

GLOBAL

The Other Problematic Outbreak

As the coronavirus spreads across the globe, so too does racism.

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Activists in Nantes, France, denounce racism related to the pandemic with a sign that reads “Coronavirus: It has made more people racist than sick.” (ESTELLE RUIZ / NURPHOTO / GETTY)

When news of a novel coronavirus began to trickle out of the Chinese city of Wuhan in early January, Eunice began wearing a face mask. Though she lives more than 7,000 miles away, in New York City, she reasoned it would nevertheless be an ideal way to protect herself, especially on public transport. A Hong Kong native who lived through the 2003 SARS outbreak, she understood wearing the mask to be more than a simple precaution.

“When you wear a mask, it’s a symbol of solidarity to other people,” Eunice, who asked to be identified only by her first name, told us. “It’s [a way of] saying, ‘I understand that things are scary, but here is a thing that I’m going to do to

protect myself and to protect all of you.”

Not everyone around her, however, shared this understanding. In the weeks that followed, Eunice said she began experiencing multiple forms of xenophobia, such as people overtly distancing themselves from her on public transit or making racist comments—including a death threat. “Every time something like this happens to me, I always have a fleeting thought of, like, *Should I not go out in a mask anymore?*” she said. “I should not have to choose my safety over my health.”

Wherever a pandemic goes, xenophobia is never far behind. Since the outbreak of the coronavirus (and the disease it causes, COVID-19) began, reports of racism toward East Asian communities have grown apace. (More recently, this has expanded beyond East Asian populations: Thailand’s public-health minister yesterday appeared to lash out at white foreigners who he said were dirty and spreading the virus in the country, adding that people should be more afraid of Westerners than Asians.)

The denigration of certain populations is a familiar symptom of viral outbreaks. Disease, after all, fosters fear, which in turn fosters discrimination. During the 1853 yellow-fever epidemic in the United States, European immigrants, who were perceived to be more vulnerable to the disease, were the primary targets of stigmatization. During the SARS outbreak, which originated in China, East Asians bore the brunt. When the Ebola outbreak emerged in 2014, Africans were targeted. For this reason, the World Health Organization, which has overseen the global response to the coronavirus outbreak, opted against denoting a geographic location when officially naming the new virus, as it did with Ebola (named after the river in the Congo, where it was first detected) and the 2012 Middle East respiratory syndrome, known simply as MERS. “Stigma, to be honest, is more dangerous than the virus itself,” Tedros Adhanom Ghebreyesus, the WHO director-general, stated recently. Still, some media outlets and U.S. leaders continue to refer to the disease as the “Wuhan virus.”

[*Thomas Levenson: Conservatives try to rebrand the coronavirus*]

That the coronavirus has spread far beyond China hasn’t diminished the spate of East Asian prejudice. Brian Wong, a Rhodes Scholar from Hong Kong who is

studying in Britain, has also experienced stigmatization on public transport. Jonathan Mok, a student from Singapore, was the victim of a violent attack on the streets of London. Restaurateurs in San Francisco's Chinatown report that business has dropped since the start of the outbreak, and a Vietnamese artist was disinvited from a London art fair because of fears she would be perceived as a carrier. "If you are seen to be Asian," Wong told us, "even if you are not coughing or displaying symptoms, people naturally walk away from you."

As the coronavirus spreads, the xenophobia it foments quickly intertwines with the political conditions in the countries it touches, coloring the responses of populations and their governments. Right-wing parties in Europe, for example, have latched onto the outbreak to reiterate their calls for tougher immigration restrictions—Italy's far-right leader Matteo Salvini was among the first to exploit the virus for his own kind of pandemic populism, erroneously linking the outbreak to African asylum seekers and urging border closures. Similar calls to suspend Europe's open-border system, known as the Schengen Area, have been made by far-right politicians in Germany, France, and Spain. In the U.S., President Donald Trump pointed to the outbreak as further reason to construct a wall at the Mexico border.

[Read: Italy's coronavirus response is a warning from the future]

In Hong Kong, where the virus first appeared in January, the territory's chief executive, Carrie Lam, resisted calls to fully close the border with the mainland, arguing that such a "discriminatory approach" would only stigmatize mainland residents (though the number of border crossings between the two has drastically reduced since). Even without travel bans, intolerance persists.

