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Anesthesiologists™

Residents In a Room
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(SOUNDBITE OF MUSIC)

VOICE OVER:

This is Residents in a Room, an official podcast of the American Society of Anesthesiologists, where we go behind the scenes to explore the world from the point of view of anesthesiology residents.

It raises the question of when are we ever considered American enough?

The bystanders were not really helping while they're witnessing these attacks.

That emotional toll continues in the background for all of us after a precipitating event.

That everybody has the same responsibility to take care of each other. I really wish that there was somebody else that could have done that for me.

DR. AMY ZHANG (HOST):

Welcome to Residents in a Room, the podcast for residents by residents. I'm Dr. Amy Zhang, CA2 or PGY3 at the University of Washington, your host for today's episode. Three fellow residents have joined me today to discuss anti-Asian racism, which is timely as May is Asian American and Pacific Islander Heritage Month. Let's meet our guests.

DR. LUCY LI:

Hi, my name is Dr. Lucy Li. I'm a PGY4 CA3 anesthesia resident at Massachusetts General Hospital in Boston.

DR. ZHI DONG:

Hi, my name is Zhi Dong and I'm currently CA3 as well at UCLA Health.

DR. KEVIN SU:

Hi, everyone, my name is Kevin Su, I'm the Academic Chief Resident for the anesthesia program here at University of Washington.

DR. ZHANG:

Just a quick reminder to all our listeners before we dig in, the term Asian American is used here to capture a diverse mix of cultures, ethnicities and languages, often including Pacific Islanders. Another common acronym is AAPI, which stands for Asian American and Pacific Islander and API, which stands for Asian Pacific Islander.

So diving in now, an analysis released by the Center for the Study of Hate and Extremism at California State University, San Bernardino, revealed that while hate crimes decreased overall by 7% in 2020, those targeting Asian people rose by nearly 150%. Furthermore, a recent report by the Anti-Defamation League found that Asian Americans experienced the largest rise in severe online hate in 2020.

As some of you know already, I personally experienced COVID related anti-Asian racism in March 2020 when a white man screamed racist slurs and threats of sexual violence at me while following me as I walked the final block to work, and it was quite scary.

So what are your personal experiences with anti-Asian racism, if you're comfortable sharing? Can you give our audience an idea of how the recent rise in anti-Asian sentiment has impacted you or how you feel about it?

DR. LI:

So, Amy, I'm so sorry to hear about your experience. Actually, that same time last year, March 2020, I was also verbally attacked in broad daylight while walking out of work. I was barely outside of the hospital entrance and walking home when a man started screaming racist vitriol at me. Why are you Chinese people killing everyone? What is wrong with you? Why the F are you killing us? He followed me for about a block, shouting more curses and racially charged slurs. I knew he was out there, that these attacks were sort of increasing last spring, I saw it in the news all the time, but I was, of course, still shocked when it happened to me directly.

Every time I hear about an anti-Asian racist attack, I'm reminded of what happened to me and continue to feel sad, angry and fearful. I worry about my parents. What could happen when they go take a walk in the park, or now go get groceries in person? When I was on call the other night, I had a trauma patient come in for emergent surgery and

when they arrived at the operating room and I saw they were Asian, my literal first thought was, was this trauma not an accident, but actually a racially motivated attack?

DR. ZHANG:

I'm so sorry that happened to you, and I'm so glad you're sharing this.

DR. SU:

I think I, while I have been fortunate to have any kind of directed, aggressive verbal or physical attack at me, I think in the past few weeks I have definitely have noticed more of sort of microaggressions that happens at work. And I think this kind of, this surge in anti-Asian sentiment kind of triggered that sentimentality and me kind of to be more aware of my surroundings. And so this, this incident that happened was a couple of weeks ago, and at the end of a long day shift, my attending, you know, was giving me feedback and, and basically expressing thanks for the hard work that I have done. And soon after that, he proceeded to put his hands together and did a little bow. In that moment, I thought it was strange, but at the same time, it didn't really trigger anything until maybe two weeks later when I actually thought more about it, it was kind of not kind of, just wasn't sitting well in the back of my head. And, you know, I wanted to confirm if this is something that he would normally do to everybody, all the residents. So I talked to other co-workers and other colleagues and to my surprise that, no, it was, just nobody had that same experience. So this kind of alarmed me that they are actually a lot of microaggressions that's still happening at work, and, you know, whether or not we notice it.

