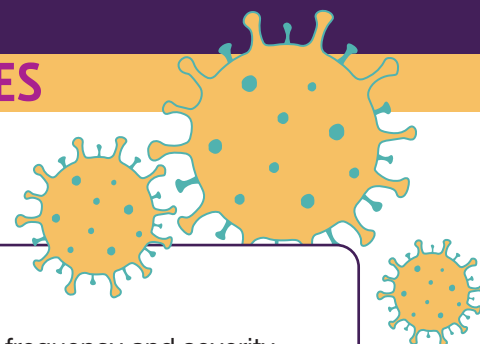


# Anti-Asian Racism, Stigma, and Discrimination

## EXAMINING THE SOCIETAL CONSEQUENCES OF THE COVID-19 PANDEMIC



### Key Findings:

- Targeted anti-Asian racism and discriminatory acts have increased in frequency and severity throughout communities in BC and across Canada during COVID-19.

## Situation

There has been an increase in racism and intolerance in BC during the COVID-19 pandemic, directed against Chinese populations and people perceived to be of Asian descent.

## Background

Anti-Asian racism and biases are not new in the BC and Canadian context. Past instances include explicit historical federal policies discriminating against Chinese communities (e.g., Chinese Head Tax (1885), Chinese Exclusion Act (1923-1947));<sup>1</sup> historical denial of voting rights for those of Asian descent (1885, 1920);<sup>2</sup> targeted attacks on Japanese and Chinese communities organized by the Asiatic Exclusion League during the Vancouver Anti-Asian Riots (1907);<sup>3,29,30</sup> racialization of drug laws in Canada specifically targeting Chinese individuals (1920s);<sup>4,5</sup> and incarcerating Japanese Canadians during the Second World War (1942).<sup>2</sup> More recently, this includes racialized discrimination targeting Chinese and Asian communities during the SARS outbreak in 2003.<sup>3,6</sup>

While interpersonal and systemic racism persists in BC overall, specific drivers of racism towards Chinese and Asian populations during the COVID-19 pandemic have included:

- The origins/first documentation of the virus in the city of Wuhan, China;
- Stigmatizing and incorrect language used when speaking about COVID-19;<sup>7</sup> and
- Initial international travel restrictions by several countries limiting travel specifically from China.<sup>8</sup>

Numerous reports and publications have identified a need to reduce barriers to accessing culturally safe and appropriate care during COVID-19, including safe spaces, respectful interactions and access to translated materials.<sup>18,19,20,21</sup>

### Indigenous Peoples and Reconciliation

While this report specifically focuses on the racism and discrimination faced by Asian people during COVID-19, the impact of structural and interpersonal racism, ongoing discrimination and related stigma on Indigenous (First Nations, Métis, and Inuit) Peoples during COVID-19 is also a serious issue. The pervasiveness of anti-Indigenous racism and discrimination in BC's healthcare system are well described in the [In Plain Sight](#) report. The report also details concrete actions that are required to arrest racism and its associated harms.



## *The First Nations Health Authority's Statement on the Societal Consequences of BC's COVID-19 Response*

COVID-19 and the public health measures taken to respond to it have reinforced existing inequities and discrimination present in BC's health and wellness system. First Nations people in BC have been disproportionately affected by COVID-19. Data show that First Nations people in BC have tested positive for COVID-19 at a higher rate than other residents, have had lower median ages of hospitalization and have higher rates of admission to intensive care units and death from the virus. The impact of COVID-19 on social determinants such as housing, food security, education, and geography has had ripple effects on the health and wellness of First Nations in BC. This is evident in the significant increase in toxic drug deaths during the pandemic and the elevated rates of anxiety, depression, and grief

experienced by many First Nations people, which is further layered with intergenerational trauma and loss from past pandemics. Despite these challenges, First Nations people in BC have responded to the pandemic with strength and resilience that is grounded in culture and community. Families have found new ways to connect, support their communities and keep each other well. The First Nations Health Authority (FNHA) has worked quickly to expand virtual services, and proudly served as a partner to First Nations communities in BC to advance community priorities and ensure support and services have been available throughout the pandemic. The FNHA's full statement on the societal consequences of BC's COVID-19 response can be found at: [www.fnha.ca/Documents/FNHA-COVID-19-Statement.pdf](http://www.fnha.ca/Documents/FNHA-COVID-19-Statement.pdf).

