



COVID-19 and Impacted Communities: A Media Communications Guide



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1 | Executive Summary

Background

The novel coronavirus SARS-CoV-2 was first identified in December 2019 in Wuhan, China. As 2020 began, the virus spread across the globe, causing illness and death and leaving many countries with overwhelmed medical services, a significant lack of ventilators, and shortages of personal protective equipment (PPE). Public health guidance throughout these times has remained fluid.

As with any momentous occasion in modern history, the world has relied on journalistic media to provide up-to-date, accurate information on the disease's progression. The media, which has experienced significant downsizing and economic strain in the past decade amid a shifting digital landscape, is racing to responsibly cover the pandemic. This alone is a significant challenge, compounded by the contexts of civil unrest, threats to the democratic process, intentional global disinformation campaigns, and the need for every individual and family—including those of members of the media—to attend to the interpersonal, economic, and health strains of this moment.

COVID-19 has forever changed the world. During these perilous times, it is imperative that those tasked with providing the populace with information do so in a manner that does not promote further fear and harm. Journalists and communication professionals have a social responsibility to provide accurate, well-sourced information, data, and perspectives, as free as possible from bias. Speaking to sources who are among those most affected by the pandemic, including those whose communities have the highest rates of infection and death, will bring important perspectives that are often overlooked.

Purpose

We, the COVID-19 Working Group – New York (CWG–NY), aim to provide journalists and communication professionals with a guide to ensure accurate reporting and to mitigate stigma associated with the novel coronavirus SARS-CoV-2 and the associated disease COVID-19.

2 | Opening Message

Founded in March 2020, the CWG–NY is a coalition of physicians, healthcare professionals, scientists, social workers, community workers, activists, advocates, and epidemiologists committed to a rapid and community-oriented response to the SARS-CoV-2 pandemic. The CWG–NY has worked diligently to identify key policy concerns for communities that are particularly vulnerable to medical and socioeconomic complications from COVID-19 and the impacts of physical distancing and other containment and mitigation strategies. “Infodemic” misinformation and disinformation can make people vulnerable to SARS-CoV-2 infection and/or COVID-19; engender fear and even violence; and increase discrimination, criminalization, and stigma against the people and communities that are most affected. This guide was created to provide current, accurate information and resources for the press and other communication professionals to help promote excellence in storytelling about COVID-19, the people living with it, and the fight to eradicate the virus.

According to [DataJournalism.com](#), **Misinformation** is information with unintentional mistakes, such as a newspaper article with an inaccurate headline, photo, dates, or statistics. Misinformation can be relatively easy to correct. **Disinformation**, on the other hand, is fabricated or deliberately manipulated information knowingly shared as part of a campaign with a specific goal or agenda.

On the surface, disinformation has a veneer of credibility, thereby making it more difficult to recognize. Moreover, because disinformation often spreads through deceptive marketing and artificial amplification, it can often be very difficult to delete or correct. This in turn hampers any efforts to minimize its harmful impact on shaping people's knowledge, attitudes, and behaviors.

These factors, along with racist, sexist, and stigmatizing pandemic narratives, are contributing to the demonization and criminalization of people and communities affected by COVID-19. Understanding the roles that bias (i.e., structural and interpersonal racism, ableism), misinformation, and disinformation play in communicating about COVID-19, as well as strategies to prevent them, is critical for producing scientifically accurate and stigma-free narratives in the press and other communications.

We are a coalition reflective of the ethnic, gender, and sexual diversity within affected communities. We believe that language can be a tool either to empower or to further stigmatize. Drawing upon [racial justice](#), [human rights](#), and [anti-stigma frameworks](#), we created this guide because we understand that stereotyping and stigmatizing language, even when unintentional, can cause or exacerbate harm to communities. Being aware of stigmatizing language, and choosing not to use such rhetoric, will positively affect public health by strengthening trust between the public and communication outlets, promoting universal safety precautions, decreasing fear and shame, and motivating people to seek COVID-19 testing and treatment. We hope this guide will encourage you to make informed decisions that will better educate your audience on the lived experiences of people with COVID-19, as well as communities affected by the pandemic.

3 | Getting Started

Since December 2019, the world has watched the rapid progression of a new pandemic, COVID-19. Rising numbers of cases and deaths have led to necessary adjustments in nearly every aspect of our lives—work, school, travel, finances, healthcare, and interactions with family and friends, including the introduction of wearing masks and physical distancing. The pandemic has been plagued with misinformation and disinformation, which continue to perpetuate social stigma and impede the dissemination of [factual information](#).

Data from across the United States have made visible the stark disparities in COVID-19 case rates and health outcomes, with certain racial and ethnic groups experiencing [higher morbidity and mortality rates](#), regardless of age. Data also indicate an overlap between COVID-19 case rates by [location](#) (ZIP code) and [poverty rates](#).

[Social stigma](#) in the context of health is defined as the negative association between a person or group of people who share certain characteristics and a specific disease. In a pandemic such as this one, stigma may mean that people are stereotyped and discriminated against because of an assumed link with a disease and/or group of people. The COVID-19 pandemic has incited discriminatory behaviors



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The COVID-19 pandemic has incited discriminatory behaviors and social stigma against people of certain racial, religious, and ethnic backgrounds, as well as anyone thought to be associated with the virus.

and social stigma against people of certain racial, religious, and ethnic backgrounds, as well as anyone thought to be associated with the virus.

