



In the Name of Hate: An Editorial Note on the Role Geographically Marked Names for COVID-19 Have Played in the Pandemic of Anti-Asian Violence

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Editorial Note

In 2015, the World Health Organization (WHO) released a set of “Best Practices” for naming a novel human infectious disease (NHID). Among its many recommendations, this report issued a strict prohibition against the use of geographical markers when naming NHIDs (WHO 2015). There are many important public health reasons for this restriction. The first is to avoid the dissemination of inaccurate information. After all, the first place where a disease is identified may not necessarily be the first place where a human being contracted the infection. Disease names that include geographical markers may also help to promulgate the erroneous assumption that only those who either reside in or are in some way associated with the placename in the NHID are susceptible to that disease (WHO 2015). This misconception is particularly dangerous as it can help spread the pathogen by lulling people who feel disassociated from a geographically marked NHID (GNHID)¹ into a false sense of security and reduce their willingness to take the necessary health precautions (Zannettou, Baumgartner, Finkelstein, Goldenberg, Farmer, Donohue, and Goldenberg 2020).

At the same time, GNHIDs have also been linked to widespread negative prejudices against people who are either known or believed to be associated with the places named (Markel and Stern 2002; Faulkner, Schaller, Park, and Duncan 2004). This pattern of stigmatization has been seen time and time again with GNHIDs. Once simple toponyms, place names such as *Ebola*, *Zika*, and *West Nile* now often conjure images of pestilence, suffering, and death. Over time, such the negative disease associations can become so strong that they eventually supplant the original topographic functions of the place names. For example, although many have heard of the names *Coxsackie Virus*, *Lyme Disease*, and *Lassa Fever*, few may realize that the names of these debilitating maladies were originally taken from actual places where communities live.² To the people who reside within these locations, the socioeconomic consequences of this onomastic stigmatization can be devastating long after the initial outbreak has passed (Goffman 1963; Perry and Donini-Lenhoff 2010; Krisberg 2015). Amongst scientists, having a deadly creature or a toxic pathogen named after you or your community may be considered a mark of respect or be seen as a special honor (Heard 2020). Amongst non-scientists, this naming practice is rarely so positively received.

The wisdom of the WHO warnings against GNHIDs was proven again in 2019/2020 with the outbreak of a novel form of corona virus that produced a hitherto unknown severe acute respiratory syndrome (SARS). The WHO, along with many leaders of the scientific community, named this virulent NHID, *SARS-CoV-2*. The abbreviation *CoV-2* made reference to the fact that this new strain appeared to be a second corona virus, similar to but yet different from the previous SARS NHID that had erupted ca. two decades earlier in 2001 (WHO 2021). The disease that results from this second newly discovered viral infection was eventually given the scientific acronym *COVID-19* ‘**C**orona **V**irus **I**nfectious **D**isease’ (CDC 2021).¹ The affixed number referred to the year of the first known outbreak, 2019. Although many leading politicians around the world quickly adopted this technical nomenclature, much to the consternation of the global scientific community, there were some prominent outliers who steadfastly refused to follow suit and insisted instead upon using socially stigmatizing GNHIDs such as the *China Virus*. It did not take long before the folly of ignoring the international guidelines on scientific nomenclature would become apparent.

Just as many of the world’s top health experts feared, many people who had no direct association with Asia initially imagined themselves to be immune to the impending danger of what some government officials insisted upon calling a *foreign virus*, a *Chinese Virus*, a *Chinese Corona Virus*, or the *Wuhan Flu*. The use of such names (un)intentionally implied that the outbreak was essentially a “Chinese problem”—one which had nothing to do with them, their loved ones, or their communities.³ Much to the consternation of the international medical establishment, this public misconception was often fostered by political leaders. For example, in Kansas, one elected official quelled his constituents’ concerns by announcing that their community was safe from the contagion because there were not many Chinese people who lived there (Reny and Barreto 2020). Such misinformation continued to be promulgated even after virologists had begun sounding the global alarm about the exponential spread of confirmed cases outside of China. Despite these dire warnings, far too few leaders outside of Asia took heed—that is until the outbreak became a full-blown pandemic, the proportions of which had not been seen since the deadly influenza outbreaks of the early twentieth century.

