The Rise of Xenophobia Amongst Global Unrest

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Introduction (written by entire team)

Infection and disease are breeding grounds of fear and ignorance, which give birth to xenophobia. This affects many minority groups subject to racism and xenophobia.

The most widespread diseases, which are known as "epidemics" and "pandemics", have taken a toll on the world. According to the World Health Organization (WHO), an epidemic is "the occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related events clearly in excess of normal expectancy." An epidemic becomes a pandemic when the spread of the disease becomes global. Epidemics and pandemics often cause xenophobia to awaken in the forms of racism, prejudice, and discrimination. Xenophobia is the fear of foreigners and unfamiliar identities. Racism is prejudice or discrimination directed against a racial or ethnic group that is typically a minority group. It involves the belief that certain racial or ethnic groups have characteristics that make them inferior or superior to other groups. Xenophobia is almost inevitable, as it is natural to be afraid of the country where the disease outbreak initially started. The problem occurs when xenophobia turns into racism and discrimination and people use fear to belittle those who are different. Racism is not acceptable and the solutions put in place should be done to prevent racism. However, there is little that society can do to prevent xenophobia; change has to come from within the person. The most one can do to prevent xenophobia is to educate the public and themselves.

This paper concerns four major diseases: the Black Death pandemic, the HIV epidemic, the Ebola epidemic, and the COVID-19 pandemic. For each disease, this paper will provide a summary of the disease, events leading up to the disease, the magnitude, acts of xenophobia, and what was done about xenophobia in terms of legislation and actions of authorities. Afterward, it will present solutions for future bouts of disease-related xenophobia and discrimination. In all these events, society has had to adapt and change rapidly, to overcome these issues. However, the fear of certain groups breeds within these times and the effects of this judgment linger long after the virus dies down.

Global catastrophes are connected to societal xenophobia. While xenophobia isn't necessarily caused by disease, it often intensifies dormant xenophobic feelings, causing xenophobia to emerge in the form of racism, harassment, and discrimination.

The Black Death and the Treatment of Jews (Anjali Pillai)

The Black Death was an epidemic that was caused by the bubonic plague–a disease caused by the bacteria *Yersinia pestis.* The bubonic plague originated from wild rodents and frequently appeared in areas where the rodents were present in large amounts. The plague can quickly infect humans when the bacteria start to affect the black rat, more commonly known as the "house rat" (History, 2020). The bubonic plague typically takes between 10-14 days to contaminate most, if not all, of a rat colony. The fleas which feed on the decaying rat eventually run out of food and start to prey on humans that live close by. The bacterium from the bite mark then drains into a lymph node and forms a painful bubo–a swollen or inflamed lymph node–typically in the armpit, groin, thigh, or neck, thus giving the name bubonic plague (History, 2020). The bubonic plague takes 3-5 days to incubate and another 3-5 days before the sufferer usually dies. This means that from start to finish it typically takes around 23 days before the first death is seen (History, 2020). Since the plague is spread by rat fleas, it typically peaks in the summer months. There are virtually no outbreaks of the plague reported during the winter months. Therefore, the bubonic plague is very different from other types of diseases and bacteria

that spread through droplets, as those other diseases thrive during the winter months (History, 2020).

The Black Death took place over around 4-5 years in Asia and Europe. However, the plague spread to many different countries and was evident in different parts of the world from around 1333 to 1388. Much like COVID-19 the bubonic plague originated in China, a major trading nation at the time, and slowly spread to parts of Europe. The plague first started in 1333 and eventually annihilated around ⅔ of China's population. It then spread to the province of Hopei and affected almost 90% of the population, taking the lives of over 5 million Chinese people (Preceden, 2020). Around 4 years later in 1347, the Black Death arrived in Europe, presumably from the trade ships that were coming in from China. Between 1347 and 1348 the plague rapidly spread across Italy and England, and during this time there were whole cities that were wiped out and failed to exist after the plague (Preceden, 2020). A year later in 1349, the plague had spread to Germany and this is when we see the first accounts of anti-Semitism. In 1349, 3000 Jews were killed as a result of the Black Death and at the end of the year, there were virtually no more Jews in Germany (Preceden, 2020). Furthermore, in 1349, King Edward III ordered the streets to be cleaned of dead bodies, and London was burying over 200 bodies a day. In 1351 the plague had spread to Moscow leaving the whole continent affected by the plague, however, this also marked the end of the widespread damage that the bubonic plague had caused. After 1351, there were no significant outbreaks, but the plague did continue to spread, reaching Austria in 1711 (Preceden, 2020).

