**Interview Transcript**

**Participant 8**

Interviewer: Um..so to begin with, I’d just like you to introduce yourself. Tell me a little bit about who you are, where you're from, your education, and a little bit about your employment history.

Participant 8: My name is \_\_. Born and raised in Manhattan, New York. Um went to school in Chinatown, and then Gramercy Park, and then junior high school in the upper East side. And then. What else? Honors school--so honors for both junior high and high school, which is Brewer college campus high school, and then I went to pharmacy school, I went straight in. Did the six-year program. I went to Buffalo first, then went to NYU, graduated within six years, and kept working straight on from there. So, I started as an intern at CVS and I stayed there for ten years until I left. I finally left it this past December and went back to like community pharmacies.

Interviewer: Got it. Um, so you're working in a community pharmacy right now?

Participant 8: Yeah, I work for different community pharmacies.

Interviewer: Okay, can you tell me a little bit more about what you do and what your role is, and what your organizations or companies are like?

Participant 8: So it's very traditional. So like, I can speak both on retail corporate and just retail independent cuz that's my—my niche is retail in general, so it's a very traditional role where like you go in, you type scripts, you verify orders, you take consultations, you assess drug interactions, call doctors, nurses, whatever you got to do with the other teams that are sending you e-scribes. What else? I was a manager for two years at CVS, so it entailed a lot more than that after. You did hiring, firing, optimization, meeting metrics. Um. What else? That's kind of the big gist of it, and then Covid hit, so vaccinations were already getting unmanageable, but then when Covid hit, it just became completely unmanageable because you didn't get the extra help. You were probably at your worst time in history of hiring, being able to keep people in, because of the environment, because it was so toxic.

Interviewer: Yeah, that sounds really difficult.

Participant 8: mm-hmm (agree).

Interviewer: So you were in a client-facing role, basically, the whole time, um.. were you seeing customers pretty regularly?

Participant 8: All the time. You didn't get, you know, sometimes you didn't get lunch breaks.

Interviewer: Wow yeah.

Participant 8: Most of my friends did not get any lunch breaks. I'm diabetic since I was younger, so I didn't get—I didn't give them a choice to give me a lunch break.

Interviewer: Sure, sure. Um did you also have a lot of colleagues that you were working with regularly or were you by yourself sometimes?

Participant 8: I was by myself a lot. It's dependent on how high value the store was, so when I became a manager, I took on a low-volume store because it had recently opened in the last couple of years, and there was another CVS a couple of blocks away because it became like Starbucks here. So I would be by myself a lot, and even if there were, there was a budget to schedule a technician, because of the actual overworking in every pharmacy, because of the budgets in general. If you needed three technicians, you got one. If you needed one technician you got zero. So the technicians, the turnover would be so high, and people wouldn't—couldn't keep going. There’d be a lot of callouts, or you wouldn't be able to cover shifts anymore. So, even just because of that, you were alone. And it wasn't, it was high-volume pharmacies people would be alone.

Interviewer: It sounds like you were pretty busy and overworked for the majority of the time, but especially with Covid.

Participant 8: It was already that way before Covid. It was terrible.

Interviewer: Can you tell me a little bit more about the emotional toll of that, and if there, um, if there were coping strategies that you had employed?

Participant 8: Um so as an Asian American, we clearly don't have coping strategies because our parents are immigrants. And they tell you “just keep going,” and you just think you're really strong. And you think you can do everything and anything, so it just kind of really went down to the point where even now I'm still working on it. So we kind of like, the technicians that you did have, you became like family, you know? We try to like (inaudible) each other, and you know you, you take like there were times, where I didn't know how to stop, and my technician would be like “(name), go to the back,” you know.

And like also if you had things going on, like my father died in 2019. I didn't take off, um, until I had to, and then also after I came back so. He died right before, right when China like basically when China was getting hit. So, and he died late October. And I was still there. And I came back, and I didn't, and I went straight back, and it really, it just keeps you working right? So, there are points where I would be bawling in the pharmacy at my workstation and I would still keep going.

No really, no great coping strategies until got really terrible like mentally, to the point where, when you needed therapy and an LOA, which everyone started doing LOA. And then we all start mass quitting, so you'll see a lot of pharmacies and you'll hear about a lot of pharmacies just being closed because they don't have anyone to staff them at this point. So it's not a shortage of pharmacists, it's just no one wants to take the job. We have an overage of pharmacists naturally, so.

