

Burden of **BLAME**

WHY MISATTRIBUTING RESPONSIBILITY FOR THE SPREAD
OF COVID-19 IS HISTORICALLY REDUNDANT.
AND DANGEROUS.



ALSO FEATURED

HOW THE CONSTRUCTION OF THE ASIAN RACE
SHAPES THE OPTICS OF COVID-19

HOW CURRENT RACIAL STEREOTYPES REFLECT
HISTORICAL FORMS OF ANTI-ASIAN
DISCRIMINATION

IS XENOPHOBIA TO BLAME FOR THE PUBLIC
HEALTH CRISIS AT HAND?

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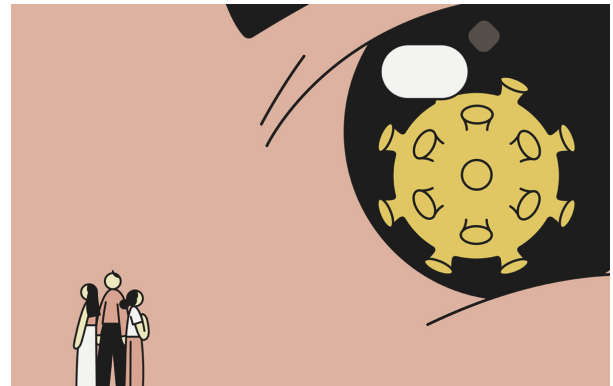
burden of blame

THE HISTORICAL FOUNDATION

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LETTER FROM THE EDITORS

As we write this magazine in the midst of the global pandemic, it feels like our world is saturated with headlines about COVID-19. With each article comes a new issue to consider and with every podcast a novel thought to worry about. And as we collectively reflect on the seemingly infinite number of ways the SARS-CoV-2 virus has upended our world, it has become increasingly important to gain a deeper understanding of how this virus is disproportionately affecting certain communities more than others. One such community is the Asian American community which has fallen victim to rampant racism, xenophobia, and unwarranted blame. In our magazine we aim to dissect the racism being directed at Asian Americans today and contextualize it in the history of xenophobia and blame directed at the community for the past multiple decades. This magazine delves specifically into how the construction of the Asian race influences the optics of disease, why the seemingly opposing labels of "foreign" and "assimilated" work in concert to obscure health disparities experienced by Asian Americans, and how historical forms of "Yellow Peril" stereotypes add fuel to the fire of contemporary manifestations of anti-Asian American xenophobia. By talking about such issues, we aim to convey the significant but often unexamined consequences of placing the onus of disease on Asian Americans not just throughout history but in the present day.

We also want to recognize that in the week prior to the publication of this magazine, the United States witnessed the murder of George Floyd by law enforcement. This instance of police brutality is not an isolated one and must be understood as more than one egregious act of violence. This murder is a precipitate of white supremacy. At first mention, such an issue may seem unrelated to our magazine. But it is anything but unrelated. This magazine is devoted to parsing out the history of marginalization in America and the ways in which the hegemonic powers in America consistently have and continue to oppress its most vulnerable populations. Throughout the magazine we will look specifically at the Asian American collective and delve into subjects like "Yellow Peril," exclusionary immigration policies, and socioeconomic disparity — all such issues being a manifestation of the same framework of white supremacy that allows police brutality to remain a widespread form of state-sanctioned violence. We also want to note that although white supremacy has plagued the Asian American experience, we are *not* saying we understand what it means to be Black in this country. We stand in solidarity with the Black community, but we do not presume to know what the Black experience is. Because all of our group members identify as members of the Asian American Pacific Islander community, we believed looking into the history of xenophobia in our community would serve as our entryway into the conversation on dismantling white supremacy. Also, in our efforts to educate our magazine readers about the ways in which systemic racism lead to the death of George Floyd, Breonna Taylor, Ahmaud Arbery, and countless others, we have added a few externally linked articles about the insidious ways white supremacy oppresses the Black community: [The Death of George Floyd, in Context](#), [George Floyd's Murder Shows Once More That We Cannot Wait For White America to End Racism](#)

We hope this magazine sheds some attention on the many historical, legal, and scientific frameworks that have allowed for discrimination and xenophobia to be baked into the foundation of this country. But more than that we hope this magazine allows readers to confront such injustices head-on, armed with knowledge and the power of advocacy.

IN SOLIDARITY,

ADRIJA CHAKRABARTY, SOHINI HALDER, SANDHYA
MURUGAN, MADISON THANTU, NIMAH RASHEED



Clarification of Terms

Asian American: Used as a way of collectively addressing those who fall in the Asian American Pacific Islander (AAPI) demographic and reside in America. This is a monolithic label that has been racialized. However, it is the most commonly used term used to address those who present as East and/or Southeast Asian and live in the U.S. For the purpose of this magazine, this term is not including South Asians under the label because this demographic does not often fall under the "Yellow Peril" trope that is central to this magazine.

SARS-CoV-2: The virus that has spread and caused the pandemic.

COVID-19: The disease that is caused by the SARS-CoV-2 virus.

A BRIEF HISTORY OF ASIAN-AMERICAN IMMIGRATION IN THE U.S.

1852

Chinese immigrants begin immigration into the United States, driven by the prospects of the **Gold Rush**.

1861

The first **anti-miscegenation laws** are passed banning marriages between whites and Asians.

1870

The **Naturalization Act** is passed, restricting naturalization exclusively to whites and blacks. Cheap labor recruitment turned to other Asian countries such as the Philippines and India and Americans feared citizenship would be granted to immigrants from other parts of the world.

1882

The **Chinese Exclusion Act** is passed, barring Chinese labor immigrants and preventing citizenship. Low-wage workers were perceived as a threat to white American workers and their presence began to be vilified.

1907

The **Gentleman's Agreement** is passed, preventing further Japanese immigration, which had surged after the passage of the Chinese Exclusion Act

1922

Ozawa v. United States rules that the "Japanese race" is ineligible for citizenship in the United States, despite a skin color fairer than European whites.

1923

United States v. Bhagat Thind Singh rules that Indian Americans are classified as Causasian but not white, barring them from American citizenship.

1942

Executive Order 9066 for Japanese Internment begins after the attack on Pearl Harbor.

1943

The **Magnuson Act** is passed, repealing the Chinese Exclusion Act.

1952

The **McCarran-Walter Act** is passed, allowing immigrants from Asia to obtain American citizenship.

1965

The **Hart-Celler Act of 1965** abolishes quota system based on national origin, equalizing immigration from Asian countries.

1975

Mass exodus of **Vietnamese, Cambodian, and Laotian refugees** begin immigration into the United States following the Vietnam War.

ACTING UP:

LEGAL CONSTRUCTION OF THE ASIAN RACE IN AMERICA

For most of American history, the social system has been dominated by a racial hierarchy. Anti-miscegenation laws were enacted in order to prevent interracial marriages from disrupting this power structure. After the first immigrants from China arrived in the U.S. around the 1850's, anti-miscegenation laws were extended towards white-Asian marriages in 1861 (Sohoni, 2007). Although Chinese immigrants were initially relatively well-received, in part due to their cheap labor, eventually these low-wage workers were perceived as a threat to white American workers and their presence began to be vilified (Sohoni, 2007; Kil, 2012)

These sentiments led to the Chinese Exclusion Act, which barred Chinese laborers from entering the United States in 1882 and prevented citizenship from being granted to Chinese American immigrants already in the country (Calavita, 2000; Kil, 2012). The barring of Chinese immigrants led to a surge in immigrants from Japan, until this source of new workers too was barred by the Gentleman's Agreement. Thus, cheap labor recruitment turned to other Asian countries such as the Philippines and India (Sohoni, 2007). The growing horde of immigrants worried white Americans; with the end of the Civil War came a guarantee of citizenship to black Americans and many feared this would be extended to immigrants from other parts of the world (Sohoni, 2007). Thus, the Naturalization Act of 1875 was passed. This law restricted naturalization to whites and blacks only. This is an important distinction to note, as this meant that the eastern and southern European immigrants who were similarly vilified with Asian immigrants in earlier immigration quotas still had the opportunity to become U.S. citizens. The acceptable American clearly could not come from the continent of Asia. Nonetheless, as the number of immigrants from China, Japan, and India increased rapidly, attempts to obtain citizenship reached the highest levels of the court.

Two Supreme Court cases were instrumental in cementing Asian-American status in the U.S.: *Ozawa v. United States* (1922) and *United States v. Bhagat Singh Thind* (1923). *Ozawa* argued that as Japanese skin was as fair or fairer than people of European ancestry, he should be allowed to petition for citizenship. The Supreme Court's majority opinion stated that he was of the "Japanese race" and despite his acculturation to the U.S. (*Ozawa* had lived in Hawaii for twenty years and was a graduate of the UC system), Japanese people were not eligible for citizenship (Ichioka, 1977). It was also favorable for lawyers to try and distinguish Asian ethnic groups from one another in an attempt to align with whiteness. Japanese and Chinese people were forced to pit themselves against one another in a battle to try and win citizenship (Sohoni, 2007). Indian immigrants fared slightly differently in the courts. *Thind* argued that as northern Indians were descended from the same "Aryan stock" as white Americans with Germanic ancestry and that they too should be considered white under the legal system and be granted citizenship (Sohoni, 2007).

Surprisingly, the Supreme Court agreed with the basic tenet of *Thind's* argument. However, they claimed that while northern Indians were "Aryan", they clearly did not present phenotypically as the "common-understanding" of whiteness in America and therefore were legally Caucasian, but not white (Sohoni, 2007). Citizenship was still off the table.

It was not until the McCarran-Walter Act of 1952 that Asian immigrants were finally able to obtain American citizenship (Sohoni, 2007). Legal language used in anti-miscegenation laws to ban white-Asian marriages has changed as the demographic makeup of Asian immigrants diversified. The term "Mongolian" was initially used to refer to immigrants from China but as Japanese immigrants began to enter America, the term was extended to include them as well. However, as other ethnic groups began to immigrate, especially post-Vietnam War, language such as "Malay" and "Hindu" was incorporated into legal documents to refer to Filipino and Indian immigrants respectively (Sohoni, 2007). No overarching "Asian" term was used legally to group these peoples together, which makes sense as the ethnic cultures were vastly different.

This mentality changed as the U.S. Census lumped together Asian Indian, Chinese, Japanese, Korean, Filipino, and Vietnamese people, whose data was collected separately, into a category for all Asian, Pacific Islander, and Asian Pacific Islander (API) people in the late 20th century (King, 2000). This way, ethnic data could be collected under the racial category of Asian/Pacific Islander. In the 2000 Census, a radical shift in data collection allowed for the first time the opportunity to choose multiple ethnic options under the Asian. Interestingly, Hawaiians and Pacific Islanders were able to separate their racial group from "Asian", indicating that the legal construction of the Asian race has shifted as more ethnic diversity in America is present (King, 2000). Unlike other racial groups, the subgroups within the Asian race are perceived in America to be widely phenotypically and culturally different and thus the dichotomy of classifying these people within one race or recognizing various ethnicities has been a constant battle of racial and ethnic identity.

Throughout the history of the battle of Asian American acceptance, the construction of race has been weaponized both for and against Asians. Ultimately, the legal definition of "Asian" has shifted over time in response to immigration pressures, but has never quite accurately captured the vast differences that exist among the various Asian ethnicities. Race, then, is a legal as well as social construct.



Courtesy of the Library of Congress



The Economist, 2020

UNPACKING THE COVID-19 BLAME GAME

BY NIMAH RASHEED

WHAT DOES IT MEAN TO BE ASIAN AMERICAN?

There are many ways to tackle this question, from a reflection on how different aspects of Asian culture might intertwine with a person's western identity, to questioning how an entire group of over 20 million people are categorized into a monolithic group (López et al., 2017). Despite the millions of ways to dissect this question, the wave of racism caused by misinformed fears about the coronavirus push this conversation towards a more concerning route. In the COVID-19 pandemic, being Asian American has unfortunate realities of being discriminated against or the victim of racial slurs and violence.

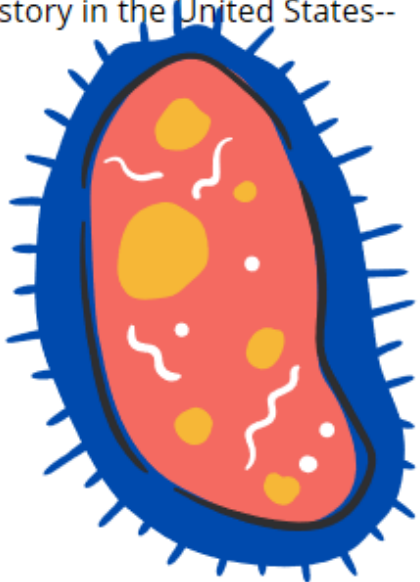
To dive deeper into this issue, it is important to open a discussion about how Asians became grouped in one category in the first place, and whether this category has any real value.

From Immigration Restrictions to Forever Foreigners

While the first recorded wave of Asian immigration to the US came from China in the 1850s during California's Gold Rush, this is not to say that all people were welcomed with open arms and equal treatment ("Five Views: An Ethnic Historic, 2004). In fact, when immigrants from China first arrived in the 1850's they did not have legal rights as citizens and were thus unable to own land, vote, or testify in court ("Five Views: An Ethnic Historic, 2004). Over the years there were waves of immigration from Asia due to restrictive immigration laws, but the discrimination and unequal treatment of these immigrants stayed consistent.

In the 19th and 20th century, discrimination against immigrants was common due to fears of job insecurity, changing cultures, and disease. However, Asian immigration to the United States was much more restrictive. In fact, in Ellis Island where many new European immigrants arrived during the early 20th century, 1% of immigrants were denied entry into the United States due to medical reasons (Markel et al., 2002). On the other hand, at Angel Island where many Asian immigrants landed, about 17% of all immigrants were debarred (Markel et al., 2002). Plus, stool samples were required from nearly all Asian Immigrants who entered the west coast due to fears that the region was becoming the "hookworm belt" from Asians immigrants bringing disease (Markel et al., 2002).

Blaming groups of immigrants for bringing disease has a long history in the United States--



Kristina Chi/ The Bite

Mexican Americans were blamed for the H1N1 crisis, Haitian Americans were blamed for the rise of HIV, and the Chinese were blamed for cholera and smallpox (Lui, 2020, Little, 2020). In fact, fear around Chinese immigrants bringing disease was one of the reasons cited in the Chinese Exclusion Act to restrict Chinese immigration (Little, 2020).

Given the racist rhetoric around the coronavirus being referred to as the "Kung Flu" and "Chinese Virus" it is clear that Asian Americans are again in the position of being seen as the other (Haltiwanger, 2020). Despite being an integral community in the United States, Asian Americans are considered forever foreigners who are not seen as a part of the American identity like a white male citizen is (Lui, 2020). In response to an increase in racial violence and discrimination against Asian

Americans, Andrew Yang, a Taiwanese American and former democratic presidential candidate, released an op-ed piece where he discussed feeling ashamed of being Asian because of the negative associations between Asians and the ongoing pandemic (Yang, 2020). Yang posited that telling people to avoid being racist is futile, and in an attempt to mitigate racism against Asian Americans, they must prove their loyalty to the United States through patriotic actions including wearing "red white and blue" and funding COVID-19 aid (Yang, 2020). His stance on Asian Americans having to convince others that they are as American as any other group received backlash from readers who quickly took to Twitter to point out the internalized racism and misleading idea that the victim of racism is responsible for fixing other's perceptions of themselves.

Deconstructing Race

With all the debate and blame regarding Asian Americans spreading the coronavirus, it is vital to step back, and address a larger idea that underpins this entire conversation. Does the concept of race, as biologically discrete categories, have any validity in the first place? Early racial classifications posed by Linnaeus argued that there are four distinct groups of humans which people could be classified into: Europeans, Americans, Asians, and African (Tishkoff et al., 2004). Since this initial idea, the number of racial categories has expanded, reflecting the ambiguity of where to draw the lines between groups of people and separate them into distinct racial categories.

