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# The Politics of Pandemic Othering: Putting COVID-19 in Global and Historical Context

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**Abstract** As COVID-19 began to spread around the world, so did reports of discrimination and violence against people from marginalized groups. We argue that in a global politics characterized by racialized inequality, pandemics such as COVID-19 exacerbate the marginalization of already oppressed groups. We review published research on previous pandemics to historicize pandemic othering and blame, and enumerate some of the consequences for politics, policy, and public health. Specifically, we draw on lessons from smallpox outbreaks, the third bubonic plague, the 1918 influenza pandemic, and more recent pandemics, such as HIV/AIDS, SARS, and Ebola. We also compile reports to document the discrimination and violence targeting marginalized groups early in the COVID-19 pandemic. This article lays bare the continuation of a long history of othering and blame during disease outbreaks and identifies needs for further inquiry to understand the persistence of these pandemic politics.

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As the COVID-19 pandemic<sup>1</sup> emerged, political leaders and citizens alike sought a source to blame and avoid. Often the targets of blame were people from marginalized groups, including religious, ethnic, or racial minorities and migrants.<sup>2</sup> Acts against these targets took multiple forms, whether calling the outbreak a “Chinese virus” or even discriminating or committing violence against people because of their perceived identity. Such discriminatory acts occurred worldwide and targeted not just Chinese citizens but also people of Asian descent and members of other marginalized groups. There are reports of a broad range of people who experienced discrimination and feared stigmatization during the COVID-19 pandemic including, among others, Muslims in India, Africans in China, and Ivoirians in Tunisia.

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1. COVID-19 refers to an infectious disease caused by a novel coronavirus, SARS-CoV-2. The first known case emerged in Wuhan, China in December 2019. The virus spread worldwide within months and at the time of writing, only a dozen independent states—all in Asia and Oceania—reported no confirmed COVID-19 cases.

2. We define marginalized groups by drawing on Cohen’s definition of marginal groups as “those who, to varying degrees, exist politically, socially, or economically ‘outside’ of dominant norms and institutions” (Cohen 1999, 37).

Social scientists refer to these acts of targeting marginalized groups as “othering.” Othering is a practice that occurs when one group of people—usually a majority group or an in-group—treats another group of people—often a marginalized group or an out-group—as though there is something wrong with them.<sup>3</sup> Health crises and insecurity can intensify the social boundaries between identity groups, with people trying to distance themselves and the identity groups with which they identify from those perceived to be unhealthy through stereotyping already stigmatized groups.<sup>4</sup> Placing blame during an outbreak by disciplining or isolating those seen as responsible can make mysterious diseases appear controllable.<sup>5</sup> Emerging infectious disease outbreaks are characterized by a lack of medical knowledge, which can lead to a redistribution of blame according to existing patterns of discrimination and othering.<sup>6</sup> Because pandemics cross borders and affect multiple states at once,<sup>7</sup> othering and blame during such crises can reach beyond state boundaries. In particular, the association of immigration and infectious disease—even if only in the public’s imagination—raises scrutiny at national border crossings.<sup>8</sup> Although othering occurs during pandemic and “normal” times, pandemic othering is more directly linked to the study of international relations due to the nature of pandemics crossing borders.

The COVID-19 pandemic and associated othering and blame emerged in a global politics characterized by increasing racialized inequality both in the developed and developing world. Although in global discourse states and intergovernmental organizations assert moral and legal responsibilities for upholding norms of racial equality and non-discrimination,<sup>9</sup> racial and ethnic stratification continue in most, if not all, racially heterogeneous societies. Racialized social systems involve some form of hierarchy, even if the particular character of the hierarchy is variable.<sup>10</sup> Yet the racialized nature of inequalities has been only a marginal concern for mainstream international relations (IR) scholarship.<sup>11</sup> The relative absence of race and racism in mainstream IR literature reflects a global discourse that focuses on racial equality and universal human rights, but not directly on the question of race itself. IR scholarship tends to prioritize theorizing and generalizability of Western concepts over historical description, analysis, and understanding of particular experiences in the rest of the world, leading to “a systematic politics of forgetting, a willful amnesia, on the question of race.”<sup>12</sup>

3. Weis 1995; Johnson et al. 2004; Dionne and Seay 2016.

4. Crawford 1994.

5. Nelkin and Gilman 1988.

6. Flowers 2001.

7. There is no singular accepted definition for pandemic, however, one quality broadly accepted in characterizing what is from what is not a pandemic is wide geographic spread (see Morens, Folkers, and Fauci 2009).

8. Tomes 2000.

9. Shilliam 2013.

10. Bonilla-Silva 1997.

11. Jones 2008; Bell 2013; Zvobgo and Loken 2020.

12. Krishna 2001.

Our approach to studying pandemic politics is informed by the work of IR scholars who ask “How might we think within, through, and beyond the nation-state and its relationship with race?”<sup>13</sup> To better understand global inequality dynamics, we look at the “other” and the processes and actions that contribute to othering as starting points. When questions of the other and otherness become the subject of IR scholarship, discussions are mostly focused on relations and interactions between sovereign states, with limited attention paid to the historical relations behind the formation of different kinds of states.<sup>14</sup> Critical theorists, on the other hand, emphasize that many of the categories we regard “as natural are, in fact, products of past social construction processes, processes in which power is often deeply implicated.”<sup>15</sup> Moreover, racialized structures are embedded in power relations on local, national, and global scales. To appreciate the deeply entrenched power asymmetries and struggles concerning others and othering, we need to go beyond ahistorical conceptualizations of the sovereign state and historicize the relations between individuals, groups, and states. Scholars who address “othering, oppression, and exclusion of groups based on perceived and essentialized physical and cultural differences” in their research need to address how different groups become subjects of these practices in different national contexts throughout history and today.<sup>16</sup>

