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# Anti-Chinese stigma in the Greater Toronto Area during COVID-19: Aiming the spotlight towards community capacity

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## ABSTRACT

Due to the geographic origins of the first major outbreak of COVID-19 in Wuhan, China, individuals of Chinese ethnic origin around the world have experienced discrimination, xenophobia, and racism during the pandemic. Discriminatory actions have ranged from outright physical aggression to subtle microaggressions. While reports (both media and academic) have highlighted such incidents, this paper argues that when the conversation starts and stops at the reporting of experiences of stigma, the narrative remains as the victimization of the community. Instead, instances of COVID-19 stigma and discrimination are only one aspect of this story, where other aspects include a deeper understanding of the community itself along with an awareness of the capacity that the Chinese diaspora community brings forward to help overcome COVID-19. We focus our discussion on the Greater Toronto Area (GTA) in Canada, a global urban center that has a sizeable ethnic Chinese diaspora community, and argue that highlighting the early actions that the community took to help broader society in dealing with COVID-19 at the start of the pandemic may help to reframe anti-Chinese stigma during the pandemic. These early actions include physical distancing, mask-wearing, sanitation and advocacy. Findings for this case-study are informed by media monitoring and interviews with 83 individuals identifying as ethnically Chinese living across the GTA.

## 1. Introduction

Since the outbreak of COVID-19, people of Chinese descent and those perceived to be Chinese, have been targeted and blamed for being originators of the pandemic. Displays of anti-Chinese stigma have been reported from all across the world. From amongst China's neighbouring countries, these accounts include the existence of Twitter hashtags such as #ChineseDontComeToJapan (Della Cava & Lam, 2020) and petitions to ban the entry of Chinese citizens, such as that seen in Singapore which garnered tens of thousands of signatures (Campbell, 2020). In France, media used the term "Yellow Alert" alongside pictures of Chinese people (Rich, 2020), and in the United States, the former president openly referred to the disease as the 'China Virus' and 'Kung Flu' (Griffiths, 2020; Nakamura, 2020). Beyond simply rhetoric, there have been

multiple accounts of physical violence experienced by members of Chinese diaspora communities around the world (Human Rights Watch HRW, 2020). Dr. Tedros Ghebreyesus, Director-General of the World Health Organization (WHO), acknowledged this global phenomenon saying, "The greatest enemy we face is not the virus itself; it's the stigma that turns us against each other" (Ghebreyesus, 2020).

Stigma<sup>1</sup> can be characterized as a mark of disgrace and villainization (Link & Phelan, 2001; Person et al. 2004). During infectious disease outbreaks such as HIV/AIDS, H1N1, SARS and Tuberculosis (TB), to name a few, stigmatizing behaviour is often used to target blame and frustration towards those thought to have either caused or spread the disease (Williams & Gonzalez-Medina, 2011). Such scapegoating "puts people at harm for the unforeseeable future," and can lead to social identity threat given that individuals may internalize the negative

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<sup>1</sup> In his theory of stigma, Goffman (1963) discusses three different kinds of stigma: those that result from physical handicaps which he describes as abominations of the body, those that arise from character flaws such as addictions, and lastly, tribal stigma which is a consequence of an individual's race, nationality and/or religion. Our study deals with the latter stigma as its focus is on community-based stigma.

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evaluation experienced by the collectives to which they belong (Kaiser, 2020, np.; Moss, 2016). Meyer (2003) provides an account of how minorities in social groups experiencing such discrimination are particularly affected through feelings of hopelessness and self-doubt, leading to a high risk of negative health outcomes. During the COVID-19 pandemic, the social marginalization faced by those ethnically Chinese has resulted in their increased experience of mental health stresses (Wu et al., 2020), including the prevalence of negative impacts such as hyperactivity and emotional distress (Cheah et al., 2020). It has also been found that those stigmatized can be deterred from adopting healthy attitudes such as seeking treatment for the virus, or by concealing their symptoms, ultimately exacerbating the spread of the disease (CDC, 2020).

The reality of this discriminatory behaviour prompted our research team to explore how the unfair targeting of members of Chinese diaspora communities may be countered during COVID-19. Efforts have been undertaken to stem the tide, including initiatives by international organizations including the WHO, the International Federation of Red Cross and Red Crescent Societies, and the United Nations Children's Fund, all of whom have issued guides recommending a number of stigma reduction practices. These practices include the correct language to be used when referencing the virus - such as refraining from calling the virus by its origin, honouring frontline staff workers of different cultural backgrounds, and using people of all nationalities in literature on the virus to show that any person of any background can acquire the virus (Ravelo, 2020). Using a case-study approach, our research team sought to unravel novel approaches in which to prevent the normalization of anti-Chinese stigma during COVID-19.