As of the writing of this article, the WHO estimates that nearly 130 million people have been infected with COVID-19 (2021b). Of those, nearly 3 million people have died either directly from COVID-19 or indirectly due to complications related to the virus (WHO 2021b). Added to these tragedies are the millions upon millions of people who have suffered the devastating loss of family members and friends. Ironically perhaps, at the very time when there were those who insisted on using misnomers like the *China Virus*, in international comparisons of infection and mortality rates, Asian countries were ranking among the lowest, while many countries outside of Asia were continually topping the lists. Table 1 below presents the latest statistics compiled by the WHO, as of March 31, 2021. The countries presented in this table were not arbitrarily chosen. The nations outside of Asia are those where dramatic spikes in anti-Asian violence have been reported since the COVID-19 outbreak (Addo 2020). By comparison, the nations inside of Asia are the ancestral countries of origin for US resident groups who have reported some of the highest rates of anti-Asian prejudice (Stop AAPI Hate! Report, 2021).

Table 1. Cumulative Infections and Deaths in Select Countries Outside and Inside of Asia

	Country	Cases	Deaths
1	United States	29968464	544430
2	France	4481165	94402
3	United Kingdom	4337700	126615
4	Canada	965404	22880
5	Australia	29278	909
6	France	4481165	94402
7	China	102718	4851
8	Japan	470175	9086
9	Republic of Korea (South Korea)	102582	1729
10	Vietnam	2594	35
10	Philippines	731894	13186

Note: Data reported on the WHO Coronavirus (COVID-19) Dashboard (<https://covid19.who.int/table>)

As the numbers in Table 1 demonstrate, COVID-19 is clearly not an “Asian problem.” Like any pandemic, it affects all of humanity, irrespective of nationality, ethnicity, race, religion, or political affiliation. To the extent that GNHIDs help foster erroneous beliefs to the contrary, it would seem only reasonable to argue against their continued use. However, the logic of this reasoning overlooks the seductive power of such terminology.

By helping to reinforce the line between US and THEM,⁴ GNHIDs can be effectively used to rally groups together and re-direct the fear, disgust, frustration, and hatred they have been experiencing as a result of the contagion against all those “Others” known or believed to be associated with the place overtly marked in the GNHID. According to many observers, precisely this process of emotional transference has helped spawn another public health emergency, alongside the COVID-19 crisis: namely, the dramatic rise in hate crimes perpetrated against persons of Asian descent (Addo 2020; Grover, Harper, and Langton 2020; Yang 2021). As U.N. Secretary General Antonio Guterres warned in a public health announcement in May 2020, the pandemic is unleashing a “tsunami of hate and xenophobia, scapegoating, and scare-mongering” that will require sustained global commitment to “strengthen the immunity of our societies against the virus of hate” (qtd. in Haynes 2021, para. 4). This call for unity was echoed by the U.N. Special Rapporteur on Minority Issues, Fernand de Varennes, who laid much of the responsibility for the global upsurge in anti-Asian attacks on inflammatory political rhetoric. The “exploitation of COVID-19 related fears by groups and politicians to scapegoat minorities,” Varennes said, “is leading to an alarming rise in verbal and physical abuses” (United Nations Human Rights Office of the High Commissioner 2020, para. 1). As these and other international leaders have warned, through the use of toxic GNHIDs, the COVID-19 crisis has been effectively weaponized and people of Asian descent have become prime targets.

In the United States, for example, according to data collected in a survey conducted by the Voice of America, hate crimes against US American residents with Asian or Pacific Islander heritage (AAPI) have spiked a shocking 150% in major metropolitan areas across the nation (Farivar 2021). In the table below, the rates of increase for several US American cities are displayed.

