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HUMAN RIGHTS COUNCIL
CHAIR: ABDULLAH IMRAN, NAWAAL ADEEB

*TOPIC: ELIMINATING RACISM AND XENOPHOBIA IN A POST-COVID
WORLD*

About the Committee

The United Nations Human Rights Council is the principal UN intergovernmental body responsible for human rights. The Council deals with the promotion and protection of human rights around the world. It investigates allegations of breaches of human rights in United Nation member states and addresses thematic human rights issues such as freedom of association and assembly, freedom of expression, freedom of belief and religion, women's rights, LGBTQ+ rights, and the rights of racial and ethnic minorities.

The Council's mandate is to promote “universal respect for the protection of all human rights and fundamental freedoms for all” and “address situations of violations of human rights, including gross and systematic violations, and make recommendations thereon.” It serves as a forum for dialogue among States, with input from other stakeholders. As a result of its discussions, the Council may issue resolutions calling on States to take specific actions or uphold certain principles, or it may create mechanisms to investigate or monitor questions of concern.

Introduction

“Epidemics do not create abnormal situations, but rather sharpen existing behavior which ‘betray deeply rooted and continuing social imbalances”.

-Roderick McGrew

The threat of an infectious disease or the threat of epidemics and pandemics highlights the rooted and continuing social imbalances in ascribing difference to populations and differential care which leads to a rise in cases of racism and xenophobia. The Covid-19 pandemic and its worldwide spread has given rise to a lot of negative repercussions including but not limited to increased prejudice and hatred against Asians, people of color, and minority groups. It has also created an exaggerated fear that has fed off of an existing culture of distrust and discrimination against migrants.

Coronavirus disease 2019 (COVID-19) is a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first known case was identified in Wuhan, China, in December 2019. Even though the World Health Organization has issued a globally identified nomenclature for the pandemic – Coronavirus or COVID-19 in order to abstain from using racially-charged and xenophobic language that associates the virus with geography or populations of people, the origin of the virus in China has resulted in an unfortunate rise in xenophobia and racism around the world especially against Asians, people of Asian descent and people bearing a similar appearance to Asians.

Definitions

Racism: prejudice, discrimination, or antagonism by an individual, community, or institution against a person or people on the basis of their membership of a particular racial or ethnic group, typically one that is a minority or marginalized.

Structural Racism: A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It has been a feature of the social, economic and political systems in which we all exist.

Systemic Racism: In many ways “systemic racism” and “structural racism” are synonymous. If there is a difference between the terms, it can be said to exist in the fact that a structural racism analysis pays more attention to the historical, cultural, social and psychological aspects of our currently racialized society.

Institutional Racism: Institutional racism refers to the policies and practices within and across institutions that, intentionally or not, produce outcomes that chronically disfavor, or put a racial group at a disadvantage.

Xenophobia: denotes behavior specifically based on the perception that the other is foreign to or originates from outside the community or nation.

History

Racism is a relatively modern concept while xenophobia has played a role in shaping human history for thousands of years. With the growth of industrialization and capitalism in the 18th-19th centuries in Europe and the Americas, racism contributed to the Atlantic slave trade and the racial segregation in the United States in the 19th and early 20th centuries. Although such policies have been eradicated, racial discrimination still remains a cause of concern in Europe and the U.S. The ancient Greeks and Romans used their beliefs that their cultures were superior to justify the enslavement of others. Many nations throughout the world have a history of xenophobic attitudes toward foreigners and immigrants. Xenophobia has also led to acts of discrimination, violence, and genocide throughout the world, including the World War II Holocaust, the internment of Japanese Americans during World War II and the Rwandan genocide. Recent examples in the United States include discrimination towards people of Middle Eastern descent (often referred to as "Islamophobia") and xenophobic attitudes towards Mexican and Latin American immigrants. In the wake of the COVID-19 pandemic there has been a significant increase in reports of xenophobia directed towards people of East Asian and Southeast Asian descent in countries throughout the world.

