implemented within *la Caja*; however, she said it is part of the ultimate restructuring plan.

Although the overwhelming sentiment was criticism, Shirley's comments offered a hopeful outlook:

"I believe that before there really was a lot of racism, lots of discrimination. I don't belong to the current political party, but one has to recognize the measures that this government has taken to abandon this theme of discrimination that this country used to experience so strongly. Even based on last names people would be hired or not. Now these changes allow for people to be hired who are qualified. In the past, this wasn't allowed."

Similarly, although Ramiro recognizes the difficulty in arriving at an intercultural system, he believes there is potential for the systems to come together, as expressed in the following:

"But many things have points in common and can arrive at a consensus. For example, *k'echalera* and diarrhea are almost the same. They only differ in causation. The doctor interprets diarrhea as an infection. But they interpret it as a fright or a result of another's distancing. The same happens with *amartelo*. *Amartelo* is something that happens when a person gets sad, is seen profoundly affected, when a loved one distances himself/herself. In this case, medicine interprets it as depression. Or *aire*. *Aire* is partial paralysis, no? That they interpret for having gone out in a cold environment or shock of a hot environment, etc., etc. While the other says this is an inflammation that has affected nerve functioning. But there are points in common, even if it is not 100%."

Summarizing Ramiro's words above, he believes there are fairly clear correspondences between biomedical classification of disease and indigenous classification of disease, i.e., diseases tend to differ in cause, rather than in disease profile.

To conclude this section on intercultural health care, the providers are generally critical of the motivation driving interculturality and believe that the discourse and activities surrounding the process are not necessarily new. They also express concern regarding the feasibility of putting intercultural health care into practice. Luis used an analogy that reflects the consensus of intercultural health care:

"There are grand ideas, grand ambitions, grand goals. It is like preparing a load of potatoes. It was all made; it was all made. The potatoes were tied to the donkey. But what happened in the process of the seven or eight years is that this government did not tie the sack well. They did not tie the load well. And what is actually happening is that it is falling. Because they didn't tie it well at the beginning. It would have been good if they had tied it well and put a compass on the donkey so that it would have a destination where to arrive."

### 3.4.2.5 Meta-analysis of Language Ideologies within Health Care

The healthcare providers were cognizant of many language ideologies at play in Bolivia, even if they did not identify them as such. For examples, regarding the process of indigenous language devaluation, particularly within the healthcare domain, Ramiro said:

“In our country, especially in the universities, a person who speaks Quechua is not viewed well... In schools as well... The child automatically begins to place his or her native language on a second tier. Teaching is completely in Spanish and includes foreign language. They ask you to read articles in English. Then the doctor graduates without speaking Quechua, a large part. Many because they just don’t know it and others because they consider that speaking Quechua is an expression of lower status. Or in other words it [Quechua] belongs to a class that is not at all academic, not at all scientific. Meanwhile, the doctor creates himself or herself as academic precisely because ‘I don’t speak Quechua.’ In that way a barrier is created.”

Shirley also described a similar scenario at *la Caja*. She had contracted an indigenous Quechua woman to a position of leadership and administration. She commented about the experience:

“The staff were saying they were not used to seeing indigenous people in administrative positions. They were always used to seeing them in, let’s say, cleaning. But this person that I hired is a nursing assistant and she handles the administrative work perfectly well. It’s great. Now she makes a difference. People [Quechua speakers] want to talk with her; they feel greater trust speaking with her.”

She credits the latter point to the fact that the woman is a native speaker and Quechua; she did not learn Quechua through training; rather, she is culturally Quechua.

Those outside of the healthcare system also hold the same ideology. María Eugenia described her communication with patients as following their lead, speaking the language they choose. She commented, though, that some patients will speak in Spanish because they feel that is the language that is appropriate to use when talking about health. If she thinks their Spanish skills are not strong, she switches to Quechua.

### 3.4.2.6 Suggestions for Improvement

Although the providers' commentary speaks primarily to the problems facing Bolivia's healthcare system, the role of indigenous language within the domain of health, and the plan to develop intercultural health care, they do offer some suggestions for how the situation may be improved. Esteban said that current steps, such as increasing doctors' salaries and setting limits on the length of the workday will not fix the problem. Instead, a multidisciplinary approach is needed to figure out why the "hegemonic medicine model" persists. Additionally, he has a new vision for the healthcare system, one that incorporates both the environment and human rights and which he referred to as "ecosocioanthrocentric," which aligns with Bolivia's new constitution and Ley No 071, in which the rights of the environment are stated explicitly (*la Asamblea Legislativa Plurinacional*, 2010). Further, Luis said "In order to have [indigenous] language be accepted by the majority, you have to make it experiential. Experiential means that you have to live together in urban and rural areas. In this case that would be ideal. Live their customs, their day-to-day experience."

## 3.5 Discussion

I first analyze the above results first for the language ideologies present. From these language ideologies, I then analyze the implications for Quechua EV. The discussion of EV will be elaborated further and contextualized with the other analyses in Chapter 6.

### 3.5.1 Language Ideologies

Several ideologies emerge in the data presented above. An overarching ideology underlying many speakers' comments is that of Spanish and biomedicine as the dominant and hegemonic language and culture. Four of the five patients believe that Spanish is the only language that biomedical healthcare providers speak. Included within this ideology are several ideologies and ideological processes. First, the incorporation of Quechua instruction and Quechua use within the healthcare system, although acknowledged by the consultants to be a complex process, is oversimplified. One consultant's critical commentary on language courses that produce graduates who still cannot communicate demonstrates the process of oversimplification. Another, who learned Quechua through the language course offered by *la Caja*, speaks lightly and, arguably, superficially about her Quechua skills and the joy she feels about speaking in Quechua. The superficiality of her commentary is further supported by the fact that she is not involved with traditional healing and other cultural elements that accompany Quechua language of health. I argue that this is a form of erasure (Irvine & Gal, 2000). By simplifying the linguistic context of Quechua within the healthcare domain, providers and others involved can avoid considering the cultural contexts. A very simplified linguistic form is placed within the healthcare domain, without its associated cultural context.

The incorporation of Quechua within the domain of health care emphasizes a model that reflects Spanish and biomedical discourse practices. Although three consultants all acknowledge the oral nature of Quechua and one describes a language instruction program that is primarily oral, there still seems to be an emphasis on writing, as demonstrated by a fascination and love of writing. In one consultant's opinion, the course focused heavily on writing, and she believes that the fact

that Quechua can be written proves it is no less of a language than Spanish. This is not unlike the case of Quechua within the domain of state education as described by Luykx (2004).

Spanish is associated with that which is academic and scientific. Quechua, on the other hand, seems to be assumed as the antithesis to that which is academic and scientific. Distance from Quechua, as described by one consultant, is a way to solidify an academic biomedical orientation. Healthcare providers close themselves off in hospitals, according to another, as a way to create and maintain distance. This physical distance and positioning are akin to the positioning of the languages in terms of urban vs. rural, modern vs. backwards, wealthy vs. poor and other ideological dichotomies that serve to exclude and restrain the situation of Quechua. A positioning of Quechua and traditional medicine as opposite to that which is modern is an example of what is explored by Bauman and Briggs (2003), how language ideologies operate to create and maintain social hierarchies, modernity, and modern subjects.

The ideology of Quechua in opposition to the scientific, academic, and modern is further supported by other ideologies that emerge in the broader process of interculturality within health care. Reflecting biomedical practices and discourse, these include the need to empirically account for local healers, that the knowledge and position of biomedical healers is greater than that of local healers, and that the primary difference between traditional medicine and biomedicine has to do with the causation underlying disease. Although he stated that the recognition of local healers needs to originate at the community level, Ramiro argues for a census, process of accreditation, and fulfillments of certain requirements. These do not reflect traditional forms of knowledge, which are often passed through family relationships or situations of apprenticeship; instead, his suggestions reflect biomedical ways of creating and legitimating healers. Additionally, although Ramiro advocates for an intercultural approach and already works with traditional healers, his

commentary that he has the ability to teach other healers and decide which form of healing is best in a given context reflects the dominance of the biomedical perspective.

Finally, although Ramiro is aware of the different paradigms at work in traditional medicine and biomedicine, he believes these paradigms stem from disease causation and that the diseases themselves are similar. This topic of causal explanations for disease has been explored in medical anthropology. Crandon-Malamud (1991) explores *susto*, an illness common in much of Latin America, in order to shed light on how different medical systems are understood in situations of medical pluralism. It is common from a western perspective to consider traditional illnesses as having organic causes (i.e., that there is an equivalent pathological condition in biomedicine) that are hidden by the curtain of cultural understandings. If an organic cause is assumed, indigenous logic, constructions, and systems of thoughts are often demoted in importance. Further, studies on a range of traditional explanations for illnesses common in the Andes, e.g., *k'echalera* as described above, chagas' disease (Bastien, 2003), and loss of *samay* (Knipper, 2006), demonstrate that the differences are much greater than ultimate causation.

### **3.5.2 Quechua EV**

Following a pattern of expanding domains for Quechua as has been documented elsewhere (Sichra, 2005), this spread of Quechua has the potential to support language maintenance, i.e., demonstrative of high EV. In addition to expansion of Quechua, linguistic features of the contact between Quechua and Spanish may also be indicators for a unique form of language maintenance (Howard, 2011), as evidenced by the stable bilingualism present in Cochabamba. Woolard (1989) argues that a flexible, rather than puristic, approach and acceptability of language mixing by both speakers and planners may be the key to language survival in some cases. As Howard (2011: 207)



says, “Cochabamba Quechua is flexible in allowing Spanish lexical and syntactic influence without its integrity seemingly being threatened; Cochabamba popular Spanish is known and even valued for its Quechua inflections.” Based on the results presented here, it does not appear that this flexibility has extended to the kind of contact between Quechua and Spanish within the domain of state health care.

From a sociolinguistic language contact perspective, the comments made in these interviews confirm that Quechua within the biomedical field does constitute a new area of language contact; however, the situation is more complicated. Biomedicine and Spanish are intricately connected. Four of the five of patients believe that all providers speak only Spanish. As noted by one consultant, most of the patients believe they need to speak Spanish in a biomedical health encounter, even though another, the woman who had the least comfort in Spanish, commented that, in fact, there are biomedical healthcare providers who speak Quechua. It is this perception of a Spanish domain that is so salient. Further, as discussed above, the spaces that Quechua occupies are deemed to be distinct from that which is academic and scientific. Nonetheless, Quechua has made its way into the state healthcare system, both out of necessity for patients and in compliance with a new model of health care put into practice by the Bolivian government.

In Section 3.3.2 above, I outline two potential outcomes, one that follows a Spanish model of discourse or one in which Quechua is used in a manner consistent with Quechua discourse patterns and according to the needs and desires of Quechua speakers. Drawing on the interviews presented in these earlier studies, Quechua within the domain of health care would appear to reflect a model that values and is ideologically much more based on Spanish and biomedical constructs, not unlike what Luykx (2004) has documented for education, rather than on a flexible and fluid mixing that is characteristic of Cochabamba more broadly.

That Quechua mimics a Spanish model within the domain of biomedical healthcare, suggests a negative EV for Quechua, at least as the language situation currently plays out within the context of the state healthcare system and the ecology of biomedicine. Quechua, both in terms of language and culture, is not valued or supported in its own right. The exploration of language ideologies and how Quechua is incorporated into a new domain above provides further support for the use of more nuanced approaches to analyzing subjective EV, as discussed in Chapter 2.

#### 4.0 Evidentiality in Cochabamba Spanish

Analyzing an additional source of evidence for Quechua EV and, drawing from the same data set of interviews analyzed for ideologies and attitudes in Chapter 3, Chapter 4 presents a secondary analysis of the discourse. Specifically, the speech of four of the ten speakers demonstrates that the term *a veces*, which means “sometimes” in Spanish, serves as a reportative evidential marker. *A veces* expresses both epistemic and negative affective stances in Andean Spanish, a variety heavily influenced by local indigenous languages such as Quechua and Aymara in which evidential systems are common and paramount to communication. That Quechua evidential systems are transferring to local Spanish varieties is relevant to understanding the EV of Quechua. Consultants, native speakers of Quechua and Aymara, very clearly take a stance when they speak Spanish. (See Section 4.3.1.2 below for a discussion of stance.) This stance is directed to both the healthcare systems of Bolivia (as actors themselves) and to the individual actors within these systems, using *a veces* to both negatively evaluate the actors and to create social distance between herself and the healthcare world. Use of *a veces*, which is exclusive to the topic of the state healthcare system, indicates both not witnessing the topic of speech and not entirely committing to the information. This, in turn, serves to create a social distance and negative stance. The usage of *a veces* as a reportative evidential marker, the borrowing of a Quechua grammatical function, has precedents in Andean Spanish, discussed below.

Pertinent to the research questions of the dissertation and broadly articulated, the analysis that follows attempts to do the following, related to language and culture contact between Quechua and Spanish: 1) demonstrate that *a veces* is, in fact, a reportative evidential marker used in Andean

Spanish and 2) argue for the implications of the usage of *a veces* in Andean Spanish as it relates to EV.

As discussed above in Section 2.1, the linguistic ecology is a critical factor in determining EV. In this chapter, I push the boundaries in terms of how we conceptualize the EV of a language, via the lens of sociolinguistics of language contact. Within this context of intense and sustained bilingualism, I argue, it is possible to look for evidence of Quechua EV within Andean Spanish because it is all a part of the linguistic ecology; in other words, Quechua and Spanish are not mutually exclusive. Although superficially the language is Spanish, Quechua and its linguistic and cultural constructs are not only being maintained, but actively being used to do social work. Quechua is relevant to and needed by people in the Andes. What is impactful about the research presented here is that it is not just a case of language contact in which only languages are changed; it underscores the connection between language and culture and has implications for a broader understanding of Quechua EV. To understand how these consultants use linguistic resources, we need to also consider the topic of the interview: medical discourse centered primarily on the state healthcare system. I will argue that the negative and social distance that is expressed in the cases presented below is precisely the result of this extended history of discrimination and exclusion. In other words, the current social milieu is due to the intense contact between languages and cultures that has occurred for more than 500 years. This history is fundamental to our understanding of how and why this particular linguistic resource is being used to do social work.

In what follows, I first describe the methods used and reintroduce the four speakers whose speech is used in this second analysis. I then present a review of the relevant literature on evidentiality, stance, and Andean examples. After discussing potential implications for EV, I

present the results and preliminary analyses both for evidentiality and stance as well as for Quechua EV.

## 4.1 Methods

As stated previously, I have been conducting research, studying, and working with US study abroad students in this community since 2002, which facilitates community members' comfort with my presence. This likely helped speakers to open up in the interview and allowed for more natural speech, despite the somewhat foreign, at least at the local level, interview context. This kind of natural speech is necessary to understand how particular features, such as *a veces*, are used in the discourse. Although these interviews were not conducted with the intention to pursue discourse analysis, upon reading through the transcribed interviews, multiple features of the language used in the interviews themselves proved interesting, one of which is described here and has implications for Quechua EV.

This analysis uses the transcripts of four interviews described in Chapter 3. As stated previously, I investigate the use of *a veces*, which means 'sometimes' or 'at times' when translated into English. When used in Andean Spanish, at least as seen here, it reflects evidentiality, the marking of information source, which is a required component of the grammar of Aymara, Quechua, and other indigenous languages of the Andes, such as the two distinct past tense markers (*-rqa* and *-sqa*) and the *-si/-s* and *-mi/-m* reportative and witness markers, respectively, for distinct Quechua varieties. (See Section 4.3.1.1 for more on evidentiality in Andean languages.) Concurrently, *a veces* also contributes to a stance of distance and distrust toward the stance object, as will be demonstrated. To do the analysis, I look at the context in which each case of *a veces* is

found as well as at the difference in frequency of the term by the four speakers. By context, I mean how *a veces* is used within the discourse as well as how it is framed within the broader linguistic ecology, in which the interviews are situated.

## 4.2 Consultants

Amid dramatic political and social change, indigenous women in Bolivia make use of various linguistic resources to make a place for themselves, socially, and actively participate in and construct new social realities. Underpinning this change is more than 500 years of language and culture contact between Spanish and indigenous communities (Mannheim, 1991), which continues to have profound and explicit influence on how social interactions play out today.

I argue that Lidia, Elba, Eli, and T'ika use the term *a veces* as a reportative evidentiality marker. Through asserting their relationship with the source of information, the women are able to do social work, incorporating both epistemic and affective stance into this evidential system. I will show here that the use of *a veces* emphasizes when speakers have not experienced an event. Some of the women also use the term to express a negative valuation of and social distance from the topic, in this case the state healthcare system. The Bolivian healthcare system, as a public and formal state system, has demanded Spanish language and cultural values as opposed to local or indigenous equivalents, which has served to disadvantage and exclude indigenous peoples for centuries.

I will reiterate some of the information described in Section 3.1 above as it is relevant to contextualize the analysis. Three of the four consultants, or speakers, live in Huancayo. Although subsistence agriculture remains the primary economic activity in Huancayo, gradual social change

in the region has resulted in new endeavors, including sale of crops in nearby markets, the development of a blacksmith workshop, and collaboration with an international non-profit organization. Most of the residents are Quechua speakers, whether bilingual Quechua-Spanish speakers or monolingual Quechua speakers.

Two of these consultants, however, are native speakers of Aymara. They are not from Cochabamba and moved to Huancayo several years prior to the interviews. Originally from the Department of La Paz, a predominantly Aymara region, Elba, who was 48 years old at the time of the interview, moved to Huancayo in 1990. Although her first language was Aymara, she learned Spanish as a girl when her family moved to Oruro, another department in Bolivia. Of all the consultants, she has learned Quechua most recently. Based on my language teaching experience and the many years I have spent in bilingual communities of Bolivia, Elba is a highly proficient speaker of Spanish and, as I was interviewing her, I did not notice a language barrier. Eli was 38 years old at the time of the interview. Like Elba, she is a native Aymara speaker. She is from La Paz; however, she moved around less as a child and only arrived to Huancayo seven years ago. Although Eli commented on learning both Aymara and Spanish as a child, she seems to have had far less exposure to Spanish than Elba and is not a proficient speaker.

