Viral Reflections: Fear and Biological Misappropriations Toward Asians & Pacific Islanders

The COVID-19 pandemic has left an imprint on society. It has influenced new vaccine technologies, revealed the challenges of healthcare infrastructure, and the complexities of the social determinants of health. Furthermore, the pandemic unearthed deeply rooted and archaic associations with race and disease. Similar understandings have impacted other racial and ethnic groups like African Americans, Hispanics, and Latinx. However, the focus of this work will be on the misappropriations of disease historically and during the COVID-19 pandemic toward Asian Americans and Pacific Islanders (AAPI).

There will be a review of AAPI's association with disease that was influenced by the prominent eugenics' movement in the nineteenth and twentieth centuries that resulted in anti-AAPI perceptions, laws, and policies about immigration and citizenship. Such beliefs still exist into the twenty-first century as could be seen during the Severe Acute Respiratory Syndrome (SARS) epidemic in 2010. The pathological discourse, from the SARS epidemic, was eerily like the mentalities of the eugenics' movement attributing AAPI individuals with abnormal or exotic dietary habits. Consequently, the AAPI community suffered mentally, financially, and socially. The same treatment was demonstrated in the COVID-19 pandemic, but in a more harsh and explicit display.

On traditional media and social media platforms, President Donald Trump and elected officials bluntly condemned and blamed the AAPI community for spreading the COVID-19 virus, which led to the cyber-bullying, mental, financial, social, verbal, and physical harm to the AAPI community. This reassertion of race and disease is a stain from eugenic influence. This paper will reflect on the historical, pathological, and media influences on race and disease and

how these three factors became catalysts used to blame the AAPI community for the cause and spread of COVID-19.

Background: Historical Connections

Dr. David McBride describes sociomedical racialism as "the idea of diseases were classified and attributed to certain races."[1] Consequently, such an idea suggests diseases that are exclusively connected to racial groups will inevitably affect society. Such ideas were fueled by the eugenics movement, which affiliated race with biology and disease. The movement connected social and racial classifications through pathology that included ideas about AAPI individuals. Specifically, Charles B. Davenport, the Father of the American Eugenics Movement, findings were based on his *Inheritance in Canaries* study,[2] which influenced the idea of disease and intelligence being associated to certain racial groups, such as Asians. Davenport categorized Asians as "genetically unfit" or inferior because they were less intelligence, primal, and disease ridden. These are understandings of sociomedical racialism. The American Medical Association sponsored a study in 1875 to investigate assertions that Chinese women were spreading a unique, "Chinese strain" of syphilis, which led to the disenfranchisement of Chinese women with the passing of the 1875 Page Act.[3] Though the study found no evidence to support the claim, one medical publication, *The Medico-Literary Journal*, nevertheless accused the Chinese of "infusing a poison in the Anglo-Saxon blood."[4] There were eugenic beliefs that the Chinese were "half-human, half-devil, rat-eating, rag-wearing, law-ignoring, Christian-civilization-hating, opium-smoking, labor-degrading, entrail-sucking Celestials."[5] These racial assumptions permeate deep in American society and influenced immigration policies.

The United States Congress passed the first major federal immigration law restricting entry into the United States called the Chinese Exclusion Act of 1882. The Chinese Exclusion

Act set the tone about race and ethnicity in twentieth century immigration policy. This policy targeted the Chinese and prevented them from seeking opportunities in America. According to Dr. Sarah M. Griffith, an Associate Professor of History at Queens University of Charlotte, in her book *The Fight for Asian American Civil Rights: Liberal Protestant Activism 1900-1950*,

> Americans often compared Chinese labor to African American chattel slavery. The term "coolie-slave" came into frequent use in the national debates over Chinese immigration, and nativist organizations used the term to mobilize patriotic memory and moral indignation of abolitionism in order to protect and empower white labor.[6]

Consequently, American eugenicists recommended immigrants should not enter until 1890 because most populations would be genetically undesirable.[7] This was known as the "Yellow Peril," which was the fear that Chinese and other AAPI immigrants were a social and pathological threat to American culture. Due to the bubonic plague, the eugenic ideologies of immigration and disease strengthened in the late nineteenth century. According to the *Journal of the History of Medicine and Allied Sciences*, the bubonic plague started in the early 1890s, in Southwest China then spread along trade routes from Hong Kong to Canton.[8] In 1899, the bubonic occurred in Honolulu, Hawaii infecting whites and Chinese. However, the Hawaiian Board of Health placed the Chinese under quarantine, prevented them from migrating to the U.S., and burnt down Honolulu's Chinatown.