Past Pandemics and Epidemics

Since the 14th century and perhaps even earlier, the arrival of an epidemic has been grounds for ascribing difference and assigning blame to certain populations—generally marginalized—for causing the spread of the disease. For instance, massacres of Jews in Europe, in specific: the Strasbourg massacre of 1349. The Jewish population of the city was blamed for the spread of plague and

ultimately massacred. This horrific episode has been associated with the intense amount of discriminatory values of that time. The influenza pandemic of 1918 was a defining moment of public health in the United States and universal history. Spreading across the globe with unprecedented severity and speed, an estimated 500 million people (or one-third of the world's population at the time) became infected, which resulted in an estimated 20–50 million deaths. The persistence of xenophobic responses to infectious disease in the face of contrary evidence can be seen since, despite the World Health Organization's (WHO) efforts to discourage using specific people, places, or animals to name infectious diseases, the continued use of stigmatizing monikers such as "Spanish flu", "Mexican swine flu", and "Ebola virus" can be psychologically damaging to the group associated with them and also signify how authorities and the public respond to an epidemic. Historical context aids us in evaluating how already marginalized groups of people tend to be scapegoated in times of crisis and fear. During epidemics, humans tend to become overly sensitive, so any sort of physical abnormality suddenly becomes a potential indicator of infection that can become a cause for situations of discriminatory behaviour.

Case Study: The people's republic of China

Given the nature and initial origins of the coronavirus, there has been an exponential rise in Xenophobic cases against people of Asian descent, specifically Chinese people. The rise in such cases can be tracked with the rise of Covid-19 cases within different countries. Those guilty of these crimes are not only common citizens but rather representatives of the government and in some instances, entire governments as well. Blatantly Xenophobic remarks and policies have been instituted by political leaders and

many governments have taken minimal action in reporting these cases and in bringing their number down. The predominant reason for these cases is the rhetoric surrounding the belief that these are the people responsible for spreading coronavirus throughout the world. This rhetoric has not only painted a target on the back of Chinese immigrants and students studying abroad but also on all of those of Asian descent that are perceived to be of Chinese ethnicity.

Coronavirus originated from the city of Wuhan in China. It was on the 31st of December that cases of pneumonia caused by an unknown disease were reported to WHO. Subsequently, this new virus was formally recognized to be the cause of the disease on 7th January. Airborne water droplets and particles that contain the virus are the main medium through which it travels from one human to the other as they breathe this contaminated air. Due to the nature of this disease, Covid-19 has spread at an unbelievably rapid rate. The outbreak that started from just a handful of cases had been declared by WHO as a pandemic on 11 March 2020. Below is a timeline of some notable cases of Xenophobia around the world. Much insight can be found by coinciding the increase in intensity and frequency of these cases with the rise in Covid-19 cases throughout the world.

Timeline

January 2020

Around 10,000 people signed a petition for the York District School Board (YDSB) in the Toronto area to identify and put forward the names of any Chinese student whose family or who themselves have traveled to China and ask them to not come to school for 17 days.

January 27th, 2020

Restaurant owners in Chinatown reported losing as much as 85 percent of their business due to Covid-19 fears and China targeted a travel ban in Sydney.

January 29th, 2020

In Seoul, a restaurant put out a sign with the words “No Chinese Allowed” in big letters in front of their shop. Similarly, food delivery workers asked to be allowed to stop delivering to communities with a large amount of Chinese population.

February 9th, 2020

On February 9th, 2020 came one of the first reported cases of a violent hate crime linked to Covid-19 within the United Kingdom at London. Pawat Silawattakun was a 24-year-old Tax consultant of Thai descent. He was approached by two teenagers that verbally abused him, he was repeatedly called coronavirus and was then proceeded to be physically assaulted and robbed from.

February 12th, 2020

A 16-year-old boy was violently attacked by bullies who claimed that he had the coronavirus only on the basis of his Asian ethnicity.

February 24th, 2020

Mr. Mok, a Singaporean, was harshly beaten by a group of boys aged around 15 and 16 on Oxford street. His injuries resulted in him being sent to the hospital. His attackers hurled many racist remarks at him, notably that they didn't want his coronavirus in their country.

