

Racializing Epidemics in the United States: A Brief History and Lesson Recommendation

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Incidents of verbal and physical harassment of Asian Americans have risen sharply since January 2020, when the first case of COVID-19 was identified in the United States. Within one month, from mid-March to mid-April in 2020, nearly 1,500 incidents of anti-Asian harassment were documented.¹ These cases indicate that people of Asian descent have been spat on, yelled at, insulted, or have been beaten and otherwise faced bodily harm. This is not the first time Asian Americans have been targeted because of a public health crisis.² It is also not the first time a racially marginalized group has been blamed for an epidemic in the United States.³

In this essay, I contextualize the surge of anti-Asian violence during the COVID-19 pandemic by placing it within the long history of racialized diseases in the United States. I present different examples of racialized epidemics and offer recommendations for teachers to approach this history.⁴ This is not an exhaustive list of racialized epidemics, but specific examples that demonstrate how racially marginalized groups have been repeatedly scapegoated for public health crises.

Early Epidemics on the East Coast

The 1832 Cholera Epidemic and Irish Immigrants

Cholera, a bacterial disease caused by the bacterium *Vibrio cholerae*, is usually spread through contaminated water. Cholera was prevalent in Europe in the early nineteenth century



“The kind of ‘assisted emigrant’ we can not afford to admit,” by Friedrich Graetz, published in *Puck* (July 18, 1883), shows members of the New York Board of Health brandishing carbolic acid to try and keep cholera at bay.

and reached New York City in 1832. About 3,500 people died during the subsequent epidemic, many of whom were Irish immigrants. As poor newcomers, Irish immigrants were more vulnerable to the disease because they lived in cramped apartments with limited access to clean water and uncontaminated food. Native-born White Anglo-Saxon Protestants, ignoring the structural factors of

poverty and poor urban housing, blamed the Irish for the epidemic. Many Anglo-Saxon Protestants’ already held deep-seated anti-Irish prejudice, believing that Irish Catholic immigrants were racially inferior and that God was punishing the Irish for their debauchery and sin. This belief fueled outright violence, such as the murder of Irish railroad workers by nativist vigilantes who both despised having Irish Catholic immigrants in their midst and feared the spread of disease.⁵

Tuberculosis and Jewish Immigrants in the Early Twentieth Century

Tuberculosis, caused by a bacterium called *Mycobacterium* and spread through tiny droplets released into the air via coughs and sneezes, was endemic to the New York City neighborhoods of many Jewish immigrants. As poor newcomers, Jewish residents lived in densely packed tenement buildings that housed such respiratory irritants as coal-burning stoves. These irritants caused residents to cough, which increased the spread of tuberculosis. However, nativist anti-Semites racialized Jewish immigrants as naturally sickly and diseased and labeled tuberculosis a “Jewish disease.” This racist belief was later used to justify

restrictions on Jewish immigration in the 1920s and turn away Jewish refugees fleeing Europe in the 1930s and 1940s.⁶

The 1916 Polio Epidemic and Italian Immigrants

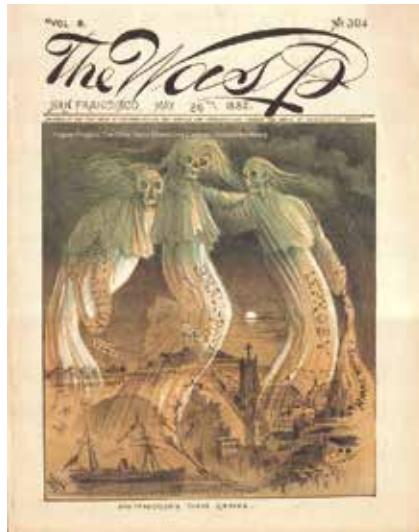
The 1916 polio epidemic fueled episodes of anti-Italian xenophobia. Caused by the poliovirus, polio is spread through contact with the droplets or stool of an infected person. Like Irish and Jewish immigrants, Italian immigrants were vilified as racially inferior, unclean, and unhealthy by native-born Anglo-Saxon Protestants. The initial outbreaks of polio occurred in an Italian neighborhood in Brooklyn, known as “Pigtown,” where Italian immigrants lived in tenements surrounded by piles of garbage and free-roaming pigs. As cases multiplied and heartbreaking accounts of dead or paralyzed infants became known, the public began blaming Italian immigrants for bringing the disease to the United States. The higher prevalence of polio among native-born and well-nourished children in affluent areas contradicted the racist discourse that Italian immigrants were responsible for the spread. However, health officers ignored statistics and enforced the isolation of Italian immigrants.⁷

