

## Navigating biases against Asian Americans during Covid-19

By Katie Wayne, RN, FNP-S; Amy Lee, RN, PMHNP-S; Milani Kyaw, WHNP-S; and Ginny Moore, DNP, WHNP-BC

**A**sian Americans and Pacific Islanders encountered racial bias prior to the onset of the Covid-19 pandemic. New and harmful rhetoric fueling the misconception that Asian Americans caused the introduction of the virus in the United States has escalated the incidence and severity of racist attacks. More notably, Asian American healthcare providers disproportionately experience racial discrimination in the context of this pandemic.<sup>1</sup> This article will explore political influences in the rise of anti-Asian rhetoric, share experiences of the Asian American Pacific Islander (AAPI) community during this time, and offer strategies for reducing anti-Asian discrimination.

Field studies conducted by epidemiologists have sought to identify the Covid-19 virus origins. Results show that it most likely originated from an animal at a market.<sup>2</sup> Even though there are still many mysteries surrounding Covid-19, it is safe to state that it was not purposefully man-made as implied by the use of reference terms such as “China virus,” “Wuhan virus,” and “kung flu.” These anti-Asian references are foundational to racial discrimination and resulting hate crimes.



Recently, investigators found a sharp increase in anti-Asian rhetoric around March of 2020, which aligns with the beginning of the pandemic as news of the virus started circulating in the media.<sup>3</sup> This increase in anti-Chinese rhetoric is correlated with the rise of racism against Asian Americans.<sup>4</sup> Another group report categorized the different types of hate rhetoric used against Asian Americans as “virulent animosity,” “scapegoating of China,” and “anti-immigrant nationalism.”<sup>4</sup> The racism stemming from the Covid-19 pandemic has also resulted in a marked negative effect on the mental health of Asian Americans. Higher levels of perceived racism and racial discrimination lead to poorer mental health.<sup>5</sup>

On September 17, 2020, US Congressional representative Grace Meng sponsored a resolution to condemn anti-Asian rhetoric related to Covid-19.<sup>6</sup> The measure did not seek protective privileges for the AAPI community but simply condemned discrimination. The resolution passed with voting along partisan lines. The absence of bipartisan support illustrates the disconnect that exists between systems in power and the AAPI community.

In January 2021, President Biden introduced a memorandum that condemns and combats acts of bullying, harassment, and hate crimes.<sup>7</sup> Specifically, it describes best practices for advancing cultural competency, language access, and sensitivity toward the AAPI community in the context of the federal government’s Covid-19 response. This memorandum establishes accountability through various guidelines such as monitoring executive departments to take appropriate steps to ensure official actions, documents, and statements (including those pertaining to the Covid-19 pandemic) do not exhibit or contribute to racism, xenophobia, and intolerance against Asian Americans and Pacific Islanders. Furthermore, the memorandum encourages federal agencies to consult with AAPI community organizations and their leaders to utilize best practices to ensure an understanding of the needs and challenges faced by AAPI communities. This memorandum is a step in the right direction toward addressing and reducing acts of anti-Asian discrimination in the context of Covid-19.

Since the start of the Covid-19 pandemic, there has been an alarming rise in Covid-19–related anti-Asian attacks against AAPI healthcare professionals. Patients have refused to be treated by providers of Asian descent, as they have equated coronavirus with foreignness and a specific racial appearance.<sup>1</sup> As frontline workers, these race-related harassments from patients are disheartening and greatly impact AAPI healthcare professionals’ abilities to carry out their roles as patient advocates. In addition

As such, healthcare institutions must also take immediate action to mitigate systemic racism. Acknowledging that racism and xenophobia are major public health issues is a necessary first step. Racial discrimination is recognized as a social determinant of health.

to anti-Asian harassment encountered in the workplace, AAPI healthcare professionals are dealing with increasing harassment in their daily lives and safety concerns for their loved ones.

Combating racism and discrimination against Asian Americans will require both systemic and individual changes. On an individual level, this begins with recognizing one's own implicit and explicit biases. Utilizing Harvard's Project Implicit tool is a good first step for self-assessment.<sup>8</sup> Such self-assessment can help individuals become aware of their biases and then use strategies to reduce those biases. No one is born racist or antiracist. To understand the historical roots of anti-Asian racism in the United States, the concepts of "yellow peril"—that Asians (particularly those of East Asian descent) are inherently a danger to Western civilization and culture—and the "model minority" myth—the false premise that Asian Americans are a monolithic group whose relative economic success for a minority group is proof of a lack of racism and inequity in the United States—can aid in self-reflection on biases one may hold about Asian Americans.<sup>9,10</sup> Being antiracist is an active practice. It is integral that those living in the United States, especially healthcare professionals, educate themselves on issues of racism within systems, for example, as previously discussed, the healthcare system, to better mitigate racism and implicit biases.

Another strategy for change is understanding the diversity within the Asian American community. For example, just as homogenizing Americans and Mexicans in a general category of "North Americans" would be an outrageous proposition that diminishes the diversity of languages, ethnicities, cultures, and religions that exist in each country, the term Asian American often loses the unique characteristics and lived experiences of each individual Asian country. Asian Americans are not a monolith. Asian is a broad term used to describe a wide category of people from different ethnic groups, countries, cultures, and religions. This diversity means that there are important differences in experiences within the Asian American community and each person's vulnerabilities to discrimination can be different from another. It is critical for non-Asian Americans to listen to the stories of Asian Americans online and offline, read literature written by Asian American authors, and take every opportunity to learn about individual Asian countries and their people before categorizing every AAPI individual as "Asian."