Throughout the early processes of drafting immigration legislation, eugenic ideas of race and disease significantly influenced immigration law. For example, Dr. Nayan Shah, a professor of American Studies and Ethnicity and History at the University of Southern California-Dornsife and author of *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* states,

> In 1900, there was a bubonic plague outbreak in San Francisco. A doctor first identified the disease in a resident of Chinatown, which led to the quarantining of Chinese Americans and immigrants in the district. Yet tellingly, no one quarantined white people

> who had recently been to Chinatown. Surgeon General Walter Wyman described it as an "Oriental disease, peculiar to rice eaters."[9]

In addition, government officials in San Francisco closed Chinese businesses, forced Chinese residents to be vaccinated, and cordoned off the residences with a nine-foot-tall fence. These actions were later ruled unconstitutional.

In 1910, Angel Island became the new immigration center in San Francisco Bay. Officials claimed that the physical isolation would stop the epidemics which were "prevalent among aliens from Oriental countries."[10] At Angel Island, regardless of infected or normal health status, Chinese immigrants were together in close quarters. In an act of maleficence, all healthcare facilities in San Francisco refused to admit Chinese patients. A detainee who had cerebral spinal meningitis was isolated in a tent until he died.[11] In 1913, California passed the first in a series of Alien Land Laws that made immigrants ineligible for citizenship.[12] It was the first-generation Chinese and Japanese who were denied the right to purchase or own land in California and limited to land leases of three years. Five years later, medical maleficence and scapegoating continued with the "Spanish flu."

In 1918, the Spanish flu pandemic killed between 50 to 100 million people worldwide.[13] The name itself suggests eugenic arguments that linked immigrants with the disease. For example, Cholera was called "Asian cholera" or "Asiatic cholera" because it was first detected in India, even though it also flourished in European countries like Britain.[14] In 1922, the United States Supreme Court ruled on the case of Takao Ozawa v. United States. Ozawa was born in Japan and migrated to the United States of America. He was denied United States citizenship based on, "the Naturalization Law of 1790, which determined only 'free white persons' were eligible for naturalization. According to the court, 'white' meant 'Caucasian,' and the Japanese were thereby ethnologically disqualified."[15] In 1924, through the Johnson-Reed Immigration

Act, a national origins quota system was established allowing two percent of countries' population to enter the United States with Asia being completely excluded.[16] American eugenic ideologies sustained a pathological and monolithic stigma of AAPI identity. Race was constructed to include those who were accepted as "white" and exclude everyone else.

The eugenic branding of disease has been used to describe the Chinese in the 1957-1958 flu pandemic that was first identified in China and became known as the "Asian flu," and the 1968-1969 flu pandemic first identified in Hong Kong that became known as the "Hong Kong flu."[17] The physical and verbal abuse was not exclusive to Chinese individuals. All AAPI individuals who fit the physical and facial aesthetics of Chinese individuals were assaulted, because the racial label of "Asian" falsely encapsulates an entire group of people into a monolith. As Dr. Ki Joo Choi, Kyung-Chik Han Chair Professor of Asian American Theology at Princeton Theological Seminary asserts,

> What it means to be Asian American cannot simply be neatly contained within certain defined cultural parameters. While deeply embedded popular cultural attitudes may assume certain values, practices, and events as inherently Asian American (while others are, say, Italian American or African American, even though all persons can appreciate and celebrate "their" respective cultures), these familiar cultural markers hardly capture or define the fullness and plurality of Asian American identity. One person's way of being Asian American may not be necessarily the same as another's. That is a truism of sorts. (After all, no one is a clone of another, whether Asian or non-Asian.[18]

