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Research Article

Contagious Heathens: Exploring Racialization of COVID-19 and Asians through Stop AAPI Hate Incident Reports

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Abstract

The emergence of COVID-19 has been accompanied by a rise of anti-Asian sentiment in the United States and other Western countries. Based on a thematic analysis of anti-Asian hate case descriptions reported between March 19, 2020 and March 26, 2020 to the Stop AAPI Hate database, this article explores how COVID-19 and Asians are racialized in the present-day context. Findings indicate that the racialization of COVID-19 is deeply informed by long-standing racial perceptions of Asians as unclean, heathen, and immoral. These perceptions are intimately related to current geopolitical tensions and are negotiated in assimilationist claims to worthiness by Asians in response to discrimination.

Introduction

In December 2019, the first human cases of COVID-19 were identified in Wuhan, China. Spreading rapidly and globally, the outbreak was deemed a pandemic by the World Health Organization in early March (Cucinotta and Vanelli, 2020). The emergence of the pandemic was accompanied by a rise of anti-Asian sentiment and increase in hate incidents in the United States and other Western countries. East Asian bodies and those racialized as Asian in the United States have come to shoulder the responsibility and blame for transmission of the novel coronavirus (COVID-19) (“Covid-19 Fueling Anti-Asian Racism and Xe-

nophobia Worldwide,” 2020). Within just two weeks of the Asian Pacific Policy and Planning Council (A3PCON), Chinese for Affirmative Action (CAA), and San Francisco State University (SFSU) Asian American Studies Department’s launch of the Stop AAPI Hate reporting center in March 2020, nearly 1,100 reports of anti-Asian hate had been submitted by community members to the database (“April 3, 2020 Press Release,” 2020). This article seeks to explore how the racialization of COVID-19 both shapes and is shaped by existing racial tropes surrounding Asians. Specifically, the article situates this in the broader historical context of other racialized diseases such as SARS, MERS, and Ebola, and in the understanding of how “disease” is often a value-laden descriptor weaponized against racialized¹ subjects.

As COVID-19 remains an ever-present threat that has claimed the lives of hundreds of thousands, it is increasingly clear how racial violence and discrimination unevenly distribute the burdens and harms associated with this pandemic (Farley et al. 2020). This article is largely a labor of love for our Asian and Asian American communities, from those who are now being politicized by this moment to those often invisibilized in the community who bear the weight of structural violence in their everyday lives. We seek to provide a better understanding of anti-Asian hate in the present, and to contextualize it in a greater history of anti-Asian sentiment and violence in the United States and internationally. As we come to reckon with racial violence associated with COVID-19, it also becomes more critical than ever for us to recognize our stake in uplifting and standing in solidarity with Black and Brown folks who are disproportionately losing their lives in this crisis, at the hands of the medical-industrial complex and the criminal legal system, and due to the gross negligence and mismanagement of the pandemic by state leadership (ibid.). In addition, this project seeks to open a dialogue about the connections between Asian diasporic experiences of racism and the realities of imperialism and geopolitical racialized aggression against those in our homelands. It is our hope that with a more nuanced consciousness of these issues that our communities can continue to build toward meaningful healing and justice.

While the literature around COVID-19 is still emerging, scholarship on public health and disease in relation to racialized bodies provides a foundation to deconstruct and dissect the racialized consequences of COVID-19. Historians Nayan Shah and Natalia Molina explore disease and public health, namely public health institutions, as sites of racialization. In *Contagious Divides*, Shah contends that public health

practices, policies, and frameworks have historically operated to create a dichotomy between “normal” and “aberrant,” situating disease, contagion, as well as immorality in the bodies of those who fall outside the prescriptive norm (Shah, 2001, 253). Public health discourses thus play a role in producing racial meaning in defining normativity and health along the lines of whiteness, class privilege, nuclear family formations, and cisheterosexuality. To accomplish this, Shah analyzes the historic role of public health in the racialization of Chinatowns and working-class Chinese immigrants as inherently contagious and diseased in the nineteenth century as a function of their aberrance from normativity in their communal and queer domestic arrangements, social conduct, consumption patterns, and positionality as laborers. The contribution of public health to these processes is made clear in policies and rhetoric such as publications/ testimonials by health professionals that designated diseases such as syphilis and leprosy as inherent to Chinese bodies and the employment of the carceral state for disease management that includes the relocation and “sanitization” of presumed Chinese female prostitutes by police at the directive of San Francisco health officials and the deportation and detainment of individuals thought to be infected with leprosy (ibid., 77-104). Molina, in *Fit to Be Citizens*, similarly describes the ways public health government officials help determine who is part of the body politic—the people of a nation or society who are considered part of a collective entity and have access to political and social rights granted under the state—in enforcing hegemonically defined standards of health or cleanliness. Examining Chinese, Japanese, and Mexican communities in Los Angeles from the late 1800s to mid-1900s, Molina contends that public health institutions crafted social membership in a way that marked immigrants and communities of color as innately unclean and infectious. Molina discusses the unclean immigrant trope, which characterizes immigrants of color as unsanitary, dirty, and carriers of disease that were thus threats to “the health of the nation in both a real and metaphorical sense,” obfuscating the actual sources of disease (lack of access to medical care, malnutrition, and sewage exposure) in the process (Molina, 2006, 4).

