SARS-1 AND COVID-19 IN CANADA AND THE US:
HOW RACISM SHAPED AN EPIDEMIC AND PANDEMIC

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SETTING THE CONTEXT: THE 2003 SARS EPIDEMIC IN CANADA

In spring 2003, a new virus was killing people. First reports of this disease began in November 2002 in Guangdong province in southern China and is thought to have originated in animals – likely a bat, who passed it on to a civet cat which led to human transmission through open-air markets (WHO, n.d.). By the end of the outbreak, 8,347 people in 26 countries had contracted this disease, with 813 deaths, mostly concentrated in China (Hong Kong, Taiwan and Macao – WHO, 2003). The next most affected country was Canada – centred mainly in Toronto – where reports from the WHO (2003) indicate 250 confirmed cases and 38 deaths, though the Canadian government reports 438 probable cases with 44 deaths (IPAC, n.d.). Only 8 Americans were diagnosed with SARS (CDC, 2017). The first Canadian case recorded was in Toronto in February 2003 when an elderly woman returned from a wedding in Hong Kong and unknowingly returned with the virus (Rae and Zheng, 2006/2020).

Rather surprisingly, the disease-spread ceased abruptly in July 2003, less than seven months later, and has not returned. That disease was named Severe Acute Respiratory Syndrome, but it is better known by its acronym as SARS. At the time, researchers puzzled over various aspects of this strange, novel, and lethal disease. At its peak, the disease was highly transmissible, scoring a 3.0 on the Reproduction Scale, meaning that every sick person infects three others (WHO, 2003b). Similar to today, hospitals in Toronto were overwhelmed with a large number of serious cases requiring intensive care and hospitalization. No effective treatment was ever developed for those who were sickened. Physicians lauded an experimental drug, ribavirin, but discovered it was "doing more harm than good" (Public Health Agency of Canada, 2004). Travel advisories were issued worldwide and non-essential travel to Toronto was advised (WHO, 2003c). People were advised to wear masks as they went about their daily activities. And then, *suddenly*, the disease mutated and became far less viral. Those who became ill were no longer able to pass the disease to others. In less than a year, the hunt for a cure and the development of a vaccine ended. Markets deemed the virus extinct and no longer encouraged research given the low probability of an economically profitable return for pharmaceutical companies.

Not many Canadians realize that SARS-CoV-1 is part of the Coronavirus family which also causes Middle Eastern Respiratory Syndrome (MERS) and several varieties of the

common cold (CDC, 2020). SARS-CoV-2 is one of them. We know this virus as COVID-19 or coronavirus. The symptoms of COVID-19 are similar to SARS-1 and although COVID-19's reproduction rate is lower than SARS (about 2.0 at the time of writing), its global spread has reached pandemic proportions and has drastically changed our world.

SARS, COVID-19 AND THE RACISM THAT (INEVITABLY) FOLLOWS

Besides its genetic makeup, what does SARS-1 have in common with COVID-19? Like today, anti-Asian racism reared its ugly head in 2003. The Chinese Canadian National Council (CCNC, 2004) recorded some of the many instances of racism faced by Chinese and other Asian Canadians in their influential report, *Yellow Peril Revisited: The Impact of SARS on Chinese and Southeast Asian Communities*. The report chronicles the racism experienced by Asian-Canadians at the hands of other Canadians and the discourses advanced by various Canadian politicians, media and other public entities. Among the many examples in the CCNC report, *The Toronto Sun* was widely criticized for publishing a series of cartoons depicting Chinese Canadians and SARS in a racist manner (Leung, 2008). The Chinese and Southeast Asian Legal Clinic in Toronto reports that several Chinese Canadians were evicted from their rental properties due to fears they could introduce or spread SARS to others (Leung, 2008). Some of those persons evicted had never visited China. According to Dong (2008: 53), Chinese in Canada were "de-Canadianized... no longer seen as Canadians but as Chinese, and as SARS suspects".

Conspiracy theories implicating Chinese involvement in the development and spread of COVID-19 are similar when we consider the environment in 2003 versus 2020. In 2003, the CCNC's (2004) report states that they overheard other medical professionals discuss their belief that SARS was created in a lab and was part of a larger plot by China for world domination using biological weapons (Leung, 2008). Similarly, in 2020, there is also a widely held belief among many that COVID-19 was developed as a biological weapon in a Chinese lab (ADL, 2020; Bellemare, 2020a).[1] Results from our ACS/Leger Marketing Survey from the week of May 24 confirm continued public support of this type of conspiracy. Among American respondents, 51% believe COVID-19 was created as a biological weapon in a Chinese lab; among Canadians, 33.7% believed this to be true (ACS, 2020). Conspiracy theories have significant longevity and, in this case, persist for many decades after the fact. They are attached to racism against Chinese Canadians and Americans and help fuel and maintain racial supremacy.