The main acts of prejudice and xenophobia during the Black Death were towards the Jewish population, more specifically the Jewish population in Germany. During the bubonic plague, it became evident that the Jewish population wasn't getting affected by the plague as much as the Christian population. Due to this, it was suspected that the Jews were poisoning the wells, rivers, and springs of Christian households with the bacteria. This suspicion caused the deaths of many Jews during the time of the Black Death, and unlike the rest of the population, the cause of their death was torture (The Conversation, 2020). The most shocking part of the racism that the Jews faced is that there is no evidence of any legislation being made against the acts of racism. In fact, the way they treated the Jews was considered perfectly normal at the time. This horrific hostility was probably because of the wide anti-semitic beliefs in Europe during the 1300s. As Jews started to gain a proper socioeconomic status, many countries became envious of their achievements. The envy led to intense prejudice, oppression, and even expulsion of the religion. There were only 2 times when the Jewish community was tolerated, the first involved the Jews converting to Christianity, and the second involved them performing important jobs that could not be performed by Christians (Britannica, 2020). Since Christianity did not allow money lending for interest and Jews were generally not allowed to own land, the Jewish community played a big role as moneylenders and traders (Britannica, 2020). This existing prejudice and discrimination flared up during the Black Death, ultimately causing severe xenophobic acts. Unlike the modern-day coronavirus, xenophobia did not play a significant role during the Black Death.

HIV/AIDS and the Treatment of LGBTQ+ (Dhanbee Suh)

Ever since the first cases of acquired immunodeficiency syndrome (AIDS) appeared in 1981, human immunodeficiency virus (HIV) grew to become a global epidemic (WHO, 2020). It is a virus that attacks a person's immune system, leading to further vulnerability from other

infections. If left untreated, HIV progresses to AIDS, a more dangerous condition where it severely compromises the body's immune system. Although it is possible to live long and healthy lives with HIV, there is still no cure and it is considered "one of humanity's deadliest and most persistent epidemics" (HIV, pg 1).

The first official reporting of what would be known as AIDS was on June 5th, 1981, which spoke of Pneumocystis pneumonia in five young, healthy, and homosexual men. In one year, on September 24, 1982, the Centers for Disease Control and Prevention (CDC) coined the term AIDS. Another year passed until the CDC announced that "most cases of AIDS have been among homosexual men, injection drug users, Haitians, and people with hemophilia" (CDC, pg 1). This announcement began the spark of xenophobia and homophobia concerning HIV and AIDS, specifically against gay and bisexual men. Gay, bisexual, and other men who have sex with men (MSM) are infected with HIV at rates 44 times greater than other men and 40 times greater than women (CDC, 2011). It was a simple connection, and as the LGBTQ+ community was already discriminated against, more people began to single out the group as the cause of the spread. Press and headlines called HIV/AIDS the "gay plague" as well as other demonizing titles, fuelling the rise of homophobia.

A Kaiser Family Foundation survey of gay and bisexual men in the U.S. found that 15% of gay and bisexual men in the U.S received poor treatment from a medical professional due to sexual orientation, and at least 30% did not feel comfortable discussing their sexual behaviors with a health care provider (Hamel et. al., 2014). Discrimination and bias against LGBTQ+ often result in job loss, homelessness, lack of health care insurance, and more. A prevention gap report by UNAIDS in 2016 stated, "Homophobia drives gay men and other men who have sex with men away from HIV testing and HIV prevention activities and is associated with lower adherence to treatment." This reveals a cycle of homophobia driving LGBTQ+ away from HIV treatment, leading to more cases within the community, which simply leads to more homophobia.

According to the American Civil Liberties Union (ACLU), there are many anti-LGBTQ+ bills in action today. These include religion exemption bills in health care, single-sex facility and identification document restrictions, and even more bills prohibiting health care for transgender youth (ACLU, 2020). While there are bills of protections and nondiscrimination, the amount is pitifully small in comparison to the number of bills against LGBTQ+.

The treatment of the LGBTQ+ community in regards to HIV/AIDS is unique in the way that it is statistically proven that this minority group has a higher likelihood of contracting the virus. However, HIV/AIDS is not a virus one could catch via close proximity, as it is only transmissible through penetration of the body. Therefore, the idea that LGTBQ+ has a higher population of HIV infected people is true, but there is little reason for onlookers to fear for their safety or health. In comparison to our current COVID-19 pandemic, which can be caught via close contact, one can sit next to an HIV infected person all day and not be at risk. Due to the way that HIV is transmitted, it didn't incite as much panic as COVID-19. However, LGBTQ+ are at a higher risk of contracting the virus whereas Asians have the same level of risk as everyone else. Xenophobia and discrimination stem from fear and ignorance, and education on these topics are crucial to help and understand these minority groups.

Ebola and the Treatment of Africans (Grace Ko)

After the first two outbreaks of Ebola that occurred in 1976, Ebola has continued to appear many times throughout history. With its first two appearances in the Democratic Republic of the Congo (DRC) and Sudan, it has appeared in many other countries including Uganda, Guinea, Liberia, Italy, and the United States (Harrod, 2015). A deadly virus with easy transmission through contact of infected bodily fluids, upon contracting Ebola, symptoms such as fever, fatigue, and muscular pain appears within 2 to 21 days. Afterward, vomiting and diarrhea may occur and lead to serious complications such as internal bleeding. While many outbreaks of the Ebola virus have occurred over the years, the most severe outbreak was the 2014-2016 outbreak in West Africa.