Interviewer: um so when you like crying at work and whatnot did did that seem okay, or were there, problems with that?

Participant 8: I didn’t let other people, besides like people that knew me see that. I didn't do it quite often either, I did it like maybe once or twice. Um there were panic attacks that I didn't know that I was having panic attacks. There were times where they thought I had covid because of the breathing issues, they thought I was having a stroke, I had to leave work like on the spot. And then I had another Asian American pharmacist, that I was, I was also a trainer so I trained pharmacists coming in, I onboarded them. Did the same with technicians. Um, it was a lot. I did a lot for this company. I was a top performer in Manhattan, specifically. I came out from like graduate intern of the year, you know, like, I was always top notch. Always had the highest metrics, all that. So that, I leaned into that, and I kind of like got taken advantage of.

Um. And then another Asian American new hire, she said this is exactly what happened to her when she had left Rite Aid, and since she’s been fine. It's the anxiety, but you know I didn't know, I was living with anxiety for a very long time. And it just developed. And kind of, cra— yeah, yeah.

Interviewer: Were there particular like scenarios or settings during which that, like became more prominent, where you were feeling more anxious or having panic attacks? Was there like a trigger for that in the workplace?

Participant 8: There was constant. Big triggers were just knowing shifts were uncovered, or that someone called out and that there would be no coverage. I would have to beg other technicians to come over after their shift if they were not too tired from their other shifts. Um, that was that was probably the main source, starting in 2014, 2015. So it's been a long time. Um, I want to say it was 2015 when it got really bad. When they started really slashing the budgets. Ah, so that was my number one thing, and then the, you just felt like you weren't paid enough to do it, so that became resentful, right? Um because the increases were less and less every year, to the point where it got to like 50 cents. You don't, you don't even meet inflation anymore. And we had real discussions about that.

But I had no problem bringing like managers and supervisors in and continuously talking. I fought my way through to get to where I was paid. Every couple… I moved pharmacies every year, I helped struggling pharmacists, had developed teams, and I just kept going and going until I couldn't do it anymore. Um, so that's… What else? The workload, I guess, in general, when you're such a doer and you need to get the tests done, very simple very—what they think Asian Americans are really good at, you know. Just because it's innate in us.

Interviewer: Can you expand on that a little bit more?

Participant 8: Just immigrant parents, they just, they're doers. They teach you to excel in school, and that doesn't really help, like navigate you in the real world when shit starts to—excuse my language—when it just starts to crumble all the time.

Also, vaccinations-wise, you knew, you were going in, and let's say I would be by myself, I would still have up to 50 vaccinations, and I would have to do register; I would have to do drop off; I would have to produce the drug, which is printing, scanning, counting, and also verify the drug.

So you were a one-man team at times, and even if you weren't a one-man team, let's say I had a really seasoned technician, who I really like, I got him to a point where he never even thought he could be, it was still really tough, he would just maintain like pickups. And I would still have to do everything else.

So vaccinations really crushed us. It's just too much. Not enough. So that and we were, we were all talking about it, and nothing was happening. So we weren’t being seen, we weren’t being heard. But, you know, after years and years of, in any relationship, but especially a business one, then it starts to crumble, and you just can't, you can't, you have to leave and you can't go back.

Interviewer: Sure, yeah.

Participant 8: I mean, I still get emotional about it, I guess. It's like really hard to get over.

Interviewer: Yeah.

Participant 8: One of the biggest triggers was which, which has so much to do with us being Asian American, right? Is that I was told to be “nice.” Like when I was in the pharmacy, and I was begging for help from anyone from any front store. They told us to rely on front store managers to start sending their own people, that's how pathetic it got. And a lot of front store people didn't want to deal with the drama of Manhattan, specifically Manhattan. It's really bad. People are, they think they're top tier, so they treat you with complete disrespect at all times—it doesn't stop. Um, I can handle them, but as a technician, it was really it was much harder because they wouldn't give you any respect. At least you had a pharmacy behind you versus a technician they were like no. Absolutely not.

Um so. One of the male managers from a, from a CVS I used to work at that was close by, he, he was like “I can send you somebody, but I need you to be *nice*.” And I was just taken so aback. Doesn't mean… like because we're we just “go go go go”, it doesn't mean we're not being nice. It just means that we hold people accountable. Right? But it might not be your way and, yes, I think I've gotten immensely better at not being so “go go go go”, right? I don't want to produce the productive. I want to focus more on how that person can get done what is realistic and not push them to the point where I thought where I was okay with being pushed. That doesn't mean that everybody else is. And that's when I started earning a lot more respect for my technicians and they feel, they felt really cared for.