## Findings

Evidence from BC and Canada clearly demonstrates that COVID-19 has generated and/or worsened targeted racism towards Asian Canadians. It is reflected in a number of ways, including racist graffiti/social media messaging, being called names or insulted, and being threatened, intimidated and assaulted.

See Table 1 for select summary of findings related to increased racism and hate crimes being reported across BC and Canada against Asian community members.

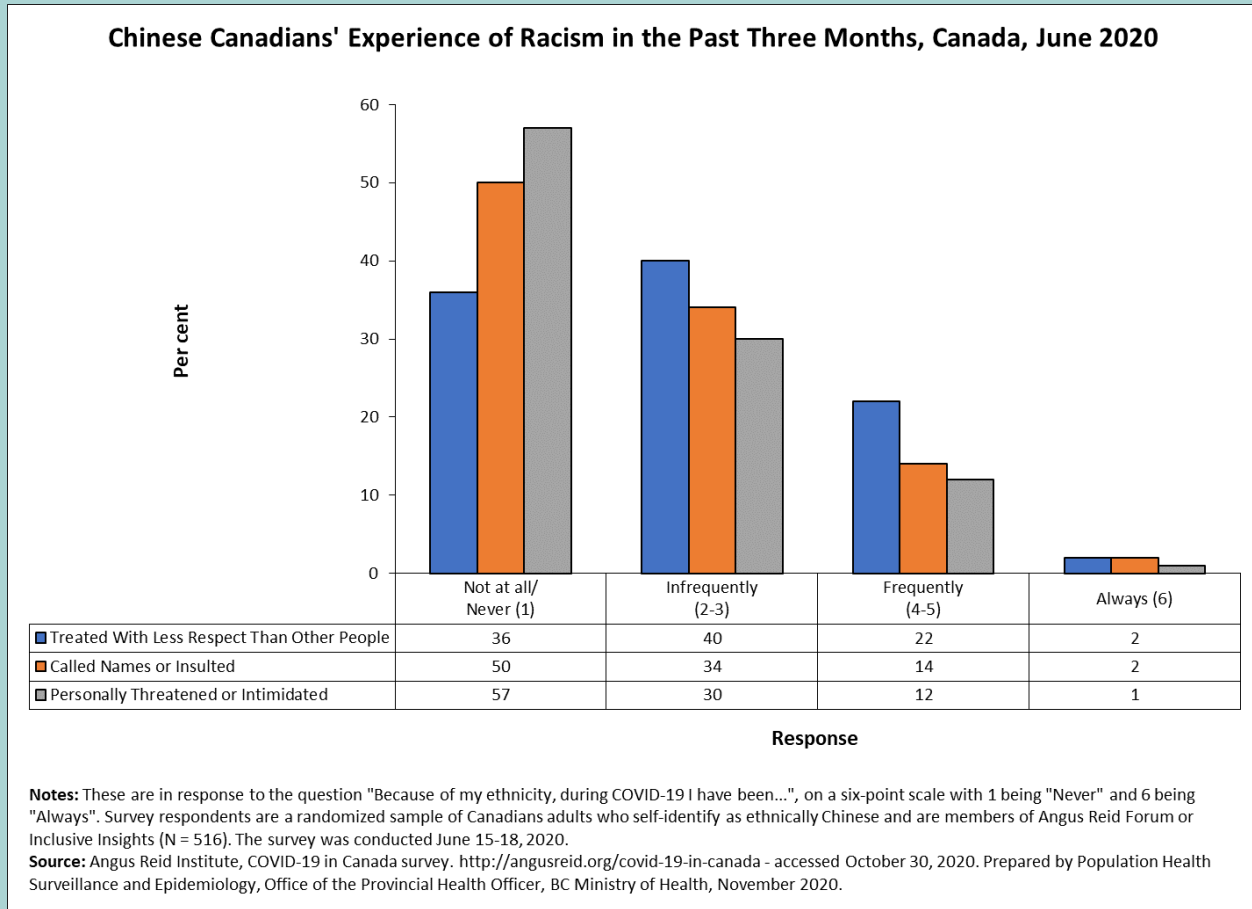
**Table 1: Perceived and reported anti-Asian racism and discrimination in BC and Canada during COVID-19**