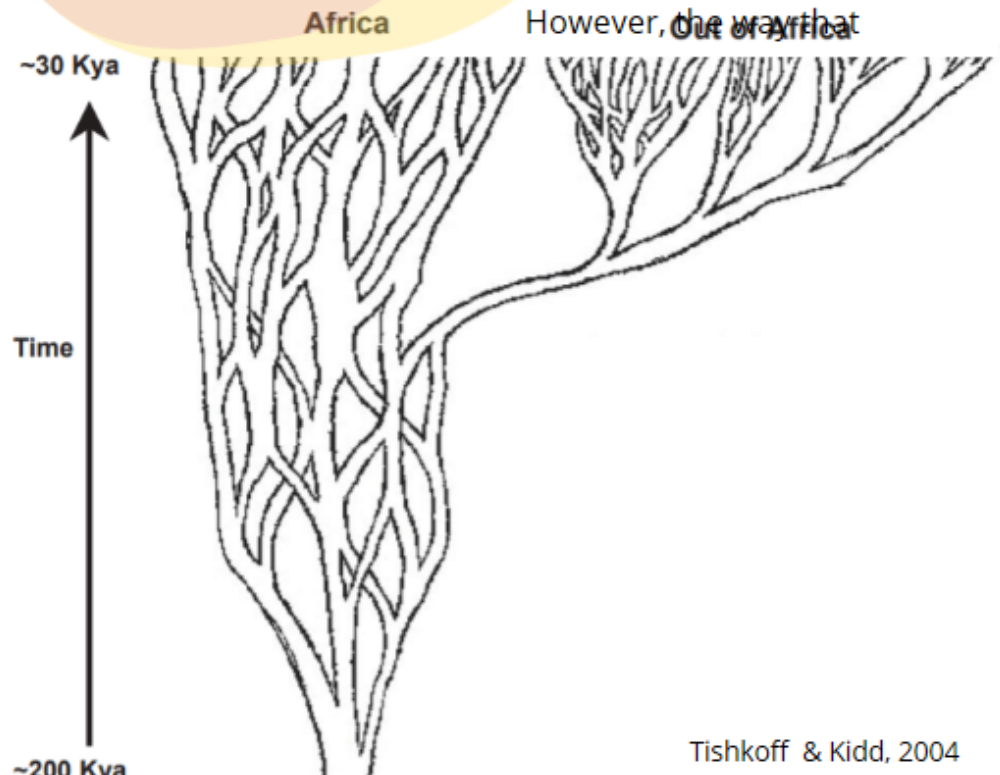
The Out of Africa model poses an explanation for why different populations may have certain genetic distinctions. According to this model, all non-African people are the descendants of a group of Homo Sapiens who originated about 200 Kya and migrated out of East Africa sometime between 50-100 Kya (Tishkoff et al., 2004). This migration acted as a bottleneck event which severely limited the genetic diversity within the migrating group (Tishkoff et al., 2004). Furthermore, as migration out of Africa continued, serial founder effects and genetic drift--caused by nonrandom mating among people with a

shared language and culture--further differentiated groups of people (Tishkoff et al., 2004). This theory is supported by studies that show greater mtDNA variation among people of African origin when compared to other populations (Tishkoff et al., 2004). Based on this, variation among populations results from different migration patterns and its subsequent effects. Given this, it follows that groups that are closer together geographically will have more genetic similarities, indicating clinal variation for specific genetic markers and traits.

So, if genetic variation is clinal and based on geographic distance, can people be placed discreetly into racial categories?

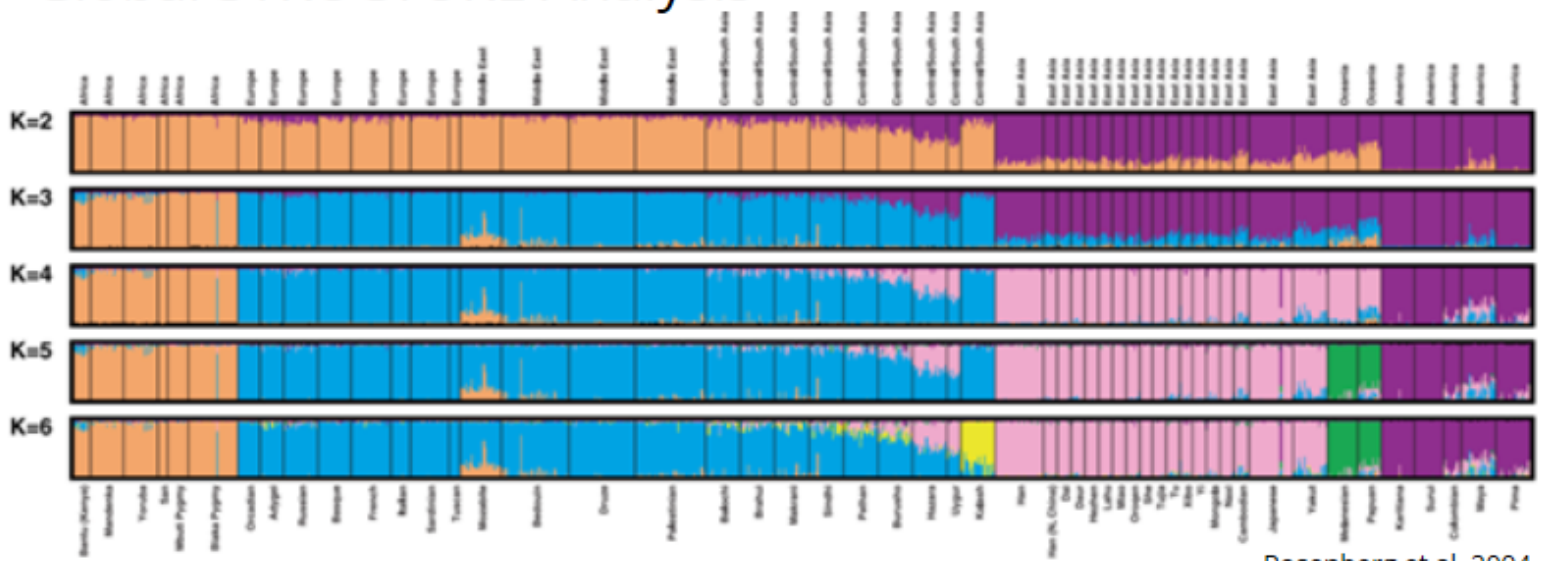
To assess this, a group of researchers looked at genotypes in 377 autosomal microsatellite loci from 52 different populations (Rosenberg et al., 2002). The study found that 93-95% of genetic variation was found to be within a population, while differences among racial groups was between 3-5%.

Furthermore, the research team used a computer program, STRUCTURE, to determine if, without being given inputs about which racial categories it should use, the program would place people in the racial category that they would be socially assigned based on the genotypes sampled. The groupings that resulted roughly correspond to typical racial categories such as African, European, Middle Eastern, Asian, Oceanic, and American. However, the way that



Tishkoff & Kidd, 2004

Global STRUCTURE Analysis



populations were grouped into these broader categories based on their alleles depended on the K value, or the number of groups the STRUCTURE program was instructed to divide the populations in. However the number of categories that the researchers decided to sort people is variable, based on the agendas of the researchers. The fact that these categories can be manipulated shows that considering race as a biological category is clearly misinformed, because the groupings can change based on different criteria.

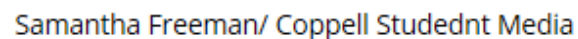
Clearly, on the global scale racial categories are not viable as most genetic variation is carried between groups, and there are no discrete racial categories based on genotypes. However, even when looking at the “Asian” category, they are not a uniform group of people based on both geography and genetic diversity. Despite Asians being described as a monolithic

“although the main clusters correlate with the common concept of 'races' (as expected, because populations from different parts of the world have larger differences in allele frequencies than populations from the same region of the world), the analyses by STRUCTURE do not support discrete boundaries between races.

Had there been a more geographically continuous sampling ... there would probably be an even more continuous gradient of genetic variation across all geographic regions.” (8)

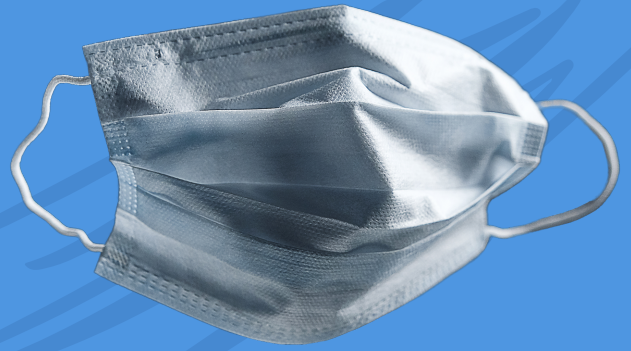
While these analyses show that racial groups, as distinct categories do not have a biological basis, the social implications of race are absolutely real. Deconstructing the idea of race as biologically sound categories simply informs a larger discussion where biology has been used to support racism. Although the category of Asian American appears to be racially defined, it is actually a cultural generalization which assumes "that Asian Americans rearticulate their 'traditional Confucian values'" (Chou, 2008). This stereotyped Asian culture is identified as the avenue to success in American Capitalism, and represents the essentialist conception of Asian culture.

If human diversity is clinal rather than discrete, variable rather than uniform, flexible rather than stagnant, the idea of Asians as a discrete racial category to cast blame against for spreading COVID-19 begins to disintegrate.



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SURGICAL
FACE
MASKS



COVID-19 spreads
from person to person
through **respiratory**
droplets



Droplets can land in the
mouths or noses of
nearby individuals or be
inhaled into the **lungs**



Cloth face masks can:

- **Prevent respiratory droplets** from traveling in the air & onto others
- **Prevent transmission of the virus** from asymptomatic individuals to the public

**SLOW
THE
SPREAD.
WEAR A
MASK.**



SHIFTING CULTURES

By Sandhya Murugan

(MedicalNewsToday)

In the event of any pandemic involving fear of respiratory transmission, the usage of face masks has proved to be extremely beneficial in reducing public exposure to body fluids that may spread infection. Face masks act as a barrier against disease transmission by fluids and large droplets and are designed to restrict the release of large droplets by the wearer (Medicine, I. of, 2006). Medical masks that have been approved by the FDA are designed to be worn by any of the following individuals: 1) an infected person, 2) a healthcare worker, 3) a member of the general public in order to reduce the possibility of the spread of infection (Medicine, I. of, 2006). However, a common misconception about face mask usage is that masks are solely worn by those plagued by infection. In Europe and North America specifically, masks have typically been seen as an item utilized by the unwell, a concept that has induced stigmatization and racial aggravations.

During the 2003 SARS outbreak, a great deal of the discrimination that occurred against Asian Canadian individuals were a direct result of visual references in the Canadian media to the white masks worn by a large portion of

the Asian population (Lee, 2013). While the act of wearing masks was primarily done by individuals in order to shield themselves from “transmitting or contracting the disease through airborne transmission of the viral respiratory droplets,” the perception was much different (Lee, 2013). Articles printed during the height of the outbreak contained images of Chinese citizens in Hong Kong wearing masks in their everyday lives, accompanied by titles that threatened the spread of SARS (Lee, 2013). As a result, all Asian communities were assumed to be plagued by the virus and were considered a health threat to society. Images of masked Asian faces put a target on the backs of all Asian groups for widespread discrimination and alienation.

Despite the seemingly controversial nature of face masks across the globe, masks are actually a common sight in East Asia. Face masks are part of the cultural norm and are worn for a variety of reasons. While it is typical for sick individuals to wear masks in order to protect those around them, healthy individuals also wear masks during cold and flu seasons to protect themselves (Leung, 2020). In Japan, many people even wear masks for non-medical reasons,

such as for keeping warm in the winter or for style purposes (Leung, 2020). In most East Asian cultures, masks have become a symbol of respect and a “tool of protection and solidarity” (Leung, 2020). Mask wearing is not only a medical decision, but also a sociocultural practice that has been common for many decades.

At the start of the COVID-19 pandemic, most individuals in North American and European countries were unaccustomed to witnessing masked faces; the use of masks continued to evoke fear and hostility. However, as the pandemic has progressed, a cultural shift has begun to take place: mask wearing has become a more universal practice around the world. This phenomenon is advantageous not only because of its medical benefits, but also because of its deterrence of discrimination against individuals who wear masks due to illness. When everyone wears a mask, sick individuals are protected from being singled out and made a target. While the universal usage of face masks certainly does not mean an end to the stigmatization of unfamiliar cultural practices, it is certainly a sign of cooperation and solidarity during this difficult and unprecedented time.

THE BLAME GAME

a story of chinese live food markets

JUNE 2020

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SOHINI HALDER



SUSPECT?

AS THE WORLD HAS COME TO A HALT IN AN EFFORT TO REDUCE THE SPREAD OF THE NOVEL CORONAVIRUS, THE CONVERSATION SURROUNDING WHO IS TO BLAME FOR THE PANDEMIC HAS FALLEN ON THE CHINESE PEOPLE. INVESTIGATIONS ARE ONGOING, BUT THE OUTBREAK ALLEGEDLY ORIGINATED IN A WET FOOD MARKET IN WUHAN, CHINA. “WET” FOOD MARKETS REFER TO MARKETS WHERE LIVE ANIMALS ARE SLAUGHTERED AND SOLD IN CLOSE PROXIMITY TO CONSUMERS, AS OPPOSED TO “DRY” OR CONVENTIONAL GROCERY STORES WHERE LIVESTOCK ARE KILLED BEFORE REACHING THE MARKET. LIVE MARKETS ARE FOUND IN COUNTRIES ALL OVER THE WORLD, NOT JUST IN CHINA. SO, IS THIS BLAME GAME PURELY RACIST PROPAGANDA AGAINST CHINA, OR IS THE DANGER OF THESE MARKETS SCIENTIFICALLY PROVEN? TURNS OUT, THE ANSWER IS A LITTLE BIT OF BOTH.

To understand how the SARS-CoV-2 outbreak originated in these markets, we first need to understand the history of live food markets in China. In the 1970's, famine ravaged the Chinese people as the Communist regime was unable to feed the country adequately. After relinquishing control of food production to major agricultural companies, some smaller businesses turned to catching wildlife and exotic livestock such as bats and snakes, animals that are considered "gross" or "exotic" by Western standards (Li, 2020; Scott, 2020). Since this new model of animal farming did well in sustaining the population, the Chinese government not only allowed wildlife farming but designated wildlife as a natural resource that could be used for human benefit. This move encouraged the wildlife farming industry to boom. Domestication and breeding of wildlife for human consumption as a major source of Chinese food began, and as the industry grew, farms increased in size and more types of wildlife, including bears, pangolins, and crocodiles, were bred and sold (Li, 2020). Unfortunately, zoonotic viruses travel very efficiently through groups of live animals closely packed together, which is characteristic of most live food markets. In 2003, the SARS outbreak was linked to masked civets found in a live food market in South China (Zhang, 2020). Although civets were quickly taken off the market, just a few months later, China allowed for the farming of civets to open up again. The minimal regulation of live food markets came back to haunt China and the rest of the world; in December of 2019, China reported a novel coronavirus outbreak linked to a wet food market in the city of Wuhan, eventually leading to the worldwide shutdown caused by the COVID-19 pandemic (Li, 2020; Shi, 2008).

So why exactly do these live markets in China seem to be linked to many cases of zoonotic virus outbreaks? Chinese live food markets sell a variety of wildlife not commonly found in other similar markets around the world. Among these are various species of bats. Although research is still being conducted, there is evidence to suggest the SARS-CoV2 virus jumped first from bats to pangolins to humans (Zhang, 2020).

This series of mutations and host transmissions is highly uncommon but nonetheless more likely in markets where the animals are alive in proximity to humans. Viruses cannot survive for very long in dead animals, so the risk is greatly reduced in "dry" markets, as long as the meat is cooked to a safe temperature. As research is still being conducted on COVID-19, a comparison to the 2003 SARS-CoV virus can illuminate similarities to the current situation. Animals can be reservoirs of the SARS coronavirus and researchers found evidence that linked masked palm civets to the source of the 2003 outbreak (Shi, 2008). A combination of farming and wet food markets were associated with the presentation of viral pneumonia in people with close contact to the animals (Cook, 1995; Shi, 2008). The close genetic similarity between the virus in the masked palm civets was 99.6% similar to SARS-CoV, indicating that the virus had only resided in the animals for a short time before transmission to humans. In addition, horseshoe bats have also been found to be natural reservoirs of new and re-emerging coronaviruses and may play a role in future coronavirus outbreaks (Shi, 2008). However, initial research into the source of the 2019 SARS-CoV-2 outbreak seems to show a genetic similarity to a virus in pangolins. Pangolin-CoV has a 91.2% genetic similarity to SARS-CoV-2, indicating that this might be the source of the COVID-19 outbreak, perhaps originally stemming from a virus in a bat (Zhang, 2020). However, research is still in the very early stages of development and more information is needed to definitively rule out other possible animal reservoirs or sources.