President Trump and others in government have referred to COVID-19 as the “Chinese virus” multiple times in press briefings and other public appearances. Trump also has referred to the disease as “kung flu,” a racist epithet referring to the virus’s origin in China. Such inflammatory language has contributed to a dramatic uptick in anti-Asian harassment and violence, and it negatively affects those living with COVID-19, in particular people of color who appear Chinese and other Asians, as well as businesses with traditionally Chinese or Asian associations.

Michael Caputo, now Assistant Secretary for Public Affairs at the Department of Health and Human Services, has claimed that George Soros (a Jewish progressive philanthropist) created the pandemic. Online dissemination of antisemitic conspiracy theories spiked as the pandemic took hold. In some parts of the world, media coverage has often portrayed Orthodox Jews as the face of the pandemic, and as perpetrators rather than victims.

This stigma can also result in discrimination by healthcare facilities or staff against those seeking medical care, whether COVID-19-related or not. People may be reluctant to seek medical care when they are symptomatic or even exposed but asymptomatic, putting themselves and others at greater risk.

In this setting, media and communications professionals play a critical role in covering the COVID-19 pandemic, and the work they do today will have lasting implications. This guide aims to support and advance this critical work.

4 | Terminology and Framing of Narrative/Story

It is imperative that the stories of people who have or are at risk for COVID-19—or early research on topics such as “airborne” transmission, viral mutation and severity—not be sensationalized. When stories are framed in stigmatizing ways, the repercussions can include increased discrimination and policing, which can lead to criminalizing disease. Furthermore, this can lead to stigmatizing, discriminating, and criminalizing people, communities, or behaviors at perceived risk. Sensationalized, stigmatizing storytelling harms the same communities that are most vulnerable to infectious disease. In the case of COVID-19, stigma may harm Asian and Pacific Islander, Black, Brown, Indigenous, Hispanic/Latinx people, as well as other people of color or people of mixed race/ethnicity.

We have included an index of helpful terms to mitigate stigma and ensure accurate media coverage. Please note that the terms defined below are grouped by theme and in alphabetical order.



4.1 Racism, Scapegoating, and Health Outcomes

► Antisemitism:

Hostile behavior toward Jews just because they are Jewish, including stereotyped views and teachings proclaiming the inferiority of Jews. Antisemitism, particularly against Orthodox Jews, scapegoats this community as clannish outsiders and dangerous disease-spreaders. More attention is paid to Orthodox Jews' stigmatized differences, such as religious practice or lower secular education levels, as sources of exposure or non-compliance with public health guidelines, than to humanizing risk factors: dense housing, access barriers to mainstream information, lack of internet access, in-person jobs, etc. During this pandemic, non-Jewish neighbors have screamed at Orthodox Jews, torn masks off their faces, and edged away from them on subway cars. All this after 2019 had the largest number of antisemitic assaults-particularly against Orthodox Jews-in U.S. history.

► Coronavirus Racism:

Racism that is anti-Chinese and anti-Asian in nature. It is the result of scapegoating and xenophobic reactions, and it includes exclusion, microaggressions, and other racist behaviors related to the COVID-19 pandemic. These microaggressions also include jokes and suggestions that the Chinese community or members of other Asian communities are either responsible for the COVID-19 pandemic or that they should be avoided or suspected of having COVID-19. This builds on centuries of overt racism and discrimination levied against people of Asian descent in the U.S. (e.g., the Chinese Exclusion Act, American-Japanese internment). Such activities can rekindle the direct or indirect trauma of survivors of these racist policies.

► Criminalization:

The use of criminal law to police and punish those who have engaged in activities that might have exposed others to a risk (sometimes negligible or nonexistent) of an infectious disease. The punishment can be a fine, arrest, or both. Examples include laws that criminalize HIV transmission or failure to disclose HIV status, including when there is no risk of transmission (e.g., spitting) or no transmission has occurred. Criminalization can also result in more serious or additional charges, such as assault with a deadly weapon or attempted murder, for the behaviors of people with an infectious disease, which would not result in charges for people who do not have the disease. The criminalization of COVID-19 compromises public health. Policing and criminalization lead to negative health outcomes and discrimination in healthcare settings, which further discourages people from accessing healthcare. When a person's health is criminalized, they avoid testing and treatment to avoid police, criminal penalties, and stigma.

► Microaggression:

A statement, comment, or behavior—regardless of consciousness or intention—which expresses a prejudiced attitude or belief toward a member of a socially or politically marginalized community. The term was first coined in the 1970's by Harvard University professor Chester M. Pierce to describe insults he witnessed against Black people.

► Structural Racism:

Structural racism in the U.S. is the normalization and legitimization of an array of dynamics—historical, cultural, institutional, and interpersonal—that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color. It is a system of hierarchy and inequity, primarily characterized by white supremacy: the preferential treatment, privilege, and power for white people and the concomitant social and political oppression of Asian and Pacific Islander, Black, Brown, Indigenous, Hispanic/Latinx people, as well as other people of color or people of mixed race/ethnicity. As race is a social, historical construct, it is important not to attribute the effects of racism to inherent, immutable differences between so-called biological “races.”

► “Weathering” or “Racial Weathering”:

A metaphor to describe the stress that affects the bodies of people of color and increases general health vulnerability. Arline Geronimus coined the term in the 1990's.



4.2 Public Health Activities

► Contact Tracing:

A method used by state and local health departments to slow or stop the spread of infectious diseases. Contact tracing slows the spread of COVID-19 by (1) letting people know they may have been exposed to COVID-19 and should monitor their health for signs and symptoms, (2) helping people who may have been exposed to COVID-19 get tested, and (3) asking people to isolate if they have COVID-19 or have been in close physical contact with someone who has COVID-19.