Connected to the notion of unclean communities, Shah introduces the idea of heathen bodies to understand how certain public health practices and discourses have been wielded against Asian people, particularly Chinese laborers during the Gold Rush. Shah describes how working-class Chinese people living in San Francisco Chinatown during the nineteenth century were designated as pathogenic and a mortal threat to the

White populace through public health discourse and policy. Medical professionals and politicians actively crafted the narrative of Chinese communities as uncontainable carriers of disease (particularly syphilis, leprosy, and tuberculosis) to the general public through the use of racialized phenotypical indications such as facial features or skin color as markers of illness and incommensurable racial difference. Importantly, the designation of Chinese bodies as “heathen” was not only about their perceived relation to disease and uncleanness but it was also an evaluation of their morality and civility. Perceptions of Chinese transmission of syphilis and leprosy were tied to viewing Chinese prostitutes, opium dens, and homosociality as signs of moral degeneration and inferiority that intentionally defiled the moral sanctity of White racial purity, capitalist productivity, heterosexuality, and the nuclear family. For example, policies barring Asian women from entering California as means to combat sex work was constructed on fears surrounding racialized and gendered ideas of Asian women as sources of both pestilence and immorality. Though these state policies were eventually overturned due to questions of jurisdiction, the federal government quickly filled the gap by passing the 1875 Page Law that prohibited all immigration of Chinese, Japanese, and “Mongolian” women thought to be prostitutes (Shah, 2001, 77-104). Additionally, the placement of Chinese individuals with leprosy in indefinite quarantine (a sort of “public health incarceration”) separate from the general public and even White folks with leprosy was a choice made by political and medical authorities who saw the spread of leprosy from Chinese folks as evidence of transgressions on established racial and moral boundaries (*ibid.*). Such rhetoric and actions of public health officials and state administrators crafted Chinese and East Asian bodies as diseased and reified social conceptions of normalcy and acceptability. Thus, as an extension of persistent conceptions of Yellow Peril, a historic trope that posits East Asians as a dangerous existential threat to the West, the racialization of Chinese people as inherently contagious not only makes assumptions about physical presentations of disease but also positions the Chinese as morally corrupt and a menace to the integrity and progression of American society (Shah, 2001).

Critically, Shah describes the ways in which such racialization evolve and is renegotiated in shifting contexts. During the twentieth century, perceptions of San Francisco’s Chinatown were reconfigured as no longer infectious and afflicted but a place of “sanitized exoticism” (*ibid.*, 225). During the 1920s, second-generation Chinese Americans

became eager to change the material conditions of Chinatown. They sought to bring public interest to a new housing project in Chinatown by positioning themselves as “worthy” and “deserving” subjects. Seeking to distance themselves from racialized assertions about disease and immorality, second-generation Chinese Americans appealed to White, middle-class sensibilities, centering claims about their growth of nuclear family units over bachelor arrangements, their work ethic, ability to assimilate, anticommunist convictions, and loyalty to American democracy (Shah, 2001). Those involved in advocating for the new public housing developments, both White and Chinese, drew on rhetoric that quality housing fosters both health and good citizenship. While these appeals were largely successful in winning Housing Association funding, they did so at the expense of bachelors who were not accommodated in the new project. They also found that their appeals to worthiness and assimilation did not protect them from White hysteria and violence when they moved out of Chinatown and into predominantly White areas in the 1940s and 1950s (*ibid.*).

