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SARS and Its Resonating Impact on the Asian Communities

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In the midst of the brief yet devastating epidemic of severe acute respiratory syndrome (SARS) in 2008, many individuals were quick to place blame for the rapid spread of the plague across the globe. Once it was discovered that the contagious illness originated in China, critical stigmatizations were immediately fabricated and targeted those of Chinese and Southeast Asian descent; disease carriers were viewed as foreign, impure, and unsanitary people. With the aid of the mass media, the public perspective was influenced and skewed to such an extent that blatant acts of hatred forced Asian communities internationally to be isolated and ostracized. This paper claims that rather than discrimination and alienation, future efforts on attacking plagues should be placed on global collaborative preventative and curative aid.

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During its existence from 2002 to 2004, severe acute respiratory syndrome (SARS) spread from China to a number of countries around the world. Over 8,000 people were infected by the respiratory disease and 816 innocent lives were claimed.[1] Over this two year timespan, SARS not only physically affected the human population but also rattled the lives of Chinese, Southeast, and East Asian populations on a much deeper psychosocial level. Reflecting on this brief epidemic in regions heavily populated by Asian communities, such as Canada, it is evident that the psychological and social impact inflicted by SARS still resonates today. The manner in which the disease was portrayed by the media and its influence on the perspectives of the general public fostered racial discrimination, alienation, and stigmas that damaged targeted Asian groups around the globe. Animosity translated into numerous hardships which threatened to destroy their quality of life. When all hope seemed to be lost, organized Asian support groups banded together to raise widespread awareness of SARS, its presumed association with Asian communities, and its widespread racial responses.

Diagnosed for the very first time in November 2002, SARS was declared an epidemic in the Foshan municipality of China's Guangdong Province. Initially, the Chinese government decided to follow a path of silence and failed to publicize the outbreak.[2] The lack of attention paid to the soon-to-be epidemic allowed SARS to grow and spread unhindered through the food supply. Traditionally, a nocturnal species of mammalian felines known as civet cats were considered a delicacy in the province. Served in many restaurants in the Chinese province, the cats were believed to be carriers of SARS from the wild.[3] Close contact between the cats and Chinese during capture and meal preparation enabled the disease to transfer from the animal to the human population. A few months later, in February 2003, the Chinese Ministry of Health reported over 300 cases of infection, which included five fatalities.[4] Of those afflicted, approximately one third were employed as professional health care providers.[5] SARS was confined within China until March 2003, when the large pool of infected healthcare employees created the perfect storm for proliferation.

This monumental moment on the SARS prevalence timeline was marked by the unknowing transportation of the disease across the Chinese borders by a traveling Guangdong native medical professional. In Vietnam, a World Health Organization official named Dr. Carlo Urbani reported several cases of "atypical pneumonia" at the hospital where he was working at the time.[6] Of these recorded cases, one pertained to a Chinese-American businessman who had traveled to Vietnam from China. During his temporary visit to Hong Kong, he had stayed on the ninth floor of the Metropole Hotel. A doctor from the Guangdong Province had also being staying on the same floor. Prior to his respective visit, the doctor had treated patients diagnosed with SARS in the Guangdong Province and had consequently transported the disease out of China.[7]

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A total of twelve guests living on the same floor as this doctor soon became ill. Of the visitors infected, a majority inhabited other regions of the world. Besides the businessman who had taken a flight to Vietnam, those who contracted the disease included a flight attendant from Singapore, a tourist from Toronto, and another resident from Hong Kong.[8] Due to the prolonged incubation period of SARS in the human body and the resemblance of its symptoms to that of the flu, these individuals were not diagnosed with or treated for SARS. This misinterpretation permitted the disease to continue spreading to the patients' families, as well as to other medical personnel. Shortly thereafter, Canada and Singapore reported cases of SARS to the World Health Organization.[9] This widespread global affliction caused the World Health Organization to issue a global alert on March 12, 2003.[10] Over the course of its lifetime, the illness disseminated to more than two dozen countries in Asia, Europe, North America, and South America.