The Greater Toronto Area (GTA) in the Province of Ontario, Canada has a sizeable Chinese diaspora community: according to 2016 Statistics Canada census data, the City of Toronto had 5,429,524 residents, of which 618,280 persons or 11% were considered to belong to the Chinese visible minority group (Statistics Canada, 2017). Markham, immediately north of the City of Toronto, houses the GTA's largest Chinese population, which makes up 45% of the city's 327,445 population according to 2016 data (City of Markham, n.d.). The study took place during the first five months of 2020, as COVID-19 began spreading worldwide and included the review of media coverage related to anti-Chinese stigma in the area and semi-structured interviews. While a March 2020 poll by Research Co. found that three-in-five Canadians (61%) think it is not acceptable to refer to COVID-19 as the "Chinese Virus" or "Chinese Flu", acts of anti-Asian discrimination have been commonplace in Canada and in the GTA specifically during the pandemic (Canseco, 2020).

In order to situate this study in academic literature, the paper begins by discussing efforts that have been taken to counter health-related stigma at the community level. It then presents our case study methodology and research findings. Results include an account of existing efforts to address anti-Chinese stigma in Canada during COVID-19, as well as the presentation of an alternative narrative to counter the race-based stigma. This proposal is to more effectively and accurately highlight the *capacity* of members of the GTA's Chinese diaspora community, given their early adoption of public health actions at the start of the pandemic. Our discussion highlights how framing techniques can be used to present alternative narratives, and how this may help to lessen the unfair targeting of ethnic groups during infectious disease outbreaks. We conclude the paper with suggestions for areas of further research.

## 2. Countering community stigma

*Community stigma* is the result of a cultural stereotype where a community is treated differently by the society in which it exists due to a perceived defect in the stigmatized community, often perpetuated by a cultural stereotype (Goffman, 1963; Jones, 1984). This trait of the community causes society to see it as inferior or as presenting a danger to society, such that the societal response of stigmatizing is considered

just retribution for something the community did. This can lead to prejudice and discrimination, with these negative impacts increasing with the further visibility of the stigmatizing condition. Kurzban and Leary (2001) describe the process of stigmatization as involving the exclusion of individuals belonging to a specific community from social interactions, because the individual's social identity does not meet society's expectations. A number of *destigmatization interventions* have been proposed in response.

Gronholm et al. (2017) state that the most important tools for destigmatization are through literary programs with the aim of correcting misrepresentations that have led to stigma. These can include destigmatization campaigns that may take the form of advocacy to target a specific cause, and are often run by charities, grassroots organizations, non-governmental organizations, or government entities. A report by the National Academies of Sciences, Engineering, and Medicine (2016) aimed at overcoming prejudice and discrimination of mental health patients states that the goal of these initiatives is not only to change existing attitudes and beliefs, but also to root out any misinformation that has led to stigma. In the case of infectious diseases, such destigmatization campaigns are used to help spread the truth about the disease and to break misconceptions (see for instance Public Health Agency of Canada PHAC, 2018; eHospice, 2014). Examples include public service announcements from the government, protests, media engagement - including mass media social marketing campaigns, and creative displays. For example, one destigmatization campaign involving masks prior to COVID-19 was the 2018 *Unmask* campaign related to tuberculosis (TB). *Unmask* aimed to raise awareness that, "anybody can get TB and everybody needs support," while simultaneously promoting mask-wearing, given that TB infection control involves the use of masks and respirators (Unmask, nd).

Contact strategies to address stigma have also been used. These interventions include direct (in-person) or indirect (over the internet) contact with the stigmatized group to help with removing prejudices towards them. Video-based contact has been found to be an effective way to promote positive social contact between the stigmatized community and society, resulting in empowerment and a feeling of well-being while also reducing self-stigma (NASEM, 2016). Combining education and contact strategies has also proved to be among the most effective ways of destigmatizing. In an effort to overcome school-based mental health stigma, participants attended a half hour "demythologizing" lecture which was followed by an interactive video session with the stigmatized group, which included a question-and-answer session (Chan et al., 2009). Knaak and Patten (2016) advise on administering short workshops or classes and intensive social contact programs that are offered as part of university courses. These could be one to 2-h anti-stigma workshops that include skill development - such as the improvement of communication skills, along with a social contact element - such as interaction with the stigmatized community.