We argue that pandemics exacerbate inequalities and further marginalize already marginalized groups. This article’s contributions to our understanding of pandemic politics are to (1) situate the contemporary COVID-19 pandemic in a broader context of the politics of othering during pandemics; and (2) highlight the consequences of othering and blame. The incidents of discrimination and violence during the COVID-19 pandemic that we document have a long history, as we show in our review of earlier scholarship in the first section. Next we shift to the current pandemic, giving an overview of reports that documented and detailed discrimination and blame early in the outbreak. In the third section, we draw on scholarship examining previous pandemics to identify some of the political, policy, and public health consequences of pandemic othering and blame. In the final section we conclude with directions for future inquiry on pandemic politics.

## A Long History of Othering and Blame in Pandemics

Migrants and other marginal groups have historically been targets of blame and scapegoating during communicable disease outbreaks. During epidemics, societies can construct these targets as coping mechanisms against the fear of the unknown, loss of control, and related social, political, and economic consequences.<sup>17</sup> In-groups create

13. Thompson 2013.

14. Jones 2008.

15. Finnemore and Sikkink 2001.

16. Weiner 2012.

17. Person et al. 2004; Crawford 1994.

the “other” as targets of blame and to build boundaries between groups, stigmatizing migrants and other marginal groups as “disease breeders.”<sup>18</sup> There are multiple historical examples of othering during epidemics, starting with experiences during smallpox outbreaks in the late nineteenth century and ending with the Ebola pandemic at the start of the twenty-first century.<sup>19</sup>

Chinese migrants to North America regularly featured as medical scapegoats in the late nineteenth century during episodes of smallpox outbreaks.<sup>20</sup> In the 1870s, the California Department of Health started documenting state morbidity and mortality rates and found that in urban areas such as San Francisco, communicable diseases were responsible for 20 percent of all deaths; around 50 percent of deaths were of foreign-born residents. The Chinese accounted for about 5 to 10 percent of the total death count, whereas the morbidity and mortality rates among Irish-born San Francisco residents were much higher.<sup>21</sup> Even as findings related to germ theory broke the direct link between epidemic outbreaks and San Francisco’s Chinatown, San Franciscans labeled Chinatown “a laboratory of infection” and the Chinese “unscrupulous, lying and treacherous Chinamen.”<sup>22</sup> Incidents of discrimination and violence against Chinese immigrants also occurred in Canada during a smallpox outbreak. In 1892, a group in Calgary’s Chinese district attacked a laundry business run by Chinese people. This violence took place despite there having been only four smallpox-related deaths at the time in Canada.<sup>23</sup> Of course, blaming and scapegoating the “other” is not exclusively a North American phenomenon.

During the third bubonic plague,<sup>24</sup> which lasted from 1894 to 1950, societies around the world linked the pandemic with discourses on race, immigration, and class, and states instituted racialized plague control measures.<sup>25</sup> White South Africans linked the plague to race and immigration, as did elites in Buenos Aires and Rio de Janeiro. In all these cases, scientific authorities had also instrumentalized the disease outbreak to promote social engineering that pushed unwanted groups to

18. Castañeda 2010.

19. Although these examples span time and space, we do not offer an exhaustive account of pandemics and othering during this period. We should also note that interested readers could go further back in time for additional examples of pandemics and othering, including, for example, the Black Death, which devastated Europe in the mid-1300s (see, e.g., Cohn 2018).

20. Smallpox is a contagious viral disease from which three in ten infected people died. The origin of smallpox is unknown and epidemics emerged in multiple world regions at different times across fourteen centuries. No naturally occurring smallpox case has been reported since 1977, following the successful discovery and distribution of a smallpox vaccine.

21. Klee 1983.

22. Trauner 1978.

23. Reitmanova 2009.

24. Plague is an infectious disease caused by a bacteria and bubonic plague manifests in people through multiple symptoms, including fever, headache, chills, weakness, and swollen lymph nodes. The introduction of antibiotics has greatly reduced plague mortality rates. The third bubonic plague spanned five continents and is estimated to have caused more than 15 million deaths.