These three episodes demonstrate how nativist, racist rhetoric of the nineteenth and early twentieth centuries positioned new European immigrants who were Irish, Jewish, and Italian as racially inferior, dirty, and disease-ridden, defining them as a threat to the nation’s health. After the outbreak of the misnamed Spanish Flu epidemic in 1918, nativists advocated that the United States implement immigration restrictions to fight disease. In 1924, Congress limited immigration from most countries to 2% of that country’s U.S. population in 1890. The Immigration Act of 1924, also known as the National Origins Act, drastically restricted immigration from Southern and Eastern Europe

and Asia until Congress finally rescinded the racist quotas in 1965.⁸

Early West Coast Epidemics

In the late nineteenth and twentieth centuries, the blame for epidemics on the West Coast often fell on Chinese and Mexican immigrants.



Three specters arise above the city of San Francisco: Malaria, Small Pox, and Leprosy, represented as the Three Graces from Greek mythology. (George Frederick Keller, *The Wasp* 8, no. 304 (May 26, 1882) Source: The Ohio State University, Billy Ireland Cartoon Library and Museum

The 1876 Smallpox Epidemic and Chinese Immigrants

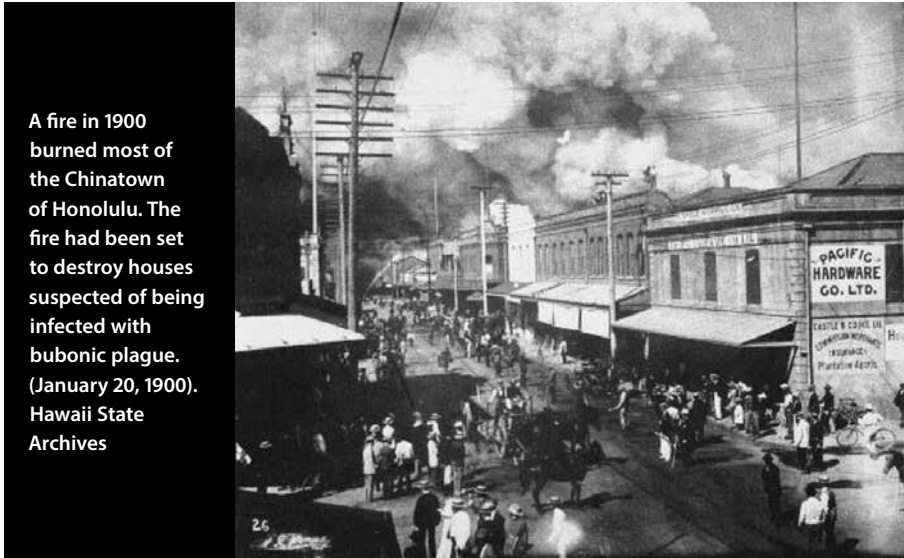
When smallpox broke out in San Francisco in 1876, public opinion blamed the city’s Chinese immigrants. Health officials condemned the city’s Chinatown as a laboratory of infection, quarantining and fumigating homes throughout Chinatown. But the disease, caused by the variola virus and transmitted through saliva droplets in an infected person’s breath, continued to spread. A city health officer proclaimed, “I unhesitatingly declare my belief that the cause is the presence in our midst of 30,000 unscrupulous, lying and treacherous Chinamen, who have disregarded our sanitary laws, concealed and are concealing their cases of smallpox.”⁹ This view reflects a prevalent sentiment among White Americans at the time

that Chinese immigrants were a filthy, diseased race who incubated incurable afflictions and that Chinatown was a site of urban sickness, vice, and crime. The public panic over smallpox increased calls to bar Chinese immigrants from entering the United States, culminating in the Chinese Exclusion Act of 1882.¹⁰

