

Calling COVID-19 the 'Wuhan Virus' is inaccurate and xenophobic

March 16 2020, by Marietta Vazquez



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This week, my colleagues logged on to Twitter to see "#ChinaVirus" and "#WuhanVirus" trending in the United States. Most posts were written with dismay from people who couldn't believe some government officials were influencing others to refer to COVID-19 (also known as the Coronavirus) this way.

While there is understandable unease flowing through Americans and people around the globe about the increasing spread of COVID-19, it's important to remember that words matter and the language we use has power.

As vice chair of diversity, equity, and inclusion for pediatrics at Yale School of Medicine, I feel compelled to speak out. In the weeks since COVID-19 has been circulating, Asian-Americans and Asians around the world have [noted a spike in discrimination and xenophobic attacks](#). Public transit riders have encountered hostile interactions and people simply walking down the street have experienced microaggressions—which I prefer to call veiled aggressions, because there is nothing "micro" about them for the person on the receiving end.

This behavior, and the stigma associated with referring to an illness in a way that deliberately creates unconscious (or conscious) bias, can keep people from getting care they may desperately need to get better and prevent others from getting sick. When faced with this type of constant, heightened discrimination our friends, neighbors and colleagues of Asian-decent can feel uncomfortable in places they should feel welcome, included, and safe. This type of discrimination may also put their [mental health](#) at risk. The [CDC has noted that health care workers](#) and people who've recently traveled to areas where COVID-19 is circulating are facing increased discrimination and stigma, too.

In mid-February, the Asian American Journalists Association called on the media to be mindful and accurate in their reporting on COVID-19. As [medical professionals](#) dedicated to equity and inclusion, we must use our platforms to deliver accurate information to help educate our patients and communities. Pathogens do not discriminate. What someone looks has no bearing on how likely they are to be sick from COVID-19.

Here's what we can all do.

- DO: Talk about the new [coronavirus disease](#) (COVID-19)
- DO NOT: Attach locations or ethnicity to the disease; this is not a "Wuhan Virus," "Chinese Virus," or "Asian Virus." The official name for the disease was deliberately chosen to avoid stigmatization.
- DO: Talk about "people who have COVID-19," "people who are being treated for COVID-19," "people who are recovering from COVID-19," or "people who died after contracting COVID19."
- DO NOT: Refer to people with the disease as "COVID-19 cases" or "victims."
- DO: Talk about people "acquiring" or "contracting" COVID-19.
- DO NOT: Talk about people "transmitting COVID-19," "infecting others," or "spreading the virus" as it implies intentional transmission and assigns blame. Criminalizing or dehumanizing terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us, feeding stigma, undermining empathy, and potentially fueling wider reluctance to seek treatment or attend screening, testing and quarantine.
- DO: Speak accurately about the risk from COVID-19, based on [scientific data](#) and latest official health advice.
- DO NOT: Repeat or share unconfirmed rumors, and avoid using hyperbolic language designed to generate fear like "plague," "apocalypse," etc.
- DO: Talk positively and emphasize the effectiveness of prevention and treatment measures. For most people, this is a disease they can overcome. There are simple steps we can all take to stay safe.
- DO NOT: Emphasize or dwell on negativity or messages of threat. We need to work together to help those who are most vulnerable.

We can better prevent the spread of COVID-19 and protect those who

may have it when we speak about it with accuracy, empathy, and care—something we should all be committed to.

Provided by Yale University

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