DR. DONG:

I'm sorry again, for all these things happening to you guys. I want to share a little bit about what happened to me when I was growing up. I immigrated to Phoenix, Arizona, with my parents when I was 11. And some of my early memories of coming to the US was when I went to the middle school that I attended. Most people didn't really at the time really known any Asians. So the only conversation they would have with me is they would ask me if I knew Bruce Lee, if I knew Jackie Chan, if I knew kung foo, and kind of people would walk around and just do the squinty eye sign at me because I'm Asian. So, you know, those are those are kind of my formative experiences with sort of anti-Asian discrimination or racism, if you will.

And, you know, as I grew up, I thought, you know, moving to California, moving to L.A., where there's a large Asian American population, that it wouldn't be as much of an issue. But what happened was when I was walking on Westwood just last year, there's

a car that drove by next to me and yelled at me to go back to China, while like, everyone on the street heard it. And kind of, I'm just kind of standing in the middle of the street trying to figure out like what exactly happened. And that was very startling for me because I thought, you know, Westwood where it's very liberal, it's a college campus. This wouldn't happen, but it, it still happened. So I think this is, you know, a very prevalent issue. And I can only imagine in areas where there's not as much Asian American population, what would, you know, what, what kind of things that people would get.

DR. ZHANG:

I feel you on that, and I think part of the scary thing is that it's so ubiquitous, like I thought Seattle would be so progressive because it's a very diverse place. It's a very liberal leaning place. And I never expected what happened to me to happen in Seattle as well. And it is a question of, you know, what could happen if you're somewhere else? What happened in like, Atlanta, was also in a very diverse and presumably progressive area as well. And yet, you know, such startling cases of racist violence happen in these places.

So the tragic shootings in Atlanta really highlighted the intersectionality of racism and misogyny towards Asian women. In addition, the Stop AAPI Hate Reporting Center received 3,795 documents of hate incidents from March 19th, 2020 to February 28th, 2021, with women reporting 2.3 times as many incidents as men. For many of us, it's not just about race, but gender identity and sexual orientation as well. So I was hoping that you could comment on the intersectionality of anti-Asian racism and other aspects of your identity as well today.

DR. LI:

So, Amy, I don't know how you feel about this, but as an Asian woman, I think it is virtually impossible to not in some point in your life, become eerily familiar with racist sexual tropes that are assigned to Asian women. Whether it's the narrative of the exotic, hypersexual dragon lady or being submissive and docile, these fantasies dehumanize or reduce Asian women to sex objects. And these are tropes that permeate and have been reinforced repeatedly in pop culture in the United States.

I remember back when I had an online dating profile, I got some incredibly disturbing messages. I remember one remarking about porcelain Asian skin. And, you know, for the record, I'm very, very tan, so I have no idea where this is coming from. And this is actually a huge reason I stopped a very brief foray into dating apps.

DR. ZHANG:

Yeah, and there's a lot of yellow fever tropes and things like that, too.

DR. SU:

As a member of the LGBTQ+ community, I think this pandemic reminds me of a couple of different things. One is kind of this idea of stigma. I think if we can recall during the initial AIDS epidemic in the 80s, gay men, Haitians, became easy targets for the epidemic. I think I was reading another article the other day on sociologists who study disasters. And it was interesting to me that, you know, I think we think that during times of disasters, with everything that's going on that, you know, it should bring people together because, you know, they create this shared experience of suffering and damage. But what they actually found out that, is that these disasters actually intensify inequalities. And I think with the AIDS epidemic in the 80s and with the COVID pandemic, you know, this past year, they kind of highlighted this phenomenon. You know, these social and cultural shifts can be moments in which, you know, on the one hand, scapegoating of marginalized communities can intensify. And that's exactly what's happening. You know, the AIDS HIV virus was considered as a quote unquote, gay virus. And this COVID-19 virus, you know, led by certain politicians and then members of our community have also coined this COVID-19 virus, quote unquote, a Chinese virus.