The negotiation of racial meanings for Chinese people in the United States, as shaped by the role of public health and disease discourse, provides the theoretical backdrop for understanding the contemporary racialization of Asian bodies during the COVID-19 pandemic. In particular, we focus on the concepts of “heathen bodies” and worthiness/assimilation. This article explores how these theoretical groundings apply in the racialization of COVID-19 as well as other unique modes of racialization between Asians and the disease. Understanding the new and evolving sociopolitical realities this research is being conducted within, this project seeks to nuance the specificities in which the racialization of COVID-19 and Asians operates in the present-day context. By using qualitative hate incident reports from the A3PCON, CAA, and SFSU Asian American Studies Department Stop AAPI Hate database, we aim to answer the following research question: How does the present-day racialization of Asians during the COVID-19 pandemic parallel historical racial characterizations and responses by Asians in earlier periods of anti-Asian animus? Within this broader question, we seek to understand:

1. What specifications indicate an association of Asians with “heathen bodies” (bodies that are inherently diseased and uncontainably virulent) and “unclean immigrants”?
2. What details provide indications to assumptions about

how cultural eating habits of Chinese people and Asians more broadly influence racialization of COVID-19?

3. What words or phrases indicate an individual's desire for assimilation and perceived worthiness in response to COVID-19-related hate crimes?

Methods

This project analyzed cases of anti-Asian hate reported between March 19, 2020 and March 26, 2020 to the Stop AAPI Hate Reporting Center ("Stop AAPI Hate," 2020). The reporting center was created in light of COVID-19 to give directly impacted community members an avenue to share their experiences and receive support and resources ("March 20, 2020 Press Release," 2020). Founded by community-based and -oriented organizations, the reporting center has the propensity to reach a greater community base and tracks incidents of anti-Asian hate and discrimination more broadly than what may be captured in hate crime reports gathered by government agencies through law enforcement, which have a much narrower scope on incidents legally defined as hate crimes. Particular interest was given to the week of March 19, 2020 to March 26, 2020 because California Governor Gavin Newsom declared the first statewide shelter-in-place order in the United States on March 19. This was also the first week that incidents could be reported to the database. We used qualitative data that came in the form of incident reports that were submitted to the reporting center's online form by individuals across the country. Incident reports contained the respondents' demographic information (race, gender, and age), date and location of the incident, as well as a written open-ended description of their incident. These incidents were categorized into nine categories: verbal harassment, barred from establishment, barred from transportation, coughed at/spat on, physical assault, vandalism/graffiti, shunning, workplace discrimination, and online attacks. Thematic analysis of the anti-Asian event descriptions from this data was conducted. These themes, defined as "recurrent unifying concepts or statements about the subject of inquiry," helped explicate individual experiences based on general insights from the data as well as better characterized how the racialization of COVID-19 both shapes and is shaped by racial tropes surrounding Asians (Bradley et al., 2007).

Two reading and coding sessions of 400 and 302 incidents, respectively, were conducted. The number of cases reported to the database between March 19, 2020 and March 26, 2020 totals 747 cases, however,

the point of saturation occurred at 702 cases where case review stopped. For the purposes of this project, the definition of saturation operationalized was when no new codes or themes emerged from the analysis of the data (Saunders et al., 2018). As cases were reviewed, passages were sorted in an Excel sheet into three domains that were predeveloped as overarching topics that structure the themes derived in the analysis. Multiple themes within each domain were extracted and refined as analysis occurred.

The three domains are informed by Shah and Molina's scholarship on race, immigrant bodies, and disease. The first domain, heathen bodies and unclean immigrants, was chosen because these concepts have deeply informed the racialization of Asians and have been wielded by public health institutions in the past, especially against Asians living in Chinatowns. This is a particularly interesting category to explore to see if these concepts persist in the public discourse around COVID-19 and how they possibly reify a racialization of Asians that reinforce White supremacy and Western hegemony. The second domain examines cultural eating habits as a facet of racialization. Drawn from Shah's analysis of heathen bodies and unethical social customs and arrangements, this research is interested in how assumptions about Asian dietary habits reciprocally influence and are influenced by ideas of Asians as exotic, immoral, and threats to Western values. Lastly, the final domain is assimilation and perceived worthiness. Historically, Asians have used assimilation to assert their worthiness of health and humanity to the White general public. These assertions serve as a ripe analytical ground in how claims about proximity to citizenship and whiteness may influence Asians responses to COVID-19 as well as understandings of racialization and race relations.

Results and Discussion

Table 1 shows the ethnic, gender, age, and regional breakdown of the 702 cases reviewed out of the total 747 incidents reported to the Stop AAPI Hate Reporting Center from March 19, 2020 to March 26, 2020.

From the 702 cases reviewed, 537 cases were coded. Four hundred ninety-eight were coded under the heathen bodies and unclean immigrants domain, 36 under the perceived cultural eating habits domain, and 40 under the assimilation and worthiness domain. The remaining 165 passages primarily included very brief phrases or responses that mostly described vague physical assaults or contained anti-Asian hate slurs. For the purpose of this article, we exclude those 165 passages.