It is important to recognize the cause of these outbreaks without perpetuating stereotypes attributed to the Chinese people. Many Americans are disseminating false information that Chinese people regularly consume bats, which they deem culturally reprehensible (James, 2020; Strapagiel, 2020). As such, Americans feel entitled to blame the Chinese people for the pandemic. However, this belief stems from a misunderstanding about the role of live food markets in Chinese culture.



Courtesy of The Independent



Courtesy of The Independent



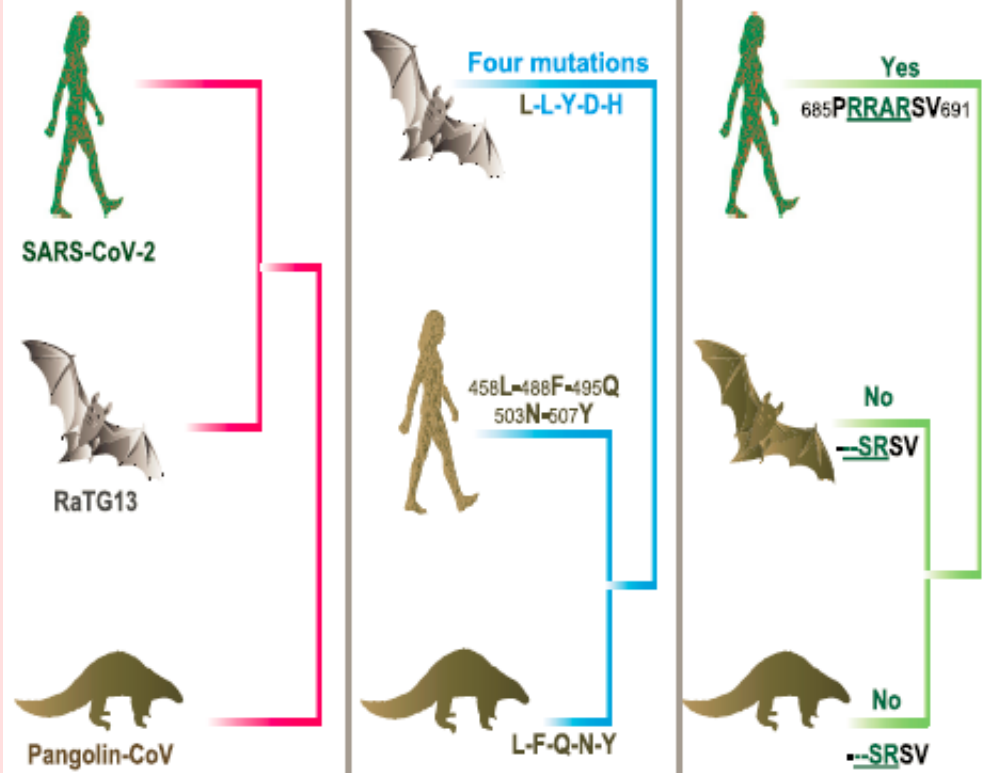
Courtesy of The Independent

SARS-CoV-2 vs Pangolin-CoV vs BatCoV-RaTG13

Consensus phylogenetic tree by whole genome & multiple gene markers

Five key amino acids for ACE2 in the receptor-binding domain (RBD) of S1 subunit of the spike (S) protein

Potential furin recognition motif in the S1/S2 cleavage site for viral entry



Courtesy of Zhang et. al.

The cultural implications of wildlife animals influence why exotic farming practices have continued in China. Eastern medicine relies heavily on tonics and spiritual healing powers of many wildlife species, such as snakes. Those who have access to these wildlife species and regularly consume exotic wildlife products are generally much wealthier than the average Chinese person (Li, 2020). The majority of Chinese people follow a diet that consists primarily of vegetables, rice, and noodles, with low to moderate amounts of meat and fish (Li, 2020). In other words, most Chinese people are not consumers of the exotic wildlife lined to outbreaks. Many of the common people who do shop at live markets strongly believe that eating animals who have been recently killed at the market are more fresh and therefore healthier to eat. This perception is pervasive in Chinese culture and plays a role in why some people are hesitant to shut down live food markets completely and move to the more Western model of grocery stores. A degree of cultural relativism is needed here:

although the Western viewpoint sees a shift to “dry” markets as a move towards safety, many Chinese people believe that the meat products they will find there are actually less safe and healthy to consume. Much of the anger misdirected at ethnically Chinese people, both in America and in China, perhaps should be channeled towards the Chinese government instead (Scott, 2020). Historically, the Chinese government has closed the food markets after linkage to virus outbreaks only to open them relatively soon afterwards. This has happened in both instances of the SARS and COVID-19 outbreaks. Although there is also cultural friction that may contribute to the persistence of live food markets, the leniency the Chinese government has shown in regulating what can be considered a public health risk may stem from the government’s inability to provide food for all its people.

I believe there is a discussion to be had about the dangers of live food markets without falling prey to racist stereotypes that have historically surrounded the Chinese people and their food choices.

Again, most Chinese people do not consume exotic wildlife animals. These animal products are generally reserved for the rich and powerful. Many Western representations of how the COVID-19 pandemic originated in China are fraught with images of Chinese people eating bats. Let me be clear: it is not the consumption of certain animals that causes outbreaks but the method in which they are stored and slaughtered in markets. The transmission of zoonotic viruses is heightened in live food markets, but it is not unique to them. The structure of live food markets that do include these reservoir species greatly increases the risk of transmitting viruses from animals to humans. However, while there is evidence to suggest that bats are among the number of species that act as especially effective reservoirs for zoonotic viruses, other animals such as birds and poultry also have similar transmission rates. Birds are commonly linked to influenza outbreaks as well, some of which have originated in Western countries, so the association of animal virus outbreaks exclusively to China is misguided.

These stereotypes are a consequence of Orientalism, as Western society tends to exaggerate and distort cultural differences in Eastern countries as emphatically backwards from Western ideals (Kim, 2001; Markel & Stern, 1999). Why are foods such as bats and pangolins considered disgusting by Westerners, but foods such as escargot considered luxury items? Why do we not attribute blame to Americans when the H1N1 swine flu pandemic originated in the United States? The way we discuss global crises and attribute blame to certain ethnic groups is influenced by racist stereotypes. Certainly some culpability must fall on governments around the world for not acting in time to protect their residents. And while the science shows that live food markets in China invariably increase the risk of zoonotic virus transmission, the association of Eastern foreigners to disease has persisted in America long before the COVID-19 pandemic began.

A crossword puzzle grid with 10 numbered squares. The grid is 10 squares wide and 10 squares high. The numbers are: 1 (down), 2 (across), 3 (across), 4 (across), 5 (across), 6 (across), 7 (across), 8 (across), 9 (across), 10 (across). The grid is mostly empty, with some letters visible in the numbered squares.

A crossword puzzle grid is shown, consisting of white squares for letters and black squares for empty space. The grid is 15 squares wide and 15 squares high. The numbered starting points for the words are:

- 1: Down, starting at (1,1)
- 2: Across, starting at (3,3)
- 3: Across, starting at (1,5)
- 4: Across, starting at (3,7)
- 5: Across, starting at (10,10)
- 6: Across, starting at (5,10)
- 7: Across, starting at (1,12)
- 8: Across, starting at (1,13)

- 2) the pandemic originating from a novel coronavirus outbreak in Wuhan, China
- 3) the 1882 act that barred Chinese immigrants from entering the U.S.
- 4) a family of viruses that may cause respiratory illnesses such as COVID-19
- 6) a framework of thought that exaggerates and distorts differences in Asian cultures
- 8) the belief that East Asians pose a perilous danger to Western society

MISATTRIBUTION OF BLAME



(Steven Senne/AP)

The Negative Global Perception of China During the COVID-19 Pandemic and its Attribution to Chinese Americans

By Sandhya Murugan

Chinese virus, Wuhan virus, Kung flu.

All three of these names have been used by media platforms as well as the Trump administration to describe SARS-CoV-2, the virus that is responsible for the current global pandemic. These names, while problematic in and of themselves, have brought about a much larger issue; they have somehow created a link between the virus, China, and Chinese Americans. While the virus can be linked to China due to its origin in Wuhan, it has no direct connection with Chinese Americans, a group that is currently facing widespread racism and

discrimination simply for existing. In order to properly explain the impact of the COVID-19 pandemic on Chinese Americans, it is necessary to explore China's intervention methods and response to the pandemic, as well as the resulting negative global perception of China. Additionally, it is crucial to understand the association that has been manifested between the Chinese government and Chinese Americans, including mass media's portrayal of both Chinese and Chinese American populations in a derogatory manner.

The Intervention

Since the emergence of the COVID-19 pandemic, multiple reports and case studies have emerged detailing the clinical case management strategies and surveillance systems that have been put in place in various Chinese provinces. However, the many positive aspects of China's methodology continue to be left out of global media portrayals.

In a recent research study, three experts in infectious disease in China detailed their bedside clinical observations in the management of COVID-19 patients. Professor Wenhong Zhang, who is in charge of overall clinical management of COVID-19 cases in Shanghai, discussed the extensive measures that have been taken in Shanghai (Li et al., 2020). Specifically, he explained the team approach that has been used to manage COVID-19 patients. According to Zhang, each critically ill patient in Shanghai has a team of healthcare providers to coordinate his or her clinical management, including "at least a pulmonologist, an infectious diseases expert, a critical care specialist, and an ECMO specialist if necessary" (Li et al., 2020). Additionally, psychiatrists, nephrologists,

traditional Chinese medicine physicians, and experienced nurses are also involved in managing these patients (Li et al., 2020). Zhang emphasized that individualized treatment is crucial for critically ill patients, which is why all medical interventions and decisions are "carefully tailored to the unique characteristics of each severe patient" (Li et al., 2020).

The extensive medical management and clinical control strategies that have been implemented in China can also be observed specifically within China's Heilongjiang province. The Heilongjiang province is located in northeastern China and has a population of 38.24 million (Wang et al., 2020). All 13 of the province's cities were affected by COVID-19, making it an extremely serious area for the outbreak in China. Immediately following the outbreak of COVID-19 in Wuhan, the Heilongjiang province's health administration began to launch protocols for medical staff, including procurement of adequate protective equipment such as masks (Wang et al., 2020). Furthermore, as displayed in **Figure 1**, the administration implemented a hierarchical treatment plan, starting at the

the administration implemented a **hierarchical treatment plan**, starting at the top with immediate screening of all fever patients, and ending at the bottom with patients who have attained the status of complete recovery from COVID-19

top with immediate screening of all fever patients, and ending at the bottom with patients who have attained the status of complete recovery from COVID-19 (Wang et al., 2020). This treatment procedure explains the exact clinical control strategies that have been implemented in one of the most populous provinces in China, and have been widely adopted throughout the country.

The aforementioned practices, which have been implemented throughout China and are not solely limited to Shanghai and the Heilongjiang province, highlight the notion that China has put in place extensive protocols for COVID-19 patient management. In fact, multiple aspects of the Chinese government's

The Optics

Following the outbreak of COVID-19 in Wuhan, Chinese authorities quickly introduced unprecedented measures in order to contain the spreading of the virus. China immediately stopped movement in and out of Wuhan, suspended flights and trains, and blocked roads (Cyranoski, 2020).

Additionally, citizens in major Chinese cities were told to stay home and only leave to attain food or medical help (Cyranoski, 2020). Many of these methods are still in place, months after the lockdowns in China first began. However, despite China's numerous spread prevention measures, the country has received a great deal of public backlash. Specifically, China is being accused of not properly reporting and handling the outbreak from the start, causing the current pandemic. As a result, the global perception of China is currently very poor, with many individuals faulting China for the deaths and mayhem in their own countries, including government officials and leaders. As the COVID-19 pandemic worsens, so does the world's view of China, the Chinese government, and Chinese citizens.

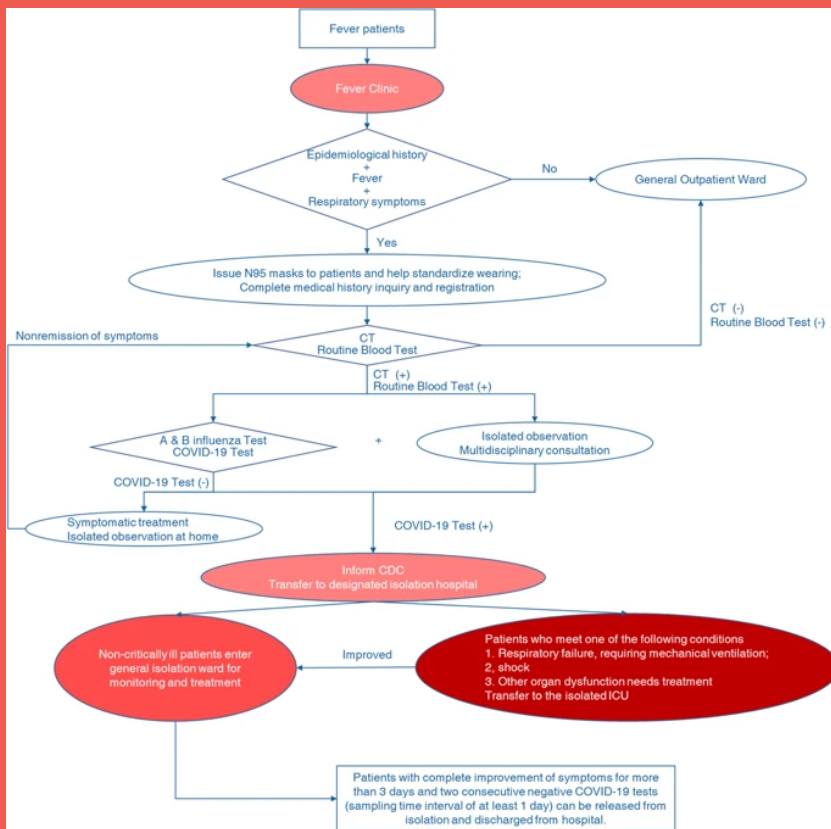


Figure 1: Hierarchical treatment procedures of patients with suspected COVID-19. (Wang et al., 2020)

response to the COVID-19 pandemic can be applied to the rest of the world. Specifically, following the major outbreak in Wuhan, Chinese authorities immediately began to stop movement in and out of the city. These travel bans had a lasting effect internationally, as they prevented “four of five cases from being exported from China to other countries for two to three weeks” (Cyranoski, 2020). The combined effect of China's early detections and isolation, as well as the decrease in contact that resulted and the intercity travel bans, “prevented cases from increasing by 67-fold”

(Cyranoski, 2020). As a result, while not all of China's measures were successful in controlling the virus, Chinese authorities did take many necessary precautions that subsequently helped to reduce the spread of the virus and have helped other countries do the same.

Despite the extensive strategies that have been put in place within China to combat global spread from the start of this pandemic, China's clinical management of COVID-19 remains under scrutiny. The backlash that China has received, as well as the blame that has been placed on the country, continues to persist.

