

# Sources of Misinformation During the COVID Pandemic: The Role of Non-Profit Organizations

**Freya Lin**

*Centennial High School, Ellicott City, MD  
freyalin2021@gmail.com*

**Abstract:** *In this paper, I review the major sources of misinformation regarding the COVID pandemic, after first reviewing the problem of misinformation and public health. In particular, I outline the four major sources of misinformation: social media, government agencies, traditional news outlets, as well as non-profit or non-governmental organizations (NGOs). In my critical review, I find that NGOs hold an key role in countering the problem of misinformation, and I conclude with ways in which NGOs can improve their function in civil society through both correcting misconceptions about their causes (advocacy), as well as provide accurate information to leading experts and donors (development). In particular, I highlight how NGOs serving the needs of immigrants in the United States play key roles in both advocacy and development. I begin with my review of the information ecology in relation to the Covid-19 pandemic.*

**Keywords:** *Misinformation, COVID Pandemic, public health, Non-Profit Organizations, immigrants*

## 1. Introduction

In this section, I review the importance of accurate information for maintaining and improving public health. In particular, I focus on the problem of the COVID pandemic and of cognitive biases that affect perceptions of public health.

In order to discuss the impact of epidemics as short-term catastrophic events. According to the historical record of epidemics, past epidemics have affected human society for centuries, but it is recognized that the long-term course of epidemics is often selectively ignored. I believe this is due to the influence of social factors, biased media coverage, and crippling research data. I think the same applies to the fact that thousands of people have died in the Democratic Republic of Congo, yet there is very little news about them, which should be a fact that needs to be noted. I likewise note that the origins of the epidemic, the origins of the plague in Europe (Plague of Marseille) attribute the origin of the plague to the Muslims in the East (i.e. the Ottoman Empire). I believe that removing these biases is essential to mitigate the social effects of the present health pandemic.

The word social schema refers to our intuition hypotheses about people. While I study psychology, I learn the word “schema” also requires assimilation and accommodation. Assimilation is the cognitive process of fitting new information into existing cognitive schemas, perceptions, and understanding. Accommodation is the process to adjust the original thinking and incorporate the new information [1]. Most importantly, the word schema is different from the stereotype. Stereotype refers to discrimination against a certain group of people, but the schema is a set of information toward the perception of society. People believe their judgment is prone to error because “people want to believe they are unbiased and unaffected by stereotypes we have consciously rejected” and “even people who are overly prejudiced think they can judge people impartially” [2]. The most intriguing thing is that schemas can be changed, so I believe that schemas represent people's social perceptions that are cultivated through their childhood experiences and understanding. In this, it is often the case that others have lowered expectations of potential achievement for women. Many things can be represented by exceptions because the woman who has achieved so much is an exception, but if her image or speech does not match that of a “woman who has worked hard to become a good person”, for example, if she looks old, stern, and threatening, she will be ridiculed and criticized by others. These characteristics, which are usually found in successful people, are often at odds with the original perception of women. It is also common for people to question schemas in their lives that they do not understand but they will not admit because they are confident in their schemas.

While scholars argue implicit bias influences society, many of them primarily conclude that most

people have multiple implicit biases they aren't aware of, which can be found through recent events, as the blind auditions lead to increased recruitment of female choirs. Secondly, approaches to reduce implicit bias haven't been demonstrated as beneficial as people originally believe. Finally, most scholars believe that changes in implicit bias are not relevant to changes in a person's behavior. The adjustments of the database for the test that measured the level of implicit bias were made by the designers based on the results of the previous tests collected. In other words, the test does not know what it will look like in two weeks because it is not up to it to decide. This is why, as the article mentions, AI screening cannot eliminate implicit bias either, because "the historical databases used to develop the algorithms have also proven to be biased [3]. They absorb the biases of past decision-makers"(Greenwald). Since tests cannot be developed and adjusted without the influence of people's implicit biases, this leads to a significant reduction in the reliability of the tests. The IAT, the test that measures the level of racial bias, is influenced by different variables. The test is designed to determine whether implicit bias exists by examining how quickly people respond when choosing positive or negative words to match the corresponding image. Some criticism is that the designers did not take into account possible mistakes caused by external influences that could lead to bias, such as personal state and emotion, and people's ability to process information quickly on a general level.