The disease's ability to thrive undetected in China and its rapid dissemination throughout the world from a single location in Hong Kong raised questions about its biological composition. As a new disease, medical science lacked comprehensive knowledge about SARS. Through a collaborative effort by the World Health Organization and eleven premiere laboratories located all across the globe, humankind aimed to identify SARS. Termed SARS-associated coronavirus, or SARS-CoV, the viral infection targeted the respiratory system of its victim.[11] Proliferation of this illness was mainly attributed to close contact between individuals. The coronavirus formed in respiratory droplets and was transmitted by coughs and sneezes. These droplets could be discharged up to three feet from the infected host, travel through the air, and settle

on the mucous membranes of the mouth, nose, and eyes of anyone who is within this range.[12] Physical contact between individuals or between shared objects provided viable pathways for the virus to spread to other potential victims.[13] These respiratory droplets could be deposited on the surface of an object and then touched by healthy individuals. In turn, those individuals might innocently touch their mouths, noses, or eyes and permit the virus to enter the body.

Those unfortunately infected by the SARS coronavirus experienced high fevers of temperatures higher than 100.4°F.[14] Other harmful symptoms consisted of headaches, feelings of discomfort, body aches, diarrhea, dry coughs, respiratory problems, and eventual pneumonia.[15] In terms of its diagnosis, it is still extremely difficult to differentiate the disease from the flu, especially during the flu season.[16] There is yet to be a defined methodology of distinguishing SARS from other respiratory diseases. The only viable means currently being considered is isolation and individual medical treatment. On July 5, 2003, the World Health Organization announced that SARS had been contained within the human population.[17] Although no new cases have been reported, the origins of SARS are still unknown. This poses a continuous danger of re-infection of new strains of the virus from animals to humans, which may lead to another epidemic. With its close resemblance to the flu and its mystified background, the World Health Assembly proclaimed SARS to be the "first severe infectious disease to emerge in the twenty-first century." Further, they stated that SARS posed a grave threat to "global health security, the livelihood of populations, the functioning of health systems, and the stability and growth of economies."[18]

Unique to this epidemic, SARS not only induced a series of detrimental physical effects, such as claiming a large number of human lives over the span of about a year, but it also prompted immense emotional and psychological effects. Specifically, Asian communities across the world faced a social crisis instigated by SARS.[19] Mass media portrayed certain Asian populations in a derogatory light and fostered racist ideologies. This influential impact from the media generated public panic which transcended into discrimination, alienation, and racial harassment. As a result, individuals faced economic and employment obstacles. Groups of Asian citizens questioned their own personal self-image and longed for a sense of belonging within their respective communities. The widespread chaos produced by the epidemic possessed the potential to unravel the fabric that held together Asian populations. These chronic problems have outlasted the SARS heyday, and organizations are still in active force today to raise awareness of hardships experienced by the Asian populace.

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In order to understand the racialization of SARS, Dr. Jian Guan and his colleagues from the University of Windsor conducted a media analysis to investigate the effects of the SARS outbreak on Chinese, Southeast, and East Asian communities. It is imperative to first focus on how SARS was represented by the media. The timing of the SARS outbreak placed it right before the war in Iraq. Between the months of March and June 2003, over one thousand articles had been written about SARS and published in various popular news magazines, such as *Time, Globe and Mail,* and the *National Post*.[20] Word selection in all of the articles reflected how the media felt about the disease. Terms such as "deadly," "fearful," "mysterious," and "exotic" were used frequently. In one particular article written in the renowned *Times* described SARS as a "mass-murder" that "terrified the entire planet" despite the fact that there were less than ten deaths recorded globally.[21] In context, SARS was characterized as a foreign and exotic disease, which in turn hyped its reputation as a lethal disease.[22] Panic, insecurity, and anxiety ensued and instilled a sense of paranoia among readers.

