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An Analysis of the Rising Xenophobia Against Asian Americans in the U.S. and Higher Education Regarding the Effects of the COVID-19 Pandemic

Shiqian Zheng
Pepperdine University, shiqian.zheng@pepperdine.edu

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Introduction

The COVID-19 pandemic has changed people’s lives around the globe, generating a rise in xenophobia against people of Asian descent (Le et al., 2020). This paper analyzes the cause of anti-Asian hate, the rising xenophobia against people with Asian origins, as well as the vaccine distribution and governmental leadership. By conducting a short case study on universities’ leadership during the COVID-19 Pandemic in the United States, this paper contributes to the literature regarding Asian Americans overall, as well as to the literature on approaches to a public crisis on hate crime in higher education in the United States.

Global Situation, Leaderships, and Universities

Global Vaccine Situation

In general, vaccines serve as an effective tool against transmissible diseases. Globally, COVID-19 vaccines play an essential role in helping people to return to regular life routines. Research shows that most Americans were willing to be vaccinated (75% in a sample of 2279 respondents; Kelly et al., 2021), whereas almost 80% of a sample of 4,948 Canadian participants reacted positively toward the COVID-19 vaccine in a population-based online survey (Ogilvie et al., 2021). Similarly, in Australia, a cross-sectional study of COVID-19 vaccine public perception showed that among 1,420 adults, 80% of the participants believed vaccines would protect them against the virus (Seale et al., 2021). In other regions, in a study of 3,541 Chinese participants, around 82% (54.6% probably yes and 28.7% of definite yes) expressed a willingness to be vaccinated (Lin et al., 2020). Additionally, regions like Saudi Arabia obtained an acceptance rate regarding the COVID-19 vaccine of around 65% of 992 people (Al-Mohaithef & Padhi, 2020), and Kuwait showed an acceptance rate of 67%, but the acceptance rate dropped as the restrictions of COVID-19 were getting released (AlAwadhi et al., 2021). In contrast, in
Lebanon, among 579 respondents, only 21.4% reacted positively to vaccines, whereas the rest adopted an attitude of refusal (40.9%) and uncertainty (Kasrine Al Halabi et al., 2021).

Social factors, gender, education, economic status, culture, and chronic diseases contribute to people’s willingness to get vaccinated (AlAwadhi et al., 2021; Lin et al., 2020; Al-Mohaithef & Padhi, 2020; Kasrine Al Halabi et al., 2021). However, from the perspective of Maslow’s hierarchy of needs, specifically with respect to survival (Benjamin, 2020), access to and distribution of vaccines cannot be ignored.

According to the World Health Organization (WHO, 2021), the most important and effective way for people to survive and end the pandemic is through vaccination globally. Currently, 13 vaccines across four platforms are approved by the WHO’s Emergency Use list, including the Pfizer/BioNTech Comirnaty vaccine, the Moderna mRNA 1273, the Janssen/Ad26 COV 2.S, the Sinopharm COVID-19 vaccine, and the Sinovac-CoronaVac. It appears that the U.S. and China are in leading positions in terms of manufacturing and access to COVID-19 vaccines.

Delivery of vaccines makes distribution difficult. Current vaccines have different cold chain delivery requirements based on their formulations (Wang et al., 2020). Studies indicate that weak thermostability is a dominating challenge; certain vaccines have to be stored at a low temperature in order to be effective, yet doing so is very demanding for both developing and developed countries (Hanson et al., 2017; Murhekar et al., 2013; Wang et al., 2020; WHO, 2006). In fact, 80% of the delivery cost of vaccines is the required cold chain line, whereas the rest is misinformation in methods for storage (Matthias et al., 2007; Wang et al., 2020).

Evidence shows that, based on nationality, people react more positively to vaccines made domestically rather than those made in foreign countries (Lin et al., 2020), possibly due to the
premise of sufficient resources and a safe environment. Meanwhile, some countries are lacking access to vaccines or facing a shortage of vaccines. For example, in May 2021 more than 500 Indian advocates sent an open letter to the prime minister of India, demanding that he work on barriers and provide plans for citizens to access vaccines for free because the outbreak was getting worse (Mahase, 2021a). Countries like South Africa and Brazil have been used for testing purposes (Mahase, 2020), yet certain vaccines lost their efficacy to the variants of the virus, which resulted in a pause in South Africa (Mahase, 2021b).