Um but yeah.. I had at that moment, I was like huh? and then when I kept thinking about it, you know it hits you, you know, becomes a core memory almost, an adult core memory. And you're just like “wow you wouldn't have said that if one I were a man; or two, if I was a white woman; or three, if I was a black woman, you wouldn't have even tried that with me—to be nice—right?” At least not New York. That's not how um, but because I was this little, tiny, feisty Asian girl that I've always been known to be, that needs to get stuff done. That came out.

Interviewer: Can you tell me about this colleague who said this? What was his background and was he white, was he…um?

Participant 8: I think he’s may… he looks white, but I think his name is Egyptian-based, but he's very Americanized. And he actually had my back a lot, but he saw, he also saw me when I was like anxious all the time at the other store, and I would borrow people. And like a lot of people saw my anxiety before I saw things like I'm… because I would just like.. always I'm always like “I don't have enough people! I don't have enough people! I don't have enough people!” But we didn't like, I wasn't not telling the truth. But he was… he was seasoned enough. Or like his responsibilities didn't fall on killing a patient right? Like that wasn't the big responsibility that was keeping him up at night. So he was seasoned like he was, well enough, where he was. Like whatever happens happens in my store. Pharmacists have a lot, we have a huge issue with like letting that be, because of the mistakes that can be made and the outcomes from that, from those mistakes. And ultimately, yeah your, your job’s on the line, but more importantly, like if someone does get hurt right, what does that mean falls on our conscience? And we know and we've been voicing everything that could have been done, and nothing was done to prevent it. Yeah.

Interviewer: Did that ever happen for you?

Participant 8: Did someone get hurt? No, but because I am like, I am… I am like a… But I was catching more and more and more and more mistakes off of other pharmacists. Everything we have to report. Every time we report it, it takes another 30 minutes because they're so antiquated, their systems. Um, and that was another thing, right? Because you're so quick and you're so up-to-date and everything is falling behind. The whole system is working against you to the point where your technicians are like “OMG, the computers are down again; OMG the computers are going really slow”. So a lot of this one… it's just… So he, so we're talking about that guy, and he did have my support - like he would try to send me people. But it's also a very competitive world out there, where they just like to talk and I didn't come from a community like that, like corporate communities. I've learned really hard that the real world, like when they say the “real world” was not like what you grew up in, because Chinese people were really tight-knit in Manhattan Chinatown. It's a really small community. Like it's smaller than people realize. We all grew up together; we all treated each other so well; we all always had each other's backs. Very loving community. And then you come into this. And then you start to realize that like what you were raised in was really sheltered compared to what you go into in the American society.

Interviewer: Can you tell me a little more about the competitiveness of the job?

Participant 8: People would always want to be better than the other person. For me, it wasn't about that. For me, it was always like… you just got to do, you just got to be the best of the best for yourself. It wasn't that I needed to be somebody else because I had no problem helping other managers and no problem going into teams of the staff pharmacist and supporting managers. I actually like that better. You know, I was less likely to make mistakes, because I didn't have to hire and fire people, which is really nice. Um (pause), I think it became a lot about like who could make more. But remember, I was taught to do this for myself. It wasn't because… for me, it wasn't like that. So I didn't trash talk people. The front store started having issues with the pharmacy because corporate made them help us while they were already short-staffed, so that became in itself like, like on the intercom, we’d be like backup to pharmacy. And they'd be like no backup. Like that’s why it started getting so unprofessional. It’s like “we hear you. Nope. Nobody's coming!” Like, it was like “what?!” It was just like a lot of tearing down of each other, which now, I think I realized that, I'm older, that's why people get away from New York, maybe.

Interviewer: So this was happening within the store, but not necessarily with other people in the pharmacy, it was happening with other people in the store who didn't work in the pharmacy?

Participant 8: That, too, but I just think in the pharmacist world, they don't gather up enough like. Yeah, it would be like very segregated, and I think this is actually a very good tactic on corporate that they keep us very separate, and that they don't want us to talk about salaries, right? Because they don't want someone else going up to a salary that they should be paid at, you know. Like I just… I was also always reminded that I was like a top three earner at CVS, but I also put in the work to be there, so I didn't need to be reminded of that, and that didn't justify a 50 cents raise, or that didn’t justify when I got red lined either. Like because they cap you at staff pharmacist, which is why I had to go to a manager. If I had to do it again, I wouldn't have done it. But regardless, it taught me that I needed to leave. And I see this happening with someone that's five years younger than, four years younger than me, and she's in the exact same pathway. And I tried so hard to stop her, and it didn't have like…it's she's going on that route already. And it's usually Asian American women in New York City that's like this.