Interestingly, it is this language barrier, which resulted from my lack of Aymara skills that spurred the current analysis. If I had been able to conduct the interview in Aymara, I would have done so; however, I might have missed the salience of this particular stancetaking marker in Andean Spanish. Stancetaking, discussed in 4.3.1.2 below, is how a speaker positions themselves to the topic of speech, their interlocutors, and the form of speech (Du Bois, 2007; Jaffe, 2009a; Kiesling, 2009).

T'ika, also drawn from the Huancayo interviews, is a 27-year-old woman and a native speaker of Quechua. She is from Independencia, a small town in the Department of Cochabamba, but moved to Huancayo when she was nine years old. She is comfortable speaking both Spanish and Quechua.

Lidia lives in an urban neighborhood on the outskirts of Cochabamba. She is a 29-year-old domestic worker, employed by a middle-class family comprised of a Quechua man and a Swiss woman, along with their children and grandchildren. She is from Potosí, a neighboring department, but moved to Cochabamba at twelve years of age to begin working for a family. She is a native Quechua speaker, began to learn Spanish in school in Potosí, and considers that she fully learned Spanish upon moving to Cochabamba.

Refer to Table 1 from Chapter 3 above for an overview of these consultants.

### **4.3 Literature Review**

I build on the discussion of the sociolinguistics of language contact that I began to develop in Chapter 2. As I will show here, in their use of *a veces*, speakers in Cochabamba draw on particular languages in certain circumstances or on particular contact features within a language, recognizing the social opportunities that these languages, together, provide. I also present the theoretical foundation on which I base the support for the argument that bilingual speakers in Cochabamba use resources that result from language and culture contact in order to do social work, i.e., engage in acts of stancetaking that distance themselves from the Bolivian state healthcare system.



I utilize an approach that simultaneously analyzes the linguistic features of evidentiality and explores speech through the lens of stancetaking. Both methods will be explained in greater detail below. It is this comprehensive investigation of evidentiality and stance that provides the framework through which we are able to gain a better understanding of the effects of language and culture contact.

#### **4.3.1 Linguistic Resources**

I discuss in greater detail a particular linguistic resource, an evidential system, that bilingual speakers in Cochabamba utilize in order to do social work, i.e., engage in acts of stancetaking that distance themselves from the Bolivian state healthcare system. This demonstrates one outcome of language contact and, in turn, has implications for Quechua EV in terms of how the resource is used by speakers. I begin with a discussion of evidentiality and then turn to stance. Evidentials are “grammatical or lexical markers that provide information about the source of information for a particular utterance or proposition... to connect the content of a message to its provenance,” (Babel, 2009, p. 487). Nonetheless, it is worth noting that there is a range of evidentials and disagreement regarding their definition. Brugman and Macaulay (2010), for example, compiled a list of 38 definitions or features of evidentials. There is an inconsistency in the literature in that evidentials are sometimes considered markers of stance and other times considered deictic expressions (Manley, 2015). Additionally, there is a gap in the literature in terms of how grammaticalized evidential markers function and are distributed in the discourse (Manley, 2015). Little research has focused on the ethnographic and social contexts of the speech events, themselves, in which evidentials are used. This chapter contributes to these issues and

demonstrates that, by addressing the sociolinguistic context, we have a more comprehensive understanding of the social roles that evidential markers can do.

#### **4.3.1.1 Evidentiality**

There is substantial research demonstrating that marking evidentiality in Andean Spanish is due to contact with indigenous languages, specifically Aymara and Quechua in this case, as it is common to both indigenous languages, e.g., Dumont (2013) and Escobar (1997). And while there is evidence of evidential marking in non-Andean Spanish, it is infrequent, related to mood or tense, and not the primary grammatical function, e.g., Schwenter (1999). I begin by demonstrating what an evidential system looks like linguistically.

Cross-linguistically there are many types of evidential markers, e.g., witness, sensory, inferential, and assumed (Aikhenvald, 2004). Quechua and Aymara, however, typically utilize only two types of evidential markers: witness and reportative (Babel, 2009). A reportative evidential, which is the kind demonstrated here, is used to mark information that does not come from the speaker, but that has been reported by another source, i.e., secondhand knowledge or hearsay. Witness evidential markers, alternatively, demonstrate that a piece of information is known and has been experienced first-hand by the speaker. Further, evidential markers in Andean languages do more than mark information source; rather, they are known as “multidimensional markers of stance” (Manley, 2015, p. 145) and can simultaneously express evidentiality, epistemology (degree of certainty), and, in some cases, mirativity (surprise or newsworthiness). Markers of evidentiality may also contain semantic information, e.g., attitude about the information, such as its probability, a speaker’s certainty of its truthfulness, and responsibility for the statement (Aikhenvald, 2004).

In Quechua, evidentiality is expressed differently cross-dialectically. In Cochabamba varieties, two verbal suffixes that mark for past tense are used as evidentials: *-sqa* marks reported information in the past while *-rqa* marks witnessed information in the past (Dankel & Rodríguez, 2012). Further, there are often epistemic meanings attached to these markers, more broadly speaking, for Quechua varieties: *-rqa* may be used to denote certainty while *-sqa* may be used to denote doubt (Manley, 2015). Another strategy used in Cochabamba Quechua to mark evidentiality includes the use of the lexical item *niy* (to say) to communicate reported information (Dankel & Rodríguez, 2012). It occurs in clause-final position with conjugated with the third person singular present tense marker *-n*: *nin*. See Dankel and Rodríguez (2012) for further examples of evidential markers in Cochabamba Quechua and Manley (2015) for examples of evidential markers in Quechua more broadly and specifically Cusco Quechua, such as the suffix *-puni*, which indicates certainty and is combined with other evidential markers and past tenses.

In Aymara, evidentiality can be expressed either morphologically through verbal inflection or syntactically (Miracle & Yapita, 1981). Morphologically, reportative evidentiality is marked with *-tayna* while witness evidentiality is marked with *-vna*. Syntactically, reportative evidentiality can be marked with the quotative verb *saña*.

Although evidential markers classically are discussed in terms of marking information source, there is a current debate as to a broader role that they may play. Do they comment only on the information itself, or can they also express other kinds of information, such as affective stance? Aikhenvald (2004) argued for a narrow role of evidentials and suggests that the use of evidentials is generally not affected by the social situation surrounding the utterance. Others, such as Babel (2009), argued that social factors impact the use of evidentials, i.e., there can be a relationship between information source and social relationships and interactions. In making her argument,

Babel (2009) considered the construction of the source of information, in addition to the perceptual source of information, as a necessary component of evidentiality. It is this construction that incorporates social and interactional information. She made her argument by analyzing the use of one evidential marker in Andean Spanish, *dizque*, which I discuss in greater detail below as it is very similar to the case presented here. Further, there are other examples from Andean Spanish that suggest evidential markers are used to create distance related to interactional factors, e.g., greater use of *dequeísmo* (than *queísmo*) with an emotionally charged discourse topic (Kanwit & Berrios, 2021; Kanwit, 2015).

I agree with Babel (2009) that the social context of the speech event impacts the use of evidentials and, simultaneously, that evidentials are used by speakers to comment on and situate themselves within a social context. I argue that *a veces* is a marker of evidentiality in Andean Spanish and serves as a marker of both epistemic and affective stances. It is used to emphasize that the speaker has not experienced an event. It can also be used, however, to mark a negative valuation of and social distance from the topic.

I now turn to a discussion of stance, with a focus on epistemic and affective stancetaking, in order to understand the role of *a veces* as an evidential marker in Andean Spanish. As I will demonstrate below, this particular use of an evidential system in Andean Spanish is a product both of language contact, in that indigenous languages have influenced the local Spanish variety, and of culture contact, in that speakers are using their language to take a stance on healthcare in Bolivia, i.e., a social context that is the result of centuries of contact and history between indigenous and Spanish cultures.

#### 4.3.1.2 Stance

Linguists researching stance have posited multiple definitions of stance, as demonstrated in the following descriptions, both taken from Jaffe's (2009b) edited volume on stance: 1) "Stancetaking—taking up a position with respect to the form or the content of one's utterance," (Jaffe, 2009a, p. 3) and 2) "a person's expression of their relationship to their talk (their epistemic stance—e.g., how certain they are about their assertions), and a person's expression of their relationship to their interlocutors (their interpersonal stance—e.g., friendly or dominating)," (Kiesling, 2009, p. 172). What is common to both definitions is the agency with which a speaker situates and contextualizes himself or herself. In a related vein, Du Bois (2007) referred to stance as a social action, from which meaning is configured through language, interaction among speakers, and sociocultural values. Stance is enacted publicly and dialogically by speakers to position themselves and others as well as to evaluate objects, whether the subject of speech or the speech itself. This positioning is local to the particular speech event; however, stances may also be taken that situate speakers in relation to an audience that is not present in the local interaction (Gal & Woolard, 2001).

While stance is actively enacted by people to do social things, it is concurrently "both socially situated and socially consequential" (Jaffe, 2009a, p. 3), meaning it is always taken and interpreted within a particular sociocultural and historical context. Therefore, stance occurs within and simultaneously serves to construct social orders and systems of value, accountability, and commitment. It can also be a tool for contestation and struggle. Bucholtz (2009, p. 147) described the relationship among stance and identity as one that is formed both from the bottom up and top down. Whereas the bottom up refers to actions done by people, the top down refers to how cultural ideologies influence and are shaped by individual acts of stance.

This situating and positioning that is stance almost exclusively occurs in a complex and multifaceted manner, reflecting how people manage and operate with multiple identities (Jaffe, 2009a). Different parts of a person's speech, even within the same utterance, may contribute to different acts of stancetaking, which, in turn, may overlap with other stances: "linguistic features are resources that are deployed in concert with other resources; a variant, for example, does not have a necessary stance or social meaning, but rather several potential ones," (Kiesling, 2009, p. 179). These stances may index the same identity, different identities, or even competing identities. Additionally, because "the linguistic systems indexed by stance are all embedded in political, social, ideological, and cultural fields of action... individual acts of stance are thus, by definition, *indirect indices* of these fields, and play a mediating role in processes of identification," (Jaffe, 2009a, p. 13).

From this review, several points stand out that are helpful to understand what it is that the speakers are doing through their use of an evidential marker in Andean Spanish. First, stance is something that speakers do, providing them a tool for agency. Second, it allows speakers to situate themselves within a social context that can be both local to the speech event and more global. And third, stance both is a reflection of social realities and provides an opportunity to construct and comment on social realities. We see all of these in the social work that the women do through their speech. They are speaking within a culturally constructed reality of attempted oppression and discrimination, they are commenting on that reality, and, in doing so, are distancing themselves socially from a very particular example of that reality, the Bolivian healthcare system.

#### **4.3.1.3 Epistemic and Affective Stance**

As noted above, the two main types of stance that are relevant for the current analysis are epistemic and affective. Epistemic stance refers to taking a claim on knowledge and authority

(Jaffe, 2009a), e.g., how a particular subject is known, the kind or level of authority a speaker has to be making claims about a particular subject, and the degrees of certainty a speaker has over the truth value of his or her statement, all of which are culturally, contextually, and individually grounded.

Epistemic stance often relates to, reflects, and/or overlaps with affective stance, which is how people relate to the stance object or their interlocutors (Kiesling, 2009). Kiesling (2009) provided the example of a patronizing stance, which reflects both a degree of certainty and type of knowledge about a particular subject. Additionally, this stance also carries with it a positioning of the speaker toward his or her interlocutor. McIntosh (2009), as a second example, demonstrated how a stance of epistemic uncertainty enacted by white Kenyans reflects an affective positioning in relation to the African occult in a way that serves to both differentiate and cross social boundaries. Finally, Babel (2009) argued that *dizque*, as discussed above, has become a reportative evidential marker that reflects epistemic stance in Andean Spanish and, in addition to providing information about an information source, is also used for social purposes to mark interpersonal relationships and assert positions of authority. Although he articulates a focus on evaluation, Du Bois (2007, p. 173) provided a clear and succinct summary of the stance with all of its complexities, both affective and epistemic: “Stance is an act of evaluation owned by a social actor... ownership of stance is the glue that binds the stance act together with actor responsibility and sociocultural value, so that all is linked to a social actor with a name, a history, an identity.”

#### **4.3.1.4 Connecting Evidentiality, Epistemic Stance, and Affective Stance**

In the previous sections, we see exemplified, both in theory and through examples, an overlap between evidential and epistemic marking as well as between epistemic and affective marking. It is not a great leap, therefore, to connect the three: evidential, epistemic, and affective

marking. Further, because stance considers 1) relationships and interactions among speakers and audiences, 2) knowledge source and certainty, 3) affect, and 4) the speech form itself, it can help enhance our understanding of the function of evidentials within interactions and the multiple interconnecting ways in which they are used. The use of *a veces*, as discussed below clearly demonstrates how people use evidentials to take a stance in ways that are socially and culturally situated and in order to accomplish social acts. All of these, stance, actor responsibility, and sociocultural value, as linked to an actor with a particular history and identity, can be seen in the data, in which a stance is taken that is evidential, epistemic, and affective. I argue that *a veces* is used in Andean Spanish as a reportative evidential marker that helps in the construction of an epistemic stance of distance and uncertainty. At the same time, in displaying this epistemic stance, speakers also take an affective stance: a negative evaluation of Bolivia's healthcare systems.

#### **4.3.2 Examples from the Andes**

I present examples of evidentiality and stancetaking from Andean Spanish to demonstrate that language contact between indigenous languages and Spanish has resulted in the incorporation of an evidential system into Andean Spanish. Therefore, although what is presented below is not unprecedented, it is a unique case. Based on what I have reviewed, there has been no analysis of *a veces* and its role as a stance marker within this variety of Spanish. A body of literature exists that explores the influence of evidentiality, as expressed in indigenous Andean languages including Aymara and Quechua, on Andean Spanish, including Aikhenvald (2004), Escobar (2011), and Zavala (2001). Two papers will be explored in this section, one on contact between Quechua and Spanish and one on contact between Aymara and Spanish. I chose the first on *dizque* by Babel (2009) because, while there is substantial research on evidentiality in Andean Spanish as a result



of contact with Quechua, including about *dizque*, her analysis presents, or argues for, a clear case of a grammaticalized evidential marker, which most clearly parallels the role that *a veces* plays in the data below. I chose the second paper as an example of Aymara Spanish contact because the consultants in the current analysis include native speakers of both Aymara and Quechua and, therefore, language contact is occurring multilinguistically.<sup>6</sup>

Mentioned above, Babel (2009) discussed the influence of Quechua on Spanish near Cochabamba. She uses the concept of stance to show how the Spanish word *dizque*, which roughly means “says that”, is used by speakers to mark an information source and to describe the relationship between themselves and others in Andean Spanish, as a result of contact with indigenous languages. For example, the same speaker uses *dizque* in one conversation consisting of secondhand information and does not use *dizque* in a second conversation, in Excerpt 2, that is semantically similar.

In both conversations, the speaker is reporting secondhand information: conversations she was not present for but was told about. What differs when comparing the two transcripts, according to Babel, is the way the speaker identifies with the people about whom she is talking. In the former, she is talking about a socially contentious situation that pertains to someone else’s family and involves members of a younger generation. In the latter, she sympathetically aligns herself with a person her own age and with whom she has a *compadrazco*, or ritual social relationship. By identifying an information source as more or less distant, Juana is also, and necessarily as argues Babel, positioning herself socially. Her own opinions of the individuals involved in these two

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<sup>6</sup> It is worth noting that the research on Aymara as well as on Aymara Spanish language contact is far less than the research on Quechua and on Quechua Spanish contact.

accounts are very clear through her use of the reportative evidential marker *dizque*. Because non-contact varieties of Spanish do not have obligatory evidential marking and, therefore, are considered to have a weak evidential system (Babel, 2009), the use of *dizque* reflects an influence from Quechua to Spanish in which speakers are simultaneously making a statement about information source and marking stance, which is similar to the example explored below.

The influence of Aymara on Andean Spanish has been less studied than the influence of Quechua on Andean Spanish. To exemplify the research, Miracle and Yapita (1981) described how Aymara-influenced Spanish uses the pluperfect form of the past in Spanish as an evidential marker to denote lack of personal knowledge or experience with a past event. These forms contrast with the perfect and imperfect forms, which are used to talk about past events that have been experienced by the speakers. Using their example, “‘*Bolívar había sido buen hombre*’ for an Aymara speaker means ‘I did not know Bolívar and he was a good man.’ On the other hand, ‘*Bolívar era buen hombre*’ for an Aymara speaker means ‘I knew Bolívar and he was a good man’” (Miracle & Yapita, 1981, p. 35). In the former, *había sido* is the pluperfect form of the verb “to be,” while *era* is the imperfect form. A very similar structure exists for Quechua-influenced Spanish, which is documented widely throughout the literature (e.g., Grondin, 1990): the preterit is used to describe witnessed events while the pluperfect is used to describe events not witnessed. Babel (2009) described the typically temporal functions of the preterit and pluperfect forms in Andean Spanish as at least secondary and possibly non-existent when compared with their evidential functions.

### 4.3.3 Expected Outcomes

It is clear from both examples that there is precedence for an evidential system to be brought into Andean Spanish as a result of contact with both Quechua and Aymara. In what is explored below, I demonstrate that another feature of Andean Spanish, *a veces*, has been drafted to mark reportative evidentiality in Andean Spanish. Simultaneously, it is used to mark epistemic and affective stances, negatively evaluating the subject of speech by placing social distance between the speaker and the topic of conversation.

Although previous research has investigated evidentiality and stance in Andean Spanish, this particular construction has never been considered. I use analysis of this construction because, to properly understand what is happening, consideration of the linguistic ecology is necessary. Again, it is here that a sociolinguistics of language contact approach, with thorough understanding of the linguistic ecology, in all its linguistic and cultural complexities, is best suited to understand the implications for Quechua EV. And, precisely because it is a Quechua element that is used in Spanish and used to do such important social work, the implications suggest a positive Quechua EV. Speakers are not using Spanish linguistic or cultural tools; rather, they are using Quechua linguistic and cultural tools within Spanish.