**Global Governance and Institutions**

As COVID-19 continues to spread globally, international organizations such as the United Nations and the World Health Organization have collaborated to end the pandemic together while also respecting human rights (2021). Around the globe, the United Nations Development Programme responded by making donations of medical supplies and resources (United Nations [UN], 2021). The World Bank (2021) supported over $4 billion for 50 countries for COVID-19 vaccine distributions to reduce the economic impacts and difficulties of access to vaccines. This bill was intended to support the public health system for less developed countries and those who suffer in poverty. As of July 2021, the World Bank announced the plan of financially aiding in vaccine developments and distributions in developing countries, contributing a total amount of $20 billion over the following year. Moreover, the International Monetary Fund (2021) also committed to financing an investment of $50 billion for vaccine equity and access around the globe.

Under the framework of the 17 Sustainable Development Goals (SDGs) of the United Nations (UN, 2021), although the outbreak of COVID-19 was unexpected and the SDGs are unlikely to be achieved by 2030, UN Secretary-General Antonio Guterres expressed an
encouraging attitude regarding using recovery from the pandemic as an opportunity to do better for the future. The UN is ambitious to build a different economy, which refers to healthier, cleaner, and more sustainable opportunities through collaborations among governments, private companies, and advocates. Actions were based on three categories: global level, regional level, and countries and territories level. Along with the International Labour Organization (2021), which committed the global call to action of human-based recovery, global governance institutions play the leading role in leaving no one behind. Additionally, the United Nations Educational, Scientific, and Cultural Organization (2021) supported schools from closures to recovery by helping teachers get vaccinated, supporting under-age vaccine developments and testing, and providing technology regarding online learning and communications.

**Governmental Leadership**

Governmental leadership is critical because one of its jobs is to protect citizens’ human rights during a crisis. Asian countries such as China, Singapore, and South Korea were serious about testing, mask-wearing, and quarantine. In contrast, in the United States, the federal government handed freedom to the states to decide what kind of plans should be used; subsequently, states adopted various strategies. Former President Donald Trump did not provide clear instructions as the federal government’s leader, resulting in confusion to the public on the severity of the disease as a national crisis (Kettl, 2020). Within the framework of transformational leadership, Trump failed to provide proper leadership, such as assessing actual needs, motivating followers with optimism, building a sense of community, and presenting a clear goal (Bass & Avolio, 2000; Bass & Bass, 2008).

According to the Centers for Disease Control and Prevention (CDC), 2021, on February 1, 2020, four new cases were confirmed, but on March 31, 2020, over 20,000 new cases were
confirmed. States also had very different situations regarding the confirmed cases. In California, the highest number of confirmed cases was over 45,000 on a 7-day average, whereas there were only over 850 cases confirmed on a 7-day average in Delaware.

Whereas protocols, confirmed cases, vaccines, and deaths are all tools to measure leaderships of government, perceived discriminations based on races and ethnicities also measure levels of leadership in the context of rising xenophobia towards Asian Americans. Under the guidance of the UN (2021), both developing and developed countries are advised to make efforts to eliminate discrimination, racism, and xenophobia during the pandemic; however, governmental leaderships play more critical roles on the country level. The study shows that the negative attitude towards Asian Americans also relates to global leaders tagging the virus with the name *the Chinese virus* (Ahmed et al., 2021; Everington, 2020; Orbey, 2020). The Kaiser Family Foundation presented a report of how Asian Americans were encountering fears, crimes, and discrimination related to the COVID-19 pandemic. Data shows the fears of increased risk of living in the U.S. increased, especially during the Trump administration. Moreover, the situation could be even worse because there is minimal data on Asian Americans; thus, it is difficult to understand their experiences of discrimination and racism during the pandemic. Meanwhile, they are one of the rapidly growing populations (Corallo et al., 2021). Additionally, a study specifically of cyber racism on Twitter shows words like *Trump, communist, lying, stupid* are directly related to emotions of *anger, fear, and disgust* toward Asian, in which ultimately increase the rate of cyber racism during the pandemic (Dubey, 2020).