Racial labels dilute the diversity of cultural identities, struggles, triumphs, and histories. In addition, racial labels bring the false assumptions that a group of people that possess similar physical traits behave, think, and interact homogeneously. It also reifies eugenic and xenophobic fears that any societal problem is caused by "the other," and AAPI immigrants historically endured that burden. This was accomplished through legislature, laws, policy, and social discourse. The same social, political, and pathological understandings of race and disease of the

nineteenth and twentieth centuries continued into the twenty-first century when the H1N1 flu and the Severe Acute Respiratory Syndrome (SARS) spread throughout America.

SARS Pandemic & Pathological Discourse

In 2009-2010, the H1N1 flu was first recorded in the U.S. It did not become the "American flu," but was called the "swine flu," because scientists at first thought it was like the viruses that occurred in North American pigs. More extensive testing has complicated this theory. H1N1 media coverage reported it may have come from Mexico**,** which bolstered immigration fears.

There were concerns over the spread of Severe Acute Respiratory Syndrome (SARS), which was compared to the 1918 "Spanish flu" epidemic, the Human Immunodeficiency Virus (HIV), and the Acquired Immunodeficiency Syndrome (AIDS) crisis. SARS was a contagious and sometimes fatal respiratory disease caused by the coronavirus. SARS was a virus transmitted through droplets that entered the air when someone with the disease coughed, sneezed, or talked. Symptoms included a fever, dry cough, headache, muscle aches, and difficulty breathing. The *Journal of Emerging Infectious Diseases* mentioned that SARS was first reported in Guangdong, China in November 2002, followed by an outbreak in Hong Kong in early March 2003. By July 2003, the epidemic had spread to more than 30 countries with 8,427 cumulative probable cases and 916 deaths and was identified as a global threat to health. In the United States, 418 cases were reported with 74 classified as probable SARS; no deaths occurred.[19] As a result of the fears and concerns over the SARS pandemic, racial language was used against the Chinese community. This problem was termed "SARS phobia."[20]

The stigmatization of SARS patients started at the beginning of the outbreak. Global news outlets reported dramatic stories that heightened fear. For example, The New York Times

newspaper illustrated in the article, “THE SARS EPIDEMIC: THE PATH; From China's Provinces, a Crafty Germ Breaks Out,” used images of cooks cutting up animals unfamiliar with American food culture on plates and Chinese customers choosing live animals considered exotic for their meal.[21] Furthermore, according to Washington Post writer Jenn Fang’s article, “The 2003 SARS outbreak fueled anti-Asian racism… Coronavirus does not have to.” She stated, “Journalist[s] linked the SARS outbreak to sensationalized accounts of Chinese open-air wet markets, Chinese consumption of ‘weird’ meat, and China’s ‘unsanitary’ practices. Health officials concerned with preventing the virus’s spread focused their attention on Asian ethnic enclaves.” Once again, these media accounts are stark illustrations of eugenic influences on ideas of the fictitious intersections of race and disease. According to the American Journal of Public Health, “severe acute respiratory syndrome (SARS) in 2003, has similarly been characterized by widespread public fear, intolerance, and distrust of Asian Americans, with negative social, political, and economic implications.”[22] Such propaganda reasserts eugenic ideologies that claim diseases like SARS were produced through the abnormal dietary habits practiced within Chinese culture.

As discussed, American eugenic ideologies developed a caricature that described the Chinese as immoral, unsanitary, eating rats, bats, and other animals associated with leprosy or smallpox. Such thoughts and images encourage racially motivated actions of discrimination toward the Chinese American and AAPI communities. These distinctions were rooted in biological determinism, “eugenicists argued that races formed around discrete human groups with distinct physical, social, and moral characteristics.”[23] Consequently, racial and pathological fatalism in its purist form asserts that the AAPI community can never assimilate into American life. The news media’s SARS coverage featured stories with images of AAPI people wearing

face masks that had no relation to the story, which resulted in reinforcing the premise of "disease by association."

