Lack of Empathy Takes the United States Deeper into the Second Cold War

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Abstract: This essay examines a history of US reports on pandemics, which has made it difficult for Americans to feel empathy for affected Asians and Asian Pacific Island Desi Americas (APIDAs). Key examples from the times of HIV/AIDS and SARS show how Asians and APIDAs remained misunderstood in America because of the black-and-white binary that obscures the wide spectrum of others. The resultant lack of empathy is foundational to the current, Cold War-like mentality of fear. The escalation of US-China tension around the pandemic today, then, may be seen as taking both nations deeper into a Second Cold War. By letting ourselves not feel for each other, we miss an opportunity to collaborate globally for virus eradication.

Numbers conceal as much as they reveal. When we know who is being counted, numbers translate easily into empathy, but when we do not, numbers remain stubbornly faceless. Seeing the staggering number of Americans dying of the coronavirus, many of us here in the United States feel the loss of our neighbors, friends, and loved ones. Part of why it is so difficult for Americans to keep up with the horrific numbers reported every day is that they bring up raw pain.

The numbers of deaths and infections in China, by contrast, have been presented in stories that make it difficult for Americans to feel the same empathy for the people behind the statistics. Americans are told that these numbers might be distorted by the Chinese government. They might be a result of an accidental—even intentional—infection at Wuhan laboratories. The U.S. government should have closed off the border against Chinese travelers much earlier. Recently, a few Republican lawmakers introduced legislation that would have banned Chinese graduate students from studying science, technology, engineering, and mathematics at American universities, claiming that these students assist the Chinese Communist Party’s “economic espionage” (Redden 2020).

These reports do many things, but one distinctive effect is that they conceal the simple fact of how many Chinese people suffered from a horrifying illness, awful symptoms, and died in fear and isolation. Given how the pandemic struck them early on, the terror provoked by the unknown might have been more severe than anywhere else. Strict quarantine might have saved many lives, but it also meant many lonely deaths. And yet, we do not hear or see things that let us imagine the sufferers. The lack of empathy prevails.

This absence matters because the “othering” of sufferers has a long history of making them invisible to “us,” and it has had a grave impact on many, including Asians both in the United States and elsewhere. Indeed, the lack of empathy has been shaping local and global conflicts, including a nascent Cold War that the United States has been fighting against China at least since the end of the Gulf War (Obama 2011). The aim of this essay, then, is to illuminate this particular thread of the
“othering” related to Asians and Asian Pacific Island Desi Americans (APIDAs). As medical sociologist Arthur L. Frank has shown, it is not surprising that a “pedagogy of suffering”—common experiences of illness creating feelings of empathy to others—often fails (Frank 2004, 136). In many ways, modern medicine has made it mandatory that empathy be replaced by efficiency. Despite the popular notion that empathy occurs naturally, it is an acquired emotion that thrives only in an environment conducive to it. It is all the more striking, then, that the pedagogy has failed to cross racial and national boundaries at a dismayingly high rate in the modern history of pandemics.

Let me go back in time and start with the example of the HIV/AIDS pandemic, which struck America hard in the 1980s. The pandemic was different from COVID-19, of course, but a comparison still holds. Hidden behind HIV/AIDS’s devastating effect on white gay men and, increasingly by the early 1990s, black communities (Brier 2009), was the quiet suffering of Asian Americans. In New York City where Asians comprised the third largest minority population, AIDS was still considered a white or a black issue. It did not take Asian American AIDS patients long to find out that “there is nothing out there for people of [their] ethnic background,” as the New York Daily News reported in early 1993. Glenn Izutsu, a third-generation Japanese American gay man featured in the article, aptly called it a problem of invisibility of Asians (Davis 1993).