Table 2. Percent Change in Number of Hate Crimes Targeting AAPI resident in US Cities and AAPI Population by Percentage

	City, State	Percent Change	AAPI Population
1	Boston, Massachusetts	+133	9.7
2	Cleveland, Ohio	+200	2.4
3	Dallas, Texas	-	3.4
4	Los Angeles, California	+114	11.6
5	New York City, New York	+833	14.5
6	Philadelphia, Pennsylvania	+200	7.5
7	Phoenix, Arizona	+50	4.2
8	San Francisco, California	+50	35.0
9	San Jose, California	+150	38.0
10	Seattle, Washington	+33	16.9
11	Washington, D.C.	-50	4.0

Note: Statistics compiled by the Center for the Study of Hate and Extremism at California State University, San Bernardino.

As jarring as these numbers may be, as the Asian American Bar Association of New York (2020) has warned, given the historic reticence of AAPI communities to officially report hate crimes to the police for fear of being re-victimized, the actual rise in such incidents is in all likelihood significantly higher. Importantly, an examination of the locations listed in Table 2 reveals that this criminological phenomenon is not geographically limited. From the redwood forests to the gulf stream waters, members of the AAPI community are being hunted once again.

Despite this regional heterogeneity, the cities listed above have one particularly striking common denominator. In comparison to other US urban centers, these are all cities with comparatively large, long-standing, and well-integrated AAPI sub-populations, proving wrong yet again the ever-popular fallacy that socio-cultural integration and personal identification with the demographic majority will provide ethnoracial minorities with real and lasting equality. When one considers the fact that for the same period of time, the overall rate of US hate crimes has experienced a 7% decrease (Center for the Study of Hate and Extremism 2020), it seems clear that there are underlying differential factors at play that are fostering anti-AAPI attacks. According to many in the AAPI community, one of the main drivers of the wide-spread animosity towards peoples of Asian descent is language that (in)directly blames them for the current COVID-19 pandemic.

Although causal relationships are notoriously difficult to conclusively determine, it would not be unjustified to hypothesize that some prominent leaders' stubborn rejection of neutral scientific terminology in favor of particularly repugnant GNHIDs has almost certainly helped to catalyze—if not directly foster—the upswing in anti-AAPI prejudice and discrimination. The potential power of this poisoned nomenclature was addressed by John C. Yang, President and Executive Director of Asian Americans Advancing Justice, in his testimony before a US House of Representatives Hearing on “Discrimination and Violence Against Asian Americans”:

It comes as no surprise that the racist rhetoric used by former President Trump and other elected officials blaming China for COVID-19, and calling it the ‘Chinese virus,’ ‘Wuhan virus,’ ‘kung flu,’ and ‘China plague’ poured fuel on the fire of anti-immigrant and anti-Asian sentiment that was slowly burning for years. (5)

Such stigmatizing names would be hurtful when used by anyone. However, when used by persons who have elevated levels of public prominence and institutional power, the potential injurious effects may be substantially magnified (Nick 2018). Compelling empirical evidence for this effect was found in the run-up to the 2020 presidential election. For example, in an examination of tweets published by the former 45th US President, it was determined that 24 anti-Asian messages blaming Asians for COVID-19 were re-tweeted an astounding 1,213,700 times and liked 4,276,200 times (Chinese for Affirmative Action 2020). Additional evidence of the malignant magnification of anti-Asian messaging was reported in a study published in the scholarly journal of the American Public Health Association. In this large-scale investigation, data was collected from Twitter’s Application Programming Interface to determine the degree to which names like *COVID-19* and *Chinese Virus* were associated with anti-Asian sentiments (Hswen, Xu, Hing, Hawkins, Brownstein, and Gee 2021). The computer analysis revealed statistically significant increases in the use of stigmatizing names like the *Chinese Virus* directly after the appearance of White House tweets featuring the same or similar language. Moreover, it was determined that while only 19.7% of the nearly half-a-million “covid19” hashtags expressed an anti-Asian sentiment, 50.4% of the some 780 thousand “chinesevirus” hashtags contained anti-Asian attitudes. On the basis of these results, the researchers emphatically recommended the use of the less-stigmatizing name COVID-19.