## 4.4 Results

The use of an evidential system in Andean Spanish, such as the case presented here, demonstrates language and culture contact effects and, in doing so, suggests a positive Quechua EV. It cannot be a case of language contact in isolation; instead, this instance of change is also

equally an outcome of culture contact. Speakers use *a veces*, as a reportative evidentiality marker to negatively evaluate and distance themselves socially from the state healthcare system. I argue that the whole reason for enacting this stance is based upon 500 years of culture contact in which exclusion and discrimination have been paramount, a fact that is crucial to understand this case and the linguistic choices, stances, and positions that these speakers choose or do not choose to make. The argument is presented through the analysis of the four cases below.

In this section I present segments from the interview transcripts in which each speaker uses *a veces*. I discuss each speaker's usage individually, contextualizing and analyzing the stances that are taken. I will highlight notable differences in both the consultants' stances and in the frequency with which they use *a veces*.

In a twelve-and-a-half-minute interview, Elba uses *a veces* a total of three times, all within the same section of the interview, as seen below in Transcript 1. Each time *a veces* is used, it is clause-initial position. (In the first instance below, the *a veces* occurs in a clause that was supplementary to the first part of the sentence as an additional comment, which is why I argue it is clause-initial.)

### Segment 1

Elba: *Así en tiempo que ahorita que está frío, agarramos unas enfermedades, resfrío, dolor de cabeza y todo el cuerpo como maltratado así, dolor de espalda, cabeza, gripe, tos...* So, in times, like now that it's cold, we get certain sicknesses, colds, headache and the whole body battered, back ache, headache, flu, cough...

Alana: *Sí, puede ser grave.* Yes, it can be bad/serious.

Elba: *Sí. Eso es lo que agarramos. Y a veces otras enfermedades también.* Yes, this is what we catch. And **sometimes** other illnesses too.

Alana: *¿Y cuando Ud. está enferma o cuando alguien está enfermo, qué hacen Uds.? ¿Van a un centro de salud o usan plantas... medicinas naturales en la casa? ¿Qué?... And when you are sick or when someone is sick, what do you all do? Do you go to a health center or use medicinal, natural plants at home? What...?*

Elba: *A veces* yo no voy mucho al centro de salud. Me curo así con las hierbas, como molle, eucalipto... **At times** I don't go often to the health center. I cure myself with herbs like molle, eucalyptus...

Alana: *¿Hay tanto aquí, no?* There is so much here, no?

Elba: *Sí. Con eso, manzanilla, lo hacemos hervir, nos bañamos. A veces* eso no más, nos sana. Y no nos quita eso y recién vamos al centro de salud y... *Pero ahora esta vez que ha agarrado ayer anteayer estaba muy mal y no podía ni bañarme, no podía, no tenía valor y he preferido ir a un centro de salud y me ha inyectado y con eso ahora ya estoy mejor.* Yes. With that, chamomile, we bring it to a boil and bathe ourselves. **Sometimes** that and nothing more, we get better. And when we don't get better, then do we go to the health center and... But now, this time I have caught. The day before yesterday I was very bad, and I couldn't even bathe myself. I couldn't. I didn't have strength and I preferred to go to a health center. And they gave me an injection and with that now I am better.

What differentiates most of Segment 1 from the rest of the interview is the kind of information and knowledge that we are talking about. Throughout most of the interview we talk about the past or the present, e.g., Elba's childhood, communication and interactions that Elba has had with doctors, and how women in Huancayo exchange information about health topics. She has experienced or is experiencing the knowledge that she is expressing through her speech. Even when I frame a question that could possibly be answered in a hypothetical non-experiential way, such as what sicknesses commonly affect the community, Elba answers with specific and experienced information. That is, she responds, for example, about the illnesses common to winter, the season during which I conducted the interviews, and mentions a specific illness from which she has just recovered, as seen in the very last part of Segment 1:

Elba: ... *Pero ahora esta vez que ha agarrado ayer anteayer estaba muy mal y no podía ni bañarme, no podía, no tenía valor y he preferido ir a un centro de salud y me ha inyectado y con eso ahora ya estoy mejor.* ... But now, this time I have caught. The day before yesterday I was very bad and I couldn't even bathe myself. I couldn't. I didn't have strength and I preferred to go to a health center. And they gave me an injection and with that now I am better.

In this section, she does not use *a veces*. In most of Segment 1, however, the topic of my questions and the way in which Elba responds are much more hypothetical, e.g., what she would do if she were to get sick and how sometimes bathing with water boiled with chamomile works to cure a sick person as seen here:

Elba: *Sí. Con eso, manzanilla, lo hacemos hervir, nos bañamos, **a veces** eso no más, nos sana. Y no nos quita eso y recién vamos al centro de salud y...* Yes. With that, chamomile, we bring it to a boil and bathe ourselves, **sometimes** that and nothing more, we get better. And when we don't get better, then do we go to the health center and...

We see in Elba a use of *a veces* that corresponds to whether the topic is experienced or not experienced by the speaker. I will argue, though, as I analyze the interview with Eli, that this is not the entire picture of context of *a veces*. *A veces* is not primarily or only determined by experience vs. non-experience of events about which the speaker talks. Rather, use of *a veces* is for the purposes of stancetaking, combining affective and epistemic stance, and that this stancetaking is accomplished through the use of *a veces* as a reportative evidential marker.

In a ten- and half-minute interview, Eli uses *a veces* a total of thirteen times. Just like Elba, the usage of *a veces* is concentrated in six short segments of the interview, as seen in interview Segments 2 to 7 below. Her usage of *a veces* is both clause-initial and clause-final.

## Segment 2

Alana: *¿Cuándo Ud. está enferma o alguien en su familia está enfermo, ¿qué hacen Uds.?* When you are sick or someone in your family is sick, what do you do?

Eli: *Cuando enfermamos vamos al hospital **a veces**. **A veces** este hierbos mismo con eso nos cura... **A veces** no vamos al hospital. Aquí mismo hay estos.* When we get sick we go to the hospital **sometimes**. **Sometimes** these herbs with these herbs cure us... **Sometimes** we don't go to the hospital. Here there are these (herbs).

## Segment 3

Alana: *Ah, lo siento. ¿Y cuándo Ud. van al hospital, ¿cómo es la experiencia?... ¿Es fácil llegar al hospital? ¿O no es fácil?* Ah, I'm sorry. And when you all go to the hospital, how is the experience?... Is it easy to arrive at the hospital?...

Eli: *No. **A veces** en vano vamos, no nos sanamos. Sí, vamos inyección, inyección, píldoras. **A veces, a veces** nos hace sanar, **a veces** no. **A veces** para esta planta es, con esta planta sanamos.* No. **Sometimes** in vain we go; we don't get better. Yes, we go, injection, injection, pills. **Sometimes, sometimes** it makes us better, **sometimes** no. **Sometimes** for this plant it is, with this plant we get better.

#### Segment 4

Alana: *¿También hay jampiris o parteras que trabajan aquí?* Also are there jampiris or midwives that work here?

Eli: *Sí, hay.* Yes, there are.

Alana: *¿Y Uds. van a hablar con ellos?* And do you (pl.) go to talk with them?

Eli: *Ah, cuando grave nos enfermamos ... Pero no, no siempre, **a veces** cuando nos enfermamos grave vamos a hablar.* Ah, when we get sick seriously... But no, not always, **sometimes** when we get sick with go to talk (with them).

Alana: *Sí, sí. ¿Y cómo es la comunicación con ellos?* Yes, yes. And how is communication with them?

Eli: *Igual como el hospital, otros, otros, nos engañan, plata no más.* The same as the hospital, others, others, they trick us, money nothing more.

#### Segment 5

Alana: *¿Y cuándo Ud. tiene preguntas de salud, cree que los médicos entiendan bien sus preguntas, cuando describe los síntomas?* And when you have health-related questions, do you believe that the doctors understand well your questions, when you describe the symptoms?

Eli: *Sí, **a veces**.* Yes, sometimes.

#### Segment 6

Alana: *¿Ud. ha participado en algún taller o feria de salud?* Have you participated in a health workshop or fair?

Eli: *¿Ferias? **A veces**, no siempre.* Fairs? Sometimes, not always.

#### Segment 7

Alana: *¿Dirías que es fácil o difícil obtener información de salud? Por ejemplo, cuando tiene una pregunta o tiene algún síntoma que no sabe que es, ¿qué hace para aprender y averiguar?* Would you say that it's easy or difficult to access information about health? For example, when you have a question or a symptom that you don't know what it is, what do you do to learn and find out?

Eli: ***A veces** así mismo nos quedamos.* **Sometimes** likewise we stay.

Alana: *¿En qué? ¿Perdón?* In what? Excuse me?

Eli: *Así mismo nos quedamos **a veces**.* *No estemos no preguntamos ni vamos, así mismo.* Likewise, we stay **sometimes**. We are not... We don't ask or go. Likewise.

In these segments, we see a very similar usage of *a veces* that we see in Elba's speech: the topic of conversation and how Eli answers my questions is much more hypothetical than concrete. Eli is not describing specific events that she has experienced; instead, she is describing generally how things might be or transpire, as seen in Segment 2:

Eli: *Cuando enfermamos vamos al hospital **a veces**.* ***A veces** este hierbos mismo con eso nos cura...* ***A veces** no vamos al hospital.* *Aquí mismo hay estos.* When we get sick we go to the hospital **sometimes**. **Sometimes** these herbs with these herbs cure us... **Sometimes** we don't go to the hospital. Here there are these (herbs).

The topics discussed in the remainder of the interview, again similar to the case of Elba, are about specific past or present events, e.g., her childhood, languages spoken at home, and how local plants are used for healing.

In the case of Eli, compared to Elba, we see a much greater usage of *a veces*. In addition to an evidential function to express epistemic stance, I also argue that Eli is using *a veces* to take an affective stance, in this case to express a negative valuation of the healthcare systems, both biomedical and traditional, that are available to her. By using a reportative evidential marker that implicitly creates distance as the speaker does not experience the events described, Eli is able to create social distance, as seen in Segment 3:



Eli: No. *A veces en vano vamos, no nos sanamos. Sí, vamos inyección, inyección, pildoras. A veces, a veces nos hace sanar, a veces no. A veces para esta planta es, con esta planta sanamos.* No. **Sometimes** in vain we go; we don't get better. Yes, we go, injection, injection, pills. **Sometimes, sometimes** it makes us better, **sometimes** no. **Sometimes** for this plant it is, with this plant we get better.

It also seems as if she is softening, or mitigating the negativity, in her presentation of her speech within our conversation, which could be a further function of *a veces* as a reportative evidential marker. In many ways, it makes sense that Eli would feel more negatively, especially about the biomedical healthcare options. She is less comfortable in Spanish and the biomedical world is very clearly a Spanish domain. Elba on the other hand speaks stronger Spanish and is more engaged in the Spanish-speaking world outside of Huancayo.

The stances that the two women take toward the healthcare systems are also very evident throughout their speech. As seen in these two excerpts from Segments 3 and 4, respectively, Eli believes that they go to the health clinics in vain and often do not get better and that many healers deceive their patients and want nothing more than money:

Eli: No. *A veces en vano vamos, no nos sanamos. Sí, vamos inyección, inyección, pildoras. A veces, a veces nos hace sanar, a veces no. A veces para esta planta es, con esta planta sanamos.* No. **Sometimes** in vain we go; we don't get better. Yes, we go, injection, injection, pills. **Sometimes, sometimes** it makes us better, **sometimes** no. **Sometimes** for this plant it is, with this plant we get better.

Eli: *Igual como el hospital, otros, otros, nos engañan, plata no más.* The same as the hospital, others, others, they trick us, money nothing more.

If we look more clearly at these excerpts from Eli, and following the hypothesis that *a veces* implies a negative affective stance, even though she says that doctors understand her health-related questions and concerns, I argue that her use of *a veces* may, in fact, demonstrate a negative valuation of doctors. The fact that she does not elaborate whatsoever on these questions also supports this argument as seen below:

Alana: *¿Y cuándo Ud. tiene preguntas de salud, cree que los médicos entiendan bien sus preguntas, cuando describe los síntomas?* And when you have health-related questions, do you believe that the doctors understand well your questions, when you describe the symptoms?

Eli: *Sí, a veces.* Yes, sometimes.

Elba's speech, on the other hand, suggests a very different stance toward the healthcare system, as evident in the following statement from Segment 1:

Elba: *Pero ahora esta vez que he agarrado ayer anteayer estaba muy mal y no podía ni bañarme, no podía... Y he preferido ir a un centro de salud y me ha inyectado y con eso ahora ya estoy mejor.* But now, this time, I have caught, yesterday, the day before yesterday I was very bad and I couldn't even bathe, I couldn't. And I preferred to go to a health center. They injected me and with that now I am better.

Throughout her interview, although she admits that no one goes to the health center often and that people in Huancayo cure themselves, she describes several positive interactions with the healthcare system and takes a positive stance, such as the interaction described above as well as describing the removal of a cyst that happened several years earlier. The difference in frequency, between Elba's and Eli's usage of *a veces*, which was 3 and 13 times respectively and cannot be explained by a difference in the experiential or epistemic component alone, further suggests that *a veces* is associated with a negative valuation of the speech topic. In order to understand how *a veces* is used, therefore, it is necessary to consider culture contact, in addition to language contact, to understand why Eli would have a negative evaluation of the healthcare system.

In a nearly fourteen-minute interview, T'ika uses *a veces* a total of five times. Although the usage of *a veces* is dispersed throughout the interview, unlike the previous two cases, it is used in a similar context, generally of reportative information, as seen in interview Segments 8 to 11 below. A further difference is that her use of *a veces* is not limited to clause-initial or clause-final position, but, instead is dispersed throughout, e.g., Segment 8.

### **Segment 8**

Alana: *¿Y hoy que idiomas habla con su familia, con sus compañeros?* And today what languages do you speak with your family, with your friends/neighbors?

T'ika: *Con mi familia más que todo es el castellano porque mis hijos no entienden quechua. Y entre aquí **a veces** hablamos quechua **a veces** igual castellano.* With my family, more than anything, Spanish because my children don't understand Quechua. And among here [referring to the work group] **sometimes** we speak Quechua, sometimes Spanish.

### Segment 9

Alana: *¿Y se siente cómodo hablando con los médicos?* And do you feel comfortable talking with doctors?

T'ika: *No tanto, porque **a veces** no podemos expresarnos y así. ¿Este no ve? Y mientras cuando tú ya sabes de tu idioma como expresarte entonces muy diferente. Sí, es muy diferente.* Not really. Because **sometimes** we can't express ourselves and such. Do you see/understand? And while you already know how to express yourself in your language, then it is very different. Yes, it is very different.

### Segment 10

Alana: *¿Y cuando necesitan medicamentos que no son de las hierbas, pero de los médicos, a donde va para conseguir?* And when you (PL) need medicine that is not herbs, but from doctors, where do you go to get them?

T'ika: ***A veces** vamos a la posta. Sí mayormente en la posta no está la receta para que tenemos y vamos a la farmacia. **Sometimes*** we go to the health post. Yes, mainly in the health post they don't have the prescription for what [illness] we have and we go to the pharmacy.

### Segment 11

Alana: *No tengo más preguntas, ¿pero hay otra cosa que quiere decir sobre este tema?* I don't have any more questions, but is there anything else that you want to say about this topic?

T'ika: *A ver qué puedo decir... Hay muchas cosas que quiero decir, pero no... (Laugh.) Por ejemplo, de que sería que pues que será que **a veces** que por ejemplo de las hierbas que se ha caído en otra gente que aprendan eso, ¿no ve? Y sé tantas cosas que se puede hacer, tantas enfermedades que hay por ejemplo en esta época al cáncer ya no hay tratamientos. Hay algunas personas que se sanan con hierbas y sería bueno poner esa hierbas en la ayuda a los que necesitan, ¿no?* Let's see, what can I say... There are many things that I want to say, but no. (Laugh.) For example, if it would happen that for example **sometimes** herbs fall into the hands of other people and they could learn, right? I know so many things that one could do, so many illnesses that there are, for example at this time for

cancer there still is not treatment. There are some people who get better with herbs and it would be good to put those herbs to help those who need it, no?

Analysis of this third example adds another layer to what I began to explore in the discussion and comparison of the first two consultants and their use of *a veces*. Her use of *a veces*, similarly to Elba, does not seem to demonstrate a negative affective stance; instead, it likely is just marking the hypothetical and not-directly-experienced nature of her statements. For example, in Segment 9 she is not talking about a specified event or instance in which she experienced a communication problem; instead, she mentions that this does occasionally happen:

T'ika: *No tanto, porque a veces no podemos expresarnos y así. ¿Este no ve? Y mientras cuando tú ya sabes de tu idioma como expresarte entonces muy diferente. Sí, es muy diferente.* Not really. Because **sometimes** we can't express ourselves and such. Do you see/understand? And while you already know how to express yourself in your language, then it is very different. Yes, it is very different.

T'ika seems to be using *a veces* as a reportative evidential marker to mark epistemic stance in a way that is similar how Elba uses *a veces*, which is to say, she does not use *a veces* too frequently because it is not combined with a negative stance. Different from Elba, however, is her opinion of the healthcare system, which is much more similar to Eli. She believes there are communication problems between patients who speak indigenous languages and the doctors who treat them, thinks that doctors tend to discriminate, and strongly believes the situation should be addressed as seen in Segment 12 below.