Table 1. Sample Characteristics of Individuals Who Submitted Stop AAPI Hate Incidents between March 19, 2020 and March 26, 2020 (n = 702)^a

Variable (sorted by n)	n (%)	Variable (sorted by n)	n (%)
Ethnicity^b		Gender	
Chinese	284 (36.7)	Woman	366 (52)
Korean	119 (15.4)	Missing	203 (29)
Asian	90 (11.6)	Man	126 (18)
Vietnamese	50 (6.5)	Transgender, Non-Binary	6 (.86)
Japanese	42 (5.4)		
Taiwanese	40 (5.2)	Region^d	
White	35 (4.5)	West	266 (37.8)
Filipino	32 (4.1)	Northeast	154 (21.9)
Hmong	30 (3.9)	Missing	146 (20.8)
Other	10 (1.3)	South	72 (10.2)
Lao	10 (1.3)	Midwest	64 (9.1)
Mixed ^c	7 (.91)		
Cambodian	7 (.91)	Age	
Thai	6 (.78)	Average Age	36
Mongolian	2 (.26)	Age Range	13-76
Singaporean	2 (.26)		
Indonesian	2 (.26)		
Black	2 (.26)		
Bangladeshi	1 (.13)		
Burmese	1 (.13)		
Malaysian	1 (.13)		

^a There were 747 unique incident reports submitted to the *Stop AAPI Hate Reporting Center* from March 19, 2020 to March 26, 2020, however, the point of saturation occurred at 702 cases where case review stopped. This table only includes data from cases reviewed up until the point of saturation.

^b On the reporting form, ethnicity is asked as an open-ended question. Individuals may write in their self-reported ethnicity. If an individual reports two or more ethnicities such as, “Asian, Chinese,” then they are counted in all those categories. Summing the total number will be higher than n = 702 because of this double counting.

^c Individuals who explicitly reported “Mixed” are counted as such. Individuals who reported one or more ethnicities were not included given database constraints.

^d Regional breakdown is based on the U.S. Census Bureau’s regions and divisions.

Source: Stop AAPI Hate Reporting Center, 2020.

Domain 1: Heathen Bodies and Unclean Immigrants

Three primary themes emerged for understanding the racialization of COVID-19 within the heathen bodies and unclean immigrants domain: (1) the general assumption of Asians being intrinsically diseased and lacking cleanliness, (2) the conflation of diseased body and morality, and (3) the influence of geopolitics in shaping racial discourse.

Theme 1.1 Intrinsically Diseased and Lacking Cleanliness

In line with historic perceptions of Asians and immigrants of color generally, many of the hate crime cases in Stop AAPI Hate reported perpetrators reacting with instinctive fear or disgust, many making explicit statements about the victims being diseased or infectious and others choosing to enforce sanitary or distancing measures exclusively with Asian folks. One respondent recounted an encounter in Walmart with a group of White men who verbally and physically assaulted him:

They started shouting abuse at me saying things like “get out of this store now you filthy slant-eyed chinky!” And whilst they were hurling abuse at me they were all laughing at me and encouraging each other to hurl more abuse at me. . . . When I tried to walk the opposite way from them one of them had their phone out and started recording and the person recording threw a tin of potatoes at my head with quite a lot of force and shouted, “if I ever see you around again you diseased creature, I will personally shoot you with my AR-15.” Luckily I only have a little bumped bruise on my head but the experience has left me too scared to go out anymore.

The assailants’ language illustrates the means by which this pandemic recapitulates racial meanings around Asians as unclean and innately infectious agents. Pertinently, the elicitation of “slant-eyed chinky” echoes the ways in which physical markers of racial difference become associated or synonymous with “markers” of disease—other reports mirror this, with one case noting the aggressor had described the coronavirus as the, “slanty-eyed, yellow skin province” virus. It is also clear how, through the perpetrator’s demands and threat of violence, concerns of “health” act as means for relegating those considered “diseased creature[s]” to heathen, subhuman status and as pretexts for keeping those who are racialized in this fashion from inhabiting and partaking in certain spaces and activities.

Additionally, many respondents also noted being referred to and

addressed as “Coronavirus” or “Chinese virus,” indicating Asian bodies as literal embodiments and personifications of the disease. These racialized constructions of COVID-19 also manifest in especially troublesome misconceptions about the epidemiology of the virus, with one respondent reporting that a fellow coworker claimed, “I can’t get the Coronavirus because I’m not a chink.” It is thus shown that such racializations of Asians being innately diseased are not only comprehensible in convictions about Asians being uncontainably contagious but also, contrastingly, in beliefs about disease protection conferred by non-Asian race.