Interviewer: Um, are there a lot of Asian American women working in pharmacies in New York?

Participant 8: Yes. Oh yeah.

Interviewer: Can you give me a little more about like the composition of like pharmacists and your area?

Participant 8: Um, so to be a Manhattan base, I just came out to Queens, so it's a little different here, so I can't speak for here yet. I do know that like one of my pharmacies across the street, I'm covering because of Asian pharmacists, but the Asian community in pharmacy is just like (snaps). That's probably one of the top, Brown, I think, and Chinese or Korean - just Asian in general. It’s probably the top in the city. And Russian also. But I think it's just an easy pathway for us to have been led into by our parents and by our societal demands, like norms. So it’s mostly everyone you're going to meet is (Asian American), and everyone knows each other too. Whether you're the same year or not, whether you went to St john's or NYU, or Buffalo. You know everyone knows each other it's, it's a huge percentage, more than 50%, one hundred percent.

Interviewer: Oh wow.

Participant 8: I don't know the exact numbers, but this is talking about... even though we’re a huge, we have millions of people here, we all just end up knowing each other, regardless.

Interviewer: Is there an even gender split and like age—is age range, are age ranges like skewed in any direction or is it like everybody?

Participant 8: At corporate, you could tell like a lot of the older people kept leaving because one, they would get red lined, but two, they couldn't keep up, and they didn't want to keep up. Um, there’s two older pharmacists right now. Everybody else is like in their 30s or younger. I'm talking about like the young thirties probably, just beginning 30s. And the older ones, one of them was my manager and she said that she's too old that no hospital, nobody will take her. She’s not going to be good anywhere else. She's not Asian though. So that was… Older ones, I think it's everything honestly. There's a lot of older pharmacists in hospitals so.

Interviewer: And gender-wise, it’s pretty even?

Participant 8: I’d say so.

Interviewer: Yeah

Participant 8: I would say so.

Interviewer: Yeah. Do you notice a difference between who's a pharmacist and who's a technician or is that also like a certain…?

Participant 8: Race or gender, or what?

Interviewer: Anything.

Participant 8: Umm, definitely race. In New York, we have a lot of Spanish technicians. We have a lot of, not necessarily American Black technicians, but we could also have like a foreign Black. Like my, my guy was from the Islands. Like and some of them will have accents, so then some of our white patients would make issues with that…you know. We had a lot of racism. We had a lot of racism to the point where it really dawned on me that, like, I would have to fight for my technician like every day; I would have to de-escalate a situation; I would have to pull a patient immediately to the point where we just looked at each other and we knew. I was like “send em over, that’s it.” Um but then it started coming on to me, in 2015, when the whole, when Trump started doing his political campaigns. It started coming to, the hate started coming to me. I don't…I never, believe it or not, I didn't experience racism until I was at CVS in 2015, so how old was I? I was in my 20s my late 20s, and I, it would be a guy saying like “you follow China law”, and then I didn't have anyone protect me either. Because I was also a really strong force, but I didn’t have anyone protect me, but when I think, like everyone was staring at me, including all my white patients, my Indian technician, my Spanish technician. Nobody knew what to do, I think it was so unheard of at the workplace that point. We're used to like.. unfortunately, we're used to like different races being targeted, but Asian American… I got targeted. And then like there was a Spanish technician, native American Spanish technician, who ended up protecting me he. He had, he was discussing with one of our really racist patients who my manager at that time, and this was when I was a staff pharmacist, my manager at that time refused to like kick her out of the pharmacy. Do I think if I brought it with HR, she you would have been kicked out? 100%. But was it a little like I don't care as long as you take care of her at that point? Yeah. I don't think I fought for myself in that kind of respects. I was too bogged down with the metrics and doing all that stuff instead, and we had overlap, so she would just take her on, you know. But she had called me a chink and a jap at the same time. (laughs). Um I've also never been called a chink or a jap, either. So I didn't know. And he was just like “no, we don't need that. We don't need any of that here,” and it was to the point where I just didn't deal with her.