The 1899 and 1900 Bubonic Plague Outbreaks and Chinese Immigrants

Similar scapegoating occurred during the bubonic plague outbreaks in Hawaii and California. In 1899, a shopkeeper in Honolulu’s Chinatown was diagnosed with bubonic plague, caused by the *Yersinia pestis* bacterium and spread by infected fleas from small animals. As more cases were identified, Hawaii’s Board of Health declared a state of emergency. The government quarantined Chinatown and forced Chinese and other Asian residents to strip naked and take fumigation showers in public view.¹¹ City officials also decreed that any building where someone had contracted the plague be burned down. Officials identified 41 buildings and began to set fires, but winds fanned the flames and the fires burned for 17 days, destroying almost all of Chinatown. Over 4,000 people—mostly of Chinese descent—were left homeless.¹²

By 1900, the bubonic plague had reached San Francisco. When an autopsy suggested a deceased Chinese immigrant in the city’s Chinatown had died of bubonic plague, city authorities placed a rope cordon around Chinatown to prevent the 14,000 Chinese residents from coming into contact with the rest of the city’s residents. Sewers and dwellings were disinfected with sulfur dioxide and bichloride of mercury, and the Board of Health forced Chinese residents to be vaccinated with an experimental serum that was still in the testing stage. When the bubonic plague killed White residents seven years later, the same measures were not implemented.¹³



A fire in 1900 burned most of the Chinatown of Honolulu. The fire had been set to destroy houses suspected of being infected with bubonic plague. (January 20, 1900). Hawaii State Archives

Mexicans for the outbreak, criticizing their alleged ignorance of proper hygiene. Authorities quarantined the Mexican neighborhood, sprayed it with dangerous chemicals, and burned down homes in the name of sanitation. When the quarantine was lifted, city officials and developers labeled the “Mexican District” a public health nuisance and pushed for the wholesale destruction of the neighborhood. Around 2,500 buildings were destroyed, and almost no compensation was paid to the immigrants who lost their homes.¹⁴

The 1924 Bubonic Plague Outbreak and Mexican Immigrants
The last large-scale outbreak of the

bubonic plague began in the so-called “Mexican District” of Los Angeles in 1924. City health officials blamed

Contemporary Epidemics

Blaming racially marginalized groups for epidemics in the United States has continued well into the twentieth and twenty-first centuries.

(AP Photo/Richard Elkins)



A group of demonstrators approach the Brooklyn Bridge as over 50,000 Haitians march to City Hall in lower Manhattan, April 20, 1990, to oppose a federal FDA policy prohibiting Haitians from donating blood.

The 1980s AIDS Epidemic and Haitian Immigrants

AIDS, caused by the human immunodeficiency virus (HIV), is spread by contact with infected bodily fluids or from mother to child during pregnancy, childbirth, or breast-feeding. In the wake of the 1980s AIDS epidemic, Haitian immigrants and gay men were wrongfully accused of being carriers of HIV. Soon after the federal Centers for Disease Control identified gay men, Haitians, intravenous drug users, and hemophiliacs as four groups at the highest risk for contracting AIDS, hate and discrimination against Haitian and LGBTQ communities followed.

Sensational news headlines such as “Alert Over Gay Plague” and the heightened volume of media stories associating Haitian Americans and gay men with AIDS fueled hate crimes. Some Haitian families were evicted from their homes; Haitian workers were fired from their jobs; and students of Haitian descent were beaten up at schools.¹⁵

The 2003 SARS Epidemic and Chinese/Asian Americans

In 2003, there was a surge of anti-Asian racism in the wake of the SARS epidemic. SARS, caused by a SARS-associated coronavirus, spreads through droplets of saliva much like colds or influenza.

Believed to have originated in China in 2002, SARS did not spread widely in the United States. But anti-Asian rhetoric and racism ensued. *The Pittsburgh Tribune-Review* published an editorial cartoon featuring a Chinese food take-out container with “SARS” written on it and a caption that read “Bad Chinese Take-Out.” This Anti-Asian rhetoric negatively impacted Chinese restaurants and fueled verbal and physical attacks against Asian Americans.¹⁶