25. Echenberg 2010; White 2018.

the margins of urban settings.<sup>26</sup> In the colonial French Pacific, the outbreak brought to the surface racial and class tensions between white settlers and the majority population in New Caledonia.<sup>27</sup> In the United States, the Chinese and Japanese also experienced discrimination; for example, while all travelers were subject to inspection upon arrival in San Francisco's port, only Chinese and Japanese travelers were subject to detention.<sup>28</sup> There are also reports of incidents in which Americans in China were targeted and accused of importing plague; violence against foreigners during the pandemic was sufficiently bad that the American consul in Canton wired his concerns about the safety of American citizens there.<sup>29</sup>

The othering of foreigners also occurred during the 1918–1919 influenza pandemic, sometimes referred to as the Spanish flu.<sup>30</sup> Portuguese and Spanish workers and soldiers returning home from France traveled through or to Spain, where they experienced very different treatment. Spanish officials isolated Spanish workers and offered them medical assistance, but these same officials facilitated the mandatory return of Portuguese workers to Portugal without offering them medical assistance. The stigmatization of Portuguese workers was influential in the construction of Spain's official discourse, stipulating that Spanish citizens' health and well-being depended on protecting the insiders and excluding the outsiders arriving from France and Portugal. Spanish officials set up "sanitary surveillance stations" to examine immigrants arriving via the French border.<sup>31</sup> To be sure, alienation of immigrants during the 1918 influenza pandemic was not universal. In Canada, public health officials were aware that immigrants were not the only—or even the primary—vectors for influenza's spread, and thus they were not disproportionately subjected to coercive public health measures such as quarantines.<sup>32</sup> Still, discrimination against migrants and marginal groups during emerging infectious disease outbreaks continued—if unevenly across space—throughout the twentieth century.

The still-ongoing HIV/AIDS<sup>33</sup> pandemic offers multiple accounts of othering and blame. In the early years of the AIDS pandemic, the actions and ideologies of dominant institutions in the United States and the United Kingdom constructed AIDS as a problem of marginalized groups, especially gay white men.<sup>34</sup> Haitians in North America were targets of discrimination and blame early in the AIDS pandemic, not

26. Echenberg 2010; White 2018.

27. Cavert 2016.

28. Trauner 1978.

29. Cohn 2018, 346.

30. The 1918 influenza pandemic was caused by an H1N1 virus but its geographic origins are unclear. Of the hundreds of millions who were infected during the pandemic, an estimated fifty million people died.

31. Davis 2013.

32. Jones 2005.

33. Human immunodeficiency virus, or HIV, is the virus that causes acquired immunodeficiency syndrome, or AIDS, a condition for which there is no vaccine or cure and that was first recognized by scientists in 1981. By 2018, the Joint United Nations Programme on HIV and AIDS (UNAIDS) estimated that thirty-two million people worldwide had died from AIDS-related illnesses.

34. Nelkin and Gilman 1988; Cohen 1999; Flowers 2001.

least because of speculation about the virus's origins in Haiti.<sup>35</sup> The politics of blame and AIDS risk in both India and South Africa were connected to people's mental maps about the ethnic and racial distributions of infection.<sup>36</sup> In South Africa, people associated AIDS with immigrants and blamed these "outsiders" for bringing HIV into the country;<sup>37</sup> the government repatriated migrant workers of nationality groups with higher rates of HIV, including sending an estimated 13,000 miners back to Malawi between 1988 and 1992 after 200 of them tested positive for HIV.<sup>38</sup> Even long after researchers and policymakers knew that HIV could only spread through intimate interactions involving sexual intercourse, medical procedures, injection drug use, or breastfeeding, multiple states prohibited the entry of migrants—including via temporary visitor visas—if they tested HIV-positive.<sup>39</sup>

The SARS pandemic<sup>40</sup> in 2003 that first emerged in China is another more recent example of a viral illness people associated with China and Chinese people. Western media painted a grim picture of SARS as a deadly disease that threatened national borders, with origin stories related to Chinese (agri)cultural practices.<sup>41</sup> As SARS cases appeared in other countries, there was fear and suspicion of people who looked Asian, regardless of their particular nationality or actual risk factors for SARS.<sup>42</sup> Chinatowns in New York City and Toronto became like ghost towns, as they were identified as sites of contagion and risk.<sup>43</sup> Even in states where stigmatizing racial groups as "SARS risks" was limited—as in the United Kingdom—some media outlets and anti-immigrant politicians used the SARS pandemic in campaigns against immigration and refugees.<sup>44</sup>

The 2013–2016 Ebola<sup>45</sup> pandemic centered in Guinea, Liberia, and Sierra Leone in West Africa offers multiple examples of othering, discrimination, and blame. In the United States, people associated Ebola with Africans and immigrants more broadly after a traveler from Liberia was diagnosed with Ebola in Dallas, Texas in October 2014. The emergence of this first case on US soil prompted a flood of flawed reporting in Western media.<sup>46</sup> African immigrants in the Dallas–Fort Worth area experienced discrimination during this period and they attributed that experience to their

35. Farmer 1992; Farmer 1999.

36. Lieberman 2009.

37. Petros et al. 2006.

38. Chirwa 1998.

39. Amon and Todrys 2008.

40. SARS refers to severe acute respiratory syndrome, a viral respiratory illness that was first identified by scientists in early 2003. During the 2003 global SARS outbreak, 8,098 people were known to be infected, of which 774 died.

41. Eichelberger 2007.

42. Person et al. 2004.

43. Eichelberger 2007; Keil and Ali 2006.

44. Wallis and Nerlich 2005.

45. Ebola is an infectious virus that often results in death and for which there is no vaccine; it was first recognized by scientists in 1976 and there have periodically been outbreaks since then, though typically within a single country's borders. In the 2013–2016 Ebola outbreak, the World Health Organization (WHO) recorded 28,600 cases of Ebola, of which 11,235 people died.

