

Swine Flu Issue Brief

April 30, 2009

Social Stigma Attached to “Swine Flu”—An FAQ for U.S. Elected Leaders and Health Officials

By *Monica Schoch-Spana, PhD, Ann Norwood, MD, Nidhi Bouri, and Kunal Rambhia*

What is Stigma in the Context of a Disease Outbreak?

Stigma comes from the need to fix blame during an outbreak of contagious disease. People are trying to answer basic questions: “Where did this come from?” and “How is it spreading?” In their desire to understand and avoid illness, people often create a mental distinction between “us” (the uninfected) and “them” (the infected). This may feel like a good first step toward safety. But it is often based on an inaccurate picture of health risk, and it often derives from pre-existing social differences and prejudices. A whole country or group of people may be singled out as the source of the problem—rather than the germ. Right now, Mexico and, more broadly, Spanish-speaking people are seen by some as the “cause” of 2009 H1N1 (“swine flu”).

Why do People Tend to Blame “Outsiders” for Contagion?

Pointing a finger helps turn a mysterious illness into something that feels more familiar and more controllable. “Outsiders” are easy targets. People with a different national, ethnic, or religious background have historically been accused of spreading germs, regardless of what the science says. During the 2003 SARS crisis, 84% of surveyed Chinatown businesses in New York City reported a drop in trade, despite the limited presence of disease. In the early 1980s, Haitians were blamed for AIDS, despite the fact that the disease was spread via particular behaviors and not specific kinds of people. Typhoid Mary was vilified not just for infecting people through her cooking, but also for being a working class Irish immigrant, a detested social group in her day.

Why is Stopping the Spread of Stigma Vital to Preventing More Illness?

Preventing stigma is not simply altruistic; it is “enlightened self-interest.” Historically, people in scapegoat groups are reluctant to seek medical care when they are symptomatic and they go “underground,” putting themselves and others at greater risk. It would be particularly unfortunate in the case of swine flu, because there are effective treatments. Hyper-vigilance about “others” due to fear, while understandable, wastes valuable mental energy. A far better investment is concentrating on protective behaviors such as washing hands frequently; avoiding touching one’s mouth, nose, and eyes; and sharing in a workplace ethic that supports people staying home when they are sick.

What Can Political and Health Leaders Do to Prevent Stigmatization Against Spanish-Speaking People?

- 1. Model the very behavior they would like to see in the community: confidence, respect, and a sense of security when interacting with members of the Hispanic and Latino communities.**

Elected officials and health authorities should avail themselves of any natural (i.e., not staged) opportunity for meeting publicly with local leaders from Spanish-speaking populations. Cinco de Mayo (“Fifth of May”), a

Mexican holiday celebrating an important historical battle, also presents a timely opportunity to note the heritage and contributions of Mexican Americans. Authorities can use this occasion to honor local Latino leaders, take part in festivities, and consume Mexican food (including pork dishes).

2. Partner with Hispanic and Latino leaders in planning community mitigation measures and in monitoring discrimination.

Political and health leaders should reach out to their Spanish-speaking constituents and reassure them that their interests are being served. Authorities should seek the input of local Hispanic and Latino leaders on measures to mitigate the impact of “swine flu” and on ways to ease the concerns of undocumented immigrants that they will be deported if they seek out medical care for a suspected case of the flu. In addition, officials should work with Hispanic and Latino community leaders to monitor for cases of discrimination.

3. Deliver public messages that address people’s concerns about infection, give them scientific facts, and appeal to their compassionate nature.

Elected officials and health authorities should incorporate the following kinds of messages in their 2009 H1N1–related communications:

Being around people who speak Spanish or who look like they could be from Mexico doesn’t mean you’ll get swine flu.

- Swine flu is in many, many countries, not just Mexico. Where people are from does not determine whether they have the virus.
- The best way to protect yourself and others is to wash your hands frequently; avoid touching your mouth, nose, and eyes; cover your sneezes and coughs; and, if you’re sick, stay home.
- If you or someone you know does get swine flu, don’t worry—there are treatments available.

All affected families deserve our compassion.

- No one’s to blame; swine flu is a naturally occurring disease.
- Every one of us depends on others for support when dealing with an illness.
- The virus is entirely new, which means any of us could get sick and need community support.

Closing the border with Mexico will not stop the spread of swine flu to U.S. communities.

- Experts from the World Health Organization (WHO) have said that closing borders and restricting travel will not contain the epidemic.
- Every region in the U.S., as well as Canada, has already been affected.
- Our individual views on immigration should not color how we think about this disease.

Press Contact
Molly D’Esopo
443-573-3307

molly_desopo@upmc-biosecurity.org