As will be elucidated in this study, the proposal for destigmatizing Chinese communities during COVID-19 presented includes *reframing stigma* through an effort to highlight early actions of members of Chinese communities at the start of the pandemic. Reframing in this way is different from literary programs or contact strategies as the purpose is to highlight community capacity without having to directly reference the stigmatization faced by community members. In literary programs, for example, the premise of the interventions is usually the stigma itself. In the TB *Unmask* campaign discussed, people were encouraged to take pictures with masks on and to hashtag #UnmaskStigma (Unmask, nd), thereby having to reference the stigma in order to address it. Contact strategies have also been found to potentially enhance negative attitudes and behaviours, as they risk the magnification of differences between the stigmatized group and the rest of society (NASEM, 2016). Reframing, however, entails a focus on assets as opposed to focusing on liabilities, which has been found to address the root causes of stigmatization (Wang et al., 2017). It is suggested that the Sinophobia observed in 2020 should not be a storyline of continued stigma and

discrimination, but rather a story of community capacity where specific segments, like Chinese diaspora communities in Canada, are recognized as being uniquely placed to help the cities in which they live to overcome the ravages of COVID-19.

### 3. Methodology

Through a qualitative case study approach, researchers in this study sought to address the following research question: *How can further normalization of anti-Chinese stigma during COVID-19 be prevented?* Case studies have been found to be well suited for answering 'how' and 'what' questions, and are effective in exploring complex, context-dependent phenomena (Gerring, 2004; Yin, 2018). Two specific techniques were used to gather data on the community: media monitoring and interviews.

Four Toronto-based researchers from our research team followed Canadian news media closely from January to June 2020. This included television media – CBC TV, CTV News Channel and CP24, and print/online in Canada's most widely read English-language newspapers - Globe & Mail, Toronto Star and National Post. Stories were archived and reviewed through a joint database. Researchers were looking for stories that captured the experiences of Toronto's diaspora Chinese community during the first six months of the pandemic, including news reports, press conferences, and interviews. News media were also used to better understand COVID-19 developments, to familiarize researchers with public health guidelines that would directly impact Toronto residents, and to capture the general narrative of anti-Chinese stigma in the GTA. Information gathered from media sources helped provide important contextual information on pandemic developments, and to augment findings from interviews.

Following ethics approval, we conducted a series of interviews between March–July 2020 with 83 members of the Chinese community in Toronto. Participants had to meet three criteria: (a) self-identify as being ethnically Chinese, (b) 18 years of age or older, and (c) lived in the Greater Toronto Area for at least one year prior to the December 2019, which was when international reports of the COVID-19 disease emerged. Interviews were conducted remotely using computer-mediated technology in either English, Mandarin or Cantonese, and followed a semi-structured format lasting on average between an hour to 1-h and a half. Audio recordings of the interviews were transcribed and where necessary translated into English, and subsequently coded to determine themes emerging from the data. In this manuscript we highlight observations of the early actions taken by community members as shared with us by our participants. In section 6.0 of this manuscript we discuss areas of further research to explore differences in capacities within demographic groups in the Chinese community.

### 4. Results

In this section we first highlight existing efforts to address anti-Chinese stigma during the COVID-19 pandemic in Canada, followed by an overview of early actions taken by community members as shared with us by our participants. In Section 5.0 we discuss our proposed approach in which to destigmatize the Chinese community during the pandemic, which focuses on amplifying the capacity of community members.

#### 4.1. Efforts to address Anti-Chinese stigma during COVID-19 in Canada

Anticipating the rise of anti-Chinese sentiments after Canada's first case of COVID-19 was detected in Toronto, members of the Chinese Canadian National Council for Social Justice (CCNC-SJ) organized a press conference on January 29, 2020 where the Mayor of Toronto and the city's Medical Officer of Health were invited to denounce coronavirus stigmatization and discrimination that was anticipated to recur following the xenophobia experienced during the 2003 SARS outbreak

(Madani, 2020; Tory, 2020). Media outlets in the GTA soon reported the loss of income to Chinese businesses due to reduced patronage (Macdonell, 2020). In response to this economic impact, politicians and public authorities across the GTA made efforts to combat the stigma by visiting restaurants serving Chinese food, and posting pictures on their social media accounts (Kan, 2020; Miller, 2020).