While Halpern et al. (2020) provide important conceptual tools to understand bias in health policy, with particular application to the covid19 pandemic, there are a number of limitations of their approach. First, they do not address history or social context. Every pandemic occurs in a particular time and place, with particular technologies and resources. Halpern et al. have provided four biases rooted in psychology, but they have sufficiently examined how covid19 is the product of a unique set of circumstances [4]. What the authors have pointed out is how human psychology is ill equipped to handle the problems with communicating and convey the scope of health problems to the public. Accordingly, current issues related to public health must engage and understand people's taken-for-granted views of the world, their schemas to alter perceptions and public opinion. Stakeholders and clients of NGOs benefit from incorporating and understanding how misinformation is ever-present but also exacerbated by the contemporary information landscape.

Lessons from the 1918 pandemic and First World War indicated how stigmatization and propaganda facilitated the conspiracy, which influenced the public's opinions on the trustworthiness of the authority. The false assumptions on the 'Spanish flu' based on the Spanish press is the only one covering the pandemic[5]. It leads to the prohibition of information leads to assault and gossip. Viral pandemics correspond to misinformation pandemics in both the covid19 and Spanish flu. The failure reveals the historical norms[6]. However, the fact that misinformation will be disseminated and uncensored in animosity status of people, thus people in both cases fails to address the persistence of misinformation in an era where information flows cheaply and freely on the internet.

In conclusion, Schemas and cognitive biases interact with historical and contextual norms to affect how human populations misunderstand health-related social problems. I have introduced the concept of cognitive schemas as a means to understand how people incorporate or assimilate new information. I argue in the following sections that recognizing the prevalence of schemas are crucial to the interests of non-governmental organizations, both as a means to understand the obstacles NGOs face in raising awareness, but also in understanding how to communicate to funders and to stakeholders the importance of an organization's interests. In the context of the Covid19 pandemic, not only are there problems with cognitive biases, but there is also the increasing challenge of the proliferation of so-called "fake news" that spreads through various media [7]. In the next section I review the major media institutions and argue that non-governmental organizations play an important but neglected role in our understanding of social problems, including but not limited to the Covid19 pandemic.

## **2. The four sources of health-related (mis)information: social media, governmental agencies, traditional new outlets, ngos**

With the COVID-19 pandemic posing numerous challenges to the public health responses, different organizations play integral roles in adapting to the changes.

The CDC Global Health Center protects global health security by establishing laboratories around the world to detect and control possible pandemics and trace them back to their source. The CDC likewise helps other countries build their health care institutions and their capacity to strengthen the prevention of health threats[8]. Second, for the purpose of responding rapidly to health threats and participating in international outbreak response efforts, the CDC has also established an interagency Rapid Response Team for international deployment. For example, the CDC's Global Rapid Response Team (GRRT), an

easily deployable team of public health experts, has helped other countries respond to epidemics such as Ebola and AIDS over the past several years by providing technical support to improve local health care and reduce health care expenditures and save lives. Finally, CDC funding for global health security activities has also generally increased over the past decade, from \$51.2 million in fiscal year 2011 to \$203.2 million in fiscal year 2021[9]." On April 3, 2020, the Centers for Disease Control and Prevention (CDC) issued new guidance recommending that everyone wear a cloth mask in public places where close contact with others is unavoidable, citing new evidence of virus transmission from asymptomatic or non-symptomatic people. This comes as state and local governments are considering early social distancing measures such as closing schools and non-essential operations, banning large gatherings, and shelter-in-place orders[10].

