Role of allies in combatting anti-Asian racism during pandemic

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Featured topic and speakers

In today’s COVID-19 Update, Audiey Kao, MD, PhD, AMA vice president of ethics; Anna Yap, MD, emergency medicine resident at UCLA-Olive View; and Hannah Seoh, AMA director of health equity performance and operations, discuss long-standing anti-Asian sentiment in the U.S. and how the normalization of hatred and blame has led to an increase in violence against Asian Americans.

Also addressed is the importance of physician allies to step up when they witness derogatory or prejudiced behavior.

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Speaker

- Audiey Kao, MD, PhD, vice president of ethics, AMA
- Anna Yap, MD, emergency medicine resident, UCLA-Olive View
- Hannah Seoh, MPH, director, health equity performance and operations, AMA

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today, we're talking about how to combat anti-Asian racism both during the pandemic and beyond, and physicians' important role in that effort. I'm joined today by Dr. Audiey Kao, the AMA's vice president of ethics in Los Angeles; Dr. Anna Yap, an emergency medicine resident at the UCLA-Olive View in Los Angeles; and Hannah Seoh, the AMA's director of health equity performance and operations in Chicago. I'm Todd Unger, AMA's chief experience officer in Chicago. Anti-Asian racism has become much more visible recently with the very public violence that we've seen against Asian Americans. Has this shine
the light on an existing problem or does this reflect a new wave of anti-Asian sentiment in our country? Dr. Kao, will you start?

Dr. Kao: Thanks, Todd. So, where are you from? This question on its surface seems benign enough but it's really a question that I and probably every Asian, Asian American or Asian appearing person in this country has been asked at some point in their lives, even Chinese and Japanese Americans who can trace their family lineages in the U.S. farther back than some European Americans. This question really speaks to the long history of othering and Asians being seen as foreign. And that's been a part of the Asian American experience from the beginning. I would also say that the model minority label of Asian Americans, again, on its surface seems benign and even a compliment, but this over-simplified label however fails to acknowledge the socioeconomic and education disparities among the more than 50 ethnicities comprising people of Asian descent.

Asian Americans are not all doctors, engineers or professors. Asian Americans as a group have the highest income inequality and have the highest percentage of long-term unemployed during the COVID-19 pandemic. And it also discounts the fact that Asian Americans in the health care workforce have been racially accosted even as they care for the sick and have died from COVID-19, including for example, Filipino American nurses at shocking numbers. So the Asian Americans are held up by so-called model citizens and then face attacks as a non-human foreign contagion in the seeming blink of an eye, frankly speaks to the invisibility and insidiousness of anti-Asian racism.

Unger: Dr. Kao, are we seeing a new and stronger wave of racism and hate against Asian Americans?

Dr. Kao: There's no question that some of the language describing the COVID-19 virus has inflamed anti-Asian racism, but it's nothing new. As I've mentioned just a moment ago, the model minority label has also been used as a racial wedge to pit communities of color against each other. So the notion is if you just study and work harder, you too can succeed as a "self-made American" as the label goes. And this model minority label also obscures the so-called bamboo ceiling, whereby Asian Americans are looked upon as hardworking and industrious but not suited for leadership. Thus, maintaining white dominance in leadership positions.

Unger: Ms. Seoh, what is your perspective?
Seoh: Yeah. I think I just want to echo a lot of what Dr. Kao mentioned. And we know that race is a social construct and the definition of how race is evolved over time. And I just want to go back to history and point out that Asian Americans are actually the only minoritized and marginalized group that has had intentional and explicit legislation passed that actually barred them from entering this country. And at a time when only 0.002% of the population was of Chinese descent, Congress passed the Chinese Exclusion Act in 1882. And later, other legislation was passed imposing certain taxes on the Chinese, and this is when violence escalated. And this pattern has kind of continued throughout the history of this country including after Pearl Harbor attacks.