February 2020

The Chinese embassy asked the Russian police to stop their xenophobic policies against the Chinese citizens. These policies included checking and questioning only Chinese citizens, as well as obliging drivers of public transport in Moscow to inform if there are any people of Chinese nationality on board.

March 12th, 2020

A 59-year-old man was kicked to the ground and a 23-year-old woman was given a dislocated jaw in two different attacks that happened on Tuesday. Both attacks, both in Manhattan, seemed to be inspired by Anti-Asian Sentiment as both victims were called out on their Asian Ethnicity and link to Covid-19.

March 13th, 2020

A 47-year-old man and his son were called Chinese and attacked for not wearing a mask by an assailant who followed them around in Queens, USA.

March 14th, 2020

Three people, including children of age 2 and 6, that belong to an Asian-American family were stabbed by 19-year-old Jose Gomez. Jose claimed he did it because he thought the family was Chinese and was spreading the coronavirus.

March 16th, 2020

Trump used the term “Chinese virus” for the first time in his tweet, he would continue to use the term in future tweets and speeches. This created an environment that nurtured the growth of Anti-Asian hate and made Asian-Americans living within the USA feel alienated by their own President. On Wednesday, Sen. John Cornyn made some highly derogatory comments when defending Trump’s use of the term. Part of his remark included “China is to blame because the culture where people eat bats & snakes & dogs & things like that”.

April 2020

Three times in the same week Xenophobic attacks were made against a Chinese-Australian family living in Melbourne. “Leave and die” and “COVID-19 China die” were some of the remarks spray-painted on their property. On one of the mornings, they woke up to a large crash to find that a large rock had been used to smash

their window.

April 6th, 2020

China demands an official explanation from the Brazilian government as Abraham Weintraub, Brazil's education minister sends out a racist tweet, mimicking a Chinese accent, implying that this is all part of the plan for Chinese world domination.

April 15th, 2020

Two Chinese international students studying at Melbourne University were told to "Go back to China" and were then physically assaulted.

May 3rd, 2020

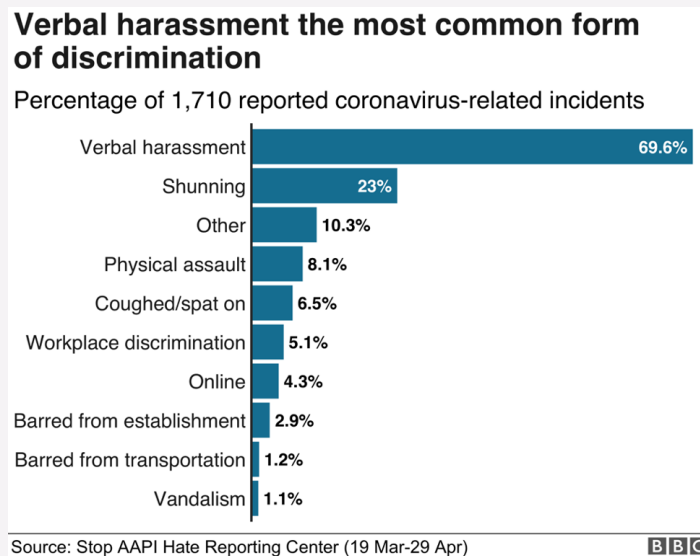
Mike Pompeo, US secretary of state, stated that there is a notable amount of evidence that this virus came from inside a laboratory in Wuhan. He also repeatedly used the term "Wuhan Virus". On the same day, an assailant tried to throw a 30-year-old man off of the train claiming that he was an "infected China boy" that needed to be thrown off the train.

July 14th, 2020

An 89-year-old Chinese woman was slapped and her clothes were set on fire by two men in Brooklyn.

March 16th, 2021

Shooting occurred at 3 spas in Alaska leaving 8 dead, 6 of whom were Asian women. This was reported by many to be a result of the growing Anti-Asian sentiment.