Conflicting views have also emerged by the global public in regard to China's methods of handling the spread of the virus. On the one hand, a commonly held view is that the Chinese government did not handle the outbreak properly, leading to global spread. However, on the other hand, there is the view that China has been too extreme/aggressive in its handling of both the outbreak and infected patients. While each of the two views contain misconceptions, the former view has led to the persistence of a rhetoric that China is to blame for the pandemic. This has ultimately created an attribution of the virus to China, which has resulted in an extremely negative global perception of the country. Currently, this negative perception can be observed through the blatantly racist names that have emerged to describe the virus, such as "Chinese virus," "Wuhan virus," and "Kung flu". A New York Post writer defended the name "Wuhan virus" by explaining that the

the widespread blame that has been placed on China likely stems from inherent racism and hostile attitudes toward *foreignness*

Close up of President @realDonaldTrump notes is seen where he crossed out "Corona" and replaced it with "Chinese" Virus as he speaks with his coronavirus task force today at the White House. #trump #trumpnotes



11:06 AM · Mar 19, 2020 · Twitter Web App

(Jabin Botsford/Newsweek via Twitter)

Chinese government "deserves to be connected to the virus" due to a poor handling of the outbreak (Lowry, 2020). The attribution of blame to China has also been exacerbated by mainstream media outlets and President Trump, who has referred to COVID-19 as the "Chinese virus" on multiple occasions. In fact, a photographer even captured the word "corona" crossed out and replaced with "Chinese" on one of President Trump's official speech

transcripts (Mangan, 2020).

Upon deeper inspection, the widespread blame that has been placed on China likely stems from inherent racism and hostile attitudes toward *foreignness*. "**Yellow peril**," a racist metaphor that depicts East Asians as a threat to the western world, is especially prevalent during times of global hardship and could help to explain the immense pressure that has been placed on China for its actions (Ho, 2020). It seems as though the COVID-19 pandemic has revitalized the concept of "yellow peril," which has led to all Asians, especially those of Chinese descent, being labeled as dangerous, threatening, and most of all, at fault for the world's current state.

The Connection

The negative global perception of China's methods of combating the spread of COVID-19 has led to racism and discrimination toward Chinese and Chinese American individuals. This fact raises an important question: *why are Chinese Americans being blamed for the actions of the Chinese government?* In order to answer this question, we must identify the association between China's government and Chinese Americans.

The SARS outbreak of 2003, which has many similarities to the current SARS-CoV-2 outbreak, can be used as a lens to explore the connection that has been forged between China and Chinese Americans in terms of viruses. Specifically, both cases involved a discovery that the illness originated in China, which subsequently led to critical stigmatizations that targeted individuals of all Southeast Asian descent. A case study on the resonating impact of the 2003 SARS outbreak identified the immense emotional and psychological toll that SARS had on Asian communities in Canada (Lee, 2013). In particular, mass media's portrayal of certain Asian populations in a derogatory

light fostered racist ideologies. Between March and June 2003, over 1000 articles were published about SARS in popular news magazines, such as Time (Lee, 2013). These articles used words such as *deadly, fearful, mysterious, exotic, and mass-murderer* to describe SARS, which characterized it as a foreign or exotic disease, instilling a sense of panic amongst readers (Lee, 2013). Furthermore, the media continuously made references to the virus' origin in China, portraying China as the culprit for initiating the spread to the rest of the population. This sparked public anger directed towards Chinese populations, regardless of their nationality, as they were portrayed as the sole group responsible for the SARS epidemic (Lee, 2013).

During the 2003 SARS outbreak, the severity of the situation generated public panic, which was exacerbated by the media's negative portrayal of Chinese



A sign at a nail shop in Phu Quoc, Vietnam. (Sophie Carsten/Reuters)

This sense of fear eventually transcended into animosity and alienation, a phenomenon that is extremely prominent in present-day

populations. This sense of fear eventually transcended into animosity and alienation, a phenomenon that is extremely prominent in present-day. In the current COVID-19 pandemic, global media portrayals fail to include the positive aspects of China's handling of the virus, which has led to a negative global perception of China's methods. This has not only placed blame on China and its citizens, but also on Chinese Americans. Regardless of one's opinions on the actions of the Chinese government, it should be clear that Chinese Americans had no involvement in the outbreak of SARS-CoV-2 and China's handling of the virus' spread. As a society, we should be questioning why Chinese Americans are currently facing immense discrimination, alienation, and racial harassment, as well as why this seems to be a consistent trend throughout history.



THE ENDURING MYTH OF YELLOW PERIL

(Courtesy of Rose Wong / for NBC News)

In a contemporary context where Asian Americans are sometimes regarded as the immigrant population that upholds the idea of the American Dream and seems to fulfill the idea of the "model minority", how does the Yellow Peril trope still persist in the popular imagination? Look into how the model minority myth and Yellow Peril typecast work in concert in America and abroad, leading to serious public health consequences.

BY ADRIJA CHAKRABARTY

The idea that Asian Americans as a whole are among the most successful and well adjusted and well to-do groups in America is persistent. Television shows and movies featuring the nerdy Asian sidekick, the brainy

Chinese American doctor, or some iteration of the same bespectacled typecast are numerous. And on the surface, the data seems to affirm such representations. According to the most recent available Census data, Asian Americans earn 110 percent of non-Hispanic white counterparts, report a median income of \$81,331, and have the highest rate of educational attainment of all American demographics (Bureau, 2010).

But with further research, the mirage of success and adjustment starts to break apart. In addition to being the nation's highest earners, the aggregated Asian American population is America's most economically divided, with the



"A Skeleton in his Closet" (Courtesy of Library of Congress)

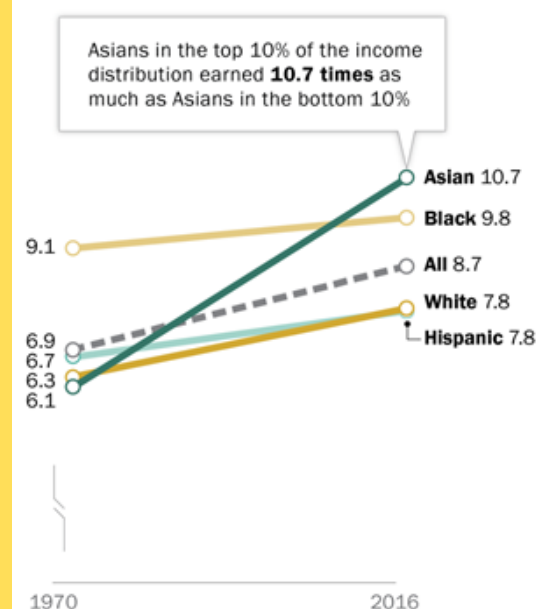
Asian Americans in the top 10 percent of income distribution earning 10.7 times the income of the bottom 10 percent (Kochhar & Cilluffo, 2018). And while Asian Americans may be the group with the highest rates of growth and economic advancement, Asian Americans on the lower end of the socioeconomic ladder have experienced a stagnated standard of living since the 1970's (*ibid*).

The pattern of superficial "success" and deep inequality seen in income distribution applies when looking at metrics like education attainment, home ownership, and — the focus of this particular piece — health outcomes. Collectively speaking, the

Asian American demographic is regarded as the healthiest in America with better health outcomes than non-Hispanic white people, the second "healthiest" demographic, on every health indicator (Adia et. al., 2020). However, a recent study finds that once the Asian American group is disaggregated into more specific demographics, each of the nationality-based subgroups studied (Filipino, Chinese, Japanese, Korean, and Vietnamese) show at least one significant health disparity that was previously obscured when looking at the collective Asian American group (*ibid*). This is an example of how the model minority myth works so insidiously: it aggregates groups of individuals with the Asian

From lowest to highest: Income inequality in U.S. increased most among Asians from 1970 to 2016

Ratio of income at the 90th percentile to income at the 10th percentile



Note: Whites, blacks and Asians include only non-Hispanics and are single-race only in 2016. Hispanics are of any race. Asians include Pacific Islanders. Income is adjusted for household size. See Methodology for details.

Source: Pew Research Center analysis of 1970 decennial census and 2016 American Community Survey (IPUMS).

"Income Inequality in the U.S. Is Rising Most Rapidly Among Asians"

PEW RESEARCH CENTER

"THE OVERARCHING LABEL OF "MODEL MINORITY" IS APPLIED TO PEOPLE OF COMPLETELY DIFFERENT NATIONAL IDENTITIES, CULTURAL BACKGROUNDS, EDUCATION LEVELS, AND INCOME BRACKETS — COLLAPSING THE DIFFERENT STRUGGLES EACH COMMUNITY IS UP AGAINST."

American label and diminishes the differences and struggles of each of these communities. The overarching label of “model minority” is applied to people of completely different national identities, cultural backgrounds, education levels, and income brackets — collapsing the different struggles each community is up against. An important disclaimer to be made: this article will be using the aggregated Asian American label because although people of Asian descent are not a monolithic group, the perception of being Asian or Asian American is salient in our race-conscious America. Although the inclusive label may seemingly collapse the very distinct struggles of certain nationalities, the inclusive label is meant to acknowledge the fact that the model minority myth and “Yellow Peril” typecast, which will be explored in greater depth throughout the piece, often marginalize Asian Americans as a collective group. That which holds together the feebly constructed aggregate group is the shared perception of Asian descent.

But does the model minority

myth hold water globally or is such a label endemic to the United States? Looking at global public health infrastructure and the ways in which it concentrates much of its surveillance resources in Asian countries, it is immediately clear that the health outcomes for those living in Asian countries are not colored by the perception of “model minority.” Instead, the reverse seems to take place as Asian countries are subjected to the highest rates of public health scrutiny. According to WHO’s data on regions receiving the most external aid for public health infrastructure, Asia is the region receiving the second most global health funding from “more developed” Western nations (Clark et. al., 2020).

Such a pattern makes sense for the most part: Asian countries, which are often classified as “second” or “third” world depending on the country (i.e. China is usually seen as “second” and Vietnam is usually considered “third”) (Painter, 1995), are scrutinized by global public health agencies for being potential sites for emerging infectious diseases because of certain risk factors such as changing landscapes, and

high population density (Allen et. al., 2017). These criteria, which disproportionately target Asian countries, are in fact only part of the picture when it comes to emerging infectious disease (EID) surveillance. In fact, current research shows that the risk of EID is almost equally shared by all regions near the tropics (*ibid*). Even though countries in Asia have marginally heightened risk due to the aforementioned risk factors, much of the EID hotspots in the tropics regions do not garner the type of scrutiny that Asia receives (*ibid*). The disproportionate surveillance of Asian countries by Western nations and institutional bodies like WHO and UNICEF suggests there may exist certain external forces and biases outside the realm of public health dictating the unequal standards of surveillance.

With the long and fraught history of people of Asian descent being labeled as “contagious” and harmful to the body politic of Western countries, the bias against Asia and people of the Asian subcontinent in the healthcare realm is



San Francisco Chinatown (Courtesy of Canva)

“unfortunately deeply rooted in the Western imagination. In American history, the initial influx of Chinese immigrants coincides with the development of stringent public health checks, which were often means of holding or deporting migrants of “suspicious health” (Markel & Stern, 1999). These failed health checks often used nebulous catchall diagnoses that had limited physical symptomatology so as to be used liberally without much evidence. And although the discrimination was not strictly reserved for Asian immigrants (many poor European migrants were subjected to similar scrutiny), the rates of deportation on the grounds of poor health were higher within Asian communities — Asian immigrants made up around one percent of the immigrant population but made up over four percent of deportees

expelled from the country due to failed health screenings (*ibid*). This type of ethnic stereotyping not only existed in the immigration gates but persisted as Asian immigrants built roots in America. For instance, when the bubonic plague struck Chinatown in San Francisco, city officials fenced the town and sought to confine every person of Chinese descent within the limits of Chinatown (Falk, 2020). In Santa Ana, the city’s Chinatown was burnt down because of rumors of leprosy. Future investigations revealed there was actually only one man living in the area who had contracted leprosy and he was already in quarantine by the time city officials decided to burn down the Chinatown (LA Times, 1993). These blatantly xenophobic practices were even written into the laws of several cities, states, and the nation at large. The Atlanta Constitution explicitly made

Chinese immigration illegal because of fears of leprosy. In 1889, a Supreme Court case upholding the Chinese Exclusion Act cited that America has every right to bar immigrants that pose significant danger to the country — they stated, in the case of Chinese immigration, America has the constitutional right to restrict immigration due to fears of “contagion” (Supreme Court, 1889).

This widespread phenomenon of restricting access to immigrants of Asian descent on the grounds that they are predisposed to disease and therefore a significant risk is often referred to as “Yellow Peril” (Leung, 2008). But, how does this stigma of disease and “Yellow Peril” reconcile with the seemingly oppositional idea of the “model minority” which

claims that Asian Americans are among the most well-adjusted and healthiest demographics of America? It seems that the model minority myth works as a veil that covers up the very real stigmas and stereotypes of disease that lurk under the illusion of Asian American assimilation (Lee, 2020).

The model minority trope emerged in the late 1960's, shortly after a new comprehensive immigration reform bill allowed individuals from Asia to migrate to America in higher numbers (*ibid*). However, because of quotas, the individuals able to immigrate to America were generally highly educated professionals, leading to this misconception that all people of Asian descent were somehow inherently intelligent and high performing (*ibid*). Such a model minority trope marginalizes individuals of Asian descent that do not have formal education and actually live below the poverty line due to the legacy of "yellowlining," (Wing, 2007) which relegated Asian Americans to less wealthy neighborhoods and was widespread during the years when Chinese and Japanese immigrants were largely used as a disposable

labor source (McClintock, 2011). Those who had been subjected to this legacy of systemic inequality and poverty were now being lumped with the droves of highly educated Asian immigrants of the 1960's, leading to further marginalization and erasure. The differential treatment of Asian Americans who fulfill the model minority stereotypes and those who do not reveal the classist overtures of the model minority typecast. If Asian Americans fail to ascribe to the model minority trope of the smart, resourceful immigrant that works hard to "make it" in America, they risk being marginalized by the xenophobic and classist assumptions of foreignness and disease that lower income Asian Americans disproportionately carry the burden of.

The same logic can be used to explain why Asia is subjected to disproportionate levels of global health scrutiny while Asian Americans are largely ignored in health disparity research. Whereas Asian Americans who are "well-to-do" by societally agreed upon standards of economic stability are depicted as paragons of wealth and



"Angel Island Immigration Station" (courtesy of <https://www.britannica.com>)

"IF ASIAN AMERICANS FAIL TO ASCRIBE TO THE MODEL MINORITY TROPE OF THE SMART, RESOURCEFUL IMMIGRANT THAT WORKS HARD TO 'MAKE IT' IN AMERICA, THEY RISK BEING MARGINALIZED BY THE XENOPHOBIC AND CLASSIST ASSUMPTIONS OF FOREIGNNESS AND DISEASE THAT LOWER INCOME ASIAN AMERICANS DISPROPORTIONATELY CARRY THE BURDEN OF."

health, people living in Asia are treated in ways parallel to the way Asian Americans who struggle financially and live in lower-income neighborhoods of color are treated. That is to say, they are treated with suspicion and with the label of disease metaphorically stamped on their backs. The



TIME Magazine cover from from Aug. 31, 1987 issue (courtesy of TIME archives)

categorization of Chinatowns with sewage and sanitation in Canada well into the 1980's and the disproportionate public health attention given to Asian countries are essentially two sides of the same coin (Leung, 2008); both are a testament to the unfortunate resilience and persistence of the "Yellow Peril" stigma. But the ability of the "Yellow Peril" typecast to swallow up individuals that were previously seen as members of the "model minority" demographic and thereby "immune" to such blatant xenophobia becomes evident during times of crisis, namely during pandemics. American history is rife with examples of (mis)attributing blame to Asian Americans for

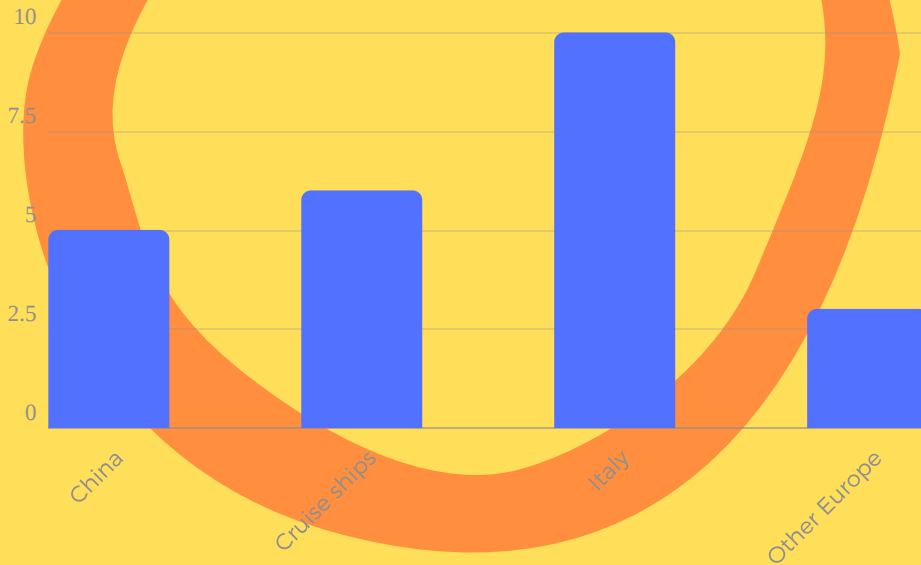
disease outbreaks; whether it be the rumors of leprosy during the early 1900's (LA Times, 1993), the suspicion towards Asian Americans during the 2003 SARS outbreak (Leung, 2008), or the current uptick in hate crimes towards Asian Americans individuals during the COVID-19 pandemic (Midkiff, 2020), it is clear that those of Asian descent (regardless of education level or tax bracket) are still disproportionately hurt by the persisting trope of "Yellow Peril."