The notion of "disease by association" meant that one would contract SARS through any or all physical interactions with an AAPI person or group, which was a consequence of the false eugenic connections between race and disease. For example, The University of California at Berkeley barred Asian students admitted to summer school as an action to protect its campus from SARS. Furthermore, the university's website mentioned, "hundreds of other students from Asian countries and those who had hoped to take English as a Second Language (ESL) classes will not be able to come this summer."[24] Targeting a racial group based on their association with a virus reifies the inaccurate assumptions between race and disease.

The SARS virus was racialized within American society. As a result, AAPI organizations received hate mail blaming them for the spread of SARS. Shoppers avoided Asian and Pacific Islander owned restaurants and small businesses or steered clear of Chinatowns.[25] AAPI workers were fired, furloughed, or work hours were cut. Businesses turned away AAPI customers. Subway riders refused to sit next to Asian and Pacific Islander passengers. Such scapegoating of a specific group in a pandemic was not an adequate method to prevent the spread of diseases or viruses. The connections of fear, race, and disease are catalysts that produced false racial ideas, actions, and fears that in turn influenced and perpetuated ideologies that Chinese people and AAPI individuals collectively were abnormal and therefore viewed as contagious and "the other."[26] Such ideologies revived deeply rooted racial fears that are ingrained in American eugenic understandings of racial connections to disease. The consequences of such notions have particularly compromised the AAPI community's well-being and continue through the COVID-19 pandemic.

COVID-19 Pandemic & Media Discourse

According to the World Health Organization (WHO), on December 19, 2019, Wuhan Municipal Health Commission in China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province. A novel coronavirus was eventually identified as COVID-19. COVID-19 received its name from past coronaviruses. Coronaviruses can cause "the common cold as well as dangerous illnesses such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS)."[27] SARS CoV-2, the coronavirus first discovered in December 2019, caused the disease now known as COVID-19.

The virus quickly spread on a global scale. According to the World Health Organization, COVID-19 has infected and killed millions. Since the "Spanish flu" of 1918, our global community has not experienced such an epidemiological event. The COVID-19 pandemic has indeed left an unprecedented mark on our global community. One of the countries that has the worst consequences from COVID-19 is the United States of America.[28] On January 21, 2020, the Centers of Disease Control and Prevention (CDC) confirmed the first case in the USA. It was a man from Washington state in his thirties who had returned from Wuhan, China, just a week earlier, on January 15, 2020.[29] At that point, there was concern that the disease could spread throughout the country. Since that first case, the CDC reported, the United States of America had millions of confirmed cases and fatalities that increased at alarming rates.

Unfortunately, the COVID-19 continues, and will further change our global society. However, COVID-19 was not the only disease that swept through America. The lingering epidemic of racism continued to infiltrate American society. What has not changed is the understanding of race and its problematic connections to disease. During the pandemic, President of the United States Donald Trump comments reignited ideas that race is a proxy or an

explanation for the cause of COVID-19. Such ideologies of race were erroneously being used to blame the AAPI community for the spread of COVID-19 in America.

On March 16, 2020, there was a tweet on the social media platform Twitter that broadcasted, "The United States will be powerfully supporting those industries, like airlines and others, that are particularly affected by the *Chinese virus* (emphasis added). We will be stronger than ever before!"[30] This instance was the first time that COVID-19 was called the "Chinese virus." The tweet was made by former President Trump. Consequently, the president's tweet elicited many responses. Trump's statement was interpreted as a response blaming China and Chinese people for the spread of COVID-19.