A number of trackers were quickly set up for the reporting of stigma encountered by members of the Chinese community (see for instance CovidRacism.ca, 2020 and elimin8hate.org, 2020). One incident reporting system collected 120 reports of anti-Asian racism between January and mid-May 2020 in Canada, with 70% of incidents being experienced by those self-identifying as women (Fionda, 2020). Reported discriminatory actions ranged from subtle microaggressions to outright physical aggression.

A number of grassroots campaigns were also organized in an effort to combat the rise of anti-Chinese stigma during the pandemic. In March 2020, CCNC-SJ raised awareness about xenophobia when volunteers dressed in full personal protective equipment handed out small bottles of hand sanitizer to passersby in the GTA's main public square, Nathan Phillips Square, and in Toronto's Chinatown, with the message, "Stop the Spread [of Racism]" (Lafontaine, 2020). In June 2020, the Federation of Asian Canadian Lawyers released a hate and discrimination guide that was intended to draw attention to anti-Chinese prejudice and stigma, and to help the Chinese diaspora community recognize such anti-social incidents (Federation of Asian Canadian Lawyers FACL, 2020). A community-engaged action research project called Project PROTECH, or Pandemic Rapid-response Optimization to Enhance Community-Resilience and Health, funded by the Canadian Institutes of Health Research (CIHR), provides information useful for both recognizing and coping with stigma and racism against Asian Canadians during COVID-19 (Project PROTECH, 2020). PROTECH also features online group training with video conferencing or live chat capability, aimed at reducing stress and promoting resilience amongst affected groups (Leach, 2020).

Municipal initiatives have also taken place. In Fall 2020, the City of Toronto launched an Anti-East Asian Racism public education initiative to address incidents of anti-East Asian racism and discrimination during the pandemic as part of its *Toronto For All* campaign (City of Toronto, 2020). The website features resources on learning East Asian stories and better understanding what racism feels like. These resources are aimed at helping to quell the occurrence of anti-Asian and anti-Chinese stigma during the pandemic by directly referencing discriminatory tendencies and behaviour observed.

Similar to the argument raised against literary programs used to address stigma (see Section 2.0) in each of these efforts to address anti-Chinese stigma in Canada during the pandemic – be they press conferences, trackers, or awareness campaigns, the central element is the stigma experience itself. The primary focus is always on the stigmatizing behaviour. In contrast, we argue in favour of the expansion of the narrative on anti-Chinese stigma during COVID-19 to include a more comprehensive and nuanced understanding of Chinese diaspora communities, thereby expanding the scope of the story being told. One way in which to do this is by highlighting the capacity of the community as reflected in early actions taken at the start of the pandemic. In our study, these early actions were seen uniformly across the sub-communities within the diverse Chinese diaspora.

#### 4.2. Early actions taken by the GTA's Chinese diaspora community

Many members of the Chinese diaspora community in the GTA are tightly linked to family and friends in Asia, including those in mainland China, Hong Kong or Taiwan. Many also follow news from Asia closely. By virtue of these social connections, as news of the novel coronavirus emerged in China, a number of Chinese residents in the GTA adopted early preventative actions, including: (a) physical distancing, (b) mask-wearing and sanitization, and (c) advocacy efforts for the

implementation of public health measures. These actions demonstrate the capacity of the Chinese diaspora community and suggest that many of its members recognized the impending risk of COVID-19 earlier than others in Canada. In many cases, early public health measures were adopted ahead of government mandates and guidelines being introduced in Ontario and the GTA at large.

#### (a) Physical Distancing

The first positive case of COVID-19 in Toronto, and also Canada's first case, was identified on January 25, 2020 (Thompson, 2020). That day also happened to mark the start of the Chinese New Year, and in turn, celebrations were directly impacted. In downtown Toronto's Chinatown, performers and patrons, most of whom are Chinese, did not show up to a planned celebratory event, with many explaining that they wanted to protect themselves and others from virus spread. Physical distancing was also practiced when some individuals and families that had travelled to China over the winter holiday voluntarily self-isolated upon their return to Canada. Furthermore, several companies with owners who are ethnically Chinese began asking employees to work from home as early as February, with others reducing working hours. Many of our participants kept their children home from school as a precautionary measure, with some reporting the need to protect elderly parents living with them in the household. Others reported limiting outside interaction, including going to restaurants, as early as mid-January 2020. Home isolation of elderly Chinese residents in particular was facilitated by family and friends serving as designated shoppers for groceries and medication, and by them taking on the responsibility for meal drop-offs. These physical distancing actions were taken over two months prior to any official direction provided by officials, as is evident in the timeline of official mandates.

