



One Nation AAPIs Rising to Fight Dual Pandemics COVID-19 and Racism

October 2020



ONE NATION
COMMISSION





AAPIs Shaping Our Narrative

By late January, a terrible but perfect storm was brewing. An eerie quiet had fallen on the streets of Chinatowns across the country. Restaurants were empty, shops had no customers. By the time COVID-19 was declared a global pandemic and national emergency, our Asian American and Pacific Islander (AAPI) Community had already gone underground.

Fear of the virus was compounded by a sudden and virulent rise in hate and violence against Asians. Racist taunting by our country's top leader calling COVID-19 "Kung Flu" and "China Virus" used the pandemic and its economic destruction to scapegoat Asian Americans across the U.S. Despite calls from every sector of the AAPI community to retract, the hate speech continued. The result was a tsunami of attacks on Asian Americans.

People of color emerged as the hardest hit members of society by the pandemic. Yet as COVID-19 cases spiked around the country, AAPIs were not only blamed but appeared missing from the news coverage, data, and charts. The twenty-five-year-old health advocacy battle to "disaggregate data" reared its ugly head again and was now a matter of life and death. Lumping together information about ethnic and language groups obstructs effective epidemiology and care. In the big picture, the absence of data ensures invisibility of AAPIs as a whole, and each subpopulation within that designation. Missing are the number of AAPIs who have been tested, how many tested positive, how many are sick, or hospitalized, or have died. With this report, we put ourselves into the frame—to ask, what is the impact of COVID-19 on AAPI communities? To fill the gap, a self-organized work group of nationally renowned AAPI researchers pulled data from multiple cities and states—which revealed higher death rates among Asian Americans who were COVID positive.

So here we are, several months into the dual pandemics of COVID-19 and anti-Asian racism, fighting back against being both blamed and ignored. It is outrageous that in 2020, it is necessary to shout with a megaphone that AAPIs are a diverse and varied population, spanning every economic stratum. We are essential workers and corporate CEOs, Nobel Laureates and students on the broken side of the digital divide, researchers and doctors, janitors and food servers, and new immigrants—all contributing to society in this time of crisis. And we are individuals and organizations stepping up to help lead the movement to combat hate crimes against AAPIs and to work in solidarity with the Black, Latinx, and Indigenous communities to fight systemic racism.

We are honored to feature in the Report the voices of health care and essential workers, researchers and caregivers, community leaders and advocates, and the writers Viet Thanh Nguyen and Helen Zia—all important voices for these current crises of our time. Their insights and analyses help us connect the dots between so many critical events across the nation, even as we hear personal accounts of AAPI leaders being spit upon and coughed at. Such insights teach the history of both our discrimination and our unity with anti-racism efforts, helping us to see today not as a moment, but as a movement that has been building for decades.

One Nation celebrates the recent ethnic studies mandate in California, recognizing that all children should be taught the historical roots and the enduring legacy of ethnic and racial prejudice in America. Learning the inclusive people's history will enable students to develop a better understanding of themselves and others, promote self-empowerment for civic engagement, and foster dialogue that challenges conventional narratives bound to racism and xenophobia. One Nation Reports will be part of that history.

In the midst of crisis and chaos, we hold fast to our vision and our agenda. We will not be distracted or sidelined by the immense and heartbreaking challenges before us. This year, the stakes are too high to veer off course. Just last month the Census closed, and whether or not we stepped up to be counted will affect us for the next ten years. We continue our fight against the unfair and un-American Public Charge rule; we advocate for health care for all; and we feel the urgency to address our country's complicated systemic racism.

This One Nation Commission Report shapes our own narrative of courage and tragedy and everything in between. We hope it compels you to action: to vote, speak out, and continue to build coalitions and solidarity. We thank our fellow One Nation Commissioners and Partners, and all the champions featured within this report, for their life force of compassion, advocacy, diligence, service, and resilience. Thank you for lifting up our AAPIs stories, data, and truths in the time of COVID. ◀

In gratitude,



SHERRY HIROTA



MIKE HONDA

CO-CHAIRS, ONE NATION

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Executive Summary

The **terrible perfect storm of COVID-19**, the rise in Anti-Asian hate, and the economic crisis place Asian Americans and Pacific Islanders in the line of fire.

AAPIs are not to be either blamed or ignored. The One Nation Commission Report II calls out the **research, data, and stories that show the impact of COVID-19 and Racism.** The dual pandemics exacerbate fault lines of inequity, compounding already existing disparities in health, economic security, and quality of life measures.

Asian Americans and Pacific Islanders, Black, Latinx, and Indigenous People bear a disproportionate burden of illness and death. Asian Americans and Pacific Islanders together and separately have significant health disparities related to COVID-19, yet these issues have been significantly overlooked in the public discourse of COVID-19 impacts.

A high proportion of AAPIs work in frontline and essential services, including healthcare, elder care, and high-contact food, cleaning, and retail services leading to higher rates of COVID-19 exposure. Increased anti-Asian racism leads to fear, going underground, and low testing rates. AAPIs are a diverse population, spanning every job, income strata, and state and territory in the U.S.

AAPIs have been harmed by a **lack of disaggregated data on the 30+ AAPI subgroups** which include more than 100 languages. Disparities within specific populations are hidden, leading to misperceptions, lack of resources, and ongoing lack of better data collection and analyses.

A failure to implement a national strategy to manage the pandemic response, an underfunded and under-supported Public Health System, and gross inadequacies in testing, contact tracing, clinical trials, data gathering, and information dissemination have created unnecessary inequities and suffering.

Access to affordable, multilingual, multicultural, and trusted information, care, testing, contact tracing, and wraparound services is essential to defeating the dual pandemics and bringing the community back to health. Community health centers, and Asian American and Pacific Islander health centers are critical to providing this care to AAPIs.

58% of Asians report increased racist or racially insensitive views since the beginning of the coronavirus outbreak. More than 2,500 accounts of hate incidents have been submitted since StopAAPIHate.org began documenting reports in March 2020.

Racism and violence aimed at AAPIs have a long history, rooted in systemic racism in the U.S., including the Chinese Exclusion Act in 1882, the Internment of Japanese Americans in the 1940s, and the racist killing of Vincent Chin in 1982.

AAPI organizations are leading efforts to **build multiracial solidarity movements across Black and other communities** to strengthen pan-Asian ties, and combat anti-Asian racism, anti-Blackness, and systemic racism.


AAPI and allied leaders are advancing policies to address pandemic-related inequities and issues, including relief funding measures for health care and low income people, resolutions to help decrease hate crimes, and support for economic security.

In the past three years, **the federal administration has pushed more than 400 new anti-immigrant policies.** The pandemic has **weaponized immigration policies, including Public Charge**—the unfair, unAmerican rule intended to obstruct legal permanent residents, many of whom are AAPIs, from obtaining a green card—and DACA, the promise to provide immigration security for Dreamers. AAPIs continue to advocate on these and additional immigration issues.

AAPIs have many critical issues at stake in national, state, and local elections, and are activating voter engagement and get-out-the-vote efforts for the upcoming election. ◀

Recommendations

- » Amplify the call for a **national strategy to protect all persons from further COVID-19 harm**, mitigate disproportionate impact on people of color, and build back a stronger and more resilient society.
- » **Ensure AAPIs are included in the development and impact of strategies** to address health issues and recommendations on policy, research, and treatment trials.
- » Engage AAPIs on issues related to the upcoming national, state, and local elections; encourage AAPIs to register to vote, and **vote**.
- » Support **affordable, linguistically and culturally competent health care**, information, wrap-around services, case management, testing, and contact tracing, through AAPI community health centers and community-based partners.
- » **Block Public Charge**, the unfair and unAmerican rule to obstruct legal permanent residents from rightfully earning their green card. Keep Public Charge in the public eye to ensure its defeat.
- » **Uphold the promise to DACA recipients** to maintain their safety and security in the U.S.
- » **Mandate AAPI testing, data collection, and analyses** by specific language and culture populations for COVID-19 and other health issues.
- » Call on national, state, and local leaders to publicly condemn and take action to **stop anti-Asian racism** and the drastic increase in anti-Asian hate incidents since the beginning of the pandemic.
- » Continue to **build the solidarity movements, including with the Black, Latinx, and Indigenous People** communities, to **fight systemic racism**.
- » Engage K-12 schools, universities, and colleges to **teach about AAPIs in the U.S.**, including the history of discrimination and racism against AAPIs.
- » Provide necessary **funding and support for vulnerable populations** who are more severely affected by the dual pandemics of COVID-19 and racism. Call for support from national, state, and local governments, foundations, and individual donors.
- » Support **health care for all**, to strengthen public health, and to create a stronger and healthier economy and society.
- » Provide **food security and nutrition, as well as safe, high-quality shelter and housing** for all families and children, who have been more severely impacted by the pandemic, and who need both food and shelter in any environment.
- » Support sound immigration laws and policies that incorporate the fact that the U.S. is **one nation built on the strength of immigrants**; embrace the importance of immigrants to meet the needs of America's workforce and to ensure the health of our nation. ◀



AAPIs in the Line of Fire: COVID-19

It is often said that the COVID-19 pandemic is a “great equalizer” because no one, regardless of gender, race/ethnicity, or economic status, is immune. Any equalizing, however, ends there. COVID-19 didn’t just spread across the world, it exacerbated fault lines of inequality, inflicting a disparate impact as soon as it crashed into society’s embedded structural inequities and prejudices. Communities of color bear a “disproportionate burden of illness and death,” according to the Centers for Disease Control.¹

The failure of national political leaders to manage the pandemic response—with gross inadequacies in testing, contact tracing, clinical trials, data gathering and information dissemination, on top of racial and national-origin discrimination and politically motivated disinformation—has significantly worsened structural factors such as income gaps, crowded housing, risky working conditions, endemic health problems, language barriers, and adverse immigration status.

While it is clear that African Americans, Latinxs, and Native Americans have significant health disparities related to COVID-19, Asian Americans and Pacific Islanders (AAPIs), together and separately, also have significant health problems, yet these issues have been significantly overlooked in the public discourse on COVID-19 impacts.

“We will not be both blamed and ignored in this pandemic.”

Sherry Hirota
CEO, Asian Health Services

The problem lies in the data itself, or lack thereof. For AAPIs, despite decades of advocacy, there continues to be a lack of accurate data. Not only is there a failure to collect data in a standardized way that allows for comparison across regions, data is not disaggregated by national origin. In past history through the present, AAPIs have been harmed by this woeful lack of disaggregated data on the 30+ AAPI subgroups that include more than 100 languages (e.g., dialects of Chinese, Filipino, Hindi, Urdu, Vietnamese, South Korean, Tongan, Micronesian).

By not disaggregating data, any disparities within specific groups in this highly diverse population are hidden. This problem then leads to a mistaken perception that AAPIs do not have disparities, resulting in a lack of resources to collect better data and to address these unmeasured disparities.

This mistaken and racially-biased perception—known as the model minority myth—has long affected AAPIs, and caused many in this population to suffer in silence. As noted, COVID-19 did not create disparities, it only exacerbated existing ones. For AAPIs, the pandemic exacerbated the problem of being overlooked and ignored.

Disproportionate Burden of COVID-19 Cases and Deaths

Studies show that people of color—Black, Latinx, Indigenous American, and AAPI—have significantly higher rates than white Americans of infection, hospitalization and death from COVID-19.² For AAPIs, a look at COVID-19 cases in California, the state with the largest concentration of Asians at over 6.1 million residents, and Hawaii, which has the largest concentration of the country’s 1.6 million Pacific Islander Americans³, offer mounting evidence of disparities in infection.

Pacific Islanders in California have the highest or second highest COVID-19 cases of any racial/ethnic group in nearly every county that reports data by this group (see table on Page 12 for Pacific Islander case rates for top 10 California counties where Pacific Islanders reside).

Similarly, in Hawaii, Pacific Islanders had a higher rate of infection than other ethnic groups at 527.5 patients per 100,000. By comparison, Filipinos had 99.4 infections per 100,000; whites: 68.9; Chinese: 65.6; Native Hawaiians: 58.6; Japanese: 51.4. Unfortunately, the data limitations continue to contribute to the problem for Pacific Islanders. 30 states and the District of Columbia do not report disaggregated Pacific Islander COVID-19 data and this omission hides the impact of COVID-19 on Pacific Islanders.⁴

Dr. Howard K. Koh

Former Assistant Secretary for Health,
U.S. Dept. of Health & Human Services

Dr. Howard Koh is no stranger to fighting deadly epidemics. When he was the Assistant Secretary of Health in the Obama administration, Koh led the federal government’s efforts to halt the spread of the H1N1 virus that originated in North America in 2009. “Prevention is my life passion,” he said.

That makes him even angrier at the failure of the current administration to have a unified, strategic plan to deal with COVID-19. “Public health is absolutely essential for the future of our society, yet it has been overlooked, underappreciated and underfunded for far too long.”



As a federal health leader, he has been concerned that most national health statistics lump together all Asian Americans, one of the most heterogeneous populations encompassing 50 ethnicities, 100 languages, and half the globe. With COVID-19, data on race and ethnicity has come way too late, and Asian Americans are not even represented in CDC statistics, with little reporting on how AAPIs are affected by the virus.⁵ “Unless we can pinpoint what communities are affected and how, it will mask differences and hinder our efforts to halt the disease,” Dr. Koh warned.

Even as a teen, Koh wanted to be a doctor. The advice of his Korean immigrant father to give back to society and to “be broad like the sky,” led him to public health. In 1997, he was appointed Commissioner of Public Health for Massachusetts, becoming the first Asian American so appointed in the country. “I am always aware that I was the first Asian American state commissioner and HHS director ever—but what’s more important is that there should be a second and a third and so on.”

Today, Dr. Koh is “doing all COVID, all the time.” He argues that the U.S. needs one plan, not 50.⁶ “The virus does not respect state lines. Lost in this mix is the impact on communities of color, including Asian Americans.” Rebuilding the public health infrastructure is essential: “The fast pandemic of COVID has been fueled by a slower pandemic of chronic preventable diseases that should be prevented and are not. That’s partly why we are seeing the devastating outcomes we’re witnessing in the country today.”⁷

Defeating the COVID pandemic is possible, according to Koh, but it will take a national strategy, as well as learning from other countries with effective national policies, like China and Korea, where SARS and MERS epidemics helped them develop new health norms. “We need to work together for the good of all: our good health is a gift, it’s precious and it’s fragile, and we need to protect everyone every day.”

Alyshia Macaysa

Health Equity Strategist/
Community Organizer

As a racial and health equity expert, Alyshia Macaysa has worked on issues affecting Black and Latinx communities throughout her career. With the pandemic, she is focused on her own community of Pacific Islanders for the first time. “The work has been intense,” she says.



Born in Hawaii and raised in San Diego, Alyshia moved to Portland, Oregon four years ago. Her family is Native Hawaiian, Ilocano, and Filipino. Between May and June, there was a six-week period where every week someone died who she was close to personally or who was a

loved one of one of her close friends. All of them were Pacific Islander and Asian.

In April, the State of Oregon released disaggregated COVID data for the first time, revealing what Alyshia and other community members already knew: Pacific Islanders around the country were being infected at extremely high rates; by August, their infection rate was twelve times that of whites in Oregon. Among Pacific Islander groups, Micronesians were especially hard hit.

“The data around COVID gave us heightened visibility that we never had before,” said Alyshia, noting that, prior to the pandemic, state and local officials completely overlooked Pacific Islanders from health equity conversations because their data was lumped into a larger AAPI category or not tracked at all. “The Pacific Islander community has been deeply affected because of structural and systemic racism, not cultural practices or living in multigenerational households. The risk factor is that our people have been placed in economically disadvantaged positions so they have no choice but to go to work and risk exposure.” Many Pacific Islanders in Oregon are essential workers in nursing facilities, factories, or meat packing plants without adequate safety precautions. In one 10-member household where everyone worked, Alyshia said that 8 caught COVID.

Getting critical testing has been a challenge. Alyshia and other leaders formed a task force that has become the Oregon Pacific Islander Coalition to advocate for the needs of their communities. They’ve organized testing events and distributed PPE and food boxes to attendees. But comprehensive testing is needed, says Alyshia, as well as basic human rights, including affordable housing, culturally relevant and nutritious food, and paid leave for families to care for themselves and their community. Pandemic-related discrimination is another problem, with reports that people with the biased view that all Pacific Islanders have COVID are refusing to be served by them in restaurants or in hospitals. Also, some government officials don’t allocate resources to the PI population, saying it’s statistically too small.

While the Pacific Islander advocates seek resources to keep their communities intact, they are also challenging institutions to increase their support for communities of color overall. “Our power is built on collective care, to make sure that the land we sit on, the communities around us, and people in our own community are taken care of.”

Cases and deaths among Asian Americans compared to the overall population⁸

STATE/COUNTY	% of Cases (Asian)	% of Deaths (Asian)	# of Deaths (Asian)	Case Fatality (Asian)	Case Fatality (Overall)	% of Pop (Asian)
California	9.0%	15.0%	577	8.1%	3.9%	15.3%
New Jersey	5.1%	5.4%	597	13.8%	7.3%	10.0%
Washington	8.0%	10.0%	96	8.5%	5.2%	9.3%
Nevada ^a	8.0%	15.5%	62	9.4%	4.9%	8.7%
Massachusetts ^a	1.9%	1.9%	127	6.9%	7.1%	7.1%
Illinois	2.9%	4.8%	257	7.4%	4.5%	5.9%
Santa Clara County, CA	20.0%	33.3%	47	8.6%	5.2%	38.3%
San Francisco County, CA	12.6%	45.2%	19	5.9%	1.6%	34.1%
Los Angeles County, CA	6.1%	17.3%	369	12.3%	4.3%	15.4%
Clark County, NV ^a	9.6%	18.5%	63	9.8%	5.1%	10.4%
Chicago, IL ^a	2.9%	4.9%	103	10.5%	4.7%	6.4%
MISSING DATA						
Hawaii	37%	NR	NR	NR	2.6%	37.6%
New York City ^a	NR	7.0%	NR	17.7% ^b	10.8% ^b	13.9%
New York ^a (exclude NYC)	NR	4.0%	252	NR	3.5%	4.0%

^a Values reflect combined Asian American and Pacific Islander data

^b Calculated as age-adjusted deaths per 100,000 over age-adjusted cases per 100,000.