The second thing that kind of, I wanted to highlight, you know, as, as part of the LGBT member, I think the idea of stereotype and I think Lucy has kind of talk about it, you know, already as Asian, kind of akin to what, you know, stereotype people have for Asian women, I think as a gay Asian man, there is also a certain stereotype to be, you know, a little bit more feminine and a little bit more submissive. And I think this kind of stereotype is very detrimental to, to kind of Asian men and gay Asian men as well as a women. You know, it kind of makes people think that, oh, because they're docile, they're submissive, you know, they're less likely to fight back. And maybe perhaps it, you know, it encourages people to target us, specifically knowing that there won't be any consequences. I think it leads to overall, it mutes our voice in society to advocate for ourselves and stand up for ourselves. And in many ways, it extends to the, the whole model minority myth that I'm sure that we'd be talking about in a little bit.

DR. DONG:

I kind of want to briefly mention the idea of the Asian male emasculation by sort of the American culture. If this has very deep historical roots, it goes back all the way back in during the early times when Chinese immigrants arrived to San Francisco. At the

time, they were not allowed to marry outside of their race and they were forced to work in industries that were traditionally associated with women, such as cooking in restaurants or doing laundry. And as time progressed, there's this idea of this yellow peril where Asian men are portrayed like the popular figure at the time, the media figure Fu Manchu, as these conniving, you know, feminine figures that were plotting to take over America. And as time has gone, there is, you know, the media portrayal of Asian men are often, you know, smart, but also very nerdy and very geeky. They're never really portrayed as the very masculine or very dominant kind of personalities. So in a lot of the media work that we're familiar with that Asian men were always portrayed as sort of the nerdy sidekick. And I don't know if you guys have any thoughts on that.

DR. ZHANG:

I think it's definitely a double-edged sword. Because of this association between our race and a lot of gender stereotypes or gender roles that are traditionally associated with women or female identifying individuals, then you have this dichotomy where Asian women are hyper-sexualized and viewed as very desirable sex objects, or in the words of Robert Aaron Long, temptations. And then you have this view of Asian men as emasculated, you know, sexless people.

To pivot on a different note, has your program or hospital addressed the uptick in anti-Asian violence? Kevin, we are part of the same program, so we might share some of the same sentiments regarding this, but I'm also curious to hear your thoughts and Lucy's and Zhi's thoughts as well. And I'm also wondering what strategies have been the most helpful for you and what do you wish your programs would do differently?

DR. SU:

Yeah, so here at the University of Washington, I think what our department has done and what the kind of overall U-Dub institution has done is there definitely been more discussions and open forums that were hosted around the time of all these violent acts to encourage discussion and provide a safe space for discussion. I think that was helpful. Our own department also hosted one a couple weeks ago where people can come, residents can come in, and kind of talk about their feelings.

I know Amy and I talked about this at work. One of the things that I guess we were discussing in the background was we're waiting for some sort of statement coming from the department that kind of shows some signs of solidarity. I brought this up at the forum that was held a couple of, a week later that I was referring to. And why hasn't the department put out a statement of any sort? And their response to me at that time was, well basically saying there have been a lot of issues, you know, egregious acts of

violence, discrimination, and they will be continuing to have more the next month than the next year and all that. And because they haven't made any statements so far, they don't think that it was fair to make a statement at this point to address the, the shooting that happened in Atlanta.

In some ways, I, I understand where they're coming from there. You know, they're, it's a difficult place to be as administrators to act fair and to provide support to all residents alike, but, but it definitely triggered some thought provoking kind of process and kind of discussion among residents after that. I don't know what, what happened with, with your institutions Lucy.

DR. LI:

So after my own experience with last year, with that racial attack, my department and hospital were actually quite supportive. So I texted my Program Director immediately and he called me as soon as I finished writing that text and then he told the Chair of our Department, who then also called me immediately. The Chair of our Department actually ended up connecting with me with MGH's Vice President of Equity and Community Health, who wrote a very extensive and thoughtful email to me the next day and actually asked for my permission to talk about what happened to me in a broadcast email that was sent to the entire hospital system. The email didn't reveal my identity, but talked about what happened to me and then denounced the behavior. It was, it was very clear. They said we cannot stress enough that this type of intolerance and discrimination is not acceptable, ever, provided mental health resources to victims and gave advice to bystanders.