The U.S. opened these internment camps where Japanese Americans and other Southeast Asian descent were forcibly removed. And also, in the not too distant past in 1982, a Chinese American Vincent Chin was actually brutally beaten and murdered in Detroit by two white Chrysler autoworkers who were lashing out after the rise in popularity of Japanese cars caused resentment after the decline of Detroit's big three automakers. We see this pattern continue after 9/11, attacks against Muslims after the Virginia Tech shooting against Koreans. And what's most alarming about the anti-Asian hate now is that even the elderly which is the group least likely to be able to defend themselves are being targeted.

Unger: Dr. Yap is an ER physician on the front lines throughout the pandemic. What is your perspective on this issue?

Dr. Yap: So many. There's so much to talk about, but I'm just going to share my story. I grew up in America and I was born in America. My parents are immigrants from Malaysia, Asia. And my father as an immigrant over here realized that buying into this model minority myth, putting your head down and not fighting the system and trying to work up is how you "defeat the system" or try to go up in the world. So he would always tell me, don't make waves, put your head down, move forward. During this pandemic or just during my medical career, I've had patients give me benign racism saying things like, "Well, if you were my nice little Asian wife, then I would never have to come to the hospital because you could just be submissive and take care of me all the time," things like that.
And you try to let it wash off your shoulders or not let it bother you because you still want to take care of your patients. And I didn't necessarily feel threatened by them. But more recently during this pandemic, I actually had a patient encounter where the patient was a little psychotic, but definitely a very racist, and definitely just not a nice human, and I had gone in with my mask, so he couldn't really tell what I was. But once he realized I was Asian, he started screaming at me obscenities and saying that my people were stealing food from him, that we just bought our Mercedes-Benz with our money, and that we were making him poor and that's why he was sick, and just so many racist obscenities. He threw urine at me and my nurse. And it got to a point finally where I realized that the patient needed to get an incision and drainage, which means that you go in with a scalpel and you have to cut a boil that they had. And they had it near their groin.

And I verbalized, I told people that I was afraid for my life that if I have to go into this room with this very racist human who's already been verbally and even a little bit physically aggressive towards me. And I said, I'm afraid for my life. I told it to my superiors. I told it to some other white folk. And the only people who stood up to support me or even offer to take this from me was other people of color who are my subordinates. And I said, "I can't do this to you because they're going to be racist towards you too and I don't want you to get hurt." So I ultimately had to go in with two other security officers to make sure that I would be safe while doing this procedure with a scalpel in my hand. The whole time terrified that this patient would stop me.

And processing this trauma that I've dealt with since brought up a lot of things forward. One, being part of the reason why I couldn't just tell somebody, "please do this for me instead," was partly this model minority having been forced on me thinking, well, I'm a woman in emergency medicine, which is kind of rare already. And then, you're also an Asian American. And we want to always just prove that we're good enough, that we can take whatever is thrown at us, that we can do whatever is asked of us, so that we aren't seen as problematic or troublesome. So, that was one problem. The other problem I think also that brought up was just the idea that maybe racism at us is a little bit more insidious, it's not as visible.

It's not as threatening necessarily that we've at least seen in our mainstream media. It is becoming more prevalent now. But this happened before the Stop Asian Hate thing went forward. It was more in the mainstream media. And it was just so shocking to me that even though I said, "I'm afraid for my life," I didn't have white individuals, people are supposed my allies, people with more power, stand up and help support me. And so, this is ... Going forward, our department's making moves to become more supportive for people of color. And I want to say that my residency is fantastic, that I'm full with other people who are very supportive, but that was just a small fail in the system that day. And I think it's very emblematic of the little small bits of racism that we, as Asian American physicians, as Asian American providers, do deal with every day. And that's something that—

**Unger:** Yeah, that's far beyond of obviously little bits, that's a harrowing story. Do you feel your
experience and what you've communicated as a result of that is going to lead to changes in how you're supported in your working environment?

**Dr. Yap:** It absolutely has. And our department is working more through its anti-racism efforts and supporting all our minorities of color including Asian Americans. So, that's really comforting to me. As I'm farther away from when this happened, because it's happened quite a few months ago, I've been able to tell my story more and more and it's been able to create more change. So, I'm thankful for that. Although, the experience itself was very harrowing and I don't wish it on anybody.