To continue intentionally stirring up public hysteria in the selfish interest of viewer ratings during the epidemic, the media also began comparing SARS to other epidemics faced by the human population throughout history.[23] According to the report by Dr. Leung and his colleagues, *CBC News* reported that health officials had compared SARS to the Spanish influenza.[24] As soon as SARS was termed an epidemic, broadcasted news stations immediately correlated it with the potent epidemic from 1918. In Canada, *Time* magazine soon published similar types of statements. It reported statistics associating the similar initial low kill rates of about 3% of SARS and the Spanish flu.[25] Subsequently, it predicted that SARS would have a similar high infection rate over the long run. It was projected that, like that of the Spanish flu, so many people would be infected that an alleged 20 million people would

die within 18 months.[26] Another article in *Times* assumed that SARS possessed the same cunning adaptability as the Spanish influenza. With the ability to be transmitted by airborne means, the authors of the article believed that SARS would be as brutal as the 1918 flu and be able to claim 1 in 60 lives of people on earth.[27] Now, almost a decade after its prevalence, it is evident that such statistics were extremely far-fetched.

The media played one final important role in connecting the prevalence of the disease to the Asian population. Continuous references were made to its origin in China. They were simply viewed as the culprits for initiating the spread of this "virulent" disease to the rest of the human population. Numerous Canadian articles published the name of the first patient diagnosed with SARS and even reported the names of her family members. The patient was coined the "superspreader" who carried SARS from Hong Kong to Canada and was deemed responsible for potentially exposing as many as 155 people to the disease.[28] *The National Post* collected information made public from prominent healthcare periodicals, such as the *New England Journal of Medicine.* Profiles pertaining to the ethnic backgrounds of SARS patients, as well as their individual cases of infection, were disclosed to the general public.[29] Despite the urgency to learn about the source of the disease in order to control its spread, an issue of bioethics was raised in releasing such sensitive patient-related information. This revealing coverage of the SARS patients sparked public anger directed towards the Chinese, Southeast, and East Asian populations. By constantly portraying these particular ethnicities as the sole groups responsible for the SARS epidemic, racial animosity flourished.

Some of the most noticeable visual references to the SARS outbreak were the white masks worn by Asian individuals. This was primarily done to shield themselves from transmitting or contracting the disease through airborne transmission of the viral respiratory droplets. However, images of the masked Asian faces marked the Chinese, Southeast, and East Asian groups for discrimination and alienation. A wide range of articles, published during the span from March 31 to April 21, 2003, contained a plethora of large printed images of Chinese citizens in Hong Kong wearing surgical masks while conducting their daily routines. Photographs were accompanied by titles threatening the spread of SARS, such as "Will SARS Strike Here?" and "Settlers Quarantined to Contain Disease."[30] In each of these articles published in Canada, images respectively depicted white surgical masks adorned by Chinese women in Hong Kong walking down a street and Chinese children conducting academic studies in a classroom.[31] These cover page spreads were exaggerated and misleading. They misrepresented overseas areas as Asian communities near readers' own neighborhoods. By showing images of Asians donning the white masks, the media has enticed the general public to associate the virus to Asians. Related to SARS as a mysterious "Oriental" entity, Asian communities were assumed to be plagued and posed a serious health threat to society.

Although there is a great deal of evidence that suggests that mainstream media intentionally portrayed the Asian population in an extremely negative connotation, there has been a longstanding debate over the validity of the role of mass media in risk communication.[32] In many studies conducted about the psychological effects of SARS generated by the media, the general reporting of SARS, as well as other recorded infectious diseases, followed two phases. The first phase identified the outbreak as a rampant, intelligent, and frightening threat, which was clearly evident based on various pieces of literature published during the SARS epidemic.[33] This initially instilled a sense of urgency and anxiety about the prevalence of the disease. The second phase involved the promotion of the idea that the disease can be contained within an affected population.[34] It was postulated that since the Chinese were so "different," it would remain within the Chinese population. This aided in directing these adverse emotions towards a particular target. As can be perceived, both stages of reporting set the tone for development of stigmatization and discrimination against anyone with an Asian appearance.[35]

After analysis of the source of the racial discrimination and profiling of the Asian communities in relation to the SARS outbreak, it was imperative to assess the emotional and social damages suffered by Asian groups, specifically in Canada. Through focus groups, interviews, and live testimonials, the authors of a comprehensive psychological study were able to document information detailing how members of the Chinese, Southeast, and East Asian communities were directly affected by the SARS epidemic. Along the way, the authors were also able to gain a better sense of understanding how the media had affected overall perceptions of individual members and communities as a whole. Pervasive public fear, widespread blame of Asian communities, and the resulting racial discrimination were recurring themes prevalent in most of the statements made by interviewed individuals.