According to the Centrals for Disease Control and Prevention (CDC), the first case of the 2014-2016 Ebola outbreak was reported in December 2013 to be an 18-month-old boy who lived in a village in Guinea. As the virus began to spread from this village to the capital and beyond, the World Health Organization (WHO) declared the virus as a Public Health Emergency of International Concern (PHEIC) on August 8, 2014. Throughout its duration, the virus spread to Liberia, Sierra Leone, the United Kingdom, Italy, Senegal, Spain, and the United States. After around two years, the outbreak finally ended when the PHEIC status of West Africa was lifted on March 29, 2016. The CDC reports that by the end of the 2014-2016 outbreak there were a total of 28,652 confirmed cases and also 11,325 deaths that had occurred. Out of these cases, the United States had treated 11 patients with only two of them dying in total (CDC, 2015). Though the virus seemed to have little impact in the United States compared to West Africa, stigma toward African Americans was present more so than ever.

In one study conducted by Warren et al., they studied the impact of the Ebola virus on Africans, specifically West Africans, living in America through studying a group of Sierra Leoneans living in a community in New Jersey. From the study, the researchers noted that three main focuses emerged from the study, one being the stigma and discrimination that American Sierra Leoneans experienced. Participants stated that they often felt discrimination and insecurity within schools, their jobs, and social relations. One of the participants stated, “You're already black, that's already an issue. It's hard to deal with that as a youth when everyone else in your class is making fun of you for having Ebola and your teacher can't stand up for you because she has no information about it either” (Warren et. al., 2020). From this personal experience, it is apparent that in schools there is an obvious lack of understanding and knowledge about the virus from both the peers and the teacher that is present, causing fear within the school community. With employment and jobs, another participant stated, “ I was doing one-to-one home care. Went to work and then, you know, it was wintertime and I sneezed. And then the lady turned to her, ‘do you have a cold? Are you sick?’ the lady said, ‘no I'm not sick, it's just a cough……...by the time the lady gets off work, the lady called the agency already and told them to tell me don't come again” (Warren et. al., 2020). Again, even in the work environment, there is a lack of knowledge and understanding which eventually caused the participant to lose the job. Also, multiple participants in the study stated that they either personally experienced or know someone who has experienced exclusion within the community due to the outbreak. As a result, American Sierra Leoneans within this community experienced jobless and restrictions in their social life, negatively impacting their lives greatly.

Stigmas and discrimination toward Africans were also observed in Dallas. The researchers of a particular study focused on two neighborhoods in this region, Vickery Meadows and M Streets/Lakewood Heights. While the neighborhood of M Streets/Lakewood Heights had a middle-class, predominantly white population, the neighborhood of Vickery Meadows had a low-income, high-refugee population. With these two neighborhoods, they studied the impact the virus had on these communities and whether placism, place-based discrimination, was present in these communities. One question they asked the participants from each neighborhood was whether or not they felt stigmatized for living in a neighborhood with a victim of Ebola. While two-thirds of the residents of M Streets/Lakewood Heights said no, only three of the twenty participants from Vickery Meadows said no (Smith-Morris, 2017). Upon diving into the reasons on why only three of Vickery Meadows' participants said "no", they found that the stigmatization was from non-neighborhood reasons such as their black skin, accent, and appearance. A participant from Vickery Meadows stated, "like our neighbors, when it was there, many people ran away from us because they think every black has Ebola …. It was rumors circulating saying that every black has, has this virus …. Our neighbors, who are not black, just could say this black family has Ebola " (Smith-Morris, 2017). Another stated, "Yeah. We just heard it. People here were coming to us saying that we have Ebola. *What people? Were they your neighbors?* There's not many blacks where we live …. They were very much scared, just we were like, put us aside. They would not tell us [that they were afraid of us] but [they would] not come where we are" (Smith-Morris, 2017). Based on these personal experiences, it is shown that rather than the fear due to the closeness someone may live near a victim of Ebola, there is a fear of Africans and anyone with physical attributes that link them to Africa. Placism is present, but rather placism from living in a local place with an Ebola patient it is placism from being from a certain place. People focused on big names instead of present local risk realities. "Neighborhood stigma can be a concealable stigma," stated Smith-Morris, "but Africaness can not be easily concealed."

Although the scale of the Ebola virus was much lower as Ebola was an epidemic while COVID-19 is classified as a pandemic, both caused stigma and discrimination towards a specific race or nationality. Due to the lack of understanding and knowledge of both viruses, most of the public treated Asians and Africans differently, excluding them from the rest. Fear and frustration were present in both outbreaks as there was a barrier between the affected group and the public, which caused negative and harmful experiences for people of each race or nationality. Both viruses caused a fearful environment within communities, but the stigma and discrimination present in both outbreaks can be solved if people take the time to understand the situation instead of misunderstandings causing a negative environment for everyone.

