Hello and welcome to Columbia Public Health Now, a podcast devoted to exploring the local and global implications of public health challenges in our communities. This Spring, we are focusing the series on the novel coronavirus, otherwise known as COVID-19, and its impact on our world and our health. I am your host Maria Andriella O’Brien and I thank you for listening.

A friend of mine recently mentioned to me that she had been wearing face masks for weeks to protect herself—which in retrospect, seems like a very good decision on her part. I mean, it's only been in the past week or so that policymakers have begun to urge the public to wear face masks, whenever they’re outside, to slow the spread of the coronavirus. But as a Southeast Asian, she felt like it was a loaded decision to make. With so much stigma around the geographic origins of the disease in China, did wearing a face mask open her up to all the negative stereotypes and finger pointing about who is to blame for this pandemic? In her case, did wearing a mask make her less protected?

Four weeks ago, as Columbia University was scrambling to move all of its classes on-line and push all non-essential workers off-site, I had the pleasure of talking with Dr. Robert Fullilove, professor of sociomedical sciences and associate dean for community and minority affairs. While so much has changed in the past few weeks since we spoke, Dr. Fullilove’s thoughts on the historical intersection of stigma, blame and pandemics seems ever more relevant to our experiences today.

Dr. Fullilove, thank you for joining us here today.

DR. ROBERT FULLILOVE

Glad to be here, thank you for having me.

MARIA ANDRIELLA O’BRIEN

You and I are both sitting here in New York City, far from the southern border of the country, but I don’t think the concept of building walls is just about physical structure, it seems to be something that we’ve internalized, with the goal of maybe keeping at arm’s length those of us who are different. How do you think that climate is impacting the country’s response to this epidemic?
DR. ROBERT FULLILOVE

Well, I think you hit a very significant nail on the head. First and foremost, human beings are social creatures but there is a limit to the nature of our social constructs, the way in which we try to put groups together. We typically see the world in terms of “us” and “them.” “Us” is everybody who belongs to my family, my community, my neighborhood—I have things in common with them, I trust them. “Them” is everybody who’s not in that group. And they are folk I don’t trust; in fact, I’m very likely to regard them with suspicion. If I am in a world filled with crisis where there is a lot of concern, that “us” vs. “them” thinking is likely to convert “them,” not just into “the other,” but someone who’s a danger. I think that’s what we’ve seen as one of the major elements of the divisive politics that we’ve suffered in this country since 2016. It’s certainly influencing, in a very negative way, our ability to mobilize and think clearly about what we need to do in the face of this now declared, pandemic. More than anything else, I think the notion that we are seeing incidents in which someone who is thought to be from China—could be from any one of the Asian nations in the world—is automatically thought to be someone who’s not just a carrier of the virus, but somebody who means you harm—where touching you, being in the same room with you, breathing on you—is something people are now afraid of. The “us” vs. “them” divide becomes something that not only is perceived as problematic, it may engage us in all kinds of negative, quite aggressive behavior that we’re starting to see is really becoming a major problem—a social problem that is almost as dangerous, I think, as what this virus threat is actually posing for the United States at this moment.

MARIA ANDRIELLA O’BRIEN

Do you think that in addition to increasing say, concern or hostility, does it also give people a false sense of security?

DR. ROBERT FULLILOVE

I don’t know about security because I don’t think people go about the task of deliberately looking for people that they should avoid. I think what we’re looking at is often an instinctual, knee-jerk reaction where deep-seeded prejudices suddenly find their expression in, “get away from me!” or “oh—you don’t belong here.” I think that’s what we’re seeing. It’s not necessarily well thought through—it’s exactly the kind of behavior you associate with panic.

MARIA ANDRIELLA O’BRIEN

There’s a history in this country of sometimes assigning blame to people for their illnesses. If we think back to the beginning of the AIDS epidemic, there were the “innocent hemophiliacs” who got AIDS through transfusion versus the “guilty” gays or drug users who got AIDS from their lifestyles. Are we seeing something similar play out here?