Because of this, I was actually invited to be part of a webinar panel in April of last year that was organized by our Department of Radiology to educate the hospital community about how to confront xenophobia, support the Asian American community during COVID. And then since then, because of that, I've been involved in a few other MGH forums discussing the anti-Asian discrimination and, and its effects on mental health. So like 17% of the workforce at MGH is AAPI and our Anesthesia Department is similar, has a large percentage of AAPI staff. And after the Atlanta shooting, some individuals in our department actually held a solidarity event in support of our AAPI staff. It was a Zoom forum and invited everyone to share their stories and reflections and show support for each other. And, you know, to me these actions of showing support and checking in were probably the most important things in helping me recover from what happened to me.

DR. ZHANG:

I think I can answer part of the last part of the question then, Lucy. I wish my department did what your department did for you, and I wish my department was that supportive, because after the time that I was racially targeted and harassed, I ended up sending a message out to a resident's only group chat because I didn't feel comfortable enough actually talking to any of our attendings or any of our faculty about it, partially because I didn't know what their response was going to be. And all my co-residents were incredibly supportive. They were very understanding, which was very touching and very sweet.

After the Atlanta shooting, it definitely hurt a lot and it definitely hit close to home, partly because I have had family members who have worked in spas or similar environments before. So it definitely felt like it was something that could have happened to any one of us. It could have happened to my family members. And I was very fortunate that I had a post call day immediately after that so I could be alone and I could regroup for that day. And then the very next day after I came in, I was working again, nobody discussed it, everyone just went on like nothing ever happened. And, you know, our department never showed any overt acknowledgement even of this issue.

DR. LI:

Amy, I'm so, so sorry to hear that it breaks my heart that that happened to you and you didn't feel supported afterwards just so that all of us here hear you and stand with you.

DR. DONG:

Again, sorry, Amy, that this happens happened to you. And I think at this time it's a really, it's a tough time for a lot of us going through these anti-Asian discriminatory attacks. And I do want to point out that maybe there are resources that are provided, maybe that's not in your department, but I wonder if there's other resources in other departments or websites that you can look at.

So the UCLA, I feel like, has really, did do a good job addressing this issue. We've gotten an email from our chair, Dr. Cannesson, pretty much immediately after the Atlanta attack, kind of having solidarity with the Asian American community, AAPI community. And also we, the UCLA department EDI Department did a, it has an Equity and Justice Action Series that was specifically addressed to a, anti-Asian racism, harassment and violence. And I think the entire UC system and also UCLA campus, there's multiple emails going around, kind of talk, talking about this issue and kind of showing solidarity.

I think similar to what Lucy mentioned, we, we do have a significant number of AAPI community in our department and also in the hospital in general. For, for me, I think there was definitely a solidarity with the other members of the, you know, OR workforce. So, for example, a lot of our scrub nurses, you know, a lot of our scrub techs or an, anesthesia techs are all part of the AAPI community. And we kind of have, you know, in our downtime in the OR we definitely talk about these issues and talk about how we don't necessarily feel safe about our patients going out sometimes or even like our other members, you know, jogging. Sometimes, you know, we might encounter these, these sort of episodes. So I feel like the support from just everybody around me has definitely helped, helped to, to kind of counter this hatred.

DR. ZHANG:

So Zhi, since you've brought this up, Kevin and Lucy, I was wondering how this has affected your interactions with your colleagues.

DR. SU:

I think similar to what you have mentioned earlier, Amy, I think with, in terms of our own residents, and our own colleagues at work, I felt like I was supported. I felt like, you know, when I wanted to talk about what's been happening and how, how those events have affected how I feel and how I function at work, there are definitely people out, you know, within our class and within our program that are available to listen to me and, and acknowledge my feelings. And I, I am very, very grateful for that.

DR. LI:

So like many of you mentioned, I felt so much support from my co-residents. I also texted them immediately after this happened to me and they were amazing. You know, I actually felt like this happening to me, brought me closer with a lot of the attendings in the department, because they heard about what happened and they would take me aside and say, hey, are, are you OK? Yeah, I, you know. Bad things happen. They tend to bring people a little bit closer, which I guess is like one silver lining of it.

DR. ZHANG:

And now that we've talked about our interactions with colleagues, I'm also wondering whether the spike in aggression towards Asian Americans has changed how all of you interact with your patients or how you've been behaving at work.

DR. DONG:

I personally have not encountered many issues with patients having overt discrimination against me because of, I'm an Asian American. But I've had felt sort of subtle, I don't know if I should call them microaggression, but there's definitely this idea of being the perpetual foreigner as an Asian American.