What happened? The Centers for Disease Control and Prevention on July 27, 2021 recommended that vaccinated individuals wear masks in indoor public places in areas of high outbreak transmission; unvaccinated individuals wear masks in indoor public places regardless of where they are in the United States. "The CDC said it is communicating with people who have been re-infected with a 'breakthrough infection' after vaccination and re-emphasized the importance of vaccination, saying it can reduce the risk of serious illness and death by 10 times and the risk of infection by three times[11]. " (Wall Street Insight)

Most governments in the world have struggled with effectively communicating epidemic-related information with the public. The news media plays a pivotal role as a medium of communication between government agencies and the public by publishing policy initiatives issued by government agencies [12]. Ideally, the news media with its reach to the general public provides a channel for communication that can help increase a government's reputation and promote the effectiveness of public health policy in pandemic response and planning.

Apart from the news media, governments also communicate with citizens through print, television, email, text and online media, such as social media feeds. Channels are also available for people to call or email their representatives directly, tweet to them, comment on their Facebook pages, and collect signatures on online petitions [13]. But with a shortage of government staff to process information and a large clog of useless information making it less efficient and difficult to communicate effectively, the government is not making it a priority to address people's queries when they lack a more direct channel to communicate with the government.

Given the unmet need for public inquiries, news media organizations have a greater responsibility to ask questions and report on government departments' policy initiatives. In other words, news media companies play a more central role in responding to public inquiries than do government agencies. For example, first of all, news media organizations respond to the demand for a lot of news information and questions about the spread of the epidemic by setting up special reports, including news about the epidemic as well as data and the number of infections, and sending the latest information to users in a timely manner. For example, in 2020, the New York Times set up a coronavirus briefing by subscribing and sending it directly to the public [14]. Second, some news outlets have set up dedicated Q&A sites on their websites to gather public input and comments and provide effective feedback on government policy initiatives, such as the Wall Street Journal's "Coronavirus: You Ask, We Answer" website. In this way, the news media attempt to establish effective communication with the public, thereby enhancing the reputation and credibility of the institution. Even though it was based on a compilation of interviews with experts from the Wall Street Journal, questions about the outbreak were answered [15]. This approach mitigates the spread of unconfirmed information, but immediate and effective feedback to individual members of the public is non-existent due to resource constraints. That is, news experts could only select representative questions to answer.

However, there are various problems with the existing mode of communication between the government agency and general public. First, communication channels through which individuals can communicate and receive credible answers do not exist in most government agencies or public health organizations, and even though this ensures that government departments function efficiently, it also undermines the public's need for information. In other words, individual proposals are ignored if they do not have sufficient impact. In addition, in national public health emergencies, governments and public health organizations often issue press conferences to announce official news, or website announcements that do not allow for comment. But such a one-way system of authoritative communication ignores or censors individual uncertainty and doubts. This, in turn, prompts more skepticism.

Second, the information reported by the media can cause social tensions and conflicts: In the early stages of the global pandemic, top leaders in many countries often downplayed expert advice, and public

health threats did not attract much government attention, and in the media coverage, the media focused on amplifying the incompetence of the government and the conflicts between government leaders and public health professionals, as well as the government's disregard for the seriousness of the disease and the consequences of the eventual global spread. This will lead to a decrease in the general public's trust in official government information, which in turn will lead to a decrease in compliance with the mask policy and a heightened risk of health crisis, creating a potentially heavy burden on the healthcare system.

Related to the government's effectiveness in enforcing public health policies, the policies of the U.S. state governments are not as efficient and properly implemented as expected, exposing possible limitations of a decentralized government when faced with a public health crisis. Given that the U.S. government is a federal government, state governments have a great deal of autonomy in implementing and enforcing pandemic response policies. Because of the high degree of interstate circulation, local officials and employers in each state government in the U.S. are reassessing the risk of infection and hospitalization to their local populations without a high degree of uniform central policy guidance and adherence to the recommendations of medical experts and epidemiologists, and are simply implementing a series of uncoordinated mask and vaccination policies based on local political and cultural characteristics. At the same time, there are states that do not emphasize the importance of vaccination and coverage, leading to the spread of new mutations of the virus among unvaccinated populations. As a result, a decentralized political system, lack of policy collaboration among local governments, and inefficient implementation led to a rapid deterioration of the outbreak in the United States and a new wave of infections.