Distrust and suspicion toward mainlanders, already deepened by months of prodemocracy protests sparked by fears of Beijing overreach, have grown. The Society for Community Organization, a local human-rights group, said last week that it had identified more than 100 restaurants where owners refused to serve Mandarin speakers and nonlocals (Hong Kong's native language is Cantonese).

Minnie Li, a sociology lecturer at the Education University of Hong Kong who was born in Shanghai, reached out to the owner of Kwong Wing Catering, a

popular restaurant chain that has aligned itself with the prodemocracy movement and said it will not serve Mandarin speakers, to try to discuss the company's position. Though she was unable to secure a meeting with the chain's owner, she and a small group of Mandarin-speaking friends visited two of its restaurants and brought along face masks, to donate, as well as a collection of articles written by Mandarin speakers who support the prodemocracy movement. But the outreach efforts were largely a disappointment, she said. Kwong Wing Catering did not respond to a request for comment. The chain's position was rebuked by the government's Equal Opportunities Commission.

"To associate a disease with a group of people and believe that banishing, quarantining, and segregating members of this group would be a sound protective measure will only distract us from the real threat," Li wrote in a series of Facebook posts about her experiences. "The lived experiences of those who are scorned, feared, driven away, and unfairly labeled as 'infected' may show us how the climate of fear we have created could in fact cause far more serious damage to society than the epidemic itself." Her writings garnered widespread attention, but "the negative comments outweighed the positive ones," she told us. People disagreed with her tactics, saying she was trying to start trouble. Others accused her of being a "colonist from China." The comments were particularly pointed given that Li is an active and well-known participant in the pro-democracy movement. During protests last summer, she took part in a hunger strike, eventually collapsing and being rushed to the hospital. Even people who participated in the strike alongside her, she said, chastised her for confronting the restaurant.

Roger Chung, Li's husband and an assistant public-health professor at the Chinese University of Hong Kong, described the chain as taking a consequentialist approach that ignored important, difficult questions. "In public health, we talk about the ethics behind the measure; it is not enough just to talk about the measure," he told us. "What about the rights of people? Are you upholding any virtues and values? There are other things that we need to think about."

The latest effort to curb the virus's spread has come from the U.S., where President Trump announced a month-long ban on travelers from more than two dozen European countries, excluding the United Kingdom, in an effort to "keep

new cases from entering our shores.”

The problem with these measures, aside from social cost, is that they don't totally work. In previous outbreaks, “things like travel bans haven't materially stopped a disease getting into a country—they've simply delayed it,” Clare Wenham, an assistant professor of global-health policy at the London School of Economics, told us. Viruses don't respect borders, and no efforts to fortify them are foolproof: A person from an affected country could arrive via a location that is not on the banned list, for example. Transmission could also be occurring in unrestricted places. Efforts to contain the disease are likely to prove even more futile in places where it is already spreading. In the case of the U.S. travel ban, there is nothing to suggest that restricting European visitors will prevent new cases from emerging: After all, the disease is already there.

The fallibility of these measures has been on full display in Italy, which, despite being the first European country to suspend flights to and from China after the virus appeared, became the outbreak's epicenter on the Continent. Now Italy is under lockdown, and other countries are banning Italian visitors. The U.S., which was also among the first to restrict entry for Chinese travelers, is facing a substantial outbreak of its own in Washington State.

If travel bans and border closures aren't always effective, then why do countries resort to them? Wenham said that while governments primarily impose these limitations to slow the spread of the virus, they also do so to reduce panic among the population. The more people worry, the more “you want to see your government doing something like that, because it makes you feel safer as an individual,” she said. And governments, to prove their capacity to handle the outbreak, oblige. It's “security theater.”

[Read: The coronavirus is more than just a health crisis]

Still, the WHO hasn't necessarily advised countries against enacting these measures. “It's a judgment call, and it will, of course, be influenced by the political context,” David Nabarro, a WHO special envoy for the global COVID-19 response and a co-director of the Imperial College Institute of Global Health Innovation, told us. “I'm aware of that, and I don't propose to make any

comment on whether that is good or bad. It's just the reality.”

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