Among the conducted interviews, questions arose regarding the objectivity of the reports by the media. There was a widespread concern over how these news stories were portraying the local communities. Specifically, they brought up the constant mapping of the disease from Hong Kong, China to affected areas such as Toronto, Canada. This discussion of the spreading of the disease was a perpetual reminder that the Chinese were to blame. Overall, respondents felt as if they were being continuously attacked. As a result, many voiced that media should take a more responsible role in serving as a resource to the public in providing information about a crisis.[36] News organizations should have been more aware of the impact that their representa-

tions of issues have on marginalized groups.

Typically, the public trusts statements made by the media, believing them to be experts on any reported topic. According to respondents in the study, the media generally neglects to consider how historical oppression plays out in social relationships in the midst of their representation of issues and events taking place in the world. Sensationalism seemed to be the omnipresent force which incited an over-exaggeration of the details and distorted the public's vision of the SARS outbreak. This style deprived all news stories of a lucid message which would ideally describe the facts of what had been occurring. Rather than focusing on relief efforts by the government and actions taken to contain the epidemic, mainstream media chose to simply expose and repeatedly accuse the Asian population of initiating the spread of SARS.

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As the media continued to gain the support of its viewers, Asian communities began to experience a dramatic negative shift in its social climate. Canadian individuals of Chinese, Southeast, and East Asian descent faced feelings of alienation, discrimination, and acts of harassment in public. Many testimonials reported being shunned in public spaces, ranging from schools and offices to food establishments and even modes of transportation. In one instance, a respondent provided an account of when he traveled in a subway with his family. Whenever an Asian individual in the subway train coughed, other patrons appeared to be startled. He also stated that, along with his family, he was not welcomed to sit during his trip in the subway. Patrons made a concerted effort to avoid sitting or standing near Asian people in such a confined space. During another episode, the same individual had attempted to board a public transportation bus. Upon stepping onto the bus, the driver inquired about his ethnicity. He simply replied that he was Canadian and proceeded to make his way onto the bus. Instances like those previously mentioned reflect the ignorance of the public and the unnecessary discrimination against those from the Asian communities from conducting everyday activities, such as using public transportation.

Similar behavior was observed in the workplace. Testimonials included occasions when Caucasian individuals blatantly pulled their jackets up to cover their faces when in the presence of other Asian coworkers. Others even purchased their own white surgical masks to wear when working with Asian members. Conversations arose regarding home countries, and responses of Asian descent were immediately associated with the contraction of SARS. Immature comments were also commonplace, such as "As far as I am concerned, the whole community should be locked up," and "I think China was making bio-weapons and SARS was just one virus that escaped."[37] Not only was this type of discrimination prevalent in the workplace, but it was also established in the interviewing process when assessing potential new employees. Several instances have occurred where full-time position offers to Asian candidates were rescinded after the outbreak had been reported. No concrete explanation was provided as to the reasoning for the withdrawn offers. Extending to academic life, parents of Asian first-year undergraduate students postponed their children's enrollment to prevent the barrage of racial discrimination.[38] All of these cases exemplify the hatred and racial profiling of the entire Asian population during the SARS outbreak. Fueled by the subjective news stories, the public had taken on a malevolent view of nearby Asian individuals. From isolation in the workplace to denied employment opportunities, members of Asian communities faced a variety of hardships that prevented them from accomplishing daily activities.