"The efficiency of state government response depends in part on the speed and scale of government intervention and how communities receive, perceive, and act on the information provided by government and other agencies." (Developing Effective Government Communication Policies in the Covid 19 Era) "State public health departments follow CDC recommendations, but not state executive orders or directives that are mandatory for use as a signature of the governor." A range of policies and mitigation measures (e.g., school and non-essential business closures and shelter-in-place orders) to combat the spread of COVID-19, whether there is widespread community use of mask injunction mitigation measures, and the length of time, manner, and extent to which some localities implement policies vary.

In July 2021, the Centers for Disease Control and Prevention issued new guidance recommending that vaccinated and unvaccinated individuals wear masks in areas with a significant risk of indoor infection. However there are a number of complex and controversial restrictions that have not been fully implemented: we discuss whether U.S. states have mandated the use of masks in public places to mitigate COVID-19. (We consider only mandatory executive orders issued by governors, recommendations or guidelines from state public health departments, and research on the use of masks in the community not included.

Indicators from Oxford University's assessment of the U.S. government's response to the outbreak allows us to compare how different states issued policies and how communities responded ("These indices should not be interpreted as measures of the appropriateness or effectiveness of the government's response. They do not provide information on policy implementation and do not capture demographic or cultural characteristics that may have influenced the spread of COVID-19"): by examining state policy publication, states adopted broad health security policies to close nonessential businesses and schools to mitigate the spread of the disease in the first weeks of March, and when closure and containment policies were relaxed in May and June, for Economic support measures focused on reopening businesses to stimulate economic growth, but they relaxed the environment for outbreak surveillance. This demonstrates the implementation of different policies between different states. Similarly, the first case announcement, emergency declaration and school closures reduced mobility by 1-5% after 5 days and by 7-45% after 20 days. From March 1 to April 11, the duration increased from 9.1 hours to 13.9 hours. Based on the comparison of mobility between states and the duration of home isolation, the policy issued by the state government had its merits.

Therefore, we can conclude that although people are not required to wear masks in outdoor areas of transportation (if there is an outdoor area on the transportation) public places (e.g., public transportation, grocery stores, pharmacies, or other retail stores) or in outdoor settings at transportation hubs, and a statewide mandatory universal mask order, some districts have issued mandatory mask bans for students as well as faculty, staff, and other outsiders who visit school facilities, including buses. The public school system has implemented policies and procedures to mitigate the spread of the virus and safeguard the possibility of a fall school year and the health of children. And, while Maryland does not have the same language as other states regarding enforcement and penalties for violations, statewide regulations are not uniform except for this Board of Education, and Maryland Gov. Larry Hogan has said he is not

considering reinstating a statewide masking requirement.

Conflicts fraught with complexity and contradictions, and expressed in different policies in communities, have deepened the uncertainty of the outbreak. In other states, such a ban is fraught with controversy. Republican-dominated states, such as Texas, and Michigan, Louisiana, etc., where Governor Abbott has issued executive orders while lifting restrictions, not only have organized mask opponents repeatedly protested and even targeted violence against mask wearers, arguing that federal regulation is not related to public health but is a political order, but likewise the governor has put economic purposes first, despite the death toll and the current cases remain high, they are eager to open facilities and businesses to stimulate people to go out and spend money to restore the economy. We can learn that: the language used in the policy varies, the extent to which the statewide ban on masks is enforced, and whether it has the force of law, as well as socio-cultural characteristics have an impact on the effectiveness of policy implementation. Although, as well as experimental evidence, U.S. states that mandate the use of masks in public have experienced greater decreases in daily COVID-19 growth rates following the issuance of these mandates than states that have not issued mandates.