^c Overall case fatality calculated using raw case and death (confirmed and probable) counts.

^d All data were accessed May 31, 2020. Data sources available upon request.

Where data has been disaggregated, it is apparent that the impact of COVID-19 on the Pacific Islander community has been devastating: PI cases and death rates are higher than any other race/ethnicity based on data from Arkansas, Louisiana, Illinois, Colorado, Washington, Oregon, and California. In fact, PIs have COVID-19 infection rates up to five times that of white people in Los Angeles County.

For Asian Americans, there is emerging and consistent data across regions and states showing that they have a disproportionate burden of death among COVID-19 cases. The higher death-to-case ratio for Asian Americans unfortunately went unnoticed until University of California-San Francisco researchers released their ground-breaking findings in San Francisco, and uncovered that it was a pattern across other regions and states (see table above). It is important to note that Asian Americans generally seem to have a lower infection rate. The researchers hypothesize that this may result from insufficient diagnostic testing of Asian Americans; delays in seeking care; and/or a higher risk of death from COVID-19 on average for Asian Americans, possibly due to other predisposing medical conditions.

Dr. Winston Wong

Chair, National Council of
Asian Pacific Islander Physicians

For some groups, the death rates are even more striking, underscoring the need for data disaggregation. Data compiled by the *Los Angeles Times* show that Filipinos, who make up about a quarter of the Asian Americans in California, account for at least 35% of COVID-19 deaths in the state's Asian population.⁹ Another study by the Associated Press and the non-profit Marshall Project analyzed the incomplete racial data from the CDC and found a 35% increase in aggregate Asian American deaths compared to the five-year average. This is the second-highest increase, behind Hispanic Americans.¹⁰ This trend is observed nationally, as well as in various states, including in New York (110% increase), New Jersey (107% increase), and Massachusetts (64% increase).¹¹

Increased Racism Leads to Fear, Going Underground, and Low Testing Rates

A second pandemic of racist hostility to Asian Americans who look Chinese has added to their disproportionate health and economic burdens. [See page 14 about Anti-Asian Racism] Reporting websites have recorded more than 2,500 incidents as of August 5, 2020, ranging from verbal harassment to physical assaults that generate fear and psychological harm. Results from the California Health Interview Survey (CHIS) show that when asked about COVID-19, more than 5% of Asian Americans reported having been treated unfairly because of race/ethnicity. According to a PEW Research Center study, about four in ten Americans say it is more common now for people to express racist views about people who are Asian than before COVID-19.¹²

Similarly, a survey conducted by Asian Health Services in Alameda County, California, in June 2020 of approximately 1,300 Asian Americans also showed that 6% have experienced discrimination or violence due to their race/ethnicity during the pandemic. Interestingly, 73% reported avoiding leaving their homes entirely during the pandemic. This is likely due, in part, to the fear of experiencing anti-Asian hate harassment and discrimination. Importantly, the survey participants reported a very low rate of testing (3%), which is consistent with the low testing rates observed in other areas.¹³

The issue of testing is complex and related to many factors, including income, language barriers, as well as when limited testing was focused only on groups with symptoms. However, public health experts widely acknowledge that increased testing capacity in minority and low-income areas could have slowed the spread of COVID-19. But a research team from the University of Pennsylvania's Leonard Davis Institute of Health Economics found that "testing sites serving minority communities in big cities are fewer in number, have longer lines, and often run out of tests."¹⁴

Disparities in testing have been seen in some predominantly Asian or Pacific Islander communities. Boston city officials were concerned that many Asian American residents may not be getting tested, or the percentage of deaths among them indicated they were getting tested late.¹⁵ In an unpublished report on testing results prepared by the Minnesota Department of Health, 48% of Hmong Americans tested in three St. Paul

Dr. Winston Wong thinks about the COVID-19 pandemic constantly—not just about where we are today, but where we are going to be in years to come. He points to the mounting evidence suggesting that COVID-19 survivors may have long-term adverse effects requiring new, multiple diagnoses, such as post-COVID pulmonary compromise, post-COVID renal disease, and post-COVID traumatic disorder.



"Right now we're in the acute phase of the pandemic," he explained. "The convalescent phase may be just as difficult."

Very early on in the pandemic—when there were fewer than 20,000 deaths in the United States—Wong and his colleagues became aware of the disproportionate burden placed on people of color by the pandemic. "The virus itself may not biologically discriminate," he charges, "but the systems we have set up to care for people do."

Wong's insights are rooted in his experience growing up in San Francisco as the child of immigrants from rural southern China, who faced many barriers in assimilating, as well as his wide-ranging medical service. He worked as a primary care physician at Asian Health Services in Oakland's Chinatown; spent a decade developing community health centers with the U.S. Public Health Service; and was medical director of a health disparities program at Kaiser Permanente, the nation's largest nonprofit health care plan.

His consistent focus—both as a frontline health worker and a national policy maker—has been to improve health care quality and to address the higher rates of disease, disability, and death for racial and ethnic minorities. "Institutional racism presents great challenges in our large health care delivery systems. We must capture accurately, without excuses, the kinds of health care conditions that have deleterious impacts on different ethnic and racial populations," he said.

According to Wong, the AAPI community is particularly vulnerable to COVID-19 in three ways: first, many are essential workers and concentrated in service sector jobs that require them to show up at work, greatly increasing the risk of infection. Second, legitimate mistrust in providing information on immigration status erects barriers to screening and services. Third, anti-Asian hate-mongering falsely blames the AAPI community for spreading the virus, with the stress and fear of attacks keeping people from seeking health care and other social services.

As Chair of the National Council of Asian Pacific Islander Physicians, Wong is working on national strategies to address inequities in health care and outcomes that take into account the long-lasting effects of displacement from jobs, homes, and schools. "If we are so lucky to have a vaccine, so lucky that the virus doesn't affect many more people, then we have to think about what this means for a post-COVID-19 world, and what these long-term effects mean for our communities."

Fahina Tavake-Pasi

Executive Director,
National Tongan American Society

One of the most difficult challenges for Fahina Tavake-Pasi's Tongan and Pacific Islander communities has been the distancing restrictions that prevent gathering with friends,



family, and community. “Coming together is a central element of our culture and community, we’re very close and we help each other,” Fahina shared. “We stay present with each other.”

As the executive director of the National Tongan American

Society in Salt Lake City, Tavake-Pasi knows too well that these vital family connections can add to vulnerability: Pacific Islanders make up about two percent³² of the overall population, but have the highest rate of confirmed cases in Salt Lake County, where most Pacific Islanders in the state live. By late August, their hospitalization rates were the second highest in the state, with 116.5 hospitalizations per 1,000 cases and 21 Pacific Islanders in Utah dead from COVID³³. “That’s pretty high for a community that’s only 2% of the population,” she said.

Tavake-Pasi is originally from the town of Tatakamotonga in Tonga, and moved to Hawaii in the 1960s when her father helped build the Polynesian Cultural Center. She and her nine siblings grew up in the San Francisco Bay Area; after her marriage, she moved to Utah to live closer to her in-laws. During COVID, her family moved in to be with her widowed father-in-law. When her grandkids come over, there are four generations under one roof. As with many Pacific Islander families, hers is a multigenerational household.

Many Pacific Islanders are essential workers—for example, with jobs at the airport and in elder care—which contributes to the high rates of infection in Pacific Islander communities. Many also have underlying chronic medical conditions like diabetes, kidney disease, and asthma, that increase the severity of COVID. The National Tongan American Society has been keeping the community informed through social media, translation assistance, and access to the computers at their office.

Statewide, Tavake-Pasi helped convene the Utah Pacific Islander Health Coalition with groups representing Native Hawaiian, Fijian, Marshallese, Micronesian, Samoan, Tongan, and other Pacific Islander communities. Through its website, the coalition shares information in several Pacific Islander languages, connecting people to medical assistants, coronavirus testing, food, clothing, or other resources.

Mental health is another concern that worries Tavake-Pasi. It’s not often talked about in Pacific Islander communities, and she notes that, in Tongan, there aren’t words for mental and emotional health. “When the COVID pandemic ends, I hope people will value what they’ve learned—the importance of staying healthy and helping each other be healthy.”

neighborhoods were positive for COVID-19 [see graphs]. AAPI community advocates, frustrated that the state has not released this data, shared the information here.

“Testing site distribution and capacity is a direct reflection of the inequalities in our existing health care system,” according to John Brownstein, a professor of epidemiology at Harvard Medical School.¹⁶

Poor testing rates lead to poor case reporting and poor data overall, hindering an effective pandemic response that will protect everyone. This report examines a number of other factors, such as xenophobia, that may influence behaviors in Asian Americans getting tested or seeking care.

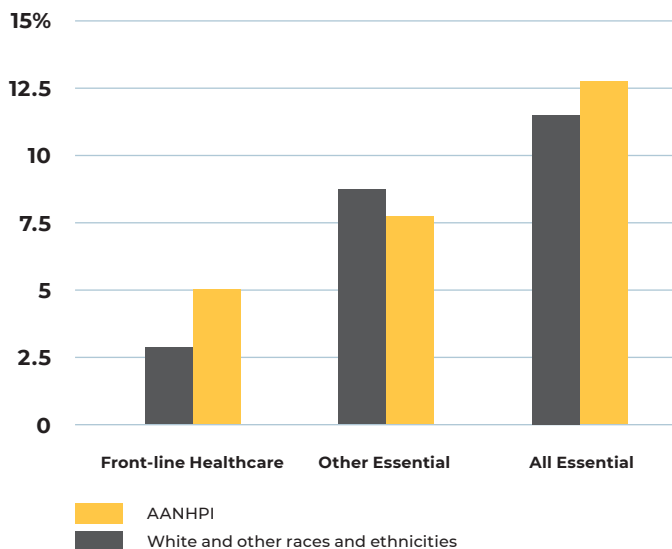
AAPI Workers Perform Frontline and Essential Services

A high proportion of AAPIs work in frontline and essential occupations, such as health care workers and professionals, nursing home personnel, and high-contact food and retail services workers. As a result, AAPIs have higher rates of COVID-19 exposure and are susceptible to higher rates of infection.

As of August 24, 2020, more than 142,935 doctors, nurses, and other health care providers on the front lines of the U.S. COVID-19 crisis have been infected; at least 660 have died, according to the CDC.¹⁷ Harvard Medical School research reports that health care personnel are at least three times more likely than the general public to report a positive COVID test. Further, “health care workers of color are more likely to care for corona-

Front-line essential workers are predominantly Asian Americans, Native Hawaiians, and Pacific Islanders, compared to other workers

Percentage of AANHPI workers compared to all other workers in essential U.S. occupations, 2018



Note: Essential occupations include, but are not limited to, restaurant and food preparation workers, retail and sales workers, housekeeping and janitorial workers, police and firefighters, physicians and pharmacists, and other necessary hospital workers. Source: Authors' calculations using the American Community Survey data, 2014-2018 5-year estimate.

Elaine Tso

CEO, Asian Services in Action

Across from a large public park in the North Hill section of Akron, Ohio, refugees and immigrants from around the globe share greetings across garden plots, speaking in Nepali, Burmese, Ka'ren, and Swahili. Every Wednesday, the gardeners sell their produce at a farmers market. People line up to buy foods they miss from home—pumpkin leaves, bok choy, bitter melon, and a spectrum of hot peppers.

“We see this as a model,” says Elaine Tso, CEO of Asian Services in Action (ASIA, Inc.), the co-sponsor of the plots and market, and the largest agency serving Ohio’s AAPI community. “Our community members benefit both by growing healthy food and by making an income. It’s the heart of the community—and a life preserver.”



For three decades, ASIA, Inc. has provided services to immigrants and refugees: preschool and after-school activities, legal assistance, economic development, and community health centers in Cleveland and Akron.

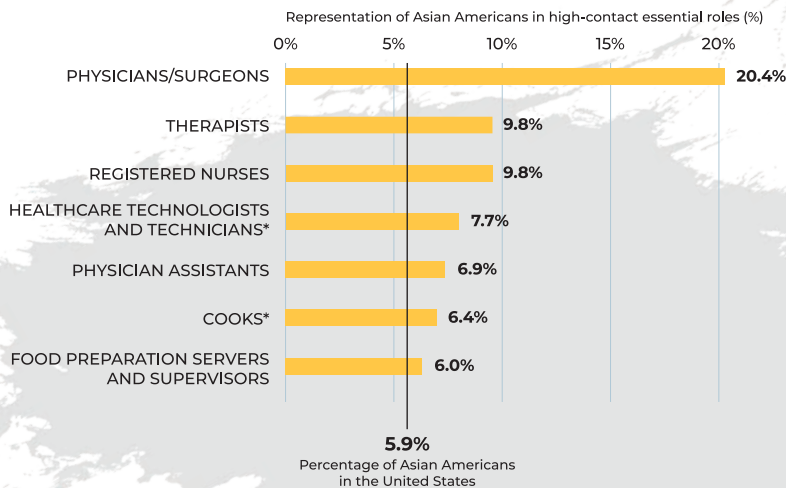
When the COVID pandemic hit, Tso and her colleagues had to quickly devise new methods to reach out and serve the community.

The pandemic also magnified the digital divide. The staff had to immediately provide services over the phone, but their community wasn’t used to computer-based programs, or didn’t have Wi-Fi. When the agency invited small businesses to learn how to apply for the Payroll Protection Program, they expected up to 50 business owners on Zoom. “Not even 20 could log in—that really pointed out the need to close the gaps.” And though most of her staff is bilingual or multilingual, “sometimes words don’t exist in people’s native languages for what they need help with in this country.”

Tso knows firsthand about the need for linguistic and culturally appropriate services. When she was growing up in Illinois, her mother, who spoke Tagalog and several Chinese dialects, interpreted for pregnant women. While in college at MIT, Tso got a job teaching ESL (English as a Second Language) in Boston. In law school, she was one of only four Asian students in her class, so she began to recruit others. That led her to ASIA, Inc. where she volunteered, sorting clothing donations, then doing pro bono legal work and joining the board, eventually becoming CEO.

Tso’s highest priority now is to ensure that everyone is counted in the 2020 census. She participated in a “small but mighty” car caravan through the streets of Cleveland’s Asian American neighborhood, complete with honking, banners and megaphones, encouraging all to fill out the census. “The census affects everything that touches our lives—from schools, to hospitals, to roads. If we don’t participate, we will become invisible.”

AAPI's in Essential Roles



*Consists of only high-contact essential roles as defined by McKinsey Global Institute, representing ~50 to 75 percent of total roles within the category. Source: US Bureau of Labor Statistics; McKinsey Global Institute LaborCube; “COVID and Advancing Asian American Recovery,” August 5, 2020, <https://www.mckinsey.com/industries/public-and-social-sector/our-insights>

virus patients [and] more likely to report using inadequate or reused protective gear, and nearly twice as likely as white colleagues to test positive for the coronavirus.”¹⁸

As shown in the graph, Asian Americans and Pacific Islanders constitute a large proportion of frontline essential workers, especially in health care. Fears of quarantine and potential job loss may also deter AAPIs from getting tested and seeking care. This can contribute to the observed low testing rates as well as the higher death among cases because of the delayed care.

Existing Hidden Disparities

There are a number of existing and hidden disparities that can directly affect the impact of COVID-19 on the AAPI population.

Contrary to the racist stereotype that falsely paints AAPIs as the well-to-do “model minority,” high rates of poverty exist in AAPI communities. For example, Hmong Americans face the highest proportions of poverty, at 44%, followed by Native Hawaiian and Pacific Islanders, at 36%.¹⁹ Among Pacific Islanders, nearly 26% of Samoans and 23% of Tongans were living below the poverty line, compared with 9.5% of Melanesians. Korean Americans, Native Hawaiians, and Pacific Islanders are about twice as likely to have no medical insurance as whites.”²⁰

Living conditions can greatly impact the spread of the virus. Many immigrant families—AAPIs among them—live in multigenerational households, which are more vulnerable to viral transmission. Among Asians in the U.S., 29% lived in multigenerational family households in 2016, according to census data, compared with 3.7% for non-Hispanic whites;²¹ 13% of Native Hawaiian and Other Pacific Islanders households are multigenerational.²²

Daniel Dae Kim

Actor and Activist

Daniel Dae Kim doesn't just want a seat at the table, "We want to throw the whole damn dinner party," he says.

The celebrated actor has received many accolades, including a Broadway Beacon Award for his role as the King of Siam in Lincoln Center's Tony Award-winning production of "The King and I" and the Theater Legacy Award



from New York's Pan Asian Repertory Theater. He served as Cultural Envoy for the United States Presidential Delegation at the World Expo in Korea. Committed to storytelling that features characters and cultures traditionally underrepresented in today's media, Kim's

production company, 3AD, produces premier content for TV, film, and digital media.