And then, during the last couple years, my staff pharmacist, who was even more “go go go” than me, she said she would just get microaggressions every day, especially with Covid-19. And like “*your* people” this, these things, little things. But they will try to be nice about it because you know, they were still respectful of us. But they just can say little things, like whisper little things, and some of these were like, our good patients. And I just, they might not even realize what they’re doing.

Interviewer: What kind of things were they saying?

Participant 8: She said… I can't remember exactly what they said. It was to the point. It was referring to the Covid-19. Like “your people…” not brought it here, but like are “your people, your people” like they kept going “your people” um. And and like side-eyeing her. It wasn't a nice interaction. It was definitely meant to be nasty. But I don't know if they realized the effect it had on her, since she was so used to being their pharmacist. And she had better, better…she expected better from them. She expected more.

I brought it up with her once or twice because I kept forgetting, but it didn't happen, the microaggressions didn’t happen with me. If it was full on, it was full on. It got so bad that the person that had called me a jap or a chink, she was closer to my newer pharmacy, so she walked in there. She's got a walker, and, you know, at the other pharmacy she threw like a Black woman—she’s like this little old lady—she threw a Black woman like, in the aisle, literally. Alright, so the patient was like a little white elderly lady with a walker, and she would call the Indian technician at my other store who I worked with, “an Indian asshole”, and some other things that I can't even remember now. I think we just, we just, kind of like, we never fully process it. It's just kind of like.. it's stored away somewhere and then she was heading straight over to me, so they called me. And we're a tight-knit team. And she came over to me, and I'm like “do you remember me,” and she's like, “Oh yeah yeah,” and I'm like, “You don't remember me, like what you called me? And that you're not going to be filling here, right?” And then she was like, “Oh no. I'm sorry, I'm sorry about that.” And I'm like, “Are you sorry? Because you just came over and racially slurred at one of the technicians over there. You're not welcome here”.

And I had already brought this up, the jap/chink incident, with my white supervisor, who was really behind my back. And he ended up being in the aisle that day. He ended up coming to me that day, and he didn't know she was going to be there. And he just stood there, and he listened. And I said (points and whispers “that’s her”). And she kept fighting with me, and he came and took her to the side, said, “hey you want to step over here?” And he physically walked her out. And he's probably like one of the very few supervisors that ever had my back like that. And that makes the world's difference, and he's still like someone who backs me today, even though he left CVS, I left CVS. So, having those white allies like major (laughs). You know, he's a big tall guy in a business suit, everything you would think of when it comes to corporate, and he told her, and she shut up, and she walked out.

Interviewer: Yeah well I'm glad that you had that supervisor there. That seems like really…yeah important.

Participant 8: Better than my previous supervisor, right, who just said, “Oh. I’ll take care of her. Don't worry about her. I'll take care of her.”

Interviewer: Got it yeah um.

Participant 8: Can you—

Interviewer: Oh what? Sorry.

Participant: There was another one. Oh yeah, the other one is the worst probably. It was the same guy from 2015. He found me again in 2021, I want to say, last year. So six years later and I'm like, “Do you remember me?” I always say this to the two people that just keep following me because New York, you don’t really leave. And he was like, “Yeah I remember you. You're so nasty,” and I was like “Get out!” like “You can leave.” And I had, before he even came to interact with me, I called every manager, because the first time around, I kicked him out. I said, “Manager, Pharmacy” and he was like, “You don't need to call a manager. I'm leaving already,” and he like swiped things off the shelves. Then this time around, I had called everybody, so I had men with me; I had patients with me; and the patients didn’t say anything, but afterward, they were like, “Are you okay?” Um and he was like, “I'm gonna kill you. I'm gonna kill--yeah.” these are death threats! And everything was written in email. It was reported in an email.

The best I got when another supervisor came through--okay, so he did that, he ended up walking out the front store. Manager came to the back. She was a woman, a Spanish woman, at the time, and she came to the back, and she said, “So he did say something very interesting when he walked out. He said, ‘All Chinese women think they have dicks. China women think they have dicks.’” “China women”--that's what he said.

And I mean in New York, we kind of do, like sorry to tell you. And I'm one of the very few Asian Americans, probably, that is very open to refusing service when I think it's appropriate. Because I’ve always had a voice, and I was never scared to use it. But when it started happening to me directly, I had to learn; I had to kind of keep processing to learn how to do it. To the point now where I don't tolerate, like I have zero tolerance for it, and I can call it out right away.

Interviewer: What had this man done in the 2015 or 2016 incident?