### **Segment 12**

T'ika: *Debería haber un poco más, no sé tal vez más que todo en quechua porque yo he visto que hay gente que en realidad no saben hablar castellano y tú vas digamos al menos yo he visto que alguna vez en la posta va y la otra sigue hablando y el otro no le entiende así es que mejor dices y ahora retírese y listo. Es más fácil para los médicos que no entienden. Y también un poco discriminan pues, ¿no?"* There should be a little more. I don't know. Perhaps more than anything in Quechua because I have seen that there are people who in reality don't know how to speak Spanish. And you go, let's say, at least I have seen that sometimes in the health post one continues talking and the other doesn't

understand. It's like that, you speak, now withdraw, and that's it. It's easy for the doctors who don't understand. And also they discriminate a little, no?

The question becomes why does she not use *a veces* more frequently to mark a negative stance in this case in addition to marking epistemic stance? An added and related question is why does T'ika not use *a veces* in other parts of the interview that are hypothetical in nature or concern events that she has not experienced, such as describing the language likely used at a health fair although she has not attended such a fair? Similarly to Elba and Eli, T'ika does use *a veces* in situations that she has not experienced directly; however, it is not present in all instances of reported information, as we see with the other two speakers.

In considering why T'ika's use of *a veces* is so much less than the other speakers and does not seem to so clearly reflect either affective or epistemic stances, I explore possible explanations. T'ika is younger than the other consultants from Huancayo and has had the most contact with the Spanish speaking domains of Cochabamba, having moved to Cochabamba when she was nine years old. Her children do not speak Quechua and she speaks Quechua primarily with the other members of the community. Perhaps epistemic stancetaking, which is necessarily marked through the use of evidentials in both Quechua and Aymara, is carried into Andean Spanish, but becomes less important the more a speaker transitions to a Spanish variety with less indigenous language influence. Alternatively or maybe even additionally, Quechua contact features, including evidentials, are highly marked and often stigmatized in Andean Spanish (Babel, 2009). It is entirely possible, therefore, that such features are removed, whether consciously or not, from the speech of speakers who have more contact with the Spanish language and cultural domains of Bolivia. T'ika may belong to these domains, or at least more so than Elba and Eli.

In a twenty-three-minute interview, Lidia uses *a veces* a total of two times, which is substantially less than the other consultants. The two uses are presented in Segments 13 and 14 below. In Segment 13, it is in clause-middle position; in Segment it is in clause-initial position.

### Segment 13

Lidia: *Hay que madrugar a las cinco de la mañana para obtener una ficha, ¿no? Y la ficha a veces tarda, uy... diez de la mañana sigues once. Ya es toda la mañana perdida. Entonces por eso yo no mu... no acudo muchas veces al centro de salud.* One has to get up at five in the morning to get an appointment, no? And **sometimes** the appointment is late, uy... Ten in the morning, eleven. Then it's the whole morning lost. For that reason I don't... I don't go often to the health center.

### Segment 14

Lidia: *Me pueden recomendar [en la farmacia], sí. Si hay una farmacia conocida, una doctora que es buena, entonces me receta y con eso continuo, ¿no? Por ejemplo, para botar las flemas, todo eso de las amígdalas. Tengo experiencia con mi hijita porque a veces se resfría entonces inflaman las amígdalas.* They [in the pharmacy] can recommend to me, yes. If there is a well-known pharmacy, a doctor that is good, then they prescribe to me and with that I continue, no? For example, to get rid of phlegm, all that with the tonsils. I have experience with my daughter because **sometimes** she gets a cold and her tonsils are inflamed.

Although most similar to T'ika, this case contrasts greatly with the other three speakers. Lidia's use of *a veces* appears to be patterned after an Andean Spanish less influenced by indigenous languages; it does not have to do with either marking a reportative evidential and epistemic stance or with taking a negative affective stance. Although she is talking negatively about having to wait for long periods of time to receive healthcare in Segment 13, a common barrier to healthcare services in Bolivia, there are many other parts of the interview in which she also takes a negative stance toward the healthcare system and in which *a veces* does not occur. Returning to the argument I explore with T'ika, Lidia's Spanish may be the least influenced by indigenous Andean languages. Like T'ika, she is younger than the other two speakers. Additionally, not only did she move to urban Cochabamba at a young age, but she also worked in households that were almost

certainly Spanish speaking. The development of a Spanish that contrasts with indigenous languages was likely critical to ensure success with employment. Finally, living in Cochabamba, she has much more contact with Spanish language domains and the non-indigenous world than any of the other consultants, who live in a rural and isolated community. She may be speaking a variety of Spanish that has less influence from indigenous languages, the development of which may or may not have been a social act due to the stigma and associated social consequences of using Quechua contact features. That we can understand Lidia's lack of use of *a veces* to mark either epistemic or affective stance as resulting from a high level of culture contact between the Spanish and indigenous worlds, at least relative to the other three consultants, underscores the need to consider both language and culture contact to truly comprehend the complexities of language change.

## **4.5 Discussion**

I first analyze and discuss within the context of evidentiality and stance. I then discuss the implications for EV. I will revisit this analysis in more depth in Chapter 6.

### **4.5.1 Evidentiality and Stance**

Based on the speech of the four speakers presented above, I argue that *a veces* serves as a reportative evidential marker that expresses both epistemic and negative affective stances in Andean Spanish, a variety heavily influenced by local indigenous languages such as Quechua and Aymara in which evidential systems are common and paramount to communication. First, the

repetition of its position (clause-initial or clause-final), for Elba and Eli who use it as an evidential marker, supports the assertion that it is a systematic grammaticalized evidential marker. Further, the nature of its original temporal meaning is an appropriate choice as a discourse marker to perform reportative evidential and negative affective stance functions: “sometimes” implies a lack of certainty and distance, e.g., it is not “always” or “never.” Rather, there is some wiggle room between the speaker and the commitment to the occurrence; it is less clear how often the event happens with “sometimes.” This can, as a result, transfer easily and logically to imply a distance from the information source and the topic of conversation itself.

Turning now to the epistemic and affective functions of *a veces*, Eli very clearly takes a stance that is directed to both the healthcare systems of Bolivia (as actors themselves) and to the individual actors within these systems. She uses *a veces* to both negatively evaluate the actors and to create social distance between herself and the healthcare world. Her use, which is frequent and exclusive to this topic, indicates that she did not directly witness the topic of her speech and is not entirely committed to the information. This, in turn, serves to create a social distance and negative stance. This usage of *a veces* is similar to the use of *dizque* as described by Babel (2009), which was discussed above.

Because *a veces* shows up in such a particular context and because there are other ways to say “sometimes,” which Andean Spanish speakers have access to, e.g., *de vez en cuando* and *algunas veces*, it is not just a coincidental use of *a veces*. Other forms for “sometimes” are not used in situations of reportative evidentiality and are used elsewhere in the discourse. A further comment, there are no other clear markers that would express doubt or distance, e.g., “*dudo que*” (I doubt that), “*posiblemente*” (possibly), use of third person rather than first person, use of subjunctive mood, or use of future forms. Although these forms do not exist in the *a veces* sections,



which would further substantiate my argument for *a veces*, they also do not exist elsewhere in the transcripts. Finally, *a veces* does not always, in every instance, have to have the meaning identified in this analysis. Rather, it is a linguistic tool that is available to speakers.

Before turning to the implications for Quechua EV, I conclude this section by noting that the analysis plays an important role in that, by looking at the linguistic ecology in which *a veces* is used, a more comprehensive understanding of the rich and nuanced information that these markers express is possible, per calls by Manley (2015) and others for inclusion of ethnographic information to analysis of evidential systems.

#### **4.5.2 Quechua EV**

This case extends beyond language contact and change and serves as an important reminder of the role of culture contact within language contact, and how culture contact may influence linguistic EV. It is only possible to understand Eli's distance from and distrust of the healthcare system through the bigger context of centuries of discrimination, exclusion, and racism that indigenous peoples have faced in Bolivia. In fact, this kind of language use may be one form of voice or resistance that speakers have to protest the sociopolitical and cultural contexts within which they live. Also informed by culture contact, the more closely a speaker is connected to Spanish language and culture, the use of *a veces* as a stance marker decreases. We see this demonstrated to varying degrees by Lidia and T'ika. It is likely not just a result of bilingualism, but a specific strategy, reaction to, or result of increased contact to and necessity of living within a Spanish-dominated world, both linguistically and culturally.

Another point that this case brings up is that we see language contact effects in "larger" levels of the linguistic system. The use of *a veces*, as demonstrated here, is played out within the

discourse. This points to the need for language contact research to comment on changes at multiple levels rather than only on “lower” levels, such as phonological (e.g., sound changes) morphological (e.g., borrowing) or sentence level effects (e.g., code switching). This particular discourse feature is a linguistic tool that is available to speakers, an observation pertinent to this dissertation because it shows the need for attention to interactional data, i.e., discourse analysis, to understand language in use and overall EV.

Ultimately, this analysis also has the potential to serve as commentary on or aid in the understanding of current social and cultural contexts in Bolivia and the Andean Spanish speaking world. The use of stancetaking in speech can be a tool through which individuals are able to contest and navigate particular social constructions. Simultaneously, stancetaking can reflect as well as influence particular social and historical contexts. Bolivia, along with the surrounding Andean countries, is in the process of unprecedented sociopolitical and cultural changes. Efforts are being directed toward the creation of an intercultural and decolonized state in what has historically been a highly hierarchical society. Indigenous populations, and the languages that accompany them, have experienced centuries of oppression, exclusion, and racism. The use of language is potentially one way to take a stance in resistance to this context and to participate in the new form of social change. By creating a negative stance through marking reportative evidentiality, which serves to create distance from the topic both socially and linguistically, perhaps *a veces* is one way to accomplish this social act. In doing so, it may be one form of positive EV for Quechua, the language from which this particular feature stems.

Alternatively, however, it is possible that speakers of Andean Spanish, like Lidia and T’ika, who are participating more comfortably and more directly with the more-classically Spanish domains of Cochabamba, do not use *a veces* as a result of stigmas associated with more Quechua

forms. The implications for EV are less clearly positive, then. In the following chapter, I turn to one more example of how we can assess Quechua EV. All three and their implications for EV, again, will be more thoroughly discussed in Chapter 6.

## 5.0 Global Quechua and Health

The third assessment of Quechua EV within the domain of health expands beyond the local to address EV as demonstrated through what I refer to as Global Quechua. The research in this analysis is inspired by current local and global events impacting Quechua speakers in the context of the COVID-19 pandemic and the expansion of Quechua varieties into a realm of long distance and digital communication and connection. Within this analysis, there are two main sources of data to analyze Quechua EV: an analysis of digital materials (written, audio, and audiovisual) pertaining to the dissemination of information about COVID-19 and an analysis of a speech event in which speakers of multiple varieties came together for a collaborative educational project for the teaching of Quechua. Pertinent to the research questions of this dissertation and broadly articulated, the analysis that follows attempts to answer the following preliminary questions: 1) how is Quechua language and culture utilized to relay important medical information about COVID-19? 2) what is the potential reach, or audience, of this material?, and 3) how do Quechua speakers of multiple dialects interact surrounding language and health topics. The answers to these questions will serve as examples of global Quechua and, following a synthesizing discussion of the first three research questions, I address the main question, what are the implications for Quechua EV?

It is worth commenting further on the selection of and reasoning for this analysis. In addition to being pertinent to Quechua speakers, current global and local events impacted my ability to do research for the dissertation. Beginning in the fall of 2019, Bolivia has experienced a period of substantial political unrest. Although presidential elections of 2020 have resulted in a more stable situation, political unrest and societal discontent continues. Further, Bolivia is has

faced some of the highest COVID-19 mortality rates in the world. Earlier in the pandemic, this prohibited collecting data via traditional means, e.g., traveling to Bolivia to conduct interviews. Additionally, alternative means for data collection, e.g., self-recording healthcare interactions by the consultants themselves, are both unethical and inappropriate. There are now thus more pressing concerns for the Bolivian people and the healthcare system to grapple with than this kind of research. In a reflective article about her own experience in Cusco at the beginning of the pandemic, both in terms of her own and others' vulnerabilities, about the community in which she was living with and working in, Stavig (2021) states: "Theirs is a more communal and reciprocal ethics that considers the good of the group as well as personal need and desire and works to balance both— though not without strife and conflict. If these were people I truly cared about, how could I stay if my presence put them at risk? Staying seemed to fly in the face of the communal ethic of *ayni*" (Stavig, 2021, p. 7). This ultimately led to her decision to leave the field. As discussed elsewhere in the dissertation, this context highlights the need for linguistic analysis of indigenous languages within the domain of health, for reasons that extend beyond the vitality of a language. More broadly, this and related research sheds light on the health and vitality, or hindrances to vitality, of Quechua and indigenous peoples, not just their languages, globally.

In what follows, for each analysis I 1) review the literature to contextualize the analysis, both in terms of relevant theoretical constructs and examples, 2) concurrently present and analyze the data, and 3) conclude with a discussion of EV based on the analysis. To conclude the chapter, I discuss Quechua EV considering both cases of global Quechua. One caveat is that there are differences in orthography and writing practices across Quechua varieties. While there are slight discrepancies in the written Quechua represented in the examples below, I do not enter into a discussion of these differences because it is beyond the scope of the dissertation. That said, analysis

of written varieties of Quechua and how they are in contact would be a place for further exploration of Quechua EV.

### **5.1 COVID-19 Information Dissemination**

The WHO's coronavirus website is translated into the six official UN languages, a fact that highlights the challenges and disparities in terms of making information pertaining to COVID-19 accessible to speakers of the world's remaining 6,000 or so languages (Piller, 2020). This reveals and perpetuates the global disparity not only of majority and minority languages, but also of social inequality, injustice, and disparity of minority, in this case indigenous, peoples and their health outcomes (García, Haboud, Howard, Manresa, & Zurita, 2020; Piller, 2020). Like other health emergencies, indigenous peoples across Latin America have experienced a disproportionate amount of the burden caused by the pandemic (Rieger, 2021). Preexisting social determinants of health, again similar to other health emergencies, include limited access to health care, effects of poverty, absence of state level support and funding, and social and geographic isolation. Compounding the situation and as discussed in Chapter 2 of the dissertation, indigenous peoples oftentimes have distinct conceptualizations of and practices surrounding health, healing, and the body that are not often considered by state healthcare systems and western medicine. Therefore, at the time of writing, there remains an urgent need to communicate health messages surrounding COVID-19 not only in indigenous languages, but through means that are appropriate, applicable, and understandable to indigenous peoples. This, again, exemplifies the connection of language and culture contact that my dissertation argues must be considered in any situation of language contact and discussion of EV.

Prior to presentation of the analysis, however, it is necessary for the understanding of linguistic and cultural vitality to state that indigenous populations, despite lack of attention from state and international institutions, have made use of their own cultural tools and knowledge systems to protect themselves against COVID-19. According to a report by the Economic Commission for Latin America and the Caribbean and others (ECLAC et al., 2021), indigenous groups have taken such measures as closing territorial boundaries, enlisting culturally relevant strategies of community-level cooperation and collaboration, made use of traditional medicine practices, and enacted local forms of epidemiological monitoring of COVID-19.

### **5.1.1 Literature Review: COVID-19 in Bolivia and Implications for Indigenous Populations**

Turning now to Bolivia, the pandemic has been experienced under a backdrop of substantial political unrest and upheaval. After elections in November 2019 that led to the ousting of President Evo Morales, an interim government was in charge at the start of the pandemic. Following elections in October 2020, the MAS party returned to power. Although further discussion of this political shift would divert from the main topic of the dissertation, understanding the implications for the state's health care system and the health of Bolivians, both indigenous and non-indigenous, is necessary. Prior to 2019, Bolivia already experienced what Waters (2006) refers to as a triple health burden (See Section 1.3), a situation in which infectious diseases, chronic diseases, and an inadequate healthcare system combine to lead to poorer outcomes for all people, especially indigenous populations. The most recent political unrest and the COVID-19 pandemic further exacerbate this context.

Bolivia, along with surrounding Andean nations, has followed regulations established by the UN and the Inter-American Court on Human Rights that aim to protect minority populations

through a focus on facilitating indigenous peoples' access to information and improving health responses (García et al., 2020). The focus of the decrees that address COVID-19, e.g., Supreme Decrees No. 4200 and 4527, is on prevention and monitoring of cases; however, no mention is made of indigenous populations or other minority groups. However, several initiatives have been developed to assist indigenous peoples. In May 2020, the *Ministerio de Salud y Deportes* (MSD) first announced protocol to provide “attention and support to the country’s indigenous communities in the fight against COVID-19 based on their traditions and social practices” (Ministerio de Salud y Deportes, 2020). In the same month, a program was launched that delivered 72 tons of medical relief to 5,000 indigenous families in the departments of Cochabamba and Santa Cruz. In August 2020, the second phase was launched and delivered more than 150 tons of aid to 12,000 indigenous families in the department of La Paz. Finally, in October 2020, in its response and mitigation plan for COVID-19, the MSD acknowledged that indigenous peoples are more vulnerable to COVID-19 and other diseases due to increased risk from social determinants of health. Specific action items included: guaranteeing health information according to and respectful of cultural and social norms, in indigenous languages when possible and permitting the use of traditional practices within a context of intercultural medical attention. With the arrival of vaccinations, the MSD published a vaccination plan in April 2021 that outlined, although generally, guidelines specific for indigenous peoples. Acknowledging problems related to logistical access as well as cultural and linguistic barriers, recommendations for a vaccination campaign include working with local municipalities, establishing specific vaccination schedules, and social communication initiatives that are based on interculturality (Ministerio de Salud y Deportes, 2021). Criticisms to the Bolivian government’s approach to COVID-19 in regard to indigenous communities, at least according to Rieger (2021) include a lack of transparency and



efficiency regarding vaccination schedules and a lack of incorporation of input from or consultation with indigenous communities themselves even in the development of programs and plans for indigenous communities.