DR. ROBERT FULLILOVE

I think what we’re seeing is the kind of not very helpful, socially divisive, and politically problematic behavior that comes when we don’t really understand all that we need to do to keep ourselves safe and find it easier to simply blame someone else for our problems and have our policies driven by that sense of blame—that desire to blame. So yeah, I keep seeing more and more evidence that, as was the case with the early days of the HIV/AIDS epidemic, we’re not just seeing members of the general public struggle to figure out what to do, even medical personnel are really quite conflicted about “what’s the best way to manage this crisis?” And I think because we have not really done all that the WHO has urged us to do for the last 20 years—to really be prepared for an epidemic like this—I think we’re suffering from our lack of preparedness and I think that’s one of the reasons why so much of what we do seems ill-advised and even panicked.

MARIA ANDRIELLA O’BRIEN

What do you think are some of the key things that we should have been doing that the WHO had advised upon?

DR. ROBERT FULLILOVE

Well, the WHO made it clear—we will have these kinds of viral epidemics, it’s inevitable—rather than worry about when, why not prepare for them as if they’re an inevitable part of the ways in which the world is organized now. It’s not just that what we need are diagnostic measures, we also need to have policies: what do we do when travel is an issue, how do we make decisions about what to close and when? These are all things that are being done pretty much in kind of a haphazard fashion and they don’t really give the general public—or me—the sense that there’s careful planning and logic behind what it is we’re doing. The WHO said, look—if you know it’s coming, prepare for it and preparing for it means that we’d have contingency plans to deal with exactly the kinds of situations that we’re confronting now. That we don’t have them is one of the

reasons why internationally and locally we’re seeing such a varied response and a lot of panic that I think could have been assuaged had we simply been better prepared.

MARIA ANDRIELLA O’BRIEN

Within the United States, we see a wide range of potential policies—whether it’s across the 50 states or within counties or cities—how do you think this impacts people who are worried about getting the illness?

DR. ROBERT FULLILOVE

Well I think, more than anything else, when they don’t see consistency especially on the part of public officials, especially when they look at public policies, then they worry that maybe we don’t know what we’re doing, and maybe—God help us—they’re right. Once again, the public is right to wonder, does anyone know who’s in charge here? Does anybody have a sense of what we need to do to exert better control over the situation? Where they see uncertainty, where they see inconsistency, you’re going to have all kinds of reasons for folks to panic and wonder “Who’s in charge here? Are they doing the job correctly?”

MARIA ANDRIELLA O’BRIEN

Going back to the original theme for this conversation around stigma, I’m curious if you could give maybe a historical perspective on how stigma can make an epidemic worse.

DR. ROBERT FULLILOVE

I think the standard reference that people use is the black plague, the Bubonic Plague in Europe. Estimates are that 30-50% of the population of Western Europe was wiped out in the course of multiple experiences with that particular epidemic. What we know is that a number of issues occurred that made the risk for being exposed and the risk of becoming sick rather different depending on where you were and who you were associated with. In many villages where Jews were present, the Christian population was very clear they need to be separated. So, ghettos pop up. They were a feature of many, many European communities. Although they were separate and apart, they still had some intercourse between the two communities. Here’s what happens: The Bubonic Plague was one of those plagues that was really quite contagious—people got infected rather easily. In urban settings, where people were living close
together, you were going to have a high rate of mortality because the communication of disease was something that was pretty easily facilitated. The exception would be people who were in ghettos, who didn’t necessarily interact with the mainstream population very much. And a couple of things occurred: (1) they were safer, they weren’t as likely to become ill and (2) because they appeared to be healthier than anyone else, that “other-ism” that I described earlier, this proclivity human beings have to blame the other for the problems that we are experiencing really hit them hard. They were thought to be the ones poisoning the wells and creating the setting that was causing so many people to suffer. Whether it was because you had a non-Christian in your midst and therefore were inviting the presence of the devil—there are all kinds of explanations. I do know that large numbers of populations of Jews were subjected to huge amounts of prejudice and oppression literally because they were being blamed for the epidemic. When you had successive waves of this epidemic occurring in Western Europe, what you saw was that now it wasn’t just Jews, anybody who was an outsider is evidence that if you came to town as a stranger and you were not known, if there was a problem with the epidemic, you were thought to (1) be a problem, (2) you were going to be kept out, and (3) if you weren’t a problem or you weren’t being kept out, you might be blamed for the difficulty that the community was undergoing. This is to me the classic case of how xenophobia—the fear of the “other”—can often create situations that are tragic, unfortunate, and ultimately preventable. Many people suffered; many people were killed as a result of being thought of as the perpetrators of the problems created by the epidemic. Seems to me, it’s a lesson from history that today in the 21st century we are basically obligated to try and learn from.