On March 12, 2020, the Province of Ontario announced that all publicly funded schools would be closed for two weeks following March Break in response to the COVID-19 pandemic (Web Staff, 2020). A few days later on March 16, the federal government announced that it would close its borders to most people who are not Canadian citizens or permanent residents. Thereafter, on March 17, the Province of Ontario declared a state of emergency. During this time "significantly enhanced measures" were implemented, including the closure of establishments providing indoor recreational programs, private schools and dine-in restaurants. At the end of March 2020, these restrictions were extended to include the closure of all non-essential businesses. With respect to Toronto in particular, a bylaw signed by the mayor was enacted on April 2 requiring Toronto residents not living together to stay 2 m apart.

#### (b) Mask Wearing and Sanitization

Mask wearing was shown to benefit the wearer and the larger community during the 2003 SARS pandemic, and has since become culturally commonplace in several Asian countries (Ng, 2020). As a result, as early as December 2019, several participants in this study reported receiving masks from family and friends living in Asia along with advice that they should begin covering their faces. Once schools in the GTA reopened after the winter holiday, some parents sent their children to school with masks on. Signs requiring customers to wear masks in restaurants in Chinatown were first noticed in February 2020. In addition to this, the Chinatown Business Improvement Area (BIA) association provided hand sanitizers to a number of businesses in downtown Toronto's Chinatown. Some eateries adopted strict preventative actions such as requiring employees to wear masks throughout their shifts, disinfecting the kitchen and dining areas every 4 h, and regularly conducting temperature checks of employees. T&T Supermarket, a well-known chain of 26 grocery stores that sells mostly Asian products in British Columbia, Alberta and Ontario, founded by a Taiwanese-Canadian woman, introduced a mandatory mask-wearing

policy for employees and customers on May 11 (Warren, 2020). Store policy included quarantines for staff members travelling in from countries affected by the virus. These actions were not always consistent with official advice, however.

Initial advice by Canada's Chief Public Health Officer, Dr. Theresa Tam, was against the widespread public use of masks, citing a false sense of security, a shortage of critical supplies for essential workers, and importance only to those who were sick given that it would prevent them from spreading the disease (Urback, 2020). It was not until April 6, 2020, once scientific assessment was undertaken, that the optional wearing of non-medical masks to stop the spread of the virus was endorsed by Dr. Tam. The Ontario government did not implement a mandatory mask-wearing rule in the province for almost 11 months into the pandemic<sup>2</sup> (although it recommended mask-wearing earlier), despite mayors in the Greater Toronto Area requesting a firm rule in the summer of 2020 (Rodrigues, 2020). At the municipal level, medical officers of health facilitated the implementation of local bylaws to make mask-wearing mandatory inside enclosed public spaces, with the City of Toronto doing so on June 30, 2020 with implementation a week later (Katawazi, 2020). Given these timelines, there is no doubt that members of the Chinese community in the GTA were ahead of the curve with the adoption of mask-wearing – a public health practice which soon became commonplace amongst the general population.<sup>3</sup>

This initial advice against mask wearing resulted in an uncomfortable environment for members of the Chinese community that started wearing masks early on in the pandemic. They faced a disproportionate amount of mask-based stigma, which would have likely been avoided with more effective mask communication. While the Chinese diaspora community was eventually vindicated when mask advice shifted, the hardships they endured for mask-wearing early in the pandemic were unfortunate.

#### (c) Advocacy Efforts

Another initiative that the members of the Chinese community were engaged in was petitioning to officials on public safety issues. By the end of January, there were a number of petitions from Chinese-Canadians to the House of Commons, the Prime Minister, Minister of Health, and the Minister of Transport for increased public health measures, including the implementation of mandatory quarantine and screening protocols; more restrictions in airports as practiced in other countries at that time; and, the suspension of certain flights into Canadian airports. An elaboration on a selection of these petitions follows.

Launched in January 2020 on the [change.org](https://www.change.org) platform, one petition titled *Suspend all flights from China into Canada* was signed by more than a 110,000 people, many of whom are part of the Chinese diaspora in Canada. It requested the Canadian government to suspend all inbound flights from China. The petition claimed that people from Wuhan had travelled to different parts of China and around the world, and that many of them could potentially carry the virus. The petition stated that travel from China to Canada would peak during the Chinese New Year in the early part of 2020, and as many travelers may be asymptomatic, spread of the virus within Canada was imminent without any government action. The petition urged the Government of Canada not to repeat mistakes during the SARS virus, and to take strong steps in countering the spread of COVID-19 starting with the suspension of inbound flights from China.