Turning to the need for health information about COVID-19, the topic of this section of Chapter 5, early in the pandemic, the lack of multilingual information contributed to the spread of covid among indigenous populations, according to reports by indigenous peoples, (García et al., 2020). To address this problem, Quechua speakers at San Simón University in Cochabamba have collaborated with healthcare providers to create radio broadcast messages in Quechua and five other indigenous languages. Note that it is the same university discussed in Section 3.3.2, whose bilingual intercultural education master's program requires knowledge of an indigenous language, reflecting a context in which these languages are social capital. These radio messages avoid artificial neologisms for technical terms; rather, borrowings are used that reflect spoken Quechua, thereby ensuring understanding, e.g., *marscarilla* for mask and *jabón* for soap.<sup>7</sup> However, García et al. (2020) argue that a lack of both mobility and internet connectivity in rural regions continues to be a barrier.

In addition to the above background information on COVID-19 in Bolivia to contextualize the materials analyzed below, it is also worth commenting on broader theories and ideas of indigeneity and digital media. Scholars have argued for decades regarding the power of modern technologies as destructive or liberating. Exemplifying earlier discussions, Horkheimer and

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<sup>7</sup> It is important to note that the lack of a word for soap refers to the lack of soap in a biomedical perspective of a cleaning agent that is antimicrobial. Of course, there exist words in Quechua for cleaning products, e.g., *p'uqi*, which refers to an earth-based detergent used for cleaning dishes.

Adorno (1944) argue that capitalism, mass media, and excessive consumption, lead to cultural homogenization, responding to consumer culture in the U.S. and Nazism in Europe. On the other hand, Appadurai (1996) argues for the transformative potential of modern technologies towards the creation of transnational communities. Williams (1982) notes the contrasting tendencies in the analysis of media technologies: technological determinism, which posits the transformative nature of media, and symptomatic technology, the idea that technologies are a consequence of existing sociopolitical and historical structures. In line with the former, digital technologies allow for “a new play of power, a new dialectics of resistance and a new configuration of politics and its theorization” (Poster, 1990, p. 91). Due to the nature of digital media, there exists the possibility of new networks and new creations of community (Hilder, 2017). Regarding the possibilities for indigenous peoples, they, through digital media, have the potential to sidestep existing social structures, mobilize locally and transnationally, create news forms of recognition, and take ownership over questions of knowledge and representation. Alternatively, and in line with the idea of symptomatic technology, digital media can also consolidate existing power structures and relations (Hilder, 2017), through, for example, lack of access, surveillance, and propaganda of dominant discourses. In the case presented below, what happens to Quechua when expressed through digital media – is this a domain that is destructive or liberating, to put it in a different way, for Quechua EV?

### **5.1.2 Analysis: COVID-19 Information Dissemination Materials**

Initiatives throughout the Andes and in Cochabamba have produced information in Quechua and other indigenous languages in Quechua. Individuals, local and international NGOs, and the Bolivian government have all produced information in Quechua related to how to care for

oneself and others during the pandemic. I will explore in detail an example of each of these types to understand the range, style and approach to COVID-19 messaging in Quechua. This will then be tied to an exploration of EV.

The Center for Latin America Studies at New York University collaborated with Gladys Camacho Ríos, a native Quechua speaking linguist, to produce the following informational campaign in June 2020 about both steps to protect oneself from COVID-19 and how to support mental health during the pandemic. (Click on image for hyperlink to video.)



**Figure 1 Llakichiwasqanchikmanta Parlarina Kachun: COVID-19**

**Source:** CLACS NYU, 2020

**Translation of Text:** If we all listen, quickly and together we will best this illness.

In this video, several visual, linguistic, and cultural features are salient for a discussion of Quechua EV. Although the animation was created to be the backdrop for messaging in a variety of American indigenous languages, the people in the video reflect how people look in Bolivia. We see a diversity of kinds of people, in terms of race, gender, age, and style, which corresponds to

the diversity of Quechua realities; however, the diversity is similar in presentation to the diversity of Quechua speakers in Bolivia. We also see other stylistic elements that reflect Quechua cultural elements and realities. These include long dark braided hair, skirts that look like *polleras*, a typical article of clothing for some Quechua speakers, packs being carried on the back as is typical practice with a *q'ipi*, Quechua for “pack carried on the back”, and masks and background images patterned from, or at least similar to, typical weaving designs.

Turning to the linguistic features of the video, the Quechua reflects Quechua as spoken in and around Cochabamba, in terms of variety spoken, Spanish borrowings (See Section 1.2.1), and use of appropriate cultural references and perspectives. Further, the orthography matches generally accepted practices to entextualize Cochabamba Quechua. Below are several examples of spoken language as used in the video of Figure 1.

### **Example 1**

*“Barbijo” “Mask”*

This is a Spanish borrowing for mask, as mentioned in the literature review above.

### **Example 2**

*“Kay unquymanta cuidakuyta ama qunqanachu.” “Let’s not forget to take care of ourselves from this illness.”*

In Example 2, the verb *cuidakuy* is borrowed from the Spanish *cuidarse*, to care of/for oneself. Both Examples 1 and 2 reflect ways that these concepts would be most appropriately said and understood in Cochabamba Quechua.

### **Example 3**

- a) *“Nuqanchik” “We”*
- b) *“Siminchik” “Our mouth”*
- c) *“Sinqanchik” “Our nose”*

d) “Atipas**unchik**” “we will beat/overcome/win”

#### Example 4

“*Munasqa **ayllumasis***” “*Dear family/community members*”

#### Example 5

“*Yanapan**aku**nanchik tiyan.*” “*We have to help one another.*”

The entire video is spoken using the inclusive we, or *nuqanchik*, forms, whether as a subject pronoun in (3a), a possessive marker in (3b) and (3c), or a verbal marker in (3d), marked by the suffix *-nchik* (in bold). In Quechua, there are two first personal plural markers, an inclusive form, which includes all interlocutors in the conversation and which is used throughout the video, and an exclusive form, which means “we but not you” for at least some of the interlocutors. Therefore, use of the inclusive form implies a collective form of action and way of being during the time of COVID-19. It is in line with Quechua cultural tenets that focus on collective and collaborative action, reciprocity, and helping others. These include, for example, *ayni*, a culturally important concept that means collaboration and reciprocity, *ayllu*, a culturally important concept of family and community, and verbal suffixes, such as *-ysi* “helping to do the action of the verb” and *-naku* “reciprocal, action of the verb being done to/for one another.” The use of *ayllu* is utilized in the video, Example 4, and the latter verbal suffix, *-naku*, is seen exemplified in Example 5. Additionally, in Example 4, we see the plural marker *-s*, borrowed from Spanish and used to pluralize *ayllumasi-s*, “family/community members,” another common feature of Cochabamba Quechua as mentioned in Section 1.2.1.

A second example of COVID-19 information available in Quechua comes from La *Fundación para la Educación en Contextos de Multilingüismo y Pluriculturalidad* (Funproeib Andes), a non-profit organization based in Cochabamba that focuses on bilingual intercultural

education and was founded as an extension of PROEIB, which is the central organization involved in the master's program discussed in Chapter 2. This video, shown below, is an overview of COVID-19, identifying the virus, describing symptoms, and suggesting what communities can do to prevent the spread of COVID-19 as well as what to do if there is a suspected case. (Click on image for hyperlink to video.)



**Figure 2 Quechua COVID-19**

**Source:** FUNPROEIB Andes, 2020

**Translation (Top-Left and Clockwise):** “A dry cough gives us” “A sore throat catches us” “We are hot (fever)” “When this illness is very strong/bad, we cannot breathe” and “Our head hurts us”

Again, as in the first video, there are several visual, linguistic, and cultural elements that are worth noting that speak to potential for Quechua EV. The animation is very specifically Andean and Quechua and contains much greater details, both in terms of the way people, communities, and settings are drawn, but also in terms of all that is included. People wear *ch'ullukuna*, “hats with ear flaps,” *polleras*, “typical skirts,” and *juk'utakuna*, “typical sandals.” In the market scene, people are carrying the same style of bag used in Bolivian markets and vendors are grouped in

ways that reflect real-life market practices. In the image demonstrating that it is not good to gather, typical food and party elements are present: *uqa*, a kind of sweet tuber, potatoes, jars of what looks like *aqha*, chicha, and *charangos*, typical musical instruments. Suggested activities to do during quarantine are typical of some Quechua realities: working in the fields, caring for children, etc.

Turning to the linguistic elements, the following examples are analyzed for their contributions to potential Quechua EV.

#### Example 6

*“Ayllupi jark’akunachik.” “We care for/protect ourselves in our family/community.”*

The video is titled *Ayllupi jark’akunachik*, as in Example 6. From the very beginning, then, the video speaks to traditional forms of community organization and social structures, e.g., *ayllu*. This example also demonstrates the *nuqanchik*, or we inclusive, form and the *-naku*, or reciprocal, suffix, which, like in the first video, are used throughout the video, bolded in Example 6 above as well as in Examples 7 - 9 below. The video also suggests working as a community to prevent the spread of COVID-19, as seen in Examples 7 - 9 below.

#### Example 7

*“Tukuy llaqtanchikpi yachananchiq tiyan kay unquymanta jark’akunapaq.”*  
“In all our communities we have to know how to protect ourselves from this illness.”

#### Example 8

*“Mana mikhuna kaqtinpis tukuy yanapanakunanchik tiyan.”*  
“If/when there is no food, we all need to help one another.”

#### Example 9

*“Jark’akuqtinchik yawarmasinchiqtapis jark’asun.”*  
“When we care for ourselves, we also take care of our relatives.”

Also similar to the first video, appropriate Spanish borrowings, both lexical and grammatical, are used, as in Examples 10 – 12 below.

**Example 10**

“*jabón*” “soap”

**Example 11**

“*awichusninchis*” “our grandparents”

**Example 12**

“*llimphuchay*” “to clean”

In Example 11, the plural marker -s, bolded in the example, is used to mark *awichu*, or grandparent, as plural. Example 12 comes from *llimphu*, which is from “*limpio*” or “clean” and combined with the Quechua verbal suffix -CHA “to make”). Further, Spanish-borrowed numbers are used. This video does use a neologism for mask, as seen in Example 13.

**Example 13**

“*simi jark’ana*” “mask”

Example 13 uses *simi* “mouth” with the verbal root *jark’a* “to protect” combined with the nominalizing suffix -*na*, which, among its various functions, serves to turn a verb into an object for doing the action of the verb. A literal translation would be “an object for protecting the mouth.” Although I do not know for certain, I believe this is a transparent and easy to understand word creation, using typical and common Quechua constructions as -*na* used in this way is a highly productive verbal suffix in Quechua.

The last video that will be analyzed comes from the Facebook page of the MSD, *el Ministerio de Salud y Deportes*. Although a vast majority of their posts are in Spanish, there are



multiple videos and photos in Quechua and other indigenous languages about COVID-19. The following video, like the other two included in the analysis, provides basic information about COVID-19 and its prevention, including common symptoms and what to do. (Click on image for hyperlink to video.)



**Figure 3 Prevenir el Coronavirus en Quechua**

**Source:** Ministerio de Salud y Deportes Bolivia, 2020

**Translation:** “COVID-19 is an illness, fever, one can’t breathe cough”

Once again, this video presents animation that is similar to Bolivian and Quechua realities. There is far less cultural material in this video as presented visually; however, much of the content, in addition to the basics of washing hands, wearing masks, and maintaining distance, speaks to collective family wellbeing during the pandemic, e.g., how to care for children during quarantine, as seen in Example 14.

#### Example 14

*“Pukllanakunawan wasiwan ima sumaq llimphuchasqa kananku tiyan. Imaptinchus wawakunaqa tukuy imata siminkuman churakunku, paykunaqa ajinamanta pachata riqsiranku.”*

“Toys and the home have to be very clean. Doing anything, children put everything in their mouths, it is in that way that they get to know the world.”

The video then suggests activities to do with children and family members during quarantine or stay-at-home periods and stresses the importance of sharing with children how they can care for themselves. This suggests an acknowledgment and understanding of cultural values and what would be important for Quechua speakers to understand regarding COVID-19 prevention.

Regarding the use of Quechua, the patterns are similar to the first two videos: a form of Quechua that is commonly spoken and the use of the inclusive first-person plural. For the former, the video makes use of a syntactic construction formed with the suffix -SPA that suggests simultaneity of actions being done by the same subject and is highly common in Cochabamba Quechua, as seen in Example 15.

#### Example 15

*“Achhispa, sinqaykita pichakuspa, jisp’anasiman rispa, mikhuna wakichispa, wawakunawan pukllaspa, makikunaykita mayllakuyuni.”*

“Sneezing, wiping your nose, going to the bathroom, preparing food, playing with children, you certainly wash your hands.”

Examples of the inclusive first-person plural include Example 16.

#### Example 16

*“uyanchikta, parlayninchikta,”*

“our face-ACC, our speech/way of talking-ACC,”

There are far fewer lexical borrowings in this video; the only one is *llumphuchasqa*, cleaned, as exemplified above; however, the content is less detailed in terms of the information presented and, rather, speaks to general daily practices, as seen in Example 17.

### Example 17 (Smaller Section from Example 15)

*“makikunaykuta mayllakuyuni”*  
“certainly wash your hands”

Example 17 is a general recommendation that does not specify in detail; therefore, a Spanish borrowing like *jabón*, soap, is not needed. And while there are fewer lexical borrowings, we do see grammatical borrowings from Spanish common to Cochabamba, such as the use of an indefinite determiner, discussed in Section 1.2.1 and seen in the screenshot of the video (Figure 3).

Before turning to a discussion of the implications for Quechua EV, I would like to note a feature of Cochabamba Quechua that is not found in these videos: the use of reportative evidential markers. Because Chapter 4 focused on evidentiality in Andean Spanish and as a means of potential EV, it is necessary to comment on their absence in this analysis. There are no instances of reportative evidential markers that would be expected for Cochabamba Quechua, e.g., *-sqa* or the verb *niy*. (See Section 4.3.1.1.) However, if we consider the context of these videos and their presumed intention, we would not expect to see reportative evidentiality marking. The content describes a very real situation, the COVID-19 pandemic, that is being experienced by all of Bolivia. Further, all three videos suggest what should be done to protect or take care during this time; therefore, the imperative form is prevalent, e.g., Example 2 (“*Kay unquymanta cuidakuyta ama qunqanachu*” “Let’s not forget to take care of ourselves from this illness”), Example 8 (“*Mana mikhuna kaqtinpis tukuy yanapanakunanchik tiyan*” “If/when there is no food, we all need to help one another”), and Example 17 (“*makikunaykuta mayllakuyuni*” “certainly wash your hands”). We do see, however, use of the suffix *-puni*, which, as described in Section 4.3.1.1, means certainly and can be used in combination with other non-reportative evidential markers.

### 5.1.3 Quechua EV

The three videos discussed above represent just a fraction of the COVID-19 related material available online in Quechua. That the videos are presented in a form aligned with Quechua linguistic and cultural values is indicative of a high EV. Based on the description and analysis above, we see cultural values focused on *ayllu*, or typical constructions of family and the community, e.g., having one another (Examples 5 and 8), ways that we can care for our relatives (Example 9), and how we can care for our children (Example 14). We also see use of the collective we, and representations, such as appearance, daily practices, and foods, that match the reality and experience of Quechua speakers. We see linguistic structures at all levels, from syntax to kinds of borrowings that reflect how Quechua is used daily. Beyond these elements, however, there are other signs that the presence of Quechua within COVID-19 information is indicative of high EV. While the first video, which is hosted on a U.S. based site, has a lower number of viewers at 645, the other two have a significant number of views: the FUNPROEIB video has 8,000 views and the MSD video has more than 12,000 views. (Of course, we cannot know who is viewing the videos in terms of public health impact, but their mere dissemination suggests that Quechua has a strong digital presence. It is also worth exploring the comments, which are visible only for the third video. (Unfortunately, comments are disabled for the first two videos.) Comments are also visible on all MSD materials in Quechua on COVID-19, which includes one additional video, focused on the well-being of children during the pandemic, and four image posts with brief statements about COVID-19 guidelines. The following image exemplifies the latter and links to one example. (Click on image for hyperlink to example.)



**Figure 4 Churakuy Warwijuta**

**Source:** Ministerio de Salud y Deportes Bolivia, 2020a

**Translation:** “Wear a Mask”

In reviewing the comments, there are none criticizing the use of Quechua or Quechua speakers. There is, within two comments, criticism on the use of *warwijuta* for the accusative form of mask, as seen Example 18.

### **Example 18**

Comment: *“esta mal dicho el nombre se llama barbijo no por que se hable en quechua van a cambiar el nombre”*

“the name is poorly said it’s called *barbijo* not because they’re speaking in Quechua are they going to change the name”

Response: *“Esta bien pronunciado ya sea en kechua o Aymara.”*

“It’s well said/pronounced whether in Quechua or Aymara.”

Rather than take issue with the language or presence of Quechua, most of the comments criticize the Bolivian government's handling of the pandemic. The clear acceptance of Quechua demonstrates an ideology that Quechua belongs in this domain, suggestive of high EV. Alternatively, however, an overwhelming majority of the commenters, even the ones commenting on the use of Quechua, respond in Spanish. There is one comment in Quechua about the use of the borrowing for mask, in Example 19

### **Example 19**

*“Chayqa sutikun llukuma, tapurikullawaqchispis Imatapis qhelqarpallankichis,”*  
“Its name is *llukuma*, you all could just ask, what are you writing?”

While the lack of use of Quechua in this context could indicate lower EV, the next analysis below argues that a context of multilingualism, rather than being detrimental for Quechua EV, provides an opportunity for further vitality.