**Unger:** Yeah. Ms. Seoh, Dr. Kao mentioned earlier in the program about issues around the naming of the virus has kind of fomenting a lot of this anti-Asian sentiment, do you see other drivers that are contributing to increased xenophobia and specifically anti-Asian sentiment?

**Seoh:** Well, as we kind of alluded to before, the anti-Asian sentiment is not new in this country. And what has really, I think, enabled the resurgence of that is the normalizing of hatred and blame towards those of not just Chinese but also East Asian presenting descent. The former president media continue in to refer to COVID as the China virus and kung flu. But what's interesting is that even though other countries, there are other variants that are coming out from other countries where the virus is spreading, there's no blame or hatred that seems to be coming out towards those citizens of those countries but it continues for Asian Americans and the anti-Asian remarks still remain.

And I think this just goes to show how deeply entrenched the anti-Asian sentiment is in the U.S. And the perpetuation of a seemingly benign phrase like model minority continues to harm and damage the Asian community. The AMA even came out and spoke out against this and condemned such racism and xenophobia and stress the importance of language and how that actually shapes dominant narratives that we have around different groups of people. And so, we need to continue to be vigilant, not only correct others, but as Dr. Yap mentioned, people in other positions of power need to be able to stand up and step in, be good allies and accomplices when they see these kinds of things happening and correct the behavior.

**Unger:** Dr. Kao, from an ethics perspective, what issues do we need to consider when physicians feel unsafe in their roles because of xenophobia and other racial bias?
Dr. Kao: Yeah. First of all, I just like to say that hearing Dr. Yap’s story is agonizing and sadly, it’s not unusual. According to a survey that was done in 2017, nearly seven in 10 Asian American physicians reported being demeaned with racist and cultural stereotypes by patients. And as physicians, we routinely interact with people when they are not at their best and feeling vulnerable, and that is strongly the case during this pandemic. But frankly, empathy only go so far especially if a physician’s physical safety is threatened. And also, most physicians report that their organizations provided no training or had no formal policies on handling prejudice behavior by patients. And while this kind of behavior is difficult for even the most seasoned physicians to handle, it really presents unique challenges for students and trainees.

And as Dr. Yap was saying, the silence of white attending physicians who have never been trained in how to manage such situations can make matters worse. If you have preceptors who witnessed derogatory or prejudice behavior and they do nothing, the student and trainee will assume that their preceptor saw it, but didn't think it was a big problem. I will say that this past November, the AMA House of Delegates adopted an ethical position on discrimination by patients. And according to this AMA ethics policy, it’s a responsibility of physicians especially those in leadership positions to promote a safe and respectful work environment. And they clearly and openly support students and trainees who experienced prejudice behavior by patients. And so, I would direct our viewers to the AMA Code of Medical Ethics at amaethicscode.org if they want to read the full AMA ethical opinion on this topic.

Unger: Dr. Yap, I guess Dr. Kao really has provided some of the basis already, but from your perspective, why is this an issue that physicians really need to understand in dealing with both their colleagues and patients?

Dr. Yap: Ultimately, physicians are to be the leader of the team. And other colleagues in the health care field are going to be looking up to us when we’re modeling the behavior that we want to be seen. And patients ostensibly are supposed to be respecting physicians in what we have to say to them. And I think it’s that much more important than to stand up for your coworkers and to also just stand up for our patients when they need a help or also set those boundaries with patients when they need those boundaries. I think the big thing that we as physicians can be doing is, yes, there are systemic things that we need to target. There are trainings that systems can put together. But not all of us are in that position to be able to put those systems and those trainings in place. We can talk to our system saying, hey, we’re missing this.

But I think just even starting on the ground level, the behaviors that each and every one of us do that if you see something that doesn't look right, that doesn't sound right, you step in and intervene. You just say something as simple as, that's not okay. Or when you see your coworker having gone through that experience, you reach out to them. You say, "Hey, I saw that happen. Would you like my support in this? What can I do to help you? Do you want me take over for that patient?", Even
sometimes might be appropriate. And just going in that dialogue with your coworkers, knowing that you're an ally is so very important.

Unger: Well, Ms. Seoh, can you give us a little bit more background on the work that AMA is doing to combat Asian hate?