Source	Source Notes	Findings
<b>Vancouver Police Department</b>	<ul style="list-style-type: none"> <li>Public reporting via VPD Hate Crime phone line and online forms (including Chinese-translated)</li> <li>Scope: regional (Vancouver-only)</li> </ul>	<ul style="list-style-type: none"> <li>155 hate-related police reports have been filed, including those targeting Asian communities (up from 69 in the same time period in 2019).<sup>9</sup></li> <li>Anti-Asian racism complaints (ranging from mischief [e.g., graffiti] to physical assaults) have spiked from 7 in 2019 to 66 in the first six months of 2020.<sup>10</sup></li> </ul>
<b>Angus Reid Institute Survey<sup>11</sup></b> (see also: Figure 1)	<ul style="list-style-type: none"> <li>Online survey</li> <li>Collection date: June 15-18, 2020</li> <li>N=516 (representative randomized sample of Canadian adults self-identifying as ethnically Chinese)</li> <li>Scope: national</li> </ul>	<p>As a direct result of COVID:</p> <ul style="list-style-type: none"> <li>50% reported being called names or insulted;</li> <li>43% have been threatened or intimidated;</li> <li>30% report being exposed to racist graffiti or social media messaging;</li> <li>29% report being made to feel as though they posed a threat to the health and safety of others;</li> <li>61% have altered daily practices to avoid negative social encounters; and</li> <li>64% believe negative media portrayal led to negative views of Chinese ethnicity in North America.</li> </ul>
<b>Statistics Canada<sup>12</sup></b> (see also: Figure 2)	<ul style="list-style-type: none"> <li>Crowdsourcing online survey on the impacts of COVID-19 on Canadians' perceptions of safety</li> <li>Collection date: May 12-25, 2020</li> <li>N=&gt;43,000 Canadians</li> <li>Scope: national</li> </ul>	<ul style="list-style-type: none"> <li>30% of those identifying as Chinese reported having perceived an "increase in harassment or attacks on the basis of race, ethnicity, or skin colour" in their neighbourhood since the start of the pandemic.</li> <li>Visible minority<sup>a</sup> respondents were three times more likely to believe discriminatory attacks have increased since the pandemic began than those who did not report being visible minorities.</li> </ul>
<b>Statistics Canada</b>	<ul style="list-style-type: none"> <li>Canadian Perspectives Survey Series: third wave</li> <li>Collection date: June 15-21, 2020</li> <li>N=&gt; 4,000 respondents</li> <li>Scope: all 10 provinces</li> </ul>	<ul style="list-style-type: none"> <li>20.6% of those identifying as a visible minority reported fear of targeted stigmatization due to racial identity where this was significantly higher among immigrants (41.7%) than Canadian-born respondents (8.6%).<sup>13</sup></li> </ul>

a See Appendix A for definition of visible minority.

