Infectious Questions Ep. 19: Addressing Issues of Stigma and Discrimination for 2019-nCoV

Shivoan: Welcome to Infectious Questions, a public health podcast produced by the National Collaborating Centre for Infectious Diseases. I am Shivoan Balakumar. This episode is the fourth in our series on the 2019 novel coronavirus and the outbreak of disease known as COVID-19.

Today, we'll be talking about stigma and discrimination, and particularly how public health can address these issues as they relate to COVID-19 and other diseases of international concern. NCCID spoke to Pemma Muzumdar, a Knowledge Translation Specialist at the National Collaborating Centre for the Determinants of Health. Here is NCCID's Dr. Aleksandra Wierzbowski with a few questions.

Aleksandra: Hi Pemma, thanks for calling us today. I wanted to start off by asking what is stigma and why is it a health concern?

Pemma: So, stigma is often defined as a mark of disgrace or disdain, and it's accompanied by negative or false stereotypes and attitudes. I think the reason that it's a health concern is that it creates a condition for people to go to a place where there's an us and a them.

Dr. Theresa Tam, Canada's Chief Public Health Officer, actually recently released a report that explored stigma and discrimination as a public health issue. Here, she describes discrimination as a form of stigma in action. It can be based on many factors and these often intersect because no one factor exists in isolation.

So, stigma can be based on race, class, gender, sexual orientation, ability, language and lots more. I think the key message here is really that the way that you look, the language that you speak, who you love or how much you earn, and whether or not you're perceived as being able-bodied influences how much power and resources you have as a person in society. And that's the piece that gets at health because that unequal power dynamic can be reinforced at different levels within institutions like hospitals or healthcare centres in the community, in your relationships, and also internally.

Stigmatized people can experience hate crimes, they can live with the anxiety and constant chronic stress of anticipating discrimination in their everyday lives. And, whether the cause of that stigma is living in a colonized country with Eurocentric norms or from the fear of an infectious disease like the coronavirus, stigma can lead to policies, recommendations and behaviours that keep some people out and that socially exclude. That's never the intention, but that can be the case.

I think the way that that plays out when it comes to health outcomes varies. It can lead to, for example, missed opportunities to participate in social situations in community. It can lead to missing the opportunity for economic success. Stigma can also lead people to avoid actually seeking medical treatment or sharing news of symptoms as they arise.

Aleksandra: Thanks, Pemma. Today, we're talking about the 2019 novel coronavirus. Why is it important that stigma and discrimination are part of this conversation?

Pemma: So, the real reason that it's important to talk about stigma and discrimination when we talk about the coronavirus in Canada is because there are health impacts that should be included in the way we think about the coronavirus. So, of course it's important to know how many people have actually been infected in Canada, and we know that that number is actually very few. But, it's also important to know how many people are being affected by the everyday stigma and discrimination that's taking place because of this virus and because it originated in China, and how that stigma and discrimination is affecting their health and through what pathways.

The Chief Public Health Officer herself has made statements about stigma and discrimination and how they have really no place in the way that we're responding to the coronavirus. This is also why it's so important that stigma and discrimination is a part of the conversation is that it's manifesting most prominently through discrimination based on race because the coronavirus originated in Wuhan, China, and because stigma and discrimination are always underlying factors present in society that are likely to be increased in times of fear.

There have been reports — and you might have heard about some of them — of Chinese Canadians being told to stay home from work, of Chinese-looking kids being avoided in the school yard or even being told to stay home from school. In fact, there's one specific example from Ontario's York Region where a petition was signed by over 9,000 people who wanted to keep out Chinese students. And the chair of that school board responded by reinforcing the good advice being given by public health officials and really underlining that there is no scientific evidence for the fact that keeping those students out of school can actually stop the spread of the coronavirus. She called the petition out for being motivated by discrimination based on race and for being stigmatizing.

As a point of comparison, in 2003 during the SARS outbreak, Toronto's Chinatown experienced similar hardship. There was also reports at that time of landlords not wanting to rent to Chinese clients, employers who were cutting hours and wages. So, there's a real connection there to

other determinants of health to employment, to education to being able to participate in society.

