

## **Rise of Racism amidst the COVID-19 Pandemic: A Qualitative Study Exploring the Experiences in North-East India**

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### **Abstract**

Racism as a deep-rooted social oppression has negatively impacted the north-eastern people of India. Due to the COVID-19 pandemic since 2019, the north-eastern people have become the target in other parts of mainland India, thereby facing greater coronavirus racial attacks. The aim of the study was to explore and analyse the various forms of racial attacks and emotions associated with the act of discrimination among the victims of north-east India. The study was conducted on participants from the northeast region of India currently residing in other parts of mainland India. The results of the study highlighted some forms of racial attacks such as calling names with coronavirus, blamed to spread the virus, compelled to leave the apartments and pulling mask by walking away from the north-eastern people. Moreover, six different emotions were identified among the participants such as anger, anxiety, sadness, shock, embarrassment and fear associated with the racial act. Racism can damage our society, the consequence of which may be likely to persist beyond the global pandemic, hence it is important that required measures are taken by the state to curb racism.

*Keywords:* Racism, discrimination, northeast region, COVID-19, emotion

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*“The North East is where India looks less and less India and more and more like the highlands of southeast Asia”* (Bhaumik, 2009, p. 259).

The so-called north-eastern region is recognized as the cultural mosaic of India comprising diverse tribal communities, linguistic and ethnic identities. The region encompasses eight states – Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura (Samson, 2017). These regions trace their lineage to South East Asian countries such as Myanmar, China, Nepal, and Bhutan by means of acculturation. Additionally, the narrow corridor, also known as *the Chicken’s Neck Corridor*, is disengaging the entire region from mainland India with a width of 20km. (Hazarika, 2011). This thin stretch of land, is often considered as the Mongoloid Laxman Rekha, or racial boundary for the Mongoloid Indians where people experience discrimination, and racial abuse in other parts of India (Samson, 2017).

Many Indians outside the north-east region differentiate the area to be dominated by the Mongoloid features, and associate Mongoloid Indians with the Chinese, insensitively relating them to the oriental (eastern) look (Thounaojam, 2012). Studies highlighted that north-easterners studying and working in mainland India often face discrimination from their peers or co-workers, with additional interrogations such as “Is your home state a part of India?” (Bhutia, 2020, April 1st). Baruah, (2007) concluded by saying that the north-east region does not contribute to any common “collective consciousness”.

Therefore, the COVID-19 pandemic has provided us with a natural experimental setting to study why and how racial discrimination against a certain group can rise speedily. In the current circumstances, it could be realised how the COVID-19 pandemic has sent the world back into the dark ages letting the innate xenophobia, racism, and discrimination

surface against the Mongoloid-looking people inhabiting the country. The fundamental cause for the attack might be directed to the origin of the Virus. As it is obvious that people from the north-east have Mongoloid features, a huge number of people from mainland India consider them to be outsiders and fear that they could spread the infection (COVID-19). The Rights and Risks Analysis Group (RRAG), has reported a total of 22 cases of racial discrimination since the outbreak of the virus. Multiple incidences were reported where the north-eastern people were forcibly quarantined despite showing no symptoms of COVID-19, were bound to leave apartments, and were forced to depart from the restaurants to make others feel secured (Chakma, 2020). Moreover, the act of racial discrimination was also observed in educational institutions such as Tata Institute of Social Sciences and NCERT (NIMHANS, 2020).

It could be said that this outbreak has created fear, confusion, and anxiety among the general people. Hence, there is a continuous struggle designed to limit further infection, due to which, the report of stigma and racial discrimination has been increasing immensely. Social stigma in the context of disease outbreak occurs in the form of assigning blame to certain groups as people are trying to respond to certain questions such as “where did the virus come from?” and “how the disease is spreading?” People are negatively associating a person or a group of people who share Mongolian features with the disease (COVID-19), which could also be regarded as racial discrimination. Due to this perceived and illusory link with the disease, the north-eastern people are labelled and treated separately, thereby provoking discrimination against them (WHO, 2020). Therefore, the challenge is to understand the phenomenon thoroughly and practically.

### **Blaming “Outsiders” for the Contagion**

It is clear that the strength of stigma and discrimination is related to three factors; the disease is new with several unknown features, people are often afraid of the unknown, and it is easy to associate fear with others (WHO, 2020). Due to the high rate of infection, individuals worry about COVID-19 and the self (Lin, 2020). This initiates fear among people and fear is often the breeding ground for hatred, stigma, and discrimination. With a higher intensity of fear, an individual may have irrational thoughts towards the self and others. However, the Director of Global Infectious Hazard Preparedness commented that “Fear and stigma go together and when people fear; they tend to stigmatize some groups” (Ren et al., 2020).

