Anti-Asian Racism and COVID-19
How It Started, How It Is Going, and What We Can Do

Wei Perng\textsuperscript{a,b} and Satvinder K. Dhaliwal\textsuperscript{a,b}

As the coronavirus disease of 2019 (COVID-19) swept across the United States in 2020 and 2021, another concern rose to the forefront of conversations: racism against Asian Americans. Indeed, the sudden and precipitous rise in anti-Asian bias and discrimination can be conceptualized as a second public health crisis—one that is linked to, but deeper running than the infectious disease pandemic.

The recent spread of anti-Asian sentiment can be traced to the first reported case of COVID-19 in Wuhan, China.\textsuperscript{1} This occurrence was vilified by political condonation of racially motivated rhetoric. Stop Asian American or Pacific Islander (AAPI) Hate, a nonprofit mechanism for reporting acts of discrimination against persons of AAPI descent, cites >9,000 such occurrences from March 2020 to June 2021.\textsuperscript{2} Major news outlets broadcasted some of these incidents (e.g., the brutal physical assault of an elderly Asian woman in New York City during which two doormen failed to intervene\textsuperscript{3}) but the bulk of anti-Asian racism takes on subtler but equally harmful forms known as “micro-aggressions” that often go unrecognized or ignored. Examples include refusal for care by Asian-presenting healthcare providers\textsuperscript{4} and verbal harassment referencing the virus.\textsuperscript{5}

Although the COVID-19 pandemic stoked the flames of anti-Asian racism, the discriminatory behaviors are not new; they transpire from a largely undisussed aspect of US history surrounding the early years of Asian immigration. Given that a critical first step to combat racism is recognizing its existence and understand root causes to identify solutions, the goals of this commentary are two-fold. First, we seek to provide an overview of the contemporary and historical contexts that fueled anti-Asian racism in the United States. Second, we put forth strategies for groups and communities as well as individuals—with a focus on health researchers and practitioners—to mitigate racialized stigma.

CONTEMPORARY CONTEXT
COVID-19 caught US health institutions and programs flatfooted, neither prepared nor expecting the massive spread of misinformation surrounding the SARS-CoV-2. Since the early days of the pandemic, politicians promoted the unsubstantiated hypothesis the virus was developed in a laboratory in Wuhan, referring to COVID-19 as “foreign,” “Chinese,” and “the Kung Flu.” Use of such language led to an 800% increase of these racist terms on social media and news outlets,\textsuperscript{6} and redirected fear and anger in a manner that reinforced racism and xenophobia.
Beyond racialized language, some media outlets propagated the idea that COVID-19 was caused by cultural practices. Initial reports implicated wet markets, an important source of food and income in many Asian countries, in the transmission of COVID-19. This promoted labeling of Asian cultures as “other” and “backward.” Ultimately, the reluctance and lack of urgency by media platforms to remove uncertain information stymied public health efforts to contain the virus and cultivated a space for harmful rhetoric.

HISTORICAL CONTEXT: RACIAL CAPITALISM

Racialization of diseases is not new. Historical examples include the Spanish flu, named as such not because it originated in Spain, but as a consequence of Spanish King Alfonso XIII’s contraction of influenza; and the Ebola virus, named for the river in Africa where the disease was first recognized, although the true origin remains unknown. Contemporary examples include the Mexican flu, which received its name because the H1N1 virus originated in pigs in central Mexico and the Middle East Respiratory Syndrome, based on the first reported case in Saudi Arabia. Use of ethnic groups and geographic locations in reference to diseases is not intrinsically malicious, but rather, reflects a response to fear and anxiety in times of crisis. Regardless, the practice is inherently problematic because racialization of diseases ultimately compounds biases and prejudices.