On March 18, 2020, Texas Senator John Cornyn said that China was to blame for the spread of COVID-19 because the Chinese are a "culture where people eat bats and snakes and dogs and things like that," and former Secretary of State Mike Pompeo labeled the pandemic the Wuhan virus."[31] Such statements implicated Chinese people as the cause of the COVID-19 pandemic. The president's tweet was not the only instance in which such terminology was used to link COVID-19 with Chinese individuals. A day later, an unnamed White House official called the coronavirus the "Kung flu" when speaking to an Asian American reporter.[32]

In the same month of March 2020, the Department of Homeland Security (DHS) and the Federal Bureau of Investigation (FBI) warned of white supremacists and anti-AAPI hate crimes during the pandemic, and notified state and local law enforcement agencies to be on heightened alert.[33] Based on the DHS and FBI's urgent warnings, the aforementioned elected officials' responses were racial epithets that created a racial discourse that threatened the lives of Asians and Pacific Islanders. Furthermore, their language enabled physical, verbal, and cyber-bullying attacks by insinuating connections between AAPI individuals and the COVID-19 spread. In

addition, on June 20, 2020, Donald Trump reiterated the term “Kung flu” at a rally in Tulsa, Oklahoma.[34]

At the beginning of the pandemic, New York City (NYC) was one of the most infected places by COVID-19 in the U.S. and globally. Yet, most COVID-19 cases in NYC did not come from China but came from Europe. Geneticist Harm van Bakel at the Icahn School of Medicine at Mount Sinai and a separate team at N.Y.U. Grossman School of Medicine analyzed genomes from coronaviruses taken from New Yorkers, and both medical schools came to the same conclusions, despite studying a different group of cases.[35] Oddly enough, for cases and events in which disease or viruses are linked to whites, there is no blame and backlash. Based on American history, when white Americans are fearful or threatened, they can feel more secure by blaming and victimizing communities of color.

To note, the individuals who physically, virtually, or verbally attacked the AAPI community and blamed them for the spread of COVID-19, were not all white Americans. However, violent responses induced by racial-pathological fear are a repeating pattern by white Americans in U.S. history that continues into the twenty-first century with the SARS and the COVID-19 pandemics. For example, the *American Journal of Public Health* reported COVID-19 hate-based attacks on AAPI people in the news media that mirrored political leaders’ attempts to pin blame on specific groups of people.[36] For example, at San Francisco State University, there was a 50 percent rise in the number of news articles related to the coronavirus and anti-AAPI discrimination between February and March of 2020.[37] The Asian Pacific Policy and Planning Council now called the AAPI Equity Alliance last reported a spike of over 650 incidents of COVID-19 related discrimination directed against Asian-Americans in one week alone, averaging 80 incidents a day, and there have been over 10,370 incidents across the USA between

March 19, 2020 and September 30, 2021, with disturbing incidents recorded by national news outlets.[38] Unfortunately, there were many reported incidents of AAPI blame and hatred.

A former Sam's Club employee, Jose L. Gomez, who stabbed three members of a Burmese American family, including a two-year-old and a six-year-old, was charged with attempted murder in Midland, Texas. The reason he engaged in such violence Jose stated, "was because he thought the family was Chinese, and infecting people with coronavirus."[39] Jose Gomez faced three counts of attempted capital murder and one count of aggravated assault. He was held on several bonds totaling $1 million and later indicted on three hate crime charges.[40] In the Bronx, New York, three teenage girls were charged with hate crimes after attacking a 51-year-old Asian woman on a bus. According to the New York Police Department (NYPD) Lt. Thomas Antonetti,

> The 15-year-old suspects made anti-Asian remarks toward the woman and told her she had caused coronavirus. They called her an (expletive) and asked her why she wasn't wearing a mask. One of the suspects then struck the woman's head with an umbrella before all four fled the bus. The woman has since received stitches for the cut on her head.[41]

In Los Angeles (L.A.) county, California, a middle school student was reportedly bullied and assaulted because he was of AAPI descent. The L.A. County Supervisor Hilda Solis said, "I am concerned because as someone who is also of immigrant background, I know what it means to face discrimination and racial profiling."[42] In one incident, a trucker threw a drink at an Asian American wearing a mask and gloves and yelled, "Hey Ch--k, you're f–ing nasty."[43]