COVID-19 and the Treatment of Asians (Elina Liu)

In early 2020, most of the world was suddenly thrown into panic as COVID-19 became known worldwide. The newfound virus began in Wuhan, China, and spread like wildfire. Although the information on this virus is still lacking, scientists around the world are working to learn more about COVID, for public safety and possible vaccines (Massachusetts General Hospital, 2020). According to the CDC, current known symptoms include nausea, shortness of breath, fever, fatigue, loss of taste or smell, sore throat, and many more (CDC, 2020). The effects of COVID-19 have touched nearly every country and affected nearly everyone's life. Masks or facial coverings are required in most places, and there are regulations for people to stay six feet

apart to contain the virus. Businesses have been forced to shut down, and people have quarantined for as long as six months. The United Nations website has declared this pandemic as "a human, economic and social crisis" (United Nations, 2020). As of the writing of this paper, COVID-19 is still present.

The true beginning of this disease was on December 31st, 2019, when cases of pneumonia with an unknown cause appeared in Wuhan, China (Muccari, Robin, et al., 2020). Seven days later, the outbreak was established to be a novel coronavirus. On January 20th, 2020, the WHO reported cases in Thailand, Japan, and South Korea. These reports were the first confirmed cases appearing outside of China. A few days later, on January 30th, 2020, the WHO declared the occurring coronavirus outbreak to be a "global health emergency" (Muccari, Robin, et al., 2020) since at that point, over 9,000 cases had appeared around the globe. The WHO officially named the outbreak on February 11th, 2020 "COVID-19." Precisely one month later, on March 11th, 2020, the WHO proclaimed the novel coronavirus to be an official pandemic.

COVID-19 has become one of the most universal pandemics, affecting all residential continents and nearly every country (The New York Times, 2020). Spreading through means like food, travel, church gatherings, schools, and office buildings, a total of 188 countries have been affected (Jones et. al., 2020). As the cases grew, governments have been desperately trying to guide the public. Many countries, like Japan and South Korea, adopted methods like social distancing, lockdowns, contact tracing, and isolation (Dwarakanath & Meier, 2020). After a while, death rates and overall cases began to level off in China, while Western nations like France, UK, Italy, USA, and Spain saw steep increases in death rates as a result of the late implementation of extensive testing and control measures (Dwarakanath & Meier, 2020). As of August 18th, 2020, there have been 774, 963 confirmed deaths resulting from COVID, and over 21.9 million total verified cases (The New York Times, 2020). With around 70 countries still seeing an increase in COVID cases and even more still amid a second wave, these overall death and case reports are bound to also increase. Economically, laws and regulations have been put in place ordering non-essential businesses to fully close. The stock markets have experienced significant turmoil as a result of business closures and changes in company shares, which has impacted individual savings (Jones, Palumbo & Brown, 2020). Governments have intervened by cutting out interest rates. Due to the pandemic, unemployment rates have increased, and incomes have been cut. The pandemic has also devastated the tourism industry. Countries like Mexico, Spain, and Italy with a strong tourism-based economy have taken a hard hit, and are predicted to face ugly economic aftermath even after COVID dies down (Hardingham-Gill, 2020). All of these impacts have led to societal unrest, and as people struggle to adapt, the blame is often pushed to the Asian community due to the pandemic's origin.

There have been various instances of anti-Asian actions throughout the development of the COVID-19 pandemic. One incident occurred on February 13th, 2020, in Los Angeles, California, in which the classmates of a 16-year-old student of Asian descent physically assaulted them because of coronavirus fears (CBS Los Angeles, 2020). Another incident happened on April 26th, 2020, in Queens, New York, and involved a man harassing an Asian woman and blaming her for the virus. When the woman tried to use her phone to record his harassment, the man slapped the phone away (Kaufman, 2020). These are only two of the instances that display how much Asians have suffered as a result of fear and ignorance.

In an interconnected world thriving with technology, acts of xenophobia transcend location, using social media as a way to invade. Anti-Asian hate has overflowed amidst this

COVID-19 era. One such case is with video maker Jing He from Shanghai, who uploaded a video depicting her life in China during the pandemic with an intention to inform and educate (Macguire, 2020). Instead of positivity and encouragement, she was met with an overwhelmingly high amount of racist and hateful abuse (Macguire, 2020). Jing He is not alone in experiencing these hate crimes, with hashtags and phrases like “kung-flu”, “rice rabies”, “Chinese virus”, and “slant eyes” gaining thousands of posts and being normalized in comments and captions (Macguire, 2020). Other Asian influencers have similar experiences, including claims of population control, and Chinese conspiracy. Due to the filter-free nature of social media, there is a lack of censorship control for racism, and as a result, these racist acts have gained unchecked traction. Racism to Asians has been heightened as a norm, in the form of racial slurs, viral public hate acts, hate comments via Instagram, Facebook, Twitter, Tiktok, and other means. Although all these social media except for TikTok state their intolerance of racist and abusive behavior, they lack transparency on how many posts they’ve taken down for xenophobic and racist content (Macguire, 2020). Activists urge these sites to do more to confront online racism (Macguire, 2020).

