Sinophobic Stigma Going Viral: Addressing the Social Impact of COVID-19 in a Globalized World

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This article critically examines the recent literature on stigma that addresses the overspread association among the COVID-19 pandemic and racial and ethnic groups (i.e., mainland Chinese and East Asian populations) assumed to be the source of the virus.

The analysis begins by reviewing the way in which infectious diseases have historically been associated with developing countries and their citizens, which, in turn, are supposed to become prime vectors of contagion. The latter extends to the current labeling of COVID-19 as the "Chinese virus," that—along with a number of other terms—has fueled race-based stigma against Asian groups in the United States and overseas. This review further discusses the limitations of current COVID-19 antistigma initiatives that mostly focus on individual-based education campaigns as opposed to multisectorial programs informed by human rights and intersectional perspectives.

Finally, the article ends with a call to the international public health community toward addressing the most recent outbreak of stigma, one that has revealed the enormous impact of words in amplifying racial bias against particular minority populations in the developed world. (*Am J Public Health*. 2021;111:876–880. https://doi.org/10.2105/AJPH.2021.306201)

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> There is a common enemy on this planet itself where we need to fight in unison. Let's really underline that. Stigma is the most dangerous enemy. For me, it's more than the virus itself.[1]
>
> —*Tedros A. Ghebreyesus, PhD, World Health Organization Director General (WHO press conference, March 2, 2020)*

In December 2019, a new type of coronavirus known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was first identified in Wuhan, China. In a matter of weeks, it quickly spread across the Asian region and, soon after, to the rest of the world.

The suspected origin of SARS-CoV-2 (the agent leading to the disease known as COVID-19) in Wuhan's "wet markets" immediately cemented the worldwide association between the virus and China, because these markets—known for the sale of game animals—are popularly deemed as ideal breeding grounds for infectious diseases.[2] Stigma thereafter became an entrenched feature of the COVID-19 pandemic, one that revealed the power of semantics in framing particular groups as alleged vectors of contagion. With time, the outbreak led to a wave of worry and fear that fueled a worldwide spread of discriminatory public discourses against East Asians (particularly Chinese citizens) and eventually Asian immigrants and Asian Americans in the United States.[3] As will be discussed in this article, President Donald Trump and his administration played a crucial role in inflaming xenophobia and racist stigma, which have largely affected Asian American groups along with other racial/ethnic minorities in the United States and around the world.

Stigmas, universally rooted in social structures and power hierarchies, are framed within a symbolic universe of words that negatively associate specific groups with characteristics that are morally and socially condemned. Beginning with Goffman, stigma is usually defined by discrediting attributes that reflect a discrepancy between spoiled and devalued features on the one hand,

and the ideal or socially expected stereotype on the other.[4] Even though the object of stigma may change, particularly during a pandemic, its effects through pervasive discrimination and rejection tend to persist even after the disease has been controlled and the quarantine lifted.[3]

The association between foreignness and disease carriers has been a constant in the social imagination of the West, with COVID-19 being no exception.[5,6] While the bulk of studies on COVID-19 stigma have addressed its psychosocial drivers and effects, this study examines the public production of social labels that help create, solidify, and disseminate stigmatizing conditions. This research piece also proposes a critical view on the conceptualization of stigma by reflecting on the ideological scaffolding that supports its impact on particular populations, mostly Asian groups globally and in the United States particularly.

FROM LABELS TO STIGMA

Stigma, as a specific function of labeling phenomena, has historically been associated with infectious diseases that presumably originated in, and were transmitted by, particular populations and regions.[7] For example, the H1N1 global influenza infection of 1918, the deadliest pandemic in history up to now—which killed roughly 40 million people—was widely known as the Spanish flu.[8] Despite the fact that the outbreak might have had originated in France, Germany, or even the United States, it was never linked to any of these developed countries.[5] More recently, HIV, which led to a worldwide outbreak in the 1980s, was initially known as the gay-related immune deficiency. Soon afterward, it became known as the "4-Hs," an acronym that brought together 4 groups that were stigmatized as HIV carriers at the time: hemophiliacs, heroin users, homosexuals, and Haitians.[9,10]