Source	Source Notes	Findings
<b>Chinese Canadian National Council for Social Justice</b> <sup>14,15</sup>	<ul style="list-style-type: none"> <li>Automated phone interview</li> <li>Collection date: April 24, 2020</li> <li>N=1,130 (18 years or older)</li> <li>Scope: regional (limited to Vancouver, Toronto, Montreal)</li> </ul>	<ul style="list-style-type: none"> <li>4% reported having concerns that all Chinese or Asian people carry COVID-19.</li> <li>13% reported being aware of a neighbourhood contact who had experienced racial bias due to COVID-19.</li> </ul>
<b>Project 1907</b> (in partnership with Chinese Canadian National Council Toronto Chapter, Chinese Canadian National Council for Social Justice, and Vancouver Asian Film Festival) <sup>16</sup>	<p>Online COVID-19 Racism Incident Reporting form</p> <p>Collection date: April 23-May 18, 2020 with updated information in September 2020</p> <p>N=619 respondents</p> <p>Scope: national</p>	<p>Overview of anti-Asian incidents:</p> <ul style="list-style-type: none"> <li>Sites: public spaces (e.g., sidewalk, park) (45%); grocery store (14%); public transit (8%).</li> <li>30% included targeted coughing, spitting, physical violence.</li> <li>65% included verbal harassment (e.g., name calling, racial slurs, threats, swearing).</li> <li>60% were reported by female survey respondents nationally, and 70% were reported by female survey respondents in BC.</li> <li>83% were targeted at individuals from East Asian backgrounds.</li> </ul>

FIGURE 1



Additional data analyses were completed for the Angus Reid Institute survey summarized above (see Table 1). As shown in Figure 1, in a national survey, 22% of Chinese Canadian respondents reported they were “frequently” treated with less respect than other people due to their ethnicity, since mid-March, 2020, and 2% believed this was “always” the case. Additionally, 16% were “frequently” or “always” called names or insulted, and 13% have “frequently” or “always” been personally threatened or intimidated based on their ethnicity from March to June 2020.