Participant 8: He said... I refused to fill this prescription because he was abusing a drug, a very, that depressed the central nervous system. Um so he said, “You follow China law.”

Interviewer: Oh, that's the one who said that.

Participant 8: Yes it is.

Interviewer: And what is like his age range?

Participant 8: He was probably like in his… at that time…early 50s I would say. And he's white. We don't know if he has a home, to be honest. He has a brother who always comes in with him and they always steal. But then the second time around, I had made sure, because the first time around the front store managers, I was really good with, they were young, with it. So they were like, “we posted everything.” We got him banned from the store. So this time around, I was like “he found me again, and now he’s threatening me, so we're going to do a trespass” um. And the Asian American supervisor at time, she was…she didn't even want to really, before, her first reaction was, I told her maybe like a couple of weeks after just because I was still processing it the second time around, when he was like “I’m gonna kill you,” and her first reaction was like, “Why didn't you tell me sooner? Why did you wait too long?” And it was just a horrible interaction. I probably still have it on my phone, to be honest.

Everything she did was horrible, though. There was no empathy from her side; there was no caring, nothing for the people. It was all about the money for her. It was profits over her own team, which a lot of pharmacists will tell you, so. And then she came in, and she refused to answer me through email and like my cousin is in HR, so she was like “okay, if it gets bad enough where you don't feel safe anymore, start writing everything down, start typing it all out in a note right when she leaves.” Um and I would be like, “I need you to answer me via email”. She's like, “I'm going to come by in the store today.” I'm like “Do you need to come by? Can you just answer me via email?” And she's like “no it's better if I come by.” So she came by to tell me that she went to, she claims that she went to our upper senior level management, who is a tall white man in a suit who's known me forever, and he's actually very kind to me, but again everything's about money, so that’s why he is kind to my face. And he didn't, he was looking into like trespassing. And they didn't know, like if that would work, if that would make him more likely to come back is what they said. I said it doesn't matter, because if he wants to come back, he will come back. But the whole point is that you need to put a trespass stop on this guy, and they never did it. She was there to tell me that they weren't going to do it, which is why she didn't answer me via email. As an American, Asian American female.

Interviewer: Yeah wow. Um, when all this happened um, I would imagine that you would have some feelings about it. Um can you describe to me like your emotional reaction, both when it happened immediately and then afterwards?

Participant 8: With that conversation saying that I wouldn't, there wouldn't be a trespass on, served to a person that threatened my life? And racially came at me? Like that point?

Interviewer: That point or the incidents themselves.

Participant 8: Incidents themselves, adrenaline. For sure. It depended. The first incident, as you go on, you become desensitized to it right? So the first one, you're quiet. I was not as quiet as I thought I was, but still, it's much more quiet than my natural self. And then, as you go along, you stand your ground, you get more people involved, but you still process how many people still don't speak up. And I don't know if that has to do with me being strong, or them just not knowing what to do in that situation. But support really like it means everything in those moments. To where the patients were supporting me more than the male managers that were next to me.

Interviewer: Did you feel angry at the time?

Participant 8: (Laughs) See I didn't… it's not even natural for me to say that I'm angry right? Isn't that sad? But yeah definitely. That's so sad. It is. I think, see that's like a major… like…you should be a therapist. Um yeah.

Interviewer: Did you act on that anger at all, or did you feel like you had to kind of suppress it?

Participant: I think I just came out like, that's what my, my self that says, “Get out. Manager, pharmacy. Get out. Get out, leave!” That's it. Because I know that nothing will come out of you staying here longer. And I'm trained to de-escalate situations. And I just innately also know, as a healthcare professional, how to de-escalate situations as well. It happened on the train when I was targeted by a Black homeless man, and I de-escalated the situation. But it's gotten to the point now where I don't feel like… a lot of us don't feel safe going out, and it's starting to affect like really badly. Like I'm looking for permanent jobs in where I live, in my neighborhood now.

Interviewer: So you don't have to commute and whatnot?

Participant: Yeah, because I moved out of the city a couple of years ago. And even though it's great, it's just not, probably the most, I don't know if you've been watching the news, but it's probably the most dangerous place in America now, for Asian Americans.

Interviewer: Sure yeah. Has anything like that happened, while you were at work or on your way to work, or away from work?

Participant 8: That I was on my way to work, but not to like, yeah that was on the way to work um but...

Interviewer: Did that affect you when you got there? Like when those sorts of things happen, were you able to just like jump right in and do your job, the way you normally do? Or did that affect you somehow?