About a decade ago, a newer strain of the H1N1 virus was first identified in Mexico and therefore became known as the "Mexican swine flu." As pointed out by the World Health Organization (WHO), even though that strain of influenza may have come from other regions (i.e., Asia and even the United States) it was never called the "American flu."[11] In a similar vein, populations from developing nations have been systematically labeled as disease vectors as in the case of the Ebola epidemic that took place from 2014 to 2016. Although this virus mostly affected a limited number of groups and regions from the West African countries of Guinea, Liberia, and Sierra Leone, it became public associated with all African populations—a phenomenon that fueled widespread anti-African racism, both in the United States and Europe.[12,13]

As noted in these examples, rapidly spreading (and deadly) communicable diseases tend to be associated with people of color and racial minorities. Bearing the brunt of disease-based stigma, these populations are consistently framed as "viral vectors" by White supremacist discourse and practices. To avoid and deter such spurious connections, the WHO eventually reached a landmark decision that mandated the use of neutral terms when naming emerging pathogens and their related conditions.[14] In February 2020, the WHO announced a new strain of coronavirus disease that was then named COVID-19, a term that explicitly circumvented references to any specific country or target population. Despite the WHO's admonition against COVID-19 stigma, influential politicians from Brazil, Italy, the United Kingdom, and the United States (among other nations) soon took the lead in digging up old stigmatizing scripts by repeatedly and publicly linking the new virus to Chinese and East Asian groups, an issue to which we now turn.[15]

THE WORLDWIDE BRANDING OF THE CHINESE VIRUS

During the past decade, the world experienced 2 infectious diseases caused by coronavirus: severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS), both of which originated in China. Time and again, the association of the outbreaks with East Asian populations led to their being the object of racial discrimination and hate crimes.[16,17] This phenomenon has grown to unprecedented proportions with the late emergence of a third infectious condition caused by coronavirus: COVID-19.[2,18] In recent months, terms such as "Wuhan virus" and "Chinese virus pandemonium" quickly grew to include diverse Asian groups, from agricultural workers to students, all of whom became the consistent target of derogatory language in worldwide social media platforms.[19] In the United States, the pervasive xenophobic tenets of the Trump administration soon propelled the racist stigmatization of ethnic and racial minorities, both at home and abroad. Global anxiety about the virus's modes and rates of contagion found a scapegoat in travelers from East Asian countries that were negatively portrayed in the Western media everywhere, from Denmark to Australia.[6,20] Hashtags such as "#chinesedon'tcometojapan" trended on Twitter with Chinese tourists being called "dirty" and "insensitive."[20,21]

In countries with large immigration flows from East Asia, Sinophobia—or hate-based stigma against Asian populations—has extended to anyone having Asian features regardless of culture, language, or geographical origin. Meanwhile, fear of the unknown, particularly with respect to the source and trajectory of the infection, has fueled the xenophobic imagination of much of the world. Earlier in 2020, discrimination against Mandarin-speaking Chinese in Hong Kong reflected the rejection of individuals suspected of coming from mainland China.[22] Taiwanese citizens have also been discriminated against by those living in Hong Kong, and, in turn, Hong Kong citizens have been pilloried by Chinese mainlanders.[3]

First impressions matter, and naming a disease after a national group is a big step toward stigmatizing it.[23] Even more important, negative labeling has concrete consequences in people's lives, and, in the case of COVID-19, this can be seen in the correlation between hate speech and racially motivated crime.[21] Ever since COVID-19 became a worldwide pandemic, individuals of Asian descent have been at the receiving end of slurs and physical violence: everything from direct verbal harassment and racist threats to beatings and murder.[2,19] Hate speech and assaults against Asian communities have also been reported in several Latin American countries such as Brazil and Argentina.[19]

In the United States, negative labels featuring immigrants have been connected to rising levels of COVID-19 stigma and growing numbers of hate crimes against minorities, particularly among Asian populations. For instance, a survey on US attitudes toward minority groups during the COVID-19 pandemic found that 40% of participants were positively motivated to act in a discriminatory manner against "Asian-looking" individuals.[24] Main predictors of these negative attitudes were knowing little about the virus, feeling unsafe around Asians, and trusting President Trump's personal beliefs and statements about the virus over scientific data.

STIGMAS FROM ABOVE

Much of the recent COVID-19–related Sinophobic discourse has been fueled by nativist narratives against the "other" in both the developed and developing worlds.[25] As in the past, racist stigma is being powered by a rhetoric aimed at eliciting emotional reactions against immigrants, along with the blaming of foreign countries and their citizens for infectious conditions.[26] In doing so, governing parties and politicians hope to increase their political success by promising draconian measures aimed at keeping foreign intruders out, while misleading the public about the effective measures to control the pandemic.

