March 27, 2020

Re: Concerns about Bias and Prejudice during the COVID-19 Pandemic

To Our DGSOM Community,

In this unprecedented time, it is critical that we renew our commitment to our shared values of equity and diversity inclusion. We increasingly hear about prejudicial acts, words, or comments that target vulnerable populations. In addition, individuals from Asian backgrounds have reported discrimination and bias in their neighborhoods, while out obtaining critical food or medications, and in their work environments. As COVID-19 spreads, we must still protect ourselves and the fabric of our communities. We accomplish this by providing excellent medical care and by condemning xenophobia and racism.

To better understand how we are addressing issues of equity, diversity and inclusion, including how to address demeaning descriptions of COVID-19, please review these recently posted resources:

- "Covid-19: What's in a Name?" from UCLA Vice Chancellor Jerry Kang
- Equity and Inclusion During COVID-19 from the UC Council of Chief Diversity Officers
- “The New Coronavirus Affects Us All. But Some Groups May Suffer More” published 3/16/2020 by the AAMC

We also urge you to uphold our Cultural North Star as a democratic framework that empowers each of us to act with courage and honesty in the face of sentiments or actions that do not align with our guiding values.

But, how do we address the consequences of bias and prejudice?

- Be prepared to actively interrupt instances of negative bias
- Provide education to correct misinformation
- Support those who are unfairly targeted

RESOURCES AND ACTIONS

1. COVID-19 Resources for Vulnerable Communities from the UCLA Fielding School of Public Health’s Center for the Study of Racism, Social Justice, and Health (composed of UCLA faculty, faculty from other UC campuses, affiliates, post-doctoral fellows, students, and community advocates)
2. From the CUNY School of Medicine Community: “The diversity of this city is what attracted many of you...... As emerging infectious diseases become a global phenomenon, and many of you prepare to be at the front line of fighting these diseases, remember that they can only be fought through solidarity and cooperation, rather than anxiety, stigmatization, and hostility.”

- “Continue to educate yourselves about the history of anti-Asian rhetoric that exists in the United States and learn ways to address and disrupt such rhetoric.
- Treat community members with care and empathy. Realize that this can be an emotional time for many people, especially as we are inundated with messaging around the virus. Ask for permission before beginning a conversation about the COVID-19 outbreak as each person’s emotional response to this may be different.
- Resist making generalizations about a group of people and challenge yourself to understand why you may be doing so.
- Remember that minoritized people are likely to be the hardest hit with COVID-19. Familiarize yourself with local and national efforts to enhance detection and treatment for all.

3. “Credentials Don't Shield Doctors, Nurses from Bias” 2017 WebMD article

- Article discusses a Medscape Survey of 822 practicing doctors in the US and noted that 43% of physicians with an Asian heritage stated that they had experienced an offensive comment from a patient about their ethnicity or national origin
- Remember that nurses and doctors experience bias, and “Be Kind” to everyone in the healthcare arena


**BACKGROUND**

- Anti-Chinese and Anti-Asian racism were observed early in the COVID-19 pandemic by many countries
- The hashtag #JeNeSuisPasUnVirus (I’m not a virus) trended in France
- “When Xenophobia Spreads Like a Virus” was an NPR segment aired on March 4, 2020
- There is an unfortunate and long history of falsely blaming immigrants for causing disease (article published in The World by PRI that interviews University of Minnesota Professor Erica Lee, author of “American for Americans: A History of Xenophobia in the United States”)
- “Fear of disease is at the root of racism” 2019 article
“In Memoriam” published for Dr. Li Wenliang, who tried to alert his colleagues at the onset of the COVID-19 pandemic, and also discusses the heroism of individuals caring for patients.

The DGSOM EDI group acknowledges members of the AAMC Group on Diversity and Inclusion for providing the above resources. We also would love to hear from you. Please contact us through the following email address: DGSOMEDI@mednet.ucla.edu.

Working Together to “Make Things Better,”

DGSOM EDI