The Government's Response

Governments play a large role in helping their citizens feel safe in their own country and making sure they have equal opportunities, equal access to health, and are not in any way discriminated against. This is regardless of their race, ethnicity, or religion. In just the last year and a half, cases of violence and discrimination have shot up, specifically against Asian ethnicities. STOP AAPI HATE, an organization in the United States that

launched on March 19th, 2020 received almost 1500 reports of Covid-19 related hate crimes against Asian-Americans.

Despite this, few Governments have taken any action in keeping these cases in check or imposing special policies to make sure such violent actions are properly condemned. On the contrary, some governments and their representatives have only aggravated the problem rather than being a part of the solution. On March 16th, 2020, ex-president Donald Trump used the term "Chinese virus" in his tweet for the first time. The term was used by him in future tweets and speeches as well. Subsequently, Sen. John Cornyn defended his president's use of the word through completely unreasonable and bigotted remarks in which he called out Chinese eating habits to be the reason for this and some past

diseases like the swine flu, MERS etc. Furthermore, Abraham Weintraub, Brazil's education minister, frustrated by the Chinese canceling a shipment for ventilators, posed the question:

“Geopolitically, who will come out stronger from this global crisis?”

He made further comments in order to imply that this was all part of the Chinese plan for world domination while also imitating a Chinese accent. China has acted as a scapegoat for the country's own ignorance of problems and lack of proper safety measures. The problem is only exacerbated when these governments have the power to create policies that purposelessly discriminate against certain ethnicities. An example can be seen in the United Kingdom's Red list policy. Many Asian countries including Pakistan are on that list despite them having a lower risk of infection than many other European countries. Countries like France and Germany, despite having a greater number of cases per 100,000 people than countries on the red list, have no such restriction placed on them. WHO, in its February 28 report expressed negative response towards imposing travel bans as a way to control the spread of Covid-19. These policies were deemed ineffective and also set a pretext for discrimination. An example of this can be seen in Spain: its first confirmed Covid-19 case was a German citizen and subsequent cases in the start were Italians and Spanish nationals. Travel bans now seem like just another political tool that governments use at their disposal that has the adverse side effect of catalyzing pre-existing notions that certain communities and ethnicities are responsible for the spread of the coronavirus which alienates them further. Russia, which received a letter from the Chinese embassy to stop its discriminatory policies

in the early stages of the pandemic, specifically picked out people of Chinese ethnicity by questioning only them, putting them in forced lockdowns regardless of their travel history, and making public transport drivers inform of their presence on their vehicles. The intensity of the situation has escalated to the extent where color, facial features and no other factor is able to define whether an individual is eligible for a Visa to a country. Xenophobia and Racism has been proven to disrupt peace efforts around the world. To Rohingya Muslims, Malaysia was a safe haven that offered them protection from the brutal persecution they faced in Myanmar. However, the government sent a boat carrying 200 Rohingya refugees, seeking safety in Malaysia, back due to Covid-19 concerns. Such blatant Xenophobic policies become even more evident when viewed from the perspective of health care or lack thereof.

Healthcare: The New Greatest Power Metric

Now, more than ever, this pandemic has shed light on just how tremendously imperative investment in Research & Healthcare is. During the early stages of Covid, ventilator beds, oxygen cylinders, and staff were all sought-after commodities, and during its subsequent stages, vaccines and the technology to store them seemed to be what was most necessary. Military superpowers like the United States were, at the peak of their cases, crippled by the sheer number of patients and lack of resources to accommodate them. Third-world countries that have underdeveloped economies are suffering beyond measure, with large amounts of concentrated populations and no proper economy to allow them to pay for ventilator beds and vaccines, the situation is deteriorating at a swift pace. What's even worse is that countries and firms that do have easy access to vaccines have started monopolizing these goods

and creating a business opportunity off of a product that holds the potential to save millions if properly distributed. A report by WHO showed that developed economies have occupied around 85% of the vaccines. Patent protection and intellectual property rights keep the “recipe” from being spread and even if those were waived, many countries lack the technology and skill to make use of them. Underdeveloped economies in Africa, some parts of Asia, and Latin America aren’t able to obtain vaccines and testing kits in the first place since they are getting “outbid” by the United States of America and the European Union. The impending situation has improved greatly due to the existence of organizations such as COVAX (discussed later) which combines nations’ purchasing power to get a hold of vaccines in bulk; however, it is still important to recognize the spectrum on which these countries lie.