Standing up and speaking out against racism and xenophobic attacks is essential. Individuals can utilize bystander intervention methods that do not rely on the police when witnessing public instances of verbal and physical xenophobic attacks.<sup>11</sup> Additionally, individuals can support antiracist organizations such as Asian Americans Advancing Justice (AAJC) and National Asian Pacific American Women's Forum (NAPAWF) by raising awareness, volunteering, and promoting fundraising efforts that will provide better protections for Asian Americans.

Reporting experiences of racist attacks and bystander encounters is another essential strategy for positive change. The national coalition [StopAAPIHate.org](https://www.stopaapihate.org)<sup>A</sup> can be used for documenting and addressing anti-Asian discrimination. StopAAPIHate provides a platform for AAPI individuals to share their experiences and highlight the prevalence of discrimination and racist attacks. Such documentation of anti-Asian experiences heightens awareness of the severity of the issue and helps initiate a push for stronger protections and policy reforms that will hold individuals and institutions accountable.

In addition to these suggestions for individuals, system-wide modifications are required to accomplish effective and sustainable change. As such, healthcare institutions must also take immediate action to mitigate systemic racism. Acknowledging that racism and xenophobia are major public health issues is a necessary first step. Racial discrimination is recognized as a social determinant of health. Studies have shown that experiences of racism are linked to poor physical and mental health out-

comes, both short and long term.<sup>12</sup> Institutions should partner with local antiracist organizations to better understand the role of racism within their communities and resultant health disparities.<sup>13</sup>

Demonstration of support for employees through intolerance for racial prejudice is an essential component in positive systemic change.<sup>13</sup> Healthcare institutions must hold perpetrators accountable and take prompt, appropriate actions to protect vulnerable employees when discrimination occurs within the workplace. Organizations must also provide mental health resources and support groups for AAPI employees to process, grieve, and heal from race-related stress and traumatic discriminatory events.

Transparency in policies, diversity efforts in hiring procedures, and cultural competency training are additional key components in addressing anti-Asian biases.<sup>13</sup> Healthcare organizations must maintain adequate Asian American representation in leadership positions and allocate funds to establish a diversity task force to create a diverse and inclusive workplace environment. Collaboration should occur among different members within the organization to advance visibility of racial justice in healthcare and continue educating employees on allyship through webinars, panel discussions, and evidence-based training on antiracist practice.<sup>13</sup> Exploring different perspectives and lived experiences of vulnerable populations will help foster a culture of inclusion and a greater understanding of diverse experiences among peers.<sup>13</sup> ■

**Katie Wayne is an FNP student at Vanderbilt University School of Nursing in Nashville, Tennessee. Amy Lee is a PMHNP student at Vanderbilt University School of Nursing. Milani Kyaw is a WHNP student at Vanderbilt University School of Nursing. Ginny Moore is Associate Professor and WHNP Academic Director at Vanderbilt University School of Nursing. The authors have no actual or potential conflicts of interest in relation to the content of this article.**

## References

1. Jan T. Asian American doctors and nurses are fighting racism and the coronavirus. *Washington Post*. May 19, 2020. <https://www.washingtonpost.com/business/2020/05/19/asian-american-discrimination/>.
2. Centers for Disease Control and Prevention. COVID-19. Identifying the source of the outbreak. July 1, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/about-epidemiology/identifying-source-outbreak.html>.
3. Nguyen TT, Criss S, Dwivedi P, et al. Exploring U.S. shifts in ANTI-ASIAN sentiment with the emergence of covid-19. *Int J Environ Res Public Health*. 2020;17(19):7032.
4. Borja M, Jeung R, Yellow Horse A, et al. Anti-Chinese rhetoric tied to racism against Asian Americans. Stop AAPI Hate Report. Asian Pacific Policy & Planning Council; 2020. [https://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/Anti-China\\_Rhetoric\\_Report\\_6\\_17\\_20.pdf](https://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/Anti-China_Rhetoric_Report_6_17_20.pdf).
5. Cheah CSL, Wang C, Ren H, et al. COVID-19 racism and mental health in Chinese American families. *Pediatrics*. 2020;146(5):e2020021816.
6. Condemning all forms of anti-Asian sentiment as related to COVID-19. H.Res.908, 116th Congress (2019–2020).
7. The White House. Memorandum condemning and combating racism, xenophobia, and intolerance against Asian Americans and Pacific Islanders in the United States. January 26, 2021. <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/26/memorandum-condemning-and-combating-racism-xenophobia-and-intolerance-against-asian-americans-and-pacific-islanders-in-the-united-states/>.
8. Project Implicit. Take a test. <https://implicit.harvard.edu/implicit/takeatest.html>.
9. De Leon A. The long history of US racism against Asian Americans, from “yellow peril” to “model minority” to the “Chinese virus.” *The Conversation*. April 8, 2020. <https://theconversation.com/the-long-history-of-us-racism-against-asian-americans-from-yellow-peril-to-model-minority-to-the-chinese-virus-135793>.
10. Chow K. 'Model Minority' Myth Again Used As A Racial Wedge Between Asians And Blacks. NPR. <https://www.npr.org/sections/codeswitch/2017/04/19/524571669/model-minority-myth-again-used-as-a-racial-wedge-between-asians-and-blacks>. Published April 19, 2017.
11. How to intervene if someone is being harassed. American Friends Service Committee. October 27, 2020. <https://www.afsc.org/bystanderintervention>.
12. US Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Discrimination. *Healthy People 2020*. October 8, 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination>.
13. American Hospital Association. COVID-19: Acknowledging and addressing racism and xenophobia. 2021. <https://www.aha.org/resources/2020-06-03-covid-19-acknowledging-and-addressing-racism-and-xenophobia>.