The 2009 H1N1 Outbreak and Mexican Immigrants

H1N1, considered the least severe pandemic on record, is caused by the

Table. **The Racialization of Historical and Contemporary Epidemics**

Questions	Bubonic Plague in 1899/1900	COVID-19 in 2020
Which group was scapegoated?	People of Chinese/Asian heritage	People of Chinese /Asian heritage
Why was this group blamed?	Anti-Chinese racism was prevalent. The dominant society viewed Chinatown as a site of urban sickness and Chinese immigrants as filthy and diseased.	A deep seated anti-Asian racism in the U.S. positions Asian Americans as a “yellow peril” or dangerous foreigners who should be expelled or punished when they become a threat to the nation.
What was the government’s response?	Government was quick to blame Chinatown as the cause of disease outbreaks, quarantined Chinatown, fumigated Chinese homes, ordered a fumigation shower, and forced vaccination with experimental serum on Chinese and other Asian residents.	Then President Trump and his political allies repeatedly called coronavirus the “China virus,” fueling anti-Asian violence and hate crimes. Current President Biden signed an executive order condemning anti-Asian violence and directing federal agencies to combat anti-Asian xenophobia.
What role did the media play in racializing the disease?	Nativist, racist newspapers and magazines fanned anti-Chinese/Asian racism and promoted the idea that Chinatown and Chinese/Asian immigrants were the cause of the public health crisis.	By using phrases like China virus, Chinese virus, Wuhan virus, and Kung flu, some conservative media activated deep-seated anti-Asian racism and xenophobia into hate crimes and violence against Asians. In contrast, some media outlets have raised awareness of anti-Asian violence by reporting these cases and highlighting Asian American voices and experiences.
How did the targeted group respond to scapegoating?	Chinese/Asian Americans resisted racist government actions with boycotts, political speeches, and poetry. When protests went unacknowledged, they turned to the courts. <i>Wong Wai v. Williamson</i> (1900) as well as <i>Jew Ho v. Williamson</i> (1900) challenged the government orders forcing vaccination and the unjust quarantine policy.	Chinese/Asian Americans have pushed the government to act against anti-Asian violence, the media to accurately report what is going on, and educators to guide students to combat xenophobia. They have also protested on the street and via virtual venues, and sought interracial campaigns to fight anti-Asian violence.

H1N1 strain of the influenza virus. It spreads much like regular seasonal influenza. In the United States, the outbreak re-ignited anti-Mexican sentiment. Conservative media emphasized that the first case was documented in a Mexican village, and they called it the “Mexican flu.”¹⁷ Nativists capitalized on the popularity of “Mexican flu” and demanded border closures, declaring that U.S. hospitals would become “condos for Mexicans.”¹⁸ Against this backdrop, there was a surge of verbal and physical attacks on Mexican Americans.

The 2014 Ebola Outbreak and West African Immigrants

First identified near the Ebola River in present-day Democratic Republic of Congo, Ebola is caused by a group of viruses and spreads through direct contact with blood and body fluids. An outbreak in 2014 in Guinea spread to other countries in a matter of months. A Liberian man, who traveled from West Africa to Texas, was the first Ebola patient in the United States. Mainstream media associated Ebola with “Africanness,” “Blackness,” “foreignness,” and “infestation.” Harassment of Black and African immigrants surged. A Pennsylvania high school football player from Guinea, for example, was tormented when opposing players chanted “Ebola” during a game.¹⁹ Two immigrant children from Rwanda were sent home from school in the States, in spite of the fact that their native Rwanda was 2,600 miles from the West African region hit by Ebola.²⁰

The COVID-19 Pandemic and Chinese and Asian Americans

In the wake of the COVID-19 pandemic, anti-Asian violence spiked. Caused by a new coronavirus called SARS-CoV-2, COVID-19 spreads through respiratory droplets released when an infected person coughs, sneezes, breathes, or talks. Citing that the first case of the pandemic was reported in China, then-President Trump along with several conservative politicians and media outlets began to call COVID-19 a “Chinese virus,”

“China virus,” “Wuhan virus,” and the “Kung flu.” Feeding off deep seated anti-Asian bias, this framing contributed to a nationwide surge of violence against Chinese/Asian Americans. In Texas, for example, a Burmese American man and his two young children were stabbed by a 19-year-old man who believed they were “Chinese and infecting people with the coronavirus.”²¹ In California, a 16-year-old student was beaten up by his peers who accused him of having COVID-19 because he was Asian American.²² In Minnesota, an Asian American family found a hateful note taped to their front door that stated, “Take your Chinese virus back to China. We don’t want you here infecting us with your diseases.”²³ In North Carolina, a nine-year-old student was called “coronavirus” and taunted by his classmates.²⁴ These are just brief snapshots of the more than 2,000 incidents of anti-Asian harassment that have been documented since the beginning of the COVID-19 pandemic.