Unfortunately, the targeted suffering does not stop at the Asian community. The United Nations (UN) claims, “Anti-Semitic conspiracy theories have spread, and COVID-19-related anti-Muslim attacks have occurred. Many have endured verbal and physical assaults, and at times, institutional exclusion from the receiving society” (“UN counters pandemic-related hate”, 2020). According to a blog on the Anti-Defamation League’s website, “In recent weeks, there has been a surge in messaging that Jews and/or Israel manufactured or spread the coronavirus to advance their global control” ("Coronavirus: Antisemitism", 2020). It is not only Asians who are facing discrimination. COVID-19 has awakened xenophobia that has grown into stigma and negative sentiments against multiple groups, and governments are struggling to find effective prevention.

Most draft or final state and local resolutions condemn and denounce “anti-Asian sentiment, discriminatory language, intolerance, and xenophobic attacks arising due to the COVID-19 pandemic” (“COVID-19 and Racism”, 2020). California’s state government utilizes three historic bills when prosecuting race-based hate crimes that have surged over the progression of the disease. Draft or final state and local resolutions also “acknowledge the need to create or make more accessible the avenues citizens may use to report discriminatory incidents ("COVID-19 and Racism”, 2020). For example, Minnesota and New York have installed hotlines for reporting discrimination. As of July 10th, 2020, state and local governments in seventeen states have either adopted, enrolled, or introduced legislation to protect Asian-Americans from harassment and discrimination. While those seventeen states have done well, more states must take action.

State and local governments aren’t the only ones who can take a stand against coronavirus-induced discrimination. “In lieu of local governments failing to step up and present resolutions, academic institutions such as Purdue University in Indiana have passed resolutions condemning anti-Asian American bigotry and establishing zero-tolerance policies for any related xenophobic attacks that occur on campus” ("COVID-19 and Racism”, 2020). As this quote states, schools, colleges, and universities can also initiate policies to prevent xenophobic attacks.

COVID-19 is a pandemic that continues to plague the world as of the writing of this paper. As this paper has demonstrated, it is an influential real-world problem and therefore requires an influential real-world solution. While much has been done to mitigate xenophobia in

these times, it is not yet enough. More states and countries must take action against both COVID-19, the virus that affects the human body, and discrimination, the virus that affects the society. There is still more to do and more to be done.

Solutions (Ellie Chen)

If nothing is done about xenophobia and racism, there will be dire consequences. Short term consequences involve causing victims of the disease to hide their illness out of their fear of discrimination ("UN counters pandemic-related hate", 2020). Because those victims hide the fact that they need treatment, they do not receive the immediate health care that they need in order to get well. This is ultimately detrimental to a society's progress in ridding itself of the disease. Long term consequences involve discrimination and stigmatization negatively affecting migrants' capabilities of integrating themselves into society. The well-being of the community will suffer if migrants do not feel accepted, as migrants provide work that is necessary to sustain the community. The effects of inaction regarding xenophobia can cripple a society.

Another reason for action against xenophobia and racism is that all human beings have the right to life, no matter which ethnic or religious group they belong to. The UN (2020) states that "... all States have a duty to protect human life, including by addressing the general conditions in society that give rise to direct threats to life." As COVID-19 is a direct threat to life, it is every human's basic right to be protected against the disease. To achieve the goal of protection for all "may require special measures and protection for particular groups most at risk or disproportionately impacted" ("COVID-19 and Human Rights", 2020). In order to preserve the basic rights of everybody, society needs to take action against xenophobia and racism.

There are many ways for various people and groups to take action. The government specifically must "condemn xenophobia", as they possess the loudest voice" (Coates, 2020). Their duty is to educate the public and hold those who discriminate accountable for their actions. To do this, the government must hold the people's trust and support. According to the UN (2020), "The best way to maintain public support for the measures is for governments to be open and transparent and involve people in making the decisions that affect them. It is important to be honest about the extent of the threat posed by the virus. Securing compliance depends on building trust, and trust depends on transparency and participation." The government must present all the facts and then proceed to express disapproval of xenophobic actions.

Individuals have to contribute as well. They must self-correct xenophobic thoughts and be mindful of what to believe. A task as big as conquering xenophobia sounds daunting for one person to handle, but if everyone does their part then some small actions can cause massive change. People need to stop using terminology like the "China virus" or "Wuhan virus." According to the American Psychological Association (2020), these terms create an understanding that links the problematic disease to a specific geographic area. This mental connection between the issue and somewhere unfamiliar raises xenophobic tendencies. Additionally, we should spread facts about both the virus and the community being threatened to help others access accurate and unbiased information. This leaves less people susceptible to fake news and culturally inappropriate information. Other methods of helping are to use individual social platforms, amplify the voices of people who have first-hand experience with the virus, support racial and identity diversity in mainstream media, correct myths and stereotypes, and educate friends and family. We all have more room to improve our understanding of other

groups, and it's important to recognize our need to grow, and to realize when we need to further educate ourselves and change our behaviour.