Racialization of COVID-19 is related to the fact that the first reported case was in China, but the rapid propagation of anti-Asian discrimination ties to the US’s history of racial capitalism, the process of extracting social and economic value from persons of minority racial, gender, or sexual identities to produce surplus. Although US racial capitalism emerged from the joint histories of settler colonial conquest of indigenous lands and chattel slavery, the push for the abolition in the mid-19th century engendered large-scale immigration of Chinese migrant workers as an alternate form of free labor. The early years of Chinese immigration to the United States were saturated with racialized discourses surrounding labor. Eventually, Chinese workers came to be viewed as a threat to the white working class. Immigration exclusion laws such as the Page Act (1875) and Chinese Exclusion Act (1882) epitomize this view. Long-standing aggression against Chinese miners culminated deadly acts of violence such as the Rock Springs Massacre in Wyoming (1885) and the Chinese Massacre at Deep Creek in Oregon (1887). Two decades later, the 1908 Federation of Labor’s pamphlet pushed for a prohibition on immigration from Asia to prevent the depreciation of white labor by a class of migrant workers perceived as unable to assimilate to US standards. Some scholars refer to this duality of fear and prejudice against Asian immigrants in the face of their exploitation as “Yellow Peril.”

A contemporary discourse accompanies the model minority myth, which upholds Asian Americans as an exemplar minority group able to transcend hardships to achieve the so-called American Dream. This term became popular during the Civil Rights Movement as a way to minimize the role of racism in the persistent struggles of other racial-ethnic minorities—namely, Black Americans. By putting forth the stereotype that Asian Americans are rule-abiding and industrious despite the struggles of being from another country, this myth conflated anti-Asian racism with anti-Black racism. Consequently, this false contrast created a racial wedge between Asian and Black Americans, the latter of whom did not immigrate but were forcibly brought to the United States and continue to struggle with poverty and a history rooted in slavery.

Assertions of belonging and assimilation into the United States belie the mutual construction of the Yellow Peril and model minority discourses—two sides of a coin that construct a divide between “good” Asian Americans worthy of opportunity because of their apparent success under capitalism, and “bad” subjects considered threatening and disposable within the same system. In the context of COVID-19, the blame placed on China as the source of the coronavirus diverted attention from the government’s insufficient response to the pandemic and divided Asian Americans from other communities of color.

WHAT CAN BE DONE?

The recent surge in anti-Asian racism not an isolated incident of xenophobia, but a historical context that thrives under current sociopolitical circumstances. Given that anti-Asian racism is due, at least in part, to governmental authorities who either directly or indirectly encouraged hate crimes, racism, and xenophobia through anti-Asian rhetoric in the United States and worldwide combatting such racism requires top-down action from political leaders. One such recent example is the COVID-19 Hate Crimes Act, signed into law by President Biden in May 2021. Hate crime bills, though a step in the right direction, are far from enough (and in some instances, can worsen race-related disparities through increased policing in communities of color). Thus, community-based efforts to reduce racism are crucial. A key means to this end is promoting solidarity between Asian Americans and other minority groups. This can be done through financial or infrastructural support of alliances among multiple communities of color. One such example is the grassroots escort program in Oakland, CA, which currently relies on volunteer escorts to keep socially vulnerable persons mentally and physically safe while in transit.

Another critical channel through which to combat anti-Asian racism is to amplify Asian American voices by promoting Asian American leaders and educators, and including Asian Americans as stakeholders in the development of equitable programming and policy. In many instances, achieving this endpoint first requires making political information accessible to Asian American communities. The Voting Block Project is an exemplar statewide collaboration among local
Ethnic groups and news outlets in New Jersey that disseminate political news to communities of color by broadcasting in diverse languages and mediums relevant to minorities in the state. The Project also provides administrative support in compiling and communicating to the state legislature an agenda of needs identified by local residents. Such collaborations not only ensure that the voices of minority communities are heard, but also serve as a nexus for persons of color to work towards a collective goal of reducing race-related social disparities.

Beyond macrolevel efforts, antiracism is inherently a personal goal. Resources and strategies to help individuals recognize and prevent the transmission of harmful narratives are described in several recently published books. In addition, it is important to obtain first-hand experience identifying, interrupting, and taking restorative action after committing a microaggression or overt act of racism. This may be done through antibias trainings and workshops such as those offered by Thriving Inclusion, a diversity, equity, inclusion, and justice resource for organizational and personal development. Another resource is hollaback! A nonprofit that provides free antiharassment trainings and offers strategies for active allyship.

