# COVID-19 And Group Relations

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*What is the impact of the COVID-19 pandemic on intergroup relations?*

From a biomedical perspective Covid-19 does not discriminate against different groups. But inter-group relations are of tremendous significance for the ongoing, as also for previous pandemics. On the one hand, because of our common vulnerability to them, pathogens such as the novel coronavirus remind us of our shared humanity. In a world of nation-states, microbial threats are, however, viewed through national lenses. Much like wars, contagious diseases are seen to pose a threat to the nation as a whole. Analogous to an invasion by an invading army, they invoke the idea that we must all rally together to counter this attack by a much stealthier, but potentially more deadly pathogenic enemy.

Outbreaks of infectious diseases thus hold the potential to blur subnational, including ethnic boundaries. Yet outbreaks of contagious diseases also bring up, reinforce and even create group boundaries. This has important implications for how states and societies respond to these outbreaks.

For one, group boundaries influence perceptions who is seen to be at risk, and conversely, who is to be protected. While pathogens do not explicitly target particular groups, membership in certain groups can increase or decrease one's vulnerability to a disease.

As compared to the young and healthy, for example, COVID-19 is likely to be more lethal in the elderly and in those with pre-existing conditions. In large part because of structural racism, ethnic minorities are likely to be overrepresented in this latter group. In a neoliberal economic system, these demographic, and medical, intertwined with ethnic, boundaries become quickly charged with the labels of 'productive' vs. 'unproductive'. As public health measures necessitated by the pandemic have ground the economy to a halt, questions have been raised about whether the lives of this 'unproductive' group are 'worth' the economic cost. In the US the Lieutenant

Governor of Texas Dan Patrick suggested that grandparents would be willing to sacrifice themselves for the sake of the economy.

Economic boundaries have also structured vulnerability to the consequences of COVID-19. Across the world economically marginalized groups have borne the brunt of the consequences of the ongoing pandemic. In India

hundreds of thousands of migrant workers were left stranded by the government's abrupt lockdown in late March. Many were forced to walk inhuman distances from the cities to their homes in the countryside. Others have been prevented from returning to their home states. The urban poor who often live in cramped, squalid conditions do not have the luxury of being able to socially distance, and are thus more vulnerable to infection. It is also the poor, and those employed in the informal economy, temporary, blue-collar jobs who are likely to face the most brutal financial consequences of the pandemic.

### *Is this impact similar to or different from that of past pandemics?*

Similar dynamics of boundaries of risk intersecting with group boundaries and in turn effecting societal and state responses, have played out in previous pandemics. In his important book, *The Boundaries of Contagion*, Evan Lieberman argues that where the formal and informal institutions in a country make ethnic distinctions, and the boundaries between ethnic groups are consequently strong, the risk of infection from HIV is refracted in ethnic terms. The AIDS epidemic comes to be seen not as a shared problem for society as a whole, but as that of a particular ethnic group, usually a minority. Members of the ethnic majority come to see themselves as 'safe' from the disease and are unlikely to support public health policies that they think will protect a stigmatized ethnic minority that brought the disease onto themselves through their behavior. This contributes to a situation in which, despite the intensity of the AIDS epidemic, the state does not prioritize it.

### *There is emerging evidence that the pandemic has led to an increase in xenophobia. Is this new or different from past pandemics?*

Group boundaries not only structure boundaries of vulnerability to, and protection from infectious disease. They also influence the boundaries of blame. This is evident with COVID-19 in the blaming and associated xenophobia against ethnic Chinese and those with Asian features. But this scapegoating of groups is sadly an ugly pattern as old as infectious diseases itself. During the deadly bubonic plague of the fourteenth century, Jewish communities across Europe were blamed and resultantly, became victims of often horrific violence. In the US Irish immigrants were blamed for outbreaks of cholera in the 1800s.

In the 1900s Italian immigrants bore the brunt of blame for the outbreaks of polio in New York City. Falling back on the racist trope of European colonizers' demonization of the colonies as heartlands of tropical disease and natives as 'unhygienic' 'dirty', the British media has, at times of public health scares, whether it was smallpox or tuberculosis, consistently depicted Indian and Pakistani immigrants as carriers of germs. More recently, Haitians and gay men were infamously held responsible for HIV-AIDS in the 1980s.

### *What is the role of politicians in promoting this increased xenophobia?*

As the present situation is sadly bringing out, political leaders and the media play a key role in this dangerous finger-pointing against particular groups. Even prior to the outbreak of COVID-19 right-wing nationalist populist leaders across the world were blaming migrants for

bringing in diseases. During the Syrian refugee crisis European news outlets erupted with reports, including graphic photographs, of how Syrian refugees were bringing deadly diseases including a "flesh-eating disease" into Europe. According to the reports these diseases would infect populations across Europe and strain publicly-funded medical systems. So prominent was the fear that the WHO's Regional Office for Europe issued a statement clarifying that Europe has a long history and continues to experience a range of communicable diseases independent of the recent influx of refugees, that Leishmaniasis (the "flesh eating disease") is not transmitted from person to person and can be effectively treated, and that the risk for importation of exotic and rare infectious agents into Europe from the Middle East was very low. The Polish President Kaczynski declared that immigrants carry "parasites and protozoa." Trump infamously accused Mexicans of being responsible for "tremendous infectious disease ... pouring across the border".

COVID-19 has been regularly described by President Trump and other political leaders as a 'Chinese virus'. Influential media outlets across the world have used terms such as "yellow peril" and "the sick man of Asia" in their coverage of COVID-19, bringing up at once a psycho-cultural perception of an existential danger from the East to the Western world, as well as a pejorative image of a weakened, ailing nation. This has unleashed a nasty rash of racism across the world against those with Mongoloid features. In the US the xenophobia against Asian Americans has shown how quickly the idea of a "model minority" can be turned on its head.

Ethnic minorities have also been singled out for irresponsibility in failing to heed public health advice and thereby contributing to the spread of COVID-19. In India, for example, a number of religious figures and gatherings have been associated with the spread of COVID-19 in the weeks immediately before, and leading into the lockdown. A Sikh preacher, who later tested positive and succumbed to Covid-19 attended a large festival ignoring post-travel quarantine requirements. Hindu temples and religious leaders encouraged devotees to attend festivals suggesting that their faith would protect them from the virus. And a large Muslim missionary gathering in Delhi congregated participants from multiple countries. Yet building on and further reinforcing the ruling Hindu nationalist regime's anti-Muslim ideology, it is Muslims who have been the blamed, by leaders, in the media and in social media campaigns, for the spread of the virus. In Sweden, a country that has adopted a provocatively relaxed approach to the pandemic, ex-chief epidemiologist Johan Giesecke pinned the failure to protect the elderly on immigrants who were unable to understand the public health directives. As countries across the world are instituting a range of punitive measures, from fines to arrests, to encourage compliance with public health directives, there is growing evidence that these punitive measures will target and disproportionately burden ethnic minorities and the poor. ●