Similar conclusions were drawn in a study sponsored by the Miller Center for Community Security at Rutgers University. In this corpus investigation of online discourse about COVID-19, Zannettou et al. (2020) examined the speech patterns of users posting on 4chan, a right-wing extremist website. The analysis of millions of user comments revealed a disturbing pattern: as the COVID-19 outbreak spread, terms like *chink*, *China*, and *Chinese* grew “contextually closer in meaning to the term ‘virus’” (3). In other words, for the speakers in this forum, the conceptual fields of CHINA and CONTAGION were gradually merging into one. The repercussions of this conceptual convergence are more than unsettling, as exemplified by the following posting identified during the network analysis: “Tomorrow, my guys and I will take the f*cking guns and shoot at every Asian we meet in Chinatown, that’s the only way we can destroy the epidemic of coronavirus in NYC!” (Zannettou et al. 2020, 7).

Admittedly, 4chan does not represent the US mainstream majority. However, the fact that even a small segment of the population may be losing the ability to differentiate between people and a disease is worrying enough. The seriousness of this concern was brought into sharp focus on March 14, 2020, when 19-year-old Jose Gomez walked into a neighborhood store with a knife and viciously attacked an Asian-American family, including two children under the age of 7. When later questioned by the police, Gomez explained that he had attempted to kill the family because they were Chinese and he believed they were infecting people with the corona virus (Wray 2020). Sadly, according to threat experts in US federal law enforcement, there are many indications that we are very likely to witness repeat acts of anti-AAPI violence in the wake of the corona crisis (Margolin 2020). A declassified report on domestic violent extremism (DVE) that was released in March 2021 by the US Office of the Director of National Intelligence predicts, for example, that “enduring DVE motivations pertaining to biases against minority populations [...] will almost certainly continue to drive DVE radicalization and mobilization to violence.” (2)

In an effort to gather evidence about this latest spate of racialized hate in the United States, in the spring of 2020, the civil rights organization, “Stop AAPI [Asian American and Pacific Islander] Hate!”, opened an internet platform where survivors of anti-Asian crimes could anonymously report the details of their victimization. The survey is designed to compile empirical data about the demographic features of survivors and perpetrators (e.g., age, gender, ethnic background) as well as the dates, locations, and nature of the attacks. Each reported incident is then divided into several category types (e.g., coughing/spitting; physical assault; vandalism; barred from entering an establishment; shunning; verbal harassment). In the winter of 2020, a preliminary report of the survey findings was released. The results were stunning. Between March 19, 2020 and December 31, 2020 alone, ca. 2,808 incidents were reported (Stop AAPI Hate! 2021, 2). Coming in at 70.9%, by far the largest proportion of attacks fell into the category of “verbal harassment” (Stop AAPI Hate! 2021, 2). However, there is good reason to believe that this percentage may even be an undercount. As demonstrated below, a substantial number of incidents classified under other forms of harassment may also involve some form of verbal abuse. The incidents described below were reported to the Stop AAPI Hate! Website (Jeung, Yellow Horse, Lau, Kong, Shen, Cayanan, Xiong, and Lim 2021) unless otherwise indicated.

I was called a yellow motherf***er by a stranger in an elevator and told to ‘go back where I came from.’ After exiting the elevator, the stranger picked me up by my shoulders and threw me against the elevator bank. (67-year-old respondent from Honolulu, Hawaii)

I was waiting to enter [a pharmacy] to get my prescription when a group of construction workers (not social distancing) made fun of me by mocking me, fake coughing, spitting at me, and making slant eye gestures. (68-year-old from Oakland, California)

I was sprayed with a body spray by a white kid who commented ‘the coronavirus’. Shortly thereafter, he headbutted me and caused my head to strike a wall. (13-year-old from Kent, Virginia)

Some guys from my high school whom I did not know followed me home in their car. They honked very loudly at me, and pulled up next to me; and when I looked up, they threw things at me from their car, pretended to cough on me, [and] said, ‘Ching Chong! You have the Chinese virus!’ (14-year-old from Dallas, Texas)

Some crazy guys shouted at me from their car on the other side of the road. They said, ‘Chinese virus, get out [of] this country, f*** you!’ (37-year-old University Lecturer, United Kingdom) (Ng 2021, para 5)

