Nurses and
Nurse Practitioners
of British Columbia

ISSUES BRIEF

Racialization and Politicization of COVID-19

April 2020

Background

Disasters can create and fuel fear which in turn, widen health and healthcare inequities[i]. Sadly COVID-19 has been no different and these fears are a key factor in allowing racism and xenophobia to thrive. Infectious diseases throughout history are associated with othering[ii]. Discrimination towards Chinese people has increased since the spread of COVID-19 which originated in Wuhan, China and there are increased reports of bad behaviour from microaggression to acts of violence[iii]. There are cases of Chinese people being barred from establishments as well as other acts of verbal aggression[iv]. As Andre Picard, Globe and Mail journalist notes, "on social media, in particular, the comments about Dr. Theresa Tam's qualifications feature a disturbing level of sexism and racism." [v]

The stress associated with the COVID-19 pandemic (e.g. job loss, physical distancing), increased uncertainty of what the future holds (e.g. job security, access to care and services) in addition to significant disruption to people's social networks has uncovered social and political fractures within communities. Long before COVID-19, people who are more likely to become ill and also less likely to receive needed health services are those who experience clusters of vulnerabilities such as those who live in poverty, the elderly, single mothers in low income brackets and those with stigmatizing conditions including substance use or mental health. Moreover, ethnic ancestry intersects with multiple forms of disadvantage including racialization and discrimination. Given this context, the COVID-19 policy responses, have disproportionately affected visible minorities because they are over-represented in lower socioeconomic groups, more likely to be precariously housed and work in resource-poor settings that lack forms of personal protective equipment and do not have "sick-day" benefits. Visible minorities are also at greater risk of an adverse reaction to COVID-19 given higher rates of underlying comorbidities such as hypertension and diabetes[vi].

Acts of discrimination and stigmatization of "others" occurs within historical, social and political contexts. Political leaders have used COVID-19 to reinforce racial discrimination by introducing xenophobic border policies and wrongly linking public health restrictions to foreign policy and trade negotiations. The American President and some other U.S. politicians have referred to COVID-19 as the "Chinese virus"[vii]on several occasions serving to racialize the pandemic and point blame to a particular group. Political leaders have also chosen to remain silent on acts of racialization. Recently a member of the Conservative Party of Canada commented that Dr. Theresa Tam, Canada's Public Health Officer, may "work for Canada or for China"[viii]. This comment was *not* denounced by the Party's leader continues to reinforce racialization as an acceptable behavior.

Allowing fear and uncertainty to fuel racism and discrimination draws energy away from working towards organizational and system-wide changes needed to mitigate root causes of health and healthcare inequities. Nurses and nurse practitioners are ideally positioned to advocate for those who are precariously housed, experiencing poverty or face barriers to accessing services (e.g. funds for transportation, access to phones/wifi). Nurses are also ideally situated to be on high alert for potential signs of racism and discrimination, particularly during COVID-19.

Key Messages

- Nurses play an important role in ensuring that elevated anxiety about the COVID-19 does not trigger or perpetuate prejudices that negatively impact specific population subgroups.
- Nurses are among the most trusted professions worldwide and as such are well positioned to effectively support people experiencing racism/discrimination.
- NNPBC recognizes that the response to the pandemic has intensified racialization that contribute to violence against visible minorities severely limiting their choices and potentially impacting their safety.
- NNPBC supports nurses to work with people who have experienced a disproportionate amount of discrimination.
- Nurses understand that the high level of racism and discrimination leads to decreased access to needed care amongst visible minorities in Canada.

- NNPBC knows that regardless of where nurses work, those to whom they provide care may have a history of racism and discrimination.
- NNPBC understands that disaster situations increase the risk of unmet healthcare needs amongst visible minorities.
- While we do not condone it, NNPBC recognizes that fear and uncertainty fuels racism and discrimination and that higher levels of racism and discrimination lead to increased violent acts against visible minorities in Canada.
- NNPBC knows that below the surface lies deep social and political fractures that are made deeper during the COVID-19 response.
- Nurses know that visible minorities are being isolated from their supports by requirements of social distancing and face disproportionate risk to contracting COVID-19 due to precarious employment.
- Nurses must always practice in a trauma and violence informed way and act on your awareness of the prevalence and increase of racism and discrimination.
- NNPBC encourages nurses to support people effectively using this tool: Top 10 things anyone can do

Further Reading/Resources

- The Lancet: Racism and Discrimination in COVID-19 Responses
- The Straight: Anti-Asian Hate Crimes Increase…
- Global News: COVID-19 Racism
- Al Jazeera- Anti Asian Hate Crimes Spread During COVID-19
- Wikipedia: List of harassment and discrimination across the world during COVID-19

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Please feel free to direct questions and additional comments to info@nnpbc.com.

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[i] https://www.ifrc.org/Global/Documents/Secretariat/201511/1297700_GBV_in_Disasters_EN_LR2.pdf
[ii] White AIR. Historical linkages: epidemic threat, economic risk, and xenophobia. Lancet 2020; published online March 27. https://doi.org/10.1016/S0140-6736(20)30737-6.

[iii] https://www.cnn.com/2020/04/10/opinions/how-to-fight-bias-against-asian-americans-covid-19-liu/index.html
[iv] Chung RY-N, Li MM. Anti-Chinese sentiment during the 2019-nCoV outbreak. Lancet 2020; 395: 686–87.

[v] https://twitter.com/picardonhealth/status/1247899045885964288
[vi] Unnikrishnan R, Gupta PK, Mohan V. Diabetes in south Asians: phenotype, clinical presentation, and natural history. Curr Diab Rep 2018; 18: 30.

[vii] @realDonaldTrump. March 16, 2020. https://twitter.com/realDonaldTrump/status/1239685852093169664?s=20 (accessed March 31, 2020).

[viii] https://www.theglobeandmail.com/politics/article-scheer-refuses-to-comment-on-conservative-mps-call-for-top-doctor-to/