► Containment:

The action of keeping something under control or within limits. As a strategy used at the beginning of an outbreak, containment involves tracking the spread of a disease within a community and then using isolation and individual quarantines to keep people who have, or have been exposed to, a disease from transmitting it to other people. Containment strategies can also include travel advisories and alerts, fever screenings, restriction of group gatherings, sharing information publicly in press conferences, and publishing guidelines and fact sheets on websites.

► Hazard Mitigation:

Hazard mitigation reduces loss of life and property by minimizing the impact of disasters. This begins with state, tribal, and local governments identifying natural disaster risks and vulnerabilities in their area before a crisis strikes. After identifying these risks, stakeholders then develop long-term strategies for protecting people and property from similar future events. Mitigation plans are key to breaking the cycle of disaster damage, reconstruction, and repeated damage.



4.2 Public Health Activities cont

► Herd Immunity (Community Immunity):

A situation in which a sufficient proportion of a population is immune to an infectious disease (through vaccination and/or prior illness) to make its spread from person to person less likely. When a community has achieved herd immunity for a particular infectious disease, then even if individuals are not vaccinated against it, some people are offered protection because there are limited opportunities for the disease to be transmitted within the community.

► Isolation:

The process or state of separating people who are sick with a contagious disease from people who are not sick. May include active monitoring of individuals.

► Nonpharmaceutical Interventions (NPIs):

Actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of illnesses. NPIs can include staying home when you are sick; washing your hands with soap and water or using hand sanitizer when soap and water are not available; wearing a mask; physical distancing when coming into close contact with others; temporarily closing a school, business, or workplace; and frequently cleaning touched surfaces and objects.

► Quarantine:

The process or state of separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick. It is a strategy to be used by anyone who has been in physical contact with or exposed to someone with COVID-19. According to current guidelines from the Centers for Disease Control and Prevention (CDC), any person who has been exposed or potentially exposed to COVID-19 should stay home, or shelter in place away from others, for 14 days after the last known or suspected exposure. During that time, they should monitor symptoms and follow directions from their state or local health department.

► Shelter in Place:

All persons to remain indoors until further notice. This order may be issued by the local, state, or federal government.

► Vaccine:

A substance that can provoke an immune response in a person, leading to protection against subsequent infection.



4.3 Privacy/Confidentiality

► Anonymity:

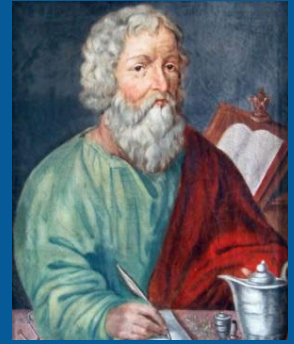
A state of lacking individuality, distinction, or recognizability. Because people diagnosed with, or at risk for, COVID-19 are vulnerable to prejudice and stigmatization, identifying these people by name or image without consent is unacceptable and should be avoided in stories, even if the identifying information was provided by a trusted source. For example, it would be unconscionable to disclose in a media outlet someone's HIV status or the fact that they are a cancer patient or survivor. The same degree of respect should be shown to people living with COVID-19, those who have survived COVID-19, and, with the exception of publicly available information, this also applies to people who have died from COVID-19 complications.

► Confidentiality:

Upholding a person's right to privacy, holding information in confidence. Confidentiality of the patient-provider relationship can be traced back to the fourth century B.C.E. and the Hippocratic Oath. This concept is foundational to guidelines for how medical professionals should exercise confidentiality.

► De-identified Data:

Data from which all personally identifiable information has been removed. Removing identifiers of name, full face photograph, geographic location, and any other unique identifying characteristic is a common strategy that protects the anonymity of people living with disease or ill health.



Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret.

- excerpt on privacy
The Hippocratic Oath
400 B.C.E.



4.4 Testing

► Antibody:

A protein found in the blood that is produced in response to foreign substances (e.g., bacteria or viruses) invading the body. Antibodies protect the body from disease by binding to these organisms and identifying them for destruction by the immune system. A serologic test is conducted to find antibodies. Currently, it is not known whether the presence of antibodies results in SARS-CoV-2 immunity. A person testing positive for current SARS-CoV-2 infection might not show antibodies. People with compromised immune systems, such as those with poorly controlled HIV disease, may not produce detectable antibodies.

► Diagnostic Testing:

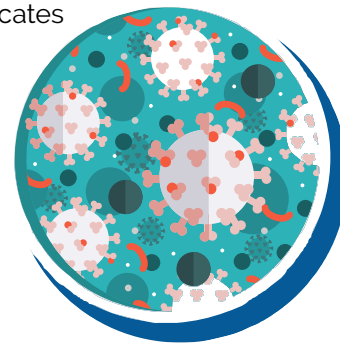
Current diagnostic tests detect SARS-CoV-2 RNA—the genetic material of the virus—in samples usually collected from the nose or throat. These tests use polymerase chain reaction (PCR) assays to look for the viral genetic material. A diagnostic test is a way to know if a person is actively infected with SARS-CoV-2. These tests can be performed for those with or without symptoms. A test result, however, isn't the only way to confirm COVID-19. The accuracy of diagnostic tests varies, and both false positive and false negative results are possible. In the case of COVID-19, many who have fallen ill or died from presumed COVID-19 infection have had inconclusive test results or have been unable to access testing early in their symptom onset. Testing accessibility issues are most pervasive among already marginalized groups (i.e., Black, Indigenous, People of Color (BIPOC), Women, undocumented people, uninsured people, etc.), and one barrier to accessing testing is medical providers' disbelieving people or deprioritizing them in urgent care centers.