Beyond the clearly negative effects of "Yellow Peril" typecasts on those of Asian descent, the disproportionate policing of Asian peoples on the basis of disease also has disastrous consequences for the public health of all swaths of society (Markel & Stern, 1999). The misattribution of blame for disease on Asian peoples takes away blame from the institutions that actually must be held accountable for the public health crisis at hand. When looking at historical examples of Asian American stigmatization on the grounds of public health fears, it is evident that the

blame was placed on the individual instead of the systems that were actually contributing to poor health conditions (*ibid*). The institutional forces keeping immigrants in lower income and under resourced neighborhoods went unexamined while Asian Americans continued to suffer not only from the health impacts of subpar living conditions but also the stigma of contagion that came with it (*ibid*).

Looking at the contemporary example of COVID-19, the efforts to classify the virus as "Chinese" and the widespread suspicion of Asian American people for carrying the virus solely on the grounds of their ethnicity diminish the contribution of other institutional forces that were actually responsible for the spread of the virus. For instance, studying the strains of SARS-CoV-2 in America reveals that a majority of the index cases of COVID-19 can be traced back to Europe, not Asia (Gonzalez-Reiche, 2020). This suggests that European nations are far more responsible for the spread of coronavirus in America than China, largely due to their fact that European travel restrictions were far more

COVID-19 INDEX CASES IN THE U.S. BY PLACE OF ORIGIN



"COVID-19 Index Cases by place of origin" Information from Penney, 2020

lenient than those of Asian nations and allowed the coronavirus to spread from pandemic hotspots like Italy and France more expeditiously (Penney, 2020). Also, as some may argue, because of the compulsion to align public health practices to the enduring idea that Asian countries are somehow closer linked to disease, much of the public health funding goes into tracking the emergence of viruses and less goes into preparing countries of every continent to deal with mitigating the spread of a pandemic (ibid). Emerging research suggests that because the public health institutions are

disproportionately focused on surveilling the public health standards in Asian countries, European countries which have been largely responsible for the global spread of coronavirus may not have received the proper support or had the right preparation for this pandemic (Reusken et. al., 2020). In terms of COVID-19, there was significantly less preparation in European countries because many of them were convinced the virus would not spread past Asia (Sarkis, 2020). European nations, including Great Britain and Italy used the instances of the 2003 SARS outbreak (which mostly stayed within the Asian subcontinent) and the

2009 MERS outbreak (which mostly stayed within the Middle East) as parallels to the SARS-CoV-2 outbreak (Shi & Wang, 2011); since those viruses did not travel far from their epicenter, many European nations believed there was not much reason to sound the alarm for SARS-CoV-2.

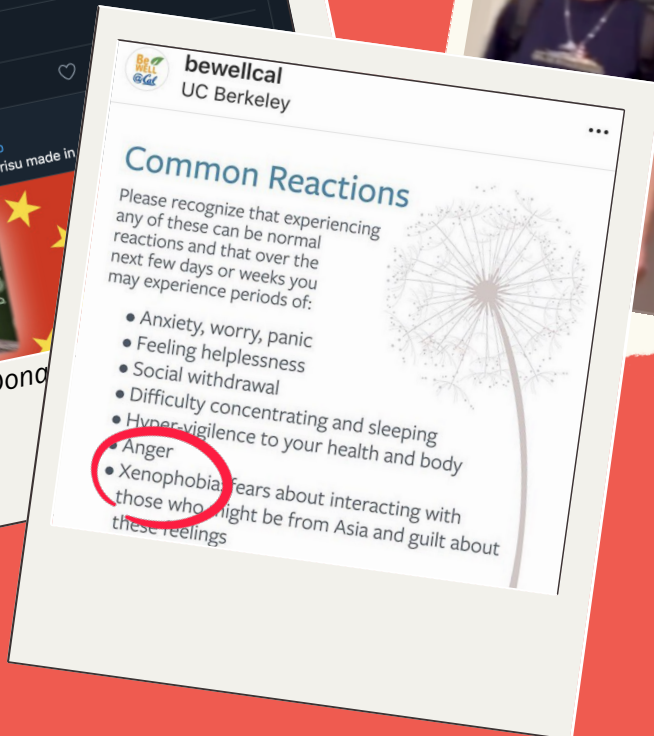
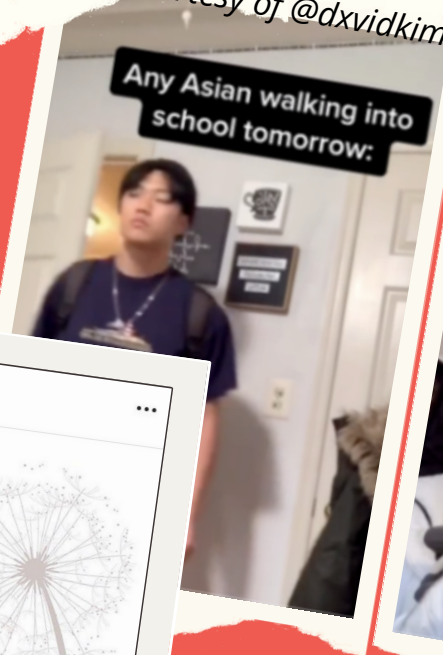
Though the "Yellow Peril" trope may oftentimes be obscured by the seemingly oppositional model minority myth, the manifestations of this xenophobic framework are but thinly veiled. From the way in which Asian countries receive disproportionate public health surveillance from the West to the American legacy of exclusion on the basis of health to the manifestations of racism towards people of Asian descent because of ungrounded fears of contagion, the ways in which "Yellow Peril" permeate into our society are dangerously entrenched in our social fabric. The culture of typecasting on the basis of disease carries multifold consequences beyond the obvious toll it takes on individuals of Asian descent who must navigate such blatant xenophobia and discrimination. The misattribution of blame on those of Asian descent when it comes to contagion erases the institutional forces that actually allow diseases to fester and spread beyond expectation. Until the systems and those in power are held accountable for their contributions to the health disparities, isolated outbreaks, and pandemics alike, the unfortunately resilient trope of "Yellow Peril" will continue to fester in the Western imagination. And nobody will be immune to the consequences.



Courtesy of @thesilasjames Tik Tok



Courtesy of @dxvidkim on Tik Tok



RACISM IN 2020

**SOCIALLY
CONSTRUCTING THE
ASIAN AMERICAN
"RACE"**

**CONTAGIOUS
DISEASE
OUTBREAK
AND RACIAL
PREJUDICE**

**RACIAL HATE: A
PRECIPITATE OF
COVID-19**

**THE BIOLOGICAL
INTEGRATION OF
STRESS**

**RACIAL HATE: A
PUBLIC HEALTH
AND SOCIAL
JUSTICE ISSUE**

**LOOKING FORWARD:
RACISM AFTER
COVID-19**



STATEMENT ON ANTI-ASIAN RACISM

**IN THE ERA OF
COVID-19**

**BY MADISON
THANTU**

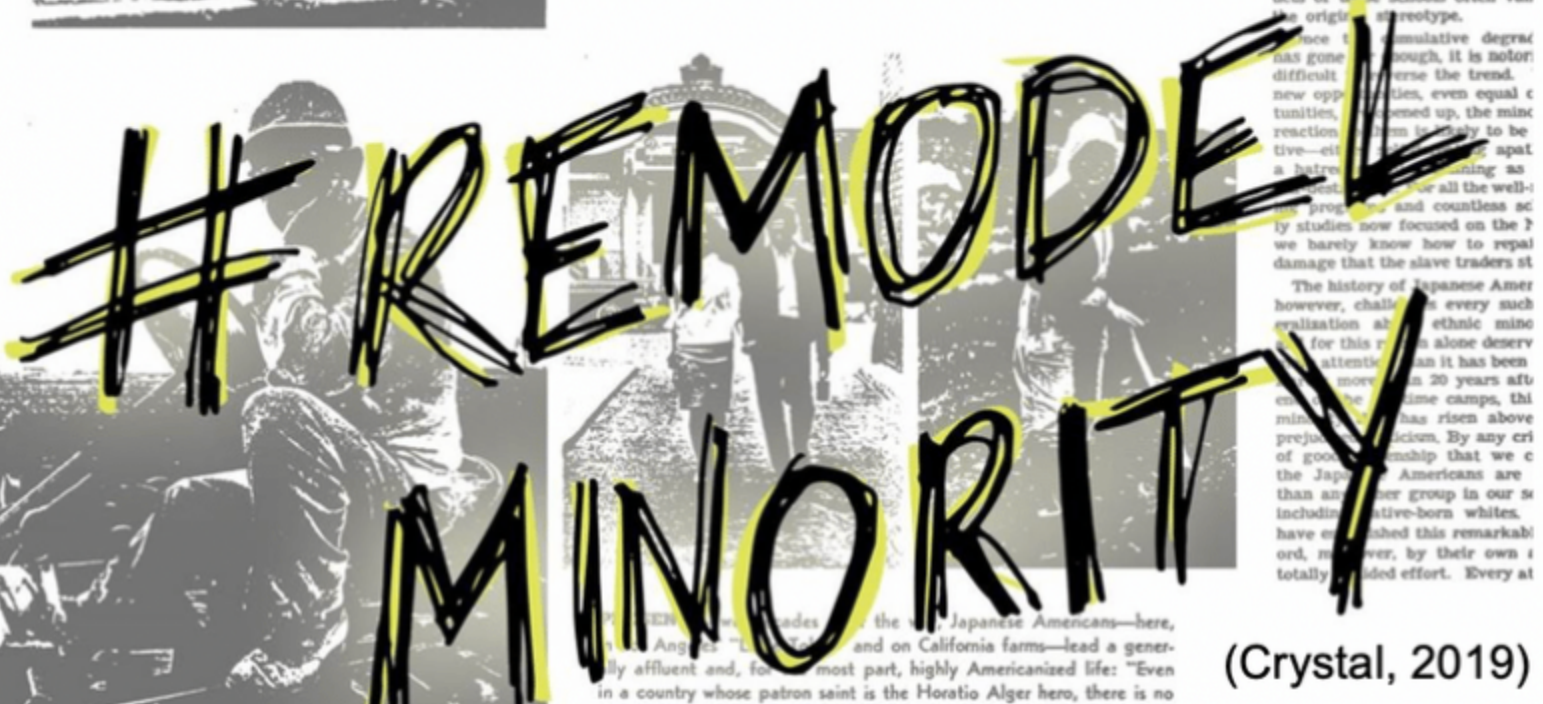
The hateful acts and beliefs that have precipitated from the COVID-19 outbreak have wreaked havoc on Asian American communities both nationally and globally. Based on the scientific literature linking stress, racism, and biology, it is likely that the pandemic will have socio-biological consequences that will endure long after the virus has been contained. The COVID-19 pandemic has revealed deep-seated prejudices that have been previously ignored and normalized in the Asian American narrative. However, it is also opening up a space for critical dialogue, in which the country can challenge this sinister, covert racism, and create an accurate account of what it means to be Asian in America.

SOCIALLY CONSTRUCTING THE ASIAN AMERICAN "RACE"

While the social constructionist approach allows us to conceptualize race as being produced by a myriad of social interactions and institutions, scientific research has shown that race and racial discrimination have tangible, biological consequences. Despite a new breadth of research focusing on the physical ways in which the construct of race manifests itself, academics continue to define racial issues in binary terms, reducing these issues to a black and white dichotomy that neglects the narratives and experiences of other marginalized groups in the United States. More recent scholarly work has begun to recognize the prejudice and discrimination faced by Hispanic Americans in addition to African Americans. Notable, however, is that Asian Americans are systematically absent from the literature on racial issues. The Model Minority myth is responsible for this systematic exclusion—American society fallaciously assumes that, because Asian Americans have achieved success, as defined by Capitalist criteria and the fictitious American Dream, this minority group is not subjected to racial prejudice.

Alongside the misnomer of model minority is the assumption that racism against Asian Americans does not exist in American society. How can an ethnic minority that is quantitatively successful be discriminated against? This line of logic allows society to exclude Asian Americans from the discourse on racial issues. Consequently, the previously overt and intentional manifestations of racism have morphed into contemporary, subtle forms (Sue et al., 2007). While society at large condemns the former, it unabatingly denies the fundamental racism that underlies contemporary microaggressions and xenophobic sentiments. Only now, during the COVID-19 pandemic, are these implicit biases being brought to light, as many Americans have used the outbreak of disease to sanction overt and often violent manifestations of their deep harbored racist and xenophobic sentiments.

As anti-Asian sentiments have thrived below the American consciousness, Asian Americans have been systematically excluded from academic interests in racial issues. Therefore, the biological, psychological, and social consequences of racism in the Asian American community are poorly if at all understood. Professionals assume that the experiences of



(Crystal, 2019)

White and Black Americans can translate to all other ethnic minorities. However, the limited research that does exist has indicated that “the types of subtle racism directed at Asian Americans may be qualitatively and quantitatively different from other marginalized groups” (Sue et al. 2007). Therefore, understanding the racial hate evoked by the COVID-19 pandemic and its consequences will prove a significant challenge to both the Asian American community and the American public.

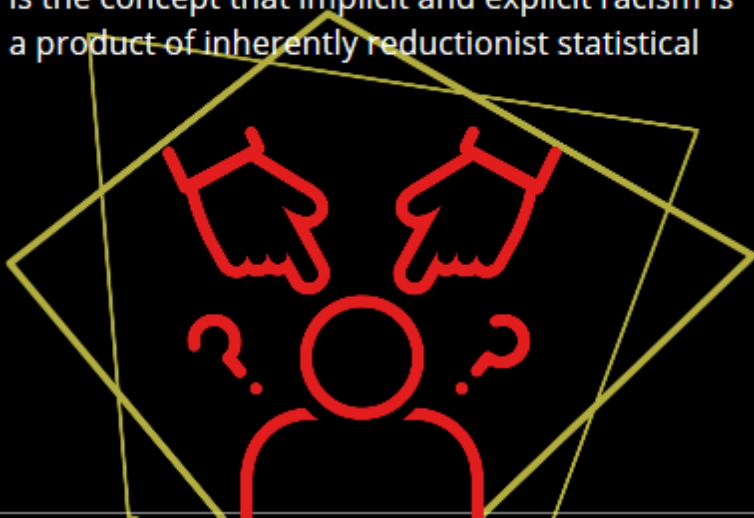
CONTAGIOUS DISEASE OUTBREAK AND RACIAL PREJUDICE

Racist and xenophobic sentiment during times of disease outbreak is not a novel phenomenon. A historical analysis of past outbreaks allows us to situate COVID-19 within the archetypal structure of pandemics (Jones, 2020). The assignment of blame to a particular group is a common theme in this prototype, and in the past century, that blame has been frequently targeted at Chinese populations. Recent research in the social psychology discipline presents a novel explanation for why racial bias, both historically and at present, accompanies the outbreak of contagious disease. O’Shea et al. (2019) use a framework of infectious disease to understand how humans’ behavioral immune system contributes to Bayesian models of racist in-group/out-group dynamics. Bayesian racism is the concept that implicit and explicit racism is a product of inherently reductionist statistical

inferences that every individual makes. This study was guided by the parasite-stress hypothesis, which predicts that the salience of disease is positively correlated with prejudice against groups associated with said disease and that exposure to diseases, in general, is correlated with “negative attitudes toward dissimilar others” (O’Shea et al, 2019, p. 345). The study found that the prevalence of infectious disease served as the most robust predictor for racial prejudice, and the research team posited that this correlation between infectious disease and racial bias stems from psychologically grounded race-based in-group/out-group dynamics. Together, the parasite-stress theory and the concept of Bayesian racism can provide an interesting framework for understanding the psychological mechanisms from which increased xenophobia and racism have precipitated amidst the COVID-19 pandemic. The findings of O’Shea can be used to understand the current racist precipitations and the historical linkages between disease outbreak and xenophobia. They in no way justify these trends, but understanding the causal roots can help inform the design of remedial interventions.