Theme 1.2 Moral Conflation

Beyond base claims of Asians as virulent and disease-bodied in the context of COVID-19, the unclean immigrant and heathen body tropes intertwine with the imposition of moral implications in the disease’s racialization. In the same vein as Shah’s analysis of disease and morality in the context of Chinese prostitutes and opium dens in San Francisco, several of the cases coded in the heathen bodies domain were coupled with assertions about Asian people’s ethical culpability for the virus. Many of these cases frame the origination, spread, and transmission of COVID-19 on Chinese people and Asians more broadly with a sense of sinister purposefulness on the part of individual Asians and the Asian community as a whole. To illustrate, one respondent recounted:

A man right outside of the main Massachusetts General Hospital entrance yelled at me, “Why are you Chinese people killing everyone, what is wrong with you, why the fuck are you killing us?” I continued walking and pretended I didn’t hear, but he did follow me for a block before he gave up. I notified security and filed a formal incident report, and they stated that this has been happening with some frequency recently around the hospital premises.

In his pointed questioning, the man described in this incident manages to imply that Chinese folks are active agents of death and killing by means of COVID-19—that is, they are not just infecting everyone because they are uncontrollably contagious but also as a matter of intention. His repetitive inquiries for an explanation “why” Chinese people were supposedly choosing to kill everyone suggests the belief of the existence of concrete motivations, further emphasizing the idea of Chinese people as conscientiously malicious and heathen subjects with a

unified malintent. The distinction of the “you” versus “us” made in this passage also draws on ideas of Yellow Peril, where the “us” can be seen to represent Americans and the West as a whole as well as their implicit attached value systems (e.g., rationality, individualism, Eurocentric conceptions of progress). Other reports echo this sentiment, with one person reporting a perpetrator had declared Asians the “true harassers” and accused them of “killing half the world” and another citing a White man had angrily called her a “terrorist” while walking on the street. From such cases, it is clear that the racialization of COVID-19 functions to position Asians, especially East Asians, as a threatening and diabolical opposition to the assumed White American “us.”

Deriving from the assumption of ethical responsibility by Asians as a menacing whole, other cases displace blame for the disease to Asians as individuals. Functionally, the racialization of COVID-19 collapses individual Asian people into a monolithic unethical populace. One respondent reports a White woman grabbing her on the street: “[She] suddenly started screeching ‘WHERE ARE YOUR ETHICS?’ repeatedly while we walked past her. She grabbed one of us by the arm (near the back of the group) and squeezed it (no pain, but still a physical touch) as she continued saying the same phrase over and over.”

This further shows the placement of ethical responsibility and authority over both managing and solving the disease on Asian individuals. Another respondent recounted being approached by a customer who yelled, “What are you personally doing to stop this virus that your people have brought over?” Many of these questions of moral and practical responsibility can be directed to the state (i.e., local, state, and federal governments) and its handling of the pandemic or recognition can be given to the ways communities as a whole work together to set the tone of crisis response. Instead, this assertion places the moral obligation of handling the disease on random Asian individuals. However, by giving room for the victim to make a claim about the fulfillment of their presupposed moral obligation, this instance also leaves spacing for a sense of redemption and atonement on the part of the respondent in a way that the prior two incidences do not. Thus, the conflation of morality with COVID-19—both on a systematic value scale and on an individual basis—deeply informs the understanding of the racialization of the disease and its resulting implications.

Theme 1.3 Geopolitics

The reinscription of the heathen bodies and unclean immigrants

trope in the face of COVID-19 are also framed in the context of long-standing geopolitical tensions. Intimately tied to claims of immorality, the global political arena serves to inform the racialized nature of COVID-19. Despite egregious mismanagement of the pandemic on the part of administrative leadership in failing to act in a timely manner to provide adequate testing, distribute proper protective equipment, enforce social distancing, and much more, several U.S. media outlets and influential, high-ranking U.S. government officials have worked to place blame for the devastation of COVID-19 squarely on the shoulders of China. Whether it is zealously forefronting the supposed missteps of China in early pandemic response or calling for China to pay reparations for the virus, much of the early framing of COVID-19 in the news and from government officials seeks to unilaterally push culpability onto China. Outright misinformation and propaganda are also circulating, with one respondent citing: "My classmate posted on his Instagram account an accusation that China, as a country, purposefully created the virus. After politely asking him to remove it, he told me I didn't have facts and that I had fallen for Chinese propaganda because of my ethnicity." In the same fashion, another report reads: "A Bay Wheels operations employee who was changing the batteries on e-bikes yelled at me and said 'Spray that shit' (meaning I need to spray the bike with disinfectant after riding). This employee went on and said 'the Chinese invented the virus and Donald Trump knows it.'"