In the United States, the Trump administration took the lead in coining and publicly utilizing expressions that negatively labeled the Chinese and Asian diaspora. This was in tune with a long history of state-sanctioned racial bias against Asian communities, from the Chinese Exclusion Act of 1882 to Japanese American wartime incarceration and, more recently, the immigration bans. President Trump's use of expressions such as "Kung Flu" and the "Chinese plague" for COVID-19, along with his choice of terms labeling unauthorized Latin American immigrants as "bad hombres," "drug smugglers," and "rapists" who allegedly bring "tremendous infectious disease" to the country, contributed to reinforcing racist stigma. Furthermore, President Trump's suspicion that the virus was the intentional outcome of experiments carried out by Chinese laboratories was quickly added to the long list of unfounded conspiracy theories on the issue.[27]

The literature on COVID-19 stigma generally agrees on the effectiveness of terms such as the "Chinese plague" in assigning blame for the disease to a concrete racial group that, in turn, provides the justification for discrimination and COVID-19 stigma.[28,29] As dehumanization is an important predictor of intergroup discrimination and conflict, labeling COVID-19 the "Chinese virus" has become an effective tool to instill both explicit and implicit prejudices against Asians. Recent research also shows that the current anti-Chinese sentiment in the United States is deeply entrenched within a colonial legacy that has always been suspicious of trade with the Asian diaspora.[30] Asian markets, particularly in China, are both feared and vilified and, therefore, scapegoated for many of the woes faced by the United States and European nations.

MOVING BEYOND STIGMA MITIGATION INITIATIVES

Never before has humankind traveled so much and been able to shorten the physical distance between nations so quickly—a double-edged sword that also involves the rapid spread of formerly unknown infectious diseases. The COVID-19 pandemic has reminded us that discriminatory labels—not just travelers—make the world "a global village," to use McLuhan and Powers's celebrated term.[31] The fact that racist stigma against Asian groups and other populations has expanded exponentially across wide swaths begs the question of the enduring power of revamped forms of racism in a

globalized world. Almost 12 months into the COVID-19 outbreak, it seems that Sinophobia has also gone viral.

In response, the WHO, along with other international, nongovernment, and professional organizations, has called for multilevel action platforms toward coordinating stigma mitigation strategies.[1,32] Most of these have focused on what is termed here as "discourse framing" and "message channeling" initiatives. On the one hand, discourse framing addresses the proximal determinants of stigma by producing, circulating, and vetting accurate data (i.e., facts vs myths) as well as combating misinformation and biased language on social media—what has been called an "infodemic."[33] On the other hand, message channeling programs emphasize the participation of public figures, social influencers, community leaders, and recovered patients for the purpose of modeling and disseminating messages deemed appropriate for their respective constituencies.

Meanwhile, there has been a marked absence of any coordinated efforts to track stigma facilitators (e.g., through hate-prevention campaigns, media monitoring) and effects. Scholars and public health professionals have noted that addressing stigma as a structural problem cannot be solely resolved through information strategies and language patrolling.[18] To be effective, antistigma initiatives must include a legal commitment to enhance the policing of hate speech and crimes.[19] This includes action-based platforms aimed at investigating and penalizing hate violence against target populations along with implementing concrete measures to address these crimes.[34] Rather than targeting 1 social category (i.e., race or nationality) to combat stigma, intersectional approaches highlight the impact of structural factors (e.g., class, gender, immigration, job and housing security) in compounding the effect of COVID-19 among disenfranchised populations.[9] For example, the subjective impact of stigma among Asian domestic violence victims, Chinese undocumented immigrants, or the homeless Asian population is further strengthened by gender inequities, job and housing insecurity, and lack of social support systems.[35]

A consensual commitment to overcoming stigma should therefore be informed by intersectional approaches that embrace the right to health care and social justice as critical goals.[19,36] Today, more than ever before, coalition building requires all of us—from scholars and activists to public health officials and policymakers—to embrace the moral imperative of fighting the roots of health and social inequality, which COVID-19 has only made more visible.[37,38] Political mobilization and grassroots activism on the local level could, therefore, shed light on ways to counteract the pandemic of prejudice and fear that affect us all globally.