Finally, we offer some concrete tasks for public health practitioners and researchers to reduce the transmission of bias and racism. First, ensure that language, images, and data visualizations used in scientific and lay settings do not perpetuate harmful narratives. Examples include referring to diseases by their scientific names (e.g., “COVID-19” rather than, “China virus”) and countering racist information with evidence-based materials by referencing peer-reviewed publications, and reputable sources of information such as the Centers for Disease Control and Prevention and World Health Organization. Second, use precise terms to describe occurrences (e.g., “the physical assault of an elderly Asian woman in New York City” instead of “recent racist attack”). An accurate description of the event allows for a clear articulation of the problem and promotes development of effective solutions. Third, when reading or writing scientific articles, recognize that race-ethnicity is not a form of biologic determinism, but a social construct that affects physiology through experiences of bias and racism. A recent review on Black-White disparities in glucose-insulin homeostasis and subsequent exchanges on social construct that affects physiology through experiences of bias and racism. A recent review on Black-White disparities in glucose-insulin homeostasis and subsequent exchanges 27,28,29 and well-being.29 Finally, there is need to disaggregate Asian ethnic subgroups in research (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Native Hawaiian and Pacific Islander, among other identities across the Asian continent). This task will require intentional collection of such data,30 and the funding to do so.31

Ultimately, racism is not a byproduct of ignorance or cultural differences, but a systemic issue stemming from differential positions of power scripted in US history. These dynamics are not unique to racism directed toward a specific racial or ethnic group and has been discussed at length with respect to anti-Black racism.32 To this end, the importance of antibias education cannot be overemphasized. With respect to anti-Asian racism, there is urgent need to incorporate Asian American history in grade school curricula to mitigate implicit bias and prejudices of future generations. Teaching about the diversity within Asian American communities (disaggregation) is critically important and will help dispel the harmful model minority myth which collapses Asian racial groups into a single monolith, alienates Asian Americans from other communities of color, and perpetuates the belief that Asian Americans do not need support or attention. Opportunities for antiracism education certainly lie in early care and school settings, but ultimately need to be sustained at the family level where parents and caretakers are important conduits to help children understand and respond to experiences.

Although the causes of discrimination and bias may vary, the solutions—though neither simple nor swift in application—are consistent: recognize that racism is an issue, invest in dismantling racist processes at the community and individual levels, and educate oneself and the next generation to prevent perpetuation of racist ideas.

ACKNOWLEDGMENTS

We are grateful for the constructive and insightful feedback from Keva X. Bui, Daniel S. Goldberg, Zachary Laubach, and Powell Perng.

ABOUT THE AUTHORS

WEI PERNG is an Assistant Professor of Epidemiology, and lifecourse epidemiologist whose research focuses on early life origins of obesity-related conditions in domestic and international youth cohorts. Owing to her Taiwanese heritage, she has maintained an active interest in Asian American and Pacific Islander health and health disparities.

SATVINDER K. DHALIWAL is a PhD candidate in Epidemiology. Ms. Dhaliwal’s dissertation focuses on inter-generational transmission of psychosocial stress, including those related to experiences of racism and bias. Ms. Dhaliwal is passionate about the role of public health in antiracist efforts and representation of minority communities in research.

REFERENCES

1. World Health Organization. Archived: WHO Timeline—COVID-19. Available at: https://www.who.int/news/item/27-04-2020-who-timeline-covid-19. Accessed September 2, 2021.
2. Jeung R, Yellow Horse A, Popovic T, Lim R. Stop AAPI Hate National Report 3/19/2020–2/28/2021. 2021.
3. Treisman R. Attack on Asian women in Manhattan, as bystanders watched, to be probed as hate crime. NPR. 2021. Available at: https://www.npr.org/2021/03/30/982745950/attack-on-asian-woman-in-manhattan-as-bystanders-watched-to-be-probed-as-hate-cr.
4. Lee JH. Combating Anti-Asian sentiment—A practical guide for clinicians. New Engl J Med. 2021;384(23):2367–2369.
5. Abdollah T, Hughes T. Hate crimes against Asian Americans are on the rise. Here’s what activists, lawmakers and police are doing to stop the violence. USA Today. 2021. Available at: https://www.usatoday.com/story/news/nation/2021/02/27/asian-hate-crimes-attacks-fueled-covid-19-racism-threaten-asians/4566376001/.

6. Hsien Y, Xu X, Hing A, Hawkins JB, Brownstein JS, Gee GC. Association of “#covid19” versus “#chinesevirus” with Anti-Asian Sentiments on Twitter: March 9-23, 2020. Am J Public Health. 2021;111:956–964.