Racism in the age of COVID-19 takes forms that is tied to belief in conspiracy theories. In a March 14 incident, a man in Calgary was arrested for calling a local Chinese restaurant and threatening to kill all Chinese people (Bellemare, 2020b). In Vancouver, city police are reporting higher than normal rates of hate crimes (Nair 2020). This involves several assaults, including an attack on a 92-year-old Chinese man with dementia (CBC, 2020). In the United States, the ADL (2020b) reports that almost every state is reporting COVID-19-related attacks against Asian Americans. For instance, flyers were distributed in Brooklyn blaming its Chinese residents for the creation and spread of the disease. Canada and the US are not alone in seeing a rise in anti-Chinese and anti-Asian racism. On May 8, UN Secretary General Antonio Guterres said that "the pandemic continues to unleash a tsunami of hate and xenophobia, scapegoating and scare-mongering" around the world (HRW, 2020).

Anti-immigrant, white supremacist, ultra-nationalist, anti-Semitic, and xenophobic conspiracy theories have targeted refugees, foreigners, prominent individuals, and political leaders. On the week of March 9, two weeks before the Canadian government introduced enforced closures of non-essential businesses, we asked Canadians in our COVID-19 and xenophobia survey, "with regard to Canadians of Iranian or Asian origin, how worried are you about being in personal contact?" Nearly one in ten (9.8%) indicated they were extremely worried to be in personal contact with a person of Iranian or Asian descent while another 21.8% were 'somewhat worried' (ACS, 2020b). Younger Canadians were the least likely to be worried about contact with Iranians or Asians (27%) versus those aged 55 and older (34%). Canadians living in Quebec (39%) and BC (39%) were the most likely to be worried about contact with an Asian or an Iranian compared to those in the Atlantic provinces (20%).

CANADIANS, AMERICANS, POLITICIANS AND RACISM IN A PANDEMIC

Politicians in both countries are also actively engaging in racist behavior related to the virus in 2020. In Canada, Alberta Premier Jason Kenney, questioned Canada's chief medical officer, Dr. Theresa Tam of simply *parroting* the Chinese Commun-

1 Interestingly, other countries have been accused of creating COVID-19 in a lab. The Chinese have blamed the United States for creating the virus (Enloe, 2020), as has the Ayatollah Ali Khamenei in Iran (Bellemare 2020b). Others believe that the virus was created in the National Microbiology Laboratory, located in Winnipeg. Reports suggested that a recently dismissed professor from China developed then stole the virus and took it with her to China when she was deported (Pauls and Yates, 2020). All reports have been verified as false claims; scientists worldwide have studied the virus and have concluded it could not have been created in a lab due to the genetic similarity to other wild-type viruses (Marshall, 2020).

ist Party agenda (Picard, 2020). In a widely criticized video, Conservative MP and leadership candidate Derek Sloan asked his supporters if they thought Dr. Tam was more loyal to China[2] than to Canada and demanded that she be terminated from her position (Turnbull, 2020). In the United States, politicians, including the president, have continually referred to corona virus as Kung-flu, Wuhan virus, Wu-flu, Chinese plague, and Chinese virus[3] (Filipovic, 2020; Cathey 2020). Trump and other political figures have tried to legitimate these labels by indicating that they speak only of China as the 'source' of the virus (Cillizza, 2020a; Cillizza 2020b; Cathey 2020). As American anthropologist Mari Webel (2020) reminds us, blaming China for the spread of disease is not new. The term "yellow peril" has been historically and inaccurately used to describe the Chinese people as disease carriers.

Canadians and Americans report increasing incidents of racism during the pandemic. In the week of June 8th, the ACS survey asked Canadians and Americans how often they hear racist or prejudiced comments about Black people and Chinese Canadians from their friends and family. One in four Canadians reported that racist comments against Black peoples (27%) and Chinese peoples (26%). Among Americans, 34% report hearing racism against Black peoples and 27% about Chinese peoples from family members or friends. When asked about seeing racist comments on social media, 44% of respondents reported they had seen racist comments about Black peoples, and another 37% report racism against Chinese peoples – numbers similar for both Canada and the US (ACS 2020c).

CONCLUSION

Although we are early in the COVID-19 pandemic, there are already multiple points of similarity with SARS-1. Like the SARS epidemic in 2003, conspiracy theories are spreading. The content and target of the conspiracy theories and racism are identical in 2003 and 2020. Americans and Canadians alike are reacting with similar levels of racism and distrust, particularly of Chinese and Asians. Reports of racism in forms of verbal attacks and physical assaults are increasing in both countries. Some politicians are taking advantage of systemic racism in our society to demean and mislabel the pandemic as a "Chinese plague" (Cillizza, 2020b). The similarities presented in the racist contexts of SARS in 2003 and COVID-19 in 2020 underscore the enduring, pervasive and epidemic nature of racism in both countries. It is easy for some Canadians and Americans to gravitate toward racist beliefs to explain the existence of a virus that threatens the lives of millions. When our politicians fail to extinguish the conspiracy theories that fuel these beliefs, our societies are doomed to continue to replicate the harmful, stereotypical and racist beliefs that are deeply embedded within our social, economic and political systems. The racism explicit within the public and political discourses of the 2003 epidemic and 2020 pandemic should give Americans and Canadians pause to reconsider their role in maintaining stereotypes and misconceptions about their fellow human beings.

2 Dr Tam is a Canadian citizen who was born in Hong Kong.

3 On March 18, as President Trump gave a national update, he again referred to COVID-19 as the "Chinese virus". Stock markets in New York were immediately and briefly closed (Cathey, 2020).

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