46. Russell 2016.

Africanness, their accents, to being Black, and in some instances to being recognized as having roots in Liberia.<sup>47</sup> While African immigrants in Dallas likely had the most heightened experience with othering and blame,<sup>48</sup> Africans elsewhere in the United States were also the targets of discrimination. Children of African immigrants experienced bullying at schools in New York, New Jersey, and Texas.<sup>49</sup> American politicians and anchors of conservative media shows politicized the Ebola crisis, falsely associating the disease with migrant children entering the United States from its southern border with Mexico.<sup>50</sup>

This overview of just more than a century of pandemics and response to pandemics situates the current COVID-19 pandemic and response in a long history of othering and blame that often marginalizes already marginalized groups. Historians documented attribution of blame to racialized beliefs about the hygiene practices of marginalized peoples and to the cross-border movement of immigrants, especially non-White immigrants. In the United States, associating immigration and infectious diseases has heightened scrutiny of national border crossings, from Ellis Island inspection lines to detainment camps for Haitian immigrants.<sup>51</sup> Response to the COVID-19 pandemic continues this tradition.

### Othering and Blame Early in the COVID-19 Pandemic

Because US president Donald Trump and his administration regularly engaged in rhetoric placing blame on China—for example by calling coronavirus the “China virus” or referring to COVID-19 as “Kung Flu”—much attention has been on anti-Chinese and anti-Asian rhetoric, discrimination, and violence in the United States.<sup>52</sup> Early in the pandemic, Asian-Americans were refused services and were even targets of racist violence.<sup>53</sup> A woman originally from Hong Kong and living in New York City reported experiencing multiple forms of xenophobia while wearing a mask in public, including people distancing themselves from her while

47. Smith-Morris 2017.

48. Thomas 2019.

49. Ibid.

50. Dionne and Seay 2016; Russell 2016; Adida, Dionne, and Platas 2020.

51. Tomes 2000.

52. Remarks by President Trump in Press Briefing, July 23, 2020, <<https://www.whitehouse.gov/briefings-statements/remarks-president-trump-press-briefing-072320>>; David Nakamura, “With ‘kung flu,’ Trump sparks backlash over racist language—and a rallying cry for supporters,” *The Washington Post*, June 24, 2020, retrieved from <[https://www.washingtonpost.com/politics/with-kung-flu-trump-sparks-backlash-over-racist-language--and-a-rallying-cry-for-supporters/2020/06/24/485d151e-b620-11ea-aca5-ebb63d27e1ff\\_story.html](https://www.washingtonpost.com/politics/with-kung-flu-trump-sparks-backlash-over-racist-language--and-a-rallying-cry-for-supporters/2020/06/24/485d151e-b620-11ea-aca5-ebb63d27e1ff_story.html)>.

53. Holly Yan, Natasha Chen, and Dushyant Naresh, “What’s Spreading Faster than Coronavirus in the US? Racist Assaults and Ignorant Attacks against Asians.” *CNN*, February 21, 2020, retrieved from <[www.cnn.com/2020/02/20/us/coronavirus-racist-attacks-against-asian-americans/index.html](http://www.cnn.com/2020/02/20/us/coronavirus-racist-attacks-against-asian-americans/index.html)>.

on public transit or making racist comments.<sup>54</sup> An organization tracking anti-Asian discrimination during the COVID-19 pandemic documented a range of incidents, including verbal harassment and shunning, which make up the majority of self reports, but also physical assaults. These incidents occur not just among strangers in public spaces such as parks and on public transportation, but also where people work and conduct business.<sup>55</sup>

Chinese, Chinese in the diaspora, and other people of Asian descent experienced discrimination and violence in multiple countries. In France, Asians have been the targets of racist incidents on public transport, in shops and at school, and even just walking down the street.<sup>56</sup> Asians in France faced discrimination, racial slurs, and isolation and documented racist encounters using the hashtag #JeNeSuiPasUnVirus (I am not a virus), which trended on Twitter.<sup>57</sup> In Italy in early February when there were as yet only two confirmed cases of COVID-19, Chinese nationals and tourists faced xenophobia; Chinese-owned businesses were empty, and Chinese individuals were banned from some businesses and gatherings.<sup>58</sup> In the United Kingdom, where a Singaporean exchange student was badly beaten by assailants invoking the COVID-19 outbreak, a hate crime awareness group reported receiving an increase in calls from people experiencing racism, discrimination and verbal abuse, “arising from perceptions that they are members of the Chinese community and therefore likely to be carriers of the coronavirus.”<sup>59</sup>

Chinese also faced discrimination in Asia, with multiple documented incidents of racial profiling and discrimination against Chinese in Japan, Singapore, South Korea, Thailand, and Vietnam.<sup>60</sup> In South Korea, for example, some businesses posted signs saying “No Chinese,” and more than 500,000 Koreans signed a petition calling on their president to ban Chinese visitors.<sup>61</sup> Similar petitions, business practices, and negative online rhetoric demeaning Chinese have been reported in multiple Asian

54. Yasmeen Serhan and Timothy McLaughlin, “The Other Problematic Outbreak.” *The Atlantic*, March 13, 2020, retrieved from <[www.theatlantic.com/international/archive/2020/03/coronavirus-covid19-xenophobia-racism/607816/](http://www.theatlantic.com/international/archive/2020/03/coronavirus-covid19-xenophobia-racism/607816/)>.

