SOCIAL DISCRIMINATION AND STIGMA DURING PANDEMIC INFLUENZA

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Health, Ethics and Human Rights

Ethics
- Concerns of specific actions of governments, individuals, groups
- Product of broad-based consultations
- Drafted by representatives of professional bodies and organizations
- Can be guidelines, codes of conduct (e.g., Nuremburg Code, Helsinki Declaration)

Human Rights
- Norms for guiding government actions
- Drafted and negotiated by government representatives in political forums
- Incorporated into international and national laws
- Instruments to hold governments accountable

Health

Ethics

Human Rights

Instruments to hold governments accountable
“Learned patterns of thoughts and behaviors characteristic of a social group” (Brown, 1997)*
Culture varies by society and disease experiences (illness) vary by culture
Culture influence/shape individual behaviors that can facilitate the spread or prevention of disease transmission
Ethics and human rights are grounded in culture
We in public health are ethically-bound to respect different cultures in our implementation of public health programs

1918 VS. 2009 FLU PANDEMIC

1918 flu pandemic
- Killed an estimated 50 million people worldwide (675,000 in the US)
- Widespread panic and fear
- Documented cases of discrimination and abandonment of those ill
- The PH community largely ignored socio-cultural factors that can prevent or facilitate viral transmission

2009 H1N1 pandemic
- Largely medical and epidemiological
- Media perpetuated fear and panic (alluding to the 1918 pandemic)
- Discrimination and stigmatization were seen against Mexican immigrants in the US and worldwide
- Anti-immigration demonstrations
PROBLEMS IN PUBLIC HEALTH RESPONSES

- With the focus on medical and epidemiological measures, would the PH community be prepared to tackle the fallouts?
- Had there been more deaths, panic and fear would have been even more wide-spread.
- In retrospect, the PH responses revealed leadership and infrastructure problems, related to vaccine manufacturing and distribution, and lack of preparedness to deal with socio-cultural issues.
COSTS TO PUBLIC HEALTH

- Blame, fear, and stigma were among the socio-cultural responses to H1N1
- Hindrance to disease prevention and control, as they likely hampered immigrants’ health seeking behaviors, including delay in treatment and vaccination
- Hindered disease surveillance efforts and facilitated further transmission, which led to the global pandemic.
Public health policies are sometimes formulated without careful consideration of the goals of the policy, whether the means adopted will achieve those goals, and whether intended health benefits outweigh financial and human rights burdens. In particular, public health policies are seldom crafted with attention to their impact on human rights or the norms of international human rights law. Implementing public health policies without seriously considering their human rights dimension may harm the people affected and render the policy ineffective, and possibly detrimental.