I was walking my dog at night and a car swerved toward me on the sidewalk. Two guys started shouting: ‘Trump 2020! Die, chink, die!’ (Noel 2020)

As shown in the disturbing incidents described above, a common feature of racist attacks is the use of offensive racialized names to disparage the victim’s ethnoracial heritage. This being the case, it perhaps comes as no surprise that along with the rise in anti-AAPI violence, researchers have reported a concomitant increase in the use of GNHIDs that make an overt connection between COVID-19 and Asia. According to a 2021 study of online hatred, for example, as the current pandemic has continued to rage, there has also been a significant increase in the use of Sinophobic name-calling on popular online platforms such as Twitter (Schild, Ling, Blackburn, Stingham, Zhang, and Zannettou 2020). Two prototypical examples of the kind of utterances identified in their corpus are listed below:

We should have never let these *Chiniggers* into the country or enforced a mandatory quarantine for anyone coming from contaminated areas. But its (sic) too late now [emphasis added](6)

You chinks deserve it [COVID-19], there’s no shithole of a country that could be as disgusting as **chinkland**. [emphasis added](6)

As Schild et al. (2020) and other researchers have attested, AAPI dysphemisms like those illustrated above, have become increasingly productive in public discourse surrounding the pandemic (e.g., Chen, Trinh, and Yang, 2020; Hswen, Xu, Hing, et al. 2021; Nguyen, Criss, Dwivedi, et al. 2020). In a survey conducted by PEW, 31% of Asian(-American) adult respondents reported that they had been subjected to racial slurs since the pandemic began and 58% stated that it had become “more common for people to express racist or racially insensitive views about people who are Asian than it was before the coronavirus outbreak” (Ruiz, Menasce Horowitz, and Tamir 2020, paras. 2 and 5).

There is also empirical evidence that, in comparison to before COVID-19, there has been a considerable increase in the use of novel Sinophobic exonymy (Chen, Trinh, and Yang 2021). An examination of this new breed of racial slurs reveals a wide variety of word-formation processes such as SUFFIXATION (e.g., [*chink] + [-istan] → **chinkistan*; [*chink] + [-land] → **chinkland*); BLENDING ([chinese] + [nazi] → **chinazi*; [chinese] + [disease] → **chinease*; [*chink] + [insect] → **chinksect*; [chink] + [*nigger] → **chinigger*); and COMPOUNDING ([yellow] + [*nigger] → **Yellow nigger*; [noodle] + [*nigger] → **Noodle nigger*; [rice] + [*nigger] → **Rice Nigger*).

It is not accidental that many of these formations utilize the slur *nigger*, either in whole or in part. As one of the most offensive words in the English lexicon, *nigger* has been a perennial favorite in racist speech acts designed to threaten, assert authority, and/or cause personal injury. The simple addition of this term in name-calling can either convert positively or neutrally connotated lexemes into racist dysphemisms (**nigger lover*, **nigger town*, **nigger music*, **nigger babies*) or immeasurably magnify the injurious power of negatively connotated lexemes to form doubly offensive racist dysphemisms (e.g. **nigger bitch*, **nigger spik*, **nigger chink*). Thus, while many of the word-formations being witnessed in anti-Asian disease during the pandemic are new, the processes themselves are long-standing.

The same pejorative and intensification functions are served in acts of name-calling that use the racial epithet *chink*. Like **nigger*, this slur is also consistently rated by English speakers as being one of the most offensive taboo terms in the language (Jay 1992; Janschewitz 2008; Jay 2018). However, unlike **nigger* which has never left the active US American English lexicon, **chink* appears to be experiencing a veritable Renaissance amongst racist speakers in the US. Indeed, as many victims of anti-Asian attacks report, what is particularly striking is not only the increased frequency of verbal abuse, but also the fact that so many of the slurs being used in racist discourse today were believed to have died out years ago. From *gook* to *chink*, *chinaman* to *ching chong*, the racist vocabulary of Archie Bunker seems to have returned with a vengeance. In a recent interview, Kyung Lah, a CNN journalist, recounted her shock when a passerby spit a racist name at her just seconds before she was to go on air. “I think it’s been since elementary school, that I have had heard it directly to my face,” she told her CNN colleague, Jake Tapper, and her international viewers (Choi 2021, para. 2). The same feeling of painful *deja vu* was reported by Amara Walker, another CNN reporter, who was approached by a stranger at the New Orleans airport with the phrase: “Ni Hao. Ching Chong.” Walker later described her reaction to the attack:

Never mind that I’m of Korean descent. ‘Ching Chong,’ of course, is a racial slur that has been used to mock Asian Americans for more than a century. Those words tore through me the way they did when boys at school would tease me, turning their eyes up with their fingers, chanting ‘Ching Chong China.’ As a child, I would run home and cry in my room, too embarrassed to tell even my parents what had happened. (Walker 2020, para 5).

After reporting on their experiences, both journalists revealed that they received an avalanche of responses from viewers who had also experienced similar verbal attacks: the pain of their unexpected assault made all the worse by the familiarity of the weapon used. The sudden and widespread return of such terminology has been interpreted as clear evidence that the underlying prejudices that first gave rise to this kind of offensive name-calling never actually disappeared but simply remained dormant, waiting for the

right sociocultural environment to re-emerge and harm a whole new generation of victims (Dhanani and Franz 2020; Strohlic 2020; Tessler, Choi, and Kao 2020).

At a time when the international news is filled with so much illness and death, there has been a tendency amongst some to minimize the importance of such incidents. The world has more important things to think about than name-calling, they say. This ignorance is lamentable. As considerable research has demonstrated, increases in the frequency, fixation, blame, intensity, and intent in threatening language are important forensic indicators for judging the likelihood, severity, and immediacy of future violent attacks (Turner and Gelles 2012; Scalora 2014; Simons and Tunkel 2014). For that reason, threat assessment experts, Meloy, Sheridan, and Hoffman (2008), advise that “all communicated threats should be initially taken seriously because any particular individual may act subsequent to his[her] threat”(6). However, even in those instances where no physical violence occurs, the damage caused by racist name-calling is not to be underestimated.

There is in fact a large body of scientific literature documenting that persons of Asian descent who become targets of racist name-calling frequently suffer severe and long-lasting detriments to their physical and mental health (Noh et al. 1999; Harrell 2000; Gee et al. 2007; Gee, Shariff-Marco, and Chae 2009; Beiser and Hou 2016; Ong et al. 2017; Wu, Qian, and Wilkes 2021). The resulting psychological injuries can produce elevated levels of fear, anxiety, depression, alcohol/drug abuse, and even suicide (Varma-Josh, Baker, Tanaka 2004; Hwang and Goto 2008; Gee, Ro, Shariff-Marco, and Chae 2009; Wei, Heppner, Ku, and Liao 2010; Lee and Waters 2021; Misra, Le, Goldman, and Yang 2020; Zhia and Du 2020). This catalogue of trauma-based reactions is a manifestation of what some psychologists call the “Minority Stress Syndrome.” Explained briefly, the theory behind this syndrome is that serial exposure to prejudice and discrimination produces increased levels of stress, which in turn produces higher incidences of stress-related mental and physical health disorders (Harrell 2000; Meyer 2003; Carter 2007).

Of course, in the midst of a lethal pandemic, it goes without saying that most of us are experiencing elevated levels of stress. However, for many members of the AAPI community, this heightened state of fear and anxiety has been additionally compounded through relentless scapegoating and vicious name-calling, both in person and online (Cheah et al. 2020; Wu, Qian, and Wilkes 2021). Whether old or young, male or female, native-born or immigrant, few have escaped these vicious verbal assaults against their dignity.⁵ As Chen, Trinh, and Yang (2020) report, not even those who have ceaselessly risked their lives to protect the ill and comfort the dying during the COVID-19 crisis have been spared: “Asian healthcare workers on the front lines of the pandemic have been subjected to slurs and assaults. Nurses have been spat on, doctors have been told to ‘go back to f****ing China’ and care by staff with ‘Asian appearance’ has been refused.” (para.1)