55. Borja et al. 2020.

56. Tamara Thiessen, “France In Grips Of Racism Epidemic, As Coronavirus Fans Anti-Asian Hysteria.” *Forbes*, February 11, 2020, retrieved from <<https://www.forbes.com/sites/tamarathiessen/2020/02/11/france-in-grips-of-racism-epidemic-as-coronavirus-fans-anti-asian-hysteria/>>.

57. Ibid.

58. Mark Lowen, “Coronavirus: Chinese Targeted as Italians Panic.” *BBC News*, February 4, 2020, retrieved from <[www.bbc.com/news/world-europe-51370822](http://www.bbc.com/news/world-europe-51370822)>.

59. Amy Woodyatt, “London Police Seek Four Men after ‘Racist’ Coronavirus Attack on East Asian Student.” *CNN*, March 5, 2020, retrieved from <[www.cnn.com/2020/03/05/uk/coronavirus-racist-attack-police-intl-scli-gbr/index.html](http://www.cnn.com/2020/03/05/uk/coronavirus-racist-attack-police-intl-scli-gbr/index.html)>.

60. Motoko Rich, “As Coronavirus Spreads, So Does Anti-Chinese Sentiment.” *The New York Times*, January 30, 2020, retrieved from <[www.nytimes.com/2020/01/30/world/asia/coronavirus-chinese-racism.html](http://www.nytimes.com/2020/01/30/world/asia/coronavirus-chinese-racism.html)>; Kelly Kasulis, “Coronavirus Brings out Anti-Chinese Sentiment in South Korea.” *Al Jazeera*, February 21, 2020, retrieved from <[www.aljazeera.com/news/2020/02/coronavirus-brings-anti-chinese-sentiment-south-korea-200221094732254.html](http://www.aljazeera.com/news/2020/02/coronavirus-brings-anti-chinese-sentiment-south-korea-200221094732254.html)>.

61. Kasulis, *Al-Jazeera*.



countries.<sup>62</sup> In Hong Kong, the COVID-19 outbreak intensified distrust and suspicion of mainlander Chinese; for example, more than 100 restaurants refused to serve patrons who spoke Mandarin—a language associated with mainland China and distinguishable from Cantonese, which is the primary language spoken in Hong Kong.<sup>63</sup>

Asian was not the only identity targeted in COVID-19 discrimination and violence, however. Even in China, where the first COVID-19 cases emerged, there were multiple incidents of increased discrimination against Africans after the media reported that five Nigerians had tested positive for COVID-19 in Ghangzhou, a city in southern China with a sizable population of African migrants. Africans in Guangzhou reported being evicted from their apartments and being refused entry at restaurants.<sup>64</sup> African migrants were also a target of blame and othering in Italy. Matteo Salvini, a senator and former deputy prime minister, said his government was underestimating the coronavirus and that it was “irresponsible” to allow a rescue vessel with 276 African migrants to dock in a Sicilian port even though at the time of his remarks there had only been a single case of COVID-19 reported on the African continent.<sup>65</sup>

Religious identity was another cleavage along which people othered populations during the COVID-19 pandemic. There were hateful online messages and multiple violent attacks on Muslims across India after government officials blamed an Islamic seminary for spreading COVID-19.<sup>66</sup> During a state-imposed coronavirus lockdown in May 2020, Hindu attackers in Telinipara, West Bengal burned Muslim homes and shops and vandalized a mosque and a Muslim shrine over three days of violence and terror; these and other retaliatory incidents followed news that five Muslims in the area had tested positive for the coronavirus.<sup>67</sup>

Migrants in multiple regions reported increased racism and xenophobia during the COVID-19 pandemic.<sup>68</sup> The Mixed Migration Center has been studying how the COVID-19 pandemic is affecting migrants in Asia, Latin America, and Africa. In surveys conducted with 3290 respondents, 20 percent reported that increasing racism and xenophobia have negative impacts on their lives and migration

62. Rich, *The New York Times*; Kasulis, *Al-Jazeera*.

63. Serhan and McLaughlin, *The Atlantic*.

64. Anna Fifield, “Africans in China allege racism as fear of new virus cases unleashes xenophobia.” *The Washington Post*, April 13, 2020, retrieved from <[https://www.washingtonpost.com/world/asia\\_pacific/africans-in-china-allege-racism-as-fear-of-new-virus-cases-unleashes-xenophobia/2020/04/13/7f606cd8-7d26-11ea-84c2-0792d8591911\\_story.html](https://www.washingtonpost.com/world/asia_pacific/africans-in-china-allege-racism-as-fear-of-new-virus-cases-unleashes-xenophobia/2020/04/13/7f606cd8-7d26-11ea-84c2-0792d8591911_story.html)>.

65. Lorenzo Tondo, “Salvini attacks Italy PM over coronavirus and links to rescue ship.” *The Guardian*, February 24, 2020, retrieved from <<https://www.theguardian.com/world/2020/feb/24/salvini-attacks-italy-pm-over-coronavirus-and-links-to-rescue-ship>>.

66. Jeffrey Gettleman, Kai Schultz, and Suhasini Raj, “In India, Coronavirus Fans Religious Hatred Indian officials are blaming an Islamic group for spreading the virus, and Muslims have been targeted in a wave of violence.” *The New York Times*, April 12, 2020, retrieved from <<https://www.nytimes.com/2020/04/12/world/asia/india-coronavirus-muslims-bigotry.html>>.

