

The other pandemic: COVID-19 as a catalyst for hate against Asian health care workers

A call to action to address anti-Asian discrimination in the health care system.

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ABSTRACT: The COVID-19 pandemic reignited the long-standing issue of global racism against Asian populations. Specifically, Asian health care workers face discrimination due to a unique combination of their racial background and their roles interacting with COVID-19-exposed patients. Sources of violence and prejudice may arise from within and outside the health care system. If left unaddressed, the emotional stress of racial discrimination faced by health care workers can accelerate staff burnout, perpetuate feelings of isolation, and compromise patient care. In this article, we review factors involved in experiences of anti-Asian racism during the COVID-19 pandemic. Proposed areas of action to mitigate incidence of discrimination in the health care system may include policies addressing country-based nomenclature for global issues, funding for Asian community-based medical resources, and early anti-Asian racism education for health care students.

As she stood in the lobby of a business at the end of her 12-hour shift, a Chinese-Canadian nurse couldn't help but notice that her food was being prepared by unmasked workers. What should have been a simple reminder to mask up instead turned into a barrage of racist drivel against her: "I never thought it would be death caused by China!"

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This article has been peer reviewed.

and "You people are always causing problems!"¹ This story highlights the quintessential experience faced by Asian health care workers in Canada as they juggle hearing the empty praise of being called a "health care hero" with facing day-to-day overt racism and microaggressions at work and in public settings.^{2,3}

While this story may surprise some, it is just one of thousands of anecdotes that continue to underpin deeper issues. The Asian population is no stranger to racial discrimination, having been scrutinized for their appearance, culture, and identity.^{4,5} Though efforts have been made to educate the public on cultural sensitivity and to celebrate racial diversity, the SARS outbreak in 2003 demonstrated the speed at which we can revert to unconscious biases of racist tendencies in the face of fear and uncertainty.⁵ In a similar vein, the COVID-19 pandemic has reignited racism against Asians, exacerbated by initial public framing of the situation as being caused by the "Chinese virus."^{2,6,7} This phenomenon transcends borders, occurring even in Canada where we pride ourselves for our multiculturalism. The propensity to scapegoat this ethnic group during periods of crisis has contributed to the unfair social exclusion of the Asian population and laid the groundwork for tragedies such as the targeted mass shooting in Atlanta in March 2021.^{5,8} Six Asian women were among the victims.

Unfortunately, racially driven prejudice has not been the only form of discrimination to increase during the COVID-19 pandemic. Health care workers have become a target of public fear, seen as a danger due to their higher risk

for contact with environments and individuals exposed to COVID-19.^{2,7} The manifestations of this fear have been numerous and widespread, with reports of violence against health care workers in countless countries around the globe.⁹⁻¹²

Taken together, Asian health care workers are at a unique intersection of increased risk for prejudice and discrimination in both their personal and professional lives.^{2,7} A survey conducted by the Canadian Union of Public Employees reported an increase of COVID-19-related racism targeting health care workers in Manitoba.¹³ Most significantly, while only 1% of health care workers who did not identify as Asian reported experiences of racism during the surveyed 1-month period, a staggering 20% of Asian health care workers reported racism during the same time frame.¹³ This is supported by a series of interviews conducted with Asian health care workers highlighting experiences ranging from verbal microaggressions to outright violence.²

It is well established that the experience of racism and prejudice can have tremendous impacts on mental health among those inside and outside the medical field.¹⁴⁻¹⁶ However, when paired with the busy and stressful environments of health care settings, discrimination is an unwarranted factor compounding the likelihood of burnout among health care workers. This sentiment is worsened by a shared frustration of a lack of acknowledgement from institutional and public authorities, as well as constantly feeling the need to prioritize patient trust over one's integrity.² The resulting burden is an invisible

yet significant cost to the health care system, potentially manifesting as presenteeism among workers (the lost productivity to the work environment when employees cannot fully function due to illness or other conditions).^{17,18} Perhaps the most important implication is that workers experiencing anxiety and stress from racially driven prejudice could have decreased capacity to properly care for patients.¹⁹ In this sense, the effects of discrimination are carried downstream to the home and the workplace. If racism is beginning to affect an outcome as critical as patient safety and care, then this issue must be treated as one of utmost importance.