Companies can also participate in the war against xenophobic ignorance. In particular, internet service providers have a part to play. If someone cannot afford internet, internet service providers should not discontinue their service. That way, everybody is able to stay informed ("COVID-19 and Human Rights", 2020). Companies that are well known should use their platform to promote ethnic diversity and acceptance of all people. Instead of turning a blind eye to racial issues, they should be the first to make statements, to support minority consumers and to stand with them. One company that has done this exceptionally is the ice cream company Ben & Jerry's. They sent out a statement regarding Black Lives Matter that was extremely sincere, called for specific action, aligned with their actions, and advocated for black voices (Varela, 2020). This clear message of solidarity was received positively because Ben & Jerry's backed up their words with actions (Varela, 2020). If more companies can do similar things to advocate against xenophobia and take real action, they will assist in significantly decreasing the gap of racial fear.

Spreading awareness of xenophobic actions is vital if society is to answer to them. According to clinical psychologist David Ley (2020), "When people are afraid, as they are now, what they need are facts, not shame or to be called racist... Fear, particularly ambiguous fear, results in increased levels of violence and rejection of out-groups and people who are different. We interrupt this pattern through more facts, including facts about the human history of xenophobia, both good and bad." It is necessary to spread facts, not hate or shame.

In order to create actual change, it is vital for one to acknowledge that xenophobia is occurring, even if they have not personally experienced it. Once we recognize its existence, we must address it as a problem both individually and culturally. Actively speaking and acting against xenophobia is the start to destigmatizing, which is a step towards the right direction. Destigmatation and education are the beginnings to a xenophobia-free planet. History has shown us this concept time and time again, and it is our duty to recognize xenophobia and fight against it in any way we can.

Conclusions (written by entire team)

Unsurprisingly, history is filled with patterns and similarities, and these virus outbreaks are not exempt. The world's most recent disease and trending hot topic, COVID-19 has stumped many first-world countries and affected people economically, mentally, and physically. Despite technological advancements of our modern time, there is a lack of knowledge surrounding this virus, causing unrest and blame of Asians. Despite being a recent disease, COVID-19 shares many traits with various diseases appearing in the past. There are two major similarities between the COVID-19 pandemic and the Black Death pandemic, which was a horrifying incident that amplified the xenophobic behavior directed towards Jews at the time. First of all, both the Jews and Asians were already facing prejudice before the disease began (The Conversation, 2020). Therefore, the disease doesn't necessarily cause xenophobia—it just propels xenophobia to materialize in the form of discrimination and hate crimes. Second of all, misinformation was spread about the origin of the disease. The reason for the plague was explained as divine punishment, and COVID-19 was explained as a bio-weapon (Clamp, 2020). The HIV/AIDS epidemic led a cycle of homophobia, which led to more spread of the disease, which led to more homophobia. Between COVID-19 pandemic and the HIV/AIDS epidemic, there are also two

major similarities, the first of which is that “both started off as a new virus that the human species had never had any experience with” (Fauci, 2020). The second similarity is that both diseases “jumped… from an animal reservoir to a human” (Fauci, 2020). There are also two major similarities between the COVID-19 pandemic and the Ebola epidemic, which caused Africans to experience more unfair acts towards them, interfering with not only their professional lives but their personal lives as well. This resulted in a negative and hostile environment, leading to distrust and misunderstandings in a time when working together was vital. Firstly, people believed that both Ebola and the coronavirus did not exist (Morisho et al., 2020). Secondly, people claimed that they would not follow hygiene procedures and said slogans such as “we will not wash our hands and we will not die from it” (Morisho et al., 2020). The overarching similarity between all four diseases was that with the progression of each one, there was always a group facing xenophobic actions and discrimination.

While these diseases show significant similarities, they still display denoting differences. The difference to note is the magnitude of COVID-19 in comparison with the other diseases. This pandemic has hit the lower class, middle class, and high-class societies, and for many, is the first personal experience with such an uncontrolled and unknown illness. In this modern world, the magnitude of COVID-19 has turned bustling cities into the quietest they have ever been for decades. Additionally, our reliance on technology like video conferences, online documents, and the internet has molded this pandemic experience unlike any other. The rapid spread of misinformation that almost everyone has subject to fall for is a new element of such an event. This new element is a significant factor in the xenophobia discrimination that occurs in uncertain times.

In conclusion, there have been many cases of remarkable diseases that have significantly impacted the way society functions. With each outbreak, society has found a method to overcome unfavorable conditions. What has been left behind is the destructive inclination to drive a barrier between oneself and the unknown. Groups of people like the Jewish, LGBTQ+, African, and Asian communities face discrimination during and long after the virus. People lost jobs and opportunities because of society’s opinion on their race, religion, or sexual orientation throughout outbreaks.