Another example of anti-AAPI treatment was in San Francisco, California. Yuanyuan Zhu reported walking to her gym when she heard a man yelling expletives at her. Then a bus passed, she recalled, and he screamed after it, "Run them over." As she was trying to keep her distance, Yuanyuan said she felt the man's spit on her face and clothes.[44] There were even more

reports of racial slurs toward AAPI individuals. In NYC, a Korean woman was punched in the face in Midtown. According to the police, her attacker asked her, "Where's your (expletive) mask?" The 23-year-old woman was entering a building when she was grabbed by the hair and punched in the face. Her attacker allegedly followed up her question by saying, "You've got coronavirus, you Asian (expletive)."[45] In another incident, in NYC, an Asian woman pressed an elevator button with her elbow. A man in the elevator asked, "Oh, coronavirus?" She said, "Don't have it, but trying to be prepared." As he was leaving the elevator, he said, "Don't bring that Ch--k virus here."[46] In the egregious physical and verbal abuse, the AAPI community endured during the COVID-19 pandemic, the online presence of anti-AAPI sentiment was just as prevalent.

According to *JMIR Public Health and Surveillance*, a study was done of 16,000 tweets from April 11-16, 2020, which were analyzed to determine their associated sentiments and emotions. Specifically, emotions and sentiments associated with terms like "Chinese Virus," "Wuhan Virus," and "Chinese Corona Virus" were examined. The results of the study suggest that,

> The majority of the analyzed tweets were of negative sentiment and carried emotions of fear, sadness, anger, and disgust. There was a high usage of slurs and profane words. In addition, terms like "China Lied People Died," "Wuhan Health Organization," "Kung Flu," "China Must Pay," and "CCP is Terrorist" were frequently used in these tweets. This study provides insight into the rise in cyber racism seen on Twitter. Based on the findings, it can be concluded that a substantial number of users are tweeting with mostly negative sentiments toward ethnic Asians, China, and the World Health Organization.[47]

In addition to *JMIR Public Health and Surveillance*'s study, the Network Contagion Research Institute and 4chan conducted studies related to COVID-19 and cyber racism.

The Network Contagion Research Institute reviewed hate language about Asians and Pacific Islanders online was connected to the COVID-19 pandemic. The institute's researchers

did a study called, “Weaponized Information Outbreak: A Case Study on COVID-19, Bioweapon Myths, and the Asian Conspiracy Meme.” The study findings suggested,

> As a conjoined threat, outbreaks of hate and disinformation on social media comprise unparalleled dangers to society in the face of actual viral pandemics, such as COVID-19. NCRI's research indicates that hateful communities may serve as sources of spread for disinformation and propaganda during politically volatile events for purposes of hate.[48]

Institute researchers reviewed 4chan, which is an online bulletin board that frequently features offensive posts. Upon their research, the institute found a rise in derogatory terms for Chinese people around the time COVID-19 spiked in February 2020. Consequently, other racial terms and slurs toward communities of color decreased or flatlined concerning topics surrounding COVID-19.

One of the analysts of the 4chan study, Alex Goldenberg mentioned, “We are seeing instances where this Asian conspiracy is seeping into the mainstream, and an outgrowth of that could very well be violence.”[49] As a response to hate crimes and anti-AAPI harassment amid the COVID-19 pandemic, the AAPI Equity Alliance, the Chinese for Affirmative Action, and the New York State Attorney General Office launched hotlines to report racial incidents.[50] The rhetoric of “Chinese virus” and “Kung flu” produced maleficence toward the AAPI community. As a response to pathological racism, it is evident that more work needs to be done in debunking the false notions of race and its association to disease.

As previously mentioned, Asian Americans and Pacific Islanders experienced various forms of racial discrimination within pathology. In this context, AAPI people experienced continuous societal observation and surveillance. AAPI individuals were viewed through the lens of a “clinical gaze” or a “medical gaze” by society. In Dr. Cynthia Davis’ book *Bodily and Narrative Forms: The Influence of Medicine on American Literature, 1845-1915*, she mentions Foucault’s definition of the term,

> The clinical gaze is a gaze of the concrete sensibility, a gaze that travels from body to body as a simple unconceptualized confrontation of a gaze, a face, or a glance and a silent body. The empirical and non-reciprocal nature of such confrontations depends upon the medical eye remaining both the depository and source of clarity where it would be clouded by doubt, by emotions, its clinical authority would risk being undermined, subjecting the clinician to the sort of scrutiny he sought to employ with others and avert from himself.[51]