► Rapid diagnostic test (RDT):

Simple to use tests designed to return easy to interpret results in approximately 20 minutes. Examples of RDTs include home pregnancy tests, and antibody tests for HIV and hepatitis C.

► Serologic Testing:

An antibody or serology test detects the presence of antibodies, which indicates exposure to SARS-CoV-2. However, it is currently unknown whether the presence of antibodies or recovery from COVID-19 infection indicates immunity to subsequent SARS-CoV-2 infection.





4.5 Scientific and Medical Terms



► **Comorbidities:**

The term “comorbidity” describes two or more disorders or illnesses occurring in the same person. They can occur at the same time or one after the other. Comorbidity also implies interactions between the illnesses that can worsen the course of both.

► **Coronavirus:**

Coronaviruses (CoV) are a large family of viruses that cause illness, ranging from the common cold to more severe diseases such as severe acute respiratory syndrome (SARS) or Middle East respiratory syndrome (MERS). A novel coronavirus is a new strain that has not been previously identified in humans.

► **COVID-19 Long-Hauler:**

A person with COVID-19 who has persistent symptoms that last beyond the two-to four-week recovery timeline provided by the World Health Organization (WHO). This also includes people who recovered after two-to four-weeks but have had COVID-19 symptoms return after weeks of returned health, without a reinfection diagnosis. Long-haulers cross demographic and geographic locations and have symptoms that persist at least one month beyond symptom onset.

► **SARS-CoV-2:**

Severe acute respiratory syndrome coronavirus type 2; the name for the novel coronavirus that causes the coronavirus disease identified in 2019, or COVID-19. Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus called SARS-associated coronavirus (SARS-CoV). The virus was given the official name of SARS-CoV-2 by the International Committee on Taxonomy of Viruses, while the WHO named the disease caused by the virus, COVID-19.

5 | Best Practices for Covering COVID-19



In 2015, the WHO published best practices recommendations for the naming of infectious diseases. The WHO discouraged scientists and public officials from naming infectious diseases in ways that reference specific people, places, animals, or occupations or using "terms that incite undue fear." The CWG–NY strongly supports adherence to these recommendations.

5.1 Historical Examples

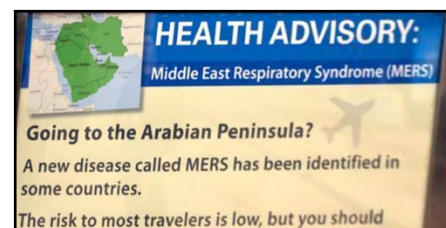


The world has a long history of describing and reporting on diseases in inaccurate and often stigmatizing ways. In 1918, a global influenza pandemic that led to an estimated 500 million cases and 50 million deaths was labeled the "Spanish Flu" or "the Spanish Lady." Because the geographic origin of the disease remains unknown, this name is inaccurate and highly stigmatizing.

The association between the name of a disease and a specific population and country promotes xenophobic responses by promoting fear, discrimination, and stigma against that group of people or part of the world. It can also promote a false sense of safety and security in people who are not members of a particular community or who do not reside in or have connections to a specific geographic area.

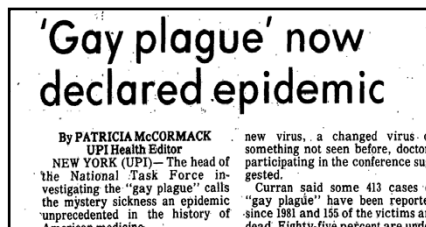
Despite this, the 1918 influenza pandemic is still widely referred to by this term, which originates from the fact that Spain was neutral during WWI and therefore did not censor press reports of the influenza pandemic. In contrast, the WWI combatant nations did censor reports and used "Spanish Flu" to cast blame, distract from the pandemic on the home front, and deny the impact of the flu on their troops. The appropriate term is the 1918 Influenza Pandemic Virus.

For many years, viral diseases were commonly associated with the place or region of their first identified outbreak. Middle East respiratory syndrome (MERS) is a respiratory disease caused by the MERS coronavirus that was first reported in the Kingdom of Saudi Arabia in September 2012. This novel coronavirus was identified from a Saudi Arabian patient who died from a severe respiratory illness. However, it was later learned that two deaths that had occurred in Jordan in April 2012 were caused by MERS. While MERS was first identified in



Saudi Arabia, there was also an outbreak in South Korea with 185 laboratory-confirmed cases and 38 deaths recorded. This 2015 outbreak was the largest known outside of the Arabian Peninsula.

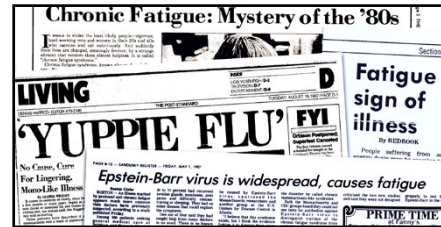
The use of geographic names such as MERS perpetuates stigma and inaccurately reflects the geographic impacts of the disease itself. This naming practice can lead to significant negative social and economic impacts for entire regions (i.e., travel, trade, tourism). There has been no alternative term suggested for this disease.