RACIAL HATE: A PRECIPITATE OF COVID-19

The American public’s perception and reception of the COVID-19 pandemic are guided by implicit racism and xenophobic sentiments. The virus has renewed feelings of nationalism and patriotism, and both the government and the American public have desperately sought to hold China culpable for the outbreak. A report produced by the Pew Research Center in March 2020 (Devlin et al., 2020) indicated that Americans have increasingly negative views of China amidst the COVID-19 outbreak, and a growing share perceives China’s power and



"The ways in which the American public has simultaneously blamed China and reaffirmed U.S. supremacy are representative of ethnocentric values that existed long before the disease outbreak. The pandemic did not cause these racist sentiments; rather, it has simply made pre-existing prejudices visible."

influence as a threat to the U.S. Conversely, a majority of participants believe that the U.S. currently is and should be the global leader. The results of this survey highlight the feelings of xenophobia and nationalism spurred by COVID-19. The ways in which the American public has simultaneously blamed China and reaffirmed U.S. supremacy are representative of ethnocentric values that existed long before the disease outbreak. The pandemic did not cause these racist sentiments; rather, it has simply made pre-existing prejudices visible.

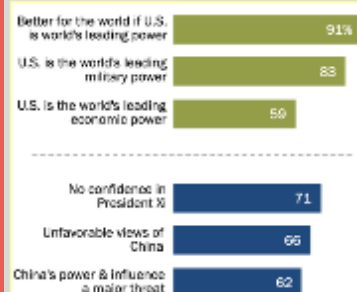
In addition to assigning culpability to "foreign" countries for the COVID-19 outbreak, the American public has also assigned blame to

Asian Americans. The blaming of Americans for the perceived misdeeds of their country of ethnic origin is absurd, yet it is something that is repeatedly observed throughout U.S. history, the most infamous case being the villanizing of Japanese Americans following Pearl Harbor. However, what is currently at play amidst the COVID-19 pandemic may be even more racist (if racism can even be quantified or compared), as any member of the Asian American category, independent of their ethnic background, can be the victim of racial hate. The virus has demonstrated how the racial category of "Asian" has been constructed as a monolithic, homogenous cultural group. Membership is not determined by one's personal and ethnic identity but is rather dependent on whether others *perceive* that individual as being Asian.

A poll conducted by the New Center for Public Integrity and Ipsos (2020) examined Americans' sentiment regarding the COVID-19 pandemic. Major findings from this dataset include that a majority of Americans consider the pandemic to be a natural disaster; however, despite these "natural" origins, three in ten Americans believe that China or Chinese people are responsible for the pandemic. This latter belief is observed at higher rates among republicans, retired individuals, and those with less education.

AMERICANS SEE U.S. AS A GLOBAL LEADER, HAVE MAJOR DOUBTS ABOUT CHINA

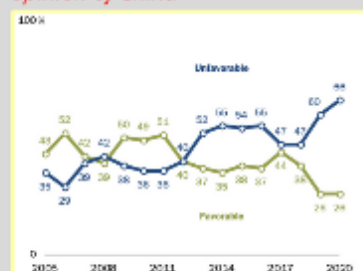
% who say...



XENOPHOBIA EXPOSED IN THE AGE OF COVID-19

NEGATIVE VIEWS OF CHINA CONTINUE TO GROW IN U.S.

% who say they have a __ opinion of China

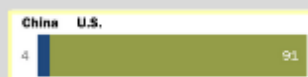


MOST SAY THAT THE U.S. IS AND SHOULD BE THE WORLD LEADER

% who say __ is the world's leading military power

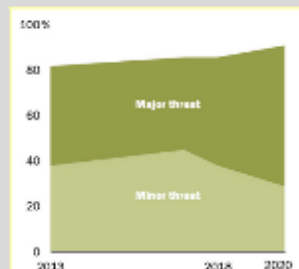


% who say It is better for the world if __ is the world's leading power



GROWING SHARE OF AMERICANS SEE CHINA AS A MAJOR THREAT

% who say China's power and influence are a __ to the U.S.

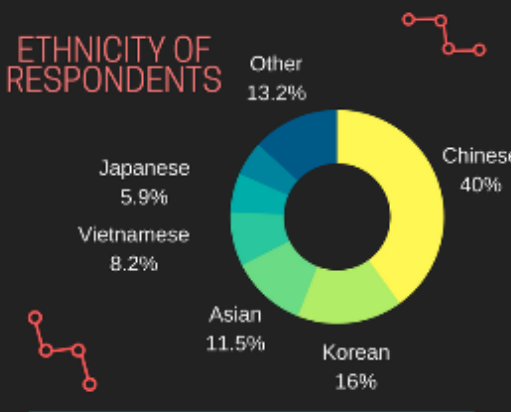
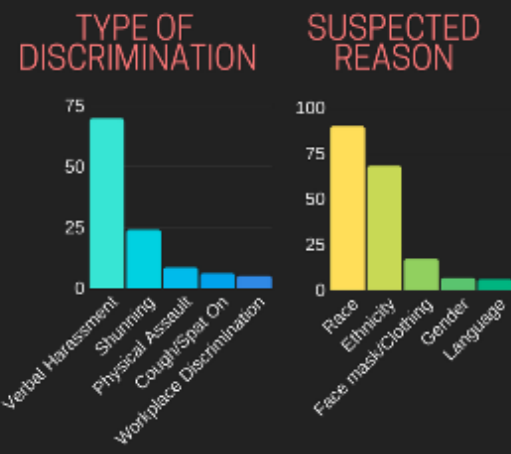


24% of respondents said that “they would be concerned about coming in close contact with someone of Asian ancestry in public” (New Center for Public Integrity & Ipsos, 2020). Respondents are not concerned about coming into contact with a particular ethnic group (i.e., Chinese Americans specifically); rather, it is an entire “racial” group, composed by an agglomeration of East Asian ethnicities, that is subjected to these prejudicial inclinations. This racially-generalized concern emphasizes the previous point that those who believe China is at fault—a racist homogenizing assignment of blame, to begin with—are holding accountable nationally American individuals who have no ethnic ties to China. These findings evidence the anti-Asian and anti-Asian American sentiment that has precipitated from COVID-19. While increased cases of explicit racism and violence have been documented globally, this poll emphasizes the implicit racism that has become widespread and broadly normalized in American society.

This covert racial prejudice has thrived long before the COVID-19 outbreak, garnering little public attention during its lifespan. Conversely, the pandemic’s onset has seen a dramatic increase in explicit and often violent forms of racism directed as the Asian American community. In response to this proliferation of racial hate, in March 2020, the

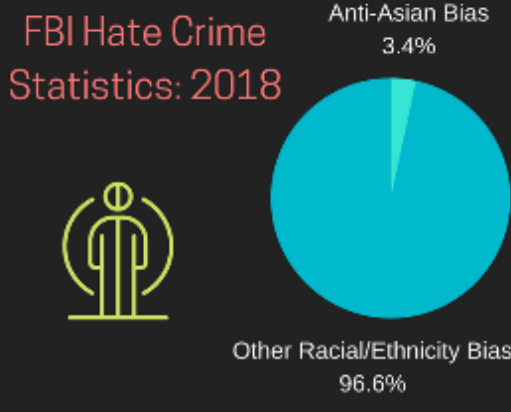
ASIAN AMERICAN DISCRIMINATION

IN THE AGE OF COVID-19



HATE CRIMES

BEFORE COVID-19



INFORMATION PROVIDED BY: MADISON THANTU
 SOURCES: Federal Bureau of Investigation, 2018; Asian Pacific Policy and Planning Council, 2020

Asian Pacific Policy and Planning Council (A3PCON) created the online tool STOP AAPI HATE to track hate incidents targeting the Asian American community. The organization published its first monthly report on April 23rd, summarizing the 1,497 reports of coronavirus discrimination that had been submitted (Asian Pacific Policy and Planning Council, 2020). Currently, this report is the most comprehensive publicly available collection of data on discrimination against Asian Americans in the era of COVID-19. Nearly 70% of incidents occurred as forms of verbal harassment; 24% as shunning, and 8.5% as physical assault. Businesses were the most frequent site of discrimination, and a majority of expected reasons for discrimination were race (89.8%) and ethnicity (68%). The details of these reported incidents are striking, as is their sheer frequency. Moreover, 40% of respondents were ethnically Chinese. The remaining 60% were of Asian ethnicity from a variety of other countries, and a small fraction was white. This ethnic variation returns back to the recurring theme of ethnic generalization that guides anti-Asian prejudices throughout the country.

Over the past decade, reports of anti-Asian discrimination have been declining; however, the COVID-19 pandemic has spurred a dramatic increase. According to the FBI’s most recent report on

hate crimes, of the 5,155 victims of hate crimes in 2018, 3.4% were victims of anti-Asian bias (Federal Bureau of Investigation, 2018). These 175 incidents, which occurred in one year, are dwarfed by the incidents reported to A3PCON in its short one-month lifespan. While only a small fraction of discriminatory interactions reach the threshold to be categorized as a hate crime, the magnitude of A3PCON's findings is guaranteed to alter the FBI's 2020 hate crimes profile significantly.

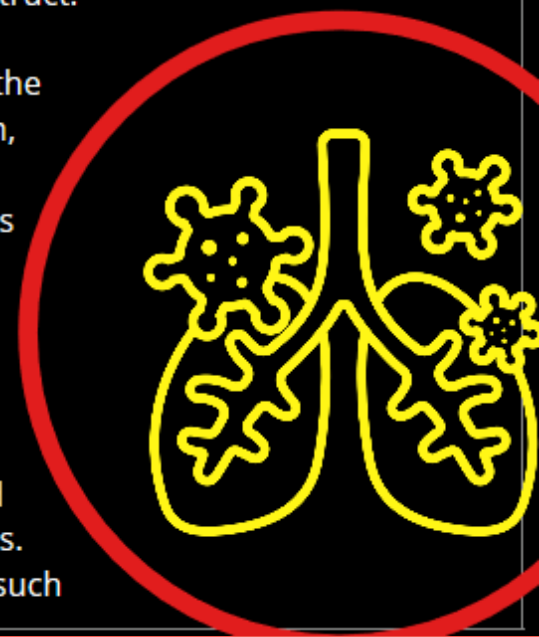
The data published by A3PCON is unsurprising—it is an aggregation of the individual incidents of anti-Asian discrimination that have spanned media coverage over the past four months. Prior to the outbreak of the COVID-19 virus, minimal attention was paid to anti-Asian sentiment in the U.S. Therefore, there is limited research and data on the prevalence of such attitudes, which would be valuable in understanding the racial tension produced by this pandemic. History has shown us that in times of crisis, American society is eager to hold non-white Americans responsible for the misgivings of their ethnic country. This assignment of blame is absurd, and yet it consistently occurs alongside disease outbreak. This fallacious culpability is further problematized by the homogenous categorization of Asian American, which is demonstrated by the ethnic breakdown of A3PCON's respondents. Not only are Chinese Americans being blamed for what some Americans perceive as malpractice by the Chinese government, but the vastly heterogeneous Asian American community is being victimized. The xenophobic and racist attitudes that have precipitated from the COVID-19 pandemic are having severe consequences for the safety and wellbeing of Asian Americans. This time of crisis is revealing a deep state of social fragmentation, and the sinister ramifications of normalizing anti-Asian sentiment.

THE BIOLOGICAL INTEGRATION OF STRESS

The current victimization of the Asian American community is not just an experiential process limited to the COVID-19 pandemic. Social stressors such as racist encounters and community fear have consequences that can alter human biology; **chronic stress is biologically integrated.**

Stress serves an adaptive function for an organism—it is essential in activating pathways of the immune system, which protect the body from foreign pathogens. However, when experienced long-term or chronically, stressors like anxiety and fear can have deleterious effects on the organism or individual. Scientific research has shown how the unnatural and sustained presence of stress can result in one's immune system harming itself instead of any foreign pathogen. Moreover, sustained stress can have epigenetic consequences that alter one's biological and genetic construction. Understanding how immune pathways are activated by and interact with stress is informative in two distinct ways. First, it illustrates how the social and environmental facets of life are integrated into biology. Second, it problematizes the human biological condition as a social construct.

With regard to the immune system, numerous research studies have identified specific ways in which immune functions are impaired when subjected to chronic stress. An example of such



is the function of β 2-adrenergic receptors (Bucsek, 2018). These protein molecules are activated by epinephrine and norepinephrine, neurotransmitters that the sympathetic nervous system releases in response to stress. The β 2-adrenergic receptors are located on adaptive immune cells and are essential to the immune response. Chronic stimulation of these receptors enables the progression of infectious diseases, whereas insufficient activity allows autoimmune diseases to advance (Bucsek, 2018). In the context of COVID-19, where a state of chronic stress already characterizes stringent social distancing measures and government stay-at-home orders, Asian American communities face added stress from fears of and experiences with racist encounters and discriminatory rhetoric. Therefore, such biological consequences may be potentially heightened.

In addition to immune system responses, chronic stress has been shown to have epigenetic effects, where non-genetic or environmental factors influence gene expression and genetic composition. Therefore, the biological consequences of experiencing sustained stress can have indefinite effects on an individual's genetic makeup. Scientific research has observed these epigenetic effects on the genes of individuals who have experienced a natural disaster. Looking at the epigenetic marker of DNA methylation, a robust cellular mechanism to regulate gene expression, Cao-Lei (2014) examined the effect of prenatal maternal stress on the child approximately ten years later. The DNA methylation patterns on T cells, which serve a critical immune function, were examined in children whose mothers lived through the 1998 Quebec ice storm. The study found that *objective* evaluations of prenatal maternal stress were significantly correlated with offspring T cell DNA

methylation levels. Surprisingly, no significant correlation between the mother's *subjective* evaluation of stress and the child's DNA methylation was found. These results show the robust inter-generational biological consequences of stress, a finding that has important implications in the context of widespread discrimination against Asian Americans during the COVID-19 pandemic. Moreover, the lack of significance between mothers' *subjective* stress evaluations and DNA methylation patterns in Cao-Lei's (2014) study indicate that, although many members of the Asian American community may not emphasize their racist reality, the integration of stress into the body does not require conscious recognition. Moreover, while the participants in this study experienced an ice storm, a majority of Americans similarly consider the COVID-19 pandemic to be a natural disaster (New Center for Public Integrity & Ipsos, 2020). One can imagine how sustained racial tension and community-wide fear among Asian Americans can be compounded with the stressors of a natural disaster to produce similarly significant epigenetic effects.

While the scientific literature demonstrates a multi-faceted relationship between stress and human biology, one could cite the lack of disparate health outcomes between Asian Americans and other racial groups in the U.S., which are used to emphasize the consequences of racism for other minorities, as evidence against the potential biological consequences of racism in the COVID-19 pandemic. However, this absence of health disparities is by no means an indication of the absence of discrimination. Different mechanisms of coping can mediate the interaction between environmental stress and biological composition. These differences are observed beyond humans. Looking to non-human primate species lends insight into the multifaceted and heterogeneous ways that social hierarchy can influence health among

several non-human primate species (Sapolsky, 2005). There are various ways in which aspects of species' social structures, such as resource distribution, social rank stability, coping strategies, personality, and atmosphere and culture, can affect members' health. All of these components can also be used to characterize the structuring of human society (Sapolsky, 2005). Just as non-primate species are not homogenous, there is great heterozygosity across human social systems. These social mediators are similarly at play in the human species. Looking at the variety of ways in which societal structure can affect the relationship between environmental stress and physical health can aid in the understanding of why health outcome disparities in Asian American populations are not observed, despite ongoing racial discrimination.