67. Hannah Ellis-Petersen and Shaikh Azizur Rahman, “How lives were destroyed under cover of lockdown in a small Indian town.” *The Guardian*, June 8, 2020, retrieved from <<https://www.theguardian.com/world/2020/jun/08/how-lives-were-destroyed-under-cover-of-lockdown-in-a-small-indian-town>>.

68. Mixed Migration Centre 2020a.

journeys.<sup>69</sup> Migrants and refugees in Kenya, Somaliland, and Niger report suspicion and mistrust growing among the native-born population due to the belief that immigrants are bringing COVID-19 to their countries.<sup>70</sup> Interviews conducted with immigrants also highlight their fear of facing racism and discrimination in accessing health services. An Ivorian woman in Tunisia stated that migrants would refrain from going to the hospital if they had a cough due to the fear of further stigmatization. Immigrants in Tunisia also fear that government authorities may prioritize Tunisian citizens over immigrants in providing healthcare services, especially in cities with significant immigrant and refugee populations.<sup>71</sup>

We should not interpret the racist and discriminatory incidents described above as isolated, but as symptomatic of latent and/or increasingly negative attitudes toward people from groups that leaders and publics associate with COVID-19.<sup>72</sup> There are multiple surveys demonstrating this, particularly in the United States. A weekly national survey of 6,000 Americans found negative views of Asian people rose between January 2020, when there were no recorded cases of COVID-19 in the United States, and March 2020, when cases began to emerge.<sup>73</sup> According to analysis of data from another US-based survey in March 2020 (N = 2,573), anti-Asian attitudes are associated with concern about the virus but also with xenophobic behaviors and policy preferences.<sup>74</sup>

### Consequences of Othering and Blame in Pandemics

Beyond the normative concerns of othering during pandemics—which on their own are sufficient for rejecting the practice—othering has important consequences for politics, policy, and most importantly, public health. In this section, we draw on both the long history of othering during pandemics and the current COVID-19 crisis to identify these consequences.

The primary sociopolitical consequence of pandemic othering is the exacerbation of existing tensions and inequalities between and within groups. Migrants and people from other marginal groups reported experiences of discrimination across the pandemics we examined earlier. Existing survey data show negative attitudes toward groups associated in the public imagination with the ongoing pandemic. Even after COVID-19 had spread worldwide and the virus was primarily spread through community transmission, there was relatively high support for quarantining Chinese travelers. For example, after Spain experienced its peak in COVID-19 infections in March 2020, a majority of Spaniards polled by YouGov the following month

69. Mixed Migration Centre 2020b.

70. Mixed Migration Centre 2020d.

71. Mixed Migration Centre 2020c.

72. Reny and Barreto 2020.

73. Robert Griffin, John Sides, and Michael Tesler, “Negative views of Asian people have risen in both parties,” *The Washington Post*, April 8, 2020, retrieved from <<https://www.washingtonpost.com/outlook/2020/04/08/asian-china-public-opinion-racism-attacks/>>.

74. Reny and Barreto 2020.

supported quarantining all Chinese travelers in the country.<sup>75</sup> Associating a group with a viral pandemic does not have to be rooted in epidemiological data, as we recall how San Franciscans targeted the Chinese as a primary vector of infectious disease during the third bubonic plague, but did not subject Irish-born and other Caucasian immigrants to the same blaming and scapegoating, despite reports of a higher rate of infection among Irish immigrants.<sup>76</sup> The COVID-19 crisis has shown that a disease threat associated with a group can activate already-existing xenophobic attitudes toward that group.<sup>77</sup> Research from Nigeria suggests that as the COVID-19 pandemic devastates economies, people from politically influential ethnic groups who are hard hit with economic losses will have more xenophobic attitudes toward people from marginalized groups.<sup>78</sup> Othering can create divisions within ethnic communities as well. For example, during the SARS pandemic, Chinatown community members reported higher suspicion of infection or risk of infection from Chinese immigrants who were more recent arrivals.<sup>79</sup>

Policy consequences of pandemic othering include both policy action and policy inaction. Policies on border restrictions and quarantines are commonly enacted during pandemics.<sup>80</sup> Pandemic othering shapes these policies, as shown in a review of quarantines in the United States over the past two centuries that found evidence of quarantine logic used “as a medical rationale to isolate and stigmatize social groups reviled for other reasons.”<sup>81</sup> Quarantine policies are thus a product of medical and scientific expertise as well as social and cultural assumptions and perceptions. Importantly, quarantine policies can leave a legacy that outlasts their epidemiological usefulness. For example, several cases of typhus fever that emerged in Texas following a typhus outbreak in Mexico led to a full-scale quarantine in El Paso, Texas in 1917; although the typhus epidemic ended months later, medical inspections targeting Mexican entrants to the United States at the El Paso border continued until the late 1930s.<sup>82</sup>

Pandemic othering can also have consequences for policy inaction. When leaders and their publics associate an infectious disease with marginalized groups, it can keep them from pursuing meaningful responses to the disease in ways that protect their communities and states.<sup>83</sup> Evidence from the AIDS epidemic in the United States shows that only when the disease seemed likely to affect the “general population” did the media adequately cover the epidemic, suggesting that the low public salience facilitated slow policy response.<sup>84</sup> In middle-income countries such as India and South Africa, political elites delayed response to AIDS because of how the disease