The ripple effects of these assaults are far-reaching, eroding not only generations of hard-won trust within our multicultural communities, but also attacking the very democratic principles of liberty, equality, and fraternity upon which our system of governance is based. As US legal scholar Richard Delgado (1982) reminds, racist-based name-calling is a “dignitary affront, a direct violation of the victim’s right to be treated respectfully” through defamation of character and “intentional infliction of emotional distress” (143). As such, Delgado argues, “racist and racial stigmatization harm not only the victim [...] but also society as a whole” by conveying that “egalitarianism is not a fundamental principle” (140-141). Despite this societal danger, in the first year of the pandemic, US American residents with AAPI heritage were largely left alone to deal with the fallout of this linguistic demonization while many prominent lawmakers not only refused to acknowledge the significance of widespread verbal scapegoating, but also elected to participate in it. Leaders within the AAPI community refused to remain silent in the face of this challenge, however.

In March 25, 2020, for example, New York Democrat Representative Grace Meng introduced a resolution calling for an official condemnation of all forms of anti-Asian sentiment as related to COVID-19 (<https://www.govtrack.us/congress/bills/116/hres908>). According to this legislative proposal: “the use of anti-Asian terminology and rhetoric related to COVID-19, such as the ‘Chinese Virus,’ ‘Wuhan Virus,’ and ‘Kung Flu’ have perpetuated anti-Asian stigma.” In no uncertain terms, the H. Res. 908 went on to draw a direct link between the use of such defamatory names and the surge in violence against the Asian American and Pacific Islander communities in the United States: “such rhetoric has resulted in Asian Americans being harassed, assaulted, and scapegoated for the COVID-19 pandemic.” (U.S. House of Representatives, H. Res. 908, para. 6). After much debate, the resolution passed. The vote split along party lines with 229/243 (94.24%) of the yeas coming from the Democrats and only 14/243 (5.76%) from the other side of the aisle (<https://www.govtrack.us/congress/votes/116-2020/h193>).

Indeed, in the run-up to the presidential election, the defense of GNHIDs became a part of the recommended political strategy of the Republican Party (Isenstadt 2020; Itkowitz 2020). In a 57-page memo issued by the National Republican Senatorial Committee, GOP candidates were explicitly advised to defend the continued use of GNHIDs to describe COVID-19 with deflection arguments such as “Democrats are more obsessed with being politically correct about what we call the corona virus than standing up to China.” (O’Donnell and Associates 2020, 56). As WHO leaders had forewarned at the very start of this crisis, the failure to use neutral scientific terminology had made discussion about the pandemic socially toxic.

In the winter of 2021, political efforts to combat the continued use of anti-Asian GNHIDs in US American discourse gained a powerful ally. In one of his very first official acts, on the 26th of January 2021, the newly elected President Joseph R. Biden signed a “Memorandum Condemning and Combating Racism, Xenophobia, and Intolerance Against Asian Americans and Pacific Islanders in the United States” (Federal Register 2021). Section 2 of the Memorandum made the following declaration:

The Federal Government must recognize that it has played a role in furthering these xenophobic sentiments through the actions of political leaders, including references to the COVID-19 pandemic by the geographic location of its origin. Such statements have stoked unfounded fears and perpetuated stigma about Asian Americans and Pacific Islanders and have contributed to increasing rates of bullying, harassment, and hate crimes against AAPI persons. (para. 2)

The Memorandum went on to call for the US Secretary of Health and Human Services to establish a set of guidelines and best practices “for mitigating racially discriminatory language in describing the COVID-19 pandemic” as a part of the nation’s new public health strategy for combating the disease without onomastic vilification (para. 6). Such changes in policy and practice have been warmly welcomed by the international public health community. However, as scientists warn, there is far more work to be done to win the fight against GNHIDs.