A grass-roots group called the Asian & Pacific Islander Coalition on HIV/AIDS (APICHA) had been in existence since 1989 to respond to the lack of culturally attuned healthcare. They offered workshops on HIV/AIDS in Japanese, Korean, Chinese, Tagalog, and Hindi. They demonstrated how to use condoms using an Asian squash instead of a banana (Davis 1993). But APICHA constantly struggled for recognition. Asian Pacific Islander Americans were lumped together with Native Americans and other racial minorities literally as “others” in official statistics, making it nearly impossible to assess the pandemic’s effect on the population and gain access to needed resources. More than a decade later, in 2004, APICHA continued to grapple with invisibility. APIDA communities are “constantly being under-counted in all health care studies on AIDS,” reported David D. Kim, APICHA’s Medical Director at the time (APICHA 2004). Their flyers carried images of Asian Americans with “I am HIV+” printed across the page in a large font, a plea for the public to see that Asians, too, suffered like anyone else.
Given their quest for visibility, it is no surprise that APICHA and other APIDA groups came to the support of New York’s Chinatown when reports of Severe Acute Respiratory Syndrome (SARS) in Asia began to flood American media in 2003. Many New Yorkers believed, falsely, that the virus had spread to the Chinatown community. There was not a single case in the community, but no matter. People began to disappear from Chinatown’s streets in the early months of the year. Still reeling from the devastation of September 11, 2001, terrorist attack, businesses in Chinatown suffered from 30 to 70% losses (Eichelberger 2007, 1288).

Interviews with residents, conducted at the time by anthropologist Laura Eichelberger, revealed a root cause of their losses: “coughing while Asian” (Eichelberger 2007, 1289). Eerily resembling the recent anti-Asian acts, nasty looks and cringes showered community residents. Images of Asians in facemasks frequented the media, spreading the incorrect notion that Asians are prone to illness. Recent immigrants, in particular, were deemed dangerous; they were from a culture still pre-modern and rural, riskily careless about modern sanitary standards. They ate bats and cats, then suspected of being virus transmitters. To combat these stereotypes, Mayor Michael R. Bloomberg had lunch at the Sweet and Tart Restaurant in April (Lee & Murphy 2003). In October 2003, APICHA held a banquet at Jing Fong Restaurant on Elizabeth Street, drawing four hundred diners and raising $60,000 to assist the community (APICHA, 2004). But much of the damage had been already done.

At Michigan State University where I teach history, APIDA students responded to anti-Asian acts spurred by COVID-19 by organizing a town hall (before social distancing entered our everyday behavior). They are worried about the wellbeing of their peers from Asia, some of whom remain stuck in residential halls on campus to this day. And yes, they were the first in town to wear facemasks. The U.S. attacks on China have exacerbated these students’ isolation. They may not seem “dirty,” as was the case in 2003, but they are treated as dubiously foreign, possibly infectious, despite much effort to counter the stereotype.
Here, it is appropriate to recall Wen Ho Lee, a Taiwanese American scientist who was prosecuted in 1999 on the charge that he was spying at the Los Alamos nuclear physics laboratories. The evidence showed that the charge against Lee was wholly unwarranted—that is, unless you define his race as categorically guilty (Lee & Zia 2001). Many Asian immigrants educated in STEM fields came to America after the immigration reform of 1965, which gave priority to highly educated people like Lee. The purpose of this unabashedly ablelist reform was to help the United States fight communism and win the Cold War (Hsu 2015). Many students from China today are in STEM fields because of the pipeline created by the U.S. policy. Now, some politicians are eager to reverse the criteria to blame the very people that they let in to serve the U.S. national interest.

The “othering” in our time of the coronavirus takes many forms, including not only brazen xenophobia but also more subtle invisibility all too familiar to Asian and APIDA people. Recently, a report from Lansing, Michigan’s capital, shook the local Asian and APIDA communities (Kaminski 2020). Health officials had assumed that the large number of African American residents explained the large number of infections in the area, because that is the pattern observed elsewhere both within the state and beyond. As it turned out, though, it was immigrants and refugees from countries like China, Burma, and Nepal that accounted for nearly one half of the cases in south Lansing. They made up only five percent of the area’s residents, but socioeconomic disparity and language barriers made them particularly susceptible to infection (Lehr, Banta & Thompson 2020). The problem is that we do not hear much about them in local and national media. Similar to APIDAs affected by the HIV/AIDS, they remain largely invisible, making it difficult for the rest of us to feel for them.

