

Health workers as hate crimes targets during COVID-19 outbreak in the Americas

Trabajadores de la salud como objetivos de crímenes de odio durante el brote de COVID-19 en las Américas

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ABSTRACT

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Many health workers in the Americas, especially women, have been victims of discrimination and different types of grievances during the COVID-19 pandemic. These brief reflections aim to make the problem visible, offer theoretical explanations and some recommendations. The pandemic constitutes a massive crisis that triggers fears and reassuring of diffuse anxieties, which often includes someone to blame. Healthcare workers have become circumstantial scapegoating targets. The inflicted attacks can be understood as reactive hate crimes since they are originated from an allegedly healthy person to an allegedly contaminated person. People seems to incur in a sanitary profiling process based on the health worker's uniform. However, these expressions of hatred are fueled by pre-pandemic circumstances such as the precariousness of health systems and deficient medical equipment, misogyny, or the pervasiveness of authoritarian tendencies. Understanding this situation as a human rights issue, it is suggested to consider measures in order to discourage these attacks, such as: guaranteeing the appropriate conditions of hospitals and the personal protective equipment of workers; development of recognition campaigns of the healthcare staff and the work they carry out (in particular female nurses); and implementing transitory regulations that sanction any hate crime type attack to health workers or the scientific community. Furthermore, educational advocacy efforts should reiterate basic hygiene measures for the people, but also focus on refuting false and pseudoscientific beliefs that contribute to the fear-induced construction of the health worker as a threat of contagion.

Key Words: Prejudice; hate; health personnel; Americas; pandemics; coronavirus (source: MeSH, NLM).

RESUMEN

Muchos trabajadores sanitarios de las Américas, especialmente mujeres, han sido víctimas de discriminación y diferentes tipos de agravios durante la pandemia de COVID-19. Estas breves reflexiones tienen por objetivo visibilizar el problema, ofrecer algunas explicaciones teóricas y algunas recomendaciones. La pandemia constituye una situación de crisis generalizada que detona miedos y necesidad de calmar ansiedades difusas, lo que incluye buscar culpables. Los trabajadores de la salud se han convertido en chivos expiatorios circunstanciales. Los ataques sufridos pueden ser comprendidos como crímenes de odio reactivos en cuanto que se dirigen de una persona supuestamente sana a otra supuestamente contaminada. Las personas parecen incurrir en un proceso de perfilamiento sanitario basado en el uniforme del personal de salud. No obstante, estas expresiones de odio se alimentan de circunstancias previas a la pandemia como la precariedad de los sistemas de salud y del equipamiento de los trabajadores, la misoginia o la existencia de tendencias autoritarias. Comprendiendo la situación como un asunto de derechos humanos, para contrarrestar estos ataques se sugiere considerar medidas como: garantizar condiciones hospitalarias apropiadas y de equipamiento protector de los trabajadores; campañas de reconocimiento de la

labor que desempeñan (en particular las enfermeras); y el establecimiento de normativas transitorias que sancionen cualquier ataque de odio contra trabajadores sanitarios o la comunidad científica. Adicionalmente, se sugiere implementar campañas educativas que, además de reiterar las medias higiénicas básicas, se enfoquen en desmentir creencias falsas o pseudocientíficas que contribuyen a la construcción, inducida por el miedo, del trabajador de la salud como una amenaza de contagio.

Palabras Clave: Prejuicio; odio; personal de salud; Américas; pandemias, coronavirus (*fuentes: DeCS, BIREME*).

Among the harsh effects of the COVID-19 pandemic, healthcare workers are suffering assault and mistreatment in different parts of the Americas. There are reports from the United States, Mexico, El Salvador, Panama, Colombia, Argentina and Chile (1-5), regarding cases of health workers who have endured physical (e.g., doused in bleach, hot coffee, disinfectant) and psychological violence (e.g., threats, pressure to leave homes, obstacles to access to the hospitals), stigmatization (e.g., derogatory insults such as “virus”, “infected” or using the word COVID as a pejorative adjective) and discriminatory behaviors (e.g., impediment to use public transportation, signs of repulsion). The pandemic reveals one of its most perverse faces by exerting even more pressure on the already overwhelmed health workers, while also evidencing long-standing psychosocial, cultural and political vices that plague different countries of the American continent.