The "looking down" and "looking over" AAPI individuals created an objectified gaze by society being participants in pathological and racial surveillance. For example, Dr. Rosalind Chou, Associate Professor of Sociology at Georgia State University stated, "My fear is coughing in public, coughing while Asian, and the reaction other people will have."[52] Dr. Chou's example reflects how disease and racial surveillance of AAPI bodies creates fear of physical or verbal retaliation. The stress of social distancing, quarantining, the anxiety of getting COVID-19, unemployment, and changing family dynamics, among other factors has led to "COVID-19 fatigue." The fear and stigmatization Dr. Chou and the AAPI community experienced are examples of added mental distress rooted in archaic ideas of race and disease. According to the *American Journal of Preventive Medicine*, "elevated risk among Asians in March 2020 confirms the media reports on hate crimes, and it was in part mediated by their immigration status and use of face masks… which was associated with COVID-19 associated discrimination (CAD)."[53] Furthermore, a study in *Psychological Trauma: Theory, Research, Practice, and Policy* found that "many Asian communities have to contend with the ramifications not only of the outbreak, but also the associated stigma during their psychological recovery. Moreover, there is also substantial evidence that Asian Americans are less likely to receive mental health services."[54] The consequence of racial and pathological surveillance is that Asian Americans and Pacific Islanders are always seen with suspicion of spreading COVID-19, which compromises their autonomy.

Consequently, being Asian or a Pacific Islander is interpreted as a pathological threat, almost criminal. AAPI individuals' mere existence incites condemnation, fear, and danger. Such social and pathological realities result in Asians and Pacific Islanders encountering a "double stigma," dealing with mental health problems while simultaneously not seeking mental health services, which exacerbates preexisting inequities. In addition, doctors who are AAPI individuals are not immune to such racial-pathological scrutiny. Dr. Chen Fu, a hospitalist at NYU Langone Medical Center, in New York City, NY explained,

> As an Asian-American doctor, it's tough to reconcile being both celebrated and villainized at the same time… The other day, I got stopped in the subway and one of the passengers started screaming racial slurs at me. I was dressed in scrubs and it was pretty clear that I was on my way to the hospital.[55]

Like many AAPI experiences previously mentioned, Dr. Fu was a victim of the racial-pathological gaze being weaponized. His dehumanizing experience reinforces that continued work is needed to educate about the invalid connection between race and disease.

Conclusion

Throughout American history, eugenic ideas directed toward Asians and Pacific Islanders have blinded American society from seeing their humanity and hindered equitable treatment as citizens. The consequences of stereotypes and troupes has resulted in the AAPI community being tired of carrying the invisible burden of American pathological fears. For the disconnection of race and pathology to happen, communities must embrace culturally competent training as a start. This work of racial justice has two parts. First, an individual internal catharsis of racial mythology is needed through anti-racist thinking and action. Second, societies need to acknowledge their history of racism, actively work on racial restitution, and intentionally engage in equity and inclusion. The Hollaback project is a great resource to begin such work.

An initiative to educate against anti-AAPI harassment is created by "Hollaback!" According to their website,

Hollaback! is a global, people-powered movement to end harassment—in all its forms. We believe that we all deserve to be who we are, wherever we are. We believe we all have a role to play in disrupting harassment and building a culture where it is no longer seen as "just the price you have to pay" for being a woman, LGBTQ+, a person of color, or any other marginalized identity. We teach people to take action, and to reach across their own identities to ally with others and establish a united front against harassment each time we witness it. (ihollaback.org)

Specially, the "Hollaback!" organization partnered with Asian Americans Advancing Justice (AAJC) to create a free bystander intervention training sessions. "Hollaback!" has a de-escalation training designed to educate allies of the AAPI community. In addition, organizations like Asian American Advancing Justice, Asian Law Caucus, Asian Americans Advancing Justice Los Angeles, and Asian Americans Advancing Justice Chicago have partnered with "Hollaback!" to create more training and education opportunities.

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