Not only are diseases stigmatized along geopolitical lines, but they can also be stigmatized by way of the communities that have a disproportionate burden of the disease. In the 1980s, the AIDS epidemic became known to many through a CDC Morbidity and Mortality Weekly Report (MMWR) announcing that five young men who identified as gay were treated for

Pneumocystis pneumonia. While Pneumocystis pneumonia is a disease that primarily affects people with immunosuppression and should have been the focus, the world instead focused on one particular word in the report: homosexual. Additionally, during a meeting with public health officials the term gay-related immune deficiency (GRID) was accepted as the official name of the disease. Subsequently, when it was not referred to as GRID in the media and among the public, instead it was often referred to as the "gay plague." The association of this infectious disease with a historically stigmatized community perpetuated discrimination and harm. People who were gay were blamed for the epidemic; ostracized by family, friends, and co-workers; fired from their jobs; and denied healthcare. While the name of the disease was eventually changed to AIDS (Acquired Immune Deficiency Syndrome), the damage had already been done to the gay community, and stigma persists to this day. In addition, the centering of white gay men by the media and health officials erroneously implied that other communities, including Black men, women, and transgender people were not part of the narrative of HIV. For example, the author of the 1981 MMWR also identified two Black men, including a heterosexual man from Haiti, who had acquired Pneumocystis pneumonia in 1981 but they had not been included in his report. The reality of women, mainly Black and Hispanic/Latinx, acquiring HIV through IV drug use or heterosexual sexual contact was excluded entirely from reporting on HIV during the 1980s and negatively affected their inclusion in clinical trials for development of effective treatments, as well as prevention and outreach efforts.

Other diseases have also been stigmatized by an early and incomplete understanding of who is affected by them. Interestingly, another epidemic garnered attention in the 1980s. Myalgic encephalomyelitis (ME), commonly referred to by the highly stigmatizing name chronic fatigue syndrome,



is a serious complex chronic disease that requires careful management and presents with symptoms in multiple body systems. According to the WHO, it is a neurological disease. The disease is triggered by infection in the majority of people. Among people affected by the disease, 75 percent are unable to work and 25 percent are unable to leave their homes or beds, and yet people with the disease are often regarded as uptight, overachieving white women of privilege who do not want to work, are malingering or are seeking secondary gain. In the 1980s the disease was referred to as the "yuppie flu." People with this disease are often told that it is "all in their head," dismissed when engaging in healthcare, undiagnosed, misdiagnosed, and told that they just need to exercise and go to therapy to "feel better." The treatment of these patients harkens back to the days of Sigmund Freud's sexist framing of women having "hysteria" when real medical issues were happening with their bodies..

A key lesson to be learned is that stigma can take over the narrative of a disease, so journalists and other communication professionals should take extreme caution in their descriptions of illness and challenge potential bias where they see it.



5.2 Person-Centered or Person-First Language

Person-centered language is language that puts people first. It respectfully portrays an individual as a whole person as opposed to reducing them to their illness, disorder, or other characteristic. In accordance with the best practice of using person-centered language, writers should consider the terms they are using and whether there is a more appropriate substitute, e.g., "person with a mental health diagnosis" versus "mental patient" or "crazy person."

Please refer to Table 1 for examples of person-centered language to use when referring to COVID-19.

Table 1. Person-centered language for COVID-19

| Terms to avoid | Replace with |
|--------------------------------|--|
| A SARS-COV-2 -infected person | A person diagnosed with SARS-COV-2 |
| | A person who contracted SARS-COV-2 |
| | A person who acquired SARS-COV-2 |
| Infect someone with SARS-CoV-2 | Transmit SARS-CoV-2 |
| Died of COVID-19 | Died of COVID-19-related complications |
| COVID-19 patient | Person with COVID-19 |
| COVID-19 victim | |
| COVID-19 carrier | |
| High-risk groups | Vulnerable populations or group |
| Contaminated with SARS-CoV-2 | People with SARS-CoV-2 are not contaminated. This term should be reserved for inanimate objects. |

6 | Pitfalls to Avoid

- ▶ Avoid using "Chinese Virus," "Wuhan Flu," and other racist and stigmatizing phrasing around COVID-19.
- ▶ The use of pictures, video, or images of people or places that might stigmatize communities. For example, East Asian people, U.S. Chinatowns or Hasidic neighborhoods.
- ▶ The use of the phrase "COVID-19 survivor" to describe patients and people living with COVID-19 who may not consider themselves as such (many COVID-19 long-haulers reasonably balk at this word as they don't feel they are out of the woods yet).
- ▶ Use caution when writing about COVID-19 "recoveries" and when asking people if they have "recovered" yet. Post-viral recovery is often a nonlinear process.

- Identities, such as race/ethnicity, gender, and sexuality, are not inherently risk factors for COVID-19; rather, the effects of structural inequalities rooted in racism, ageism, sexism, antisemitism, homophobia, transphobia, and xenophobia negatively influence access to healthcare, job security, safe housing, and other resources essential to health and well-being, and make certain populations more susceptible to COVID-19 and comorbidities than others. It is important to be clear about what is driving new infections in marginalized populations without suggesting that identity itself is a risk factor.
- Links between obesity and COVID-19 remain tenuous and should not be used to explain the prevalence of COVID-19 in Hispanic/Latinx and Black communities. Body mass index is also an outdated and racist model and should not be used to determine a person's health.
- Avoid amplifying tweets and posts on your platforms that stigmatize communities or behaviors.

7 | Story Framing Matters

Story framing can be described as the perspective from which a story or news event is covered. What journalists choose to cover and, of course, how they cover it will inevitably influence what their audience finds important and how they interpret it. Whether intentional or not, by using certain sources or angles, journalists construct a selective reality. Thus, negative or biased framing can have dire consequences. We have compiled fundamental guidelines here to aid in your construction of unbiased, stigma-free media communications.

Communities of color and other socio-politically marginalized people may distrust the media.

When interviewing or covering issues, it is essential that people's stories are told with fairness, integrity, and respect. Misrepresenting individuals in the media can cause real harm. Give credit for the story if not confidential, and follow up with the community once it is published.