Crisis, scapegoating and reactive hate crimes

A pandemic constitutes a circumstance loaded with collective uncertainty, overexposure to stress and fear (6). Currently, these aspects are articulated around a diffuse and “invisible” threat (virus) that anyone can carry. The need to reduce the ongoing uncertainties and regain control leads to operating a convenient perceptual scission in the social world between an ingroup (i.e., “us”, or the alleged non-infected people) and an outgroup (i.e., “them”, the alleged prone to or infected people). Precisely, evoking life-threatening conditions prompts ingroup bias, making individuals cling to their own defensive worldviews and to resort to outgroup stereotypes (7,8). In other words, threatening contextual conditions which are adverse and signal uncertainty may encourage prejudice and discrimination toward others who are considered anomalous, such minorities or disadvantaged groups (9,10). Stigmatized groups, those that become –or rather, are construed as– a real or symbolic threat to the ingroup, can work as a sort of lightning rod during periods of frustration and turmoil (10).

Within the sudden harsh living conditions propitiated by the pandemic, it is quite possible that health workers have become scapegoats and are experiencing hate aggressions. Scapegoating, a term derived from religious rituals

(11), currently implies either blaming a group for misfortunes or disasters occurring in a social environment, or portraying outgroup members as a threat to the ingroup’s circumstances, advantages and resources (10-13). According to Girard (13), a scapegoating persecution occurs during crisis periods signaled by institutional breakdown. The collective reaction when facing a crisis can transform otherwise civilized social mobilization in a mob, a spontaneous popular mass that pressures a weakened institutional environment seeking to soothe its diffuse anxieties with hostility and violence.

The aggressions targeted at health workers respond to a scapegoating logic, but constitute hate crimes, since the attacks are directed at others based on their actual or attributed group or categorical membership (i.e., health workers allegedly exposed to or carrying the virus). A conceptual precision must be established: According to Sullaway (14), hate crimes can be more or less instrumental. The more instrumental a hate crime is, the more it seeks to influence government policies (e.g., terrorist attack, a hostage situation). Less instrumentality leads to more reactivity or spontaneity, such as retaliatory behavior that would not have taken place if the circumstances were different (e.g., a xenophobic insult following a frustrating service provision). In this sense, attacking health workers would qualify as **reactive hate crimes** since these attacks are fueled by the encompassing situation of uncertainty and the situational impossibility to know for sure who is infected or not.

The health workers uniforms would signal the basic categorical symbol that instigates the attack. Hence, some health workers are choosing to go out on the street in civilian clothes (1-5). Likewise, it is possible that others experience this *sanitary profiling*: The construction process of every look-a-like healthcare worker as a threat, relying on amplifying attributed risk of contagion of COVID-19. Any hospital-related appearance (e.g., veterinarians, pharmacists) could eventually face some hatred or animosity from the general public. The irrefutable proof of this reactive condition lies in the fact that, before the pandemic, there was not any systematic and reiterative hate attack against health workers, in different parts of the planet and following the same pattern of aggression.

However, if these attacks find their explanation in the situation of diffuse threat, and in the obvious target that the health worker constitutes, it must be stated that these attacks are fueled by pre-pandemic sociocultural, political and institutional conditions. The pandemic has exposed disparities in access to health in vulnerable groups (e.g., migrants) and has triggered racist and discriminatory tendencies toward specific groups, such as Chinese people (or people with Asian traits) and older people, as they are considered special sources of contagion (15). In fact, in the United States, right-wing mentality groups have intentionally spread fake news to instigate hatred towards Asian people, creating racialized conspiracy theories (e.g., the "Chinese virus", the virus as a biological weapon of the Chinese government) and promoting false cures based on racial immunological superiority. Within anti-lockdown protests in the United States it is possible to identify unprotected crowds (i.e., without masks or not keeping enough physical distance), far-right individuals dressed in militia suits, carrying large-caliber firearms as an alleged demand for the "freedom" lost as well as religious denial messages of the pandemic or the reality of the virus (4,16,17). The protests, in addition to being opportunities to vilify health workers on the street, increase the risk of new and massive contagions and of reversing any disease containment achieved so far.

In Latin America, most of the attacks reported have been directed at female nurses on the streets. The overlapped vulnerability based on gender and social class, which forces this sector of health workers to use public transport and expose themselves to the cultural permissiveness of the misogynistic attack in the public space, should not be discarded. Misogyny also constitutes an expression of hatred that the context of crisis and threat of the pandemic have triggered (9,14,18), judging by the increase in violence against women that is taking place around the world (19). In short, prejudices exacerbate and they take center stage when link up with cultures where authoritarianism is instigated by power groups or is deeply rooted in culture (4,16,17). This is the case of El Salvador (18), where, as journalist Carlos Dada (20) declares, there is currently a triple crisis: health-wise, economic and democratic. It is a sanitary crisis due to the pandemic; economic due to poverty and the informal jobs of most of the population; and democratic, because the government has not hesitated to resort to fear, confront other state powers, or the militarization of the streets, while any expression of dissent or disagreement is reviled, including those of specialists and academics.