A, a few weeks ago, I was, you know, talking to a patient in pre-op, and she had asked me, you know, where, what is my origin? So I mentioned that I'm Chinese American. And in the conversation, you know, while we're transporting to the OR, she kind of started talking to me about her interactions with some of the Chinese foreign students she hosted. And I just feel like maybe I've been, I'm kind of, in her mind, grouped together with all the other sort of Asian Americans that she has interacted with. And while it's not, you know, I don't think this is, she, she might just be wanting to bond or wanting to carry a conversation. But I do feel like I'm already kind of stereotyped into a specific group.

Andrew Yang posted this really controversial op-ed in The Washington Post about how Asian Americans need to be more American. And I feel like sometimes I, I wonder if I also need to appear more American, not to be, not to have that stereotype associated with me. I don't know if any of you have a similar experience with patients.

DR. SU:

Like, I'm very intrigued by the last comment that you made, Zhi, about how now the, the conclusion and (sic) is to try to be more American. It reminds me, you know, I want to kind of come back to the whole model minority myth and the stereotype and the concept of that, because it's because what, what you said just reminds me of, you know, what we've been doing in our entire history, being Asian American.

For those listeners who don't know, the model minority stereotype took root around the times that Japanese-Americans were put into internment camps in World War II. Asians at that time, as a result was scared of returning, or putting, or being put into camps. So they, they kind of remained reticent and were perceived as hard workers and, and in some ways, the idea of working hard and keeping our head down and, and kind of assimilate, or essentially or try to be quote unquote more American has really perpetuated this model minority stereotype. And I just want to kind of talk about it and really emphasize that, you know, the model minority stereotype isn't meant to define who we are as Asian Americans. Rather, it's, it's a (sic) that has meant to define African-Americans as deficient or inferior to white people by using us as a proxy. So it's never an actual portrayal of us and, and it's actually meant to distort who we are and actually put stereotype onto who we are. So I actually had, you know, that kind of trigger

when you said that you had to be more American. I don't think that's something that we should continue heading on, you know, in terms of going, looking forward in this next, you know, couple months and next couple years in our fight for equality.

DR. ZHANG:

It raises the question of when are we ever considered American enough? As a first generation American, I was raised since I was a little kid being told that the difference between me and my parents is that I could run for President of the United States someday because I was born an American. And it's really frustrating knowing that because of how I look, because of these immutable characteristics that I was born with to a lot of people, I will never be American.

DR. DONG:

I think I want to bring up an additional point that the Chinese Exclusion Act was probably one of the only laws in U.S. history that excluded a group of people from becoming American citizens.

DR. ZHANG:

Based on ethnicity.

DR. DONG:

That's right, based on their ethnicity. And another point, kind of a historical point I want to bring up is that this association between Asian Americans and a, a pandemic is also not new. In the 1900's, when the bubonic plague was affecting San Francisco, there was a huge push to, because at the time, you know, a lot of Chinese-Americans lived in very, lived in areas with very poor sanitation in Chinatown, there was a huge push to put restrictions on Asian Americans and also to they, quarantine Chinatown, you know, and even burn a lot of the buildings in Chinatown to try to contain bubonic plague when the same restrictions were not placed on other ethnic groups.

DR. ZHANG:

So since we've been talking about a lot of heavy topics, I wanted to just go off script a little bit and check in with all of you. How are you doing right now and how are you feeling?

DR. SU:

I think all the statistics and facts and figures that we're bringing up has kind of trigger a lot of emotions as of right now. It kind of makes me realize that, you know, what we're doing right now on this podcast and raising awareness and talking about the issue is a great, amazing first step. But we definitely still have a lot of work ahead of us to kind of continue this effort.

DR. ZHANG:

In terms of progress, recently, the CDC itself has actually just declared racism as a serious threat to public health, which is great because we're finally acknowledging this issue and COVID-19 has certainly illuminated long-standing health care inequities. Do you mind talking about how the COVID-19 pandemic and socioeconomic or medical disparities have affected the AAPI community? I think a lot of people don't realize, you know, since we're oftentimes lumped as this one umbrella category, this monolithic group, how much diversity and how many socioeconomic disparities also exist within the AAPI community?

