

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

The American Journal of Surgery

journal homepage: www.americanjournalofsurgery.com

My Thoughts/My Surgical Practice

Anti-Asian sentiment in the United States – COVID-19 and history



In 2020, the South Korean movie *Parasite* became the only foreign-language film to ever win an Oscar for Best Picture. This historic first mirrors a broader trend towards acceptance and integration of Asian culture in the United States. Yet, despite our innumerable contributions to society, there remains little representation of Asians at the highest levels of government, business, academia, and popular media. Asian Americans are often stereotyped as perpetual foreigners because they are seen as inherently different.¹ This has led to a sense of not fitting in, or “otherness”, as if our membership in America society were conditional. As COVID-19 sweeps the nation, this reality becomes painfully apparent. Asian healthcare workers on the front lines of the pandemic have been subjected to slurs and assaults. Nurses have been spat on, doctors have been told to “go back to f***** China”, and care by staff with “Asian appearances” has been refused.² While Chinese people are ostensibly the target, the affected individuals have included Koreans, Filipinos, and other Asian ethnicities. In the midst of the COVID-19 pandemic we see not only a rise in anti-Asian sentiment, but also a recapitulation of history.

The earliest Asian immigrants to the United States were brought in during the second half of the 19th century as cheap labor for the mining, agricultural, and railroad industries. They were often forced to work in sub-human conditions, and were cast as scapegoats for multiple outbreaks of smallpox and bubonic plague.² The term “yellow peril” was coined in this era to describe the perceived threat of Asian migration to European culture. The West Coast was the epicenter of anti-Asian sentiment and on multiple occasions Asians were driven out of towns or lynched. This activity culminated in the passage of the 1882 Chinese Exclusion Act, the only American law denying immigration and naturalization rights for a single ethnicity, and the 1924 Immigration Act that effectively shuttered immigration from Asian countries. The start of World War II then precipitated one of the greatest injustices of American civil liberties. Americans of Japanese ancestry, the majority of whom were citizens or minors, were forced into concentration camps for most of the war because of their perceived allegiance to the Japanese empire. In the face of injustice, many patriotic Japanese Americans still volunteered for active military service.³

Immigration reform in the mid-1960s would reopen American borders to Asians, who would become the fastest-growing racial group during the next millennium.⁴ These reforms favored a highly-selected group of professionals, leading to an influx of engineers, scientists, and doctors from Asia. This skewed immigration pattern would give rise to the mythology of Asians as the model minority. Asian physicians wound up serving in many rural and underserved communities simply because these places were desperate

enough for doctors that they could not discriminate. Despite the vast differences across Asian cultures, we often found ourselves viewed as a single group. This was highlighted by the murder of Vincent Chin in 1982.⁵ He was beaten to death by American auto-workers who were upset by the potential loss of their jobs due to Japanese competition. He was targeted because of how he looked although he was of Chinese ancestry, not Japanese, and worked in the American auto industry. His assailants received probation and a small fine. This underscored how Asians of all ethnicities were seen as a single entity when it came to discrimination.

In spite of the progress made towards racial justice and equality within the past decades, many Asian Americans have never felt fully accepted in American society and continue to be treated as perpetual foreigners. As anti-Asian sentiment and hate crimes rise in the wake of the COVID-19 pandemic, this perception has become reality. A recent analysis of Twitter and online image-message boards revealed a surge in the use of Sinophobic slurs beginning in late January 2020.⁶ Compared to data from before the COVID-19 outbreak in the United States, the authors discovered a shift towards blaming Chinese people for the outbreak on Twitter, and an increasing emergence of novel Sinophobic terms on message boards. On both sites, the terms “virus” and “chink” now appear more frequently alongside the word “Chinese”. Both sites also showed substantial upticks in the use of Sinophobic slurs following references to COVID-19 as the “Chinese virus”.

Since the outbreak, the FBI anticipated a rise in hate crimes across the United States citing examples such as the stabbing of an Asian American family, including children ages 2 and 6, whom the assailant believed were spreading COVID-19.⁶ Their prediction was confirmed by the Asian Pacific Policy & Planning Council,⁷ who documented over 1,000 reports from Asian people of coronavirus discrimination and hate crimes from March 19th to April 1st. Common incidents included verbal harassment, shunning, and physical assault. One report reads: “My kids were at the park with their dad (who is white.) An older white man pushed my 7-year old daughter off of her bike and yelled at my husband to ‘take your hybrid kids home because they’re making everyone sick.’” Others have reported strangers spraying them with disinfectant, or burning them with caustic substances.² These accounts, along with associations between “Chinese” and “virus”, suggest the emergence of a more sinister phenomenon—namely, the personification of COVID-19 as Asian people. This is especially tragic for Asian healthcare workers, who make up 17% of physicians in active practice and are the most represented ethnic group among foreign-born medical professionals.^{2,8}