Returning to humans, the literature indicates that both intrapersonal and interpersonal mediators of stress can either positively or negatively impact an individual's immune function (Reed & Raison, 2016). In particular, the intrapersonal processes of emotional

regulation, dispositional optimism, and psychological stress, as well as the interpersonal component of close relationships, can provide insight into racial differences in the prevalence of disease and health outcomes (Reed & Raison, 2016). It is well known that the African American population's overall health status is adversely affected by socio-environmental stressors. Fewer disparities among the Asian-American community are observed, and therefore less so investigated. A discussion on interpersonal and intrapersonal mediators can shed light on this seeming absence. Many cultures in Asia practice a culture of collectivism, placing added emphasis on group wellbeing and less focus on attributes of American culture that may cause chronic stress for others. Studies have identified such cultural differences as important factors in the methods of coping with racial discrimination. Kuo (1995) conducted a systematic exploration of the coping mechanisms used by Asian Americans to manage encounters with racial discrimination. Results demonstrated that this demographic generally uses emotion-focused strategies, which involve the "cognitive reconceptualization



of problems, avoidance, and optimistic comparison" (Kuo, 1995, p. 125). This finding demonstrates how traditional values of Asian cultures are reflected in the coping strategies of Asians and Asian Americans. When discussing racial health disparities in the United States, research almost uniformly focuses on the African American and Latinx communities. The Asian American demographic is largely ignored, seeing that disproportionate rates of disease and health conditions are not observed.

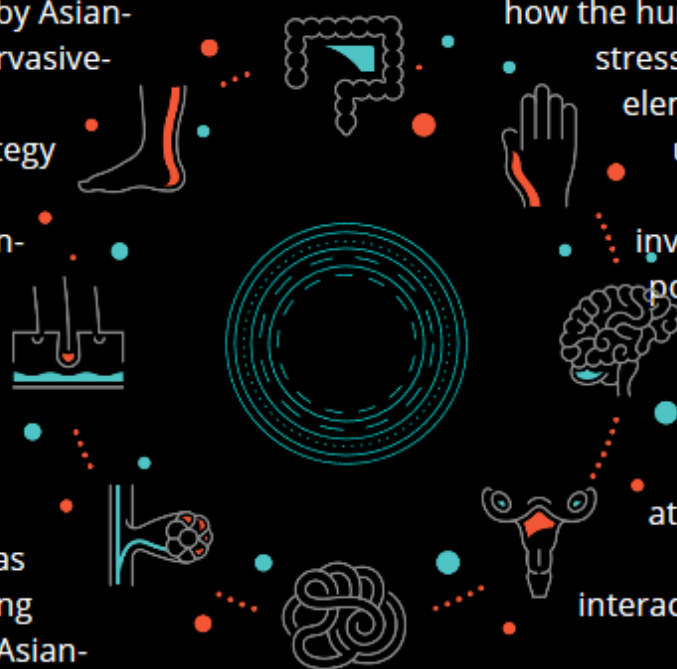
Relatively equal health outcomes may persist as a function of how social stressors are internalized and coped with by Asian-Americans, in spite of the pervasiveness of racism against this community. This coping strategy further elaborates on why and how racism against Asian-Americans has been allowed to quietly proliferate throughout American society. The COVID-19 pandemic is ultimately exposing this xenophobic sentiment: normalized implicit racism has been emboldened, sanctioning overt discrimination against Asian-American communities.

The effect of culture on the psychological integration of racial discrimination is similarly observed in the physiological integration of chronic stress. Returning to epigenetic markers, studies have demonstrated how individual variation in coping and resilience are correlated with DNA methylation patterns. Elliott (2010) studied the impact of social stress on the DNA methylation in mice at the *Crf* gene locus, which codes for the neuropeptide corticotrophin-releasing factor (CRF). This hormone plays a central role in the neuroendocrine stress response's integration in the brain, and chronic over-activity of CRF has been linked to stress-related emotional disorders. Exposure to

chronic social stress was observed to induce DNA methylation. Subsequently, a process of demethylation was observed in "defeated" mice only, or subjects that exhibited post-stress and antisocial behavior. Noticeably, demethylation was not observed in "resilient" mice, or those that did not later demonstrate these behavioral patterns. These findings illustrate how variations in the behavioral response to stress correlate with different epigenetic effects. Therefore, the cultural differences observed between humans and coping mechanisms may similarly influence how the human body integrates chronic stress. Understanding this genetic element in congruence with cultural variability can inform the larger understanding of and investigation into how different populations respond to stress, and the long-term consequences of such exposure.

This survey of scientific literature illustrates the numerous ways in which chronic stress interacts with the human condition. Cultural distinctions may be reflected

in the ways that Asian Americans have historically as well as are currently dealing with racial prejudice. As an onslaught of discrimination incites fear among Asian Americans, this knowledge can and should inform contemporary hypotheses about how rising anti-Asian sentiment and hate crimes directed at these communities will yield biological and biomedical consequences. Moreover, they emphasize the essentiality of including these populations in scientific research. We see how the absence of racial health disparities can by no means serve as evidence for the absence of racism. Society, biology, and culture are intimately related in the co-production of the human condition.



the experiences it undergoes is the failure to understand the authentic human condition. Social and environmental context exerts a powerful influence over biology, and the disparate distribution of stressors is reflected by such. This understanding allows us to launch a genuine investigation into the biological implications of racism. The particular onslaught of discrimination against Asians and Asian-Americans, as spurred by the COVID-19 pandemic, can re-distribute these socio-environmental stressors in novel ways.

RACIAL HATE: A PUBLIC HEALTH AND SOCIAL JUSTICE ISSUE

The social stress that ensues from experiencing chronic racism has serious consequences on individuals' health as well as biology. A vast array of literature in population epidemiology and public health examines this interaction, but the Asian American community is (obviously) excluded. "The way in which this [community] has been ignored in research in general, and health research in particular, means that an important element of social disadvantage has been inadequately explored" (Karlsen & Nazroo, 2002). Moreover, research largely focuses on race, ignoring the relationship between ethnicity and health. Understanding Asian Americans as an ethnic group that has become racially defined in American society underscores the dangers of reducing ethnicity to a racial construct in public health studies. Distinct aspects of "the structural context of ethnicity," which current research leaves unaccounted for, can be identified: the accumulation of disadvantage over the lifetime; the ecological effects of deprived geographic minority enclaves; and "the effects of living in a racist society" (Karlsen & Nazroo, 2002). This last aspect is of crucial importance during the COVID-19 pandemic, where structural racism is being brought to light.

"Everyday discrimination," or the comparatively subtle racist encounters that characterize peoples' daily lives, has documented effects on the physical and mental health of individuals (Karlsen & Nazroo, 2002). Studies indicate an association between experiences of racism with raised blood pressure, increased psychological distress, poorer self-rated health, and increased frequency of major depressive episodes, to name a few (Karlsen & Nazroo, 2002; Singh et al., 2017). Moreover, these associated health effects are observed with the mere anticipation of prejudice. From this, we can appreciate the robust consequences of simply existing in a racist society, independent of direct experiences of discrimination. Sawyer (2012) found that "the mere threat of prejudice is sufficient to elicit a physiological response." This finding has serious implications for Asian Americans during the COVID-19 outbreak. As members of the community both consciously and subconsciously alter their daily behaviors and social interactions in response to widespread discrimination, we can understand how this fear and anxiety is internalized, having downstream consequences that are detrimental to the psychological and physical health of these individuals.

In light of the absence of health and population studies that include Asian American groups, studies on other ethnic and minority groups can illustrate how exacerbated racism that is

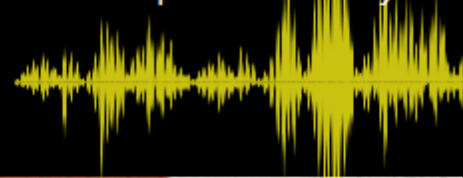


associated with national crises can yield tangible health effects. The September 11 terrorist attacks can serve as an important and informative case study. Lauderdale (2006) examined the frequency of poor birth outcomes among Arabic women before and after the 2001 attacks. Results show that an infant's given name was a strong predictor for the risk of low birth weight among newborn babies after the attacks, such that infants with Arabic names demonstrated a higher frequency both when compared to infants with non-Arabic names and those with Arabic names born before 9/11. Similar to September 11, the COVID-19 pandemic has seen a sharp rise in discrimination aimed at a particular ethnic group. The proliferation of anti-Asian sentiment results from racist rhetoric employed by the media, political leaders, and general society. Lauderdale's findings among the Arabic community shed light on long-term health consequences that precipitate from national energies and their racialization. As Asian Americans continue to be othered and blamed by the greater American public, one can begin to imagine how the chronic experience and mere anticipation of racism will have significant ramifications for the minority group, as well as the greater American social fabric.

(Yes Magazine, 2020)

LOOKING FORWARD: RACISM AFTER COVID-19

The COVID-19 pandemic has brought forth the dismantling of the Asian American model minority trope. The economic and educational achievements as well as the absence of health disparities relative to other minority groups, cannot be used to ignore the racial reality of being Asian in America. Explicit racial hate and violence have precipitated from this outbreak of disease, and these products will have both biological and social consequences. Political leaders and the scientific establishment must address the Asian American plight, implement measures to protect this community, and condemn the racist and xenophobic rhetoric. This community has been systematically excluded from the racial discourse, which has allowed racial bias to become normalized and wholly ignored. Lastly, members of the Asian American community must demand recognition—insisting on scientific and political inclusion, and publicizing their own unique racial reality.



COVID in Pop Culture

WHAT (POSITIVE THINGS) THE INTERNET HAS HAD TO SAY IN RESPONSE TO THE XENOPHOBIA THAT THIS PANDEMIC HAS GIVEN WAY TO?

TikTok Claps Back

In her TikTok, a Chinese American teen addresses those being "racist & xenophobic against Chinese people" and simply tells them to "shut up."



#StopDiscriminAsian

This hashtag gained momentum on Twitter as a way of pushing back on the discrimination and xenophobia against Asian people, especially those who present as East Asian, that accompanied the rhetoric around coronavirus.



Art Activism

This piece of art was made by @liberaljane, an Asian American artist, and circulated on Instagram.



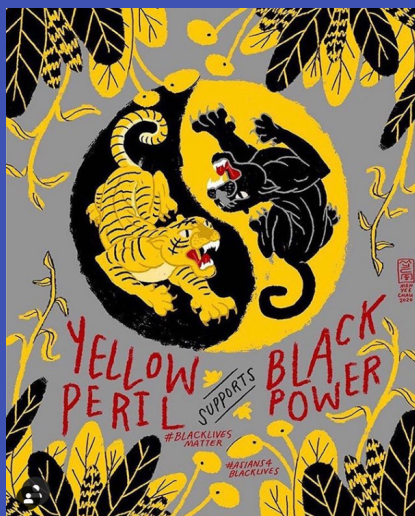
Memes against White Supremacy

Created by the people behind #StopDiscriminAsian, this meme uses an image of a white man slanting his eyes at an Asian man. The meme directly addresses how white supremacy and complicity to work in concert to lead to ethnic scapegoating.



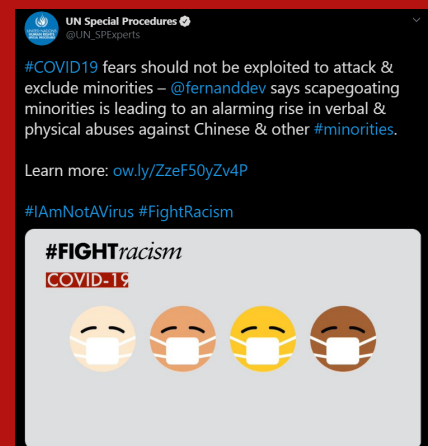
Yellow Peril Supports Black Power.

Popularized on Instagram, this graphic drawn by @monyeeart is being used to show AAPI solidarity with the BLM movement. "Yellow Peril" is a racist label towards Asian Americans. The reclamation of the term is meant to show solidarity with Black people who have been historically oppressed in America.



#IAmNotAVirus

The #IAmNotAVirus hashtag served as a response to the rising Asian American hate crimes in America and around the world.



Sources Twitter (twitter.com)
TikTok
Instagram

References

Acting Up: Legal Construction of the Asian Race in America

- Calavita, K. (2000). The Paradoxes of Race, Class, Identity, and "Passing": Enforcing the Chinese Exclusion Acts, 1882-1910. *Law & Social Inquiry*, 25(1), 1-40. <https://doi.org/10.1111/j.1747-4469.2000.tb00149.x>
- Kil, S. H. (2012). Fearing yellow, imagining white: Media analysis of the Chinese Exclusion Act of 1882. *Social Identities*, 18(6), 663-677. <https://doi.org/10.1080/13504630.2012.708995>
- King, R. C. (2000). Racialization, Recognition, and Rights: Lumping and Splitting Multiracial Asian Americans in the 2000 Census. *Journal of Asian American Studies*, 3(2), 191-217. <https://doi.org/10.1353/jaas.2000.0017>
- Sohoni, D. (2007). Unsuitable Suitors: Anti-Miscegenation Laws, Naturalization Laws, and the Construction of Asian Identities. *Law & Society Review*, 41(3), 587-618. JSTOR.
- Ichioka, Y. (n.d.). The Early Japanese Immigrant Quest for Citizenship: The Background of the 1922 Ozawa Case: *Amerasia Journal*: Vol 4, No 2. Retrieved April 30, 2020, from <https://www.tandfonline.com/doi/abs/10.17953/amer.4.2.e0035t6268r34187>

The Blame Game

- Cook, J. K. A., & Mockett, A. P. A. (1995). Epidemiology of Infectious Bronchitis Virus. In S. G. Siddell (Ed.), *The Coronaviridae* (pp. 317-335). Springer US. https://doi.org/10.1007/978-1-4899-1531-3_15
- Kim, S. (2001). "Yellow" Skin, "White" Masks: Asian American "Impersonations" of Whiteness and the Feminist Critique of Liberal Equality.
- Li, P. (2020). How wildlife trade is linked to coronavirus. <https://www.youtube.com/watch?v=TPpoJGYIW54>
- James, S. (2020, April 21). Teen's Racist TikTok Blames Chinese People for "Cooking Dogs" and "Eating Bats." *NextShark*. <https://nextshark.com/teen-tiktok-blaming-chinese-for-covid-19/>
- Scott, D. (2020, March 18). Trump's new fixation on using a racist name for the coronavirus is dangerous. *Vox*. <https://www.vox.com/2020/3/18/21185478/coronavirus-usa-trump-chinese-virus>
- Shi, Z., & Hu, Z. (2008). A review of studies on animal reservoirs of the SARS coronavirus. *Virus Research*, 133(1), 74-87. <https://doi.org/10.1016/j.virusres.2007.03.012>
- Strapagiel, L. (n.d.). Asian Teens Are Addressing Coronavirus Racism On TikTok. *BuzzFeed News*. Retrieved April 30, 2020, from <https://www.buzzfeednews.com/article/laurenstrapagiel/asian-racism-coronavirus-tiktok>
- MARKEL, H., & STERN, A. M. (1999). Which Face? Whose Nation?: Immigration, Public Health, and the Construction of Disease at America's Ports and Borders, 1891-1928. *American Behavioral Scientist*, 42(9), 1314-1331. <https://doi.org/10.1177/00027649921954921>
- Zhang, T., Wu, Q., & Zhang, Z. (2020). Probable Pangolin Origin of SARS-CoV-2 Associated with the COVID-19 Outbreak. *Current Biology*, 30(7), 1346-1351.e2. <https://doi.org/10.1016/j.cub.2020.03.022>

