



Blame and Discrimination Attached to 2019-nCoV— An FAQ for US Elected Leaders and Health Officials

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What Is Social Stigma in the Context of a Disease Outbreak?

Stigma comes from an impulse to assign blame during an outbreak of contagious disease. People are trying to answer basic questions: “Where did this come from?” and “How is it spreading?” To understand and avoid illness, people create a mental distinction between “us” (the uninfected) and “them” (the infected). This may feel like a good first step toward safety. But it can present an inaccurate picture of health risk and reflect preexisting social differences and prejudices. A whole country or group of people may be singled out as the source of the problem—rather than the pathogen. This phenomenon is beginning to happen increasingly in the case of Chinese people and the 2019 novel coronavirus outbreak (“nCoV”).

Why Do People Tend to Blame “Outsiders” for Contagion?

Pointing a finger helps turn a mysterious illness into something that feels more familiar and more controllable. “Outsiders” are easy targets. People with a different national, ethnic, or religious background have historically been accused of spreading germs, regardless of what the science says.¹ During the 2009 H1N1 epidemic, Mexicans and other Hispanic/Latinx people were feared and blamed by some for the movement of “swine flu” across the US-Mexico border.² In the early 1980s, some people blamed Haitians for AIDS, despite the fact that the disease was spread via particular behaviors and not specific kinds of people.³ Typhoid Mary was vilified not just for infecting people through her cooking, but also for being a working-class Irish immigrant, a detested social group in her day.⁴

In the case of nCoV, China is an easy target. China has been hit hardest in terms of the number and severity of cases, and evidence suggests that the outbreak first emerged in the country’s Wuhan province. From February 2-4, 2020, we conducted a search of nCoV-related tweets and found recurrent themes suggestive of xenophobia directed at China, Chinese people, and Chinese cultural practices. For instance, some tweets labeled nCoV as another “dangerous” Chinese import, declared that nCoV comes from “dirty” Chinese food culture, and other false allegations. The accounts producing these tweets ranged from small personal accounts to verified professional accounts with thousands of followers. Political leaders should understand that certain current xenophobic views in the US are in part rooted in American history, popular culture, and policies that view Asians as untrustworthy and Asian American people as not fully American—as seen in World War II, when Japanese Americans were forced into internment camps, and as recounted by Asian Americans about contemporary experiences of discrimination.⁵⁻⁸

Why Is Stopping Stigma the Right Thing to Do Medically and Morally?

Historically, people in scapegoat groups are reluctant to seek medical care when they are symptomatic, putting themselves and others at greater risk.^{9,10} It would be particularly unfortunate in the case of nCoV, because many of the people who are infected may only exhibit symptoms similar to the commonly treated flu. Hyper-vigilance about “others” due to fear, while understandable, wastes valuable mental energy. A far better investment is concentrating on protective behaviors, such as washing hands frequently; avoiding touching one’s mouth, nose, and eyes; and sharing in a workplace ethic that supports people staying home when they are sick.

What Can Political and Health Leaders Do to Prevent Stigmatization of People of Asian Descent?

The challenge for the United States and the global community is to shun the blame game while meeting people’s real desire to avoid contagion and feel secure. Leaders can acknowledge that self-protective behavior is normal and then clearly describe the epidemiologic basis of risk, suggest personal protective measures, and call for compassion toward those who are affected. Members of the public should seek guidance from their health authorities or physicians about the extent to which they should be personally worried about nCoV.

US politicians and health authorities can take active steps to mitigate harmful stigmatization of people of Asian descent in their communities:

- 1. Model the behavior they want to see in the community: respect and a sense of security when interacting with members of Chinese American and the broader Asian American communities.** Elected officials and health authorities should avail themselves of any genuine (ie, not staged) opportunity for meeting publicly with local leaders from Asian American populations. Recent celebrations of the Chinese Lunar New Year present a timely opportunity to note the heritage and contributions of Chinese Americans. Authorities should encourage school administrators and teachers to support their Asian students, whether they are Asian American or international students, by proactively combating bullying and facilitating informed discussions on nCoV.
- 2. Partner with Chinese American and other Asian American leaders in planning community mitigation measures and in monitoring discrimination.** US political and health leaders should reach out to their Chinese American and Asian American constituents and reassure them that their interests are being served. Community leaders of Asian descent should

be consulted on measures to mitigate the impact of nCoV and to ease the concerns of immigrants and travelers worried about unjust detainment due to suspicion of nCoV exposure or infection. Government officials should collaborate with community leaders in monitoring for cases of discrimination.