FIGURE 2

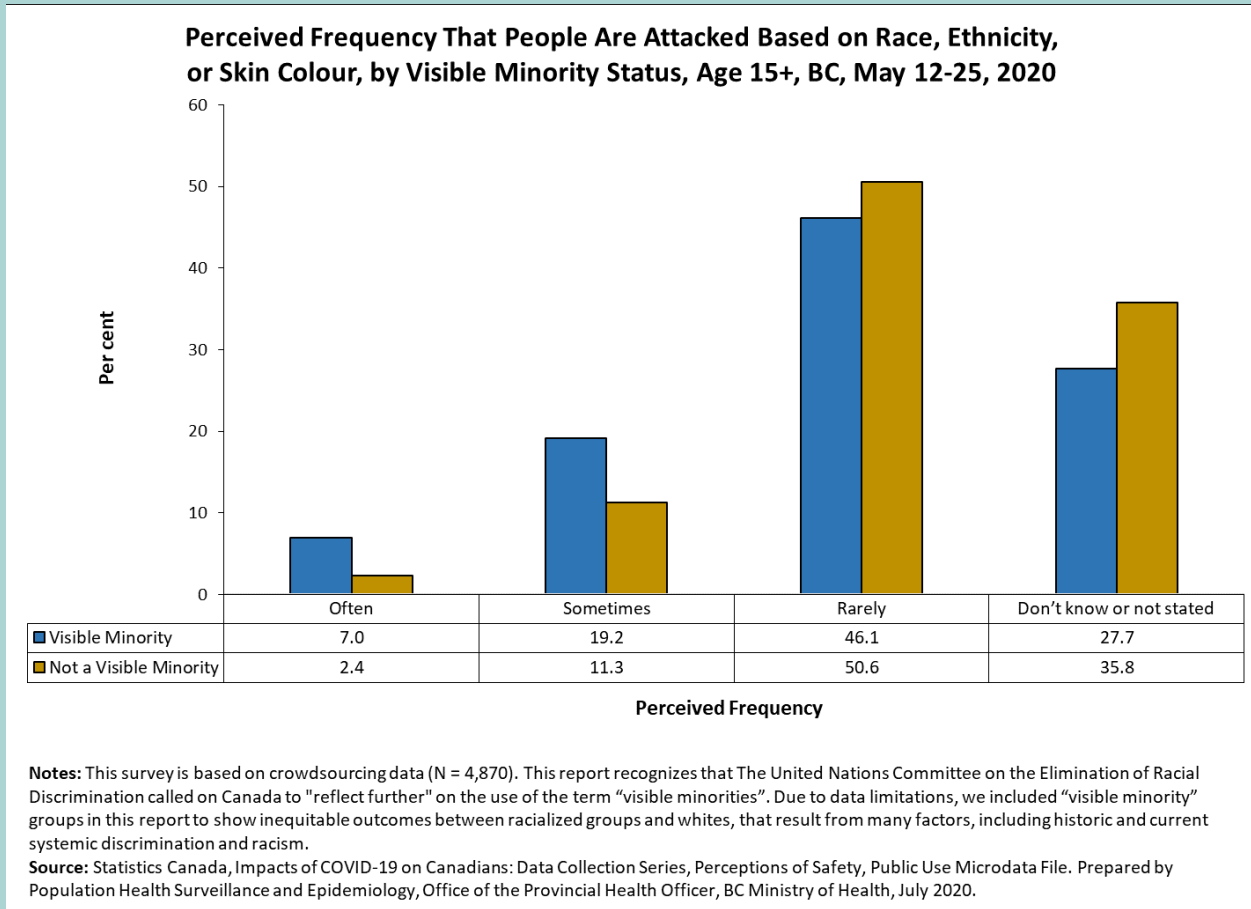


Figure 2 shows the results of a Statistics Canada survey about COVID-19 (*Impacts of COVID-19 on Canadians Data Collection Series, Perception of Safety*). The survey asked about the perceived frequency that visible minority people were attacked based on their race, ethnicity, or skin colour, during COVID-19 in May 2020. Among respondents who self-identify as a visible minority, 26.2% perceived that racialized attacks occurred “often” or “sometimes.” Additionally, respondents who do not identify as a visible minority were more likely to report that attacks were based on race, ethnicity, or skin colour “rarely”.