DR. SU:

Certainly, I think, I think, first of all, there is a couple of different things to mention. In answering your question, I was kind of digging into the literature and trying to find more data and, and numbers to support our discussion. And what I realize is that there's a positive data on Asian American Pacific Islander health care sort of determinants and, and barriers to health care and what you mention about kind of aggregated data. And that's, that's very true. I think what predictions to be presented in literature is that, you know, Asian American Pacific Islanders all lumped into one discussion. And that, you know, in some ways is, you know, doesn't really give the whole picture.

So in the recent study that was published in October last year in the Journal of General Internal Medicine, they actually were able to separate out the data, you know, according to subgroups, and they actually found that there is actually far more complexity in regarding to the COVID-19 pandemic and how it affects different subgroups within the Asian American Pacific Islander category.

So I think as a whole there, I think at that time when it was published, they saw that Asian American represented 4.4% of deaths across the US in the COVID-19 pandemic, which is below our population share of around 6%. But if you actually look at sort of segregated data, data first by location, what they found that was in, in New York, for example, there is about 8% death from COVID, while there were about 14% of Asian Americans within the population, which is, I guess, positive in that sense. But If you look

at states like Nevada, they saw that there is actually 15% of death versus only 8% of the, of the, you know, makeup of the general population. And that was the same case for a state like Utah and Nebraska.

And along the same line of kind of aggregated data, I think the aggregation of Pacific Islanders along with Asians is also very problematic. And I think history shows that it's only, you know, in the late 90s that the US government started to recognize that Pacific Islanders are a separate population, separate from Asian Americans. And I was looking at data also kind of addressing COVID-19 and, and how that plays out in this particular population. And they weren't really any disaggregated data in many states. The only thing I could find was that Pacific Islanders specifically that was found in California only, and they were able to show that Pacific Islanders were dying at the rate that is four-fold their population share and is actually the most disproportionate of any population within the state.

DR. DONG:

I'll kind of bring up a point about the, the disparity in access to care for Asian American community. In my own family, for example, I have a lot of family members who live in the South Bay Area of L.A. and because of the language barrier, they often want to find Chinese-speaking physicians. But I think for a lot of them, it's difficult to actually figure out who is Chinese-speaking. I've, I've told my, you know, family members to maybe you can call the insurance company, but they honestly just can't really figure out how to call them or how to talk to someone to figure out, like, where do I find a Chinese speaking provider? And a lot of the information aren't really readily available online. So what a lot of my family have to do is they would drive or bus for many hours to go to San Gabriel Valley area, where there's a lot of, you know, Chinese speaking physicians who have clinics there. So that's where they end up getting their care. But every time they see a doctor, they have to drive, you know, about an hour or even more, depending on sort of how the traffic is in LA. So I think it's actually I think this is still a pretty significant issue in the Asian American community. It's, just to be able to access quality care in, in sort of the language and sort of the cultural background that, that fits them.

DR. LI:

So something I think about a lot is mental health in this pandemic era where we have an AAPI community that has to not only worry about COVID like everyone else, but also the racist attacks that are stemming from ignorance about the pandemic. I think mental health is often a taboo or ignored subject for Asian Americans, and that concerns me greatly in this current context, because these attacks are not just verbal or physical, but

they're heavily mental and emotional. And that emotional toll continues in the background for all of us after a precipitating event.

I've been very open about this when talking about it, but I've had a therapist since prior to the pandemic. And I think that mental health is just as important as having a primary care physician or a dentist when we take care of ourselves, and it, it does worry me that that's often ignored for a lot of our community.

DR. SU:

Kind of extending this, the idea that Lucy just mentioned how, how unique our AAPI population is and, and some of the kind of talking about some of the risks that are, that are unique to us in terms of this pandemic, I think one of the things that I think about is occupational exposures. I think it's important to mention that there are actually more than two million AAPIs members that work in health care, transportation and service industries. And, and many of these and occupations, as you can imagine, have increased risk of exposure to, to any, to COVID-19 or any other viral or airborne diseases. And, and just so that you, so that the listener knows, they're actually about 4% of total nursing workforce that are Filipino Americans. That's a very, very huge number.