This lack of basic feelings of empathy, I fear, pushes the United States further into the Cold War against China and Asia more broadly. The condition appears to be progressively and dangerously maturing. China has become the second largest economy in the world. Their leadership’s seeming reclusiveness, combined with their diplomatic potency, makes them unknowable and unfamiliar to many Americans. Historically, Americans have shown a willingness to distinguish a government from a people. At the beginning of World War I, many Americans opposed the U.S. entrance into the conflict partly because they felt it was the German government acting autocratically. Germans, by contrast, remained a democratic people in U.S. popular perception (Neiberg 2014, pp. 801-802). No such distinction has shaped the twentieth-century history of U.S. relations to Asia, colored by the trope of “perpetual foreigners”—that is, Asians are foreign to America however long they have lived in the United States (Simpson 2001).

Today, the trope appears to be rampantly applied to Chinese and anyone who looks Chinese except for a few dissenters whose anti-authoritarian ideas resonate well with Western liberalism. Although these exceptional individuals might elicit empathy among Americans, the rest of Chinese people appear largely devoid of individual agency in the U.S. media, making them difficult to empathize with.

It is crucial to see that economics and geopolitics are not the only source of conflicts. As much as anything else, the Cold War between the United States and the Soviet Union was fought by ordinary citizens who were taught to be afraid. Some Americans in the 1950s proposed that U.S. military veterans be organized as “citizen soldiers” to voluntarily serve for national defense outside their regular work hours (Masuda 2015, p. 155). Many ducked and covered even as scientists pointed out the drill’s absurdity and loudly warned of its ability to provoke more fear (Jacobs 2010, 102-106). As none other than Nikita Krushchev stated in 1959 in the famous kitchen debate,
one becomes ready for fighting when one knows “absolutely nothing” about the enemy, “nothing except fear of it” (Richard Nixon Presidential Library 1959).

The cost we pay, if we fall into this mentality devoid of empathy, will be high. Pandemics by definition are global phenomena that call for a global response. Collaborations are essential now, especially among countries with more resources than others. Tests, vaccines, and medicines need not only to be developed, but also distributed swiftly to all corners of the world struck by the disease. And these corners include communities of color here in America. Eradication is impossible otherwise. Again, HIV/AIDS pandemic offers us a guide. Despite the popular notion that the United States mostly contained the infection—a notion augmented by President Obama’s 2011 declaration that the “beginning of the end of AIDS” is near (The White House Office of Press Secretary 2011)—the rate of infection in African American communities remains tenaciously high. While black Americans accounted for thirteen percent of the U.S. population in 2018, they accounted for as much as forty-two percent of the new HIV/AIDS cases (Center for Disease Control and Prevention 2020). Asians are the fastest-growing immigrant group in the United States despite the recent media reports highlighting refugees from South America and the Middle East. Unfortunately, the population growth has been accompanied by a significant increase in the HIV infection rate among APIDAs especially in cities like New York and San Francisco (Tang & Chen 2018). We have both chronic and acute health disparities in these communities.

Instead of speculating if Chinese or American laboratories will win the “race” for discovering a cure for COVID-19, then, we can begin to think about how a medicine or vaccine may be distributed effectively to areas that lack money and infrastructure that richer countries, regions, and neighborhoods enjoy. If we let the current discourse of fear and competition continue, we will miss a unique opportunity to overcome the deadly virus. If we look for empathy in this pandemic, though, we might learn how to feel for each other, pulling us out of the war along the way.

References


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