As the U.S. and the rest of the world are getting to the stage of recovery, the current administration under President Joe Biden has done a better job in terms of access to and distribution of COVID-19 vaccines. According to CDC (2021), anyone older than 12 years old is
eligible to receive safe and effective vaccines for free. Universities and colleges are also working hard to provide safe campus environments for students under the rules and instructions from their local health departments.

**Xenophobia and Asian Hate**

Xenophobia and discrimination escalated rapidly as COVID-19 spread across the globe (He et al., 2021). In the United States, according to the Asian Pacific Policy and Planning Council, over 1,700 anti-Asian hate cases were reported over only 3 months in 2020 (Le et al., 2020). Specifically, Chinese Americans were the most negatively influenced because China was erroneously accused of being the origin of the virus that is manipulated on purpose (Andersen et al., 2020; Le et al., 2020). A study by He et al. (2021) examined correlations between openness on trade and migration and xenophobia caused by COVID-19. In their study, 1,767 Chinese participants from 65 countries reported experiencing discriminatory behavior such as racist language in public, racist messages on media, and being avoided by others. Other studies have also shown that the rising xenophobia toward Chinese Americans also affected other ethnicities within the Asian community, such as Korean Americans and Burmese Americans, due to the fact that many Asians share similarities in appearance (Adams, 2020; Pha, 2020; Tessler et al., 2020; Yam, 2020). According to the national data (March 18, 2020 to December 31, 2021) of Stop Asian Americans and Pacific Islanders (AAPI) Hate, Chinese Americans make up the most (42.8%) of total reported incidents among all ethnicities, followed by Korean (16.1%), Pilipino (8.9%), Japanese (8.2%), and Vietnamese (8.0%) (Yellow Horse et al., 2022).

Nationally, from March 19, 2020 to December 31, 2021, a total of 10,905 incidents against people of Asian descents were reported to Stop AAPI Hate (Yellow Horse et al., 2022). Among all cases reported of this period, over 42% (4,632) incidents happened in 2020 and 57%
(6,273) occurred in 2021 (Yellow Horse et al., 2022). In this report, it indicated that on national
trends, verbal attack (63%) is the most reported of all, but physical harassment towards AAPIs
(16.2%) and purposeful avoidance of AAPIs (16.2%) should also be noted (Yellow Horse et al.,
2022). Nearly half of the hate-related incidents occurred in public places: streets, transit, and
parks (Yellow Horse et al., 2022). Moreover, data from Stop AAPI Hate shows that women of
Asian descents became the most vulnerable, as women experienced more harassment (69.8%)
than men (63.0%), and women make up 61.8% of total incidents reported (Yellow Horse et al.,
2022).

Regarding the cause of ascending xenophobia against Asian Americans, an experimental
study from Ohio University using a national sample indicated that the virus itself was not the
cause of xenophobia, because language related to severe health risks did not increase prejudice
toward Asian Americans. However, both the economic impacts of COVID-19 and the
relationship with China increased xenophobia and adversely affected attitudes toward Asian
Americans: for example, when COVID-19 is linked explicitly to the *Chinese virus* and China
(Dhanani & Franz, 2021). Media news and social media also contributed to attitudes of anti-
Asian sentiment (He et al., 2021; Tsai et al., 2020). The left-wing and right-wing outlets in media
resulted in an information cocoon within ideological bubbles. Americans who hold prejudice and
bias toward Asian Americans receive news from traditional sources, whereas those who are
exposed to left-leaning medias show a less xenophobic attitude to Asian Americans (Tsai et al.,
2020). It was found that social media use and anti-Asian attitude are positively correlated. anti-
Asian attitude and emotions increased significantly on Twitter in March 2020; discriminatory
terms such as *Kung-Flu* and *Ching Chong* were also largely used as Donald Trump used a term
like the *Chinese Virus* (Abd-Alrazaq et al., 2020; Budhwani & Sun, 2020; Litam, 2020; Schild et
al., 2020; Stechemesser et al., 2020; Tsai et al., 2020). The connection of virus with another country and culture was never presented before (Akiba, 2020; Harris, 2020).