## **5.2 A Multidialectal Speech Event**

The second data source that I analyze for Chapter 5 is a multidialectal speech event that occurred as part of the development of a multidialectal open access Quechua textbook. The name of the textbook is *Ayni*, which means reciprocity or collaboration in Quechua and represents not only an important Quechua cultural tenet but also the manner and process in which the textbook is coming to be. The creation of *Ayni* is part of a larger collaborative project called The Quechua Innovation and Teaching Initiative, or QINTI. QINTI was started in 2018 by Carlos Molina-Vital, a linguist and the Quechua Instructor and is housed at the University of Illinois. This multilingual

event took place at the University of Pittsburgh on August 13th and 14th, 2021.<sup>8</sup> Speakers of English, Quechua, and Spanish, as well as speakers of multiple varieties of each of those languages, collaboratively worked together on the revision of chapter dialogues. Situating myself within this work, as the Quechua Instructor at the University of Pittsburgh, I was invited to participate in QINTI from its beginnings. I have collaborated with the group consistently since 2019 and consider myself fortunate to have the opportunity to work with such a remarkable group of language scholars, advocates, activists, and experts. It is for these reasons that the event described below took place at the University of Pittsburgh. In what follows, I first describe the event in more detail and then contextualize both the characters and the women, both of which serve as the data for EV itself. The parts of this collaboration that I analyze include the event itself, the incorporation of two characters, a midwife and a health clinic worker into the core textbook dialogues, as well as the interaction of the two women who played those roles within the real-life editing and recording of dialogues.

### **5.2.1 Literature Review: Multi-dialectalism and Multilingualism as Sources for EV**

There is precedence, although it has been largely ignored, for Quechua to thrive within multi-lingual contexts. In fact, although it is most famously known as the lingua franca of the Inka, the sociolinguistic context of Quechua during that period was remarkably more complex. Bi- and

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<sup>8</sup> Amid the pandemic, we felt we could meet safely as a small group and recognized, or anticipated, the importance of the in-person interactions for an activity that requires agreement on a non-standardized language, both in speech and in writing.

tri-lingualism were the norm, language and ethnicity did not necessarily match, (Mannheim, 1991) and the Inka's official court language may have been Aymara (Cerrón Palomino, 2004). State processes further contributed to the multilingual context of Quechua during the Inka period. For example, the *mitmaq* system, in which movement of people (and, importantly, people who were speakers of Quechua varieties as well as other languages) was mandated to exert state control over distinct regions of the Inka territory (Mannheim, 1991). This system resulted in non-contiguous dispersion of Quechua languages. Therefore, even as a lingua franca, Quechua was not standardized or hegemonic during the Inka period; instead, "it formed part of a complex linguistic and cultural mosaic alongside several other languages" (Luykx, García Rivera, & Julca Guerrero, 2016, p. 162).

The trend of a multi-lingual sociolinguistic context in which Quechua is maintained and, as could be argued, has always thrived, continued through to the 21<sup>st</sup> century. And speakers of distinct Quechua varieties have continued to come in contact with one another and with other languages. Following the Spanish conquest, indigenous labor was organized into *reducciones* near haciendas or missions as well as for mining activity, which provided the wealth that fueled the colonial operation (Luykx et al., 2016). Later, various state-level wars across the Andes provided similar opportunities for speakers of different Quechua varieties and languages to come in contact with one another. More recently, migration of indigenous peoples throughout the Andes, due to agricultural shifts in practices as well as lack of employment opportunities, has continued to result in languages in contact, language shift, and a highly multilingual sociolinguistic context. For example, shift has occurred in Amazonian regions of Bolivia from local languages to a more dominant Quechua variety (Luykx et al., 2016). Important for scholars of language contact in the region, this contact has not been the focus of research or language revitalization efforts because



the broader and more well-known contact situation is that between Spanish and Quechua, or between Spanish and other indigenous languages. The details of the contact are, as a consequence, largely lost. Returning to a theme that has appeared throughout the dissertation, this invisibility is another form of erasure (Irvine & Gal, 2000), an ideological practice in which a simplifying of the sociolinguistic context excludes or diminishes speakers and their languages.

Therefore, the kind of analysis presented in this section of a chapter on global Quechua is necessary, even if just an initial attempt at the kinds of research that will shed light on the opportunities for Quechua EV. While not many studies exist, there has been some ethnographic research on a similar multi-linguistic context, pertinent to the research presented here. Returning to the PROEIB-Andes program mentioned above and the work by Hornberger and Swinehart (2012), in which students participate in a bilingual intercultural education master's program and use their indigenous language knowledge and cultural backgrounds as social capital and access to the program, Luykx et al. (2016), a multi-authored article that includes two graduates of the program, a significant detail in terms of the capital of indigenous languages for scholars, aim to outline the “possibilities, challenges, and implications of face-to-face verbal communication across different varieties of Quechua” (Luykx et al., 2016, p. 159). They found that, in addition to the primary goals of the master's program, Quechua-speaking students were highly interested in learning about one another's language varieties. The nature of the PROEIB sociolinguistic context facilitated the interest as well as the efforts to bridge language varieties. Students developed multiple strategies to do so, e.g., investigating differences at various levels of the linguistic structure and organizing these differences, using context clues to understand unknown forms, incorporating elements of other varieties in their own speech, and using vocabulary that was developed by the group to talk about academic terms. The main factor restricting this

communication in Quechua was Quechua-Spanish bilingualism. All students were accustomed to using Spanish in certain situations, e.g., when communication was hindered or in talking about academic topics. This represents a larger trend in the Andes: because this form of bilingualism is so pervasive and there exists a more standardized form of Andean Spanish which serves as the current *lingua franca* of sorts, although this fact may be debated, many speakers use Spanish for interactions with those outside immediate Quechua-speaking community. Therefore, in the PROEIB-Andes program, the efforts to use Quechua are driven by curiosity and solidarity, not out of communicative necessity. Students' language practices arose from a commitment to expanding contexts of use of Quechua, intellectual curiosity, and pressure to stretch from program faculty. Luykx et al. (2016) note that the strategies developed and cultivated by the students were later employed beyond the bounds of the program and occurred after completion of program as students moved into their professional careers.

Some of the take-away messages of Luykx et al.'s (2016) ethnographic study are pertinent to the current analysis of Quechua EV. First, they note that the ability to speak Quechua fluently is "a symbol of both pan-regional unity and local diversity" (Luykx et al., 2016, p. 185). The tension between these two has been a theme and problem throughout decades of language planning for Quechua. They support this with the fact that efforts at standardizing Quechua varieties have been met with significant resistance by Quechua speakers. How could these seemingly disparate symbols function together? Perhaps, it is multilingualism or multi-dialectalism, or both, that provides a path forward for Quechua maintenance. Second, they note the students' remarkable tolerance, admiration, and enthusiasm for linguistic variation of Quechua and posit that, perhaps, this suggests the potential to build rapport among different Quechua speaking groups. In terms of where this contact might occur, there do exist settings within the current sociolinguistic ecology:

e.g., academic and teacher trainings, border regions, migration zones, commercial spaces, regional gatherings of indigenous leaders, and peri urban school systems that are home to children of migrants. While they do tend to believe that Spanish is the more likely lingua franca option, they do propose “At the very least, it will require collective introspection, planning and determination if practices like those described here are to give rise to a self-sustaining, transregional Quechua speech community” (Luykx et al., 2016, p. 187).

### **5.2.2 Analysis**

As stated above, Molina-Vital created QINTI in 2018. The goal was to bring together scholars, activists, and speakers of Quechua in collaboration. Although there is a long history of university-level instruction of Quechua, there has been relatively little collaborative work and, like many minority less-commonly-taught languages, there are few resources for teaching Quechua. There are more resources in Spanish than in English, but the former are lacking still. Rather, regarding Quechua instruction in the US, efforts were isolated and solitary. The first meeting of QINTI took place in March 2019. We met to create the foundation for a shared multidialectal curriculum for the first two semesters of Quechua language study. This kind of movement itself is an act of language revitalization (Molina-Vital, DeLoge, & Manley, 2022) and, due to its global nature, vitality.

Consultants included six instructors of Quechua from the following universities: University of Georgia-Athens, University of Illinois, Urbana-Champaign, University of Michigan, Ann Arbor, University of Pennsylvania, University of Pittsburgh, and Rowan University. The second meeting took place in March 2020, at the start of the COVID-19 pandemic and was held virtually. Here, a broad range of consultants joined the team to contribute their individual insights, expertise,

and experiences in the teaching and promotion of Quechua. The goal of the meeting was to more clearly understand the direction of QINTI and articulate future plans. Consultants came from varied backgrounds, e.g., info. design, digital learning, Quechua literature, and primary and secondary education language teaching contexts. This meeting demonstrates the collaborative approach to the *Ayni* textbook and the QINTI project. The range of consultants, further, demonstrates the expansion of spaces into which Quechua belongs, another example of Quechua EV itself.

Momentum for the project and the textbook, specifically, had grown, and we received two grants (a Learning and Teaching Priorities Grant from the National Federation of Modern Languages Teachers Association (NFMLTA) and a Provost's Open Education Resource Grant from the University of Pittsburgh) to host the third meeting with the purpose of recording core dialogues for the first six chapters of *Ayni*. We have continued to have success in acquiring funding for the project, which also demonstrates a perceived vitality of the work that is being done and underscores that Quechua is valued well outside of the Andean region.

Prior to the third meeting, a primary group for this part of the project drafted core dialogues for the first six chapters *Ayni*. The characters interact together as a group and are designed to reflect the sociolinguistic diversity of Southern Quechua speakers. Therefore, characters vary according to, among other things, language variety, gender, age, rural/urban origins, and profession. Further, one character represents a heritage speaker learning Quechua from the Bolivian diaspora located outside of Washington DC in Virginia. This diversity, again, reflects diversity as strength, or EV, for Quechua.

Because this dissertation is on the Cochabamba variety of Southern Quechua, I will focus primarily on the two characters (and the women who played their parts) as well as on the heritage

speaker from the diaspora, as that character also has his roots in the Cochabamba variety, in an exploratory analysis of the characters and QINTI event.

Prior to the analysis, I will situate myself more thoroughly among the data and data collection, much like I did regarding the interview data used in Chapters 3 and 4. I have been an active consultant in QINTI since its inception prior to the 2019 meeting at the University of Illinois-Urbana Champaign. As the Quechua instructor at the University of Pittsburgh, Carlos contacted me to attend the first meeting. Since early 2019, I have been engaged with the group both in terms of material creation and grant writing. It is through this work and the connections and relationships cultivated that I was able to participate in the third meeting of QINTI. As an active consultant in this community of practice, I am simultaneously and uniquely situated to comment on the implications for Quechua EV as a scholar, language teacher, and researcher, by exploring this speech event as a source of data. Because of my positionality, Chapter 5 reflects a form of consultant observation that is both emic and etic in nature. I am part of the group – we work together, we are colleagues and friends, and we have developed relationships of respect, camaraderie, and trust. The meeting, for example, did not consist solely of us reviewing texts and making recordings; equally important to that work was all that came along with it: eating outside on a porch during a thunderstorm with no electricity to keep us all safe during a pandemic, putting in that final push at 8:00pm on a Saturday night to accomplish our goal, and sharing cake for one of the consultant's birthday, all which talking, joking, and laughing in the multilingual context of Quechua and Spanish. So, although I am insider on one hand, I also am an outsider in that I am neither a native speaker of either language (Quechua or Spanish) nor am I from a Quechua speaking region. There were two others, like me, who were from the U.S. and were native speakers of English; there also were consultants who were from Peru and native Spanish speakers but not

native Quechua speakers. So, the event reflects a multilingual and multicultural context in multiple ways. Again, there is a strength, vitality, and productivity to this multilingualism.

I will outline two aspects of potential Quechua EV, as demonstrated from within the context of health: the characters as elaborated in the textbook dialogues and the women who were the voices of those characters during the third QINTI meeting. This section highlights EV as evidenced through a combined analysis of language and health and through multilingualism/multi-dialectalism.

The core dialogues for the *Ayni* textbook presents interactions among characters following a continuous storyline (Molina-Vital, Manley, & DeLoge, n.d.). The storyline centers around a fictitious local NGO, from Puno, also named *Ayni*. As a reminder to the reader, *Ayni* means collaboration and reciprocity in Quechua and is a central Pan-Andean cultural tenet. The NGO is an intercultural education organization that brings together educators from across the Andes in collaboration, or *ayni*. It provides an opportunity for professionals to work together who otherwise would not be able to do so. The mission, through a focus on education, is to create sustainable solutions that are based on shared cultural knowledge and experiences by bringing together Quechua people from various backgrounds. From this, the interactions in the textbook reflect a coming together of people to share their lived experiences and learn from one another. For example, they may learn about traditions or knowledge that are present in one region, but absent in another. The goal from this exchange, therefore, is revitalization of both linguistic and cultural practices. In developing the dialogues, the initial writers and with later contributions from the native speaker consultants focused on key areas of cultural knowledge. A focal point of this knowledge is health, demonstrating the importance that local forms of healing and knowledge of the body hold within Quechua society.

An example of this knowledge and experience sharing is demonstrated in the followed excerpt, the Quechua is followed by the English translation.

### Example 19

K'ancha: *Turáy Jonathan, imatataq Qusqupi ruwachkanki?*

Jonathan: *Andahuaylaspi, hatun yachaywasipi yachachini. Hinallataq, kay Qusqu llaqtapi, Centro Bartolomé de las Casaswan, Centro Tinkuwanpas llamk'achkani.*

Edith: *Wawáy, ingenierochu kanki? Imapitaq llamk'achkanki?*

Jonathan: *Arí, mama Edith, ingenierom kani. Ñuqaqa ruraychaq, ingeniero agrónomo nisqa, kani. Illinois Hatun Yachaywasimanta, universidad nisqamanta, ruraychaq kani.*

K'ancha: *Antikunamanta llaqtanchikpi puquykunasninchik aswan sumaq.*

Edith: *Arí, ancha qhali! Boliviapi, sapa llaqta puquyninta llamk'anku. Hinallataq, Tarata llaqtaypi churisuta ruwayku. Khuchita uywayku. Haqaypi trigutawan, siwaratawan, papatawan, saratawan ima tarpuyku.*

K'ancha: *Ñuqayku Clizapi achka sarata tarpuyku; ichaqa pisi papata allayku. Ñuqaykup aghayku manchay misk'i.*

Edith: *Arí, ñuqaykuppis ancha sumaq!*

K'ancha: My brother, Jonathan, what do you do in Cusco?

Jonathan: In Andahuaylas, I teach at the university. Likewise, here in Cusco, I am working with Centro Bartolomé de las Casas and Centro Tinku.

Edith: My child, are you an engineer? In what are you working?

Jonathan: Yes, Mama Edith, I am an engineer. I am an agronomy engineer. I studied to be an engineer at the University of Illinois.

K'ancha: Of all the Andes, our crops are the best.

Edith: Yes, they're very healthy! In Bolivia, every town produces their crops. For example, we make chorizo in Tarata. We raise pigs. There we plant wheat, barley, potato, and corn.  
K'ancha: In Cliza we plant a lot of corn; but we harvest few potatoes. Our chicha is very delicious.

Edith: Yes, ours is also very good!

Source: Molina-Vital, Manley, & DeLoge, n.d.

Several important aspects of the transcript stand out in terms of Quechua EV as demonstrated through a combination of language and culture and multi-dialectalism. Two characters, K'anacha and Edith, come from towns surrounding Cochabamba and describe their towns' unique agricultural practices and situate these practices as being a component of health. They share these experiences with Jonathan, who is from Peru. We see the theme of health as a framework in which to proudly talk about community. This pride and framing is an act of cultural revitalization and, along with it, linguistic revitalization. The Quechua language used in the above transcript exemplify both concepts that are uniquely Quechua and concepts that are borrowed from Spanish language and culture. The very *allay* can be roughly translated as to dig and is used specifically in the digging up, or harvesting, of crops underground, e.g., potatoes, carrots, and onions. There are other words for different kinds of harvesting. Also evident in the transcript are neologisms, created Quechua forms like *hatun yachaywasi* for university. These forms are presented alongside the borrowings with the structure of *nisqa*, which translates roughly to said. While this is a fictitious dialogue, it was reviewed by native speakers for both authenticity and intelligibility and will be used for instruction of Quechua that is both global and local.

The analysis now turns to the Cochabamba characters, K'anacha and Edith, who are introduced above. K'anacha is a young woman in her 20s who works for a women's health organization at a women's health clinic. Edith is a schoolteacher, midwife, and weaver in her 60s who has substantial knowledge of traditional medicine. In the creation of the characters, it was necessary to include characters such as K'anacha and Edith with health knowledge precisely because this is such a vital and important source of Quechua knowledge and experience. In fact,



during the first QINTI meeting, collaborators discussed how health needs to be presented in a Quechua textbook alongside Andean spirituality and cosmology because they are so highly interrelated. Healing practices do not happen without paying respect and making offerings to *Pachamama*, Mother Earth, and other deities.

Although the analysis in this section, thus far, has considered fictional contexts and people as sources of linguistic and cultural vitality, i.e., Quechua EV, these materials are being developed to be shared globally and represent an expansion of Quechua language and culture outside of the Andes and the typical contexts of EV.

The analysis now turns to the speech event in which these dialogues were revised and recorded, the third QINTI meeting as described above. Because the focus is on the role of Cochabamba Quechua within this multi-dialectal and multilingual event, I begin by providing background information for the two consultants who spoke Cochabamba Quechua. They played a critical role in the group because of their language expertise, which no one else could claim. Both resided in Virginia, near Washington D.C., one of the largest Bolivian diaspora communities. One was a language teacher and social media language activist who worked for a non-profit organization focused on Quechua language and culture revitalization among Bolivian youth in this diaspora community. The second was an educator and community language activist who has played a central role in revitalization efforts in both Bolivia and the US for years. Both, from different generations, had deeply rooted generational knowledge of Quechua language and cultural practices in Bolivia and the US.

First, as noted in some sociolinguistic contexts discussed throughout the dissertation, it was knowledge and fluency in distinct Quechua varieties that was requisite and the source of social capital for participation in QINTI. The exception to this was for the organizers and other

consultants who provided technical and organizational expertise. We were all nonnative speakers who had the privilege to learn so much about Quechua languages from this encounter, thanks to the consultants. During the introductions a theme brought up repeatedly was the fact that sometimes the consultants would be questioned on their pride in and efforts towards Quechua revitalization. Also, they realize that, in addition to the obvious maintenance of wisdom, knowledge, and traditions, Quechua provided them access to expand their own boundaries, such as to be invited, with all expenses paid, to Pittsburgh for the QINTI event. An important point is that, in addition to simply their expenses, the consultants should be paid for their intellectual property, e.g., their linguistic and cultural knowledge. While this is a prioritized goal as QINTI continues, our funds did not allow for it, which is a reflection on current societal ideologies and priorities of this kind of knowledge and its monetary value as well as on the newness of the initiative.