It is essential to demonstrate that different doesn't mean dangerous. Only after that can society proceed to flourish, with care for everyone in it.

Bibliography (produced by entire team)

American Psychological Association. "Combating Bias and Stigma Related to COVID-19." American Psychological Association, 25 Mar. 2020, www.apa.org/topics/covid-19-bias. Accessed 26 Aug. 2020.

Berenbaum, Michael. "Anti-Semitism in Medieval Europe." Encyclopedia Britannica, Encyclopædia Britannica, inc., 21 Apr. 2020, www.britannica.com/topic/anti-Semitism/Anti-Semitism-in-medieval-Europe. Accessed 24 Aug. 2020.

"The Black Death Timeline." Preceden, edited by Matt Mazur and Liesl Martin, Aiden Analytics, 2020, www.preceden.com/timelines/49344-the-black-death-timeline. Accessed 24 Aug. 2020.

Briand, Sylvie, et al. "The International Ebola Emergency." The New England Journal of Medicine, 25 Sept. 2014, www.nejm.org/doi/full/10.1056/nejmp1409858. Accessed 31 July 2020.

Centers for Disease Control and Prevention. CDC, 13 May 2020, www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html. Accessed 21 Aug. 2020.

Clamp, Rachel. "Coronavirus and the Black Death: spread of misinformation and xenophobia shows we haven't learned from our past." The Conversation, The Conversation US, 5 Mar. 2020, theconversation.com/coronavirus-and-the-black-death-spread-of-misinformation-and-xenophobia-shows-we-havent-learned-from-our-past-132802. Accessed 24 Aug. 2020.

Coates, Melanie. "Covid-19 and the rise of racism." BMJ, 6 Apr. 2020, www.bmj.com/content/369/bmj.m1384.full. Accessed 25 Aug. 2020.

"Coronavirus: Antisemitism." Anti-Discrimination League, 22 Apr. 2020, www.adl.org/blog/coronavirus-antisemitism. Accessed 25 Aug. 2020.

"COVID-19 and Human Rights." United Nations, edited by United Nations, Apr. 2020, www.un.org/victimsofterrorism/sites/www.un.org.victimsofterrorism/files/un_-_human_rights_and_covid_april_2020.pdf. Accessed 25 Aug. 2020.

"COVID-19 and Racism: Legislative Responses: Home." Vanderbilt University, 10 July 2020, researchguides.library.vanderbilt.edu/covid_19_racism_legislative_responses. Accessed 25 Aug. 2020.

Department of Global Communications. "COVID-19: UN counters pandemic-related hate and xenophobia." United Nations, 11 May 2020, www.un.org/en/coronavirus/covid-19-un-counters-pandemic-related-hate-and-xenophobia. Accessed 25 Aug. 2020.

Dwarakanath, Priya, and Daniel Meier. "Charting COVID-19 by Country: Early Actions Brought Big Rewards." Swiss Re, 1 July 2020, www.swissre.com/reinsurance/life-and-health/l-h-risk-trends/charting-the-course-of-covid-19-by-country.html. Accessed 26 Aug. 2020.

Fauci, Anthony. "Challenges and Similarities in HIV, COVID-19 Crises: A Q&A With Anthony Fauci, MD." Interview conducted by Allison Inserro. AJMC, 18 June 2020, www.ajmc.com/view/challenges-and-similarities-in-hiv-covid19-crises-a-qa-with-anthony-fauci-md. Accessed 25 Aug. 2020.

"The Global HIV/AIDS Pandemic, 2006." Centers for Disease Control and Prevention, 2006, www.cdc.gov/mmwr/preview/mmwrhtml/mm5531a1.htm. Accessed 6 Aug. 2020.

Hamel, Liz, et al. "HIV/AIDS In The Lives Of Gay And Bisexual Men In The United States." Kaiser Family Foundation, 25 Sept. 2014, www.kff.org/hivaids/report/hivaids-in-the-lives-of-gay-and-bisexual-men-in-the-united-states/. Accessed 7 Aug. 2020.

Hardingham-Gill, Tamara. "The Countries Set to Be Hardest Hit by Covid-19's Impact on Tourism." CNN, Cable News Network, 3 Aug. 2020, www.cnn.com/travel/article/countries-hardest-hit-by-covid-tourism-impact/index.html. Accessed 26 Aug. 2020.

Harrod, Kevin S. "Ebola: history, treatment, and lessons from a new emerging pathogen." American Journal of Physiology, American Physiological Society, Feb. 2015, journals.physiology.org/doi/full/10.1152/ajplung.00354.2014?rss=1&. Accessed 9 Aug. 2020.

"HIV and AIDS Timeline." Centers for Disease Control and Prevention, 24 Aug. 2020, npin.cdc.gov/pages/hiv-and-aids-timeline#1980. Accessed 6 Aug. 2020.

"How HIV Impacts LGBTQ People." Human Rights Campaign, Feb. 2017, www.hrc.org/resources/hrc-issue-brief-hiv-aids-and-the-lgbt-community. Accessed 8 Aug. 2020.