Seoh: Yes. At AMA, we really value the importance of our employees and being able to speak for all people in order to promote the betterment of science and public health. And really in any organization, we know that staff are your biggest asset and source of value. Even our CEO, Dr. James Madara, he's been reaching out to our employee resource groups to give them an opportunity to voice their concerns after the hate crimes that happened in Atlanta. AMA President Dr. Bailey released a statement condemning the attacks. We provided resources to staff to learn about the history of anti-Asian sentiment, armed them with data, and ways to show solidarity to support and combat Asian hate.

And at the Center for Health Equity, we've prepared board reports specifically around Asian Americans. The importance of data disaggregation to show the diversity of the Asian diaspora because our stories matter, all of our stories matter. And we'll continue to work across the enterprise to ensure that Asians are not left out of equity conversations. And that more is done, so that Asians are not put in the other category and rendered invisible and othered. It's really time to let their light shine.

Unger: Yes, that issue of data really is something that's pervasive for many groups here during the pandemic. Can you give me just any additional information about what that issue is?

Seoh: Yeah. I think data is really critical. It's not just useful for academics, data's used in every field for making decisions. It determines how money is spent, how laws are passed, how resources are allocated, which patients get which treatment, and so on and so forth. Even as a human being, your brain is using data all the time. Information you learned combined with past experiences and memories that really allow yourself to make the best decisions that you can. And people often make the mistake of thinking data is neutral, but really data and statistics numbers can be used to tell the story that you want to tell. And the lack of accurate and comprehensive data really masks the inequities that exist. And so, that's why for Asians and any group really, it's important that we disaggregate to make sure that we're able to highlight and really get at the inequities. For example, Korean Americans are actually at the highest risk and prevalence of having stomach cancer. Without that specific disaggregation, we would never know that.

Unger: Well, last question, Dr. Yap, why don't you start? Is there anything that can and should be done to combat this? And, what do you view as the responsibility of the medical community in contributing to the solutions?

Dr. Yap: So I think in medicine we see, yes, there are a lot more Asian Americans in medicine, but it's
shocking to me is how few of us are actually in leadership and in these positions of power. And I think if we get more Asian Americans or Asians in these positions of power, we're going to be seeing more change and we'll be able to think more about how our community treats Asian Americans. So, I think that's one step that we can be doing moving forward for sure.

Unger: Dr. Kao?

Dr. Kao: So, I would just say a couple of things. So personally, as a Chinese immigrant kid growing up in Los Angeles during the 1970s, I wasn't taught the history of America's anti-Asian racism in school. And frankly, I probably didn't need to be since I experienced it. And so, after many years of debate, California is moving forward with a K-12 curriculum focused on the history and contributions of people of color including Asian Americans and the racism that we and so many have live with. So, I think educating ourselves about the history of racism including anti-Asian racism is essential. And a good educational resource to learn more about racism in health care is the AMA Journal of Ethics®, which is free to everyone at journalofethics.org. And then, the last thing I would say from a health care community perspective, the AMA has long and continues to focus on reducing professional burnout.

I can tell you that your Asian American colleagues in the health care workforce and health care team are not only dealing with the stress of caring for patients during this pandemic, but they have to live with the added burden of anti-Asian racism targeting them. But what maybe even more agonizing frankly is fearing for your mother or elderly family members halfway across the country being targets of unprovoked cowardly attacks. So, I would call on my colleagues to engage in a simple act of kindness. Reach out to a colleague of yours. It could be someone on your health care team or a medical school classmate who you've not connected with in a while. Call them on Zoom. Call them on Teams. And simply reach out and reconnect because silence can be interpreted as ignorance or indifference. And frankly, ignorance and indifference to the suffering of others is antithetical to the ethics of medicine and all who endeavor to care for people in need.

Unger: Well, thank you so much, Dr. Kao for those comments, and Dr. Yap and Ms. Seoh for your perspectives and the stories. This has been a very moving episode. And thank you for being here today. That's it for today's COVID-19 Update. We'll be back with another segment tomorrow. In the meantime, for resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us today. Please take care.

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