# The danger of division in a time of global pandemic

## Amplifying xenophobia in the diaspora may make the novel coronavirus harder to fight

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Even before the first case of the novel coronavirus, otherwise known as 2019-nCoV,[1] was confirmed in Hong Kong on January 22, Hong Kongers were anxious, even on the verge of panic. The first cases had been reported in the city of Wuhan, a central Chinese transit hub, on the last day of 2019; word of an unknown, flu-like outbreak began spreading like wildfire on Chinese-language social media, and the Hong Kong press reported a possible return of SARS.

Hong Kongers remembered the Chinese Communist Party's penchant for withholding crucial information about outbreaks in order to save face, such as during the 2003 SARS epidemic. That pattern has repeated itself: When a small group of doctors in Wuhan first started to discuss possible infections in December, police responded by reprimanding them (and detaining at least one) for "spreading rumors." The doctor identified as the primary whistle-blower, Li Wenliang, was infected; on Thursday, multiple Chinese media outlets reported his death, only to pull the stories when the hospital claimed he was still alive, but in critical condition. (The hospital finally confirmed his death Friday.) If numbers from health officials in China—where the vast majority of infections have occurred—can be trusted, more than 600 people have died from the virus worldwide, and more than 31,000 people have been infected.

The situation in Hong Kong is becoming dire: The local government's refusal to be transparent about the spread of the virus or act decisively to contain it—paired with chronic underfunding of the public health care system—have resulted in overtaxed and desperate health care workers. On February 3, hundreds of Hong Kong medical workers walked out to protest Hong Kong Chief Executive Carrie Lam's refusal to close the border with the mainland. After one death and 21 confirmed infections, Lam's administration has announced that it will quarantine all incoming travelers from the mainland starting this weekend.

In Hong Kong, there's an extra complication facing health officials: The very real threat of the coronavirus has become entangled with widespread, long-simmering resentment toward mainland Chinese. Hong Kong officials, health experts, and the public are struggling to prioritize

[1] On February 11, 2020, the World Health Organization announced belatedly that the official name for the novel coronavirus is COVID-19 (corona virus disease 19).

legitimate health concerns and proposals while managing a long history of conflict, in which mainlanders have been criticized by Hong Kongers for everything from parallel trading—buying goods in Hong Kong to sell on the mainland—to allegedly violating Hong Kong social decorum. Ire toward the tens of millions of mainland tourists who visit Hong Kong every year, their prodigious shopping and consumption, and their alleged monopolization of local resources through so-called "birth tourism" gave rise to a local epithet for mainland Chinese: "locusts."

In 2012, the media outlet *Apple Daily* published in its print newspaper a full-page advertisement, crowdfunded by users of a Hong Kong Internet forum, depicting a giant locust overlooking the city. The protests, which began in Hong Kong last year, have seen numerous eruptions of this anti-mainland sentiment: Last summer, protesters tied up and beat two mainland Chinese men at the Hong Kong airport and clashed with so-called *dai ma*, mainland Chinese women who line-dance in public parks. Since the coronavirus crisis has begun, Hong Kongers have staged protests demanding that all mainland visitors be barred.

In the United States, where 12 cases have been confirmed, and in Canada, which has five, reports have surfaced of verbal and in some case physical assaults against people broadly identified as "Asians." On January 30, UC Berkeley was criticized after its student health services center posted a now-deleted list on social media that was meant to reassure students experiencing "common reactions" to coronavirus news—including anxiety, feelings of helplessness, and xenophobia toward Asian people. The Trump administration has declared the coronavirus a "public health emergency," even though both the US Centers for Disease Control and the Public Health Agency of Canada currently list the coronavirus's immediate risk for the general public in their respective countries as low—a disconnect that the current secretary of Health and Human Services was not able to square. This may be the standard contradiction many have come to expect from the Trump administration, but the rhetoric taps into a longer history: one of well-worn, racist tropes that depict Chinese people as dirty and disease-carrying.

This prejudice toward Asians is, as you'd expect, mostly coming from people who are not Asian. But what's new is that some members of the Hong Kong and other Asian diasporas in Canada and the United States are also amplifying xenophobic stories. In an attempt to distance themselves from stigma, they have helped to circulate tales on English-language media about mainland Chinese allegedly cleaning out supplies of medical masks in Hong Kong and North America, as well as sensationalized images and videos of "bat soup" and conspiracy theories about scientific espionage and biowarfare. Members of these diasporas in both Canada and the United States have spearheaded calls to close public schools and invoked the Trump administration's "protection of our US homeland" to urge a change in Hong Kong border policy—all under the aegis of "proactive" concern for public health.

The jury is still out on whether travel bans and border closures help contain the spread of outbreaks; case studies of previous pandemics, including H1N1 in 2009, suggest that travel restrictions might only delay transmission, rather than stop it completely. The Trump administration's announcement that it would bar any foreign nationals who have traveled to China in the previous two weeks and quarantine select US citizens who have traveled to mainland China has been criticized by some, including the ACLU. Despite the lack of consensus, Hong Kongers and members of the diaspora have continued to cite public health precedent in their calls for border securitization and surveillance. Few, however, note that "public health," as a state-administered set of practices, has far from neutral origins—either in North America or Hong Kong.