Notable Themes

Racialization of Epidemics

Epidemics come and go, but the way our country responds has rarely changed. When epidemics occur, many people look for someone to blame, and marginalized groups are easy targets. This is largely due to racialization of non-White immigrants as inferior, unworthy, and dangerous to the nation. Racialization, the social and historical process of assigning individuals and groups a socially constructed racial identity and status, is ingrained in U.S. society.

For example, when Irish, Jewish, and Italian immigrants arrived in the nineteenth and early twentieth centuries, the dominant group—native-born Anglo-Saxon Protestants—positioned new European immigrants as racially inferior, dirty, and disease-ridden. Since their earliest arrivals in the United States, Chinese and other Asian immigrants have been racialized as “perpetual foreigners” who are unassimilable to dominant White society—a “yellow peril” whose presence is a threat to U.S.

culture, economics, politics, and health. Mexican immigrants have long been racialized as inferior, undesirable, or illegal residents since the U.S. conquest of northern Mexican territories in the latter half of the 1800s. Because of the longstanding legacy of enslavement of Africans and the deep-seated anti-Black racism in the United State, Black/African immigrants are racialized as undesirable, inferior, and dangerous “others.”

These racist views against non-White immigrants and minorities are easily activated by public fear and anxiety during disease outbreaks, often resulting in physical and verbal violence and harassment. Some conservative politicians and media outlets have played a key role in fanning the long-held racism, nativism, and xenophobia against non-White groups during public health crises.

Science and Public Health

Also noteworthy in the history of epidemics is the role of science in public health. In the late nineteenth century, germ theory revealed that specific microorganisms or pathogens cause specific diseases. The subsequent development of bacteriological science undergirded an expansive public health movement. By the 1910s, the Progressive trend toward stronger government provided city and state public health departments with an array of laws and regulations to better prevent and manage disease outbreaks. In particular, the public health reformers developed infrastructure in the forms of water and sewer systems, passed vaccination laws, promoted decent housing and safe food standards, and provided education programs for personal and social hygiene practices.²⁵

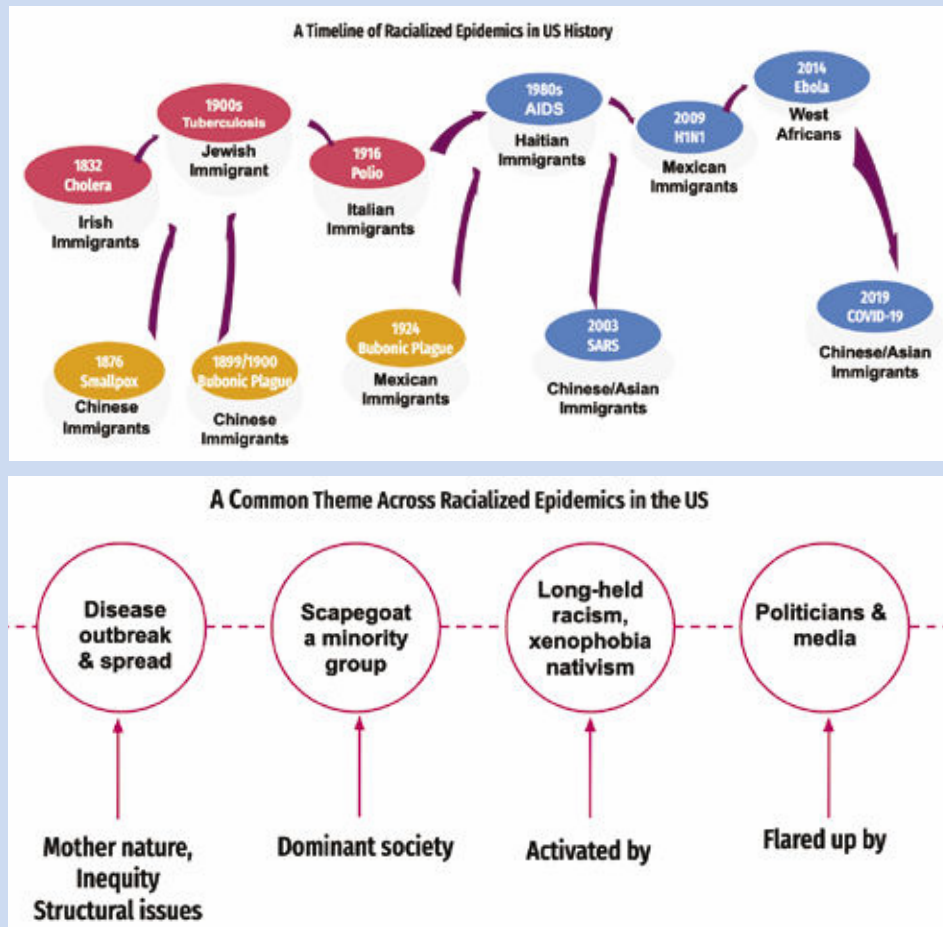
Yet the germ theory and its discovery of the apolitical or amoral nature of germs (i.e., that pathogens don’t look for a particular race, class, or group) did not lead to a change in attitudes in the face of epidemics. For instance, the germ theory did little to dispel the belief in 1900 that the bubonic plague outbreak was directly attributable to San Francisco’s