Participant 8: I think it depends on the people you're with. If you voice it and they can listen, which I was with, then you're fine. But then, when I voiced it, and like some of my friends, even my Asian friends like brushed it off--my Asian guy friends that are big, and they can protect themselves--brush it off. Then you become like, you kind of get put down. And I didn't even voice that. I don't even voice when people like don't take it as seriously as it is, because I can still see bulging eyes, you know, like. You can have flashbacks. You have lots of flashbacks. All of those are like pretty core memories, but I can't remember every single part of it.

Interviewer: Sure, can you think of any other times when you felt particularly emotional at work or because of a work incident? And this could be any kind of emotion to you. You could have been really nervous, really excited, really upset, really irritable.

Participant 8: Is that due to something that has to do with being Asian American, or just in general?

Interviewer: Just in general.

Participant 8: Oh it's so…it’s probably like 99.9% of the time, which is why it's hard to identify for me.

Interviewer: Sure.

Participant 8: Um just all the time, literally all the time (laughs).

Interviewer: What are some of the consequences of that? Have you experienced any kind of like repercussions of just always having to be emotionally, you know, burnout and whatnot?

Participant 8: Yeah so burnout was the big thing. I got diagnosed with general—GAD, generalized anxiety disorder. Um but my therapist did tell me that I have a very good, I have excellent insight to like the...what happened. Um. But I have a much deeper perception of like things *after the fact*, though, um. What else? I'm sorry, repeat the question.

Interviewer: Um no just if there were, if there were any consequences of the ongoing emotional toll that this this took.

Participant 8: yeah PTSD. So basically from work. That I'm still struggling with right now.

Interviewer: Just from the job in general?

Participant 8: Mhmm. Yeah. It became a disability, for me, when I went on leave of absence, became the reason why. I think it just snowballs so much that I can’t even go back anymore, think about that.

Interviewer: Yeah that's fair. um is there anything else about your workplace that we haven't discussed that you want to talk about?

Participant 8: I'm looking for better places now. Which is nicer, no it really is. Like all the dependent pharmacies, like, if people are nasty, or people are targeting you for what you look like, it's, it's automatic. Like you don't have to worry about like, who's not going to protect you, you know? Those type of situations. Because everybody will protect you in the independent pharmacies, because you really are like, they take you in as family from when you get there. So I don't think I'm going to have that big of a problem anymore. Uh. And I try to like, when I look back, I try to like learn from it, you try to give yourself compassion, all these things that you're taught to do. But it's like damn like. I don't know, it's like I went through that for years and years and years. I was having panic attacks. I didn't even know it. My mom knew it.

Which we tell a lot of Asian moms, but specifically mine, because she she grew up here she went the same elementary school that I did in Chinatown. We tell her she's got a doctorate from the University of Life. So she recognizes a lot of behaviors in all of us. I come from a big family. I have two sisters, five cousins, a lot of kids--there's always eight kids everywhere. All at once, it’s like head counts and stuff like that. Um so I was having panic attacks at home in front of my niece, who was like five. And then my niece now tells me like how I was, and I'm like I'm torn because it's like damn, a little child saw you like this, and you didn't even know you were like that. Just like you just said anger, and I didn't know that I felt anger because we don't process the emotions, right? We just kind of react because we're taught to just keep going.

And I'm not the react type of Asian where you shut it down, kind of like nothing happened, and you ignore it. No I'm the one that like really voices shit, like you're not going to get away with this, I don't think so kid, you know? That's because our community taught us to protect ourselves. So, like even only teach these like defense seminars and all these things that, like my community’s teaching now, and you'll see like even one girl was on Nike, she was recently on Nike on Instagram. Her name is uh Jess. She’s in like muy thai and stuff. And they're getting a lot of traction, which is amazing. Like I'm naturally feisty, so I will literally like, when I was during those, during those sessions, I was like this. And I was like, “You've got to get them like this, you’ve got to like ferret them a little,” and they're like, “What the hell are you doing?” And I was like, “Listen. Listen. You just gotta protect yourself, you psych them out, and then they're gonna be like ‘damn I'm afraid of you now,’ you know?” Like. So. I'm not I'm probably not the norm, when it comes to how I react in the Asian American culture. I've grown up with a lot of people that are just a bit more timid, more quiet, more introverted.

Interviewer: Do you get any pushback for being the feisty one?

Participant 8: Yea, all the time.

Interviewer: What does that look like?