As historian Nayan Shah has written, San Francisco developed public health policies in the 19th century that marked the city's Chinese residents as filthy disease-carriers, from whom white citizens needed to be protected; they were depicted as being in need of betterment, through assimilation into the "healthy" values and practices of Anglo-European society. During a 1890 cholera outbreak in Vancouver—which, like San Francisco, has a long history of Chinese immigration—Chinatown was similarly targeted, both by the media and public health officials.

In Hong Kong, the logic of segregation for "health" has its roots in colonialism: In 1904, while the bubonic plague was ravaging the city, the British colonial administration implemented the Peak District Reservation Ordinance, restricting habitation on Victoria Peak—Hong Kong Island's highest point—to residents who were "non-Chinese." Meanwhile, thousands of ethnically Chinese families were kicked out of their homes in the city's efforts to seal off "contaminated" buildings; tens of thousands of people died. When an influx of mainland refugees escaping Communist rule after 1949 resulted in nearly quadrupling the colony's population, the severe overcrowding of resulting shantytowns allowed the British regime to shape understandings of this new population as backwards and unhygienic—and thus quite different from Chinese who had grown up under colonial rule.

The rhetoric that immigrants (especially nonwhite ones) pose health risks to society undergirds the current tensions within the diaspora. Containing the coronavirus will require the cautious collection of travel data to ensure that people who may have been exposed can be treated, as well as the provision of relevant medical information, screening at points of entry, and wider access to treatment. And yet most popular understandings of public health do not acknowledge its racialized underpinnings—allowing the discourse to slide back into generalized, anti–mainland Chinese xenophobia.

The availability of medical masks, in particular, has become a flashpoint around the world, as supplies dwindle, production lines are unable to keep up, and individuals are hoarding or reselling their stock at a markup. Hong Kong's proximity to the coronavirus epicenter—plus the local government's refusal to provide masks or ensure an adequate supply can be purchased—has made this a pressing problem there. People living in the United States and Canada have less cause for concern, but diasporic Hong Kongers and other Asian Americans and Canadians have continued to participate in online shaming of mainland Chinese who are allegedly buying up large quantities of masks from North American pharmacies and hardware stores. Some have argued that such supplies should be reserved for "real Canadians/Americans." Others have employed the same "locust" imagery used in Hong Kong to vilify mainland Chinese, with one Hong Konger living in Canada tweeting that anyone trying to buy masks should have to show a valid Canadian ID.

These members of the diaspora who have bought into anti-mainland xenophobia are trying to play the "right" kind of Asian, performing selfless adherence to public health and working in tandem with those in power. They're also buying into an artificial scarcity, blaming a faceless other for dwindling mask supplies—when in fact it is the state that has failed to adequately inform the public and distribute the resources and supplies they need.

It's important to remember that the vast majority of those affected by the coronavirus are in Wuhan and the province of Hubei, millions of whom remain under an unprecedented quarantine, with little information and dwindling supplies. As always, those without access to information or health care have been most affected. And prejudice does not help them: Experts have noted, in relation to HIV/AIDS, that stigmatizing those who could be at risk or already infected will drive

them away from treatment and create less visible avenues for transmission. For the coronavirus, the stigma of infection can be a barrier to its proper treatment and containment. In China, some cities have barred entry even to their own residents, driving people into the streets as virtual pariahs.

Luckily, there has also been pushback against anti-mainland xenophobia. Toronto was one of the hardest hit cities in North American during the SARS pandemic in 2003; nearly 400 people there were infected, and 44 died. This year there have been three cases of coronavirus confirmed in the province of Ontario, and many Chinese Canadians have braced for the same backlash they experienced during SARS. But diasporic Hong Kongers, mainland Chinese, and their allies in that city have been able to learn from the trauma of SARS in order to band together against prejudice.

After some public school parents circulated a petition demanding mandatory surveillance and self-quarantine of students and families who had traveled to "any city in China," school board administrators issued a statement rebuking them. Soon after, Toronto's mayor also made a statement rejecting these measures and Sinophobia in general. Similarly, in California, which has the highest number of cases of the coronavirus in the United States, Democratic Representative Judy Chu called on followers to not "spread fear of Asian people." Public health officials in Los Angeles warned against racial profiling.

Meanwhile, the Chinese government's poor handling of the news around the death of Li Wenliang has increased demands for freedom of speech in China—from both mainland Chinese and Hong Kongers. Members of the diaspora who are buying into emotionally charged, nationalist fears are not only missing the chance for greater solidarity; they are also actively damaging the efforts to prevent a pandemic. As the histories of racism and stigmatization in health care show, we can't always take claims of trying to "protect" populations at face value. We must be able to separate necessary action against this illness from the chauvinism that can seem like its natural partner.

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