Lack of knowledge concerning the source of the pandemic, and ambiguity about the rumours of the disease, may cause people to develop negative attitudes. Additionally, pointing fingers at others for the mysterious illness may make people feel comfortable and easy. Incidents have been recorded where people had historically been accused of spreading germs (Markel & Stern, 2002). For example, during the 2009 H1N1 epidemic, the Mexicans and Hispanics were blamed for spreading “swine-flu” (Schoch-Spana et al., 2010); during the 1980s, Haitians were blamed for the extensive spread of AIDS, without knowing the fact that the disease spreads through specific behaviours (Farmer, 2006). These examples would pave a pathway to identify why and how the people from the North-eastern region of India are being targeted and unfairly charged with the spread of the COVID-19 infection.

### **Racism in India during the 2020 Pandemic**

The race-based discrimination on the North-east Indians began since the emergence of the Covid-19 cases. The following few incidents were self-reported cases of racism during the pandemic which were documented in a study conducted by Haokip (2020).

On the 10<sup>th</sup> of February, 2020 a woman hailing from Nagaland was visiting a friend in Mumbai. Travelling from the airport wearing a mask, she was suspected to be Chinese carrying the coronavirus. She was not allowed to enter the building as she was supposed to be a threat to the surroundings. On 6<sup>th</sup> March, 2020; a water balloon was thrown at a student of Delhi University hailing from the North-east and they were called “coronavirus”. In a similar incident, north-eastern students in Kolkata were allegedly attacked and were asked to vacate the rented apartments. On 28<sup>th</sup> March, 2020; north-eastern students from Nagaland were not allowed to enter a grocery store in Mysore; even after showing their *aadhaar* cards, they were denied to be Indians. On 7<sup>th</sup> April, 2020; a nurse in Siliguri was not allowed to enter her rented apartment due to her Mongoloid appearance and named her “coronadi”. On 8<sup>th</sup> April, 2020; two Manipuri boys were not allowed to enter a hypermarket in Hyderabad even after showing their *aadhaar* cards and pleading that they are not infected. On 14<sup>th</sup> April, 2020; two Manipuri youths were called “Chinese, Chinki, Corona” (Haokip, 2020). These are few cases of racial discrimination during the pandemic that have been documented. However, there might be more unreported victims and incidents.

From the above-mentioned cases the rise of racial discrimination during the COVID-19 pandemic could be felt palpably. Instead of fighting the COVID-19 virus, we are still fighting racism. Therefore, there is an urgent need to understand questions like “Why do North-east Indian people experience this discrimination?”, “How is racism affecting the psychological and physical health of the people?”, and “How can we eradicate racism?”.

This research was conducted keeping in mind that there has been an increase in racism and hatred during the COVID-19 pandemic. Although racism and xenophobia are perceived intermittently worldwide, the COVID-19 pandemic outbreak intensified social

inequalities against the people of North-east India. After surveying the literature, it was apparent that related studies were limited due to an inadequate amount of research.

## **Objective**

To explore and analyse the various forms of racial attacks and emotions associated with the act of discrimination among the victims of North-east India.

## **Method**

### **Design**

A qualitative research design was employed for the purpose of capturing the complexities in the lives of the victims of racial attacks from the North-east region of India during the COVID-19 pandemic. In order to capture detailed, holistic, and comprehensive descriptions of experiences regarding racial attacks, one-on-one in-depth interviews were designed as the primary method for data collection. Due to the pandemic, this study was conducted virtually instead of in-person interviews, via Zoom and Google Meet. During the interviews, participants were asked open-ended questions through a semi-structured format to collect narrative data. Interviews were audio-recorded and transcribed carefully and precisely.

### **Participants**

The study recruited seven participants (4 men and 3 women) from the North-east region of India currently residing in other parts of mainland India. The participants were employed through both purposive and snowball sampling methods. The demographic

information of the participants is recorded in Table 1. The age of all the participants was above 18 years (M= 26.20).

The inclusion criteria included - 1) all participants had been in mainland India during the period of COVID-19 pandemic outbreak; 2) participants were above 18 years of age; 3) participants belonged to any of the eight north-eastern states of India.