References

Unpacking the COVID-19 Blame Game

- China is also an idea, revealing much about Western hopes and fears. (2020, April 4). Retrieved from <https://www.economist.com/china/2020/04/04/china-is-also-an-idea-revealing-much-about-western-hopes-and-fears>
- Chou, C.-C. (2008). Critique on the notion of model minority: An alternative racism to Asian American? *Asian Ethnicity*, 9(3), 219-229.
- <https://doi.org/10.1080/14631360802349239>
- Five Views: An Ethnic Historic Site Survey for California (Chinese Americans). (2004, November 17). Retrieved from https://www.nps.gov/parkhistory/online_books/5views/5views3b.htm
- Haltiwanger, J. (2020, March 17). A White House official called coronavirus the 'Kung-Flu' to an Asian-American reporter's face. Retrieved from <https://www.businessinsider.com/reporter-says-trump-official-called-coronavirus-the-kung-flu-2020-3>
- Kristina, M. (2020, February 13). "I am not a virus": Asian Students Face Xenophobic Bullying & Harassment. Retrieved from <https://thebite.aish.ro/index.php/i-am-not-the-virus-asian-students-face-xenophobic-bullying-harassment>
- Little, B. (2020, March 20). Trump's 'Chinese' Virus Is Part of a Long History. Retrieved from <https://time.com/5807376/virus-name-foreign-history/>
- Liu, M. (2020, February 14). The coronavirus and the long history of using diseases to justify xenophobia. Retrieved from <https://www.washingtonpost.com/nation/2020/02/14/coronavirus-long-history-blaming-the-other-public-health-crises/>
- López, G., Ruiz, N. G., & Patten, E. (2017, September 8). Key facts about Asian Americans. Retrieved from <https://www.pewresearch.org/fact-tank/2017/09/08/key-facts-about-asian-americans/>
- Markel, H., & Stern, A. M. (2002). The foreignness of germs: the persistent association of immigrants and disease in American society. *The Milbank quarterly*, 80(4), 757-v. <https://doi.org/10.1111/1468-0009.00030>
- Rosenberg, N. A., Pritchard, J. K., Weber, J. L., Cann, H. M., Kidd, K. K., Zhivotovsky, L. A., & Feldman, M. W. (2002). Genetic structure of human populations. *science*, 298(5602), 2381-2385.
- Tishkoff, S. A., & Kidd, K. K. (2004). Implications of biogeography of human populations for 'race' and medicine. *Nature genetics*, 36(11s), S21.
- Villarreal, C. (2020, April 24). Coronavirus is not an outlet for racism. Retrieved from <https://coppellstudentmedia.com/98170/opinions/coronavirus-is-not-an-outlet-for-racism/>
- Yang, A. (2020, April 1). Opinion | Andrew Yang: We Asian Americans are not the virus, but we can be part of the cure. Retrieved from <https://www.washingtonpost.com/opinions/2020/04/01/andrew-yang-coronavirus-discrimination/>

References

Misattribution of Blame

Cyranoski, D. (2020). What China's coronavirus response can teach the rest of the world. *Nature*, 579(7800), 479–480. <https://doi.org/10.1038/d41586-020-00741-x>

Ho, J. (2020, April 8). Anti-Asian racism and COVID-19. *Colorado Arts and Sciences Magazine*. <https://www.colorado.edu/asmagazine/2020/04/08/anti-asian-racism-and-covid-19>

Lee, K. (2013). SARS and Its Resonating Impact on the Asian Communities. 8.

Li, T., Lu, H., & Zhang, W. (2020). Clinical observation and management of COVID-19 patients. *Emerging Microbes & Infections*, 9(1), 687–690.

Lowry, R. (2020, March 10). It's not racist to call it 'the Wuhan virus.' *New York Post*. <https://nypost.com/2020/03/09/its-not-racist-to-call-it-the-wuhan-virus/>

Mangan, D. (2020, March 19). Trump blames China for coronavirus pandemic: "The world is paying a very big price for what they did." *CNBC*. <https://www.cnn.com/2020/03/19/coronavirus-outbreak-trump-blames-china-for-virus-again.html>

Wang, H., Wang, S., & Yu, K. (2020). COVID-19 infection epidemic: The medical management strategies in Heilongjiang Province, China. *Critical Care*, 24(1), 107. <https://doi.org/10.1186/s13054-020-2832-8>

Shifting Cultures

Lee, K. (2013). SARS and Its Resonating Impact on the Asian Communities. 8.

Leung, H. (2020, March 12). Why Face Masks Are Encouraged in Asia, but Shunned in the U.S. *Time*. <https://time.com/5799964/coronavirus-face-mask-asia-us/>

Medicine, I. of. (2006). Reusability of Facemasks During an Influenza Pandemic: Facing the Flu. <https://doi.org/10.17226/11637>

Face Mask Advertisement

CDC. (2020, February 11). Coronavirus Disease 2019 (COVID-19). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

References

The Enduring Myth of Yellow Peril

- (1) Bureau, U. C. (n.d.). Asian American Data Links. Retrieved May 14, 2020, from <https://www.census.gov/about/partners/cic/resources/data-links/asian.html>
- (2) Kochhar, R., & Cilluffo, A. (2018, July 12). Income Inequality in the U.S. Is Rising Most Rapidly Among Asians. Retrieved May 15, 2020, from <https://www.pewsocialtrends.org/2018/07/12/income-inequality-in-the-u-s-is-rising-most-rapidly-among-asians/>
- (3) Adia, A. C., Nazareno, J., Operario, D., & Ponce, N. A. (2020). Health Conditions, Outcomes, and Service Access Among Filipino, Vietnamese, Chinese, Japanese, and Korean Adults in California, 2011–2017. *American Journal of Public Health*, 110(4), 520–526. <https://doi.org/10.2105/AJPH.2019.305523>
- (4) Clark, H., Coll-Seck, A. M., Banerjee, A., Peterson, S., Dalglish, S. L., Ameratunga, S., ... & Claeson, M. (2020). A future for the world's children? A WHO–UNICEF–Lancet Commission. *The Lancet*, 395(10224), 605–658.
- (5) PAINTER, D. S. (1995). Explaining U.S. Relations with the Third World. *Diplomatic History*, 19(3), 525–548. Retrieved from <https://www.jstor.org/stable/24912403>
- (6) Allen, T., Murray, K. A., Zambrana-Torrel, C., Link to external site, this link will open in a new window, Morse, S. S., Rondinini, C., ... Daszak, P. (2017). Global hotspots and correlates of emerging zoonotic diseases. *Nature Communications*; London, 8, 1–10. <https://doi.org/http://dx.doi.org/10.1038/s41467-017-00923-8>
- (7) MARKEL, H., & STERN, A. M. (1999). Which Face? Whose Nation?: Immigration, Public Health, and the Construction of Disease at America's Ports and Borders, 1891–1928. *American Behavioral Scientist*, 42(9), 1314–1331. <https://doi.org/10.1177/00027649921954921>
- (8) Falk, D. (2020, April 24). The Undark Interview: A Conversation With Alan M. Kraut. Retrieved May 1, 2020, from <https://undark.org/2020/04/24/interview-alan-m-kraut/>
- (9) History: SANTA ANA: Chinatown Torched in Ugly '06 Incident. (1993, May 31). Retrieved May 16, 2020, from <https://www.latimes.com/archives/la-xpm-1993-05-31-me-41995-story.html>
- (10) The Chinese Exclusion Case, 130 US 581 (Supreme Court 1889).
- (11) Leung, C. (n.d.). THE YELLOW PERIL REVISITED: THE IMPACT OF SARS ON CHINESE AND SOUTHEAST ASIAN COMMUNITIES - ProQuest. Retrieved April 24, 2020, from <https://search.proquest.com/docview/194895346?pq-origsite=gscholar>
- (12) Lee, M. (n.d.). Coronavirus fears show how “model minority” Asian Americans become the “yellow peril.” Retrieved May 24, 2020, from <https://www.nbcnews.com/think/opinion/coronavirus-fears-show-how-model-minority-asian-americans-become-yellow-ncna1151671>
- (13) Wing, J. Y. (2007). Beyond black and white: The model minority myth and the invisibility of Asian American students. *The Urban Review*, 39(4), 455–487.
- (14) McClintock, N. (2011). From industrial garden to food desert. *Cultivating food justice: Race, class, and sustainability*, 89–120.
- (15) Midkiff, S. (n.d.). New York Is Fighting A Surge Of Hate Crimes Against Asian-Americans Due To Coronavirus. Retrieved April 30, 2020, from <https://www.refinery29.com/en-us/2020/03/9600268/asian-hate-crime-coronavirus-increase-new-york-hotline>
- (16) Penney, J. (2020, April 12). U.S. Got More Confirmed “Index Cases” of Coronavirus From Europe Than From China. Retrieved April 19, 2020, from <https://theintercept.com/2020/04/12/u-s-got-more-confirmed-index-cases-of-coronavirus-from-europe-than-from-china/>
- (17) Penney, J. (2020, April 2). Coronavirus Started in China, but Europe Became the Hub for Its Global Spread. Retrieved April 23, 2020, from <https://theintercept.com/2020/04/02/coronavirus-europe-travel/>
- (18) Reusken, C. B. E. M., Broberg, E. K., Haagmans, B., Meijer, A., Corman, V. M., Papa, A., ... ERLI-Net, on behalf of E.-L. and. (2020). Laboratory readiness and response for novel coronavirus (2019-nCoV) in expert laboratories in 30 EU/EEA countries, January 2020. *Eurosurveillance*, 25(6), 2000082. <https://doi.org/10.2807/1560-7917.ES.2020.25.6.2000082>
- (19) Sarkis, S. (n.d.). COVID-19: It's Not About Europe, It's About Incompetence. Retrieved May 24, 2020, from <https://www.forbes.com/sites/stephaniesarkis/2020/03/12/covid-19-its-not-about-europe-its-about-incompetence/>
- (20) Shi, Z., & Wang, L.-F. (2011). 27 - Evolution of SARS Coronavirus and the Relevance of Modern Molecular Epidemiology. In M. Tibayrenc (Ed.), *Genetics and Evolution of Infectious Disease* (pp. 711–728). London: Elsevier. <https://doi.org/10.1016/B978-0-12-384890-1.00027-3>

REFERENCES

Statement on Anti-Asian Racism in the Era of COVID-19

- Asian Pacific Policy and Planning Council. Monthly Report-03/19/20 – 04/15/20. Asian Pacific Policy And Planning Council, San Francisco, 2020, http://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/STOP_AAPI_HATE_MONTHLY_REPORT_4_23_20.pdf. Accessed 3 May 2020.
- Bucsek, M. J., Giridharan, T., MacDonald, C. R., Hylander, B. L., & Repasky, E. A. (2018). An overview of the role of sympathetic regulation of immune responses in infectious disease and autoimmunity. *International Journal of Hyperthermia*, 34(2), 135–143. <https://doi.org/10.1080/02656736.2017.1411621>
- Cao-Lei L, Massart R, Suderman MJ, Machnes Z, Elgbeili G, Laplante DP, et al. (2014) DNA Methylation Signatures Triggered by Prenatal Maternal Stress Exposure to a Natural Disaster: Project Ice Storm. *PLoS ONE* 9(9): e107653. <https://doi.org/10.1371/journal.pone.0107653>
- Chou, C.-C. (2008). Critique on the notion of model minority: An alternative racism to Asian American? *Asian Ethnicity*, 9(3), 219–229. <https://doi.org/10.1080/14631360802349239>
- Devlin, K., Silver, L., & Huang, C. (2020). Amid Coronavirus Outbreak, Americans' Views of China Increasingly Negative. <https://www.pewresearch.org/global/2020/04/21/u-s-views-of-china-increasingly-negative-amid-coronavirus-outbreak/>
- Elliott, E., Ezra-Nevo, G., Regev, L., Neufeld-Cohen, A., & Chen, A. (2010). Resilience to social stress coincides with functional DNA methylation of the Crf gene in adult mice. *Nature neuroscience*, 13(11), 1351–1353. <https://doi.org/10.1038/nn.2642>
- Federal Bureau of Investigation. Incidents, Offenses, Victims, And Known Offenders. U.S. Department Of Justice, 2018, <https://ucr.fbi.gov/hate-crime/2018/topic-pages/victims>. Accessed 3 May 2020.
- Japanese-American Internment During World War II. National Archives. (2020). Retrieved 24 May 2020, from <https://www.archives.gov/education/lessons/japanese-relocation>.
- Jones, D. S. (2020). History in a Crisis—Lessons for Covid-19. *New England Journal of Medicine*, 382(18), 1681–1683. <https://doi.org/10.1056/NEJMp2004361>
- Karlsen, S., & Nazroo, J. Y. (2002). Relation Between Racial Discrimination, Social Class, and Health Among Ethnic Minority Groups. *American Journal of Public Health*, 92(4), 624–631.
- Kuo, W. H. (1995). Coping with racial discrimination: The case of Asian Americans. *Ethnic and Racial Studies*, 18(1), 109–127. <https://doi.org/10.1080/01419870.1995.9993856>
- Lauderdale, D. S. (2006). Birth Outcomes for Arabic-Named Women in California Before and After September 11. *Demography*, 43(1), 185–201. <https://doi.org/10.1353/dem.2006.0008>
- New Center for Public Integrity, & Ipsos. (2020). New Center for Public Integrity/Ipsos Poll finds most Americans say the Coronavirus Pandemic is a Natural Disaster. Reuters ISOS. <https://www.ipsos.com/sites/default/files/ct/news/documents/2020->
- NPR. (2020). People eye each other with suspicion while dealing with the fear of Coronavirus. [Image]. Retrieved 24 May 2020, from <https://www.npr.org/2020/03/09/813700167/as-coronavirus-spreads-racism-and-xenophobia-are-too>.
- NPR. (2017). The perception of universal success among Asian-Americans is being wielded to downplay racism's role in the persistent struggles of other minority groups, especially black Americans. [Image]. Retrieved 24 May 2020, from <https://www.npr.org/sections/codeswitch/2017/04/19/524571669/mo-del-minority-myth-again-used-as-a-racial-wedge-between-asians-and-blacks>.
- O'Shea, B. A., Watson, D. G., Brown, G. D. A., & Fincher, C. L. (2019). Infectious Disease Prevalence, Not Race Exposure, Predicts Both Implicit and Explicit Racial Prejudice Across the United States. *Social Psychological and Personality Science*, 11(3), 345–355. <https://doi.org/10.1177/1948550619862319>
- Reed, R. G., & Raison, C. L. (2016). Stress and the immune system. In *Environmental Influences on the Immune System* (pp. 97-126). Springer-Verlag Wien. https://doi.org/10.1007/978-3-7091-1890-0_5
- Sapolsky, R. (2005). The Influence of Social Hierarchy on Primate Health. *Science* (New York, N.Y.), 308, 648–652. <https://doi.org/10.1126/science.1106477>
- Sawyer, P. J., Major, B., Casad, B. J., Townsend, S. S. M., & Mendes, W. B. (2012). Discrimination and the Stress Response: Psychological and Physiological Consequences of Anticipating Prejudice in Interethnic Interactions. *American Journal of Public Health*, 102(5), 1020–1026. <https://doi.org/10.2105/AJPH.2011.300620>
- Singh, S., Schulz, A. J., Neighbors, H. W., & Griffith, D. M. (2017). Interactive Effect of Immigration-Related Factors with Legal and Discrimination Acculturative Stress in Predicting Depression Among Asian American Immigrants. *Community mental health journal*, 53(6), 638–646. <https://doi.org/10.1007/s10597-016-0064-9>
- Sue, D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2007). Racial microaggressions and the Asian American experience. *Cultural Diversity and Ethnic Minority Psychology*, 13(1), 72–81. <https://doi.org/10.1037/1099-9809.13.1.72>
- Tang, C. (2019). Unpacking the model minority myth — Beneficial State Foundation. Beneficial State Foundation. Retrieved 24 May 2020, from <https://beneficialstate.org/perspectives/unpacking-the-model-minority-myth/>.
- The Chronicle. (2020). Protesters walk through the Dragon Gate in S.F.'s Chinatown during a February protest coronavirus-fueled racism against Chinese Americans. [Image]. Retrieved 24 May 2020, from <https://www.sfchronicle.com/bayarea/article/Coronavirus-Asian-Americans-across-Bay-Area-15235380.php#photo-19355831>.
- Yes Magazine. (2020). Are Asian Americans White? Or People of Color? [Image]. Retrieved 24 May 2020, from <https://www.yesmagazine.org/social-justice/2020/01/15/asian-americans-people-of-color/>.