Ironically enough, just as the battle for the name *COVID-19* has started to gain ground, a whole new set of GNHIDs has begun to emerge to describe recently discovered COVID-19 variants. And once again, virologists, epidemiologists, and public health experts find themselves urging the public to refrain from adopting such toponyms as *Kent*, the *U.K.*, *Brazil*, or *South Africa* to label the emerging viral mutations and use instead scientific nomenclature such as *B.1.1.7*, *P.1*, and *B.1.351*, respectively. So far, the fight for

the adoption of these technical names has been only marginally successful, with avid GNHID-users arguing that such geographically marked names, though admittedly less accurate, are simply less of a mouthful and easier to use than the alphanumeric systems used by scientists. The strength of this argument is substantially undermined, of course, by the commonality of alphanumeric names in other sectors of people's everyday lives. Some of the most popular and memorable names for airplanes (*B-52*, *F-16*, *MiG-21*, *747*), cars (*TR7*, *BMW3*, *MKX*, *XTS*), motorways and highways (*M20*, *M11*, *US 460*, *I-95*), weapons (*AK47*, *M110*), entertainment figures (*R2D2*, *U2*, *UB40*, *10cc*, *007*) are little more than a hodgepodge of letters and numbers. Nevertheless, people all over the world have happily adopted them. Given the ease with the general public readily accepts these and other alphanumeric names in discourse about comparatively mundane topics, resistance against using a similar name system for life-threatening NHIDs would seem to have reasons beyond linguistics. As Baca and Berger (2021) begrudgingly observe, despite the many dangers: “[t]he tendency to name pathogens and diseases in this fashion seems almost as contagious as the organisms themselves.” (para. 6)

Notes

¹ Along with afflictions of the body, illnesses of the human psyche are also not infrequently given GNHIDs. One of the best-known examples of a psychological disorder with a name featuring a toponym is the *Stockholm Syndrome*. For a detailed discussion of the etymology of other psychological GNHIDs, see (Abel 2014).

² In addition to SARS-CoV-2, there were many other scientific names proposed by researchers. Some of the early onomastic contenders include the following: *2019-nCov*, *novel coronavirus-infected pneumonia*, (*N.C.I.P.*), *WH-Human-1-coronavirus*, *Pneumonia Acute Respiratory Syndrome*, *PARS-COV*, *Novel Coronavirus Pneumonia*, and (*N.C.P.*). For an excellent timeline and discussion of these onomastic alternatives, see <http://orcp.hustoj.com/debate-goes-on-naming-the-2019-coronavirus/>. The plethora of competing names is not only a consequence of the novelty of this virus, but also a reflection of the nomenclature controversy that had been raging in virology, long before the debates over the naming of COVID-19. For more on these onomastic battles, see Regenmortel and Mahy 2004; Regenmortel 2007; Eberhard 2004; “The Lancet: Infectious Diseases” 2015; Callaway 2021).

³ A similar problem occurred with the first outbreak of the *Human Immunodeficiency Virus* (*H.I.V.*) which some initially called *gay-related immunodeficiency*, (*G.R.I.D.*) or even the *gay cancer*. Even after it became clear that the virus could be contracted by anyone, regardless of their sexual orientation, the initial inaccurate lay names persisted, leading many in the public to falsely believe that everyone who had the disease was gay and/or that no one who was heterosexual could acquire the immune deficiency syndrome (*A.I.D.S.*) caused by *H.I.V.* (Baca and Begar 2021). Only gradually did grossly misleading and highly stigmatizing names linking *H.I.V.* with homosexuality give way to more accurate and neutral names. This did not occur, though, before other equally ill-advised names were suggested. An example is the short-lived moniker *4-H disease*, a name devised to highlight the four different patient groups initially identified with the NHID: **H**aitians, **h**omosexuals, **h**emophiliacs, and **h**eroin addicts (Földesi 2008; Marc, Patel-Larson, Hall, et al. 2010).

⁴ In her groundbreaking book, *Illness as Metaphor*, Susan Sontag discusses the theme of xenophobia in disease naming. She writes, “there is a link between imagining a disease and imagining foreignness. It lies perhaps in the very concept of wrong, which is archaically identical with the non-us, the alien.” (134)

⁵ In fact, since the outbreak of the COVID-19, it has been the most vulnerable members of the APPI community who have most often been targeted for racist attack. According to the statistics gathered by Stop AAPI-Hate!, for example, the groups with the highest rates of reported victimization have been women, children, and the elderly. For more details, see Jeung, Yellow Horse, Popovic, and Lim 2021).

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