People with COVID-19 who have experienced medical gaslighting may distrust the media.

Since COVID-19 is a novel virus, widespread understandings are still evolving. Many people with COVID-19 who (1) present symptoms outside of respiratory issues; (2) remained sick for months; (3) come from marginalized backgrounds; and/or (4) didn't test positive for the virus because of unreliable or inaccessible testing may have experienced gaslighting from healthcare providers, family, friends, and/or employers. It is important to note that they may perceive follow-up questions or fact-checking as gaslighting or doubt. When fact-checking, explain the purpose of fact-checking and why it is in the person's interest. Do not attempt to contact a person's healthcare provider for fact-checking, as laws prevent them from disclosing information without the person's consent. Use sensitivity when asking for medical documents or test results, as many feel they have not received proper care because of medical racism, other biases, and overwhelmed healthcare systems.

■ **No human being is “illegal” but someone may be “undocumented.”** Given the very real and present danger the current political climate presents for immigrant communities, it is also important to allow for anonymity, both in photo and name if requested—and if not requested, to offer this courtesy. Furthermore, unless the immigration status of a person is central to the story and the interview has been agreed upon by the individual before going “on record,” any effort to elicit this information could likely bring the interview to an abrupt close.

■ **Understand that race intersects with axes of identity and social determinants of health** (i.e., housing, education, incarceration, etc.).

■ **Never carelessly trust the data.** Be aware and critical of stakeholders, controversies in the field, and data collection methodology. Ask about the research and whether the perspectives of people of color and other marginalized community leaders were taken into account in the study design. Request the raw data and logs so that you can see how the responses were entered and categorized. Be precise in your reporting of data. Make sure you know the original research question so that you understand the context of the results. It's very important to always include the details of the research methods in your reporting.

■ **Don't be one-sided; include multiple perspectives.** Instead of focusing only on dominant groups and communities, think about including women, poor people, and other marginalized groups that have been ignored in traditional historical narratives. This isn't about the “tyranny of both sides” (i.e., interviewing a person who is wearing masks and someone who doesn't believe in wearing masks), but being more inclusive in order to construct an accurate picture of a historical event.

■ **Tell diverse stories of lived experience.** Too often people with COVID-19 who are featured in reported pieces of writing are white, despite the virus's disproportionate impact on Asian and Pacific Islander, Black, Brown, Indigenous, Hispanic/Latinx people, as well as other people of color or people of mixed race/ethnicity.

■ **Accommodate access needs when conducting interviews.** Be mindful of disabilities and conditions that may prevent interviewees from conducting phone interviews, appearing on live TV, or making themselves available at the last minute. Be up front about how much time you expect the interview to take, and understand that some health conditions require people to pace themselves energetically to be able to participate in interviews, so last-minute schedule changes may not be feasible for some. Especially when interviewing people with COVID-19, offer multiple options for interviewing (i.e., text, email, voice memo, video call, telephone call, etc.) and understand that symptoms may cause a person to change their mind about an interview at the last minute.

■ **Ask for pronouns.** Don't assume a person's pronouns when writing about them.

■ **Understand and be cautious of how race and ethnicity are talked about.** For example, Asian equals Chinese, but it can also equal Sri Lankan or Japanese. It is important to recognize ethnic subgroups within Asian as a racial category. Orthodox Jewish sub-communities often live in distinct neighborhoods and may be Eastern European, Syrian, or Central Asian. When referring to “Black” people, there may be an assumed focus on African Americans, Black Americans, or the Black racial group, generally. Whereas “African” and “Haitian American,” for example, are indicators of ethnicity. All of these terms—“African American,” “African,” or “Haitian American”—may be subsumed under the racial group called “Black.” However, as a best practice, be careful of pitfalls such as simply referring to “Black people” or “African Americans” in your media coverage when it may be more appropriate to make clear that your writing is specifically relevant to Black immigrant communities. The same best practice applies to writing regarding Latinx/Hispanic communities, including persons of Afro-Latinx identity.

■ **Be respectful and as accurate as possible when using identifying language in your stories.** Because social identities are nuanced and complex, it may not always be possible to describe social groups in ways that are universally agreed upon. However, as a general best practice to ensure that your writing is accurate and respectful, we recommend engaging with leaders within racial and ethnic minority groups, disability advocates, organizations working to advance the equality of women and girls, or those promoting equity for socio-politically and economically marginalized communities.

8 | Reporting Responsibly: Great Examples

There have been many scientifically accurate and thoughtful pieces written about the COVID-19 pandemic and the lived experiences of those affected. We hope the articles highlighted below will provide an opportunity for reflection and inspiration for future writing on COVID-19.

College Made Them Feel Equal. The Virus Exposed How Unequal Their Lives Are
by Nicholas Casey, The New York Times

The political science class was called “Forced Migration and Refugees.” Students read accounts of migrants fleeing broken economies and seeking better futures, of life plans drastically altered and the political forces that made it all seem necessary. Then suddenly, the subject matter became personal: Haverford College shut down and evicted most students from the dormitories as the coronavirus spread through Pennsylvania. Like many college courses around the country, the class soldiered on. The syllabus was revised. The students reconvened on a videoconferencing app. But as each logged in, not everyone’s new reality looked the same.

The First 100

by Duaa Eldeib, Adriana Gallardo, Akilah Johnson, Annie Waldman, Nina Martin, Talia Buford, and Tony Briscoe, ProPublica Illinois

It has been well established that African Americans are dying of COVID-19 at a disproportionate rate in cities across America. ProPublica sought to explore the problem by examining the first 100 recorded deaths in Chicago, a city with a rich and often troubled history on issues of race.