7. Irfan A, Bieniek-Tobasco A, Golembeski C. Pandemic of Racism: public health implications of political misinformation. Harv Publ Health Rev. 2021;26.

8. Dionne KY, Turkmen FF. The politics of pandemic othering: putting COVID-19 in Global and Historical Context. Int Organization. 2020;74(Suppl 1):E213–E230.

9. Lowe L. The Intimacies of Four Continents. Duke University Press; 2015.

10. Rea T. The Rock Springs Massacre. Available at: https://www.wyohistory.org/encyclopedia/rock-springs-massacre. Accessed June 25, 2021.

11. Nokes G. Chinese Massacre at Deep Creek. Oregon Encyclopedia. Vol. 2021.

12. Gompers S, Gutstadt H. Meat vs. Rice: American Manhood Against Asiatic Coolieism. American Federation of Labor; 1908.

13. LEE E. The “Yellow Peril” and Asian Exclusion in the Americas. Pacif Historic Rev. 2007;76:537–562.

14. Chow K. “Model Minority” myth again used as a racial wedge between Asians and Blacks. NPR. 2017. Available at: https://www.npr.org/sections/codeswitch/2017/04/19/524571669/model-minority-myth-again-used-as-a-racial-wedge-between-asians-and-blacks.

15. Maxmen A, Mallapaty S. The COVID lab-leak hypothesis: what scientists do and don’t know. Nature. 2021;594:313–315.

16. Human Rights Watch. COVID-19 fueling Anti-Asian racism and xenophobia worldwide. Available at: https://www.hrw.org/news/2020/05/12/covid-19-fueling-anti-asian-racism-and-xenophobia-worldwide#. Accessed June 25, 2021.

17. Braga AA, Brunson RK, Drakulich KM. Race, place, and effective policing. Ann Rev Sociol. 2019;45:535–555.

18. Smith K. Hundreds of people are volunteering to escort elderly Asian Americans to help keep them safe. CNN. 2021.

19. Dunn WB, Broadhurst DJ, Atherton HJ, Goodacre R, Griffin JL. Systems level studies of mammalian metabolomes: the roles of mass spectrometry and nuclear magnetic resonance spectroscopy. Chem Soc Rev. 2011;40:387–426.

20. Kendi I. How to Be an Antiracist. First Edition ed. One World; 2019.

21. Di&Angelo R. White Fragility. Beacon Press; 2018.

22. Oluo I. So You Want to Talk About Race. Seal Press; 2018.

23. Fleurette King Consultant & Training. Thriving Inclusion. Available at: http://www.thrivinginclusion.com/. Accessed September 2, 2021.

24. hollaback! Get Trained. Available at: https://www.hollaback.org/harassmenttraining/. Accessed September 2, 2021.

25. Colorado Health Institute. Anti-Asian racism is a public health crisis. Available at: https://www.coloradohealthinstitute.org/blog/anti-asian-racism-public-health-crisis. Accessed April 15, 2021.

26. Gower BA, Fowler LA. Obesity in African-Americans: the role of physiology. J Intern Med. 2020;288:295–304.

27. Tsai J, Cerdeña JP, Khazanchi R, et al. There is no ‘African American Physiology’: the fallacy of racial essentialism. J Intern Med. 2020;288:368–370.

28. Gower BA, Adele Fowler L, Fernandez JR. Response to Tsai and colleagues. J Intern Med. 2020;288:371–372.

29. Perng W. Race/ethnicity as a variable in epidemiologic research. WeighingIn Blog. 2021. Available at: https://weighinginblog.org/blog/raceethnicity-as-a-variable-in-epidemiological-research.

30. Lao M. The case for requiring disaggregation of Asian American and Pacific Islander data. Available at: https://www.californialawreview.org/the-case-for-requiring-disaggregation-of-asian-american-and-pacific-islander-data/. Accessed September 2, 2021.

31. Doan LN, Takata Y, Sakuma KK, Irvin VL. Trends in clinical research including Asian American, Native Hawaiian, and Pacific Islander participants funded by the US National Institutes of Health, 1992 to 2018. JAMA Netw Open. 2019;2:e197432.

32. Bourne J. The life and times of institutional racism. Race Class. 2001;43:7–22.