The racialization of COVID-19 and how it impacts those in the Chinese diaspora is largely intelligible within the context of broader geopolitical tensions between the United States and China. Additionally, the United States deflected its own mismanagement of the pandemic by portraying China's COVID-19 response as intentionally maleficent at worst or grossly inadequate at best (Chalfant and Elis, 2020; Ministry of Foreign Affairs of the People's Republic of China, 2020). The assertion that ethnic identity automatically equates to loyalty or affiliation with the Chinese state functions to naturalize linkages between immorality/ill intent as well as the Western construction of the East, allowing for Asian bodies to be normalized as heathen in the diaspora as well as in the homelands. Importantly, these claims also function to make broader claims about the efficacy, morality, and viability about China's systems and power. Beyond the current geopolitical tensions in the specific context of COVID-19, the current racialization of the disease is also deeply informed by U.S. imperialist projects and Orientalist frames of Asia and the East (primarily Middle East, North Africa, and Asia) more

broadly. One physician tells of an encounter with a patient during a procedure: “The patient stated that ‘[I] was trying to kill [them].’ He accused me of being from Wuhan, then from North Korea, then from Vietnam. He then apologized, citing that he was conservative as an excuse.”

North Korea, Vietnam, and China are all places where the United States has had heavy-handed intervention for the sake of maintaining U.S. hegemony, namely the push to maintain global capitalism and imperialist projects (veiled as establishing democracy and fending off communism). Patterns of justification for Western domination and villainization of “the East” are informed by the Orientalist construction of the East and West in opposition to each other. The East is characterized as “Other,” primitive, feminine, despotic, and weak while the West is progressive, masculine, and superior (Said, 1978). This physician’s encounter with their patient makes evident how Orientalist discourse, which allows the West to dictate how the East is viewed, studied, and described, shapes the racialization of Asians in the era of COVID-19. Orientalist logics about the East as antithetical to Western values along with the persistent rhetoric about the heathen and backward nature of Eastern people serve as rationalization for U.S. encroachment in Asian countries and Asian bodies. This kind of logic saliently situates racial fears around COVID-19. Drawing from this, one respondent reported a comment made in WhatsApp by an individual who asserted:

Do not buy anything Chinese from here on. Check all labels.... Years ago they went after our dogs and cats.... They were harvesting in cemeteries.... They are no good.... They manufacture all our antibiotics, they are slowly poisoning us & if you dispute that you are crazy.... They have 250,000 Chinese students stealing information in our universities, [to] take to China & use it against us.... Time to wake up.

These claims can be more effectively examined in the context of well-established tensions between the United States and China even beyond the context of COVID-19. Entreating people to not buy Chinese manufactured goods as well as asserting fears about the infiltration of Chinese surveillance and intelligence as a weapon against the United States is a concerted effort to diminish the threat of Chinese influence and interests that are seen as ever rising threats to U.S. economic and political dominance across the globe (Ooi and D’Arcangelis, 2017). Furthermore, the idea that China is intentionally poisoning the United

States through its foothold on antibiotic manufacturing falls within the same line of thinking that the preeminence of China is directly translatable to the death and fall of the U.S. empire and its people (Chang, 2015). Sentiments of Red Scare, fears of the rise of communism and anarchism, are also profoundly related to these assertions, reflective in these exemplary incidences and in media pundits and state officials' citations of communism and China's authoritarian rule as "incubators" of COVID-19.

Therefore, the racialization of COVID-19 and the construction of Asian peoples as heathen bodies is inextricably linked to tenuous and contested geopolitical power relations with regard to China as well as broader conditions of Orientalism and U.S. imperial aggression. Strategic narratives about China's unequivocal responsibility for the pandemic in conjunction with critiques of China's structures of governance are all undergirded by persistent ideas that the East in all its iterations must be reformed and dominated.

Domain 2: Perceived Cultural Eating Habits

Shah's (2001) analysis of heathen bodies and unethical social and domestic customs provides theoretical grounding for investigating the relationship between perceived dietary habits and racialized assumptions of Asians as uncivilized, inhumane, and threats to Western values in the context of COVID-19. However, reports related to perceived cultural eating habits occurred far less frequently than anticipated. Nonetheless, an analysis of the assumptions around food and eating habits can still be explicated to better understand the racialization of COVID-19. Food and taste preferences can be understood as reflections and reproductions of distinctions in social, cultural, and political capital (Bourdieu, 1984). The history of racist logics mapping hierarchical meanings onto food and food systems with White, Western cuisines and techniques considered advanced and superior are deeply entrenched. Asian food and eating habits in particular have long been undergirded by racial understandings, with many deeming Asian foods and habits as especially exotic, strange, inhumane, uncivilized, and unhealthy. As research into COVID-19 progressed, news that bats served as likely reservoir hosts of SARS-CoV-2 and links of cases to a Wuhan wet market provided ample grounds to revive long-standing fears and racial assumptions about Chinese food and eating habits (Mackenzie and Smith, 2020). Seeking to implicate Asians in the spread of COVID-19 as well as other diseases, many of the coded passages under this domain were rac-