In addition to Quechua fluency, both linguistically and culturally, serving as a form of social capital within an educational context, a domain, as discussed elsewhere, from which Quechua has been historically excluded, the QINTI speech event provided an opportunity for growth for the consultants. This community of Quechua scholars, speakers, and activists have known one another for years and come together frequently for various events, such as for annual and regional meetings of the Quechua Alliance, a “community organization that aims to celebrate Andean Culture and Quechua languages” (“The Quechua Alliance,” n.d.). It is the common ground of Quechua that provides opportunities for all involved to grow and network. For example, while at the third QINTI meeting, consultants met with library staff at the University of Pittsburgh to learn about publishing in the *Bolivian Studies Journal*, an open-access journal publishing opportunity for the consultants and met with faculty at Carnegie Mellon University through a tour

of the Askwith Kenner Global Languages and Cultures Room. I argue that these opportunities, additionally, exemplify the EV of Quechua and social capital afforded speakers of the language.

In terms of the interactions of the meeting itself, consultants both reviewed and recorded the chapter dialogues. Because each consultant was assigned a character of the dialogue, they were, almost by default, the lead and final say on the expression of each line. Each dialogue was reviewed line by line by the entire group. The image below demonstrates the collaborative and collective work in reviewing the dialogues.

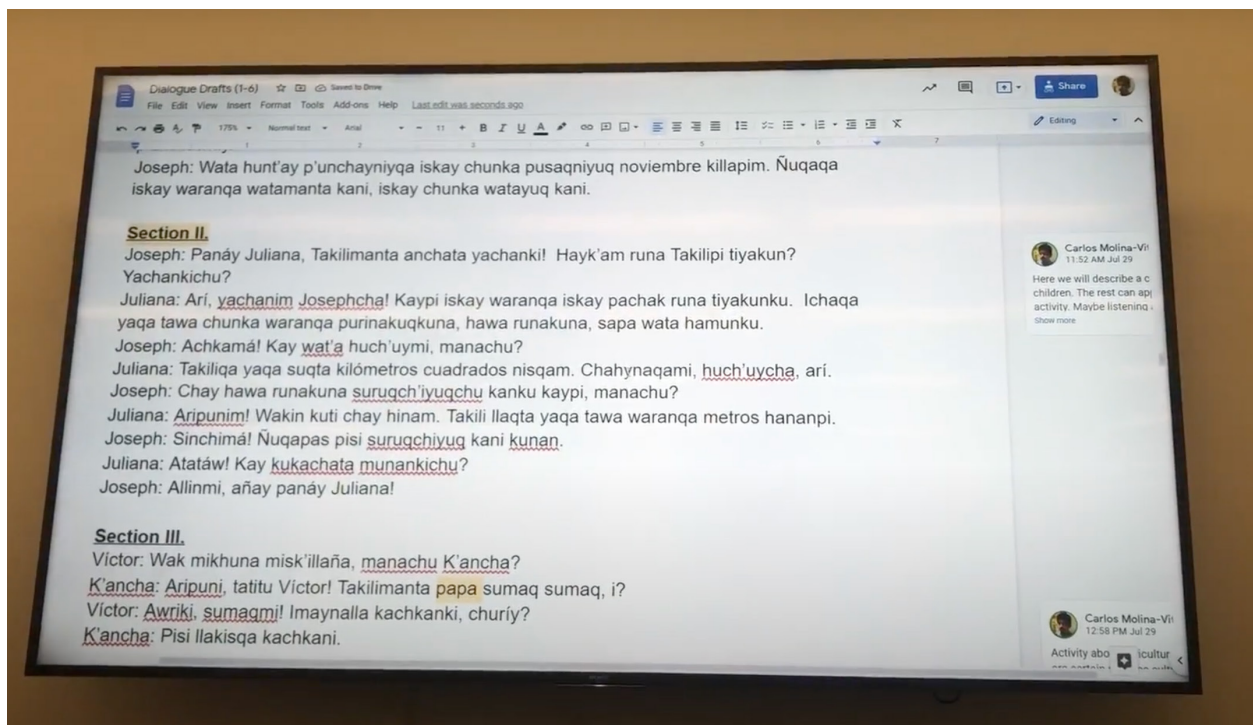


**Figure 5 Collaborative Work on the *Ayni* Textbook Dialogues**

**Photo Credit: Mitchell Teplitsky**

While there was substantial disagreement and different forms to say the same idea, all consultants came to the QINTI event with the understanding that *ayni*, or collaboration, was key.

So, where there could have been argument, there was instead an attitude of curiosity, learning, and compromise. And to return to the health domain, topics about health were discussed and differences in language varieties shared. In the video of Figure 6, a discussion of the proper way to say altitude sickness according to the variety of Quechua demonstrates the cordiality and curiosity that underscore the entire event as well as the salience of health as a topic to include within a Quechua textbook. (Click on image for hyperlink to video.)



**Figure 6 Altitude Sickness Discussion**

**Source:** Molina-Vital, 2021

### 5.2.3 Discussion

I argue that both the creation of *Ayni* and the dialogues as well as the interactive work that took place during the above described QINTI meeting are indicative of high EV for Quechua. The inclusion of health as understood and talked about from a local and indigenous perspective is not

unique in this case. Meneses, Alonzo, Gonzales, and Huanca (2020) establish the following sociocultural, intercultural, and intracultural topics to be included in Quechua instruction for receptive bilinguals in Peru (Figure 7). In the discussion that follows, I will tie together the two cases analyzed in Chapter 5 as examples of potential for Quechua EV.

#### 4.3 Géneros discursivos

Se tomó de base la teoría del análisis del discurso expuesta por Bajtin (1989) y Alexopoulou (2011) y las propuestas conceptuales sobre la escritura de Cassany (2016), aunada a la información de los estudios culturales andinos más nuestras propias reflexiones, para establecer los géneros discursivos que se desarrollarán:

1. Discurso de la vida cotidiana familiar rural y urbana
2. Discurso de la vida comunal y de barrio urbano
3. Discurso de la actividad agropastoril de valle interandino en temporada de secas y de lluvias.
4. Discurso de la actividad agropastoril de zona altoandina en temporada de secas y de lluvias.
5. Discurso de otras actividades productivas: artesanías
6. Discurso de la actividad social de la ciudad
7. Discurso de la actividad comercial tradicional
8. Discurso de la actividad socioeconómica urbana
9. Discurso de las creencias, principios cognoscitivos y valores ancestrales
10. Discurso de las creencias, principios y valores de la cultura occidental cristiana
11. Discurso de la salud y la etnomedicina
12. Discurso de la sabiduría y la tecnología ancestrales
13. Discurso de la asociación, la organización social y el derecho ancestrales
14. Discurso de la asociación, organización sociopolítica y el derecho en la sociedad oficial
15. Discurso de la actividad de entretenimiento en la comunidad
16. Discurso del entretenimiento en la sociedad oficial
17. Discurso de la actividad académica
18. Discurso de la ciencia y la tecnología modernas
19. Discurso de la aproximación de variantes de la cultura andina y de sus lenguas: quechua norteño, quechua central, quechua cusqueño, quechua ecuatoriano, quechua boliviano, argentino.
20. Discurso de aproximación a la cultura andina Aru: el aimara y el jaqaru
21. Discurso de la exploración de las culturas vecinas en la región de Ayacucho: ashaninka y criolla
22. Discurso de la exploración de pueblos y culturas lejanas: Europa, EEUU, China, Japón, India, etc...

**Figure 7 Topics for Quechua Instruction**

**Source: Meneses et al. 2020, p. 159**

While I will not translate each point, I will discuss a few in terms of their content and their demonstration of ways that Quechua is used and most appropriately taught in Peru. First, we see a multitude of domains and contexts, showing the diverse spaces in which Quechua is used and spoken: rural and urban daily life, agropastoral life and city life, ancestral values and beliefs along with western Christian values and beliefs, academic, scientific, and modern technology along with ancestral knowledge and technologies, and discussion of Quechua linguistic variation and Andean cultural variation. Further, we see a clear inclusion of health and spirituality. Finally, most important for the current chapter of this dissertation, the authors argue for inclusion of topics that explore foreign peoples and cultures, again situating Quechua as vital within a global and globalized context.

### **5.3 Discussion**

The two cases presented in this chapter, like Chapters 3 and 4, involve uses of Quechua that are not typically considered in studies of or as part of EV. The conclusion that follows in Chapter 6 addresses this issue and draws on the theory of translanguaging to re-envision what constitutes EV in line with the kinds of vitality evidenced in this chapter.

Following an urgent need for information about COVID-19 to be presented and understandable in Quechua, several initiatives produced materials that are understandable and appropriate, linguistically and culturally, to Quechua speakers. These materials are digital and are available through multiple media, e.g., YouTube and Facebook. They have been viewed substantially and are incorporated into broader discussions of COVID-19 and the government's response.

Moving beyond the Andes, Quechua language and culture carry a certain cultural capital that afford speakers opportunities that only exist for people with their particular linguistic and cultural knowledge. Speakers of Cochabamba Quechua participated in a meeting at the University of Pittsburgh in which they were the experts. This meeting also demonstrates a vitality of Quechua that comes through multi-dialectalism and in contexts of multilingualism, in which speakers of multiple varieties speak with, share about, and learn from one another.

While the above conclusions are more complicated, the nuances of which will be discussed in the following chapter, the analyses presented here both suggest a high EV for Quechua.

## 6.0 Discussion and Conclusion

At a recent weekly small-group meeting for the QINTI project, described in Chapter 5 and returned to in this discussion, we were working on a conference presentation about our work as a form of language revitalization (Molina-Vital et al., 2022). It struck all of us when Molina-Vital commented “As an L2 speaker [of Quechua], I am not considered in the number of Quechua speakers” (Molina-Vital, 2021 – personal communication). He is correct in that statement, a fact that made us all wonder about what was being missed when considering the vitality of Quechua. For many languages, such as English, L2 learners are considered among the number of speakers. This captures not only the vitality of English, not that English’s EV is in doubt, but also the on-the-ground interactional ways that English is spoken around the world, which of course constitutes part of its EV. So why is it that numbers of L2 speakers are not counted for a language like Quechua, especially when the number of speakers and the contexts of use inform our understanding of whether a language is thriving? This is especially pertinent considering the linguistic ecology, in which there has been an increase in L2 learners and speakers. To reiterate from Chapter 2, the increase in people learning Quechua has been a result of sociopolitical and historical shifts over the past several decades and more so in the 21<sup>st</sup> century, e.g., the requirement of bilingualism for government workers in Bolivia, as explicitly outlined in the 2009 constitution (Constitución Política del Estado Plurinacional de Bolivia, 2009). Further, in addition to a more nuanced and holistic understanding of Quechua EV, by missing out on this kind of information, language planning and policy experts are also missing out on potential sources for language revitalization. If studies of Quechua EV are not capturing this one aspect of Quechua’s complex and diverse scope, what else might be missing?



This dissertation demonstrates some of what is missing in current understandings of Quechua EV. The study utilizes a sociolinguistics of language contact approach, in which situations of contact, both linguistically and culturally, are understood as underscoring, influencing, and being central to Quechua EV. From this theoretical positioning, Quechua EV is analyzed through three distinct case studies, all within the domain of health. Further, the analyses and discussions in the dissertation also contribute to theories and practices within broader studies of EV. In what follows, I first summarize the results of each analysis. I then provide critical commentary on this dissertation's contribution to the field of EV studies. These discussions lead to an exploration of the limitations of the current work.

## **6.1 Return to Research Questions**

Before beginning the discussion, I present again the research questions and include the section in which each research question is explicitly addressed. These conclusions are woven throughout the broader discussion of Chapter 6. Restating from Chapter 1, the goals of and research questions investigated in this dissertation are:

- Goal: Increase our understanding of Quechua EV
  - RQ1) What is the Quechua EV demonstrated in each of the cases presented here (Chapters 3, 4, and 5)?
    - See Sections 6.2.1, 6.2.2, and 6.2.3.
  - RQ2) How does an analysis of Quechua EV within the cases presented here contribute to an overall understanding of Quechua EV on a larger scale?
    - See Section 6.2.4.

- Goal: Contribute to the theoretical development of EV
  - RQ3) How can we more thoroughly and appropriately analyze EV in a way that considers cultural and sociological factors?
    - See Sections 6.4 and 6.6.
  - RQ4) How can we expand what it means for a language and group to be vital?
    - See Sections 6.4 and 6.6.

## **6.2 Summary of Discussion**

I summarize the previous discussions and conclusions of the three case study analyses presented in the dissertation: a community level perspective of language ideologies, evidentiality in Cochabamba Spanish, and Global Quechua and Health. Conclusions include both the individual analyses as well as the implications for Quechua EV.

### **6.2.1 Language Ideologies and Attitudes: Community Perspectives**

Analyzing a series of 10 interviews conducted in Cochabamba with healthcare providers of various backgrounds as well as with potential patients of the healthcare system reveals clear language ideologies regarding the inclusion of Quechua into the healthcare domain. That Spanish and biomedicine are the dominant and hegemonic language and culture, respectively, despite attempts at an intercultural healthcare system, emerged as a primary ideology. Wrapped up in this overarching ideology is that Quechua language use within the state healthcare system is oversimplified, a process of erasure (Irvine & Gal, 2000) that allows actors within the healthcare

system to avoid considering the cultural contexts of health for Quechua speaking people. A related ideology, the manner in which Quechua is incorporated into the state healthcare system reflects Spanish structure and biomedical discourse practices. For example, although there is acknowledgment of the oral nature of Quechua linguistic practices, emphasis is placed on writing. The Spanish language realm is associated with that which is academic and scientific while Quechua is understood as the opposite of academic and scientific. These orientations are used in medical practice to construct medical identities and guide practices, e.g., the knowledge and status of biomedical healers is prioritized over that of local healers.

In terms of implications for Quechua EV, the expansion of Quechua into the healthcare domain is not occurring in a manner likely to support language maintenance; instead, Quechua is subsumed and modified to fit a Spanish linguistic and cultural model. Quechua is not valued in its own right, but rather as a tool for a hegemonic healthcare system. Although we see an increased number of speakers of Quechua within this context, that increased count is not indicative of increasing EV. This demonstrates the need to carefully and clearly undertake studies of EV and how EV manifests in each unique instance and case.

### **6.2.2 Evidentiality in Cochabamba Spanish**

In analyzed speech of four Andean Spanish speakers, I argue that *a veces*, which means “sometimes” is serving as a reportative evidential marker and has the potential to express both epistemic and negative affective stances. In this use, it is grammaticalized, occurring in clause-initial or clause-final position. While speaking about events that the speakers have not experienced directly, they also can, and do, use this discursive tool to assert a negative affective stance, in addition to evidential and epistemic marking. In the speech analyzed for the chapter, consultants

very clearly take a negative stance, or positioning, towards Bolivia's healthcare systems and individual actors within those systems. This analysis further demonstrates, that by focusing on the linguistic ecology in which Andean Spanish occurs, we are able to better understand the evidential and epistemic resources that are used and how they are used, answering a call by Manley (2015) and others to include richer ethnographic and interactional data in analyses of evidential systems.

In terms of Quechua EV, we can understand stancetaking as a resource through and with which speakers navigate social realities and, in this case, provide an opportunity to resist and contest deeply rooted hegemonic narratives that have led to centuries of oppression and exclusion. By taking particular stances, speakers have the opportunity to participate in new and powerful ways. Marking reportative evidentiality through *a veces* serves to create a social distance from and provide commentary on or resistance to the topic of conversation. Understood this way, the use of a Quechua construct (reportative evidentiality) in Andean Spanish may imply high EV, linguistically and culturally, for Quechua and Quechua speakers. On the other hand, however, based on the data here, speakers who participate more directly with the Spanish language domains of Cochabamba appear to not use this feature in their speech. If this is due to stigma associated with Quechua forms, the implications could suggest a low EV for Quechua.

### **6.2.3 Global Quechua and Health**

This analysis considered two instances of Quechua in a global context within the domain of health: COVID-19 informational videos presented through internet channels and a speech event contributing to the development of a Quechua language textbook. Similar to the other analyses of EV presented in the dissertation, these examples of vitality are not typically considered in studies of EV. There has been an abundance of digital materials produced to disseminate information on

COVID-19 in Quechua for Quechua speakers. That these materials have been done in a way that incorporates culturally appropriate language, behaviors, values, and practices and that they have been widely viewed on the internet suggest a high EV for Quechua as Quechua expands into a global digital world. Moving outside of the Andes, just as Quechua carries social capital in Cochabamba, the language and its speakers also carry a certain social capital that affords them opportunities that are a direct result of Quechua linguistic and cultural expertise. Speakers of Cochabamba Quechua participated in the development of a collaborative open-access multidialectal Quechua textbook at the University of Pittsburgh in which they were the experts and the holders of knowledge. They spoke to and represented topics of Quechua health, further demonstrating the combined linguistic and cultural vitality. Uniting both cases presented and discussed in Chapter 5, Quechua thrives in a context of multilingualism, and maintains its EV through this context of multilingualism.

#### **6.2.4 Consider the Three Cases Together and the Implications for Quechua EV**

What is clear from the above three sections (Sections 6.2.1, 6.2.2, and 6.2.3), there is no definitive answer regarding Quechua EV, e.g., we cannot say that, within the domain of health, Quechua EV is high. Rather, these cases present opportunities and exemplify the ways in which Quechua EV manifests. There are indications of contexts that do not seem likely to lead to Quechua EV, such as the language ideologies revealed from interviews on intercultural healthcare (Chapter 3). There are also indications of contexts that demonstrate a high Quechua EV, such as the use of Quechua in a global context (Chapter 5). In what followings, I present the implications of this, both for Quechua languages and their speakers as well as for EV as a theory below in Sections 6.4 and 6.6.