Born in Busan, South Korea, Kim immigrated to the U.S. with his family as an infant, eventually settling in Bethlehem, Pennsylvania, in the 1980s when the U.S. steel industry was slipping and Japan's was rising. Kim felt the sting of discrimination in the steel factory town, where many people aimed their anger at "outsiders." "Too many Asian Americans don't know their own history," he said. "If you don't know it, it's easy to fall under the illusion that we're permanent visitors, that we don't belong to the fabric of this country." Kim believes AAPIs need to claim their space as Americans, "Whether we are recent immigrants, or have been in this country for two days, or two years, or 200, we are Americans."

Daniel Dae Kim earned a Masters of Fine Arts at New York University's Acting Program and soon after became known for his roles in "The Jackal," "For Love of the Game," "The Hulk," "Spider-Man 2," "The Cave," and the TV series "Lost," as well as the Academy Award-winning "Crash." Most recently, he created the role of Jack Kang in the Divergent Series films, "Insurgent" and "Allegiant." With his distinctive voice, Kim was a narrator in the PBS documentary series, "The Asian Americans."

In March 2020, Kim went public about testing positive for COVID-19. He did it as a public service to counteract rampant misinformation and fear, as well as to spur people to act safely and save lives. When he received backlash online, he spoke out against anti-Asian racism and called for others to also stand up. "Anyone who believes discrimination is wrong. Anyone who believes racism is wrong. We should be speaking out on behalf of one another. That is why I believe it is important for Asians to support Black Lives Matter. These causes are all interconnected and interrelated and we need to stand up against racial injustice and oppression, period."

Top 10 CA Counties in Descending Order by Pacific Islander (PI) Population³⁴

GEOGRAPHIC AREA	PI CASE RATE PER 100K	RANK
California	1789.3	1
1 Los Angeles County	3173.4	1
2 Sacramento County	967.2	1
3 Alameda	667.1	2
4 San Diego County	1756.3	1
5 San Mateo	1742.6	2
6 Orange County	2893.7	1
7 Santa Clara County	1452.6	2
8 San Bernardino County	2659.1	1
9 Riverside County	2172.4	2
10 Contra Costa County	No PI Data	No PI Data

Chronic illnesses such as cardiovascular diseases, Type-2 diabetes, high blood pressure, obesity, and asthma, are known contributing factors in more severe cases of COVID-19.²³ Specific AAPI groups, when disaggregated, have higher burdens of these illnesses. In 2016, Native Hawaiians/Pacific Islanders were 80% more likely to be obese than whites. In 2017, heart disease was the second leading cause of death for AAPIs, followed by stroke. Asian Americans are 40% more likely to be diagnosed with diabetes than whites. AAPIs account for more than 50% of Americans with chronic hepatitis but make up only 5% of the total population.²⁴

New immigration regulations and crackdowns have also compromised the safety of many AAPIs during the pandemic, by stoking fear of seeking public help despite desperate needs. The chilling effect is felt most acutely by the 1.7% undocumented AAPI immigrants who make up 16% of all undocumented immigrants in the U.S.²⁵ who do not qualify for employment insurance and most public aid services. Immigrants' mistrust and fear of government attention, fostered by the Public Charge Rule and current hardline immigration enforcement ["One Nation" story, page 31], hamper contact tracing to reach 75% of a patient's contacts within 24 hours of a positive test, a threshold that experts say is necessary to control outbreaks.²⁶

Missing in Clinical Trials for Treatment and Vaccine

The exclusion of people of color in measures to fight COVID-19 extends to clinical trials. Like Black, Latinx, and other racial minorities, AAPIs are more likely to be infected and die from coronavirus than white people. Like others, they are in dire need of treatment as well as vaccinations, yet are often missing in clinical trials. In the Adaptive COVID-19 Treatment Trial²⁷ that tested the efficacy of the antiviral Remdesivir and in the Gilead-funded clinical trial²⁸ of the drug, "The overwhelming majority of the patients in both of those large clinical trials were Caucasians," stated Daniel Chastain, study lead author.²⁹ Moderna, the Massachusetts biotech firm that launched the first COVID-19 vaccine trials in the U.S., promised diverse participation from affected communities. But its vaccine trial, which finished by July 2020, showed that the cohort in its safety test

Jacqueline Thanh

Executive Director

Vietnamese American Young Leaders Assn.

In mid-February, before the COVID-19 emergency in the U.S., Jacqueline Thanh was at the airport, returning home. She wore an N95 mask through security and wiped down everything. The TSA agents laughed at her precautions.

In New Orleans East, Thanh is executive director of VAYLA, which formed after Hurricane Katrina of 2005; Vietnamese youth organized with Black communities to shut down a toxic landfill. Today VAYLA advocates for environmental and reproductive justice and other issues. Thanh said her staff thought she was crazy as she directed them to stock up on face masks, hand sanitizer, and disinfectant wipes. But reality soon shifted as they navigated the organization through a global pandemic.



With the lockdowns, VAYLA needed to pivot quickly. They were an advocacy group, not a service organization, but their community wasn't getting needed resources. "How could we help our community navigate unemployment?" Thanh recalls. "We connected with those who could provide assistance. What about small fisherman, or undocumented workers at nail salons? What were they going to do?" VAYLA developed a mutual aid fund to provide small grants. "If you need groceries this week, here's something we can give you."

VAYLA created partnerships with frontline service groups, such as the VEGGI Farmers Cooperative, to get fresh produce to the Vietnamese community. But then VAYLA heard that some families weren't going to food banks because they felt discriminated against, so VAYLA began delivering boxes from local farmers and businesses to limited English proficient families—along with culturally appropriate foods like bitter melon, fish sauce and rice wraps. And each box contained up-to-date COVID information, PPE, and voter and census materials.

Thanh describes herself as the "daughter of Vietnamese boat people ... proud to be raised by a community of refugees." She is ethnically Chinese with a Vietnamese identity. Her grandfather fled China to Vietnam during the war with Japan, while her parents fled Vietnam. Being mixed Asian American gives Thanh insight into her work in the black-and-white binary of the South. She sees the need for cultural solidarity with Filipinos, Indonesians, and Cambodians, for example, who are even more overlooked than the state's Vietnamese. Class consciousness is also critical, given impoverished Asian youth who may have police records and no resources to deal with their intergenerational trauma.

VAYLA also celebrates Juneteenth with an event that brings Black and AAPI neighbors together to sit down, break bread, and share stories with translators about elders who were drafted as young men to fight in Vietnam, and families who survived war, loss, and relocation.

"We're all children of diaspora with stories of trauma, and we're much stronger when we build community, shared responsibility, meaningful solidarity, and advocacy."

consisted of 6 Hispanics, 2 Blacks, 1 Asian, 1 Native American, and 40 whites.³⁰

As with other communities of color, the absence of AAPIs in these clinical trials may be due to historical mistreatment and mistrust. However, it is important to highlight the systematic exclusion of AAPIs in strategies to address health issues, even when other communities of color are included. Recently, the National Academies of Science, Engineering and Medicine drafted a document on COVID-19 vaccine allocation strategies. The draft report did not mention AAPIs at all. Importantly, the committee responsible for the report did not include any AAPI experts. In fact, all the other racial/ethnic minority populations with disparities were included except for AAPIs.³¹ Researchers, health professionals, and many community leaders are galvanizing to make public comments to advocate for the rightful inclusion of AAPIs in these strategy recommendations. Unfortunately, the ongoing oversight—and thus invisibility—of AAPIs in COVID-19 is a common theme that cuts across all health and other issues.

Simultaneously Blamed and Ignored

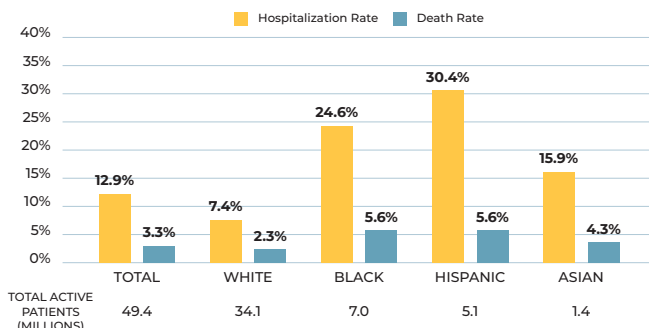
Even before the pandemic, AAPIs have been overlooked and ignored as part of the systemic inequities exposed by COVID-19. Even with mounting evidence, from high infection rates in Pacific Islanders to higher death rates in Asian Americans, AAPIs are still being left behind in the country's effort, deficient as it is, to defeat the coronavirus pandemic.

As Dr. Ninez Ponce, director of the Center of Health Policy Research at UCLA Fielding School of Public Health observed, "Asian Americans and Pacific Islanders face a triple health threat in this pandemic: health systems that ignore AAPIs get magnified by fear of being blamed and targeted, as well as by fear of punitive and cruel policies that threaten to take away existing services of healthcare, food and housing support from immigrant communities. The impact of being ignored, blamed and punished equates to lost lives." ◀

BREAKING NEWS: SEPTEMBER 2020

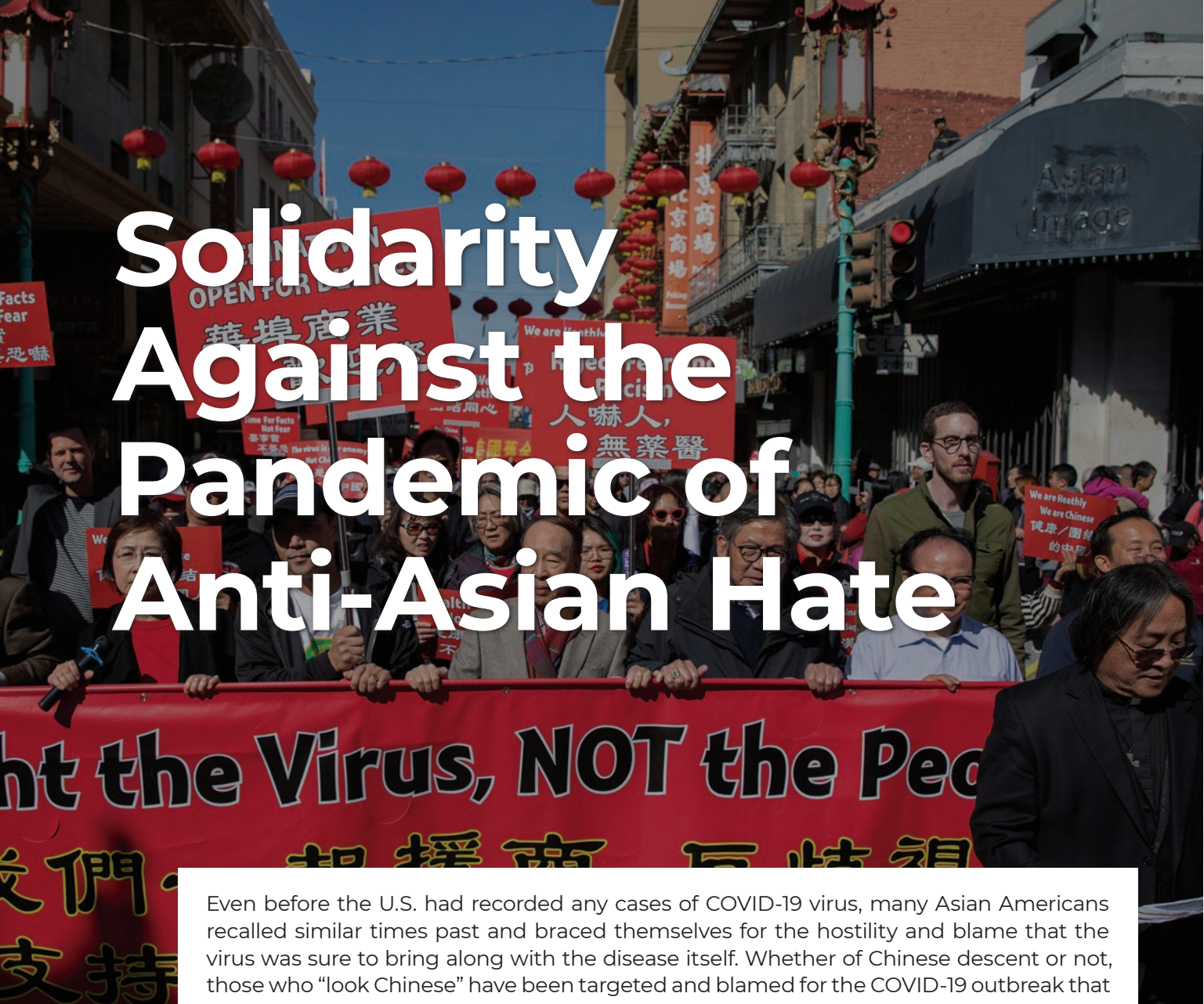
COVID-19 HOSPITALIZATION AND DEATH RATES AMONG EPIC PATIENTS BY RACE/ETHNICITY AS OF JULY 2020

Share of active Epic patients who were hospitalized and share who died, per 10,000



Note: Rates for Black, Hispanic, and Asian patients are significantly different from White patients at the $p < 0.05$ levels. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. Data for other racial groups not shown due to insufficient data.

Source: From "COVID-19 Racial Disparities in Testing, Infection, Hospitalization, and Death: Analysis of Epic Patient Data", September 16, 2020³⁵



Solidarity Against the Pandemic of Anti-Asian Hate

Even before the U.S. had recorded any cases of COVID-19 virus, many Asian Americans recalled similar times past and braced themselves for the hostility and blame that the virus was sure to bring along with the disease itself. Whether of Chinese descent or not, those who “look Chinese” have been targeted and blamed for the COVID-19 outbreak that began in China.³⁶

Cellphone videos and reports began to surface showing elderly Asian Americans being beaten, kicked; women taking out the garbage being doused with acid; public transit riders—even healthcare workers in scrubs on their way to save lives—being sprayed with chemicals. On social media, an ever-increasing chorus voiced panic and fears of being attacked by random strangers or even workers when grocery shopping, taking public transportation, or walking the dog.

The triple storm of a global pandemic, economic crisis, and rising hostilities between the U.S. and China unleashed another pandemic: COVID-related hate against Asian Americans, particularly those of East Asian appearance. The impact of this new wave of bigotry includes chronic fear of being attacked; additional layers of stress; deepened isolation; strain on mental health; and causing vulnerable AAPIs to refrain from seeking necessary medical care and testing—all adding further harm to the public health impact on AAPI communities.

As early as January 2020, news of the coronavirus lockdowns in China had an immediate impact on Chinese American communities and the Chinese diaspora globally³⁷:

- » Chinatown businesses everywhere reported precipitous losses in business and revenue; in the San Francisco Bay Area, some merchants faced a 70% decline that forced them to lay off workers or even shut down their businesses.³⁸
- » Empty Chinatown streets became vulnerable to opportunistic wrong-doers in search of easy prey.³⁹
- » By September 2020, more than 2,600 anti-Asian, pandemic-linked hate incidents (including verbal abuse, physical assault, and civil rights violations) had been documented by the StopAAPIHate.org reporting center. That number has steadily risen since the site launched in March 2020.⁴⁰
- » One-third of Asian Americans have reported experiencing slurs and other verbal abuse because of their race or ethnicity since the pandemic began, according to the Pew Research Center.⁴¹

58%

of Asian American adults say it is now more common for people to express racist or racially insensitive views about people who are Asian than it was before the coronavirus outbreak.⁴²

AAPI Community Advocates Take Action

As news organizations aired rising numbers of anecdotal reports of anti-Asian attacks in the U.S., Europe, Australia and Africa, many non-Asians seemed surprised to learn that AAPIs experience bigotry; even some AAPI victims publicly expressed shock that they could be targets of racism. “Now you know what racism is like,” was the tenor of some social media comments. In fact, AAPIs have long experienced racism, including mob violence, massacres, and ethnic cleansing to remove and exclude all Asians from America; targeted detentions, deportations, denaturalization as well as mass incarceration during World War II; blatantly discriminatory laws and policies that were fiercely resisted, some going all the way to the U.S. Supreme Court.

The Chinese Exclusion Act of 1882 legislated Chinese migrants into becoming the country's first “illegal immigrants.” In more recent times, the racist killing of Vincent Chin in 1982 for “looking Japanese” during a severe economic crisis, and the post-9/11 Islamophobic attacks and mass murder of South Asian Americans are stark proof that anti-Asian bigotry and violence is not only real, but has a long history rooted in systemic racism. [See “Hateful History” page 22]

Knowing the history and patterns of anti-Asian racism in America, AAPI community activists and organizations began to take action. In January 2020, Russell Leung, a sociologist and professor of Asian American Studies at San Francisco State University,⁴³ remembered the SARS outbreak in 2003.⁴⁴ “I knew that Asian Americans would be targeted,” says Leung, “and because our communities have historically been ignored, I knew we would need to document what was coming.” When Leung searched for possible resources, he found the Los Angeles-based Asian Pacific Policy and Planning Council (A3PCON)⁴⁵, a community advocacy collaborative of ~30 AAPI organizations, which already had a website with a self-reporting form for hate incidents.

A3PCON was already confronting the anti-Asian groundswell. On Feb 3, 2020, a 12 year-old Asian American boy in a Los Angeles-area middle school was called “coronavirus” by another student and beaten with more than 20 blows to his head, yet school officials did nothing, and even blamed the Asian American child. Without hesitation A3PCON stepped in [See “Advocating” page 16]. “There had not yet been a single COVID case in America, yet the political blaming and racism had already trickled down to playgrounds, weaponizing COVID through political rhetoric in the media,” said Manjusha Kulkarni, executive director of A3PCON.