FIGURE 3

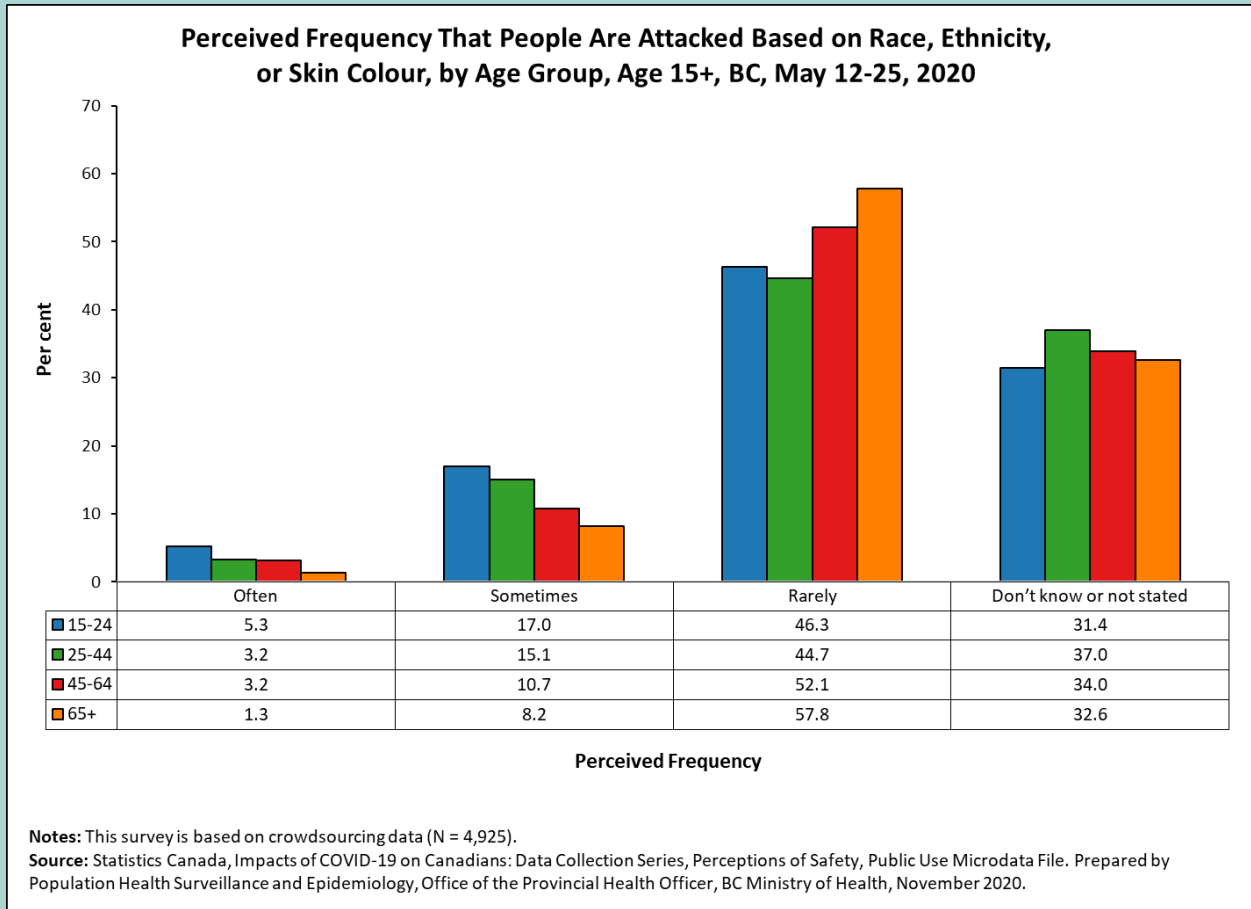


Figure 3 shows results from the same Statistics Canada survey described above (see Figure 2) about perceived frequency of attacks based on race, ethnicity, or skin colour, by age. Younger people were more likely to report perceived frequency of racialized attacks as “often” or “sometimes”, with perceived frequency decreasing with respondent age.

## Equity Considerations

It is important to understand that the experiences of interpersonal racism take place within pre-existing systemic and institutional racism in BC; it creates additional layers of unequal impacts and potential harms for racialized citizens. In addition to the explicit experiences of racism and discrimination, results from BC's COVID-19 SPEAK Survey (see Appendix A for further details) demonstrate how Asian groups have differently experienced the impacts of COVID-19 and related response measures.<sup>17</sup> Findings include:

- Respondents who were most likely to report having difficulty accessing healthcare were those who identified as Japanese/Korean (30.3%), multiple or other ethnicities (26.7%), or South Asian (26.5%).
- The highest proportion of respondents who reported their children experienced impaired learning during the pandemic identified as Chinese (81%) or Japanese/Korean (78.2%).
- 60.8% of individuals who identified as Japanese or Korean reported more stress on their child as a result of school closures (see Appendix A for further information).

Increased racialized attacks during COVID-19 have multiple layers of inequities, shown in preliminary data:

- Gendered differences have been reported, whereby Asian women are disproportionately attacked, and are also more likely than Asian men to report fear of stigmatization because of the attack.<sup>13,16</sup>
- A higher proportion of Canadians living in urban areas reported fears of being stigmatized than those in rural areas (21% and 12% respectively), which may in part reflect the higher proportion of visible minority populations in urban areas.<sup>13</sup>

## Actions Initiated or Planned to Address Unintended Consequence

This list provides examples of actions taken or initiated and is not a comprehensive list. Readers are encouraged to visit the websites of ministries involved in this work to find the latest information.