This inevitably took its toll on the Asian population. The daily fear of being publicly shunned was extremely stressful on the communities.[39] Feelings of shame, anger, fear, and depression became prevalent when Asian individuals trekked outside of their homes. They became highly anxious as they were constantly threatened with racial discrimination when interacting with the public.[40] As a result, they attempted to minimize their risks of being targeted by reducing their travels and preventing oneself from exhibiting any signs of illness in public. Coming to the realization that physical contact with and among Asian people was no longer approved caused a great deal of distress within the local communities. Individuals stopped themselves from sneezing or coughing due to allergies for fear they

would be looked down upon by the public.

These cynical views of the Chinese, Southeast, and East Asian members of communities negatively affected all aspects of their societies. Rifts between the Asian and non-Asian population resulted in heavy economic downturns suffered by Asian-related industries and businesses.[41] As the media continued to portray the Asian communities as unsanitary and unhealthy places, patrons avoided regions heavily populated by Asian immigrants. Based on the figures obtained from the comprehensive study conducted by Leung and her colleagues, Asian-owned businesses, especially those located in "Chinatowns," suffered from an estimated 40% to 80% loss of income, depending on the type and location of the particular business.[42] Local businessmen and women noticed a significant drop in the number of consumers visiting their establishments during the SARS outbreak. Even after the disease had subsided, the paranoia of potentially still being infected yielded no relief to companies deserted during this tough time period. In addition to the fright and anxiety expressed by other ethnicities against the Chinese, struggles emerged with the Asian communities as they feared contracting the disease by contact with one another. Instead of banding together to fight oppression and the negative racial stigmas, Asian individuals turned against each other as they fought for their own personal well-being.

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Hope of a more understanding society did not seem to be anywhere in sight, as even relief organizations were targeted after the SARS epidemic. These nonprofit institutions were perpetually threatened by anonymous members of the general public for attempting to help the hectic lives of the Asian communities. Groups such as the Chinese Canadian National Council and the Asian Community AIDS service endured immense racial ridicule.[43] Organizations received hateful letters that denounced them for initiating the outbreak. Countless messages associated the Chinese with rats and pigs and blamed them for living unclean lifestyles. Moreover, there were reports of white Caucasian men creating loud disturbances inside of the organizations' offices, which in turn deterred Asian members of attending these particular locations for the fear of being scoffed at or even physically attacked. Instances of attacks, vandalism, and threats aimed to suppress the efforts to improve the lives of affected Asian communities. These heinous acts proved to be futile, however, as relief organizations played a powerful role in rectifying the reputation of Chinese, Southeast, and East Asian people.

Naturally, the division between the Asian and non-Asian populations possessed a strong impact on the Asian communities' self-image and sense of belonging to overall society. The Chinese, Southeast, and Eastern Asian ethnicities suffered both material losses and emotional and psychological damages. The sense of being ostracized and being deemed a "dirty" race takes its toll on a group's self-esteem, as well as self-identity.[44] The Asian community once felt at peace and safe living among other non-Asians. However, after the SARS outbreak, this feeling of security transformed into heightened trepidation. Respondents to interviews and testimonials reported that they were hesitant to leave their homes. Not only were they scared about being denigrated in public, but they were as equally as fearful of contracting the SARS disease. Given the current circumstances, many had realized that SARS was being racialized and they were the sole target of society's distress.[45] With the media constantly blaming the Chinese for initiating the spread of the disease, they were convinced and held a burden of being responsible for the outbreak.

This sense of not belonging by the Chinese, Southeast, and Eastern Asian communities was even associated with the terrorist attacks of September 11, 2001.[46] Similar to that of the Chinese, Southeastern, and East Asian communities during and after the SARS outbreak, all Middle Eastern and South Asian communities were instantaneously stereotyped as terrorists and criminals after this horrific date. Having no way to defend one's personal identity and being immediately blamed for the deaths of thousands of people essentially destroys the pride and respect one possesses in him/herself and ethnic background. Regardless of the disappearance of the SARS epidemic today, the racial stigmas induced by SARS linger. Severe forms of racism which developed during the prevalence of the SARS epidemic have grown to now become common attitudes towards the Chinese, Southeast, and East Asian communities. Even though the physical disease is capable of being remedied, the detrimental emotional and social effects last forever.