ist comments about eating bats, dogs, cats, as well as other animals that are not normatively considered “acceptable” to eat, both on grounds of cruelty and hygiene. With negligible consideration of culture and class, these racialized assumptions around cultural eating habits reinforce racialized constructions of Asians as heathen and uncultured. A respondent recounted an online encounter:

A Facebook acquaintance posted a video purporting to be the Wuhan market, and several Asian commenters objected that not only was it not the market in Wuhan (signs were not written in Chinese) but it was deliberately misleading to cause anger against Chinese people. Person who posted the video and her friends started calling Chinese “cavemen” and “disgusting” for eating these wild animals and that we Asian commenters needed to “take responsibility” for the existence of these markets.

Similarly, another case cited “Some guy called me a bat eater. He said I should be put in Gulag” and one hate report submitted directly to the center declared, “Their culture did this. In China, it is a choice to eat this way—is this live animal deli still operational? This disgusting consumption is considered a delicatessen. The US [is] CIVILIZED, for your group to operate out of the US assisting ‘them’ IS JUST WRONG.” It is clear from these passages how accusations around safety, sanitation, and cruelty with regard to Asian eating habits are often mere dog whistles for racist assertions about the inherent civility, humanity, and cleanliness of Asians. Typically with little understanding of what constitutes a Chinese wet market, as evidenced by this report, these accusations also serve as further means to displace responsibility for COVID-19 onto Chinese people in particular. Therefore, interpreting hegemonic perceptions of cultural eating habits in conversation with discourses of civility and acceptability help illuminate the racialization of COVID-19 and its alleged origins.

Domain 3: Assimilation and Worthiness

While there were relatively few cases coded into this domain, the cases serve as grounds for understanding how the racialization of COVID-19 is negotiated by Asians through assimilation and purported worthiness. Here, it is useful to turn to Shah’s (2001) description of the role of assimilation and ideas of worthiness in redefining the public health narratives around Chinatown in San Francisco. The current cases show similar patterns of Asians using assimilationist discourse and practices

as well as claims of worthiness to distance themselves from the intensified anti-Asian racism during the pandemic. Many of the cases coded within this domain featured non-Chinese Asians expressing indignation for experiencing racial discrimination despite not being Chinese. Such distancing from Chinese folks works as a proclamation of worthiness; it essentially reaffirms and sanctions attacks on Chinese folks to position themselves as a “good” and “nonproblematic” Asians. Reports such as: “People [are] saying I brought the coronavirus over when I’m not Chinese. I’m Korean” follow the same logic that Asians used during World War II, where they donned ethnic label pins to distinguish themselves from Japanese folks who were deemed threats (Chan, 2019). In short, it is a grasp at proving worthiness to the U.S. public and an implicit validation of racialized perceptions of COVID-19. Some respondents are more explicit, one declaring: “I am American. First generation of refugees. I will never forgive the Chinese. TRUMP 2020. I TELL EVERYONE CHINA IS EVIL! Asian is okay.”

Critically, the choice to emphatically claim American identity as well as other measures of assimilation such as U.S. citizenship and documentation, English language capacity, and number of years of residence reflect the same sentiments. These serve as appeals to worthiness of not experiencing racial violence at the expense of other more vulnerable and easily targeted community members. In response to experiencing racial violence while driving, a respondent wrote:

I was brought up with a mixed cultural background, so being “Asian” is not something I have specifically identified, although I always felt especially in my younger years I was constantly pegged into the category. I am an Ohioan and I’m an American. I’ve completed my education in Ohio, stayed in Ohio for medical school, residency training, then now my second fellowship. To be reduced in my home state, no—my home—by someone by just how I look pierces painful holes in much of what I worked for to overcome “just how I look.” This is not the America I’m proud of.