75. YouGov 2020.

76. Klee 1983.

77. Reny and Barreto 2020.

78. Gottlieb, LeBas, and Magat 2020.

79. Eichelberger 2007.

80. Kenwick and Simmons 2020; Markel 1999.

81. Markel 1999.

82. Markel and Stern 2002.

83. Cohen 1999; Lieberman 2009.

84. Colby and Cook 1991.

was understood through boundaries between groups.<sup>85</sup> Social stigma can warp public perceptions and calculations of risk, resulting in asymmetrical allocation of health-care resources by politicians and health professionals.<sup>86</sup>

Pandemic othering and blame can also have consequences for policy beyond the public health domain, especially when politicians politicize pandemics to further goals in other policy realms. Action in the immigration policy realm in particular regularly features in pandemic politicization. Early in the AIDS pandemic, the South African government's repatriation of Malawian miners was presented as an initiative to stem the spread of HIV, but AIDS was actually an excuse to facilitate retrenchment of migrant workers during a period of economic contraction and political pressure to increase job opportunities for local workers.<sup>87</sup> The 2013–2016 Ebola outbreak exemplifies how political elites—in this case, Republican officials in the United States—can use the threat of infectious disease to shift citizens' attitudes to be more negative toward immigration more broadly.<sup>88</sup> The Trump administration has taken a step further in the current pandemic, citing the impact of COVID-19 as a primary reason for increasing restrictions on immigration.<sup>89</sup> Of course, Republican politicians in the United States are not exceptional; politicians in the United Kingdom used similar strategies during the SARS pandemic.<sup>90</sup>

Perhaps most important among the implications of othering and blame during a pandemic are the public health consequences. When a disease is stigmatized or associated with a marginalized group, people will try to avoid being stigmatized and marginalized, potentially denying early symptoms and delaying seeking care when ill.<sup>91</sup> Early in the COVID-19 pandemic, Asian-Americans debated whether to wear masks because doing so could draw unwanted attention and potentially provoke physical attacks.<sup>92</sup> Researchers found the attribution of AIDS to foreigners led to complacency and denial, and worried that such denial could further a silent spread of HIV infection.<sup>93</sup> Survey data collected during the COVID-19 pandemic suggest majority populations may perceive themselves to be at lower risk of infection, as white Americans were less frequently adopting protective behaviors compared to

85. Lieberman 2009.

86. Barrett and Brown 2008.

87. Chirwa 1998.

88. Adida, Dionne, and Platas 2020.

89. Priscilla Alvarez, "White House prepares new immigration limits, using coronavirus as cover," *CNN*, June 9, 2020, retrieved from <<https://www.cnn.com/2020/06/09/politics/immigration-limits-coronavirus/index.html>>; Zolan Kanno-Youngs and Maggie Haberman, "Trump Administration Moves to Solidify Restrictive Immigration Policies," *The New York Times*, June 12, 2020, retrieved from <<https://www.nytimes.com/2020/06/12/us/politics/coronavirus-trump-immigration-policies.html>>.

90. Wallis and Nerlich 2005.

91. Person et al. 2004; Amon and Todrys 2008.

92. Sabrina Tavernise and Richard A. Opiel Jr., "Spit On, Yelled At, Attacked: Chinese-Americans Fear for Their Safety," *The New York Times*, March 23, 2020, retrieved from <<https://www.nytimes.com/2020/03/23/us/chinese-coronavirus-racist-attacks.html>>.

93. Petros et al. 2006.

Americans from marginalized groups.<sup>94</sup> Stigmatized and marginalized populations may distrust and not cooperate with public health authorities during a public health emergency.<sup>95</sup> These concerns are particularly important with a new and emerging infectious disease for which there is greater uncertainty and greater fear and underlying anxiety among the public.<sup>96</sup>

Particularly consequential for public health are the politics of naming pandemics, which can shape how media covers the crisis and how citizens understand disease spread and vulnerability to infection. Although the 1918 influenza pandemic did not originate in Spain, the widespread adoption of calling the pandemic the “Spanish flu” served a rhetorical strategy to promote association of the disease with a foreign country among publics in the United States and Europe.<sup>97</sup> Naming pandemics after foreign countries or foreign nationals promotes irrational fear and stigmatization of those “others”<sup>98</sup> while simultaneously leading to a false sense of security as the virus is perceived to threaten “others” in a distant, foreign land.<sup>99</sup> Media coverage during an emerging pandemic tends to instill fear in the public,<sup>100</sup> so place-naming or associating a disease outbreak with an identity group in the early outbreak may be particularly consequential, even if later media responses shift toward emphasizing safety.<sup>101</sup> For these and other reasons, the World Health Organization issued a statement in 2015 calling for disease epidemics to be named according to the pathogen rather than a geographical location where initial cases were reported.<sup>102</sup>

## Conclusion

In this article we argue that pandemics further marginalize already marginalized groups. Our approach is not to focus on the inequalities enacted through states trying to police pandemics at their borders.<sup>103</sup> Rather, we use historical and contemporary experiences to highlight how concern that a pandemic will spread to and/or

94. Gabriel R. Sanchez and Edward D. Vargas, “73% of Democrats are wearing masks to fight coronavirus. Only 59% of Republicans are,” *The Washington Post*, May 15, 2020, retrieved from <<https://www.washingtonpost.com/politics/2020/05/15/73-democrats-are-wearing-masks-fight-coronavirus-only-59-republicans-are/>>; Stella Rouse, “New data finds Black and Hispanic Americans more likely to take precautions against coronavirus,” *The Washington Post*, August 10, 2020, retrieved from <<https://www.washingtonpost.com/politics/2020/08/10/new-data-finds-black-hispanic-americans-more-likely-take-precautions-against-coronavirus/>>.

