

Racialization Of SARS

Canadian Critical Race Conference 2003:

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Abstract:

The SARS outbreak has served to create a public health crisis and devastated some business sectors in Canada and around the world. The panic and fear in the public has taken root in spite of the tireless efforts of health professionals to contain this apparent new disease. Ignorance and racism has led to the racialization of SARS. Chinese students arriving for studies at universities in Saskatchewan and New Brunswick are targeted for quarantine. Asians are shunned by fellow transit riders and schoolmates. Hate messages are disseminated on the internet, on radio hot-lines and in telephone calls received at the Chinese Canadian National Council. This paper reviews the efforts of the Chinese Canadian community to constructively respond to the SARS outbreak and the tools used to fight the racial backlash and fear.

I want to begin by acknowledging the aboriginal heritage on the land where we are meeting today and this weekend, and the organizers of this important conference for providing this opportunity for me to present at this workshop.

We have all heard about this new disease: Severe Acute Respiratory Syndrome or SARS.

It is apparently caused by a virus and may have originated in China. SARS is a form of pneumonia accompanied by a high fever. Some 8450 probable cases have now been recorded worldwide with the majority of cases found in China. More than 800 people have died from this new disease according to the World Health Organization. Here in Canada we have recorded more than 250 probable cases and 44 deaths in 2003. I contrast this with the fact that thousands die from influenza every year in Canada. Around the world, millions die from tuberculosis, malaria and AIDS.

But it is the infectious nature and potency of this new disease has served to create a public panic about SARS. We don't know very much about it and the wall-to-wall coverage of Asians wearing masks, patients being wheeled away on stretchers, health officials in moon-suits only serve to fuel more public panic. And the fear and lack of public health information has resulted in the racialization of SARS.

Is SARS an Asian disease? Will you catch SARS from an Asian? Should you sit beside that Asian on the bus or in the cafeteria? Should the refugee board members wear masks when hearing refugee claims from Chinese nationals? Should a university quarantine new arrivals from China?

SARS is not an ethno-specific disease but it has become the modern day yellow peril: in the past, the Chinese were depicted as unclean and people with disease. Now the SARS outbreak brings back this old stereotype. To some extent, the Filipino-Canadian community has also been stigmatized.

There have been reports of Asian Canadians being shunned by their neighbours and other parents, many of whom are Asians themselves. The Chinese Canadian National Council has received hate messages and various hate groups have posted their commentary on the internet. The Toronto Sun apologized for its editorial cartoon: SARS Made In China. An MPP blamed SARS on immigration.

The news articles from China also have a negative message: the Chinese eat exotic wild animals, they are killing their pets, the Chinese live in congested places, they raise pigs and ducks in congested places, etc etc.

The public health response was slow. In Toronto, the public health response didn't kick in until the middle of March after the first two deaths were recorded. Unfortunately, by that time the virus had already spread. In Vancouver, the initial public health response was to ask people to remain calm. But true to human nature, whenever public officials tell us to be calm, we begin to worry. And the sustained media pictures of Asians wearing masks and dramatic news stories don't help.

Meanwhile people were afraid of their Asian neighbours, class-mates, co-workers, bus riders, Asian businesses even if the people had not even set foot in Asia.

There is virtually no political leadership on this issue. The Ontario and federal government continue to battle over health-care funding. But they were able to agree on a Rolling Stones concert.

We seem to stumble from one plot point to the next. First there was the WHO travel advisory on Toronto was certainly a wakeup call. Then it was retracted. Then there was a second outbreak in North York. Then concerns over the restrictive case definition.

The lack of public health information fosters the racialization of SARS. Employers and service providers are left to make up their own protocols. Some groups in the Chinese community have advised a self quarantine of 10 days for everyone returning from SARS affected areas. Some like the U of Regina enforced a quarantine on Chinese students after local residents there contacted officials over their concerns that these overseas students were due to arrive. No self-quarantine for people from Asia, just the Chinese students.

The University of California at Berkeley announced then quickly lifted a ban on students from China. Various conferences have been lost and Canadian groups have had to fight to be included in various international events. Some US communities debate cancelling local festivals because of SARS fears. These responses demonstrate the need for a comprehensive and inclusive national public health education strategy.

Then there's the issue of access to multicultural health. In Toronto, a multi-lingual hotline was established early on. There were two dedicated clinics set up with multi-

lingual staff. The Toronto health website www.toronto.ca/health has information in numerous languages. I found the BC approach to be too passive. It took two weeks before BC health officials produced multilingual materials on SARS. One of the first patients to drop in at the SARS clinic that was set up at St. Vincent's Hospital in April received translation assistance from a Chinese-speaking news photographer who happened to be there. The government did finally issue fact sheets in different languages.

It's time to set aside some of these euro-centric and bureaucratic approaches to healthcare. The multi-lingual multicultural health approach is promoted at every health conference now...why is it not put into place when it counts?

Have you noticed that the lack of diversity in the faces of our health-care providers in the TV stories. The Ontario government has asked for more nurses from Manitoba. Yet thousands of foreign-trained health professionals live right here. The federal and provincial governments could introduce interim measures to allow foreign-trained health professionals to be recruited, trained and deployed for say a six month period in our health facilities to relieve the pressure on health care professionals. The exclusion of foreign-trained health professionals is such a waste especially so when our health care system needs fresh front-line staff.

It is these issues of marginalization that we continue to raise:

- access to multicultural health
- relief for displaced workers
- financial assistance for small businesses and self-employed individuals
- an effective anti-racism strategy
- a comprehensive and inclusive national public health education strategy

Our approach is to be a leader in responding to the Racialization of SARS.

We've done our part:

We have a website at www.geocities.com/newsonsars.

We have produced a TV PSA on SARS. It airs on Shaw Cable 4 and City TV in Vancouver.

We produce a Daily bulletin of the news articles on SARS and post this on the web.

We provide media commentary on SARS.

The CCNC plans to launch a project to document cases of shunning and blaming. Hopefully we will be able to conduct research on the trauma impact of SARS.

We would like to be even more proactive to build the public health response capacity. Some other ideas include opening up a community-based hotline, distributing multi-lingual materials, and encouraging the TV and radio media to broadcast their programs

from Chinatown and local businesses. We want to see provincial and national roundtable discussions on SARS and funding for community groups to attend local, regional, national and international forums.

I would like to seek your input and your ideas on how we should respond to the racialization of SARS.

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