Whereas traditional media usually offers a broader audience base, social media allows for more targeted communication. In the media ecology, news consumption behavior in traditional media follows a certain pattern. Regular use forms habits in life, which contribute to the daily structure. Therefore, a high number of media hits usually has a narrower target audience, which shows the role of psychological schemas: when people see repeated information over and over again, this deepens their original perceptions, which in turn leads to a further diversion of the news audience. Thus, there is a relationship between the type of media people are exposed to and the degree of obedience to social distancing behavior and misperceptions about the epidemic in COVID-19. For different audience segments, traditional news media encouraged and reported on precautionary measures, which allowed people to learn about common misconceptions about COVID-19 and triggered vigilance, and also increased the likelihood and level of risk perception and social distance compliance. Misinformation is more frequent and spreads faster on Twitter because the lack of censorship and the special anonymity of social media has led people to be less socially responsible and to post information that clarifies unscientific information for self-interest or political reasons.

On the other hand, social media gives public relations professionals an opportunity to truly target their message to their audience. As a rule, behavioral changes in response to outbreaks are influenced by people's mental schema. Differences in the geographic location of Internet access to the time the site was adapted to go online indicate a significant difference in news consumption between younger and older people. In recent years, the apparent age gap has widened dramatically, with people over 65, for example, five times more likely to get their news regularly from TV than people aged 18 to 29. Therefore, PR professionals decide on targeted advertising content based on different age breakpoints. Similarly, the study also shows that age is one of the most important predictors of news consumption through newspapers and other traditional media. Personal characteristics such as age, family composition and work environment are also important for these habits. Thus, age can determine how much and to what extent a person receives information.

I have had hands-on experience and a significant time commitment to this immigrant service experience. I became an intern for the local Maryland nonprofit, Luminus, a nonprofit organization that provides legal services related to immigration services. Through meetings with various departments and in-depth research on the current situation of local immigrants, I became involved in helping the nonprofit raise funds as they still need more government funding from the United Way of central. America to try to support their social services, which will help those who are not eligible for government benefits such as resettlement services. Benefits such as resettlement services for newly paroled Afghan refugees, and housing programs which are used to help low income people who are in eviction moratorium due to the inability to pay their rent due to the epidemic.

For example, I worked with the CEO of Luminus to raise funds and discuss with him the current plight of the public budget cuts as refugees were arriving in Afghanistan. I focused on immigrant distribution in Maryland to demonstrate the core values of our nonprofit, and I discussed the inability of Afghan citizens with parolees to work or receive government funding.

### **3. How NGOs Address Social Problems: The Case of Xenophobia and Immigration**

The research method I used for this project was participant observation (fieldwork). Henslin (2016, defines fieldwork or participant observation as follows: "research in which the researcher participates in

a research setting while observing what is happening in that setting.”

Luminus is a non-profit social organization that provides legal, family and community services to immigrants and prevents eviction. Luminus' day-to-day responsibilities are to maintain and participate in relief programs and to be actively involved in raising funds for the provision of immigration services from government agencies such as the United Way of Central America or other government agencies that distribute funds. In this case, according to the American Immigration Council, the humanitarian parole only allows non citizens who have “urgent humanitarian or significant public benefits” to enter the U. S under the immigration laws, but the residential status is temporary, and they receive no government benefits such as resettlement services. This status mainly applies for noncitizens “fleeing for persuasion and seeking humanitarian assistance” from the U.S.

For example, they are now raising more government funds for services for Afghan refugees on humanitarian parole who are only allowed temporary parole in the U.S. but are not allowed to access government assistance or other resources. Studies show that government funding accounts for the vast majority (80 percent) of nonprofit organizations' revenue streams. However, during a pandemic, the demand for human resource services can change due to the unemployment crisis caused by stock prices and the recession, which may lead to an increase in the public budgets of nonprofit organizations providing social services. In conclusion, nonprofit organizations are putting effort into fulfilling their responsibilities for vulnerable groups as well as meeting the expectations of social justice. Likewise, nonprofits engage and monitor when damaging, unsubstantiated rumors are circulating. They also protect many vulnerable populations, including but not limited to minorities, immigrants/refugees, and children from immigrant families.