The data show a pervasive spread of anti-Asian sentiment in the United States in the wake of the COVID-19 pandemic. History tells

us that minority groups are often targeted during periods of global unrest and economic instability. The fear and uncertainty inherent to novel infectious disease, the presumptive origin of COVID-19, and the perpetual foreigner stereotype make Asian Americans especially vulnerable to racism and disease scapegoating. Lest we regress to our historical antecedents, leaders within our society have a responsibility to tamp down on rising xenophobia through thoughtful and humane representation of all people. Although COVID-19 has stoked racial tensions in the United States, it also presents us with an opportunity to rise above these circumstances. We have seen the remarkable resilience of Americans who endure self-isolation and social-distancing to protect the public health. We have also witnessed the awe-inspiring resolve of healthcare providers across specialties who compassionately care for those infected despite working on units staffed by skeleton crews. Each day that passes brings new innovations in medical education and patient care.^{9–12} As it turns out, few things unify a population like an endeavor to protect a shared value against a common threat. If we can unite to overcome a pandemic of epic proportions, certainly we can also confront the socioracial issues made manifest by COVID-19. Finally, those driven to discrimination by fear also have something to learn from the virus: it doesn't care what race you are, only that you are human.

References

1. Huynh QL, Devos T, Smalarz L. Perpetual foreigner in one's own land: potential implications for identity and psychological adjustment. *J Soc Clin Psychol*. 2011. <https://doi.org/10.1521/jscp.2011.30.2.133>.
2. Natividad I. Racist harassment of Asian health care workers won't cure coronavirus. *Berkeley News* <https://news.berkeley.edu/2020/04/09/racist-harassment-of-asian-health-care-workers-wont-cure-coronavirus/>; April 9, 2020.
3. Hong CP. The slur I never Expected to Hear in 2020. *The New York times*. <https://www.nytimes.com/2020/04/12/magazine/asian-american-discrimination-coronavirus.html>; April 12, 2020.
4. Margolin J. FBI warns of potential surge in hate crimes against Asian Americans amid coronavirus. *ABC News* <https://abcnews.go.com/US/fbi-warns-potential-surge-hate-crimes-asian-americans/story?id=69831920>; March 27, 2020.
5. Wu F. Why vincent Chin matters. *The New York times*. <https://www.nytimes.com/2012/06/23/opinion/why-vincent-chin-matters.html>; June 22, 2012.
6. Schild L, Ling C, Blackburn J, Stringhini G, Zhang Y, Zannettou S. "Go eat a bat, chang!": an early look on the emergence of sinophobic behavior on web communities in the face of COVID-19. Preprint at <https://arxiv.org/pdf/2004.04046.pdf>; April 8, 2020.
7. Jeung R. Incidents of coronavirus discrimination: March 25 – April 1, 2020. *Asian Pac Pol Plan Counc*; April 3, 2020. http://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/Stop_AAPl_Hate_Weekly_Report_4_3_20.pdf.
8. American Association of Medical Colleges. Diversity in medicine: facts and figures. <https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018;2019>.
9. Al-Balas M, Al-Balas HI, Al-Balas H. Surgery during the COVID-19 pandemic: a comprehensive overview and perioperative care. *Am J Surg*. April 18, 2020. Available online.
10. Hakim AA, Kelish AS, Atabek U, Spitz FR, Hong YK. Implications for the use of telehealth in surgical patients during the COVID-19 pandemic. *Am J Surg*. April 21, 2020. Available online.
11. Diaz A, Sarac BA, Schoenbrunner AR, Janis JE, Pawlik TM. Elective surgery in the time of COVID-19. *Am J Surg*. April 16, 2020. Available online.
12. Calhoun KE, Yale LA, Whipple ME, Allen S, Tatum R. The impact of COVID-19 on medical student surgical education: implementing extreme pandemic response measures in a widely distributed surgical clerkship experience. *Am J Surg*. April 28, 2020. Available online.

H. Alexander Chen, Jessica Trinh
Yale School of Medicine, New Haven, CT, United States

George P. Yang*
University of Alabama at Birmingham, Birmingham, AL, United States
Birmingham VA Medical Center, AL, United States

* Corresponding author. UAB Department of Surgery, 1808 7th Ave
S, Birmingham, AL, 35233, United States.
E-mail address: gyang@uabmc.edu (G.P. Yang).

28 April 2020