I think another risk that's kind of unique to us is that the specific cultural practice that Asian kind of cultures share, and it's, it's the idea of being in a, in a three generational households. You know, kind of we talked about it earlier, you know, as we all have concern about our parents and, and how their, their well-being when they go out and in, in light of all these anti-Asian sentiments and also kind of in terms of infection. I think it's important to know that, you know, oftentimes we have responsibility to our parents and we might live in the same household, take care of them, and we might not want to bring diseases back to them. And this is supported by a survey that was put out by AARP recently. And they actually show that there are 43% of AAPIs that, that says that they provide support to elderly family members and is in contrast to only 19% of white Americans that reported the same thing.

DR. ZHANG:

And Kevin, since you mentioned how much of the proportion of health care workers are AAPI, I don't know if you also saw the statistic that at least for nursing, AAPI individuals make up a disproportionate share of health care workers who end up dying from COVID-19. So there's definitely some level of structural racism in that as well.

So on a more hopeful note, one thing that I've been saying and one thing that I really like to say is that justice is not a passive process and that we all have a responsibility to step up. And when I say we all, I'm including all of you listeners as well, not just us people who are here in this conversation for the podcast.

So one thing that I wanted to talk about is what people can do to be good allies, what you all would want to recommend as some resources for our listeners, like organizations, books, educational websites, et cetera, that we think that listeners should check out. And what are your favorite resources and organizations that are addressing this complicated, compounded issue?

DR. DONG:

I think it's really important for us to break this culture of silence. I think in a lot of these recent incidents, one of the things that people pointed out was that the bystanders were not really helping while they were witnessing these attacks. So I think what we can do as individuals is to if we witness an event or if we witness, like, a poor interaction between a patient and a colleague, back them up, say something, you know, educate the patient, tactfully, confront people involved to be able to support your colleague and say, hey, like, that was tough for you and be able to support them. And I think that's really important for us to be involved, to support our community and to make sure that we don't stay silent when we encounter situations like these.

DR. SU:

You know, thank you for bringing it up, Zhi. I think, you know, kind of looping back to what I mentioned about some of the microaggressions that I have received at work. You know, in that instance, you know, thinking back, I really, you know, wished that there were someone that would have pointed out to my attending in that moment that that wasn't something that was appropriate for them to do, to put his hands together and do a little Asian bow. You know, the burden is not on me. I think everybody has the same responsibility to take care of each other. I really wish that there was somebody else that could have done that for me. And there, and there were people there, and during that, at that particular moment. There were other attendings around in that room and there were other residents around. Anyhow.

DR. ZHANG:

One of the things that I'd really like our listeners who are allies and may not be minoritized individuals to think about or to realize just how pervasive these things may be that affect us because our race and our genders are not things that we can just take

off and hide and put away when it's convenient, when we don't want to get racially targeted, when we're walking outside and we're not sure if it's going to be safe.

And when you can't walk outside alone and feel safe, that affects a lot of things in your life, like you can't really do last-minute grocery runs anymore. You can't just go to the gym just because you have the free time and you want to be healthy. You can't just take a walk outside because the weather's nice and you finally got a chance to get off work early enough that the sun hasn't set yet. It's, it's constant.

And talking about race and anti-racism is not too political. Race is not politics because politics are things that you don't have to talk about or things that you can downplay and you can hide, if you don't want someone to know that you're a Democrat or a Republican because you don't want someone to target you for that reason. Our race and our ethnicities, our skin color, our physical characteristics, who our ancestors were, it's not something that we can just take off and hide. It's always there.

DR. LI:

I feel like in regards to be an effective bystander, you know, I, I think when you watch those videos of elderly Asian Americans get attacked and you see bystanders just stand there and do nothing, it's just it's so ingrained and it's not OK either because that's tolerating this behavior and saying that it's OK to continue engaging this behavior. I want to see messages of solidarity, not just after a horrific publicized attack, but consistent and emphatic support even after the initial outrage ends, whether it's through financial support of organizations or, you know, speaking up politically or through continued education about anti-Asian racism and how to be a better ally.

DR. ZHANG:

OK, in terms of organizations, I just want to plug Asian Americans Advancing Justice and Stop AAPI Hate because there are a lot of great organizations out there that are, that are doing great work. And I know these are two of them who are doing good work. I also wanted to add that in terms of anti-racism, it's not just about saying the words. It's not just about saying that you won't be a racist. It's also about undertaking active actions to try to do that.

