

“I know who caused COVID-19”: pandemics and xenophobia

by Zhou Xun and Sander L. Gilman, London, Reaktion Books, 2021, 256pp., \$22.50 (paperback), ISBN: 9781789145076

[Louise Ryan](#)

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This book reminds us that “some diseases cause moral panic, much as did syphilis in the nineteenth century and HIV/AIDS in the 1980s, with real political and social implications” (207). Indeed the book begins with reference to the Plague of Athens in 430BC which apparently was blamed on the Ethiopians. Xun and Gilman, using a range of historical and contemporary examples, demonstrate how diseases spark fear and even panic and usually result in the need to blame a scapegoat for causing and/or spreading the illness.

As discussed elsewhere by other researchers, the 1840s Typhus pandemic was blamed on the Irish and labelled “Irish Fever”¹ (<https://www.carg.info/post/racialising-pandemics-lessons-from-history>). Therefore, a key challenge for researchers, including medical as well as social scientists, is to understand how diseases occur and are spread without falling into the trap of blaming and xenophobic labelling particular groups as super-spreading scapegoats.

This book is comprised of six chapters. The introductory chapter sets out the contexts and provides a background to the spread of Covid-19 across the globe throughout 2020 and 2021.

Chapter 2 focuses on the events around Wuhan in China in late 2019 and early 2020. The chapter examines the reactions of the Chinese authorities locally in the city and in the wider national context. In examining how labelling and blaming operates in times of pandemics, the chapter explores the multi-layers of xenophobia within and beyond China. While in many countries across the world, not least in Donald Trump led USA, China was blamed for causing and spreading the virus, within China itself, other scapegoats were targeted. The focus on the food market within Wuhan as the site of the outbreak served to conveniently point the finger of blame at rural, migrant workers who were accused on introducing the virus to the city. Meanwhile in other parts of China, foreign migrants including African traders and students were blamed for introducing and spreading the virus. This process of racist scapegoating resulted in extreme reactions as some Chinese landlords

evicted African migrants. Moreover, the book references accounts of some Chinese medics who refused to treat African migrants if they got sick.

Chapter 3 switches the focus to the ways in which Ultra-Orthodox Jewish communities, primarily in the US, but also in the UK and in Israel, became implicated in processes of blame and stigmatization. In part of New York State, for example, where Ultra-Orthodox communities had very high levels of infection with Covid-19, tensions arose between state actors, medical experts and community leaders. Attempts to impose lockdown rules by, for instance, imposing fines on large gatherings such as weddings, were labelled as anti-Semitic. It is ironic that even within Israel, some Ultra-Orthodox groups, accused the state of anti-Semitism for attempting to impose lockdown restrictions and ban mass gatherings.

Chapter 4 focuses on how African-American communities across the US reacted to the early introduction of vaccines. Memories of previous racist experimentation provoked fears and suspicion among some people resulting in distrust of the vaccine. As the authors point out, such historical associations need to be understood within contemporary contexts where African-Americans are often among the poorest in US society and often cannot afford medical care or live in areas where health care is simply not available. Hence, the authors argue, it is necessary to distinguish between discourses suggesting that poor people from minoritized groups are especially suspicious of the health care system, versus the fact that it is rather the absence and inadequacies of health provision which are the greatest threat to well-being.

Chapter 5 examines how Trump's administration dealt with the pandemic and in so doing analyses how some Trump supporters, including far right, extremist groups, mobilized around the anti-vax movement to resist state intervention upon the freedom of the individual. By analysing the varied composition of these anti-vax campaigners, the authors show how some unlikely bed-fellows, across a range of diverse groups, shared deep rooted suspicion of US government policies around lockdowns and vaccination campaigns. The mixed messages issued by Trump himself added to the wider sense of mistrust and suspicion. In such contexts, it was the state itself who became the target of blame and suspicion.

The final chapter takes a wider historical approach to look beyond Covid-19 to learn some lessons about moral panics during previous pandemics such as HIV, SARs and indeed the Spanish Flu. The authors point out the impact of "corona fatigue" as people yearn for a return to "normality". After the massive disruption to everyday life, caused by the pandemic and national lockdowns across vast swathes of the world, it is understandable that people want to regain some semblance of normalcy. However, the authors note that throughout history we can see the failure to learn lessons – pandemics are usually followed by amnesia. In the rush to move on and forget the ravages of pandemics, there is a risk that systemic failures are not addressed. Indeed, it

has been suggested that the countries who coped best with Covid-19 were those who learned lessons from the previous SARs pandemic.

This book offers food for thought. While it is largely based on the US, with one chapter on China, there are references to other contexts including the UK and Israel. New research on the social impact of the pandemic is now being published across most countries in the world. This is likely to be a rich vein of on-going research for many years. However, it is necessary to heed the warning of Xun and Gilman and be wary of “corona fatigue” also among the research community, including funding councils. Inadequate understanding of the social impacts, such as, for example, the long-term impact on children’s educational outcomes, will result in a missed opportunity to address deeper underlying inequalities.

It is undoubtedly the case there we will face future pandemics of varied sorts. Failure to learn lessons and address the gaps in health care provision, vaccination and educational programmes, may leave us ill-equipped to improve our responses next time. Therefore, unfortunately, the pattern of moral panic and xenophobic blame is likely to be repeated.

Notes

1 Ryan and MacRaild “Racialising Pandemics – Lessons from History”. January 2021 (<https://www.carg.info/post/racialising-pandemics-lessons-from-history>).