3. Deliver public messages (like the ones below). Work to address people's concerns about infection, give them scientific facts, and appeal to their compassionate nature.

Being around people who look like they could be from China doesn't mean you'll get nCoV.

- nCoV is in many countries, not just China. Travel to China is not a guarantee of coming into contact with nCoV. Travel to certain areas of China, such as Wuhan, carries higher risk of infection than others.
- Ways to protect yourself and others are to wash your hands frequently; avoid touching your mouth, nose, and eyes; cover your sneezes and coughs; and if you're sick, stay home.
- If you or someone you know does get nCoV, remember that the US healthcare system is well-equipped to treat nCoV-related cases of pneumonia and that a majority of people infected with nCoV do not need to be hospitalized.

All affected families deserve our compassion.

- No one's to blame; nCoV is a naturally occurring disease, and many varieties of coronaviruses regularly circulate among humans.
- Every one of us depends on others for support when dealing with an illness.
- Viruses don't respect borders and don't discriminate between different types of people; as nCoV continues to spread worldwide, any of us could get sick and need community support.

Halting all travel to or from China will not stop the spread of nCoV to US communities.

- Experts from the World Health Organization (WHO) have argued against travel restrictions and border closures as measures to contain the spread of nCoV.
- Several countries where travel to and from China has been restricted, including the United States, have already seen cases.
- Immigration policy, more broadly, is an ineffective mechanism for containing outbreaks of infectious disease.

1. Markel H, Stern AM. The foreignness of germs: the persistent association of immigrants and disease in American society. *Milbank Q* 2002;80(4):757-788.
2. Schoch-Spana M, Bouri N, Rambhia KJ, Norwood A. Stigma, health disparities, and the 2009 H1N1 influenza pandemic: how to protect Latino farmworkers in future health emergencies. *Biosecur Bioterror* 2010;8(3):243-254.
3. Farmer P. *AIDS and Accusation: Haiti and the Geography of Blame*. Berkeley: University of California Press; 2006.
4. Leavitt JW. *Typhoid Mary: Captive to the Public's Health*. Boston: Beacon Press; 1996.
5. Shi Jiangtao. Caught in the crossfire: Chinese-Americans feel the heat as tensions flare. *South China Morning Post* September 25, 2018. <https://www.scmp.com/news/china/diplomacy/article/2165704/caught-crossfire-chinese-americans-feel-heat-tensions-flare>. Accessed February 4, 2020.
6. Silver L, Devlin K, Huang C. U.S. views of China turn sharply negative amid trade tensions. Pew Research Center, August 13, 2019. <https://www.pewresearch.org/global/2019/08/13/u-s-views-of-china-turn-sharply-negative-amid-trade-tensions/>. Accessed February 4, 2020.
7. Kim N. Asian Americans' experiences of "race" and racism. In: Vera H, Feagin JR, eds. *Handbook of the Sociology of Racial and Ethnic Relations*. New York: Springer; 2007.
8. National Public Radio, the Robert Wood Johnson Foundation, and Harvard T. H. Chan School of Public Health. *Discrimination in America: Experiences and Views of Asian Americans*. November 2017. <https://www.npr.org/assets/news/2017/12/discriminationpoll-asian-americans.pdf>. Accessed February 4, 2020.
9. Barrett R, Brown PJ. Stigma in the time of influenza: social and institutional responses to pandemic emergencies. *J Infect Dis* 2008;197(Suppl 1):S34-S37.
10. Fischer LS, Mansergh G, Lynch J, Santibanez S. Addressing disease-related stigma during infectious disease outbreaks. *Disaster Med Public Health Prep* 2019;13(5-6):989-994.