Though maybe less aggressively, this respondent echoes attitudes of the prior. By describing how her identity is more saliently formed around being Ohioan and American than being Asian as well as how her education and professional development have all been completed in Ohio, this respondent mirrors the ways Asians have historically navigated racialized disease and exclusion through public health discourses

by aligning with values and positionalities that are acceptable and qualify them for social membership as dictated by hegemonic powers (Shah, 2001). Furthermore, her expression of “disappointment” in America stems from never having never faced equivalent racial discrimination or violence before this incident. This neglects the fact that racism, and specifically racism in public health, are deeply entrenched in the legacy of the United States and have been foundational in shaping belonging and the body politic. In other words, the reality is that no other America has ever existed. These cases reveal that while proximity to whiteness and privilege does confer some protections, they are extremely tenuous. Despite her rejection of Asian identity, the respondent mentions how she was still racialized as such when she was younger and how the work she had done to overcome being othered was unraveled in the rise of COVID-19. Similarly, those using assimilationist appeals to American worthiness in these cases find that such tactics and negotiations do very little to quell racial attacks and discrimination in the era of COVID-19. From the Stop AAPI Hate database, thousands of other Asian people in the United States reported similar incidences of racist assumptions of foreignness, uncleanliness, and immorality.

Conclusions

Unpacking the ways COVID-19 is racialized better equips Asian American communities in effectively addressing racial violence and discrimination. Comprehension of how historic tropes of Asians as unclean, heathen, and immoral, especially as they are informed by the current-day geopolitical context, are key in understanding the racialization of this pandemic and further serves as an example of the role of disease and public health in enforcing social membership and governability.

Furthermore, the influence of assimilation and calls to worthiness in negotiating the racialization of COVID-19 and anti-Asian hate also emerged, albeit not as prominently. These cases made especially clear the failure of orienting ourselves toward the interests of oppressive systems and values. Rather than assuming culpability for COVID-19 or choosing the path of assimilation and appeals to worthiness, our communities must choose to actively resist the nexus of oppressive hegemonic structures that position Asians as pathogenic threats both in the diaspora and in the homelands. While those such as former presidential candidate Andrew Yang call on us to prove our “American-ness” as a futile attempt to combat anti-Asian hate in the wake of COVID-19, we know that choosing to align with the very systems that subjugate

us can never truly liberate us (Yang, 2020). In many ways, our project sought to make this fact abundantly clear—the United States has long used disease as a subjective marker to deny racialized peoples, including Asians, their humanity. Justice has never been found by demanding or aspiring toward integration into oppressive structures at the confluence of White supremacy, imperialism, and capitalism (Davis, 2015). This pandemic has laid bare the inherent violence of these systems and has left our most marginalized community members, including working class, immigrants, and Black, Indigenous, people of color (BIPOC), in deeply precarious circumstances. Now is the time to stand in solidarity with them, as the systems that drive anti-Asian hate are profoundly and inexorably related to the ones that facilitate the disproportionate death of Black and Indigenous folks and frontline workers at the hands of COVID-19.

With this in mind, this project leaves several implications for policy makers and public health officials. Foremost, knowing the historic role of public health officials and policy makers have played in constructing racialized conceptions of disease, officials must be intentional about crafting responses to this pandemic and health crises down the line; this includes not naming diseases after a racial group / geographic region and accessibly communicating to the public that disease transmission is not tied to a racial group. In a similar vein, policy makers should be vigilant against rhetoric and policies that further advance aggression against China as these policies endanger Asians both domestically and abroad. Furthermore, this project reaffirms the need for pandemic response policies that center equity and health; this includes free universal testing; adequate protective equipment for frontline workers and health care professionals; and continued public closures as well as economic support to ensure people are able to survive through shutdowns. Measures that address the crisis are essential to ensuring we are not prolonging an environment of anti-Asian scapegoating. Lastly, policy makers and community members should seek to create infrastructures of healing, safety, and support for those impacted by anti-Asian hate and violence that do not rely on the carceral state and logics, such as mutual aid networks as well as accessible and culturally / linguistically appropriate mental health resources. Historically, the carceral state has only served to enforce ideas of racialized subjects as diseased through detention, deportation, and displacement (Shah, 2001, 77-104). With many of the case reports indicating the failures of law enforcement to properly respond to community members'

experiences of discrimination, it is critical to remember that the criminal legal system fails to provide real accountability and in and of itself is an institution that furthers violence against our most vulnerable community members/low-income, migrant, LGBTQ BIPOC communities more generally. Further research should pursue a more in-depth understanding of how Asians conceptualize and respond to racialized violence in regard to COVID-19 as well as how racialization of COVID-19 impacts health outcomes, particularly for BIPOC. Additionally, some of the data spoke to complex race relations and tensions as well as the reliance on carceral logics in the community that calls for deeper investigation.

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Notes

1. For the purposes of this article, we are drawing from Omi and Winant's definition of racialization: "the extension of racial meaning to a previously racially unclassified relationship, social practice, or group" (Omi and Winant, 1986, 111).

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