continued on page 204

LESSON RECOMMENDATION

Designed for middle and high school students, here are two lesson activities to educate students about patterns of racializing disease and scapegoating marginalized groups for outbreaks.

Making a timeline: Establish small groups and have students choose one epidemic. Ask them to research how and why the epidemic was racialized and to examine the consequences. Have each group create a visual presentation of their research findings and present it to the class. Then, as a class, have students make a timeline of racialized epidemics in U.S. history and identify common themes that emerge by exploring the intersections of racism and disease (see examples that follow).



Compare and contrast: In small groups, have students compare the racialization of COVID-19 with another epidemic. Students should analyze primary and secondary sources to investigate the following questions:

1. Which group was targeted for each epidemic and why?
2. What was the government's response to each epidemic?
3. How did the scapegoated group respond?
4. What role did the media play in racializing the disease?
5. What are the similarities and differences between the racialization of the two epidemics?

The Table on page 201, titled The Racialization of Historical and Contemporary Epidemics, can be used to guide the inquiry. Through this activity, students can develop understanding of the complex dynamics among racism, epidemics, media, and government response.

Lesson continues on next page.

Caveat for the activities: Because no group is homogeneous, students would need to consider varied experiences within a racialized group in their research on an epidemic. For example, during the COVID-19 pandemic, women and the elderly have been more vulnerable than others in Asian American communities. Asian Americans in larger cities have been more often targeted than those in other places. Also, first-generation Asian immigrants and U.S.-born Asian Americans may have different perspectives and responses to anti-Asian violence because of their distinct lived experiences.

Please also practice caution in guiding students to analyze various sources. Primary sources cited in this paper, for example, include government reports, newspapers, photos, political cartoons, and magazine covers. Some of these sources feature images or words that can incite prejudice or inflict harm on the self-image of marginalized groups. Therefore, prior to the suggested activities, please discuss the possibility of such harm and provide tools to recognize and address racism in media representation, i.e., critical race media literacy. These skills can guide students to critically read messages from varying media sources.²⁶ Analysis questions can include: Who created this source? Whose points of view are represented and whose are omitted? What message does the source send? Why is this message sent? How might the source be interpreted by other people? What underlying message is conveyed about a racialized community? Does the message promote or challenge racial bias and prejudice?

For a list of extensive resources to aid in continued work in anti-racist social studies, please contact the author.

Chinatown, or that Jewish and Italian immigrants caused the tuberculosis and polio outbreaks in the early 1900s. In fact, the new scientific understanding of infectious disease transmission (that germs travel among people) was used by nativists to advocate immigration restriction in the early 1900s. The COVID-19 pandemic has further proved that the stigmatization of non-White immigrants and minorities as the bearers of harmful pathogens continues. 🌐

Notes

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