Several studies regarding xenophobia during the pandemic relied on group conflict theories (Ahmed et al., 2021; Dhanani & Franz, 2021), which describe how individuals perceive threats from external groups and influence themselves or their inner group (Ahmed et al., 2021; McLaren, 2003), or a shared social identity. From the perspective of social identity, social and emotional reactions such as trust and disgust affect people’s assessment of risks as people were structured within-group memberships (Cruwys et al., 2020). Asian Americans, in this case, are treated as the out-group (Chung, 2021). The historical origin of Asian Americans as outsiders in terms of nationality contributed to the hate crimes and the rising xenophobia during the pandemic (Tessler et al., 2020). Asian Americans being eliminated can be traced back to the time when a group of Chinese immigrants arrived as railroad laborers and the history of being called the sick man of East Asia (Hu, 2013).

**Asian Students in Higher Education**

International students in higher education contribute to the American economy significantly; according to the U.S. Department of Commerce, as of 2018, international students contributed $45 billion to the economy of the U. S. (Institute of International, Education, 2021). According to the Institute of International Education (2021), with a majority of students of Asian descent and China as the leading place of origin, around 1,075,496 international students contribute crucially to a diverse environment in U.S. higher education. However, not much literature is presented yet very valuable for future studies, even though Asian international students experience anti-Asian emotions globally. Moreover, no research appears to have been
conducted on Asian-American students and Asian international students during the COVID-19 crisis.

In January 2020, a public notice was presented in the University of California, Berkley, stating messages of Asian disease and the fear of getting sick through interactions with students who came from Asia (Akiba, 2020; Chiu, 2020). In a study of COVID-19 related prejudice against Asian medical students conducted in Poland, in a sample of 85 Asian students, 61.2% of the students reported that they had faced discrimination due to COVID-19 (Piotr & Michal, 2020). Similarly, Pepperdine University examined how undergraduate students of different races and ethnicities were affected by COVID-19, and it was found that Asian students experienced more discrimination than other students (Trammell et al., 2021). In addition, from the perspective of psychological impact, among students from several universities in U.S., data suggest that Asian students (non-Hispanic) experienced a higher rate of risk during the COVID-19 pandemic due to their race and were found to experience a higher level of distress (Aristovnik et al., 2020; Browning et al., 2021).

**Short Case Study**

Pepperdine University, the University of California, Los Angeles (UCLA), and the University of Southern California (USC) were selected as the samples of this case study, and information was collected on official websites that are openly accessible to everyone. Every university had developed an official website page for COVID-19-related information, including plans, preparedness, vaccine information, university policy updates, protocols, COVID-19 resources, confirmed cases reports, and frequently asked questions. These websites sent clear messages to the students and faculty on the school’s commitment to sustaining an environment of safety, support, and respect; no harassment or discrimination was allowed toward individuals.
or groups of Asian descent (Pepperdine University, 2021; University of California, Los Angeles [UCLA], 2021; University of Southern California [USC], 2021).

International students with Asian origins were also protected through the universities’ commitment to provide a safe, respectful, and supportive campus. Moreover, universities rapidly changed in-person classes to online classes as early as mid-March of 2020, along with the commitment to support international students’ legal and active status (Pepperdine University, 2021; UCLA, 2021; USC, 2021). USC, along with 19 other universities in the U.S., filed a complaint against the federal government regarding the decision that international students had to take at least one in-person course to obtain legal and active status, which could have been life-threatening in July 2020 (USC, 2021). The U.S. Department of Homeland Security later agreed that international students were allowed to take fully online courses, regardless of their location (Pepperdine University, 2021; USC, 2021). During the unique time of a pandemic given rising xenophobia toward a certain group, virtual learning was highly supportive, especially for Asian American students and Asian international students.

