



Combating Bias and Stigma Related to COVID-19

How to stop the xenophobia that's spreading along with the coronavirus.

History has shown that epidemics and pandemics tend to provoke xenophobia and stigma. This was the case with diseases such as Ebola and MERS and it is now the case with COVID-19. An increasing number of news reports document instances of stereotyping, harassment and bullying directed at people perceived to be of Asian descent following the spread of the new coronavirus.

While the origin of the virus appears to be a specific region of China, no one racial or ethnic group is at greater risk of infection or spread.

Associating the coronavirus with China or specific regions within China—for example, through references to the “China virus” or “Wuhan virus”—helps engender biases and xenophobia. That’s why the World Health Organization strongly recommends against linking communicable diseases to specific geographic regions and recommends that all governments refrain from their use.

WHY IS ADDRESSING STIGMA SO IMPORTANT?

Decades of research show discrimination is associated with poorer health and mental health among LGBTQ, Asian-American, African-American, American Indian, Alaska Native, Muslim American, and Latinx populations.

Stigmatized groups are particularly vulnerable during epidemics and pandemics—and it can put them and others at increased risk. That’s because stigma can lead people to hide symptoms of illness to avoid discrimination. They may not seek health care when they need it and may further isolate themselves, which comes with its own health risks. In addition, stigmatized groups are more likely to be un- or underinsured, to have difficulty accessing culturally appropriate care, and to face bias in health-care systems, all of which ultimately compound the difficulty of containing the spread of viruses.

WHAT YOU CAN DO

The [World Health Organization](#) recommends that governments, citizens, media, key influencers and communities take steps to counter the contagion of bias and stigma, even as we collectively work to contain the spread of the virus. These steps include:

Spreading the facts: People are more susceptible to biases and stereotypes when they lack accurate information. Clear, concise and culturally appropriate communication—in multiple forms and in multiple languages—is needed to reach broad segments of the population, with particular focus on marginalized communities.

Engaging social influencers: Faith leaders, business leaders, elected officials and celebrities can be very effective in modeling appropriate communication and

denouncing efforts to link epidemics with specific geographic areas and populations. It can be particularly effective for influencers to be visible having positive interactions with members of stigmatized groups.

Amplify the voices of people with lived experience

with coronavirus: Most people who contract the virus recover, and it can be reassuring to the public to hear their experiences, particularly when these individuals reflect the diversity of our communities. Similarly, honoring frontline care providers can reduce stigma against these groups.

Portray different ethnic groups in public information

materials: Images of diverse communities working together to reduce risk can powerfully communicate messages of solidarity and shared commitments to health and well-being. However, an outsized focus on Asian Americans in the case of COVID-19 could be harmful, so it's important to guard against this.

Promote ethical journalism: Media reports that focus on individual behavior and infected individuals' "responsibility" for having and spreading the virus can stigmatize these individuals. News consumers should insist on responsible media reports that emphasize prevention practices, symptoms to look for and when to seek care.

Correct myths, rumors and stereotypes, and challenge

those whose language promotes bias: We all have a responsibility to correct stigmatizing language, and to challenge myths. No elected official should use language linking any epidemic to a particular people or geographic region, and challenging such language is a civic responsibility. Similarly, separating fact from rumor is important in an era when people are distrustful of information sources.

Bias, stigma and discrimination are public health threats. They damage the health, mental health and well-being of stigmatized groups. They also make it harder to contain current and future epidemics. We all share responsibility for good public health practice. Just as we know to wash our hands and maintain appropriate social distance, we should practice good behaviors when it comes to embracing and valuing diverse peoples and communities.

For more COVID-19 resources for professionals and the public, visit on.apa.org/pandemics.