Leung teamed up with Cynthia Choi, co-director of San Francisco-based Chinese for Affirmative Action (CAA)⁴⁶ and several other AAPI organizations, including A3PCON, to send a joint letter to the California Attorney General Xavier Beccera, asking his office to record incidents from people who were being racially harassed and threatened. When his office declined, Leung, Choi, and Kulkarni decided to address the community's urgent need themselves. They collaborated on a website, StopAAPIhate.org, for individuals to report incidents of anti-Asian harassment and violence.

» On March 19, 2020, StopAAPIhate.org was launched in several Asian languages as well as in English, at a time when the internet was exploding with essays, blogs, and posts by AAPIs around the country who were being harassed, spit upon, coughed at, and physically assaulted—because they looked Chinese.⁴⁷

» March 14, 2020, just before the website launched, a Burmese American family in Midland, Texas, was attacked at a Sam's Club by a man who used a hunting knife to slash the father and two children, ages two and six, saying he wanted to kill them because they brought the virus. The man was subdued before he could inflict deadly wounds.⁴⁸

Advocating When Hate Strikes

Manjusha Kulkarni remembers the day well: it was February 3rd, and her organization, the Asian Pacific Policy and Planning Council (A3PCON), which advocates for



AAPI communities, had been anxious about the mounting anti-Asian bigotry. It was still before the waves of harassment and violent incidents struck. She had heard about an incident involving the son of someone who was part of an organization affiliated with her umbrella group. The 12-year-old Asian American middle school child had been called

“coronavirus” and beaten on his head about 20 times.

It was the kind of incident that would set A3PCON in motion to support the family and to push for accountability. Through their network of organizations, Kulkarni learned that no school authorities had intervened to help the boy. Instead, he called his parents himself, beaten and lying on the ground. His mother rushed to the school; when she got there, officials called her son a “troublemaker.”

When Kulkarni reached out to the family to offer A3PCON’s assistance, the family was unsure if they wanted to bring attention to their traumatized son. Yet, they wanted the Los Angeles school district to protect their son and other children against such hate incidents—and they knew that public attention and awareness could help. The boy’s mother didn’t oppose going public, but she didn’t want her son to be identified in any way. Kulkarni assured the family they could avoid using names, photos, and locations.

A3PCON organized a press conference with Los Angeles Supervisor Hilda Solis and Los Angeles Human Rights Commissioner Robin Toma. Together with the schools superintendent, they asserted that anti-Asian COVID hate and bigotry in general had no place in Los Angeles and its schools.

The attack on the 12-year-old Asian American boy drew national media. The school district officials talked with the family about teacher trainings and setting up school programs, but then the schools shut down because of the pandemic. Kulkarni and A3PCON connected with the county’s 211LA.org system to provide counseling services for those experiencing anti-Asian COVID hate.

Initially, the police tried to push the family to press charges against the boy who attacked their son. But as a mother and a social worker, the victim’s parent refused because she didn’t want the other middle schooler to be criminalized into the prison pipeline, preferring instead to find restorative justice alternatives. Because the family and the advocates found a way to inform the public through the media while also protecting their son, this became one of the first public reports documenting this pandemic of racism.

➤ By Mid-March, state lockdowns were beginning and Trump pointedly referred to the virus as “Chinese Virus” and “Kung Flu,” even defending and repeating his racially charged words when asked by White House reporters Yamiche Alcindor and Cecilia Vega if he realized he was promoting racism and attacks on Asian Americans.⁴⁹

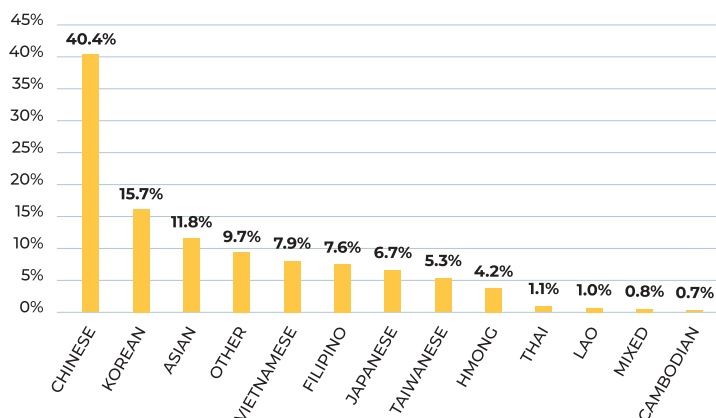
➤ In its first week, StopAAPIhate.org received reports of nearly 700 hate incidents; after one month, more than 1,500. “The reports validated that the anti-Asian hate was real,” said CAA’s Cynthia Choi, “when, all too often, racism and discrimination against Asian Americans is minimized and trivialized.”

➤ StopAAPIhate.org isn’t the only reporting website, but its broad outreach to AAPI communities and growing list of incidents has made it an important tool to mobilize against the bigotry. Some local groups collect incident reports, and other national reporting sites include StandAgainstHate.org established by Asian Americans Advancing Justice and OCA Asian Pacific American Advocate (<https://www.ocanational.org>).

Stop AAPI Hate Data: Notable Trends

Source for all data graphs in this article: StopAAPIHate.org⁵⁰

ETHNICITY OF RESPONDENTS



GENDER OF RESPONDENTS



Women reported discrimination

2.4x

more than men.

Building Solidarity

Besides recording incidents, numerous AAPI organizations are taking measures to protect their communities against the anti-Asian pandemic. Regardless of size or funding, all of this work involves constant public education since most Americans, including public officials, media, and even many AAPIs know little or nothing about Asian Americans' long struggles for justice. Many are even surprised to learn that AAPIs face racism and have fought alongside other communities.⁵¹ Some notable efforts by AAPI activists focus on building movements with multiracial, multicultural solidarity across different communities to fight systemic racism as well as to strengthen pan-Asian ties.

A few of the national movement-building solidarity efforts include:

- » AAPI Civic Engagement Fund, a collaborative of more than 30 grass-roots organizations has focused on progressive responses to the anti-Asian racism, and is creating an online information hub to provide interactive resources for AAPI communities⁵²;
- » Asian American Table on COVID-19 Racism initiated in April 2020 by AAAJ-Asian Law Caucus based in San Francisco to create a national space for advocacy groups to share strategies on policy, solidarity, and narratives;⁵³
- » National Emergency Response Network⁵⁴ created by national AAPI organizations in collaboration with the National Council of Asian Pacific Americans, which conducts national Zoom dialogues featuring members of the Congressional Asian Pacific American Caucus, and its Chair, Congresswoman Judy Chu, who has brought concerns about anti-Asian bigotry to policy makers on the national stage.
- » People's Collective for Justice and Liberation organized its first virtual town hall on anti-Asian Racism, called "Race, Struggle & Solidarity In the Time of A Global Pandemic" in March 2020 drawing more than 6,000 attendees⁵⁵;

These initiatives and others have prioritized building multiracial solidarity in their efforts to combat anti-Asian racism. Even as Asian Americans have taken the brunt of rising frustration and anger from the pandemic, other hate crimes were increasing dramatically, including violence against Black Americans, which first drew national headlines after the killings of Ahmaud Arbery in Atlanta, GA and Breonna Taylor in Louisville, KY.

AAPI YOUTH: ANTI-ASIAN HATE TRENDS[†]

Youth were more likely than adults to be harassed

at school	at public parks	online
16.7% v. 1.8%	13.5% v. 11.2%	16.7% v. 10.8%

2.5X

Girls were 2.5 times more likely to report hate incidents than boys, slightly higher than the adult ratio.

56%

In over half of these cases, perpetrators employ anti-Chinese hate speech, including blaming China and the Chinese as the source of the virus and mocking Chinese dietary habits.

Bo Thao-Urabe

Co-founder, Executive and Network Director
Coalition of Asian American Leaders

A nationally recognized Asian community leader and the executive director of CAAL-MN, the Coalition of Asian American Leaders of Minnesota, Bo Thao-Urabe has learned to balance the many, sometimes conflicting roles and identities.

It's something she learned from the time she was a 6-year-old refugee, when her family moved from Chicago's South Side to rural Wisconsin. She became a child farm laborer, harvesting ginseng with her family. As her English skills developed, she accompanied her parents to appointments, filling out forms for housing and medical aid. She became so good at it that her parents volunteered her services to her large extended family, leaving her little time for friends and schoolwork.



By the time she was in high school in St. Paul, Thao-Urabe began to think about college—and her family tried to stop her. She shouldn't go, they said, because no one would marry her. When she wanted to move out of her parents' home for school, her entire extended family came to her home. They told her that she would ruin her family's reputation. "They said awful things to me," she said.

Thao-Urabe went away to college anyway, becoming the first girl in her entire extended family to do so. "I just couldn't see how that could be bad for my family," she said. She met other likeminded Hmong students. After helping so many people with their benefits, she studied social work and found herself in state government. A national Hmong woman leader, KaYing Yang, recruited her to be associate director of the Women's Association of Hmong and Lao. There she developed a passion for making public policy match up with real people's lives.

Before the pandemic lockdowns began, CAAL-MN was already receiving calls about discrimination and harassment. When elderly Hmong were getting attacked, Thao-Urabe activated the CAAL-MN coalition to develop strategies for rapid response, solidarity building, and community education. They got the state Human Rights department to set up a hate reporting intake line. "We stayed away from the Attorney General's office—this was not about criminalizing but about justice."

After George Floyd's murder in Minneapolis—one of the four police involved was Hmong—angry protestors also destroyed a number of businesses; several were Asian owned. The community was divided: some wanted to raise money for Thu Thao's bail while others were adamantly opposed. Bo Thao-Urabe and CAAL organized local and national discussions and made public statements in support of Black lives in the face of much community opposition, directing resources, including staff, to support the Black community. She is spearheading a national effort to create an online "movement hub" of organizing resources against anti-Asian bigotry. "The younger generation of AAPIs get it," she said. "In St. Paul schools, Hmong students are in the majority. While Black kids are overpoliced, Hmong kids are completely ignored." Thao-Urabe notes, "That invisibility is racism too. We have to fight racism against Blacks to address the systemic racism that impacts everyone."

Glenn Magtanpay

Executive Director
National Queer Asian Pacific Islander Alliance

Living in Queens, New York, Glenn Magtanpay was in the epicenter of the pandemic as his family, the national organization he



heads, and his community faced profound challenges. At home, Glenn and his husband had to transition their 13-year-old son, who has special needs, to online learning. In his Elmhurst neighborhood, Glenn saw people waiting for testing in lines

winding around the block—and refrigerator trucks parked outside. “There was this smell in the air, a stench that I haven’t smelled since 9/11,” he said, referring to the odor in Manhattan’s Tribeca area after the collapse of the World Trade Center towers.

The pandemic also created huge uncertainty for the organization Glenn leads, the National Queer Asian Pacific Islander Alliance (NQAPIA), a network of 62 queer Asian-led groups in 15 states that serves as the queer voice in the immigrant rights and AAPI spaces, while bringing more cultural competency to the LGBTQ rights movement. When the pandemic hit, NQAPIA had to cancel fundraisers, driving them into a deficit for the first time—falling into the red by more than 10%. With so much uncertainty from the pandemic, Glenn and the organization have struggled to map a plan forward. Supporters ultimately pulled the organization through, but it was really tough, Glenn reflected.

The son of immigrants from the Philippines, Glenn grew up in Queens. He was bullied for being gay and found solace in his Catholic faith, not unusual for queer kids, he noted. He got involved in LGBTQ rights in the mid-1980s, at the height of AIDS crisis. In college, he learned about economic and racial justice and became active in the gay and lesbian alliance—all a prelude to his career as a civil rights lawyer. After working at the Asian American Legal Defense and Education Fund for 20 years and in the AAPI and LGBTQ communities, he took the helm of NQAPIA eight years ago. “It’s been great fun,” he said, “until the coronavirus.”

NQAPIA has moved forward with its advocacy, calling for undocumented immigrants to be included in federal CARES Act relief, fighting for LGBTQ people’s access to health insurance, and sharing stories of LGBTQs and anti-Asian violence during the pandemic. As an organization with a history of addressing police misconduct, they mobilized support for Black Lives Matter and raised money for Black trans-led organizations.

These efforts are deeply personal for Magtanpay, who struggles to give the right message to his teenage son, who is Black. His message to those in power is centered on justice and a government that will take care of its people by keeping them safe from a pandemic and from police brutality.

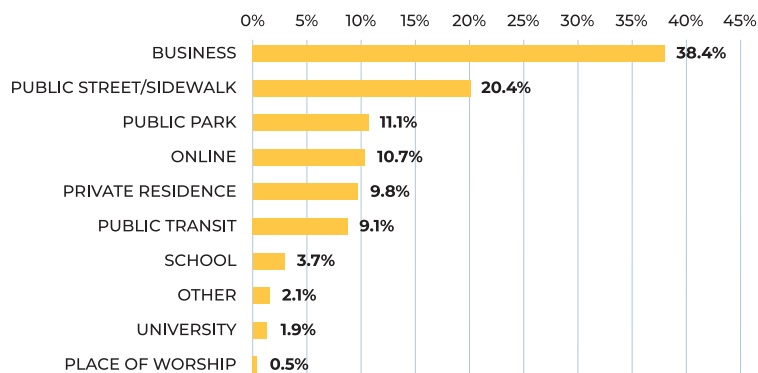
On May 25, 2020, George Floyd was killed by Minneapolis police as horrified bystanders recorded the 8 minutes, 46 seconds a white officer took to suffocate the restrained Black man. The videos also showed an Asian American police officer keeping witnesses away, raising the question of Asian American complicity in the systemic racism against Black people.

Around the country, AAPIs have been conducting virtual discussions and town halls about fighting anti-Blackness in Asian American communities⁵⁶; combating the racist Model Minority myth, which contributes to Black and Brown resentment and distrust of AAPIs; and building multiracial unity to counter white supremacy that uses “divide-and-conquer” so effectively. AAPI activists debate how to center their focus on systemic racism against Black people, while also combating anti-Asian hate. As civil rights attorney Dale Minami noted during the StopRepeatingHistory.org virtual OCA Summit⁵⁷ discussion with activist-scholars Eva Patterson and Bill Ong Hing, “We have serious racial divisions to overcome. There’s fear and anti-Blackness in Asian American communities and there’s prejudice and distrust of Asians in the Black communities. There’s a lot of work to be done.” [For resources on these topics, see page 42]

For many AAPI communities in the midst of protests and pandemic, these are not theoretical issues. Hmong Americans, brought to the U.S. as refugees after the war in Southeast Asia to be resettled in poor urban centers, were already dealing with the pandemic crises, the anti-Asian hate, and legal assaults on immigrants including deportations. Then, with the murder of George Floyd, Hmong American communities found themselves at the epicenter of the protests. Bo Thao-Urabe of CAAL-MN⁵⁸ spoke out in support of Black lives, organizing a virtual meeting of more than 300 AAPI organizations nationally, asking them to stand in solidarity with Black leaders, for Black

SITE OF DISCRIMINATION

(BASED ON 2,583 REPORTS)



Most reported incidents occur at retail establishments, public streets, parks, and on transit.

Businesses were the site of 38% of the hate incidents, followed by public streets (20%) and public parks (11%).

Online incidents comprised 11% of the incidents.

Annie Ho & E Lim

AAAJ-Atlanta Activists

E and Annie are Asian American activists in Georgia who want to build the beloved community they wished they'd had as children in the South. E, whose full name is Esther Lim, is the Organizing Director at Asian Americans Advancing Justice-Atlanta, a nonprofit legal advocacy organization in Georgia and the Southeast. Annie Ho is the Outreach Coordinator there; both use the pronouns "they" and "them." They also work together outside of their organization with Latinx, Black, immigrant, and queer communities.



E, whose family immigrated from Korea in the 1970s, was born and raised in the city's Korean American community. Annie grew up in Gwinnett County, just northeast of Atlanta; their Vietnamese family immigrated in the 1990s. Both left the region for college and work opportunities, but returned to organize the Asian American communities they first knew.

With the COVID pandemic, the two have been responding to community needs at a time when the State of Georgia has not been proactive around public health safety and anti-Asian racism has been on gross display in their city. They describe their work as mutual aid, as opposed to the traditional charity doled out by nonprofits. "It's about providing resources and aid to one another that's reciprocated with the intent of helping each other build political power and confidence to work alongside one another," said Annie.

Mutual aid at Advancing Justice-Atlanta distributed COVID kits with rice and supplies to senior centers, temples, and churches, especially to seniors, who were particularly food insecure. With schools reopening, often remotely, Advancing Justice-Atlanta is developing a program to provide tutors who can provide in-language and culturally competent educational support in Spanish, Korean, Vietnamese and, hopefully, Mandarin, integrating ethnic studies and Asian American history into their lessons plans. Their program also encourages Korean immigrant home care workers to answer the census forms and to help the Korean elders they care for fill it out as well.

When anti-Asian racism flared in Atlanta and was followed by racial justice uprisings, cross-racial tensions created opportunities for hard conversations about the Asian American community's role in combating racism. Some communities of color used the rhetoric of the "China virus" against Asian Americans, while some Asian Americans argued that "Black and Latinx people get all the attention" in racial justice struggles—a view that E argued against. Instead, Advancing Justice-Atlanta offered trainings to deescalate anti-Asian bias or hate. They convened conversations with Asian American communities to talk about solidarity and address racism, including anti-Black racism within their own community.