Long-Haulers Are Redefining COVID-19

by Ed Yong, The Atlantic

Lauren Nichols has been sick with COVID-19 since March 10, shortly before Tom Hanks announced his diagnosis and the NBA temporarily canceled its season. She has lived through one month of hand tremors, three of fever, and four of night sweats. When we spoke on day 150, she was on her fifth month of gastrointestinal problems and severe morning nausea. She still has extreme fatigue, bulging veins, excessive bruising, an erratic heartbeat, short-term memory loss, gynecological problems, sensitivity to light and sounds, and brain fog. Even writing an email can be hard, she told me, "because the words I think I'm writing are not the words coming out." She wakes up gasping for air twice a month. It still hurts to inhale.

The Mystery of Why Some People Keep Testing Positive for COVID-19

by Roxanne Khamsi, Elemental

By July, [Natalie] Forouzad started to feel better gradually, but she still experienced intermittent pain deep in her lungs. Her family continued to keep their distance by leaving her meals by the door on the side of the basement that leads outside. Finally, on July 5, Forouzad felt emboldened to go to a drive-through testing site and get swabbed again. To her dismay, the test came back positive. Weeks later after that second positive test, she continued to have residual lung pain and remained frightened about infecting her family; that's why she was still in the basement. "I've been in quarantine for 43 days and I want to come out," she said. "I'm sick of being here. But no one in this whole universe is telling me if I'm contagious or not if I'm testing positive."

Why Racism, Not Race, Is a Risk Factor for Dying of COVID-19

by Claudia Wallis, Scientific American

The reason for these disparities is not biological but is the result of the deep-rooted and pervasive impacts of racism, says epidemiologist and family physician Camara Phyllis Jones. Racism, she argues, has led people of color to be more exposed and less protected from the virus and has burdened them with chronic diseases.

9 | Resources for Additional Information

9.1 Organizations and Agencies

The following agencies and organizations are included for your information and convenience; inclusion is not an endorsement by the CWG-NY.

Asian and Pacific Islander American Health Forum:

APIAHF influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders. This site has recently added content on COVID-19.

Black Coalition Against COVID-19:

The Black Coalition Against COVID-19 was created for the purpose of organizing D.C.'s multi-dimensional and broadly inclusive cohort of community leaders and advocates in an effort to urgently mobilize and coordinate all available community assets in complementary and collaborative support of D.C. Governments' efforts, and especially those of D.C Health. This site has information on COVID-19, including a guidance on school reopening.

The Body and TheBodyPro:

Since its inception in 1995, TheBody has reliably published vital HIV-related information, news, support, and personal perspectives. TheBody and its sibling site for the HIV workforce, TheBodyPro (founded in 2002 for HIV care and service providers), are a part of Remedy Health Media, a leading digital health platform that empowers patients and caregivers to achieve better health. These two sites have recently added content on COVID-19.

Body Politic COVID-19 Support Group:

Body Politic started the COVID-19 support group after Founder and EIC Fiona Lowenstein and Creative Director Sabrina Bleich became sick with coronavirus in early March 2020. The group consists of people from all over the world who have tested positive, are experiencing symptoms, or are recovering from COVID-19. The discussion groups include more than 50 channels and are based around different communities and topics. This organization often has people available to interview.

C19 Recovery Awareness:

A website created as a resource for those looking for support during extended "mild" or "moderate" COVID-19 recovery.

Callen-Lorde:

Callen-Lorde is the global leader in LGBTQ healthcare. Since the days of Stonewall, they have been transforming lives in LGBTQ communities through excellent comprehensive care, provided free of judgement and regardless of ability to pay. In addition, they are continuously pioneering research, advocacy and education to drive positive change around the world, because they believe healthcare is a human right. Community Health Centers (CHCs) – like Callen-Lorde – serve as a model for improving access to care, reducing health care disparities and achieving health equity. Callen-Lorde accepts press inquiries and interview requests regarding COVID-19.

CDC COVID Data Tracker:

Maps, charts, and data provided by the CDC.

Centers for Disease Control and Prevention:

The Centers for Disease Control and Prevention (CDC) works 24/7 to protect America from health, safety, and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, are curable or preventable, are human error or deliberate attack, the CDC fights disease and supports communities and citizens in their efforts to do the same.

Color of Change:

Color of Change is the nation's largest online racial justice organization. As a national online force driven by 7 million members, they move decision-makers in corporations and government to create a more human and less hostile world for Black people in America. Rashad Robinson, President of Color of Change, developed a narrative guide for effectively advancing racial justice when communicating about COVID-19.

COVID-19 Long-Haulers Facebook Discussion Group:

An online meeting place for people with longer-term COVID-19 symptoms.

COVID-19 Long Haul Fighters-Round 2 (30+ days):

This is a private group for people recovering from COVID-19 who have been ill for 30 days or more.

The COVID Racial Data Tracker Project:

The COVID Racial Data Tracker is a collaboration between the COVID Tracking Project and the Boston University Center for Antiracist Research. It gathers the most complete and up-to-date race and ethnicity data on COVID-19 in the United States.

COVID-19 Working Group–NY:

COVID-19 Working Group – New York is a coalition of doctors, healthcare professionals, scientists, social workers, community workers, activists, and epidemiologists committed to a rapid and community-oriented response to the SARS-CoV-2 pandemic.

Food and Drug Administration:

The Food and Drug Administration (FDA) is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices; and by ensuring the safety of our nation's food supply, cosmetics, and products that emit radiation.