The Salvadoran case illustrates that victims of the virus are treated as victimizers and health workers are treated

as responsible for the contagion. For instance, a female nurse who contracted the virus during her work was rejected along with her family by her community, and, like many other health workers, she lives in poverty and without access to water public service (20). Hatred against the healthcare workers can be reactive, but it is rooted in psychosocial and cultural infrastructures marked by authoritarianism, ignorance, precarious living conditions and weak health systems, as well as government actions that strain democracy and, with that, jeopardize human dignity.

As an invitation to optimism, it must be said that attacks on health workers should disappear as the pandemic gets controlled. But the fate of the physical and psychological integrity of health workers, whose strengths are already at their limits and whose effective work depends on their general well-being, cannot wait for the unpredictable progress of the pandemic. Especially since, despite systematic efforts to predict the pandemic evolution (21), a slow and gradual return to "normality" has been announced, new waves of infection are possible or simply because something can go wrong (e.g., an increase in infections due to violations of confinement and physical distance measures).

Building on the previous reflections, and on the well-being of health workers as a matter of human rights concern (22), the governments, other decision and policy makers, and the general public should consider, at least, the following recommendations:

- a. Guarantee adequate hospital resources and facilities, training and every day sanitary supplies for the health personnel (e.g., protective equipment). The care and real respect on the part of governments towards health workers is related to the provision of the necessary tools to carry out their work. Neglecting proper equipment and implementation of health protocols can endanger the staff and therefore their families. While this scenario would increase emotional distress on the workers, it also could instigate social mistrust and hate attacks upon the confirmation that –not even– the health specialist can prevent infection and spread of COVID-19.
- b. Sustained implementation of respect and recognition campaigns of the work of health personnel in the media, highlighting health professions as respectable and highly valuable social activities. It is necessary to highlight the special value of nurses, and female nurses in particular. In different parts of Latin America, female nurses are culturally and materially undervalued personnel, whose care work does not stop at home and who, as women, are at greater risk of suffering violence during the confinement dynamics caused by the pandemic (18).

- c. In the same way that rapid laws to restrict some civil rights or to implement household quarantines are enacted, it is possible to promulgate transitory regulations that actively and explicitly sanction any form of discrimination or hate attacks against health workers in those countries that need it. Special attention should be put on any group or person with extremist ideas that spread fake news, rumors, or real or virtual attacks against health personnel, the work they carry out, or against scientific opinions that contravene the criteria of official instances.
- d. In addition to the implementation of educational campaigns aimed at the general population on sanitary measures to prevent contagion, it is essential to include awareness campaigns to debunk misinformation or demonstrate that health personnel do follow strict hygienic protocols, in order to dispel unfounded beliefs about them. In times of uncertainty and fear, ignorance, credulity and unscientific nonsense held by the general population or endorsed by politicians are risk factors for alarmism and violence.

It has been said that the pandemic is a battle that we all win, or no one wins. The fight against expressions of hatred against health workers must be a permanent effort if there is not a minimum and clear control over the pandemic. In that sense, one of the fundamental lessons for the future that the pandemic leaves us is the perennial need to promote and give the value that scientific education deserves. Ultimately, this constitutes an essential antidote against ignorance, credulity, prejudice and any proclivity to hate. Coronavirus is bulletproof. It is transmitted by cough droplets but also by mental narrowness and pseudoscientific beliefs. We need antiviral tests, not assault rifles, evidence-based decisions and amplify the voice of the experts. Humanistic aspirations of science and its values—promotion of well-being and human rights, transparency, peer review, public discussion, self-correcting aspiration—can serve as an ethical ventilator for regimens and democratic fabrics infected and swollen by the pervasive virus of authoritarianism.

In the same way, evidence shows that health workers in normal conditions in different parts of the Americas (and the world), already faced precariousness, discrimination and adverse and strenuous working conditions. We cannot afford to make their job even more difficult. Neither fear, frivolous consumption urgencies, supremacist worldviews or the desire for political revenues should expose to contagion, demoralize or erode the sense of pride for the first—and only and most crucial—battle line we have against this gigantic microscopic global threat. At the end of this nightmare, the only marks that should be

left on health workers are those of their (suitable) protective equipment on their faces after a job well done, and the memory of society's deep gratitude. Never the long-lasting ungrateful marks of stigma and hate ♦

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