- In May 2020, the Victoria Immigrant and Refugee Centre Society (VIRCS) was selected as the new Resilience BC Hub to connect communities with information, training and resources throughout the province and address systemic, institutionalized racism.<sup>22</sup>
- The Resilience BC Anti-Racism Network is working to address systemic and institutionalized racism, and is offering new resources, such as a new online tool for reporting incidents of racism and hate, and sharing multi-lingual videos.<sup>23,24</sup>
- In June 2020, the BC Ministry of Public Safety and Solicitor General announced the creation of an all-party committee to engage with communities and experts on modernizing the 45-year-old *Police Act* to reflect today's challenges and opportunities for delivering police services with a specific focus on systemic racism.<sup>25</sup>
- In June 2020, Premier Horgan requested the Office of the Human Rights Commissioner and the Office of the Information and Privacy Commissioner to research and present recommendations to the province on the collection of race and ethnicity-based data, to better understand how the pandemic is affecting racialized communities differently to ensure equitable, fair planning for BC's recovery.<sup>26</sup>
- In July 2020, the Ministry of Education announced the first official meeting of the new Community Roundtable on Anti-Racism, which functions to ensure development of an anti-racism action plan and to strengthen the K-12 curriculum, honouring the diversity, cultures, and beliefs of all students and staff.<sup>27</sup>



- In 2021, across Canada, May 10 was marked the Day of Action Against Anti-Asian Racism. Similarly, the Government of British Columbia announced that May 23-29, 2021 will be recognized as Anti-Racism Awareness Week, with many new initiatives, including the launch of a new racist incident hot line, new legislation for race-based data collection, and the introduction of the first anti-racism act in BC.<sup>28</sup>
- BC will be introducing anti-racism data legislation in the spring of 2022 based on recommendations by the Office of the Human Rights Commissioner and the Office of the Information and Privacy Commissioner.<sup>31</sup>
- The Province will be creating a racist incident hotline in response to an increase in racist activities throughout BC. This is intended to be a multilingual service, not delivered by police, for British Columbians to report racist incidents and receive needed supports.<sup>32</sup>
- Relevant and currently ongoing research related to this UniCon include:
  - *COVID-19 and Mental Health Resources for Asians in Canada*, led by Fred Chou (University of Victoria; funded by the Faculty of Education COVID-19 Emergency Research Fund); and
  - *Mediating contagion: international students negotiating media, policy and institutional responses for COVID-19*, led by John Paul C Catungal (University of British Columbia; funded by Social Sciences and Humanities Research Council of Canada (SSHRC)).

## Considerations for Further Action

This section provides considerations for action based on the findings of this report. These are not formal recommendations, but rather ideas to consider when shaping recommendations and actions related to this topic.

1. Actively address racist, discriminatory acts, including creating effective strategies for non-visible minorities to be allies to those impacted.
2. Ensure easily accessible, understandable, and culturally relevant supports including translated materials are widely distributed. This is especially important to address concerns (e.g., vaccine hesitancy, safety) and misinformation.
3. Increase availability of culturally safe, relevant, and appropriate health services. This includes appropriate and safe treatment in all health settings, and increased mental health support to assist those affected by racism and discrimination.
4. Enhance anti-discriminatory and intolerance-related content in educational curriculum at all levels of schooling, including secondary and post-secondary settings.

## Appendix A: Data methodology notes

### 1. Charts provided by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer.

For questions contact: [HLTH.PHSE@gov.bc.ca](mailto:HLTH.PHSE@gov.bc.ca).