Another petition addressed to the Government of Canada was

<sup>2</sup> Under the stricter requirements of Stage 1, 2 or 3 Provincial Regulations made under the Reopening Ontario Act implemented in November 2020, the Province of Ontario can regulate mask use in certain circumstances (Province of Ontario, 2020).

<sup>3</sup> For analysis into the cultural symbolism of mask wearing for members of Chinese communities in the Greater Toronto Area, see Lee et al. (2021).

entitled *Letter to the Government of Canada Regarding Tightening Measures on Coronavirus*. Initiated by Christie Chan (2020), it had 500 supporters and was submitted on March 27 to the Public Health Agency of Canada. It called out the government for inaction against the coronavirus despite the growing number of new cases of the virus not only in Canada but also around the world. It labeled the government's response as "insufficient" "ineffective" and "slow," particularly because the Canadian government only raised the alert level on travel to mainland China and to Hubei province, where the city of Wuhan is located, instead of imposing a more general travel ban like many other countries had. The petition also pointed to the government's quarantine period of 14 days as being too short in light of emerging study results at that time, instead requesting that the quarantine period be extended to 28 days, with quarantine to be conducted at a military base as quarantining at home could spread the virus to others in the household. The petition also mentioned that COVID-19 test results were slow and their accuracy questionable, and requested a travel ban for non-Canadian citizens with a travel history in China. Similarly, in one online petition circulated north of Toronto, parents attempted to pressure a regional school board to ask students whose families had travelled to China during the winter break to self-quarantine (Brown, 2020).

Some of the public health measures that were petitioned for, were in fact eventually adopted by authorities in Canada and the Greater Toronto Area, such as restrictions whereby only Canadian and Permanent Resident travelers were to enter into Canada. Others, such as requests for a 28-day quarantine, may be considered overzealous, as they were made without widespread endorsement from the scientific community. Nonetheless, what is to be commended is that members of the community were proactive very early on into the pandemic and chose to communicate their concerns to those handling the response given what they believed to be best practice at that time.

## 5. Discussion

The proactive position that members of the GTA's Chinese diaspora community took on at the start of the pandemic reflects the inherent capacity of the community. In light of cultural practices and past experience with infectious disease outbreaks, as well as family and friends in Asia encouraging precaution due to COVID-19 developments in China at the end of 2019 and early 2020, members of Toronto's ethnic Chinese community were amongst the first to adopt physical distancing measures, mask-wearing, sanitization, and advocacy efforts. These early practices helped to curb the spread of the disease in the Greater Toronto Area, and Canada more widely.

Although the community could have been recognized for this capacity, even over a year and a half into the pandemic at the time of this writing, the narrative that has prevailed in media and amongst members of the general public remains that of a community that is stigmatized and victimized for their hand in 'originating' the disease. This narrative has dominated discussions linking COVID-19 and the Chinese community, and while it is reflective of incidents of anti-Chinese stigma that have definitely occurred, this narrative was solidified even *before* incidents of COVID-19 community stigma towards the community were commonplace in Canada.

For instance, we have highlighted the economic loss that Chinese businesses were experiencing at the start of the pandemic. The response by some politicians was to frequent Chinese-owned establishments and to publicize this in an effort to counter the perceived stigma faced by community members. While well-intentioned, as explained by the participants in this study, many of the negatively affected Chinese businesses actually have a majority of customers from within the Chinese diaspora community itself. As such, the loss of business can be attributed (in part) to physical distancing practices being adopted early on in the pandemic, whereby many in Chinese communities avoided crowded places and non-essential outings. Rather than the prevailing narrative, both in the media and in general discourse by politicians, being one that

highlighted this responsible public health behaviour, the economic impact was misrepresented as being solely a form of external stigma towards the Chinese community. This painted the community as a victim, with a number of our participants highlighting how this misattribution was not helpful in terms of addressing actual racism.

Similarly, with respect to the advocacy efforts discussed, the prevailing narrative in media and amongst political figures when the petitions were first released were that they were racist in nature in light of their signaling out of China (Franklin, 2020). This reaction dismissed the fact that many of the petitions were in fact initiated and supported by members of the GTA's Chinese community (Shen, 2020) who understood the importance of proactive actions in order to prevent the further spread of the disease. In fact, with new variants of the disease, travel restrictions from certain countries are now commonplace (Cochrane & Jones, 2021). While a fine line must be straddled between commending proactive initiatives versus ensuring that recommendations do not further contribute to race-based stigma, the blanket dismissal of the advocacy efforts of members of the Chinese community was another missed opportunity to present an alternative lens by which to view the community. Had the opportunity been taken to highlight the capacity of community members once the importance of physical distancing and travel restrictions were officially known, one wonders whether the Chinese community could possibly be seen instead as a segment of society with valuable experience that helped in mitigating the spread of COVID-19, rather than a place to scapegoat frustrations with the pandemic. Framing theory provides insight into ways in which such expansion in narrative may be accomplished.