MARIA ANDRIELLA O’BRIEN

So, then on the flip side, with public health’s core mandate being prevention, how can individuals prevent stigma or discrimination within this larger context of a lot of fear and uncertainty with events changing so very rapidly?

DR. ROBERT FULLILOVE

I’ve heard stories, and I think there have been newspaper articles that describe the importance of being a bystander. Something is happening on the subway, someone is being attacked, someone is being fingered—as in “Ohh, you’re from China, you’re here to do me harm.” Although it’s something that New Yorkers struggle to do, there are moments when people step in because, as bystanders, they see this is a situation where some voice of reason is going to be necessary. I think the quote that comes from Dr. King, “All that we need for evil to triumph is for good people to be silent.” I think that’s one of the things we can do. The other is we can be
aware of the fact that there are some groups that are going to be targeted, and we’re going to do our best to make sure that in our own interactions, we don’t model the kind of “get away from me” behavior that becomes so easy to engage in when troubled times like these are upon us. I think being aware of the fact that it exists, being sensitive to the need to act when it’s appropriate to act—I don’t think it’s good for people to put themselves in danger. But if we’re making it clear that we’re observing situations and that we’re doing our best to make sure that we maintain some level of civility, I think that’s going to go a long way. And I hope with more people being aware of the fact that this is an issue we should be sensitive to, then we’ll be in a position to prevent some terrible incidents from occurring before they actually get underway.

MARIA ANDRIELLA O’BRIEN

In a time of social distancing, how do you keep yourself socially engaged?

DR. ROBERT FULLILOVE

one of the temptations I think is ‘put your head in the sand’ where you’re inside, you don’t want to hear bad news, you’re not doing your job as a citizen to really connect to all the news, all the warnings, all the pieces of advice that are being given. I think the notion that a lot of people are seeing this as an opportunity to cocoon means that instead of being appropriately distanced from problems, we’re inappropriately unaware of all the things that we should be paying attention to. So, I think it’s really important with all the media we have, giving us so much information, that we at least maintain a minimal level of understanding what’s going on. Number two: I think we should be really sensitive to the fact that this is a period when rumors start to abound. I even read a paper yesterday that talked about the coronavirus is really ample grounds for all kinds of conspiracy theories. And it’s sort of interesting to hear that in parts of Europe, you’re hearing conspiracy theories about coronavirus that sound a great deal like the ones we heard about HIV/AIDS—that it is manmade, that it was being designed to destroy the tourism industry and all the income that it brings to a country. I mean, it just goes on, and on, and on, and on. I think when we are well-informed, the power of rumor and of conspiracy theories like this, becomes a great deal lessened. What you want in a time of panic is for people to behave like they are still capable of sound reasoning and logic. And then to take sound reasoning and logic and apply it to all the stuff that they’re hearing and all the stuff that they’re seeing. Maintaining some kind of rationality in the face of this kind of panic is a challenge, but I think it’s a challenge we all have to meet.

MARIA ANDRIELLA O’BRIEN
Thank you very much for joining us today, Dr. Fullilove.

DR. ROBERT FULLILOVE
Thank you for having me.

MARIA ANDRIELLA O’BRIEN
Columbia Public Health Now is a production of the Columbia Mailman School of Public Health in New York City. Visit: mailman.columbia.edu/podcast for more information on our show. Share your comments on social media with #PublicHealthNow. I am your host, Maria Andriella O’Brien and thank you for listening.