One Korean shop keeper, whose first shop had burned down during the Los Angeles uprising in the early 1990s, explained why he supported Black Lives Matter and stood in solidarity, saying that it helps no one to ignore others' issues, especially when the problems are fundamentally the same. "We're really trying to bring Asian American communities in the broader movement for liberation," they explained.

lives. Thao-Urabe was called a traitor by some in her community, saying that she should be prioritizing Asian American lives. "We can't fight the racism of anti-Asian violence if we don't also fight anti-Blackness," she said. [See sidebar on Bo Thao-Urabe, page 17].

In neighboring Wisconsin, which also has a significant Hmong population, protests also erupted. When Hmong American Kabzuag Vaj, who founded Madison-based Freedom Inc. in 2000 to offer programs for Hmong girls,⁵⁹ saw that Black girls in the neighborhood also wanted to participate, she knew she had to have role models that the Black girls could connect with. She stretched her limited resources to partner with a Black co-director. Amid the calls to end systemic racism, Vaj has committed Freedom Inc. to meet with every Hmong household in Madison. "We are going door to door to talk about why anti-Blackness and defunding the police are important to every Southeast Asian household. We are putting in the work. I explain it in the same way I discuss these issues with my 76 year-old mother: I say that in Laos, the French colonizers inflicted a harsh life on the local people, who rose up against their oppression. And that's why Blacks are rising up. I tell them that when Black people put their lives on the line to take money from police budgets to put into schools, that will help Hmong children, too." [See sidebar on Asian-Black Solidarity, page 21].

REASON OF DISCRIMINATION	
Race	90.4%
Ethnicity	68.7%
Face Mask or Clothing	15.9%
Gender	8.4%
Language	6.4%
Food	2.7%
Religion	1.0%
AGE OF DISCRIMINATION	
10s	14.1%
20s	23.7%
30s	28.6%
40s	17.0%
50s	9.1%
60s	6.6%
70s and over	0.9%

DATA REFLECTS LIKELY UNDERCOUNT

Even these high numbers are considered to be an undercount, as most such incidents go unreported, including the more severe incidents that require medical treatment or law enforcement involvement. Though the highest number of reports came from California and New York, other localities including Denver, Austin, and even Australia, are adopting the data reporting model of StopAAPIHate, which emphasizes using the reports as a tool for education and organizing and to hold authorities accountable, rather than for policing or criminalization.

Victor Yang

Congressional Aide

When some park goers pelted him with rocks, shouting “COVID” at him as he rode his bike in Washington, D.C.’s Rock Creek Park, Congressional aide Victor Yang peddled as fast as he could to get away. This occurred early in 2020, when there were few known cases in the U.S., before sheltering-in-place orders. Before the White House began to blame China. But, AAPIs and Chinatowns in particular were already feeling the rising prejudice.



Having stones thrown at him wasn't his only encounter in those earliest days. At the Capitol, some people refused to get into a large elevator, empty except for him and another Asian American. Before the mask mandate, a man

yelled “Wear a mask!” at him, even though the shouter had none.

Working on Capitol Hill as a legislative assistant to Congresswoman Barbara Lee, Yang has seen how hard it is to get AAPI issues onto the Congressional floor. Lee, whose district includes Oakland California, has worked as a member of the Congressional Asian Pacific American Caucus to address the needs of AAPIs. “I almost never hear AAPI issues on the Hill because there's a view that AAPIs don't matter in an election.” Yang notes that some conservatives are reaching out to AAPIs, for example, by translating videos of Steve Bannon bashing the Chinese Communist Party—which appeals to anti-Communist views among newer Chinese immigrants.

As a kid in Boston's Chinatown, where he later worked as a volunteer, Victor Yang saw systemic bias against Asian immigrants. His parents left China in the 1980s, when U.S.-China relations were opening up. His mother was trained in medicine and immigrated to Boston to work as a medical researcher. Her foreign medical degree wasn't recognized, so she earned a nursing license; his father, an engineer, came later. Because of their experiences, Victor's parents wanted him to get certified in a field for job security. He majored in Education, getting certified as a teacher. Through serendipity, he landed an internship in Congress, where he has assisted efforts opposing the Public Charge rule.

Some of his millennial peers say Victor is different, with his interest in society and justice. But Victor thinks it's time for them to get engaged. “The anti-Asian racism won't stop unless AAPIs stand up and be proactive, not reactive.” He joined the Congressional Asian Pacific American Staff Association to network and to be a role model for other AAPIs thinking of a career in public service.

“I see a shift in Congress, to consider addressing systemic racism, in criminal justice and health disparities, for example. There are huge issues that affect AAPI communities, and we need to be part of that momentum, so that our voices are heard.”

The Fight Ahead

As the COVID-19 lockdown continues and people yearn for a sense of “normalcy,” the full ugliness of systemic racism and oppression exposed by the pandemic has made clear that “normal” gave rise to health vulnerabilities for communities of color, low-income people, essential workers, immigrants, gender-non-conforming people and others, as well as the hate incidents and state violence. And at the same time, the population of communities of color will very soon be the majority in the U.S.; several states, including California, New Mexico, Texas and Hawaii, have already passed or soon will pass that milestone. People of color and people of conscience must envision and plan to use their numbers to bring about change, even as white supremacists try to whip up white backlash and racial unrest.

The work ahead requires a vision to replace the flawed and unjust institutions, and to overcome new attacks and barriers to building unity and trust toward a common vision. Even within AAPI communities, unity is difficult to achieve when such issues as affirmative action, data disaggregation, immigration, and DACA are being used to divide. Attacks on AAPI communities impact different social and economic strata such as: accusations of espionage and disloyalty against Chinese American researchers and STEM workers; continued weaponizing of the public charge rule to hurt low income immigrant communities, including many AAPIs; caste issues within South Asian communities that have led to employment lawsuits and distrust; dominance by East Asian communities in gaining resources and cultural currency. These are all faultlines that affect solidarity both within the AAPI communities and the multiracial work beyond.

The call to dismantle structural systemic racism against Black people is the key to ending the structural racism and discrimination against AAPIs and others. Building solidarity is the only way to a better future without hate or state violence, that lifts up all marginalized communities, including AAPIs. ◀

THE 5 DS TO EQUIP YOURSELF WITH “IN-THE-MOMENT” TOOLS

- **DISTRACT** Draw the attention of harassers away from their target.
- **DELEGATE** Get help from someone else.
- **DOCUMENT** If it's safe, take photos or video. Report the incident.
- **DIRECT** If it's safe, speak directly to the harasser.
- **DELAY** After the incident is over, check in with the victim.

More info: iHollaback.org

Asian-Black Solidarity

Notes from Kabzuag Vaj

Founder and Co-Director Freedom, Inc.

Kabzuag Vaj was a child when her family, Hmong refugees who were allied with the U.S. secret war in Laos, arrived in America in 1980. As with most of the refugees from the war in Southeast Asia, the U.S. government resettled them in some of the poorest urban communities in the country. After a few years spent struggling in Philadelphia, the entire Hmong refugee community there packed up and left in a caravan of old jalopies to Madison, Wisconsin. The Vaj family was among them.



“We could see firsthand that our communities faced similar issues as poor Black people. The overpolicing during the Reagan era of ‘just say no’ to drugs also had a disproportionate policing impact on my community, with many of the young Hmong men getting locked up.” It was a time when cocaine users in communities of color were sent to prison while cocaine users in white communities were sent to rehab. Kabzuag’s younger brother was arrested and jailed for loitering. Because of his arrest, public housing rules forced her family out of their home of 15 years.

“On a national level, many of the East Asians showed videos with Black attacks on Asians. But if they only show Black attacks without showing other anti-Asian hate incidents, then in my view, they’re contributing to anti-Blackness because they’re feeding the divisiveness that’s a problem to those of us who are dealing with racism on the ground. People got upset with Freedom Inc. because we wanted to take those videos down. They said we’re making Asian American pain invisible.

“We, as Asian Americans, have not shown up for Blacks. Yes, many AAPIs have fought for equality and supported Black liberation, but it’s not been captured by popular history, media, culture. So, many Asian Americans believe that success looks white, not Black. We have to be family and show up. Because Black people don’t need Asian Americans to save them.”

When George Floyd was killed and buildings were burned during angry protests, Vaj posted on social media that George Floyd’s life was more important than the stores. “Asians and Hmong were upset by the property damage and their hate came through on my social media feed—anti-Blackness and misogyny. But I did not unfriend or remove their posts, I stood my ground. I explained that capitalism is based on slavery, built on Black bodies. Anti-Blackness and Indigenous genocide are imbedded in America. We’ve taken so much from Black people: civil rights, benefits, how we talk. There is so much we’ve all taken from Blacks.

“I love being AAPI. I love Hmong people. And that’s why I have to stand up for Black people. [Officer] Thu Thao was complicit against Blacks and I will be damned if I stand by and watch. I won’t contribute to systemic racism. It’s not enough to feel sad about George Floyd, we must see the humanity of Black people and we have to believe that they have the right to resist, just like Hmong people resisted their colonizers.”

HIGH SCHOOLERS AT RISK†

AAPI high school students are the racial group most likely to be bullied in California. The COVID-19 pandemic and inflammatory political rhetoric have led to even greater verbal harassment of AAPI students at school, in public places, and online.

56%

perpetrators employed anti-Chinese language

This pattern demonstrates the racial animosity stoked by political rhetoric.

48%

multiple perpetrators attacked AAPI youth

This pattern of group bullying heightens the intimidation and trauma caused by the bullying.

48%

of the time, adults were present

Only in 10% of the cases did a bystander intervene.

60%

of cases, adults harassed AAPI youth

Conversely, 41% of the incidents involved youth-on-youth bullying.



† Source: StopAAPIHate.org Youth Report, September 17, 2020.⁶⁰

Learning From A Hateful History

In the early days of the dual pandemics of COVID-19 and racism, many observers and journalists—and even some Asian Americans—expressed surprise to see Americans of Asian descent targeted, blamed, and attacked. Such expressions of surprise underscore the invisibility of and general ignorance about AAPIs and their significant place America’s history of systemic racism.

From their early recorded presence in North America, migrants from the Asian continent and Pacific Islands have been singled out, accused of carrying disease and bringing unfair labor competition—in spite of their contributions to the making of America. At numerous times in American history, inflammatory and racist innuendo by politicians, news media, and disaffected mobs alike have incited anti-Asian hysteria that led to violence. Throughout difficult times, AAPI communities have resisted, organized in multi-racial coalitions, and worked in solidarity to fight injustice. Below are a few of the noted incidents; learning from this history is necessary to stop repeating it.⁶¹

1870s - 1890s
America’s Chinese were attacked in several hundred acts of recorded mob violence, including massacres, lynchings, and torching of neighborhoods. Few assailants were ever pursued or punished for this ethnic cleansing.

1929
Hundreds of white men stormed a Filipino working class community in Watsonville, California, firing into a bunkhouse and killing a Filipino worker. No one was charged with the murder.

1942
120,000 people of Japanese descent, the majority American citizens, were accused of being un-American and imprisoned in incarceration camps without due process even though officials never found a single case of disloyalty.

1979
Vietnamese refugees in Seadrift, Texas, were driven out by the Ku Klux Klan, who burned homes, boats, and hung a shrimper in effigy. The Vietnamese Fisherman’s Association and Southern Poverty Law Center successfully sued the KKK, forcing them to disband their paramilitary activities.

1982
Three years after the manufacturing sector in the U.S. collapsed, Chinese American Vincent Chin was bludgeoned to death by two white autoworkers who blamed Japan for the economic crisis; the two killers never spent a full day in jail, sentenced to probation and fines. Asian Americans organized a national civil rights campaign for justice in a multiracial, multicultural coalition.

1987

Indian American Navroze Mody was killed in Hoboken, New Jersey, by a gang of youths during a wave of harassment against “Hindoos.” Two of the attackers had previously fought with Asian Indians. In spite of this climate of hate and community alarm, the prosecutors repeatedly said there was no evidence of a racial incident in part because no slurs were used.

1989

A gunman killed five Southeast Asian children and wounded 32 others at a Stockton California elementary school; on the day of the shooting, the police chief claimed there was no racism and Nightline news anchor Ted Koppel never asked if race could be a factor. AAPI advocates called for an outside investigation which found the killer’s white supremacist history of “hating Asians.”

1997

In Rohnert Park, California, Taiwan-born microbiologist Kuanchung Kao was waving a wooden stick in front his own home late at night, upset over a racist incident earlier that evening. Police called to the neighborhood shot him to death shortly after arriving, saying he waved the stick “martial arts” style. Despite community protests, no police were charged.

2001

Four days after 9/11, Sikh American Balbir Singh Sodhi was murdered at his gas station by a man who said he wanted to “kill a Muslim.”

2003

San Jose, California police shot and killed Cau Bich Tran, a 4’9” Vietnamese woman, within seconds of arriving at her apartment, after being called because she was acting disturbed and shouting, police said they felt threatened by her vegetable peeler. Mass protests followed but no police were charged.

2006

Fong Lee, a 19 year-old Hmong American, was shot eight times and killed by Minneapolis police after a foot chase. The family disputed the claim that Lee was armed, but the police officer was exonerated. In 2020, after George Floyd was killed by Minneapolis police, Lee’s mother Youa Vang publicly spoke out in support of Black Lives Matter.

2012

White supremacist shooter attacks Indian Americans at a Sikh temple in Oak Creek, Wisconsin, killing seven and wounding four. Candlelight vigils and protests across the U.S. and in India followed this “act of domestic terrorism,” as the U.S. Department of Justice called it.

2020

Burmese American family members—children aged 2 and 6 and their father—are stabbed in a Sam’s Club in Midland, Texas by a man with a hunting knife who wanted to kill Asians because of COVID. By September, more than 2,600 incidents were reported on StopAAPIHate.org, including more than 200 physical attacks.

In recent years, AAPIs have also experienced trauma from government profiling and scapegoating, as with the deportations of thousands of Southeast Asian American refugees from Cambodia, Vietnam, and elsewhere who have permanent residency. In addition, immigrants and visa holders of Chinese ancestry are facing heightened scrutiny, restrictions, and prosecutions, on the suspicion that they are aiding China. For a broader understanding about Asian American history and experiences, many resources are available online and through ethnic studies programs [See Resources for Taking Action, page 42]. ◀



We Are It In This Pandemic

Asian and Pacific Islander Community Health Centers

Throughout the U.S., families depend on community health centers for high quality care and support. Unfortunately, by August 2020, 900 out of approximately 10,000 community health center sites in the United States had to shut down due to diminished patient visits and resulting economic stress from the pandemic. For Asian Americans and Pacific Islanders (AAPIs) who are facing the twin pandemics of COVID-19 and racism, community health centers are a lifeline. There are more than 30 AAPI Community Health Centers throughout the United States, and all have managed to stay open during the pandemic—no simple achievement.

Three Association of Asian American and Pacific Islander Community Health Center Organization (AAPCHO) clinics are described here, exemplars of care and innovation. Each acted with speed, compassion, and precision. Their history of trust, along with well-established infrastructure, operations, and affiliations, brought timely and competent responses to the communities they serve. All three health centers share a common mission: to be a trusted source for health, safety, information, and support—provided in language and in culture. Their continued presence was key to their community's health and safety.

Yet maintaining their services have come at great cost. These nonprofit safety nets are not meant to

take the place of or subsidize a damaged and under-resourced public health system without infrastructure, trust, and the cultural competency to respond. With AAPIs suffering from systemic inequality in health care and government, even community health centers such as these models cannot solve the societal challenge to provide affordable, accessible, linguistically and culturally competent care. Community health centers work best as partners to government, not as substitutes.


Each of these community health centers has been serving its community for more than 40 years. The dual pandemics of COVID-19 and racism have only strengthened their resolve to sustain their mission and service to community for decades to come.

WAIANAE COAST COMPREHENSIVE HEALTH CENTER OAHU, HAWAII

39,000 Patients

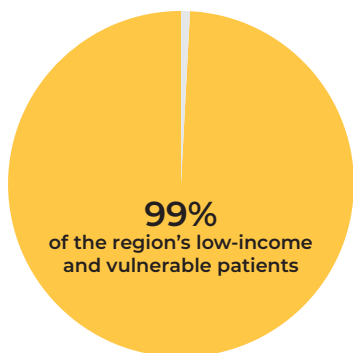
Early Action: Two weeks before Shelter in Place and before there was a single positive case in Hawaii, WCCHC began re-designing its facilities and programs to mitigate the spread of COVID-19.

Outreach and COVID-19 Hotline: The outreach team launched a major campaign about their new COVID-19 Hotline and services. Staff walked neighborhoods, taped flyers in grocery stores, and hung posters and banners, reaching those in remote rural areas, many with no Wi-Fi or accessible transportation.

Immediate shift to telemedicine

 now **70%** of patient visits

Simultaneously, WCCHC opened a physically distanced call center with experienced and trusted staff to provide COVID-19 support, 12 hours a day, 7 days a week. A physician on call allowed for expedited COVID-19 testing approval. “The hotline hit a chord of need,” said Nicholas Hughey, COO, who helped spearhead the program.

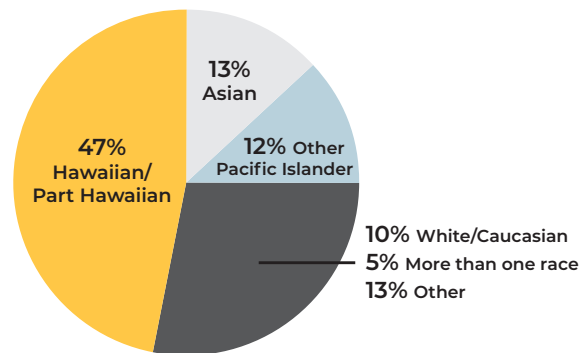
Patients Served by WCCHC



Drive-Through Test Sites: In response to community demand, WCCHC established two free drive-through test sites after studying news coverage of South Korea’s drive-through testing. The city and county of Honolulu partially funds the site. By August, they had tested 4,438 individuals.