### 6.3 Other Examples of Quechua EV

Before entering a discussion of EV as a construct and methodological tool, it is worth mentioning other examples of the vitality of Quechua that are similar in context to those explored in the dissertation, but are broader than the context of health. Although the examples presented in this section are not analyzed, per say, for their vitality, I describe them to demonstrate the range and potential of Quechua EV.

Chapter 5 mentioned the Bolivian diaspora in the Virginia and Washington D.C. region as the place in which two consultants who contributed to the *Ayni* textbook lived. Although this diaspora was not the focus of the analysis, there is a vibrant movement for the maintenance of Quechua language and cultural, especially among second generation youth. For example, the Quechua Project, mentioned in Chapter 5, states their mission to be:

“The Quechua Project champions the intergenerational survival of Quechua language within the Bolivian diaspora community of the D.C. metro area. We envision a future where our younger generations have the spaces and encouragement to use Quechua. Two core ideas drive our work: first, because language is a powerful factor in identity, it is a key to a people’s survival; second, reversing a centuries-long pattern of indigenous language loss is a bold act of resistance against intentional Native erasure across the Americas.” (<https://www.quechuaproject.org/mission>)

and their vision to be:

“We work towards a future that supports you as a unique individual, as a valued member of a rich community, and as entirely Quechua, in your own way. We envision a world where your Quechua language is easy to use in all aspects of life here and where it is prioritized and valued. In this reality, you recognize that you share a story of language loss and migration with many others, and that by working together in the spirit of *Ayni* that we know so well, you can forge a better future, with the strength of your ancestors lining your future path.” (<https://www.quechuaproject.org/mission>)

The two images below, Figure 8, taken from the Instagram account of *The Quechua Project* demonstrate the multilingual and global nature of this youth movement, with Quechua language

and culture at the center. “*QHICHTWA KANI*” means “I am Quechua” and surrounds “Wholly Unabashedly Fiercely Us.” (Click on image for hyperlink to example.)

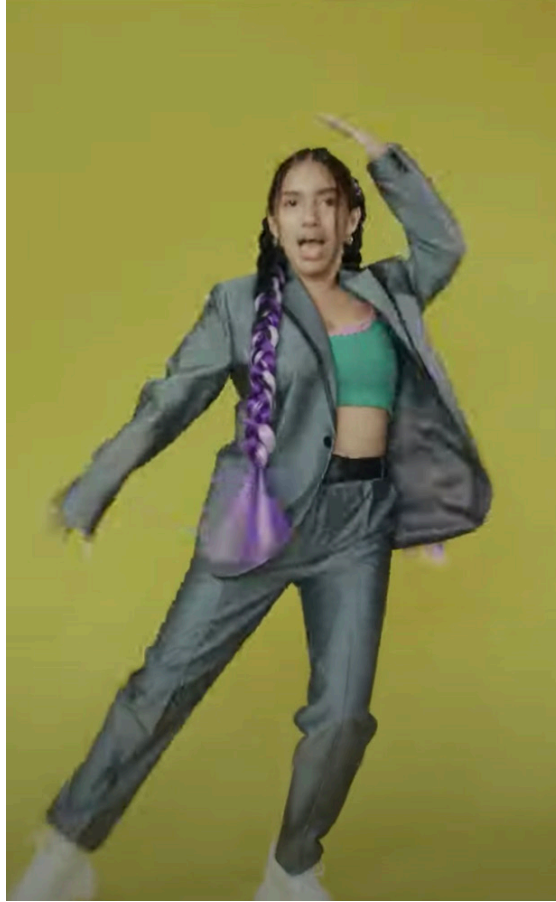


Figure 8 Two Images from The Quechua Project’s Instagram Account

Source: quechuaproject, 2021

Perhaps then, this linguistic and cultural vitality should be factored into studies of Quechua EV. The linguistic ecology is distinct and removed from, at least in a sense, the centuries of oppression and domination that underlie any sort of Quechua EV in the Andes.

Another source for EV, a space for Quechua EV referenced throughout the dissertation as one of the two case studies presented by Hornberger and Swinehart (2012), is music within the digital media realm. While there are numerous internet famous Quechua artists, I exemplify this space with Renata Flores, a heritage speaker of Quechua from Peru who has gained international fame through her music videos of original and cover songs in Quechua. What is striking about this, and other digital media resources, as a source of vitality is the timeliness of the global connections and the immediate potential for constructions of vitality. Figure 9 links to her newest (at the time of writing of the dissertation) music video in Quechua, a cover song from the trending K-pop group BTS. (Click on image for hyperlink to video.)



**Figure 9 Renata Flores Music Video**

**Source:** Flores, 2022

The style of the music video, e.g., her outfit and the visual composition, mimic the original music video, but the song is sung in Quechua and, typically of her other videos, traditional Andean cultural elements are incorporated into the music video, e.g., her long braids. Not only are Renata Flores and Quechua able to connect immediately with this trend and spread globally as a result, but this also reflects an immediacy in the construction of vitality. Just two days after the video was posted, Quechua students found it and brought it into our class conversation. It is through media like this that Quechua speakers, through Quechua languages, can immediately respond to and engage with other global practices. We see in this domain of digital media, therefore, a substantial opportunity for language use and vitality.



A final example of the potential sources for Quechua EV is the role of Quechua language use within U.S. academic institutions, from which the QINTI project of Chapter 5 stems. In an exploration of Quechua language programs in the U.S., Mendoza-Mori (2017:53) stated “By having Quechua programs at major institutions, we are providing visibility, which contributes to the prestige of the language. We are essentially making a statement wherein we recognize the value and vitality of the Quechua language, culture, and people.” He argues that the future of Quechua is not solely in the Andes and that universities, in necessary partnership with Andean communities in the U.S., provide an avenue for making indigenous languages and cultures relevant on an international scale. In January 2022, at the annual meeting for the Society of the Study of Indigenous Languages of the Americas (SSILA), held remotely, one of the keynote speeches was given in Quechua (Camacho Rios, 2022). The slides were in English and there was no translator for the spoken presentation, so the Quechua language was centered. Further, priority was given to Quechua-speaking attendees for questions and comments following the presentation, demonstrating the social capital afforded Quechua in these contexts. Returning to multilingualism, making use of multilingual resources allowed Quechua to be present in a context in which much of the audience was not Quechua speaking. I now turn a discussion of multilingualism, or translanguaging, in a discussion of what it means for a language and group to be vital.

#### **6.4 Theoretical Considerations for EV: Translinguistics**

After reviewing the opportunities for Quechua EV as analyzed in this dissertation as well as making connections to opportunities beyond the domain of health, I now return to the second main question of the dissertation: How can we more thoroughly and appropriately analyze EV in

a way that considers cultural and sociohistorical factors? And specifically, how can we expand what it means for a language and group to be vital?

Returning to Chapter 2 and the discussion of EV as a theory and methodological tool, I first review the criticisms. First, the variables and measurements utilized in EV studies provide a rudimentary analysis that leads to conflicting results (McEntee-Atalianis, 2011). Models are modified and best practices do not exist. A second criticism of EV studies is the homogenizing nature: society as a whole is considered rather than the complex reality of any linguistic context. Further, theories of EV tend to ignore critical cultural dynamics and how group values factor into EV, which can happen in a substantial and meaningful way (Yagmur, 2011). Finally, an omission of the linguistic ecology, most recently, has been argued by Mufwene (2017) as the most serious oversight when considering vitality and issues of language shift and loss.

Although the original focus of this dissertation was to address the latter criticism, it touches on all the above-mentioned points. Given the particularities of these three case studies, this dissertation demonstrates that analyzing EV does not have to be done in a way that homogenizes groups or erases the complexity of a linguistic group. Although there is not a definitive answer from these three cases regarding Quechua EV, this dissertation serves to show the potential and nuanced sources of vitality within the complexity of the linguistic ecology, as is called for by Mufwene, (2017). While the dissertation may not provide a guide for best practices in the traditional sense, perhaps best practices involve an ethnographic and interactional approach, such as the sociolinguistics of language contact approach utilized throughout the dissertation, in which sociocultural and historical contexts, e.g., the linguistic ecology, drive how EV is identified and analyzed. Extending from this, rather than classifications along a high to low continuum, studies

of EV might consider looking at where and how vitality manifests. Therein lies the predictive value that will be able to inform language planning and policy.

While I do argue that EV remains a useful approach through which to study a language's vitality, I bring in an additional theoretical construct that may be useful to enhance studies of EV, especially considering that a context of language and culture contact as well as multilingualism and multidialectalism are such critical components to the linguistic ecology of Quechua, and many languages.

Translinguistics is a recently emerged orientation in sociolinguistics that stems from the understanding of three basic principles: (1) boundaries between languages are a result of ideological process, (2) these boundaries are not a primary force underlying communicative practices, and (3) communication is not limited to "language," but rather a range of semiotic repertoires (Lee & Dovchin, 2020). Although this is a relatively new subfield or perspective within sociolinguistics, it does not represent a new or innovative reality for speakers. Rather, this theoretical perspective draws into question ideological understandings of what language boundaries are, e.g., what are the boundaries between languages, what constitutes a language, and what are the capacities of language? Recently, sociolinguistic research has demonstrated that language use that is characterized by globalization, increased mobility, and complexity is not adequately or productively explained with assumptions of language as homogeneous, fixed, or stable (Blommaert & Rampton, 2011; Pennycook & Otsuji, 2015). This orientation serves as an appropriate addition to studies of EV, at least in the case presented in this dissertation and likely more broadly. Studies of EV may not face the same methodological and theoretical issues, such as not having a set of best practices or not having predictive value, if the basic understandings of language, and therefore the EV of any given 'language,' are expanded beyond basic assumptions.

For example, and especially because multilingualism has been the norm for the linguistic ecology for Quechua over centuries (Luykx et al., 2016), looking for EV as a manifestation of or from within language contact and change offers possibilities for both understanding and prediction. Further, it allows us to recognize the vitality of Quechua from the perspective of Quechua, its speakers, and the contexts of use in their own right.

## **6.5 Limitations**

For transparency and with the intention that this dissertation contributes to the growth of both studies of Quechua EV and studies of EV more broadly, I lay out the limitations of the work.

### **6.5.1 Small Sample Size and Selection of Data**

None of the case studies presented in Chapters 3 – 5 is representative of Quechua or the linguistic ecology in Cochabamba as a whole, nor are they intended to be<sup>9</sup>. In fact, a main

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<sup>9</sup> Although the cases are not intended to be representative, per say, they all share an underlying theme in their linguistic ecologies, a newer situation of language and culture contact, as explained in Chapter 2. I did this both to constrain the data and to compare like with like. There would be greater variation, less clarity, and less cohesion if I had looked at, for example, Quechua in Cochabamba's marketplace, which is a predominantly Quechua domain, and Quechua use in government, which is a historically Spanish domain.

conclusion and lesson from the data presented in Section 6.3 above is that EV can take many forms and each case will be distinct in terms of how EV is manifested as well as in the implications for language maintenance and survival. Rather, the cases presented here show the possibilities for how EV can manifest as well as the complexity of EV.

Nonetheless, some of the questions that remain, in terms of Quechua EV as demonstrated by each of these cases, could potentially be answered with larger and more robust sample sizes. Specifically, a larger sample of Andean Spanish could reveal whether the pattern of *a veces* does reflect Andean Spanish or an interlect of lower proficiency L2 speakers. Further, if the use of *a veces* as a reportative evidential marker is used in Andean Spanish, as I argue here, is that reflective of EV of Quechua in that Quechua linguistic and cultural tools are brought into Andean Spanish because they are understood as valuable and necessary? Or, as in the case of two consultants in this study, when speakers who are closer to a bilingual and culturally Spanish world use *a veces* less in this particular context, does that imply low EV in that *a veces* as an evidential marker is a stigmatized form? A larger sample size could very well confirm these questions and shed further light both in terms of *a veces* as an evidential marker and in terms of the implications for Quechua EV. To reiterate, though, one aim of the dissertation has been to demonstrate of the kinds of places in which Quechua EV thrives.

### **6.5.2 Cultural vs. Linguistic Vitality**

I argue in this dissertation that we cannot separate EV from its cultural context and that cultural vitality is a contributing and necessary aspect of Quechua EV. However, in terms of shifting language practices, what are the implications? Given global constraints on the research, it was not possible for me to address the question of how the COVID-19 resources presented in

Chapter 5 reach and impact speakers on the ground, who are the ones at greater risk for COVID-19. If there is little engagement of these materials, then their public health utility is null. In fact, in a summarizing report on the impact of COVID-19 on indigenous populations of Latin America by the Economic Commission for Latin America and the Caribbean and others (ECLAC et al., 2021), they state:

“One of the most widespread measures (10 countries) is the production of audiovisual material in indigenous languages to ensure that those peoples have access to information about the disease. This measure is immensely important in countries and territories where those languages are widely spoken but has little impact on those where linguistic rights are most violated. Furthermore, in many cases, such material has been poorly disseminated among the indigenous communities for which it is intended.” (ECLAC et al., 2021, pp. 62–63)

Therefore, while it is important for Quechua to have social capital and a strong presence in various domains, does this contribute to the wellbeing of Quechua speakers themselves? Further, is it possible that Quechua cultural vitality and prestige can be strong and thriving while at the same the benefit of this vitality does not reach the speakers, those who are the owners of their language? Further, and related, will this kind of cultural vitality translate into language maintenance? This is part of the bigger picture question. I believe that there is a connection between linguistic and cultural vitality that leads to language maintenance. If we return to the discussion from Section 1.2 above, predictions from the mid to late 1900s (Albó, 1970, 1974, 1980) suggested that, at this point in history, Cochabamba would be monolingual Spanish speaking. But, contrary to these predictions, we continue to see a thriving of Quechua within a bilingual context. Perhaps it is, in fact, this cultural vitality that contributes to language maintenance.

## 6.6 Conclusion

My dissertation has made two distinct contributions, one in terms of linguistic practice and one in terms of the valuation of Quechua languages and cultural groups in their own right. The focus of EV has been on Quechua speakers - what they do, how they do it, and how vitality is manifested in the particular contexts explored. This focus could not have been accomplished without careful consideration of the linguistic ecology and the various sociocultural and historical contexts in which Quechua languages and their speakers live. From the analyses presented here, there are greater implications for studies of EV, as discussed in Section 6.4. It is my hope that this work leads to nuanced and holistic attempts at language planning efforts that recognize the strength of Quechua languages and speakers in their own right and in a very global and modern context.

I begin the conclusion of the dissertation with a recent comment from one of my students in a class called *Indigenous Language and Culture in the Andes and Beyond: Global Quechua*. Two of the students are of Bolivian heritage and second generation, living in the Bolivian diaspora outside Washington D.C., mentioned in Chapter 5. One student, who also takes Quechua language classes at the University of Pittsburgh, commented that she was struck by the enthusiasm of her cousins and peers as well as by the simultaneous indifference, for lack of a better word, by some of the older generation. While passing on the language to young generations is necessary for linguistic survival, perhaps, for the case of Quechua, this can happen through broader processes of increased cultural prestige, pride for Quechua heritage, and cultural revitalization.

Returning to the original proposition for EV by H. Giles et al. (1977, p. 308), the vitality of an ethnolinguistic group refers to “that which makes a group likely to behave as a distinctive and active collective entity in intergroup situations.” The examples discussed in the dissertation – Quechua within the state healthcare system, the use of Andean Spanish in a context of

bilingualism, the rise of Quechua on digital media, and the positions within U.S. academia reserved for native Quechua-speaking experts, clearly demonstrate opportunities in which Quechua speakers behave, talk, and participate as a “distinctive and active collective entity.” As demonstrated by where we see EV in the cases presented here, though, our understanding of an “entity” must be more fluid, adaptable, mobile, and multilingual. And further, just as translinguistics questions assumptions about boundaries between languages (See Section 6.4), perhaps studies of EV need to question assumptions about boundaries between groups. EV, or simply vitality, remains an important and necessary concept for a living, thriving, visible language and its speakers.

So finally, I move away from a focus of the vitality, or health, of Quechua (Quechua EV) and return to the overarching linguistic ecology grounding the dissertation: the vitality, or health, of Quechua peoples themselves. Just as Quechua languages are considered endangered, Quechua peoples, like indigenous peoples around the world, face a greater health burden as well as significant health disparities, when compared with non-indigenous peoples. Just as we see the critical role that the linguistic ecology plays for the EV of Quechua, the same is true for the health of Quechua peoples: health is grounded in broader sociological, economic, historic, and cultural contexts. This is all the more reason that studies like this dissertation are necessary - by understanding the health of Quechua languages, we also have a view into the broader issues of health and wellbeing of Quechua peoples. It is only by understanding and engaging with the fact that diversity, linguistic and cultural, is an inherent part that touches all of our humanity can current hegemonic narratives and ideologies be dismantled (Gooden et al., 2019).



## Appendix A - Codebook

<b>AppVThry</b>	Application vs. theory in health care
<b>Bckgrnd-Inf</b>	Background information on informant
<b>Bckgrnd-Cntxt</b>	Background information on the local context
<b>CLIssues.</b>	Communication/language issues in healthcare
<b>CommHlth</b>	Community level communication about health and health care
<b>CommPP</b>	Communication between patient and provider
<b>ExpHlth</b>	Description of experiences with health care
<b>HlthEd</b>	Activities related to health education
<b>HlthIssues</b>	Issues in Bolivia's healthcare system
<b>HlthObs</b>	Obstacles to health
<b>HlthPrbs</b>	Main health problems identified
<b>HlthProm</b>	Activities promoting health
<b>HlthStrt</b>	Strategies used by informants to seek health care
<b>LngBlv</b>	Discussion about language, generally, in Bolivia
<b>LngHlth</b>	Language used within the context of health
<b>SpknLng</b>	Languages spoken in a particular context
<b>SolPrbs</b>	Potential solution for healthcare and/or language problems

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