### **Ethical Consideration**

Prior to the interview, consent was taken from the participants. During the initial contact participants were informed about the content and purpose of the study. Participants were reminded that they may withdraw their consent at any stage of the interview. A thank you letter was sent to each of the participants after the interview.

### **Procedure**

After receiving consent from the participants, appointments were scheduled and one-to-one interviews were conducted via Zoom and Google Meet. To begin with, socio-demographic data of the participants were collected. These assisted in establishing rapport with the participants and in obtaining a rich description of their lives. Although there was no time limitation for the interviews, the length of the interviews ranged from 45 to 60 minutes. With permission from the participants, audio recording was carried out during the interview sessions and they were later transcribed for analysis.

## Results

Table 1 depicts the demographic data of the participants – gender [male (43%) and female (57%)]]; age [18-24 years (57%), 25-34 years (29%) and 35 years above (14%)] and occupation [students (71%) and employees (29%)].

**Table 1**

*Demographic data of the participants*

Demographics	Frequency	Percentage
Gender		
Male	<b>4</b>	43
Female	<b>3</b>	57
Age		
18-24	<b>4</b>	57
25-34	<b>2</b>	29
34+	<b>1</b>	14
Occupation		
Students	<b>5</b>	71
Employees	<b>2</b>	29

Few of the COVID-19 and race-related attacks are identified from the verbatim, such as ‘walking away from us in the shops, markets, roads, metros or ATMs’ having the highest frequency (31%) followed by ‘people staring and pulling masks’ (26%). However, ‘commenting as ‘coronavirus’’ is documented with the lowest frequency (4%).



**Table 2*****Forms of racial discriminations mentioned in the verbatim***

Racial attacks		Frequency	Percentage
a.	Commenting as coronavirus	1	4.00
b.	Blaming to spread virus	3	13.00
c.	Labelling as outsiders	2	9.00
d.	Compelling to leave the apartment and go back to own place	3	17.00
e.	People staring and pulling mask near to us	5	26.00
f.	Walking away from us in the shops, markets, roads, metros or ATMs	6	31.00

Among the interviewed participants from the north-east region who have been residing in the states of mainland India, almost everyone said that they have experienced one or the other forms of racial discrimination during the coronavirus pandemic. This can be seen in the example of Participant 4, a 24-year-old student, who came from Assam for higher studies to Delhi. *“I personally have experienced this kind of discrimination a couple of times during the pandemic. Although people around me in the college are very friendly but I have been subjected to racial attacks outside the campus. Well! during the month of March, at the initial phase of the corona situation, I was walking on the road with my mask along with my friend. I realised people staring at me and walking away from me. I felt very sad at the same time was very angry. People need proper education”*.

Another participant, a 30-year-old man working in a company from Manipur reported that: *“It is disheartening to see people perceiving us as outsiders. They don’t realise that north-east region is a part of India and we are Indians, as I have experienced racial attack because of my look. On my way to the office, while waiting for the metro, I was shocked to hear people whispering that I look like Chinese and I might spread the virus. I was so angry that I was about to shout back at them, but feared at the same time with the feeling that I might be attacked or beaten up. It is really sad to see how unsafe we are at our place”*.

A PhD student studying in Mumbai conveyed: *“There was an incident that made me realise racism during the period of pandemic. I was on the road way to a vegetable shop, where few boys shouted corona virus and passed by. People suddenly moved their attention to us which made us feel embarrassed. I feel very anxious when I recall that incident and makes me feel alienated. I always feel that I am being judged all the time and because of that I am afraid to sneeze or cough even inside my room”*.

Another participant described her personal experience as follows: *“I was living in a rented apartment for the last one year. But was always judged on our lifestyle and food habits. However, during the COVID-19 pandemic I was compelled to leave the room, along with my other friends from north-east region. I feel people have some kind of hatred towards us, which we experience in our daily lives because every time we need to make them realise that we are Indians. Even I have seen various incidents reported by the media. It makes me feel unsafe here.”*

People are affected by racist acts during the times of the COVID-19 pandemic, as north-eastern people are perceived as a homogenous group sharing similarities with the other Asian countries. Moreover, different kinds of emotions were conveyed by the participants while mentioning the racial acts. It can be seen that various emotions such as fear, anxiety,

sadness, embarrassment, surprise and anger were expressed by the participants. The frequency of conveying different emotions were also analysed and are mentioned in Table 3.

