

Stigma can affect people, places, or things. It occurs when people associate a risk with something specific—like a minority population group—and there is no evidence that the risk is greater in that group than in the general population. Stigmatization is especially common in disease outbreaks.

Example: A 2002 outbreak of severe acute respiratory syndrome (SARS) in China caused global concern. Unfortunately, fear also led to a great deal of stigma. Although there were no associated cases of SARS in America, many citizens began to avoid Chinatowns and other Asian-American communities—including Japanese, Korean, and Vietnamese peoples—throughout the United States because they believed those groups were at greater risk for spreading SARS.

Stigmatized groups may suffer psychologically and economically. They may be subjected to:

- Social avoidance or rejection
- Denial of healthcare, education, housing, or employment
- Physical violence

Stigmatizing minority groups may also distract people from focusing on the real risks in a crisis situation. When only part of a population is perceived as being affected, others may incorrectly believe they are not at risk. By assuming they are safe, majority population groups may not take important public health precautions, unintentionally compromising their own health and well-being.

Crisis communicators must work to counter stigmatization during a disaster. Messages should reinforce real risks through accurate information and awareness. Images should reflect all people who are susceptible to getting sick. Ideally, public health messages will proactively address possible stigma before it begins. However, prepared communicators should be ready to challenge any negative stigmatizing behaviors that do emerge.

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