Food Security: Even before COVID-19, 40% of the Waianae community did not have access to affordable and nutritious food. As food insecurity worsened in the pandemic, WCCHC created food distributions sites, kupuna (elders) hot meal deliveries, and keiki (children) grab-and-go meals when the schools were shut down.

Patients Served by WCCHC



20+ Active COVID-19 Cases Daily: At press time, WCCHC manages several patients with active COVID-19 each day. Along with clinical and behavioral health support, WCCHC provides those with risk factors and/or respiratory symptoms with Home Kits and materials for self-care and quarantining.

Services and translation available in
12
 Asian and Pacific Islander languages

Increasing Access to Care: The Hotline now offers a same-day virtual clinic for non-COVID-19 needs, offering same day by-phone or in-person appointments for a range of medical issues.

Higher Demand—More Staff: After initial decrease in patient visits and staff furloughs, COVID-19-related services eventually increased demand for all clinical care. In response, WCCHC brought back staff and has provided more licensing and certified health professional training.

Contact Tracing Assistance: WCCHC is assisting the County Health Department with contact tracing, providing support and translation assistance to stem community spread. ◀

“Community Health Centers (CHCs) are vital now more than ever in communities. CHCs play an essential role in breaking down barriers that prevent patient access to quality and affordable care. It’s all about intentional, patient-centered care, and most importantly, lifting up the voices of our community by diligently listening and hearing their concerns.”



Ginger Fuata
Board of Directors

“We are it in our community. We have to do this. Nobody else will. It wasn’t an option.”



Nicholas Hughey
Chief Operating Officer

Joyce O’Brien

Executive Vice President
WCCHC

Growing up in Makaha on the Waianae coast, a “huggable community, with the mountains wrapped around us,” Joyce O’Brien recalled that Hawaiian families like hers felt safe and supported by strong networks.

But there was one problem: no doctor. If you needed medical care, you had to go all the way to Honolulu. There was only one road, and if the plantations were burning sugar cane that day, you had to wait until the smoke cleared. “Public transportation” was one black taxi. “So we rarely went to the doctor,” said O’Brien.



The creation of the Waianae Coast Comprehensive Health Care Center—now celebrating its 48th Anniversary—changed all that. “Our founders were really visionary. Because we were so isolated, they wanted to be sure that our community had services here,” explains O’Brien who returned to the community with a Master of Public Health degree. The Center is now the largest community health center in the state, and the largest employer on the coast, serving people from many backgrounds [see facing page for more about WCCHC]. Even before the pandemic, the majority of the residents were low income, with many health challenges: food insecurity, widespread unemployment, and high rates of chronic disease.

But COVID’s challenges are urgent. “We are a hot area, the percentage of positives is really high in this community,” O’Brien said. The Center has created several programs to mitigate the spread of the pandemic. But some of the measures to stem the virus spread are antithetical to Native Hawaiian culture. “We rely on extended family networks, not being isolated in small pods. It can be hard to tell our kupuna (elders) not to socialize with their friends. We have to support those individuals who really do make a stand.”

When a surge in the virus precipitated a complete shutdown of the beaches, people were only allowed to go from their cars to the water to fish or swim. “They are not supposed to stay on the sand, but this goes against our very nature.”

O’Brien and her staff are finding creative ways to get the health messages out. They sponsored a poster contest, “Why I Wear a Mask.” Contestants had to use Hawaiian words: ha’aha’a (humility), ho’olako (kindness), and pae aina (community). With a prize of \$100 and publicity in the local news, the contest was so popular that the Center is planning more.

“We have stepped up for the community during this unprecedented time. We stress that it is our kuleana—our responsibility—to our family, ourselves, our coworkers to wipe out COVID.”

CHARLES B. WANG COMMUNITY HEALTH CENTER NEW YORK CITY, NEW YORK

52,000 Patients

Early Action: CBWCHC began implementing adaptive approaches to care and treatment in February, well before the case count in New York City began to rise.



Adopted
safer distancing protocols,
infection control measures, and
masking of staff and patients

The Challenges of Staying Open in the Epicenter:

As rates of infection skyrocketed in the region, some of the center's own staff and family members contracted COVID-19. With the school closures, many staff struggled to find appropriate care for their homebound children while necessary staff reductions have placed severe financial challenges on the team and complicated the provision of multi-language-appropriate health guidance to the community.

4
Asian languages, including
dialects of Chinese,
Vietnamese, and Tagalog

Economic Struggles in the Community: Chinatown and Flushing were hit hard economically before the pandemic, as far back as January, and the communities have continued to suffer.

Anti-Asian Hate: In addition to patients' stories of hate incidents, staff has also experienced bigotry. For example, an employee was attacked on the subway for wearing a mask, and a racist hacker disrupted a health education Zoom session.

Health education in the community about
COVID-19, treatment and prevention
COVID-19 testing, including community testing

Community Support: CBWCHC had to cancel several fundraising events, and donors have been stretched as they switch to virtual fundraising formats.

Reconfigured clinic physical space

Looking Ahead: CBWCHC, like many community health centers and medical providers, looks to telemedicine as an option beyond the pandemic. They report patient satisfaction with the quality of the telephone visits, and the ease and safety of the appointments in the comfort of patients' homes. ◀

Care quickly
converted
+
90%
to virtual
phone visits

“Economic impacts have health effects. Many patients and families have lost jobs, lost social support, lost access to health care. Many work in the service industry as home health aides, restaurant servers and cooks, nail salon workers, small business owners—they’ve all had their lives disrupted.”

Kenneth Shieh
Chief Strategy Officer



“All our staff have great hearts. They are of the community, taking care of their mothers, aunties, and grandmothers—and themselves. I want to keep our health center going, alive and thriving for the community for the next 50 years.”

Kaushal Challa
Chief Executive Officer

Riya Ortiz

Lead Organizer and Case Manager
Damayan

Riya Ortiz comes from a family of activists in the Philippines. Her parents met fighting ruler Ferdinand Marcos and martial law in the 1970s. That activist spirit continues to fuel Riya’s work today in Queens, New York, organizing low-wage Filipino workers at Damayan, which means “helping each other” in Filipino.

Riya’s mother left the Philippines to work in the U.S. when Riya was eight. Riya remembers crying at the airport, missing her mother. She wasn’t alone: more than 10 million Filipinos—10% of the country’s population—work or live in other countries.⁶²



Her mother went to work as a domestic on New York’s Upper East Side; when Riya graduated from college with limited job prospects in the Philippines, her mother brought her to New York in 2000.

In 2002, Riya went to work, at first as a volunteer, with Damayan—which her mother had helped found, organizing and advocating for labor trafficking survivors—mostly domestic workers, many with expired visas. Most were already in precarious positions when the pandemic hit. Then the situation turned dire.

In April, a survey of Damayan members showed that 70% had lost jobs or had their hours reduced. Another 70% were elders or immuno-compromised. One housekeeper lost her part-time jobs and struggled to support her kids. Women were stuck at home with domestic violence abusers who’d lost their jobs. Some food workers quit their jobs to protect themselves because, at the start of the pandemic, they weren’t allowed to wear masks. Despite an eviction moratorium, members were being evicted because they didn’t know their rights. Many migrant workers weren’t eligible for stimulus checks or health care. “They turned to Damayan,” Riya said, “there was no safety net.”

Damayan had to pivot quickly, first equipping its own small staff, three of whom are domestic workers, with technology to work remotely. They set up wellness checks, arranged telehealth appointments at no cost for the sick, and launched a food assistance program called Sagip-Tulong sa Pilipino (STP), paraphrasing the name of an emergency relief fund in the Philippines. “Who knew we would need this in the U.S.?” Riya asked.

Through STP, Damayan obtained 200 care packages that reached 500 members; they are planning additional food assistance. In partnership with the National Domestic Worker Alliance’s Care Fund, they were also able to distribute \$400 each to their community members.

So far, a number of Damayan members have been infected with COVID, but they’ve lost only one member to the virus. “The story of Filipino migrant workers sounds contradictory, but it’s not,” Riya said. “You love your family so much that you leave them, so they can survive.”

ASIAN HEALTH SERVICES OAKLAND, CALIFORNIA

50,000 Patients

Sheltering in Place Before Shelter in Place: In February 2020, Chinatown businesses reported a drastic decrease in tourism and local customers. People began wearing masks out in public before the mandate. Bay Area AAPIs closely followed news of the pandemic, via social media, WeChat, online and print media, and from relatives. “We remember how we made it through SARS, we know about masks. We get that it could spread in crowds. We weren’t taking any chances,” said an AHS patient whose view was echoed by many others.

The AHS team developed a screening protocol for COVID-19 for all staff to follow if a patient tested positive. Physicians started weekly media trainings to practice messaging to patients or staff who test positive, or if approached by news media.



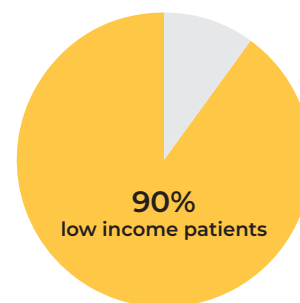
Radical Transformation: After the shelter in place orders, AHS patient visits fell by 90% compared to 2019. The health center launched a radical transformation to telemedicine for its clinical staff, and remote work for its support and administrative teams. The transition to telemedicine required major outreach to patients, quick technology and Wi-Fi upgrades, and training for all the new workflows.

Within weeks, AHS reconnected with its patients, bringing its number of visits back up to 90% of its original volume, now mostly by phone or tablet. Special clinics were set up for well-baby care and immunizations, and respiratory clinics established for symptomatic COVID-19 testing and care.

Community Support: Community members donated precious personal protective equipment (PPE) with support from nail salon workers and owners, and civic groups such as the Committee of 100. AHS staff and family members made face shields and other supplies by hand to supplement needed equipment.

Reaching Out to Those Driven Underground: AHS staff began hearing heartbreaking stories of patients experiencing illness, isolation, and anti-Asian hate and discrimination, yet Chinatown streets remained empty, suggesting that patients were “going underground and hiding.” The AHS Community Services Team began a COVID-19 Helpline, reaching out first to the most vulnerable, and then to every patient, asking about their health and wellness needs.

Patients Served by AHS



AAPI Nonprofits and Wraparound Services: The AHS Community Services Team joined with 13 of its neighboring AAPI nonprofit partners to help provide food, housing, home visits, medicine, emergency cash, and supports for businesses and frontline healthcare workers, in language and culture.



First Ever COVID-19 Test Site with Competency in 12 Asian Languages, Cultures: After presenting AAPI data and proposed solutions in numerous forums to key decision makers and donors, including Alameda County and the City of Oakland, in July, AHS launched the first ever 12 language, multilingual, multicultural COVID test site in Oakland Chinatown. The test site is part of the AHS six-pronged program: Outreach, Education, Testing, Wraparound Services, Case Management, and Contact Tracing. ◀

“It’s all about trust and advocacy, it’s more than a needed test. Our staff is part of this community. We help people figure out insurance, listen to their family situation, hook them up where they need to be.”

Thu Quach
Chief Deputy of Administration

“It is essential and humane to provide care in-language, by providers who understand the culture, and who see the whole person. Asian Health Services provides not just medicine, but also helps connect patients with housing, food, and wraparound services. Everyday needs that are life-and-death matters in a crisis. Asian Health Services has been that hub for many, many years in this community.”



Keith Carson
Alameda County Board of Supervisors

“As a daughter of an Asian immigrant myself, I understand how important it is to get culturally competent care and to feel comfortable in getting that care. In Alameda County, our system of care relies on the strength of Asian Health Services and our other community health center partners.”



Colleen Chawla
Director of Alameda County
Health Care Services Agency

Anna Bui

Nail Salon Owner and Advocate

Within two years of immigrating to the U.S. from Vietnam, Anna Bui opened her own nail salon, Diva Nails, in Oakland, California, after studying business and cosmetology. With similar determination, she joined the California Healthy Nail Salon Collaborative more than a decade ago to help address the health and safety challenges facing salon workers, especially when 81% of U.S. nail salon workers are women and 75% are from Vietnam.⁶³

But when the pandemic struck, Bui was unprepared for its economic havoc: she had to shut down her business on March 16. “I was very scared and worried about my staff and my family,” she recounted.



Bui had to lay off her three employees and owed rent on the shop. Her many salon products, such as gel nail polish, could expire. She didn't know if she should get more supplies with all the uncertainty about businesses reopening.

She also wanted to help fight the virus. When she learned that health workers faced a severe shortage of PPE, she remembered the masks and gloves at her shuttered salon. Bui and her daughter donated 4,000 nitrile gloves and 100 N-95 masks to health workers in the community—and reached out to other salon owners to donate PPE as well. Then she mobilized her family and friends to sew masks for the community.

Diva Nails is still closed. The small business loans she received only covered one month's rent on the salon. Many salon workers cannot pay for food and rent—and they face language and immigration status barriers when applying for benefits. The Healthy Nail Collaborative has helped workers file for unemployment and created Vietnamese-language safety training videos with reopening guidelines; it also launched an emergency fund to provide micro-grants of \$250 each. More than 600 salon workers have applied.

Then California's Governor Gavin Newsom made the unsubstantiated claim that the state's first COVID case was from a nail salon. Bui and the collaborative asked Assemblymember David Chiu, Chair of the API Legislative Caucus, to tell the governor about the harm he had caused to nail salon workers.⁶⁴ Newsom recanted, but the damage was done. Bui herself has been verbally harassed and has friends who have been threatened with anti-Asian slurs.

Bui worries more than ever, struggling with conflicting and onerous reopening rules. Industry analysts note that a third to a half of nail salons may close permanently.⁶⁵ But she says she will continue to speak out for her community, to donate supplies to health workers, and to look forward to the day when she can care for her customers again.

AAPI Community Survey

In June, Thu Quach, PhD, epidemiologist and Chief Deputy of Administration at AHS, conducted a study of AAPIs in California's Alameda County to measure the impact of COVID-19 and anti-Asian racism on the community, at a time when disparities affecting this population have been hidden due to limited data and other factors. The 30-question survey apparently touched a nerve, as 1,300 people responded almost immediately upon receipt.

Key Survey Findings

Survey respondents corroborated the stories of individual patients and revealed decreased access to COVID-19 testing, high rates of depression, severe unemployment and income loss, and pervasive and crushing isolation.

The survey found that only 3% had been tested, and 49% stated that they could not find a place to get tested. Three-quarters of participants reported feeling stressed, and about one-quarter reported feeling depressed. Six percent reported being treated unfairly because of their race/ethnicity, greater than the state average.⁶⁶ Over one-third of participants had lost their regular jobs and one-quarter had reduced hours or reduced income. The majority of participants reported wearing a mask before it was required by the government (78.8%), and about 73% reported avoiding leaving their house, including going to the grocery store, church, and school.

According to the Report

“The survey results underscore different interconnected needs and issues in the Asian American community. The high percentage of respondents reporting they do not leave their house may be due, at least in part, to the fear of experiencing anti-Asian harassment and discrimination. This avoidance behavior may be associated with the low testing rate in this group (3%). In comparison, testing rates in Alameda County, where a majority of participants reside, is 195.8 per 1,000 (19.6%), across all races, with Asian Americans being the lowest (6.4%)⁶⁷. Furthermore, the avoidance of leaving the house in addition to the anti-Asian hate may also explain the high prevalence of self-reported mental health issues.

“Our findings highlight the longstanding need for culturally and linguistically-appropriate mental health services and resources. The results confirm what AHS staff have been hearing from patients during the pandemic—fear, anti-Asian discrimination, isolation, limited information and resources, and rising mental health issues.

“The survey findings highlight the ongoing need to utilize community-based approaches, including culturally and linguistically-competent survey instruments, to document emerging issues in vulnerable populations to inform care and implement strategies to address disparities.” ◀

OF THE SURVEY RESPONDENTS...



73%
reported avoiding leaving their house



3%
had been tested



49%
could not find a testing site



75%
reported feeling stressed



25%
reported feeling depressed

6%
reported unfair treatment because of their race/ethnicity



Over 30%
had lost their regular job



25%
had reduced hours or reduced income



78.8%
reported wearing a mask before it was required by the government

One Nation Built on the Strength of Immigrants

Public Charge Further Endangers Public Health

In the past three years, the current administration has bypassed Congress to reshape immigration policies by executing more than 400 laws, orders, and regulations that target immigrants.⁶⁸ This onslaught of inhumane changes to long-standing and existing rules promotes a false narrative of fear and division that not only distorts America's history of the importance of immigrants—it also puts lives at risk.

Public Charge

Since 2018, AAPIs joined forces with other immigrant rights advocates against Public Charge, a regulation that significantly expands the Public Charge rule in order to deny an immigrant lawful permanent residence status (a “green card”).⁶⁹ This rule creates additional barriers on top of existing criteria, with new tests based on wealth, education, health, and language for those in line to earn their green card. Under the expanded rule, the use of federal government programs long allowed by law—including medical aid, food assistance, and federal housing—may result in the denial of one's green card. The proposal to expand the Public Charge rule has already deterred many immigrants from accessing such life-saving programs.⁷⁰

By punishing legal immigrants, Public Charge specifically targets AAPIs, who make up the largest racial group of legal immigrants in the United States. In 2019 the Department of Homeland Security finalized the regulation and was immediately met with legal challenges and community protests. Numerous AAPI advocacy groups⁷¹ have protested and filed amicus curiae “friend of the court” briefs to halt the draconian changes. In February 2020, the U.S. Supreme Court intervened to allow the new Public Charge policies to be implemented. But then the pandemic and lockdowns arrived, which both strengthened and complicated the legal fight.