Furthermore, many ethnic and racial communities that have been scarred from experiences of discrimination on a large scale have worryingly low vaccination rates. This is especially true within the United States of America where marginalized communities such as the African-American and the Latino community, despite these minorities, have a high infection rate. This stems from the mistrust that has been created between the marginalized communities and the government. Multiple studies, most notably by Wayne State University School of Medicine, have been carried out to identify the specific reasons these minorities are hesitant towards getting vaccinated. All studies point out the years of systemic racism, marginalization, and discrimination faced by these minorities. They talk about how African-Americans were used in unethical medical trials and testing, and generally the negative experiences they associate with a healthcare system that was never sensitive towards them. While decades of damage and racism can not be repaired in a fortnight, many governments should make it a priority

to hold campaigns and stop the spread of misinformation surrounding the Covid-19 vaccine. Again, it is the government's job to ensure that their own citizens feel safe and have access to adequate healthcare. Another factor to consider is that these communities are heavily underrepresented in the medicine and healthcare sector, of all US doctors, only 4% are African American despite them comprising 13% of the population. Looking at the current scenario of patients refusing to get treated based on their doctor's color or nationality, this number may only decrease as discussed in the following passage.

Discrimination against healthcare workers and minority groups

Bias against healthcare workers

Healthcare professionals already face an epidemic of burnout, and accommodating patient bias exacerbates the problem. A recent study involving physicians of colour revealed a high correlation between racial microaggressions at work and symptoms of secondary traumatic stress. 23% of participants in the study experienced patients "refusing their care specifically due to their race." Doctors admit honouring requests for white physicians "seems to affirm the legitimacy of racist views" and implies the minority worker is "inferior" to their white colleagues. These degrading racial implications are further magnified in the context of COVID-19, sometimes referred to as "Kung Flu" or "the Chinese virus". One ethnic studies professor called the harassment of Asian physicians and nurses during COVID-19 "an additional level of trauma, anxiety, and stress that we don't need to place on them". Burnout leads to multiple problems, including depersonalization, poor job performance, cognitive impairment, substance abuse,

absenteeism, and thoughts of quitting. In the context of COVID-19, healthcare professionals already face heightened risk of PTSD or burnout everyday due to worry of potentially infecting their loved ones, shortage of PPE, and other burdensome issues. Continuing the accommodation of racist requests, especially in a pandemic, is impractical because it negatively impacts healthcare professionals. The healthcare system and society, in turn, suffers. When the quality of healthcare declines, so does the individual's health--the last thing a country needs in the middle of a pandemic. The spread of Covid-19 has placed significant pressure on small and large businesses to restrict business hours, close their doors temporarily, and scramble to adapt working conditions for the millions of workers nationwide who have already or are soon to experience occupational displacement. Employees in various industries have reported cuts in work hours, job loss, and instructions to work from home. Many individuals have been restricted from returning to work, with little idea of whether they will be returning once the outbreak has been contained. The coronavirus pandemic has led to increased concern over workplace discrimination, an alarming consequence characterized by wrongful termination or discrimination on account of age, race, disability status, parenthood, company position, health status, and other identifying characteristics.

In the wake of the coronavirus pandemic, rates of racial discrimination in the workplace, particularly against Asian-American and African-American workers has seen an exponential increase. According to the Asian Pacific American Labor Alliance (APALA), more than 2 million Asian Americans in the healthcare, transportation, and service industries have or are currently facing xenophobic attacks or discrimination in the workplace. Asian-Americans have reported increased incidents of racial profiling and

differential treatment as a result of their racial and ethnic backgrounds. Asian-Americans, particularly those of Chinese heritage, may be more likely to be questioned about having COVID-19 symptoms, receive cuts in work hours, and experience greater harassment and microaggressions by customers and fellow employees on account of their ethnicity. African-American and Latino workers are also believed to be at greater risk for workplace discrimination, in light of the stark racial wealth gap that exists between them and their white counterparts, and disproportionate rates of poverty, food insecurity, and lack of health insurance experienced by these communities.