Framing theory, as used in media and communications studies, is based on the belief that the way in which an issue is characterized influences how an audience understands it (Chong & Druckman, 2007; Corrigan et al., 2005). In this "selective exposure of information to an audience," particular attributes are emphasized, and others are subdued (Soroka et al., 2013, p. 207). Framing techniques thereby inevitably direct individuals to "focus on [certain] considerations when constructing their opinions," causing them to dismiss others (Druckman, 2001, p. 1042). In order to use framing to overcome anti-Chinese stigma during the COVID-19 virus, specific communication choices - that is, how and what is said - must be more strategic in order to sway the behaviour and perceptions of society. Such choices include *frame-building*, which simply means deciding how to organize and structure the message to an audience, and *frame-setting*, which pertains to influencing how the audience processes the information in the message (de Vreese, 2005). Given that mass communication sources influence society's perceptions and understanding of events taking place in the world, when these sources paint a group in a negative light or only highlight their weakness and victimization, it creates a breeding ground for prejudice and discrimination, and is an avenue for propagating stigma.

When the World Health Organization revisited its best practices for naming infectious diseases (WHO, 2015), it was employing framing strategies. While historically infectious disease outbreaks have been associated with countries and regions from which they originated or gained prominence (such as the Spanish Flu, the Middle East Respiratory Syndrome, and the Zika Virus which was first discovered in Uganda), this practice is now discouraged given the resulting stigma, discrimination, and xenophobia against communities that this encourages (Nature, 2020; Villa et al., 2020). By ensuring that names are not associated with a geographic location or specific community group, and are instead directed to the nature of the disease itself, such framing can help quell the development of prejudice and misconceptions about the disease (Krisberg, 2015).

What we propose is to ensure that efforts are taken to highlight the proactive impact made by members of the GTA's Chinese community early on in the pandemic rather than simply focusing on the stigma that the community has and is experiencing. The goal is to reduce the salience and prominence of the anti-Chinese stigma experienced, establishing it "as irrelevant or peripheral" in light of other aspects of the

lived experience of community members during the pandemic (Elliott et al., 1982, p. 296). By focusing more directly on the early actions adopted by members of the Chinese diaspora community, the early actions taken to curb the spread of the disease are amplified, and this public education will likely bring about positive and sustainable change (Guthrie & Chunoo, 2018). Instead of being seen as a threat, the Chinese diaspora community can then be better seen as a segment of society with valuable experience in mitigating the spread of infectious diseases.

Highlighting the positive actions of members of the Chinese community will likely not *wipe out* the pervasive anti-Chinese stigma in society, especially since political leaders and government officials have made incendiary remarks in order to advance their anti-immigrant or ultra-nationalist agenda (Human Rights Watch HRW, 2020). However, given that narratives conveyed are a reconstruction of reality, we believe that targeted messaging to highlight community capacity will be an important contributor to broadening discussions about Chinese individuals during this pandemic. Framing techniques can also be used to better educate the public. While the first case of COVID-19 entered Toronto from China, such cases were not the main vectors of spread into Canada. April 2020 data from Canada's largest provinces indicated that the number of imported cases from China was much smaller than originally perceived (Tumilty, 2020). In Ontario, by mid-April 1, 2020 cases of COVID-19 were identified from persons returning from international travel and just five of those cases were related to travel from China. For Ontario, most cases originated from travelers returning from the United States with 404 cases, travelers returning from the United Kingdom with 126 cases, and those returning from the international conveyances of cruise ships with 74 cases (Tumilty, 2020). While these findings were made public, they were overshadowed by stories of Chinese Canadians facing stigma, thereby perpetuating the subsequent scapegoating faced by community members.

Focusing solely on the stigmatizing behaviour of others can lead to normalization of the experience (see for instance Steele, 1997). This can result in situations where those with discriminatory tendencies take the growing number of incidents as justification for continued displays of Sinophobia, resulting in further marginalization of community members. Simultaneously, those witnessing such discrimination may find it challenging to constructively move society past the status quo, resigning to the fact that such sentiments are ingrained in society. A broadening of the narrative is therefore integral, especially since attempts to remove blame or devaluing rationale for stigmatization can help reduce the socio-psychological distance between the stigmatized community and the rest of society (Elliott et al., 1982).