Forward Together:

Founded in 1989, Forward Together unites communities to win rights, recognition, and resources for all families. Forward Together and partners created "[We Keep Each Other Safe](#)", a guide by and for Black, Indigenous, Latinx, People of Color, and LGBTQ communities navigating the COVID-19 pandemic.

Housing Works:

Housing Works is a healing community of people living with and affected by HIV/AIDS. The mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of lifesaving services, and entrepreneurial businesses that sustain our efforts. Housing Works is actively engaged in COVID-19 advocacy efforts.

Johns Hopkins Coronavirus Resource Center:

Johns Hopkins experts in global public health, infectious disease, and emergency preparedness have been at the forefront of the international response to COVID-19. This website is a resource to help advance the understanding of the virus, inform the public, and brief policymakers in order to guide a response, improve care, and save lives.

Johns Hopkins COVID-19 Dashboard:

A COVID-19 dashboard with global data by the Center for Systems Science and Engineering at Johns Hopkins University.

Latino Commission on AIDS:

The Latino Commission on AIDS realizes its mission by spearheading health advocacy for Latinos, promoting HIV education, developing model prevention programs for high-risk communities, and

by building capacity in community organizations. This site has recently added content on COVID-19 and is actively engaged in COVID-19 advocacy efforts. The Commission is the founder of the [Hispanic Health Network](#).

#MEAAction:

#MEAAction is an international organization that develops and supports a network of country affiliates, affinity groups, city, state, regional, and other local chapters, as well as individual advocates. The organization was established for people with myalgic encephalomyelitis (ME), caregivers, family members, and allies. This organization often has people available to interview. This site has recently added content on COVID-19 due to the connection between COVID-19 long haulers and ME.

The National Association of County and City Health Officials:

The mission of the National Association of County and City Health Officials is to improve the health of communities by strengthening and advocating for local health departments. Its website provides contact information for local health departments.

National Black Commission on Health:

NBLCH champions the promotion of health and prevention of diseases to reduce disparities and achieve equity within the Black community. The organization has been offering COVID-19 webinars on various topics and is actively engaged in COVID-19 advocacy efforts.

National Institutes of Health:

The National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services, is the nation's medical research agency—making important discoveries that improve health and save lives.

New York City Department of Health and Mental Hygiene:

The New York City Department of Health and Mental Hygiene (NYC DOHMH) is one of the largest public health agencies in the world. It is also one of the nation's oldest public health agencies, with more than 200 years of leadership in the field. The NYC DOHMH protects and promotes the health of 8 million New Yorkers.

New York State Department of Health:

The New York State Department of Health protects, improves, and promotes the health, productivity, and well-being of all New Yorkers.

Patient Led Research for COVID-19:

A self-organized group of COVID-19 long-haulers working on patient-led research around the COVID-19 experience and prolonged recoveries. The researchers come from relevant fields—participatory design, neuroscience, public policy, data collection and analysis, human-centered design, health activism—in addition to having intimate knowledge of COVID-19.

The PrEP4All Collaboration:

The PrEP4All Collaboration is an all-volunteer collaboration of activists, scientists, and healthcare providers dedicated to igniting political action to put life-saving HIV—and now COVID-19—medications into the hands of everyone who needs them. The site has information on COVID-19, including several reports.

State and Territorial Health Department Websites:

This website provides links to health departments in all 50 states, eight U.S. territories and freely associated states, and the District of Columbia.

Survivor Corps:

Survivor Corps is a not-for-profit, grassroots movement educating and mobilizing COVID-19 survivors and connecting them with the medical, scientific, and academic research community to help stem the tide of the pandemic and assist in the national recovery. This organization often has people available to interview.

Treatment Action Group:

Treatment Action Group (TAG) is an independent activist and community-based research and policy think tank fighting for better treatment, prevention, a vaccine, and a cure for HIV, tuberculosis, and hepatitis C virus. TAG recently added a COVID-19 resource hub to its website.

UnidosUS:

A trusted, nonpartisan voice for Latinos serving the Hispanic community through research, policy analysis, and state and national advocacy efforts, as well as program work in communities nationwide. This site has recently added content on COVID-19.

Urban Indigenous Collective:

The mission of UIC is to drive the inclusion of Urban Natives by indigenizing existing infrastructures and ensuring cultural humility in health and wellness services to build more equitable, inclusive and prosperous communities. This site has an urban Native COVID-19 resource center.

U.S. Department of Health and Human Services:

The mission of the Department of Health and Human Services is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

World Health Organization:

The World Health Organization (WHO) works worldwide to promote health, keep the world safe, and serve the vulnerable. Its goals are to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and to provide a further billion people with better health and well-being.

9.2 Publications



COVID-19 Special Collection: The Cochrane Library Special Collection pulls together the Cochrane Reviews that are most relevant to the management of people hospitalized with severe acute respiratory infections. It features Cochrane Reviews from three Cochrane Groups that are part of the Acute and Emergency Care Network to inform health decision making relevant to current WHO recommendations for the 2019 coronavirus outbreak.

THE LANCET

COVID-19 Resource Centre: To assist health workers and researchers working under challenging conditions to bring this outbreak to a close, the Lancet has created a Coronavirus Resource Centre. This resource brings together new COVID-19 content from across the Lancet journals as it is published. All of the COVID-19 content is free to access.



**The NEW ENGLAND
JOURNAL of MEDICINE**

The New England Journal of Medicine (NEJM) is recognized as the world's leading medical journal and website. Published continuously for over 200 years, NEJM delivers high-quality, peer-reviewed research and interactive clinical content to physicians, educators, researchers, and the global medical community. The website has a dedicated section on COVID-19.

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