Hate crimes against Asians and African-Americans

A hate crime also known as a bias-motivated crime or bias crime is a prejudice-motivated crime which occurs when a perpetrator targets a victim because of their membership (or perceived membership) of a certain social group or racial demographic. Anti-Asian incidents have continued in the US since the outbreak of the Covid-19 pandemic, ranging from incidents of racism, hate speech, discrimination, and physical attacks against Asians and Asian-Americans. In one typical incident, a Chinese-American reported "I was on the phone with my mom speaking in Mandarin when a woman walked by and yelled 'get this corona virus chink away from me,' directed at me." From March through early May, there were numerous public reports of violent physical attacks on Asian Americans including in California, Minnesota, New York, and Texas. Several violent attacks against people of Asian descent were reported when the Covid-19 outbreak began in the UK in February, including several physical attacks or beatings.

On about 20th February 2020, after Russia banned Chinese citizens from entering the country, the state-owned transport

company Mosgortrans began ordering drivers of public transport in Moscow to report Chinese passengers to the police. Staff stopped passengers who were perceived to be Asian and asked for identification and the number of their metro pass to track their movements. During the last week of February, well before Moscow was placed under lockdown, police raided several locations to identify Chinese citizens and force them into quarantine, regardless of their travel histories. A spate of cases of racist abuse and attacks and vandalism against people of Asian descent have been reported in Australia. For example, there were reports in late March in Sydney of cases in which “Death to dog eaters” was painted in front of an Asian man’s house.

In early April 2020, Chinese authorities in the southern city of Guangzhou, Guangdong province, which has China’s largest African community, began a campaign to forcibly test Africans for the coronavirus, and ordered them to self-isolate or to quarantine in designated hotels. Landlords then evicted African residents, forcing many to sleep on the street, and hotels, shops, and restaurants refused African customers. Other foreign groups have generally not been subjected to similar treatment. Hate crime in California surged 31% in 2020, fueled mainly by a big jump in crimes targeting Black people during a year that saw the worst racial strife in decades. Overall hate crimes increased from 1,015 to 1,330 last year, while the number of victims increased 23%, from 1,247 to 1,536. Black people account for 6.5% of the state’s population of nearly 40 million people but were victims in 30% of all hate crimes — 456 overall, up 87% from the previous year.

The case of Breona Taylor

The death of Breonna Taylor, a Black medical worker who was shot and killed by Louisville police officers in March 2020 during a

botched raid on her apartment, has been one of the main drivers of wide-scale demonstrations that erupted in the spring and summer over policing and racial injustice in the United States. Taylor and her boyfriend, Kenneth Walker, both of whom had no criminal records, had been asleep in bed. Walker, who later stated he feared an intruder had broken in, used his legally owned gun to fire one shot, which wounded Sgt. Jonathan Mattingly in the leg. Mattingly and officers Myles Cosgrove and Brett Hankison, all white and in plainclothes, returned fire, blindly shooting 32 times in the dark, striking Taylor six times. Breona Taylor is one of the many African- Americans who became a victim of the injustices and prejudices of our society. Despite being innocent in the charges assumed against her, she was guilty for the colour of her skin which, combined with the bigotry and racism of the officers, led her to lose her life.

Impact on students

The problem is only escalated when these attacks affect the lives of a country's most important resources; it's students. Reports of racism against Asian individuals have been documented during the COVID-19 pandemic, but little is known about the implications for student well-being and support. A cross-sectional survey was conducted to identify instances of racism associated with the COVID-19 pandemic towards 370 undergraduate pharmacy students in New Zealand. The survey, which was administered via email over 2 periods (pre-lockdown and post-lockdown), included questions exploring experiences with direct and indirect racism and racism-related implications for overall well-being.