“As a DACA recipient, today's victory [in the Supreme Court] is a testament to the resilience and strength of community organizers, advocates, and undocumented youth sharing their stories all over the country. I believe that we can live in a world where everyone is treated with dignity and respect. We must continue to fight to include the 11 million immigrants living with the threat of deportation. The fight for immigrant justice comes hand in hand with achieving racial justice and protecting LGBTQ+ rights. The fight continues, but today we celebrate this victory and stand as #OneNation.”⁷²

Steve Li
DACA recipient, Asian Health Services Board Member

With the COVID-19 crisis, everyone has been encouraged to get COVID-19 testing and treatment, including immigrants applying for green cards. However, in September, federal judges ruled that the Public Charge changes could go forward, adding to the hardships of immigrants, even though new legal actions are pending and will likely go to the Supreme Court.

The Pandemic: An Excuse to Further Restrict Immigrants and Refugees

Since the outbreak of the global COVID-19 pandemic, the Trump Administration has weaponized the public health emergency as a reason to place sweeping restrictions on travel and immigration, essentially closing U.S. borders and stopping all processing of visas and green cards for several months.⁷³

Immigrants placed in detention to await hearings have an alarmingly high rate of COVID-19 infection, as do immigrants and asylum seekers who continue to be deported, adding to the global spread of the disease from the U.S.

COVID-19 and the economic recession will continue to be used as excuses by the Trump Administration to pile on additional punitive restrictions against immigrants and to block further immigration.

Moreover, the racialization of COVID-19 by intentionally calling it a “China virus” will also perpetuate hate crimes against Asian Americans, employing the centuries-old fabrication that “foreigners” are the source of disease. Such scapegoating will pose additional challenges for Asian Americans as the U.S. continues to respond and seeks to recover from the health, economic, and social impacts of COVID-19.

JAN-MAR 2020

COVID-19 is used as reason to prohibit entry of individuals from China, Iran, and Europe, expanding on the legal authority used for the 2017 Muslim travel bans, while the President and senior Administration officials repeatedly and continue to refer to COVID-19 as the “China virus.”

MAR 2020

COVID-19 is used as reason to refuse any asylum applications at the U.S.-Mexico border and to immediately deport any asylum seekers; to suspend all resettlement of refugees, which places the status of thousands of refugees from Burma, Bhutan, and other Asian countries in limbo; to temporarily close U.S. embassies and consulates and U.S. Citizenship and Immigration Services offices, halting the processing of almost all visas, applications for permanent residence (green cards), and citizenship applications.

APR 2020

The U.S. economic downturn and high unemployment are cited as further reasons to “pause” processing of green cards, with limited exceptions, resulting in the lowest number of annual visas and green cards issued since World War II.

JUN 2020

Administration plans to end the Deferred Action for Childhood Arrivals (DACA) program are blocked by a U.S. Supreme Court decision; over 643,000 young immigrants can continue to remain and work in the U.S., including over 6,200 South Koreans, nearly 3,300 Filipinos, and over 2,200 Asian Indians. DACA immigrants are among those working as frontline health and other essential workers; their future legal status remains uncertain.⁷⁴

JUN 2020

USCIS offices and U.S. embassies and consulates slowly re-open but create public health risks, such as requiring individuals to come to USCIS offices for in-person interviews, and holding larger citizenship swearing-in events indoors.

JUL 2020

All international students, who are mostly from China, India, South Korea, and other Asian countries⁷⁵ are required to attend classes in person, even if their schools have none. After widespread opposition by universities and colleges, the requirement is withdrawn. Meanwhile, the U.S. continues its deportations of immigrants, with at least 11 Central American and Caribbean countries reporting that individuals deported from the U.S. had COVID-19.⁷⁶

JUL 2020

A secret federal unit of over 100 Department of Homeland Security (DHS) agents is deployed against peaceful protestors in Portland, Oregon, sweeping protestors into unmarked vans; firing tear gas, rubber bullets, and impact bombs into unarmed groups of protestors; assaulting protestors with batons; and conducting surveillance on journalists—actions that critics say are unconstitutional.⁷⁷

AUG 2020

Over 4,000 immigrants in detention and at least 45 DHS staff have tested positive for COVID-19. Experts estimate that many more immigrants in detention, including children separated from their families, may be infected because testing has been so limited. DHS continues to resist the release of detained immigrants from overcrowded detention centers, increasing the likelihood of more COVID-19 outbreaks.⁷⁸

AUG 2020

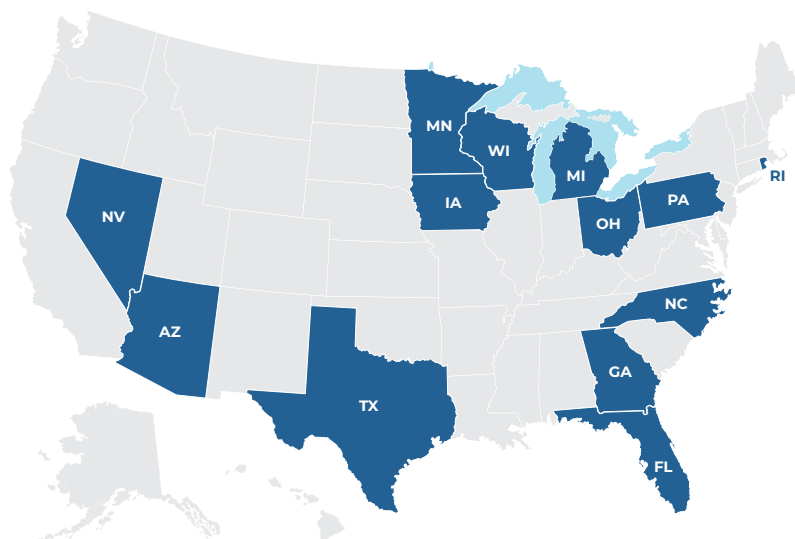
Despite the Trump administration's 400-plus restrictions against immigrants and refugees, the Republican National Convention features a naturalization ceremony for five individuals at the White House, with none of the participants following public health guidelines, such as wearing masks.⁷⁹ ◀

Power to Influence

In states projected to have close elections, AAPI voters have the potential to influence the outcomes.

Percentage of AAPIs in State

NEVADA	11%
MINNESOTA	5.7%
TEXAS	5.5%
GEORGIA	4.7%
ARIZONA	4.6%
RHODE ISLAND	4.3%
PENNSYLVANIA	4.0%
MICHIGAN	3.8%
FLORIDA	3.6%
NORTH CAROLINA	3.5%
WISCONSIN	3.3%
IOWA	3.1%
OHIO	2.8%



Source: aapidata.com



Policy for the People

The Congressional Asian Pacific American Caucus, Congressional Hispanic Caucus and Congressional Black Caucus (Tri-Caucus) joined forces to beat back the rise in Anti-Asian hate and racism during the COVID-19 Pandemic. Forums, legislation, proposed policies, recommendations, and tactical tool kits help give agency to their constituents and community to work together to address systemic racism.

» **House Resolution 908:** authored by Congresswoman Grace Meng (D- NY-6) with 154 Cosponsors to date, and **Senate Resolution 580:** authored by Senator Kamala Harris (D-CA) with 26 Cosponsors to date. Both Resolutions call on all public officials to condemn and denounce anti-Asian sentiment, racism, discrimination, and religious intolerance related to COVID-19, and calls on federal law enforcement officials, working with state and local officials, to take specified steps. Also calls on federal officials to expeditiously investigate and document all credible reports of hate crimes and incidents and threats against the Asian-American community and investigate and prosecute perpetrators.

» **H.R.3545:** National Opposition to Hate, Assault, and Threats to Equality Act of 2019, authored by Congressman Donald Beyer (D-VA-8) with 29 Cosponsors to date, seeks to promote better hate crime data collection, and a more informed approach to hate crime prevention at all government levels.

» **S.2043:** Jabara-Heyer NO HATE Act, authored by Senator Richard Blumenthal (D-CT) 23 Cosponsors to date, seeks to promote better hate crime data collection, and a more informed approach to hate crime prevention at all government levels.

» **H.R. 8200:** To improve the health of minority individuals during the COVID-19 pandemic, and for other purposes. Sponsored by Robin Kelley (IL-2), 39 Cosponsors.

» **H.R. 3222:** No Funds for Public Charge Act, Sponsored by Rep. Judy Chu (CA-27), 124 Cosponsors, and **H.R. 5814:** No Public Charge Deportation Act, Sponsored by Rep. Grace Meng (NY-6), 21 Cosponsors. Both bills continue to work their way through Congress.

Congress must pass emergency funding to ensure the survival of—and long-term funding to stabilize—the vital network of primary care providers on the frontlines of COVID-19 and communities experiencing increasing numbers of unemployed and uninsured people. ↩

#SOTU2020

“ Sherry has committed her life to ensuring that everyone, regardless of their race, gender, income, or immigration status, has access to quality affordable health care. ”

- Congresswoman Barbara Lee (CA-13)

As this report goes to press, news of Justice Ruth Bader Ginsberg's passing was announced. One Nation mourns the loss of this lifelong woman warrior for equity and justice, and against institutional and systemic barriers to equal treatment under the law. Her life's work is an inspiration and reminder to keep fighting for this democracy to include all voices so that policies are truly for the people.



February 26, 2020

Attorney General Xavier Becerra
Office of the Attorney General
P.O. Box 944255
Sacramento, CA 94244-2550

Re: Racial Profiling of Asian Americans During COVID-19 Outbreak

Dear Attorney General Becerra:

On behalf of 90 Asian American and Pacific Islander serving organizations, we ask that you quickly respond to an urgent issue emerging in California. Due to the outbreak of the COVID-19 virus and accompanying fears and misinformation, acts of xenophobia and racial profiling have risen exponentially against the Asian American communities in our state.”

“On behalf of 90 Asian American and Pacific Islander serving organizations, we ask that you quickly respond to an urgent issue emerging in California. Due to the outbreak of the COVID-19 virus and accompanying fears and misinformation, acts of xenophobia and racial profiling have risen exponentially against the Asian American communities in our state.”

CHAIR
ASSEMBLY MEMBER DAVID CHIU
VICE CHAIR
ASSEMBLY MEMBER AL MONTELEONE
SENATOR RICHARD TRAY
PARLIAMENTARIAN
ASSEMBLY MEMBER ARIANNE HO



MEMBERS
ASSEMBLY MEMBER PETER BONITA
ASSEMBLY MEMBER ED CHANG
ASSEMBLY MEMBER RICHARD CHAO
ASSEMBLY MEMBER TODD GLOVER
ASSEMBLY MEMBER EVAN LOW
ASSEMBLY MEMBER ADRIAN RAZAFINDRAN
ASSEMBLY MEMBER PHILIP T. TAN

May 15, 2020

Governor Gavin Newsom
Office of the Governor
State Capitol
Sacramento, CA 95814

Dear Governor Newsom:

On behalf of the Asian Pacific Islander (API) Legislative Caucus, I want to thank you for your tremendous, ongoing leadership during the COVID-19 pandemic, and in particular for being a champion for immigrant and refugee communities, as exemplified by your recent denunciation of anti-Asian hate. Today, we ask you to partner with us to address the challenges facing the nail salon industry.

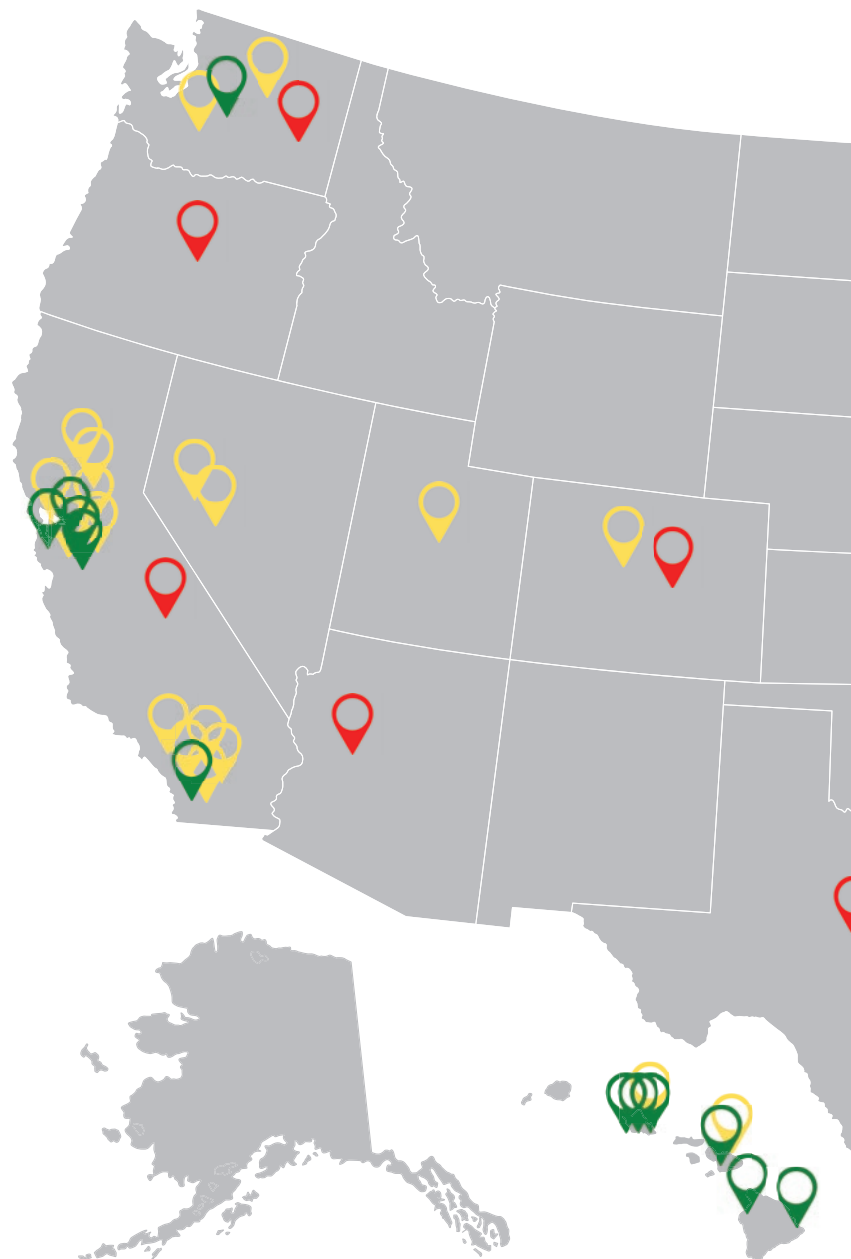
“We have an opportunity to prevent future economic distress of the nail salon industry and stem rising anti-Asian sentiment against this workforce by partnering with state agencies and key organizations who have an extensive history of working in the nail salon community.”

Assemblymember David Chiu

One Nation AAPIs: Mapping Our Movement

Dots depict One Nation Coalition Partners, profiles featured in this report, and Association of Asian and Pacific Islander Community Health Organization (AAPCHO) Health Centers:

- | | |
|---|---|
| AlohaCare | Kagman Community Health Center |
| Asian Americans for Community Involvement | Kokua Kalihi Valley Comprehensive Family Services |
| Asian Health Services | Kosrae Community Health Center |
| ASIA-International Community Health | Lanai Community Health Center |
| Asian Human Services | Lowell Community Health Center |
| Bay Clinic, Inc. | NOELA Community Health Center |
| Center for Pan Asian Community Services, Inc. | North East Medical Services |
| Charles B. Wang Community Health Center | Operation Samahan Health Clinic |
| Chuuk Community Health Center | Pacific Islands Primary Care Association |
| Community Clinic of Maui | Papa Ola Lokahi |
| Family Health Centers at NYU Langone | South Cove Community Health Center |
| Family Health Center of Worcester | Bay Area Community Health |
| Hawaii Primary Care Association | Waianae Coast Comprehensive Health Center |
| HOPE Clinic | Waimanalo Health Center |
| International Community Health Services | West Hawaii Community Health Center |
| Kalihi-Palama Health Center | |



MAP KEY

- One Nation Coalition Partners
- Asian American and Pacific Islander Health Organization (AAPCHO) Health Centers
- States with the Highest Frequency of Self-Reported Anti-Asian Hate incidents

**COVID-19:
ASIAN MINNESOTANS**

In Ramsey County, Minnesota, Asian Americans are the largest population of people of color, comprising 16% of the population, or about 85,000 Asians. The infection rate of Asian Minnesotans is 19%, with a death rate of approximately 16%, which is significantly higher than the state rate—approximately 5%. More than half of the deaths in the state are from Ramsey County and more than 40% of Asian Minnesotans who are COVID positive are from Ramsey County.

RAMSEY COUNTY, MINNESOTA

COVID-19 Cases	Ramsey County (RC)	RC Asian	Minnesota (MN)	MN Asian
Total Confirmed Cases	10,345	1,998	87,807	4,731
Total Confirmed Deaths	329	51	1,950	91



COVID-RELATED ANTI-ASIAN HATE

States with the highest numbers of self-reported incidents filed online with StopAAPIHate.org. The numbers are not adjusted for the size of the AAPI population and do not account for digital divide issues; numbers appear greater in states with larger AAPI populations and advocacy infrastructure.