It is also important to recognize that this issue does not differentiate based on age or experience.^{2,20,21} Asian health care workers at all stages of their careers may face the negative effects of racist exclusion, not only those who are currently practising professionals.³ Notably, Asian students studying in the medical profession have also been affected, and we suspect that the same applies for students of other health care occupations. A Polish study demonstrated through an online survey that Asian medical students have experienced increased xenophobia since the COVID-19 outbreak, receiving reactions such as individuals pointing fingers or spitting at them, and patients asking in terror whether they are infected with COVID-19.²⁰ This may have hindered their career development and worsened feelings of isolation, given that many of these students were studying abroad. Interestingly, the prejudice tended to more greatly affect Asian mask-wearing students, with anecdotes of lecturers requesting that these individuals remove their masks, even amid student concerns for safety.²⁰ We are reminded of a similar experience in Vancouver, where mask wearers were targets of prejudice until masks were mandated by the government. Asian individuals were overwhelmingly represented in this group.²²

Nevertheless, it would be naive to believe that health care workers are solely the victims of prejudice during the COVID-19 pandemic. Cases of health care workers facing stigma from fellow colleagues during the pandemic period have also been reported. For an action as simple as opting to take a COVID-19 test, a female health care worker required psychotherapy and

benzodiazepines to manage her psychological distress due to the stigma received from coworkers.²³ Another health care worker employed in a COVID-19 ward reported feelings of humiliation and worthlessness due to derogatory tones and comments made by colleagues after her exposure to COVID-19 patients.²³ Even experienced health care workers may lash out inappropriately as a result of overwhelming stress or fear. It is important to look both internally and externally to identify possible areas in the health care system for targeted interventions to address this issue.

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Overall, in light of recent events surrounding the COVID-19 pandemic, the increasing rate of anti-Asian racism has positioned this issue at the forefront of our minds. Public attention for the Asian population, one so often overlooked as a quiet “model minority,” has reached an all-time high.¹ It is now up to the health care system to capitalize on this momentum and prevent the hardships experienced by Asian health care workers from being in vain.

To do this, we propose the following solutions:

- Establishment of policy to prevent public framing of future global situations as being associated with a certain ethnicity or country (e.g., supporting neutral language in standardized nomenclature for viral variants).²⁴
- Increased government funding for Asian community-based care programs and medical resources provided in different languages (e.g., telehealth).²⁵
- Implementation of education on Asian history, racism, and psychosocial resilience targeted for health care students, beginning early during preclinical training years.²⁶

As Asian medical students, we believe that an evolution at the political, community, and education levels is imperative to establish a sustainable environment where Asian health

care workers feel safe and valued for their work.

This is in no way intended to downplay the experiences of other groups, or to suggest that Asians are the only victims of racism. It has been clearly established that members of minority groups such as Indigenous, Black, and Hispanic populations are also victims of racism in the health care system, each with their own devastating and unfair experiences of bias.²⁷⁻²⁹ However, we believe that joining the fight against Asian hate is also joining the fight for all people of color. The Asian population should not be thought of as the centre of attention, but rather a facet of a larger issue that must be addressed congruently. We would be honored to have members of all ethnic backgrounds become allies in our journey for racial equality in our health care system. Likewise, this is a call to action for all Asian health care workers to stand up for our fellow peers and colleagues who may be suffering their own battles.

Although the worst of the COVID-19 pandemic will likely reach an end, the social aftermath of the situation may persist far beyond. Furthermore, should new worldwide health crises arise in the future, they will test our ability to grow from past experiences and to respond with empathy. It is critical that this issue is addressed in the health care system, lessons from the COVID-19 experience are used, and an action plan is created to ensure a safe and inclusive environment for all health care workers. ■

Competing interests

None declared.

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