



Promoting Belongingness and Preventing Othering of Asian American Health Professions Students, Faculty, and Staff during the COVID-19 Pandemic

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Received Date: August 12, 2020; **Published Date:** September 17, 2020

Opinion

The COVID-19 pandemic has led to othering of the Asian American community. "Othering" is defined by Williams as "as a set of dynamics, processes and structures that engender marginality and persistent inequality for diverse communities". Othering is based on several dimensions, including but not limited to religion, sex, ethnicity, socioeconomic status, disability, sexual orientation and complexion. When we look at our nation through a historical lens, it becomes clear that othering has emerged as a challenge of today. An example of othering could be seen after the tragic events of September 11th, 2001. Afterwards, Muslims were targeted with racism and hate crimes- both examples of othering. The othering of this group has only continued to increase in the years since this incident.

The Centers for Disease Control and World Health Organization have reported that the COVID-19 virus originated in Wuhan, China towards the latter part of 2019. Therefore, relating to the virus' reported origin in China, Asian-Americans have reported being victims of hateful speech and behavior. Such anti-Asian feelings are not new but originate historically. They come after the concept of "yellow peril" which painted a mysterious and dangerous picture of all Asian nationalities. Members of the Asian American community have also been labeled the "model minority" yet have been other by the limiting of their various experiences. The Asian American community is made up over 100 unique cultures with varying histories and realities yet have been "reduced to a monolith". This minimizes the unique

challenges and experiences of such groups and individuals and provides a large target for bias [1]. Such issues will only escalate as the nation is encouraged to "social distance" in addition to political moves which frame COVID-19 as the "Chinese virus" [1].

The FBI warns of a potential increase in hate crimes against Asians as the mortality rates rise and the public is released from stay-at-home orders. Grace Kao, a Yale University sociologist told the Washington Post: "People are worried about transmission of a disease that they associate with foreignness and Asian faces. Nothing erases what we look like" [2]. Asian American represents 6 percent of the United States population, 18 percent of the nation's physicians, and 10 percent of the nation's nurse practitioners. Despite this, patients with COVID-19 have refused to be treated by Asian American doctors and nurses. Nevertheless, such healthcare providers face continued harassment in their personal lives as well. Russell Jeung is the chairman of Asian American studies at San Francisco State University and reported a steady increase in harassment and assault reports of Asians since March. Women were reportedly being mistreated twice as much as men. There have been more than 1,800 reports since the department started documenting anti-Asian harassment incidents since March of 2020. Such reports include being 'spat on, stabbed while shopping, shunned for wearing masks, and prohibited from entering ride-hailing vehicles' [2].

As health care professions' academic faculty and administrators, we must tackle the issue head on in our learning committees. In March of 2020, W. Kent Fuchs, the president of the University of Florida, wrote on social media after receiving reports of racist comments towards students of Asian descent on his campus: "There is never a place for racism in our community or bigotry toward any person or group. We must unite to defeat the virus!" Despite campus closures, academic leaders should provide statements and acts of support for their Asian communities. It should also be ensured that no micro-aggression or dog-whistle speech is found in any institutional communications. As health

profession educators, it is our responsibility to manage the COVID-19 crisis effectively while fostering belongingness and avoiding othering faculty, staff and students [1].

References

1. Williams D (2020) The COVID-19 DEI Crisis Action Strategy Guide: Recommendations to Drive Inclusive Excellence. Atlanta, GA: Center for Strategic Diversity Leadership & Social Innovation.
2. Jan T (2020) Asian American doctors and nurses are fighting racism and the coronavirus.