So I'm one of the board members of the Resident and Fellow Physician Union Northwest, and one of the things that we have been doing is we've actually paid an outside racial equity consulting company and all of us devote two hours a month, which is a lot when you're a resident, to undergoing actual anti-racist capacity building training.

So this is something that we've actively prioritized and devoted time and energy towards.

I also along similar lines to the model minority myth, want to bring up something called the bamboo ceiling. So there was a Harvard study that showed that Asians were the demographic that is least likely, out of all the racial ethnicities and demographics, to be promoted to management. So a lot of people think that we're very successful because of the model minority myth. But then you have something like this where because of stereotypes, like the idea that we're not creative or that we're not leadership material, you have a lot of Asians and Asian Americans who can't make it in terms of career advancement.

So I want to say to all of our allies, it's also important to uplift and to support Asian American enrolls who you know, and Asian American colleagues, because without representation, we can't have adequate power. We can't have equity. We can't have anti-racism.

DR. SU:

I just wanted to highlight the works of a psychologist to kind of help with maybe for those listeners that don't know where to start. His name is Darrell Su. He's a professor of psychology and education at Teachers College at Columbia. He's considered by many to be the pioneer in the field of multicultural psychology and psychology of racism and anti-racism. We talked a lot about how to be, you know, a good ally and not break silence and talk about and raise awareness. So too, he has published many different books. I think I want to highlight two, the first one is titled Race Talk and the Conspiracy of Silence. And it's essentially a very good guide to facilitate and to be, and help you to deal to participate in difficult dialogues about race, essentially, you know, how you can learn to talk about race openly and honestly and productively.

The second book is titled Microaggressions in Everyday Life. So I mentioned that I was shocked by just to realize from my own personal experience that they are actually a lot of microaggressions that still happening at this time, you know, in, you know, during our day to day life. So this book basically provides a good introduction to the concept, you know, on many different levels and discuss how psychologically damaging microaggressions are. And they also, in the end, kind of talks about different strategy interventions that can potentially help reduce the number of microaggressions in our society.

DR. ZHANG:

Thank you all very much for joining us on this podcast today to discuss this critically important issue, and I really appreciate how honest and how prepared with facts and statistics that all of you were. So before we go, I just wanted to check in again whether any of you have any parting thoughts that you'd like to share with our audience today.

DR. SU:

We have talked a lot about, so that some of the events that have been happening and how, you know, how, how much of an impact it has on us as AAPI community as a whole. I kind of just want to end on a positive note. I want to kind of highlight the fact that, you know, technology has advanced to a point where we are able to have this podcast, you know, with, with residents from basically across the country and, and talk about these things. I think that's, that's amazing. And with the advent of social media, we can utilize that to our advantage, you know, to raise awareness, to, to galvanize people from their couch to do something about this.

And for example, this morning when I woke up again, yeah, like I like many of you went on Instagram and went on Twitter to check out what's going on in the world. I was also able, you know, through social media, I found out that there is a rally that's happening that's going to be led by our very own Dr. Amy Zhang. So I think that's, I think that's a really great thing and a really positive thing. So we should continue to utilize what we have and to drive this movement forward.

DR. LI:

I think the most important thing you can do is to check in with your AAPI loved ones. I think it's, it's such a small thing, but it means so much more than people know, because in these times, expressing sympathy and support is so crucial to recovering from these events. And I can say that the support I got from my loved ones made me feel less scared and so less alone.

DR. DONG:

I think as residents, we're so busy that sometimes I feel like we don't spend enough time, you know, kind of connecting with our families or maybe we're living in a city that's far, far away from our families. I think this is the time to kind of have, to kind of have check-ins with family, call parents, grandparents just to see how they're doing.

You know, actually, funny enough, my mom is the one who called me and told me to be more careful when I, when I go out. And, you know, sometimes she knows me on my phone, walking on the streets, she's kind of telling me, like, don't do that anymore

because it's not safe. So I think just look out for each other, look out for your colleagues, look out for your family. And I think we can definitely get through this together.

DR. ZHANG:

Thank you all for joining us today to discuss this very important issue and to discuss these very important topics.

So thank you again for joining us on Residents in a Room, the podcast for residents by residents.

DR. LI:

Bye. Thank you so much. That was awesome.

(SOUNDBITE OF MUSIC)

VOICE OVER:

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