

# *Racism, Discrimination and Inequity During COVID-19 Pandemic - A Review*

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## *Abstract:*

The COVID-19 pandemic has dramatically changed the life of a common man throughout the world since its first case was reported in Wuhan, China, during December of 2019. The disease has been a substantial burden on the healthcare, economic, social, educational, and financial systems of low-, middle- or high-income countries. It certainly created a lot of stigma among people as on the one side there were doctor's recommendations and awareness sessions, while on the other hand people started believing in myths and their uncertainty forced them to believe any vague information, even it didn't take time to generate discrimination, inequity among masses of people throughout the globe. Doctors and front-line workers were badly treated, assaulted, spat on, and physically abused as people feared that they are carriers of the disease. There is evidence suggesting that Chinese people were victimized by racism, even Chinese restaurants were shut down as people feared to go in.

## *Introduction:*

There is no wrong in saying that global outbreaks create fear, anxiety, and social disbalance, but fear is a key ingredient giving birth to racism and xenophobia to thrive among the mass population. (1) COVID -19 has been associated with race, culture, gender, intelligence, and health stigma. People have changed their actions and motives to safeguard themselves from facing discrimination, such as avoiding testing for COVID-19. (2) This article claims to comment on various sorts and examples of inequalities occurring during pandemic, how it affects nations, and the possible ways to get rid of it, as given below.

## *History of inequalities in previous pandemics:*

Sydenstricker's early findings demonstrate the significance of inequalities during the 1918 Spanish flu pandemic. For instance, India reported a 40 times higher mortality rate than Denmark, 20 times higher mortality rate was seen in Europe. (3)

In Norway, the fatality rate was tremendous among working class districts of Oslo, Chicago in the U.S demonstrated high mortality among unemployed and poor groups of people. (3)

An urban-rural effect was observed during Spanish flu pandemic as England and Wales had 30-40% higher mortality rates. (3)

Reports state that the pandemic in the USA has long run impacts on inequalities in child health and development. (3)

Coronavirus disease surely highlights the breaks and inconsistencies in our social and political setup within communities affecting larger groups of people. (1) The thing that people fear most is isolation, contagiousness, and how society will treat them if they are infected. (3)

#### *Instances of inequalities during COVID-19 pandemic:*

Initially, as the disease spread from Wuhan, China, it massively uplifted the discrimination towards Chinese people (1,4), flights were banned, travel and business restrictions were imposed. Chinese goods were forbidden, even students living in China from various other countries were called back to their home countries.

As in the past, similar kinds of outcomes were reported during the infectious disease pandemic as a backlash of discrimination, xenophobia was observed during ARS outbreak in 2003(5). As COVID-19 is no different. Epidemiological updates from various authorities and sectors led to enormous attention towards the pandemic via worldwide mass media. However, this triggered public fear, anxiety, and panic.

COVID-19 treatment and medical healthcare facilities were accessible to people from high income countries in spite of no matter what you belong from, everyone is equally entitled to an established healthcare system with no discrimination and uncertainty. However, it was indeed observed that only rich people could afford proper safety and precautionary measures against COVID-19 pandemic while on the same side poor people didn't have enough to have a proper meal, they couldn't even afford medications, expenses for medical facilities such as oxygen cylinders or ventilators. Many people lost their jobs as their owners wanted safety from viral exposure.

On one side, there were online businesses that flourished and so many people did well. On the other side, half of the population suffered. Their living conditions and health safety deteriorated and as the years passed by, they lost everything. If we look at unfairness and inequality in education, similar acts occurred, as poor kids could not afford laptops and internet connection. Various villages and slums suffered from electricity shortage, while on the same hand, rich kids studied at home in a well-settled environment.

Although COVID-19 didn't discriminate, it had the possibility to affect anyone, but COVID-19 policy responses have disproportionately affected people of color, socioeconomic status, work, limited healthcare and such tidbits of discrimination. There is a lack of social protection in resource poor settings. For various communities and people who were the sole bread earners, self-isolation was impossible and lockdown made their lives more miserable.