Many low-income people have suffered financial crises during the epidemic. According to National Equity Atlas, there are currently approximately 129,000 households in Maryland that are behind on their rent. Approximately 78 percent of these households include people of color and 62 percent have annual incomes below \$50,000. Although the eviction moratorium was lifted on March 1, 2021, orders for eviction moratorium in Maryland and the CDC expired in October 2021. Today, billions of dollars have been spent by the federal and state governments on rental assistance programs. Therefore, the Howard County COVID 19 Relief Rental and Utility Assistance was created to prevent evictions, and the organization provides affordable housing options for immigrant communities and implements a rent-to-own model for underserved communities. According to government policy, in Howard County, Maryland, residents identified as being affected by the Covid pandemic and failed to pay overdue rent and utilities may be eligible for assistance for up to 18 months after a review of household size and the maximum household income limit. However, the impact of the eviction moratorium on the individual level and on the economic burden and structural inequalities in society is not as simple.

Luminus received a great deal of demand during this period and has processed a total of 180 applicants by early October, 2021. Overall, Luminus distributed a total of \$1,501,857,57 to 180 families and kept 609 people in their homes. In implementing the allocation of funds, Luminus points to several factors: First, housing assistance is not available only to U.S. citizens, but to non-U.S. immigrants as well. However, due to language and cultural barriers, this resource is not available to immigrants in need and other vulnerable populations. These low-income populations sometimes have no way to access paid sick leave and can not keep the health and safety in the workplace, which results in higher risk to get infected, and lack understanding if they have mandatory eligibility for government relief programs (such as unemployment, child care subsidies, and emergency rental assistance) for workers. The inability to pay rent may result in increased odds of health threats, as low-income people often work in jobs that do not comply with the obligations to social distance and reduced labor hours, which may result in higher morbidity and mortality during the pandemic and thus higher risk transmission. Similarly, the inability of tenants to pay rent places a burden on landlords, because they are also confronted with the problems of being unable to pay the mortgage payment to the bank and property taxes(?), which might result in the foreclose. During a pandemic, landlords are similarly burdened with the high-risk status of loss, including the cost of re-letting, repair and maintenance costs if they want to find prospective tenants.

Therefore, Luminus as a non-profit organization provides services that increase and promote proactive self-protective behavior by individuals in a way that meets economic circumstances. By raising citizen awareness of social issues and government relief programs, the nonprofit Luminus compensates for the limitations of the public health infrastructure and mitigates the rumors and xenophobia that have contributed to the outbreak.

#### 4. Conclusions

In this essay, I have reviewed the major organizational components of public health information and misinformation, otherwise known as the information ecology of public health. I have first reviewed and highlighted the importance of cognitive biases in psychology, as summarized in research on psychological schemas. As I have summarized, psychographics are cognitive and behavioral changes that result from people with different identities and cultural backgrounds based on their level of information received and their sense of self-identity. The past few years in today's society have seen dramatic demographic changes in the United States due to technological advances. In the two years of the epidemic so far, social mobility has declined and the class divide has widened. In the midst of the epidemic, human psychological schemas have changed due to social distance, or government closures or economic incentives and media that promote anger and timeliness of information, which has led to behavioral changes. As mental models are deepened or altered, information is usually disseminated by governmental information (official), non-governmental organizations (official) and the media (unofficial).

Although the news media and non-governmental agencies have a significant part to play in the ecological information during an epidemic, they have different values, resources, and courses of action. The news media were more likely to produce accurate news stories that combined "facts" with opinion. In the case of NGOs providing social services to help disadvantaged people solve legal problems, NGOs are guided by a "commitment to factual reporting and the values of seeking participation and action," but they also use the media to promote and disseminate ideas and opinions. While Luminus solves social conflicts, it also demonstrates cultural diversity and results in the change in employment. As an intern, I worked and researched different social issues.