## 6. Areas of further research

This research is an example of university-community engagement, established with the purpose of countering community stigmatization. University-community engagement constitutes "collaboration between institutions of higher education and their larger communities for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity" (Public Purpose Institute, 2021). In this study, engagement between academics and community members has enabled the identification of alternative narratives and representations that can address the drivers of xenophobia.

While early actions were observed uniformly across our participants, our analysis did not examine specific differences across sub-groups within the Chinese community. This is an area for future research. Recognizing the heterogeneity within Chinese diaspora communities, we used purposeful sampling (Maxwell, 2005) to ensure that our respondents had effective representation across the following attributes: ethnic sub-group/place of origin (such as mainland China, Taiwan, Hong Kong or elsewhere), length of time in Canada and the GTA, place of residence in the GTA, age, and occupation. Given the sizeable sample size (N = 83) for a qualitative design, as well as the wide variety of age groups, occupations, and jurisdictions of origin within the sample,

further analysis will provide a more nuanced analysis of the data gathered, and will be able to highlight potential variations related to the adoption of early actions. Such an analysis would contribute to literature on differentiated capacities in the context of disasters. Similarly, while our media monitoring showed uneven coverage of instances of stigma facing members of Chinese diaspora communities as compared to the knowledge and capacity within them, in order to quantify this uneven coverage, further research would need to be undertaken. This baseline would be important to test the effectiveness of our proposal of reframing stigma by highlighting community capacity.

We expect that any effort to reframe narratives will require use of mass media communications through the involvement of a number of stakeholders, including media outlets, politicians and social media influencers. Subsequent phases of this research are to include working collaboratively with relevant officials to both introduce and test this proposal. We propose that emergency managers and public health officials can play an important role in coordinating such an effort (Mamuji et al., 2020). Emergency managers and public health officials are uniquely positioned given their mandate to promote public good to all of society. If enabled, they also have the capacity and mandate to introduce social counter-measures to address community stigma. Such collaboration can lead to the development of reciprocal relationships to address community challenges that emerge in future public health crises.

While the focus of our proposal has been to better understand the broader lived experience of the stigmatized community, insights from perpetrators of stigmatizing and racist attitudes and behaviours may be useful to inform destigmatizing interventions. This approach would be a useful area of further research in our effort to prevent the unfair targeting of ethnic groups during infectious disease outbreaks.

## 7. Conclusion

In response to the pandemic, countermeasures have included pharmaceutical and medical actions, such as vaccines and treatments, the implementation of new policies and regulations, such as restrictions on international travel and single site orders, and efforts to address the social impacts of the pandemic. These latter *social countermeasures* include public health responses, communication strategies, and public education efforts, all of which encompass actions that individuals and communities can take to react to the virus (CIHR, 2020). In this paper we have argued in favour of a social countermeasure that employs framing strategies in order to combat stigma and misinformation which associates infectious disease outbreaks with specific ethnic groups.

Our research question for this study was to investigate how further normalization of anti-Chinese stigma during COVID-19 can be prevented. We argue for the need to 'flip the script' of how we view the story of the Chinese communities' relationship to COVID-19 by expanding the narrative to highlight how much the community helped the GTA with curbing the spread of the disease, especially in the early days of the virus. While the GTA's Chinese community was actively practicing responsible public health measures and aggressively campaigning heightened safety protocols to control the emerging threat of COVID-19, this proactive response has been clouded by reports of stigma and discrimination. When the conversation starts and stops at the reporting of experiences of anti-Chinese stigma during COVID-19, the narrative remains the victimization of the Chinese diaspora community, and this does not have to be the case.

## CRedit authorship contribution statement

**Aaida A. Mamuji:** Conceptualization, Funding acquisition, Investigation, Methodology, Project administration, Supervision, Writing – original draft. **Charlotte Lee:** Conceptualization, Funding acquisition, Investigation, Methodology, Project administration, Writing – review & editing. **Jack Rozdilsky:** Conceptualization, Funding acquisition, Investigation, Methodology, Project administration, Writing – review &

editing. **Jayesh D'Souza**: Writing – review & editing. **Terri Chu**: Conceptualization, Funding acquisition, Investigation, Project administration, Writing – review & editing.

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