Aleksandra: Thanks, Pemma. Next, I'll ask what actions can public health practitioners and decision makers take to address stigma and discrimination during this type of outbreak?

Pemma: Again I'm going to point to the Chief Public Health Officer's report on stigma and discrimination, because there she lists some really useful concrete actions. Three of the interventions that I'd highlight from that report in relation to the coronavirus are to make visible and address systemic stigma. Number two, create more positive public health messaging. Number three, to meaningfully engage people with lived experience of being racialized or stigmatized in this case.

So, one way that public health can work with people to make stigma more visible is actually to start at home, to increase their own self awareness about stigma and bias. I would ask all public health staff to reflect on the question, how does the fact that the virus originated in China influence the way that it's playing out in Canada? Would things be different if the virus originated in a predominantly white European country? I think the response would be more measured and less racialized.

We can also look at the measures that are being put in place. The recommendations for preventing the spread of any infection including the coronavirus is to engage in frequent hand washing, to stay home from work when sick, to self isolate when travelling back from an affected area. And think about how those affect the most vulnerable people in society, people who do experience stigma and discrimination because of race, people who live in poverty, people who are socially isolated, people who experience all of those factors at the same time.

After that level of self awareness is increased, it's much more possible to take actions and to take actions in all public health activities to look at what you're doing with that kind of lens. And, part of that is to frame messages for the public in a positive way.

Here, I think the concrete action is to focus on providing credible evidence-based information, which is always the case in public health. Do so also in a way that does not further racialized the novel coronavirus and doesn't attach the disease to being Chinese or single out Chinese people, and to actually mention in some way that people who are from those communities might need extra support at the time. So, it's about actually integrating that into public health messaging to look at the impacts of the coronavirus as being more than just actually potentially getting the virus but also being affected in other ways that harm health.

The third strategy that I mentioned is to meaningfully engage people who have lived experience. So, in the case of coronavirus, this could mean engaging with the Chinese Canadian community to develop that kind of public health messaging and, through that, increase engagement to assess and respond to any other health impacts that are being experienced as a result of discrimination.

If you think back to that example about a school petition to keep out students who appear Chinese or who might have travelled to affected areas, public health can support that kind of action by engaging with Chinese Canadian communities being targeted to stand by the school and to work with the school in the way that they craft their response to parents. Identify and make visible stigma and discrimination to counteract it, and really to redirect the focus on evidence-based public health messaging.

Aleksandra: Thank you, Pemma. Lastly, I'll ask what resources or supports are available for public health professionals?

Pemma: So, I've mentioned the Chief Public Health Officer's report a few times. I really do think that it's a great resource for public health practitioners. It also includes a one-page action framework that may be particularly helpful in staff discussions, in planning. Also, there's that list of promising interventions and actions that are easily found in the Executive Summary. All of those actions and interventions can be thought of in the context of the novel coronavirus and the public health response, but there are three, as I mentioned, that are particularly relevant. I think that just going over that report would be a great resource to support public health.

There's actually a current online conversation, it's coming up February 24th to 28th, that the NCCDH is hosting about the stigma and discrimination report. And so that might be something that people can participate in if they have questions or that could support public health in the way that they respond to coronavirus and other viruses or infectious diseases that have that same angle.

The NCCDH has also come up with a few resources of our own that support public health to talk about racism and health equity, and to really understand it and integrate certain actions and discussion of questions into their own practice and daily work. Let's Talk Racism and Health Equity is a product that's part of our Let's Talk series. If you Google Let's Talk Racism, you'll get right to the NCCDH page and be able to download that document.

There's also a few other related resources that have been pulled together in what we call a curated list on racism and health equity. All of those resources could support public health in discussions about stigma and

discrimination but also specifically in responding to the coronavirus, but also looking at the risks when it comes to stigma and discrimination.

Shivoan: That concludes our conversation with Pemma Muzumdar, a Knowledge Translation Specialist at the National Collaborating Centre for the Determinants of Health. If you have other public health questions on the 2019 novel coronavirus, please reach out to us.