This review has highlighted the need for greater awareness and attention toward the role of NGOs in combating public health misinformation. Future research could focus on how NGOs interact with other organizations and provide information and misinformation. For example in combating misinformation, NGOs could increase their presence in social media and act as a counterbalance to the spread of misinformation. In addition future research could examine more fully the sources of cognitive biases beyond those studied here. Finally, future work could look at public health problems beyond the COVID pandemic. Discrimination against marginalized groups, for example, are a major concern in public health, and future work could examine how misinformation could lessen crimes and racist acts against these groups, serving the needs of NGOs for new immigrants in novel ways.

#### References

- [1] Bergström, Annika, and Maria Jervelycke Belfrage. (2018) "News in Social Media." *Digital Journalism*,5, 583–598.
- [2] *The Lancet*.(2020) "Global governance for COVID-19 vaccines." *Lancet (London, England)* . 395, 1883.
- [3] Garrett, Laurie.(2020) "Covid-19: The Medium Is the Message." *The Lancet*,395,942–943.
- [4] Lyu, Wei, and George L.(2020) Wehby. "Community Use of Face Masks and Covid-19: Evidence from a Natural Experiment of State Mandates in the US." *Health Affairs*,8,1419–1425.
- [5] Cholera, R. , Falusi, O. O. , and Linton, J. M. (2020). "Sheltering in Place in a Xenophobic Climate: COVID-19 and Children in Immigrant Families." *Pediatrics*,146,1094.
- [6] Esses, Victoria M., and Leah K.(2021) Hamilton. "Xenophobia and Anti-Immigrant Attitudes in the Time of COVID-19." *Group Processes & Intergroup Relations*,24,253–259.
- [7] Fernández-Reino Maria, Madeleine, S. and Carlos, V. S. .(2020) "From Low-Skilled to Key Workers: The Implications of Emergencies for Immigration Policy." *Oxford Review of Economic Policy*, 36,382–396.
- [8] Gomez-Aguinaga, B. , Dominguez, M. S. , & Manzano, S. . (2021). "Immigration and Gender as Social Determinants of Mental Health during the COVID-19 Outbreak: The Case of US Latina/Os." *International Journal of Environmental Research and Public Health*,11, 60–65.
- [9] Hauslohner, Abigail. (2021) "For Some Refugees Who Came to the U.S. after Sept. 11, This Is What Life Has Been Like." *Washington Post*, 9, 9-11.
- [10] Sills, Stephen J. and Bruce A.(2021) Rich. "Housing Instability and Public Health: Implications of the Eviction Moratoria During the COVID-19 Pandemic." *North Carolina Medical Journal*,4, 271–275.
- [11] Keller, Allen S., and Benjamin D. Wagner.(2020) "COVID-19 and Immigration Detention in the USA: Time to Act." *The Lancet Public Health*,5,245–246.
- [12] Marshburn, C. K. , Maddox, K. B. , Crittle, C. , & Folberg, A. M. (2021) "Racial Bias Confrontation in the United States: What (If Anything) Has Changed in the COVID-19 Era, and Where Do We Go from

Here?" *Group Processes & Intergroup Relations*, 24, 260–269.

[13] Johnson, A.F., Rauhaus, B.M. and Webb-Farley, K. (2021), "The COVID-19 pandemic: a challenge for US nonprofits' financial stability", *Journal of Public Budgeting, Accounting & Financial Management*, 33, 33-46.

[14] Cohn, Samuel K. (2012) "Pandemics: waves of disease, waves of hate from the Plague of Athens to A.I.D.S." *Historical journal (Cambridge, England)* 85, 535-555.

[15] Zhang N., Jia W., Lei H., Wang P., Zhao P., Guo Y., Dung C., Bu Z., Xue P., Xie J., Zhang Y., Cheng R., Li Y.. (2020) "Effects of Human Behavior Changes. During the Coronavirus Disease 2019 (COVID-19) Pandemic on Influenza Spread in Hong Kong." *Clinical Infectious Diseases*, 5, 1142–1150.