Universities in this short case study demonstrated transformational leadership as students were protected both physically and psychologically. Physically, as universities switched to virtual learning, students were able to stay home and practice social distancing; meanwhile, psychologically, students were motivated by love and care, encouraged to report if they were discriminated, and influenced to build a sense of community (Bass & Avolio, 2000; Bass & Bass, 2008). In the current recovery stage, universities are planning to be fully opened in possibly fall 2021, a goal that everyone worked to achieve from the top administration to students.

**Discussion and Concluding Thoughts**
Because COVID-19 will continue to mutate in unexpected variations and a politicized trace to the source of COVID-19, people of Asian descent will probably face the xenophobia for a certain period of time. As the literature suggests, solutions should be generated on both a global level and at the scale of civil society. Although people are hoping to end the COVID-19 pandemic and eliminate discriminatory behaviors against individuals or groups of a particular race/ethnicity, it is unlikely that these two goals can be achieved simultaneously. However, the UN, as the leading institution of global governance, should reiterate the importance of anti-discrimination, anti-racism, and anti-xenophobia to end the psychological pandemic against specific races/ethnicities.

**Global Approach**

Maslow’s hierarchy of needs can be used to explain the urgency of getting everyone vaccinated globally (Benjamin, 2020; Maslow, 1962). Maslow argued that the need for survival is critical; physical safety should be considered prior to needs at the higher levels of his hierarchy, such as fulfillment, belonging, love, and self-actualization (Benjamin, 2020; Maslow, 1962; McLeod, 2020). Survival is the most important need in the face of the COVID-19 pandemic (Benjamin, 2020); unfortunately, most people who are imminently threatened by COVID in this way are from developing countries. To achieve the goal of survival, global collaboration is the answer to the distribution of vaccines (Herzong et al., 2021). Global institutions such as the UN, WHO, and the World Bank should continue to collaborate and make modifications based on the system that has already been used, such as the Covax Facility (WHO, 2021). Scholars suggested that the Covax Facility should consider distributing vaccines based on the proportion of the population to ensure equal access, known as the *proportional allocation* model. This perspective can ensure that part of the population is vaccinated in each country.
around the globe, such as healthcare professionals. It also helps to reduce countries competing to produce vaccines and eliminate wasting of resources, while simultaneously sending resources to places that need them the most. The idea of proportional allocation does not align with WHO’s value; thus, it should be stated as the fair priority model (Herzog et al., 2021).

**Civil Societal Approach**

Universities should continue to commit to providing a safe, respectful, and supportive environment for all students. Through working and communicating with U.S. government officials and local health departments, schools should make careful decisions as they reopen. Hybrid learning can be adopted as one framework of short-term strategic planning because the trend of COVID-19 related issues is unclear. COVID-19 school closures broke traditional school routines and challenged the in-person format as virtual learning resulted in more freedom for students. Students tend to have more opportunities because virtual meetings are easier to access (Smigelski et al., 2020). When taking hybrid courses for the next 3-5 years into consideration, schools should keep educating the public with civics, potentially use their influence on social media, and establish a stronger sense of community and belonging. College students are the future of the world, and a practice of a global mindset can start from here (Osland et al., 2012).

**Conclusion**

The COVID-19 pandemic most likely will change our operations of many things in a lifetime manner, how to live and genuinely adapt to a sustainable system is critical. This paper focused on literature regarding COVID-19 vaccines, global leadership, higher education, and rising xenophobia and anti-Asian hate, particularly the limited prior research on Asian American students and Asian international students. Many impacts have not been reviewed, i.e., economic, cultural, and mental health. Both cross-sectional and longitudinal
studies will contribute to understanding the experiences of Asian American students and Asian international students during the COVID-19 pandemic in higher education. For example, a sample research question of, *To what extent, if at all, the perceived level of discrimination differs between Asian international students and domestic students during the COVID-19 Pandemic?* can be examined using the Brief Perceived Ethnic Discrimination Questionnaire – Community Version (Brondolo et al., 2005). Participants can be recruited via Amazon Mechanica Turk, and responses can be scored using a 5-point Likert-type scale (Brondolo et al., 2005).
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