### 2. Statistics Canada Survey on the Impacts of COVID-19 on Canadians

The Statistics Canada surveys on the Impacts of COVID-19 on Canadians are designed to assess the quality and viability of a more timely collection model using willing participants (voluntary) and web-only collection. In the context of this product, the term *crowdsourcing* refers to the process of collecting information via an online questionnaire. The crowdsourcing data was collected through a completely non-probabilistic approach which does not involve a random selection of respondents like other traditional Statistics Canada surveys. Consequently, results pertain only to the participants and cannot be used to draw conclusions about the larger population of Canadians. Standardized benchmarking factors have been applied to compensate for the over/underrepresentation of the participants resulting from the use of crowdsourcing data.

### 3. Use of the term “visible minority” in Statistics Canada surveys

Statistics Canada uses the term “visible minority” according to the definitions in the *Employment Equity Act*. The same terminology is still being used in order to maintain historical comparability with survey data that have been collected over many years. The categories refer to ‘persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour’. The visible minority variable includes the following classifications: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese, Visible minority, n.i.e. (n.i.e. meaning ‘not included elsewhere’), Multiple visible minorities and Not a visible minority.

### 4. BC COVID-19 SPEAK Survey

**Survey administration:** The BC COVID-19 SPEAK Survey was primarily an online survey administered from May 12, 2020 to May 31, 2020 across British Columbia. A call centre was also created to support individuals who wished to take the survey with assistance. The survey was available in English and Simplified Chinese, with language guides in downloadable electronic format available for 9 other languages (Arabic, American Sign Language, Farsi, French, Korean, Punjabi, Spanish, Traditional Chinese and Vietnamese). All other languages were available through the call centre from PHSA Provincial Language Services. The BC COVID-19 SPEAK Survey was funded by the BCCDC Foundation for Public Health.

**Sampling:** The target population for the survey was residents of British Columbia who were 18 years of age or older. In order to achieve a large and representative sample, a response target of 2% of the urban population and 4% for rural/remote communities were set as determined by the Community Health Service Area (CHSA) density designation. Targets were also established for age, gender, income, education and ethnicity by each geographic area. Progress towards these targets was monitored daily and purposeful promotion and stakeholder outreach was done in order to better reach certain geographies and population demographics. Population targets were surpassed for each Regional Health Authority. However, not all sub-regions or demographic groups by geography did reach their target. Specifically, rural communities, populations with lower education, lower incomes, and some visible minorities were less reached and were prioritized for outreach. The final analytical dataset, which only included surveys where a Health Service Delivery Area geography, age, and gender were assigned and where the respondent must have completed at least 33% of the survey, contained 394,382 responses.

**Weighting:** Statistical weighting is often used in large surveys to ensure that the sample of collected responses reflects the overall target population. This type of weighting compensates for the fact that certain demographics are less likely to respond to a survey. By establishing detailed socio-demographic targets at the outset for each geographic area of interest within the survey area, it allowed for more focused participant recruitment with the ultimate benefit of applying smaller weights. The final BC COVID-19 SPEAK Survey sample was weighted using 2016 Canadian Census data by geography (HSDA, LHA, and CHSA) for age, sex, education level, and ethnicity to account for residual differences in sample demographics and to ensure that the sample is as representative as possible of the overall geographic population that is being reported on.

**Data limitations:** BC COVID-19 SPEAK Survey is a non-randomized voluntary survey subject to self selection bias among those who choose to respond to the survey. To adjust the sample to the population and enhance representativeness, quota-based sampling by geography and post collection weighting are used. Correction for unknown population characteristics is not possible. This limitation is not unique to non-randomized surveys as self selection bias is apparent in voluntary randomized surveys as well where a significant proportion of those offered to take a survey choose not to participate. Despite attempts for outreach to underrepresented communities and statistical weighting and the creation of multiple points of access, this survey may be limited in its ability to fully reflect the experiences of members of communities unable to complete the survey due to language or access barriers.

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Suggested Citation: Office of the Provincial Health Officer and BC Centre for Disease Control. Examining the Societal Consequences of the COVID-19 Pandemic: Anti-Asian Racism, Stigma, and Discrimination. July, 2021.