A total of 86 students (50% Asian) responded to the pre-lockdown survey. Of the respondents, 13% reported experiencing direct racism (defined as a direct physical, verbal, or written act perceived

to be targeting the individual), 35% reported experiencing indirect racism (defined as an act directed to a greater population or community that resonated with the individual), and 37% indicated racism associated with COVID-19 affected their well-being. A total of 183 students (50% Asian) responded to the post-lockdown survey. Approximately 7% of the respondents reported experiencing direct racism in this period, 18% reported experiencing indirect racism, and 28% indicated racism associated with COVID-19 affected their well-being. The findings suggest that racism experienced during the COVID-19 pandemic has impacted students and has negatively affected their well-being. The findings support the notion that student support services and pathways must be reviewed and modernized to better serve the needs of students affected by racism during international health crises.

An anonymous online survey of Asian medical students in Poland to assess whether they experience any form of prejudice related to the ongoing pandemic. It found that 61.2% of the surveyed students have experienced prejudice in Poland related to the current coronavirus epidemic, and it was more frequently witnessed by those wearing face masks than those who do not. The prejudice most commonly encountered, by 47.1%, in public transportation and on the street. Reported reactions to Asian students under these circumstances included stepping away, changing seats on the bus, being asked to keep a safe distance, covering mouth and nose, showing judgmental facial expressions, pointing with a finger and whispering comments in Polish, spitting, tossing a beer bottle and using offensive language.

Prejudice was also experienced in health service units in which medical students have classes or which they visit as patients. Approximately one-fifth of those surveyed (21.2%) reported the

terrified reactions of other patients after encountering them and being asked whether they carry coronavirus. Some patients also questioned the supervising medical doctors for allowing Asian students to do clinical rounds and some students were also told to remove a face mask when they visit patients to avoid unnecessary tension. Moreover, medical staff, namely one nurse, expressed her fear over catching a virus when withdrawing a student's blood for lab tests.

Facing prejudice, including discrimination related to COVID-19, may add to feelings of isolation in students of Asian origin who study abroad, and affect career development, especially for students. Unfortunately, policies to protect such vulnerable students are little to none.

Movements to Combat Discrimination

The Black Lives Matter Movement (BLM)

Black Lives Matter is a phrase, and notably a hashtag, used to highlight racism, discrimination and inequality experienced by black people. Its use grew in the US after high-profile killings by police, but it has also been used in the UK and elsewhere. Supporters point to the fact that black people are much more likely to be shot by the

police in the US. They say that in the US and other countries, they also suffer many other forms of discrimination. They want action to address unequal treatment and oppression that goes all the way back to the era of slavery, but which continues today.

The Black Lives Matter movement erupted after the death of George Floyd in Minneapolis last year. The recent Black Lives Matter protests peaked on June 6, when half a million people turned out in nearly 550 places across the United States. That was

a single day in more than a month of protests that still continue to today. Four recent polls suggest that about 15 million to 26 million people in the United States have participated in demonstrations over the death of George Floyd and others in recent weeks. These figures would make the recent protests the largest movement in the country's history, according to interviews with scholars and crowd-counting experts. The geographic spread of protest is a really important characteristic and helps signal the depth and breadth of a movement's support.

Black Lives Matter has been around since 2013, but there's been a big shift in public opinion about the movement as well as a broader support for recent protests. The coexistence of the COVID-19 pandemic and the Black Lives Matter movement is no coincidence. COVID has marginalised people who are already at a disadvantage, and has highlighted the structural barriers, including institutional racism, that they face.