As I finish revising this article, the twilight of the Trump administration is being overshadowed by the remnants of his xenophobic legacy, which has not only undermined the ostensibly equal-rights and nondiscriminatory US legal system but has also contributed to support a racist governmental superstructure. Without drastically enforcing antidiscrimination laws for all federal employees—including top-ranked politicians—inclusive language and educational booklets against stigmatization will merely remain "lip service." While hoping for and dreaming of a brighter and socially just future for all, we must call on international organizations such as the WHO, along with the US justice system, to hold leaders accountable for what they do and say. Unless the rule of the law applies to everyone, regardless of individual status, financial power, or government position, the overt and covert tentacles of racism and xenophobia will continue to cause irreparable damage and will ultimately devour the democratic principles so cherished throughout the Western world. AJPH

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REFERENCES

1. World Health Organization. WHO Director-General's remarks at the media briefing on 2019-nCoV on 11 February 2020. February 11, 2020. Available at: https://www.who.int/director-general/speeches/detail/who-director-general-s-remarks-at-the-media-briefing-on-2019-ncov-on-11-february-2020. Accessed May 3, 2020.
2. He J, He L, Zhou W, Nie X, He M. Discrimination and social exclusion in the outbreak of COVID-19. *Int J Environ Res Public Health*. 2020;17(8):2933. https://doi.org/10.3390/ijerph17082933
3. Li W, Yang Y, Ng CH, et al. Global imperative to combat stigma associated with the coronavirus disease 2019 pandemic. *Psychol Med*. 2020; Epub ahead of print. https://doi.org/10.1017/S0033291720001993
4. Goffman E. *Stigma: Notes on the Management of Spoiled Identity*. New York, NY: Simon and Schuster; 1963.
5. 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. https://doi.org/10.1111/1468-0009.00030
6. Baig MZ, Zafar Z, Aziz A, Abdullah UH. COVID-19; plague of the 21st century; situation update. *Asian J Infect Dis*. 2020;17:11–21. https://doi.org/10.9734/ajrid/2020/v3i430132
7. Link BG, Phelan JC. Conceptualizing stigma. *Annu Rev Sociol*. 2001;27(1):363–385. https://doi.org/10.1146/annurev.soc.27.1.363
8. Barro RJ, Ursúa JF, Weng J. The coronavirus and the great influenza pandemic: lessons from the "Spanish flu" for the coronavirus's potential effects on mortality and economic activity. National Bureau of Economic Research. March 19, 2020. Available at: https://www.nber.org/papers/w26866. Accessed April 23, 2020.
9. Logie CH. Lessons learned from HIV can inform our approach to COVID-19 stigma. *J Int AIDS Soc*. 2020; 23(5):e25504. https://doi.org/10.1002/jia2.25504
10. Sontag S. *AIDS and Its Metaphors*. New York, NY: Farrar, Straus and Giroux; 1989.
11. Gstalter M. WHO official warns against calling it "Chinese virus," says "there is no blame in this." *The Hill*. March 19, 2020. Available at: https://thehill.com/homenews/administration/488479-who-official-warns-against-calling-it-chinese-virus-says-there-is-no. Accessed March 30, 2020.
12. Clissold E, Nylander D, Watson C, Ventriglio A. Pandemics and prejudice. *Int J Soc Psychiatry*. 2020;66(5):421–423. https://doi.org/10.1177/0020764020937873
13. Prati G, Pietrantoni L. Knowledge, risk perceptions, and xenophobic attitudes: evidence from Italy during the Ebola outbreak. *Risk Anal*. 2016;36(10): 2000–2010. https://doi.org/10.1111/risa.12537
14. World Health Organization. WHO issues best practices for naming new human infectious diseases. May 8, 2015 Available at: https://www.who.int/news/item/08-05-2015-who-issues-best-practices-for-naming-new-human-infectious-diseases. Accessed February 16, 2021.
15. Stop the coronavirus stigma now. *Nature*. 2020; 580:165. https://doi.org/10.1038/d41586-020-01009-0
16. Eichelberger L. SARS and New York's Chinatown: the politics of risk and blame during an epidemic of fear. *Soc Sci Med*. 2007;65(6):1284–1295. https://doi.org/10.1016/j.socscimed.2007.04.022
17. Person B, Sy F, Holton K, Govert B, Liang A. Fear and stigma: the epidemic within the SARS outbreak. *Emerg Infect Dis*. 2004;10(2):358–363. https://doi.org/10.3201/eid1002.030750