People with comorbidities were eventually at an increased risk for viral infection for, e.g., an ethnic group such as in African American population hypertension is more common (6) and in South Asians likewise diabetes is quite frequent (7), so here ethnic discrimination was highlighted. (1) Migrants who have lack of proper documentation avoid hospitals with the fear of getting caught and identification, so they present quite late with the disease and in that duration, they have affected quite a number of people leading to rapid spread of disease.

Political leaders used covid as a motive to influence people for their specific parties and used it inappropriately to reinforce discrimination for e.g., the former Deputy prime minister of Italy wrongly and deliberately linked COVID to African asylum seekers, called in for border closures. (1)(8)

Restriction of movement isolation created unnecessary negative feelings in people, depression among people got aggravated, suicide rate rose, physical and sexual abuse against women peaked during this crucial period

of time, with each passing day things faced downfall.

For the future long run God Forbid if any other pandemic arises, there must be a proper system and pre-planned strategy to monitor and prevent adverse health outcomes from such policies.

If social inclusion, justice, and solidarity lack, inequality and discrimination will be magnified, over many folds scapegoating will persist and will pose long run adverse effects.

In 1931, Edgar Sydenstricker outlined socio-economic inequalities in the 1918 Spanish influenza epidemic in America. It fulfilled the popular consensus that “Flu hit the rich and poor, black and white alike”. Although it was popularly claimed by the media and politicians that we are in this together and COVID-19 does not discriminate. (3)

Results from an Asian study indicated that Asians have experienced increasingly elevated racial discrimination during COVID-19 pandemic, such as hate crimes, microaggressions, vicarious discrimination, inequity, and stigma leading to poor mental and physical health. (9)

#### *Conclusion:*

Racism and inequality have been part of our society since forever, but COVID pandemic highlighted discrepancies and lack of solidarity among the mass population. There were many instances where people were denied of their rights, a lot of people faced physical, verbal, and sexual abuse, doctors were assaulted, threatened, and this all is so prevalent because of lack of literacy, etiquette and no empathy. This can be eradicated via awareness, education, and mutual help and respect. World leaders should join hands to terminate this pandemic together and in a better way, neighboring countries should help each other and support so that we as a whole can resolve this matter.

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#### *Declaration of Interest:*

None

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#### *Author Contribution Statement:*

Shehroz Khan: Creation of idea and design of the work, literature review, composing the initial draft and reviewing it.

Chanchal Maheshwari: Critical revision and editing of work and referencing.

#### *Data Availability Statement:*

The data are available from the corresponding author and will be provided with reasonable request

#### *References:*

1. Devakumar D, Shannon G, Bhopal SS, Abubakar I. Racism and discrimination in COVID-19 responses. The Lancet. 2020 Apr 11.
2. Sotgiu G, Dobler CC. Social stigma in the time of coronavirus disease 2019.

3. Lee S, Waters SF. Asians and Asian Americans' experiences of racial discrimination during the COVID-19 pandemic: Impacts on health outcomes and the buffering role of social support. *Stigma and Health*. 2020 Oct 19.
1. Sotgiu G, Dobler CC. Social stigma in the time of coronavirus disease 2019.
2. Rzymiski P, Nowicki M. COVID-19-related prejudice toward Asian medical students: a consequence of SARS-CoV-2 fears in Poland. *Journal of infection and public health*. 2020 Jun 1;13(6):873-6.
3. Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Blaha MJ, Dai S, Ford ES, Fox CS, Franco S, Fullerton HJ. Heart disease and stroke statistics—2014 update: a report from the American Heart Association. *Circulation*. 2014 Jan 21;129(3):e28-92.
4. Unnikrishnan R, Gupta PK, Mohan V. Diabetes in South Asians: phenotype, clinical presentation, and natural history. *Current diabetes reports*. 2018 Jun;18(6):1-7.
5. Lorenzo Tondo, Salvini attacks Italy PM over coronavirus and links to rescue ship. *The Guardian*. 2020 Feb 24
6. Chung RY, Li MM. Anti-Chinese sentiment during the 2019-nCoV outbreak. *The Lancet*. 2020 Feb 29;395(10225):686-7.

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