95. Barrett and Brown 2008; Arriola and Grossman 2020.

96. Person et al. 2004.

97. Davis 2013.

98. Trilla, Trilla, and Daer 2008.

99. Hoppe 2018.

100. Colby and Cook 1991.

101. Hoppe 2018.

102. World Health Organization, “WHO issues best practices for naming new human infectious diseases,” May 8, 2015, retrieved from <<https://www.who.int/mediacentre/news/notes/2015/naming-new-diseases/en/>>.

103. For a more thorough treatment on borders as sites for pandemic politics, see Kenwick and Simmons 2020.

greatly affect centers of power in the West can impose demands upon states that activate racial discipline in states' respective pandemic responses.<sup>104</sup> Understanding pandemic politics—including but not limited to the othering and blame that we are witnessing during the current COVID-19 crisis—thus requires a perspective that recognizes the unavoidability of race and racism in IR.<sup>105</sup>

While the current pandemic is the result of the emergence of a novel coronavirus, discriminatory responses to COVID-19 show that it is merely a contemporary example in a long history of othering and blame during pandemics. The consequences are also not unique. Historical perspective reminds us that even major catastrophes such as pandemics are only part of ongoing global and historical processes.<sup>106</sup> When we focus too closely on a single event, we risk overlooking structural or historical context and attributing undue influence to individual bad actors. Such analysis may downplay the importance of other structural conditions and historical legacies contributing to pandemic politics. For example, a historical analysis of rhetorical strategies behind naming pandemics shows us that associating diseases with foreigners and foreign countries has a long history around the globe, before US president Donald Trump called coronavirus the “China virus” or “Kung Flu.”

Pandemic othering and blame does not only affect marginalized groups. Even in the examples we share, there was discrimination against whites, as with Americans in China during the third bubonic plague. However, discrimination against whites is incredibly rare in comparison to discrimination and violence against marginalized groups. Race plays a critical role in othering and blame, as demonstrated in the implementation of pandemic response policies. The example of smallpox in San Francisco showed that the treatment of immigrants as vectors of disease was not universal; even though white immigrants from Ireland had higher rates of infection, they did not suffer the same consequences of smallpox interventions as Chinese immigrants.<sup>107</sup> Furthermore, even if marginalized groups are the people who directly experience discrimination during pandemics, the consequences of othering and blame during a disease outbreak affect the public as a whole, particularly because such discrimination has consequences for public health.

While the COVID-19 pandemic has thus far led to limited global health cooperation,<sup>108</sup> international organizations can still play a role in minimizing or mitigating othering and blame during global pandemics. For example, the World Health Organization went to great lengths early in the COVID-19 pandemic to counter place-naming the novel coronavirus, releasing a guide in early 2020 about stigma associated with COVID-19 that explicitly discouraged attaching locations or ethnicity to the

104. White 2018.

105. Shilliam 2013.

106. Benton and Dionne 2015; Green 2016.

107. Klee 1983.

108. Fazal 2020.

disease.<sup>109</sup> Still, politicians used a rhetorical strategy deployed during previous pandemics to deflect attention or blame to a foreign “other,” and to fulfill political and policy aims, for example in restricting immigration. Especially with the growing constraints and challenges the World Health Organization faces,<sup>110</sup> and given the recent shift towards more bilateral (rather than multilateral) health diplomacy,<sup>111</sup> future research could examine in depth the consequences of pandemic othering for bilateral relations. In other words, to what extent does one state’s political elites blaming or scapegoating another state or its people strain relations between those states?

To be sure, pandemics do not always yield xenophobic and racialized othering and blame. The Canadian experience with the 1918–1919 influenza pandemic documented in this article is one example.<sup>112</sup> More recently, the West African Ebola pandemic offers evidence that xenophobia during epidemics is fragile; while marginalized groups could be constructed as other, some “exceptional” members of those same groups were spared, and this creation of a subcategory of exceptional migrants subverts the foundations of xenophobic discourses.<sup>113</sup> We should expect variation in state response to different diseases, including variation in the degree of othering and blame. To understand the conditions that promote pandemic othering requires comparisons that include contexts where marginal groups are not othered or blamed during pandemics.<sup>114</sup> As work comparing responses to the bubonic plague and smallpox outbreaks in Cape Town during the early twentieth century shows, disease that is understood to have the capacity to challenge existing economic, political, and social power relationships can re-inscribe racial order.<sup>115</sup> Future research could more systematically explore the conditions under and the extent to which xenophobia and racialized othering and blame occur or are absent in pandemics and related crises.

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110. Youde 2012; Youde 2015; Busby 2020.

111. Fazal 2020.

112. Jones 2005.

113. Onoma 2020.

114. Geddes 1990.

115. White 2018.

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## Key Words

Discrimination; race; racism; migration; identity; pandemic; pandemic politics; othering; COVID-19; COVID; coronavirus; SARS-CoV-2