Jones, Lora, et al. "Coronavirus: A Visual Guide to the Economic Impact." BBC, 30 June 2020, bbc.com/news/business-51706225. Accessed 26 Aug. 2020.

Kaufman, Maya. "Asian Woman Harassed About Coronavirus In Rego Park: NYPD." Patch, 28 Apr. 2020, patch.com/new-york/foresthills/asian-woman-harassed-coronavirus-rego-park-nypd. Accessed 25 Aug. 2020.

"Legislation Affecting LGBT Rights Across the Country." American Civil Liberties Union, 20 Mar. 2020, www.aclu.org/legislation-affecting-lgbt-rights-across-country. Accessed 8 Aug. 2020.

Ley, David J., Ph.D. "Xenophobia in Response to Pandemics Is (Sadly) Normal." Psychology Today, 3 Feb. 2020, www.psychologytoday.com/us/blog/women-who-stray/202002/xenophobia-in-response-pandemics-is-sadly-normal. Accessed 25 Aug. 2020.

Li, Y. H., and S. P. Chen. "Evolutionary history of Ebola virus." Cambridge University Press, 16 Sept. 2013, www.cambridge.org/core/journals/epidemiology-and-infection/article/evolutionary-history-of-ebola-virus/8594C381318B4E265B898A30EE665A49. Accessed 8 Aug. 2020.

Macguire, Eoghan. "Anti-Asian Hate Continues to Spread Online amid COVID-19 Pandemic." Al Jazeera, 5 Apr. 2020, www.aljazeera.com/news/2020/04/anti-asian-hate-continues-spread-online-covid-19-pandemic-200405063015286.html. Accessed 26 Aug. 2020.

Massachusetts General Hospital. General Hospital, www.massgeneral.org/news/coronavirus/treatment. Accessed 26 Aug. 2020.

Morisho, Nene, et al. "Same but Different? A Comparison of Ebola Virus Disease and Covid-19 After the Ebola Epidemic in Eastern DRC (2018-20)." African Arguments, 24 Apr. 2020, africanarguments.org/2020/04/24/same-but-different-a-comparison-of-ebola-virus-disease-and-covid-19-after-the-ebola-epidemic-in-eastern-drc-2018-20/. Accessed 25 Aug. 2020.

Muccari, Robin, et al. "Coronavirus timeline: Tracking the critical moments of COVID-19." NBC News, 8 July 2020, www.nbcnews.com/health/health-news/coronavirus-timeline-tracking-critical-moments-covid-19-n1154341. Accessed 25 Aug. 2020.

The New York Times. "Coronavirus Map: Tracking the Global Outbreak." The New York Times [New York], 26 Aug. 2020. The New York Times, www.nytimes.com/interactive/2020/world/coronavirus-maps.html. Accessed 26 Aug. 2020.

Onion, Amanda, et al. "Black Death." History, A&E Television Networks, 6 July 2020, www.history.com/topics/middle-ages/black-death. Accessed 24 Aug. 2020.

"Pneumocystis Pneumonia --- Los Angeles." Centers for Disease Control and Prevention, 5 June 1981, www.cdc.gov/mmwr/preview/mmwrhtml/june_5.htm. Accessed 7 Aug. 2020.

"Prevention Gap Report." UNAIDS, 2016, www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf. Accessed 7 Aug. 2020.

Smith-Morris, Carolyn. "Epidemiological placism in public health emergencies: Ebola in two Dallas neighborhoods." Science Direct, Apr. 2017, www.sciencedirect.com/science/article/pii/S027795361730134X. Accessed 4 Aug. 2020.

Soumahoro, Souleymane. "Ethnic politics and Ebola response in West Africa." Science Direct, Nov. 2020, www.sciencedirect.com/science/article/pii/S0305750X20301686. Accessed 7 Aug. 2020.

"Teen Student In LA Assaulted As Coronavirus Fears Stoke 'Racial Backlash.'" CBS Los Angeles, 13 Feb. 2020, losangeles.cbslocal.com/2020/02/13/teen-student-in-la-assaulted-as-coronavirus-fears-stoke-racial-backlash/. Accessed 25 Aug. 2020.

"2014-2016 Ebola Outbreak in West Africa." Centers for Disease Control and Prevention, 8 Mar. 2019, www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html. Accessed 31 July 2020.

Varela, Christine. "Ben & Jerry's exceptional BLM statement." We Are DH, DH, 5 June 2020, wearedh.com/blog/ben-jerrys-exceptional-blm-statement/. Accessed 26 Aug. 2020.

Warren, J.R., et al. "'We have a role to play:' American Sierra Leoneans communicating the impact of the Ebola virus locally and across the diaspora." Science Direct, Aug. 2020, www.sciencedirect.com/science/article/pii/S0033350620301906. Accessed 4 Aug. 2020.

"What Are HIV and AIDS?" HIV.gov, 5 June 2020, www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids. Accessed 6 Aug. 2020.