Participant 8: Just people talking shit, especially in the workplace. A lot of, they're like oh (name) is too much, like I'm dramatic and stuff like that. But it's like if you don't fight for yourself, who’s going to fight for you?

Interviewer: That's that's true.

Participant 8: And they're not used to it either, from an Asian American, which is why they're so, they voice it so much.

Interviewer: Do you think it would be different if you were a different race or a different gender?

Participant 8: Oh yeah, I think. Yeah 100% because, like my white manager, who didn't protect me—she's nasty, like and everyone knows she's nasty, but no one's going to do what she does to me, which is like “Oh my God, that’s dramatic.” No one's going to say that to her. No one’s said it to her. They all say she's a miserable person, but no one's gonna say it to her the way it's so openly talked about (for) me. And I didn't care what people thought. I didn't care to correct them. That that's your perception and that's not the reality. I didn't care to correct that. I don't think I would still care to correct it either way. Because I think I'm part of an older generation that's just going to get out of that and teach whoever’s still there how to effect change from there. We’re too jaded at this point.

Interviewer: Yeah. That's true. Um can you answer a couple of demographic questions for me? So you're located in Manhattan, well not anymore, you're not in Manhattan anymore, but you're still in New York.

Participant 8: I'm in Queens now. I work in Manhattan, here from like every week, I still work in Manhattan. But I'm trying to start to relocate, like I even had an interview today, which I think they're gonna, I'm gonna start doing next week. So, I'm just relocating to pharmacies, I'm going to work across the street, two days, you know, like.

Interviewer: That's awesome. Yeah congratulations.

Participant 8: But you gotta, you gotta, like that's really adapting. Continuing to go to the city is not adapting.

Interviewer: Mmhmm. Um and you mentioned that you grew up in Chinatown, is that where you were born as well?

Participant 8: Ah, I was born in Union Square, which is 14th street because that's where all Chinese, like the Chinatown people went to either downstate or downtown, which is now New York Presby, or um Beth Israel.

Interviewer: Were your parents also born and raised in New York, or were they.

Participant: Oh, this is. This probably matters because my mom’s from Hong Kong. So Hong Kong has like education, all that, and they they carry themselves a certain way. They look down on like Chinese people from the village. And my dad was from Gwangzhou. Are you Chinese?

Interviewer: I'm not. I'm Korean but yeah...

Participant: I feel like we can tell each other, you know just cuz like we grew up being able to tell each other. Um yeah so do you know, like how Chinese kind of systems work, how they treat each other and stuff?

Interviewer: Not exactly. I think I've heard some things before, but I'm not completely aware of all that, no.

Participant 8: Like Hong Kong, Shanghai, Beijing, there's these like more prominent places where people grow up with a lot of privileges that the rural and those type of villages don’t, so they look down on those people. But here my my dad everybody went to the same elementary school. That entire generation of people went to the same elementary school. And my my parents were also entrepreneurs. When, before I was born, during when I was born, you know? So it's, we also didn't have that normal like ‘oh my mom works in a factory.’ No, my mom *owned* the factory. My dad *owned* a leasing company, like car leasing company. So that was also really different, and that's also, a lot of my friends are telling me now, like that's why I am so vocal. Because there was a lot of power that came with that. And like running stuff.

Interviewer: So your dad came here when he was, came to New York when he was really young?

Participant 8: Yeah.

Interviewer: And your mom as well?

Participant 8: Yeah they were only like a couple years old. Maybe, maybe six actually, my mom said she was six, maybe four or six, but really young.

Interviewer: Really young yeah. Um, can you tell me your age.

Participant: I am, oh God, I'm turning 33 a month, so I'm 32 right now.

Interviewer: Do you, can you tell me your gender pronouns as well?

Participant 8: She/her. You know.

Interviewer: Cool. That's it for my demographic questions. And actually that's it for most of my questions um. This was really, really interesting, and I'm really sorry that all your previous pharmacy experiences were so stressful, but I'm really happy for you, that you're moving into a better place so.

Participant 8: Thank you. If you talk to more Asian American pharmacists, you're gonna find a lot of this.

Interviewer: Really? It’s just endemic within the whole system?

Participant 8: Yea pharmacists in general, but Asian American pharmacists, I think we have it much harder because of the, the societal pressures that we're facing from our own people... which wasn't really done intentionally to us, right, by our parents, but... and just in general, like the New York City area.

Interviewer: Sure.

Participant 8: Thank you for giving me your time.

Interviewer: Oh, let me stop this real quick hang on.