Despite the large volume of hatred and backlash against the Asian communities, some organizations managed to break through the heavy influence of the media and the general public to raise awareness of the SARS crises. In Canada, the Chinese Canadian National Council collaborated with other activists and political figures to raise aware of the prevalence of SARS and its

malignant effects on the members of Asian communities.[47] The group held a press conference, where they spoke against the harassment and discrimination across the city of Toronto. Correspondents emphasized the presence of a fierce and unwelcoming environment that the inhabitants found themselves living in. Furthermore, they called for an intervention to halt the scapegoating of the Chinese and the other Asian groups in Canada.[48] Overall, the press conference received a large magnitude of publicity. It was even televised in Hong Kong, which brought further exposure of the social issues overseas to the origin of the disease.

At last, a surge of retaliation had begun to form as the momentum to fight back against the racial discrimination and oppression had gained power. In Canada, the Community Coalition Concerned with SARS was held for the first time on April 14, 2004.[49] Led by Dr. Ming-Tat Cheung, the Chinese Culture Center devised an entire campaign to assist communities affected socially and psychologically by the SARS outbreak. This strategy aimed to conduct public education sessions about the disease and raise awareness of its effects on the Chinese and Asian people. Special phone hotlines were created and manned by social workers, as well as volunteers, to aid callers who were afflicted by SARS.[50] The group even went to lengths to challenge a racist cartoon that was published in a local newspaper column. Letters were written threatening a protest, and contacts were made at media sources to cover such an event if it was deemed necessary. These community efforts created a supporting voice in the midst of all the media propaganda and provided some stability within the Asian communities when moments were bleak.

Although it has been almost a decade since the first initial outbreak of SARS, there are a variety of lessons to be learned from its effects on society during its heyday. Mainstream media played an active role in generating the adverse atmosphere that established a harmful perspective of the Asian population. If more stringent protocols were implemented to prevent racial stereotyping and subjectivity in their reported news pieces, unbiased information would have been presented.[51] Rather than stirring widespread hysteria, the goal of the media should have been to raise consciousness of these detrimental events that were taking place. Proper word selection and the inability to constantly refer to the ties between the SARS outbreak and the Chinese would have deterred a significant amount of discrimination and harassment of the Chinese and other Asian groups.[52] Referring to the statements made by a number of respondents within the study, a large concern was the lack of effort put forth by the government and public health authorities to quell the social tension and mass panic over the SARS epidemic and targeted Asian populations.

Throughout the course of its infection of over 8,000 people, the SARS epidemic inflicted more social and psychological damage to worldwide Asian communities than any induced physical harm. As being termed the spreader of a disease that was completely overhyped by mainstream media, Chinese, Southeast, and East Asian groups suffered emotional trauma while simultaneously experiencing economic and employment. Not only were enemies made with other ethnicities, but the Asian populace was forced to turn among one another as they fought to find a sense of identity and self-belonging in a society that shunned them for being responsible for the SARS outbreak. Fortunately, activist groups were able to obtain a persona to voice their opinions about how unjustified these discriminating acts had become. As a member of Chinese descent, personal episodes and witnessing of acts of discrimination have been fairly similar to those in Canada. Being denigrated and accused of spreading a disease just for being a particular ethnicity is a travesty in itself. Events, ranging from public ridicule to unjustified loss of equal opportunities, should not be experienced by any targeted group of people, regardless of the circumstances. Nevertheless, history seems to repeat itself once again, as the devastation endured by Asian communities can be related to that of the Middle Eastern communities after the terrorist attacks on the World Trade Center. This similar chain of events reflects the considerable influence that mainstream media possesses in sculpting human perceptions of others unlike their own. Only by overcoming superficial stigmas generated by society will individuals from diverse cultures and origins be able to coexist peacefully on this planet.

EVEN THOUGH THE PHYSICAL DISEASE IS CAPABLE OF BEING REMEDIED, THE DETRIMENTAL EMOTIONAL AND SOCIAL EFFECTS LAST FOREVER.