What Has Been Done

The COVAX initiative

In April, the public-private vaccine partnership GAVI launched the COVAX initiative. COVAX aims to pool nations' purchasing power – and donor funding – to secure a minimum number of affordable vaccines for participating countries through what is called an advanced market commitment. So far, COVAX has secured a possible 700 million potential doses of COVID-19 vaccines, outpacing even the UK, Japan and Canada, according to Duke University. COVAX coordinates international resources to enable low-to-middle-income countries equitable access to COVID-19 tests, therapies, and vaccines. By 15 July 2020, 165 countries – representing 60% of the human population – had joined COVAX. COVAX began distributing vaccines in February 2021. Though

COVAX promised 100 million doses by the end of March, this goal was not reached until 6 July. By mid-August of 2021, COVAX delivered 200 million vaccine doses to nearly 140 countries instead of the 600 million doses initially projected. The continued shortage of COVID-19 vaccines delivered through COVAX is blamed on "vaccine nationalism" by richer nations, and the diversion of 400 million Oxford–AstraZeneca vaccine doses, produced under license by the Serum Institute of India (SII), for domestic use in India.

Past Resolutions

- 1971: International Year for Action to Combat Racism and Racial Discrimination: A/RES/2544 (XXIV)
 - 1978/79: International Anti-Apartheid Year: A/RES/32/105 B
 - 2001: International Year of Mobilization against Racism, Racial Discrimination, Xenophobia and Related Intolerance: A/RES/53/132
 - 2004: International Year to Commemorate the Struggle against Slavery and its Abolition: A/RES/57/195
 - 2011: International Year for People of African Descent: A/RES/64/169
 - 2013: Global efforts for the total elimination of racism, racial discrimination, xenophobia and related intolerance and the comprehensive implementation of and follow-up to the Durban Declaration and Programme of Action: A/RES/68/151
 - United Nations Convention on the Elimination of All Forms of Racial Discrimination
 - The Framework Decision on combating certain forms of expressions of racism and xenophobia by means of criminal law. 2008/913/JHA
 - The European Framework Decision on Combating Racism and Xenophobia (2008/913/JHA)
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Moving Forward

As the pandemic continues, the virus continues to mutate into different and often more deadly Variants that not all vaccines may provide effective protection against. The CDC has identified four new types of variants different from the strain of the virus found first in Wuhan, China. These new strains are problematic for several reasons. Firstly, not all vaccines are completely effective in providing immunity against new strains since they were originally engineered only for the first strain. Secondly, these new variants seem to be showing different, more deadly characteristics in terms of the severity of the symptoms they cause and the speed at which they spread when compared to the original virus. Lastly, many countries are using this as an excuse (as with the UK's decision to keep Pakistan on their red list) to impose travel bans since they do not wish to be exposed to these new variants. The international community's reaction to the pandemic in the past year and a half has shown that now more than ever, this world is in dire need of international cooperation. With the spread of new strains and countries facing their third or fourth wave, the problem is far from over. The economic and social scar that this virus is leaving on the world is one that may take decades to recover from, but it will take even longer if the international community refuses to work together. Countries must come together to support the activities of regional

bodies or centres which combat racism, racial discrimination, xenophobia and related intolerance where they exist in their region, and establish such bodies or centres in all regions where they do not exist. They must assess and follow up on the situation of racism, racial discrimination, xenophobia and related intolerance, and of individuals or groups of individuals who are victims thereof or subject thereto; identify trends, issues and

problems; collect, disseminate and exchange information and build networks to these ends. There must be a highlighting of good practices, a development of proposals, solutions and preventive measures, where possible and appropriate, through joint efforts by coordinating with the United Nations, regional organizations and States and national human rights institutions in order to make this committee successful.

Questions the resolution must answer

- How can we curb the inappropriate and often discriminatory responses from a government's representatives in response to a pandemic?
 - What policies can be introduced to protect the rights and safety of healthcare workers in response to COVID-19?
 - What policies can a university develop to support students, faculty, and staff affected by discriminatory behavior both during the current outbreak and in the future?
 - How can racial discrimination in the workplace be minimised?
 - How to ensure appropriate allocation of medicinal resources to avoid discrimination against marginalised communities?
 - How to implement standardized international regulations in order to avoid bias against travellers and immigrants?
 - Policies to help reduce the surge of hate crimes against racial minorities.
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