18. Le TK, Cha L, Han HR, Tseng W. Anti-Asian xenophobia and Asian American COVID-19 disparities. *Am J Public Health*. 2020;110(9);1371–1373. https://doi.org/10.2105/AJPH.2020.305846
19. Human Rights Watch. Human-rights dimensions of COVID-10 response. 2020. Available at: https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response. Accessed March 23, 2020.
20. Ng E. The pandemic of hate is giving COVID-19 a helping hand. *Am J Trop Med Hyg*. 2020;102(6): 1158–1159. https://doi.org/10.4269/ajtmh.20-0285
21. Stechemesser A, Wenz L, Levermann A. Corona crisis fuels racially profiled hate in social media networks. *EClinicalMedicine*. 2020;23:100372. https://doi.org/10.1016/j.eclinm.2020.100372
22. Chung RYN, Li MM. Anti-Chinese sentiment during the 2019-nCoV outbreak. *Lancet*. 2020;395(10225): 686–687. https://doi.org/10.1016/S0140-6736(20)30358-5
23. Hoppe T. "Spanish Flu": when infectious disease names blur origins and stigmatize those infected. *Am J Public Health*. 2018;108(11):1462–1464. https://doi.org/10.2105/AJPH.2018.304645
24. Dhanani LY, Franz B. Unexpected public health consequences of the COVID-19 pandemic: a national survey examining anti-Asian attitudes in the USA. *Int J Public Health*. 2020;65(6):747–754. https://doi.org/10.1007/s00038-020-01440-0
25. Banulesgo-Bogdan N, Benton M, Fratzke S. Coronavirus is spreading across borders, but it is not a migration problem. Washington, DC: Migration Policy Institute; 2020.
26. Reny TT, Barreto MA. Xenophobia in the time of pandemic: othering, anti-Asian attitudes, and COVID-19. *Polit Groups Identities*. 2020;28:1–24. https://doi.org/10.1080/21565503.2020.1769693
27. Cohen JA. WHO-led mission may investigate the pandemic's origin. Here are the key questions to ask. *Science*. July 10, 2020. Available at: https://www.sciencemag.org/news/2020/07/who-led-mission-may-investigate-pandemic-s-origin-here-are-key-questions-ask. Accessed August 3, 2020.
28. Eaton LA, Kalichman SC. Social and behavioral health responses to COVID-19: lessons learned from four decades of an HIV pandemic. *J Behav Med*. 2020;43(3):341–345. https://doi.org/10.1007/s10865-020-00157-y
29. Rogers K, Jakes L, Swanson A. Trump defends using "Chinese Virus" label, ignoring growing criticism. *New York Times*. April 5, 2020. Available at: https://www.nytimes.com/2020/03/18/us/politics/china-virus.html. Accessed May 23, 2020.
30. White AI. Historical linkages: epidemic threat, economic risk, and xenophobia. *Lancet*. 2020; 395(10232):1250–1251. https://doi.org/10.1016/S0140-6736(20)30737-6
31. McLuhan M, Powers BR. *The Global Village: Transformations in World Life and Media in the 21st Century*. New York, NY: Oxford University Press; 1989.
32. Centers for Disease Control and Prevention. Coronavirus disease 2019: reducing stigma. 2020. Available at: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html. Accessed April 16, 2020.
33. American Psychological Association. Combating bias and stigma related to COVID-19, March 25, 2020. Available at: https://www.apa.org/topics/covid-19-bias. Accessed April 4, 2020.
34. Asian Pacific Policy and Planning Council. California state budget fails to address anti-Asian racism 6.4 million residents are facing. June 29, 2020. Available at: http://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/CA-State-Budget-Statement-6_26.pdf. Accessed July 1, 2020.
35. Baggett TP, Racine MW, Lewis E, et al. Addressing COVID-19 among people experiencing homelessness: description, adaptation, and early findings of a multiagency response in Boston. *Public Health Rep*. 2020;135(4):435–441. https://doi.org/10.1177/0033354920936227
36. Goldberg DC. Structural stigma, legal epidemiology, and COVID-19: the ethical imperative to act upstream. *Kennedy Institute of Ethics Journal*. 2020. Available at: https://kiej.georgetown.edu/structural-stigma-covid-19-special-issue. Accessed July 31, 2020.
37. McCoy SI, MacDonald PD. Need to amplify health security? Fuse academia and practice. *Public Health Rep*. 2020;135(4):420–423. https://doi.org/10.1177/0033354920935075
38. Bowleg L. We're not all in this together: on COVID-19, intersectionality, and structural inequality. *Am J Public Health*. 2020;110(7):917. https://doi.org/10.2105/AJPH.2020.305766