**Table 3**

*Participants conveying different emotions*

<i>Emotion</i>	<i>Frequency</i>	<i>Percentage</i>
Fear	6	21
Sadness	5	18
Anxiety	5	18
Surprise	2	7
Embarrassment	3	11
Anger	7	25

While analysing the verbatims, 6 different emotions were identified. Table 3 shows that emotions such as anger, anxiety, sadness and fear are repeatedly expressed by the participants. This result reflects those negative emotions are mostly associated with the racial acts.

### **Discussion**

During the COVID-19 pandemic, North-eastern people in different parts of mainland India were racially profiled and negatively stereotyped as “Coronavirus”. Such profiling causes greater racism, discrimination and xenophobia. Therefore, this framework that has

been presented contributes to the understanding of how COVID-19 pandemic has reinforced the discrimination and fear towards the North-eastern people, leading to perceived inequalities among the various groups of people.

The coronavirus racism and discrimination disclose the racial boundary as well as the non-recognition of North-easterners as equal Indians. If racial discrimination is not addressed timely, it might lead to more harsh consequences reinforcing the “us versus them” mentality, as shown in other studies (Haokip, 2020), thereby hindering the Nehruvian dream of ‘unity in diversity’ in the long run.

The prevalence of racism in India is sending a strong note that the existing legal framework is not adequate to eradicate the acts of racial discrimination, although there is an antiracism law enforced in the country. Consequently, the future depends on the responsiveness of the agencies as well as of the general population. Studies have indicated that the overt acts of racism are just the tip of the iceberg, and the other levels of racism are still hidden which are more complex. Racism could be equated with marginal groups and this hierarchisation of the societal group showcases the societal problem which is just the beginning of a long struggle for an equal society (Haokip, 2020).

The general population might not be aware of the harmful effects of discrimination against the north-easterners. The vulnerable group facing racial discrimination might develop psychological and physical problems as negative emotions were reflected in their experiences such as fear, anger, sadness, and anxiety. This might lead to disturbances in sleep, loss of self-esteem, development of somatic symptoms, or aggression towards the general public (Rajkumar, 2020; He et al., 2020).

Firstly, the racialized group experiences discriminatory behaviour. This heightens negative emotions amongst them. Secondly, discrimination can trigger unhealthy behaviours

such as smoking, drinking, binge eating etc. (Major et al., 2013). Therefore, changing thought, emotion and behaviour could reduce intergroup conflicts among the population. Cognitive Behaviour Therapy (CBT) could be an effective pathway to reduce prejudice and discrimination (Birtel & Crisp, 2015). For example, negative events “racial attacks such as coronavirus” can cause irrational thinking patterns like “people hate us”, which in-turn could evoke negative emotions like “fear and anxiety” and behaviours such as “withdrawal and avoidance” among the people. In this state, CBT breaks the cycle of negative thoughts, feelings, and behaviours, and contributes to reinterpret the event. Mental imagery is a practice of “seeing things with the mind’s eye and hearing with the mind’s ear” (Kosslyn et al., 2001). This intervention facilitates intergroup tolerance and reduces inequality. Imagining optimistic intergroup contact can diminish intergroup attitudes, which could be exercised as an anti-racist approach (Dei, 1996).

Therefore, it is essential to amplify the voices of the victims, to spread awareness about racism and its consequences. Moreover, racial discrimination heightens due to insufficient knowledge and information. Thus, mass media could be the best platform to shape the world and spread accurate community-based information to a larger population. The World Health Organization (WHO) has launched the WHO Information Network for Epidemics (EPIWIN), to promote the right information and reduce coronavirus racism (WHO, 2020). Moreover, it is extremely important to provide education and awareness through educational institutions, communities, societies and other organizations to eliminate racism and eradicate oppressive acts. Lastly, local, state and national leaders should work together to stop discrimination by humanizing race, nationality and so forth (Zhang, et al. 2020).

### **Conclusion**

Although in this destructive and violent stream of fear and anxiety, it is impossible to stop people from discrimination, steps are required to make certain that acts of racial behaviours are strongly opposed. Every single individual must take the responsibility to support one other, have concern for each other, and promote a healthy environment. Those with the loudest voice such as the government and the media must express disapproval for these inhumane actions. They must comprehend their sense of duty to enlighten the public, and shelter the vulnerable. Staying noiseless will allow racism to damage our society, the consequence of which will be likely to persist beyond the global pandemic.

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