STATE	FREQUENCY
CA	1,116
NY	340
WA	100
IL	73
TX	72
PA	63
MA	61
NJ	44
MD	37
FL	36
CO	34
VA	34
AZ	33
GA	30
OR	30
MN	28
DC	27
OH	27

Source: STOPAAPIHate.org, "STOP AAPI Hate National Report 3.19-8.5.2020," August 5, 2020

The Ideas That Won't Survive the Coronavirus

COVID-19 is killing off the myth that we are the greatest country on earth.

By Viet Thanh Nguyen | Contributing Opinion Writer | April 10, 2020

Sometimes people ask me what it takes to be a writer. The only things you have to do, I tell them, are read constantly; write for thousands of hours; and have the masochistic ability to absorb a great deal of rejection and isolation. As it turns out, these qualities have prepared me well to deal with life in the time of the coronavirus.

The fact that I am almost enjoying this period of isolation — except for bouts of paranoia about imminent death and rage at the incompetence of our nation's leadership—makes me sharply aware of my privilege. It is only through my social media feeds that I can see the devastation wreaked on people who have lost their jobs and are worried about paying the rent. Horror stories are surfacing from doctors and nurses, people afflicted with COVID-19, and those who have lost loved ones to the disease.

Many of us are getting a glimpse of dystopia. Others are living it.

If anything good emerges out of this period, it might be an awakening to the pre-existing conditions of our body politic. We were not as healthy as we thought we were. The biological virus afflicting individuals is also a social virus. Its symptoms—inequality, callousness, selfishness and a profit motive that undervalues human life and overvalues commodities—were for too long masked by the hearty good cheer of American exceptionalism, the ruddiness of someone a few steps away from a heart attack.

Even if America as we know it survives the coronavirus, it can hardly emerge unscathed. If the illusion of invincibility is shredded for any patient who survives a near-fatal experience, then what might die after COVID-19 is the myth that we are the best country on earth, a belief common even among the poor, the marginal, the precariat, who must believe in their own Americanness if in nothing else.

Perhaps the sensation of imprisonment during quarantine might make us imagine what real imprisonment feels like. There are, of course, actual prisons where we have warehoused human beings who have no relief from the threat of the coronavirus. There are refugee camps and detention centers that are de facto prisons. There is the economic imprisonment of poverty and precariousness, where a missing paycheck can mean homelessness, where illness without health insurance can mean death.

But at the same time, prisons and camps have often served as places where new consciousnesses are born, where prisoners become radicalized, become activists and even revolutionaries. Is it too much to hope that the forced isolation of many Americans, and the forced labor of others, might compel radical acts of self-reflection, self-assessment and, eventually, solidarity?

A crisis often induces fear and hatred. Already we are seeing a racist blowback against Asians and Asian-Americans for the “Chinese virus.” But we have a choice: Will we accept a world of division and scarcity, where we must fight over insufficient resources and opportunities, or imagine a future when our society is measured by how well it takes care of the ill, the poor, the aged and the different?

As a writer, I know that such a choice exists in the middle of a story. It is the turning point. A hero — in this case, the American body politic, not to mention the president — is faced with a crucial decision that will reveal who he or she fundamentally is.

We are not yet at the halfway point of our drama. We have barely made it to the end of the first act, when we slowly awaken to the threat coming our way and realize we must take some kind of action. That action, for now, is simply doing what we must to fight off COVID-19 and survive as a country, weakened but alive.

The halfway point comes only when the hero meets a worthy opponent — not one who is weak or marginal or different, but someone or something that is truly monstrous. COVID-19, however terrible, is only a movie villain. Our real enemy does not come from the outside, but from within. Our real enemy is not the virus but our response to the virus — a response that has been degraded and deformed by the structural inequalities of our society.

America has a history of settler colonization and capitalism that ruthlessly exploited natural resources and people, typically the poor, the migratory, the black and the brown. That history manifests today in our impulse to hoard, knowing that we live in an economy of self-reliance and scarcity; in our dependence on the cheap labor of women and racial minorities; and in our lack of sufficient systems of health care, welfare, universal basic income and education to take care of the neediest among us.

What this crisis has revealed is that, while almost all of us can become vulnerable — even corporations and the wealthy — our government prioritizes the protection of the least vulnerable.

If this was a classic Hollywood narrative, the exceptionally American superhero, reluctant and wavering in the first act, would make the right choice at this turning point. The evil COVID-19 would be conquered, and order would be restored to a society that would look just as it did before the villain emerged.

But if our society looks the same after the defeat of COVID-19, it will be a Pyrrhic victory. We can expect a sequel, and not just one sequel, but many, until we reach the finale: climate catastrophe. If our fumbling of the coronavirus is a preview of how the United States will handle that disaster, then we are doomed.

But amid the bumbling, there are signs of hope and courage: laborers striking over their exploitation; people donating masks, money and time; medical workers and patients expressing outrage over our gutted health care system; a Navy captain sacrificing his career to protect his sailors; even strangers saying hello to other strangers on the street, which in my city, Los Angeles, constitutes a nearly radical act of solidarity.

I know I am not the only one thinking these thoughts. Perhaps this isolation will finally give people the chance to do what writers do: imagine, empathize, dream. To have the time and luxury to do these things is already to live on the edge of utopia, even if what writers often do from there is to imagine the dystopic. I write not only because it brings me pleasure, but also out of fear — fear that if I do not tell a new story, I cannot truly live.

Americans will eventually emerge from isolation and take stock of the fallen, both the people and the ideas that did not make it through the crisis. And then we will have to decide which story will let the survivors truly live. ◀

Viet Thanh Nguyen

Pulitzer-winning Novelist
Writer and Scholar

When he was in the third grade, long before his Pulitzer Prize, Nguyen won an award from the San Jose Public Library for his first book, *Lester the Cat*. He loved to read and soon realized that something was missing in literature: “stories about people like me and my family—refugees, Vietnamese people, Asian Americans.”



Nguyen is the Aerol Arnold Chair of English and a Professor of English, American Studies and Ethnicity, and Comparative Literature at the University of Southern California. He has received Guggenheim and MacArthur Fellowships and numerous awards for *The Sympathizer*, including the Pulitzer Prize. He is a contributing opinion writer for *The New York Times*. He actively promotes the arts and culture of Vietnamese Americans as co-director of the Diasporic Vietnamese Artists Network, and diaCRITICS, where he serves as an editor.

Born in Ban Me Thuot, Viet Nam, Nguyen came to the United States as a refugee in 1975 with his family at the close of the Vietnam War. They were initially sent to Fort Indiantown Gap, Pennsylvania, one of four such camps for Vietnamese refugees. Later, his parents moved to Harrisburg, Pennsylvania and then San Jose, California.

Nguyen earned his undergraduate degree and Ph.D. at UC Berkeley, where his understanding of his identity as an Asian American and Southeast Asian refugee shifted. “In Asian American studies, Asian American movements, Asian American literature, we affirm objective reality through our subjective experience, [that] we should no longer be afraid to claim Asia as we have America.” As a thought leader for his students and his countless readers and followers, he dives into the challenge of awareness and unity building within Asian American communities: “We are not just the victims of American racism; we participate in American racism.”

Nguyen addresses the importance of representation and decolonization: “What we need is a situation where there are thousands of stories about us. I [built] on the work of an Asian American literary movement and of other Asian American writers that have come before me. Don’t stifle the hopes and dreams of your artistic children. Nourish them.”

In the face of coronavirus and the national discourse on racial justice, Nguyen has been a strong force calling out the importance of Asian American experiences and perspectives. His essays in *The New York Times*, *Time* magazine, and elsewhere, as well as his virtual lectures illuminate the nuanced complexity of Asian Americans within a political, social justice, and arts and culture lenses.

Nguyen’s latest publication is *Chicken of the Sea*, a children’s book written in collaboration with his six-year-old son, Ellison.

Targeting Asians and Asian Americans Will Make It Harder To Stop COVID-19

By Helen Zia | April 2, 2020

Though the wave of anti-Asian racism that looms in response to the global coronavirus pandemic is ugly and frightening, it is not new. I should know: I witnessed the harassment and violence Asian Americans faced in the wake of the collapse of the U.S. manufacturing sector in the 1980s. Scapegoating Asian immigrants and Asian Americans did nothing to save the U.S. auto industry then. And it won't provide the scientific advances and government leadership necessary to slow the spread of COVID-19 now.

In the late 1970s, I moved to Detroit hoping to be part of its famed labor movement and got a job as a factory worker at a Big Three automaker. My pay was almost \$10 per hour, more than six times the minimum wage, thanks to a thriving industry and a strong union.

But the Iranian revolution in 1979 brought severe oil and gas shortages and threw the auto industry into crisis. Suddenly I, and millions of other factory workers, lost our jobs. The downturn in Detroit took down the companies that supplied it, the service industry businesses that catered to auto industry workers, and eventually, the larger economy. Along with other once-productive people, I spent long days at the unemployment office, in lines that snaked around city blocks in the freezing cold. Misery doesn't begin to describe the depths of despair that infected the once-great industrial region. Politicians, CEOs and union bosses pointed fingers at each other, trying to deflect blame. Workers simmered with frustration and outrage.

Soon they found an enemy they could all agree on: Japan.

In the photo: Jessica Wong, front left, Jenny Chiang, center, and Sheila Vo, of the Massachusetts Asian American Commission, join others in a protest on March 12 in Boston to condemn racism against Asian Americans because of the coronavirus. (Steven Senne/AP)

The Japanese auto industry, they said, was the source of everyone's woes. This enemy was hurting America by producing fuel-efficient cars when no one wanted Detroit's gas guzzlers. People who drove Japanese cars were shot at. Never mind that Volkswagen Beetles were also popular — racism is a more effective tool when the enemy looks different. Some even declared that the United States was at war with Japan, suggesting that nuclear bombs might be a solution to the crisis.

Everyone "Japanese looking" became targets as hate-filled rhetoric dominated the airwaves. I never knew when someone might curse me with racist epithets, or threaten to get violent, even though I, too, had lost my job.

Our fears were realized in 1982, when two white autoworkers in Detroit bludgeoned to death a 27-year old Chinese American named Vincent Chin. Witnesses reported hearing the perpetrators tell Chin that "It's because of you motherf----- that we're out of work!" His killers never spent a full day in jail. And their rage did nothing to help Detroit autoworkers get back into their factories.

But Chin's murder triggered a national civil rights campaign. The multiracial, cross-cultural coalition that emerged helped enact changes in the law that have benefited all Americans in the decade since, from allowing victim impact statements to be read at sentencing to protections against hate crimes.

The similarities between the anti-Japanese racism of the 1980s and the current racially charged response to the coronavirus pandemic are chilling. President Trump has made the deliberate decision to use anti-Chinese language to describe the disease. Already, there are hundreds of reports of anti-Asian harassment and violence. This violence could become much worse as more people lose jobs — and lives.

Americans can do better than this, and they have done better. After the Sept. 11 attacks, President George W. Bush warned the nation against Islamophobia. He didn't stop hate crimes, but he set the tone from the country's highest office that targeting Muslims was not acceptable. Bush later credited his friendship with his Cabinet Secretary Norman Mineta for opening his eyes to the xenophobia that motivated the incarceration of 120,000 U.S. citizens and noncitizens of Japanese descent during World War II.

Even though Trump recently stopped using his inflammatory name for the virus, he already gave permission to hate-mongers. Other leaders need to step up, as did the governors of New York and California, and the Asian American members of Congress. All of us, Americans of Asian descent need to know they will be protected not just from COVID-19 but also from violence and harassment when they go out to buy groceries, walk the dog or take their kids to the park.

This isn't just a matter of our safety: About 20 percent of the nation's front-line health-care workers are immigrants, including from many countries in Asia. As the Association of American Medical Colleges reports, as of 2018, 17 percent of doctors practicing in the United States were of Asian descent. The virus of hate puts these first responders, and the patients they serve, in double jeopardy. And as the Silicon Valley Leadership Group pointed out in a statement, 1 in 6 of the network's science, technology, engineering and math employees is from China, Hong Kong or Taiwan. Keeping these workers safe also protects their ability to search for a vaccine and a cure for COVID-19.

At this time of grave uncertainty, everyone is at risk. Anti-Asian racism is no cure for COVID-19; instead, it's another virus that puts us all in danger. 🐼

Helen Zia was a spokesperson for the Justice for Vincent Chin campaign and is the author of *Last Boat Out of Shanghai*.

Helen Zia

Author and Activist

I'm an ABC—American-born Chinese—the daughter of immigrants from China. My parents met in the U.S. after leaving China to escape war and revolution. My father arrived during World War II; he was a translator with the Chinese Embassy as an ally with the U.S. When that employment ended because of China's civil war, he followed the path of other immigrants to work at odd jobs—selling Fuller brushes, driving a taxi, and selling ice cream from a Good Humor truck. My mother had been an abandoned girl in China; she'd endured war and enemy occupation and was adopted by a family that took her with them on the proverbial "last boat" out of Shanghai, on the eve of the Communist revolution of 1949.



My parents were part of a cohort of Chinese to America who did not speak the same dialects of the earlier migrants from southern China who built the railroads, tilled fields and created Chinatowns, the only places where Chinese were permitted to live. My mom and dad met in New York City's Chinatown but then joined the urban move to the suburbs, where Asian Americans seemed nonexistent.

I learned at a young age that people like my family were either invisible or lumped together as if we were all alike—the "alien other," or even enemy invader, despite the vast diversity among Asian people. When we moved into our mass-produced, post-war WWII housing development, we were the first people of color in town and people threw eggs at our house. We were regularly told to "go back to where you came from." And because my father wasn't shy about voicing his opinions on U.S. policies toward China, the FBI investigated our family. But these moments were the exception, not the rule, as we became engaged members of our community.

Growing up during the social movements for Civil Rights, Women's Liberation, and against the war in Southeast Asia, I learned how immigrant experiences are connected to the struggles for equality and justice, that an injustice to one is an injustice to all. That invisible communities like ours must speak up for ourselves, because no one else will do it for us. I've been privileged to be an activist for and writer about social justice across many communities, including immigrants, Asian Americans, LGBTQ people, and women—to tell the stories of those who stand up for their right to be full and equal human beings dreaming of life, liberty, and the pursuit of happiness.

Resources for Taking Action

Several AAPI and other organizations have developed “toolkits” of resources with suggestions on how to obtain assistance with health, messaging, organizing, and other issues. Here is a partial listing from national groups. Local and regional sources may be available as well.

For more AAPI Resources, please go to [OneNationAAPI.com](https://www.onenationaapi.com)

- » 18 Million and Rising: Stop COVID-19 Disinformation, Stop Anti-Asian Violence, <https://action.18mr.org/stop-antiasian-violence>
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- » Asian Americans Advancing Justice: COVID-19 Resources to Stand Against Racism, <https://advancingjustice-aaajc.org/covid19>
- » Asian and Pacific Islander American Vote: Engage, register, Get Out the Vote, <https://www.apiavote.org>
- » Asian Pacific Islander American Health Forum: COVID-19 AAPI In-Language Resource, <https://docs.google.com/spreadsheets/d/1X-ePaKv7Ar59PG7z37QqzIb8WfynEx5B-K5ZfK3VLXIJA/edit#gid=1512808134>
- » Asian Pacific Islander Health Organization (AAPCHO) Health Center near you, <https://www.aapcho.org>
- » Apple News: Coronavirus Resources for Parents, <https://www.today.com/parents/coronavirus-bullying-thing-here-s-how-parents-can-deal-t175997>
- » Asian American Arts Alliance: COVID-19 Resources for Supporting Artists, <https://www.aaartsalliance.org/resources>
- » Asian American Racial Justice Toolkit <https://www.asianamtoolkit.org/the-toolkit>
- » Asian Pacific Community Fund: COVID-19 Funds and Resources, <https://www.apcf.org/covid19-resources>
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- » Crisis Text Line: for online support in coping with stress, <https://www.crisistextline.org>
- » Equality Labs: COVID-19 Resources Page, <https://www.equalitylabs.org/covid19guide>
- » Hollaback!: Bystander Intervention Training to Stop Anti Asian/American and Xenophobic Harassment, <https://www.ihollaback.org/bystanderintervention>
- » Huffington Post: Self-Care Tips For Asian Americans Dealing With Racism Amid Coronavirus, https://www.huffpost.com/entry/self-care-advice-asian-americans_1_5e83a656c5b6a1bb764f0e45
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- » LEAP (Leadership Education for Asian Pacifics): COVID-19 Resource Page, <https://www.leap.org/leapcovid19>
- » National Asian Pacific American Bar Association: COVID-19 Resources, <https://www.napaba.org/page/covid19>
- » National Association of Community Health Centers: to find a community health center near you, <https://www.nachc.org>
- » NBC News: How to help struggling Asian American communities amid coronavirus pandemic, <https://www.nbcnews.com/news/asian-america/how-help-struggling-asian-american-communities-amid-coronavirus-pandemic-n1178516>
- » OCA – Asian Pacific American Advocates: COVID-18 Toolkit: Strategies to Defeat Asian American Racial Profiling and Xenophobia, <https://www.aapihatecrimes.org>
- » U.S. Commission on Civil Rights has publications on hate crimes; a recent report is: “In the Name of Hate: Examining the Federal Government’s Role in Responding to Hate Crimes,” <https://www.usccr.gov/pubs/2019/11-13-In-the-Name-of-Hate.pdf>
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Educational Resources

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The website also offers lesson plans: <https://www.pbslearningmedia.org/collection/asian-americans-pbs>

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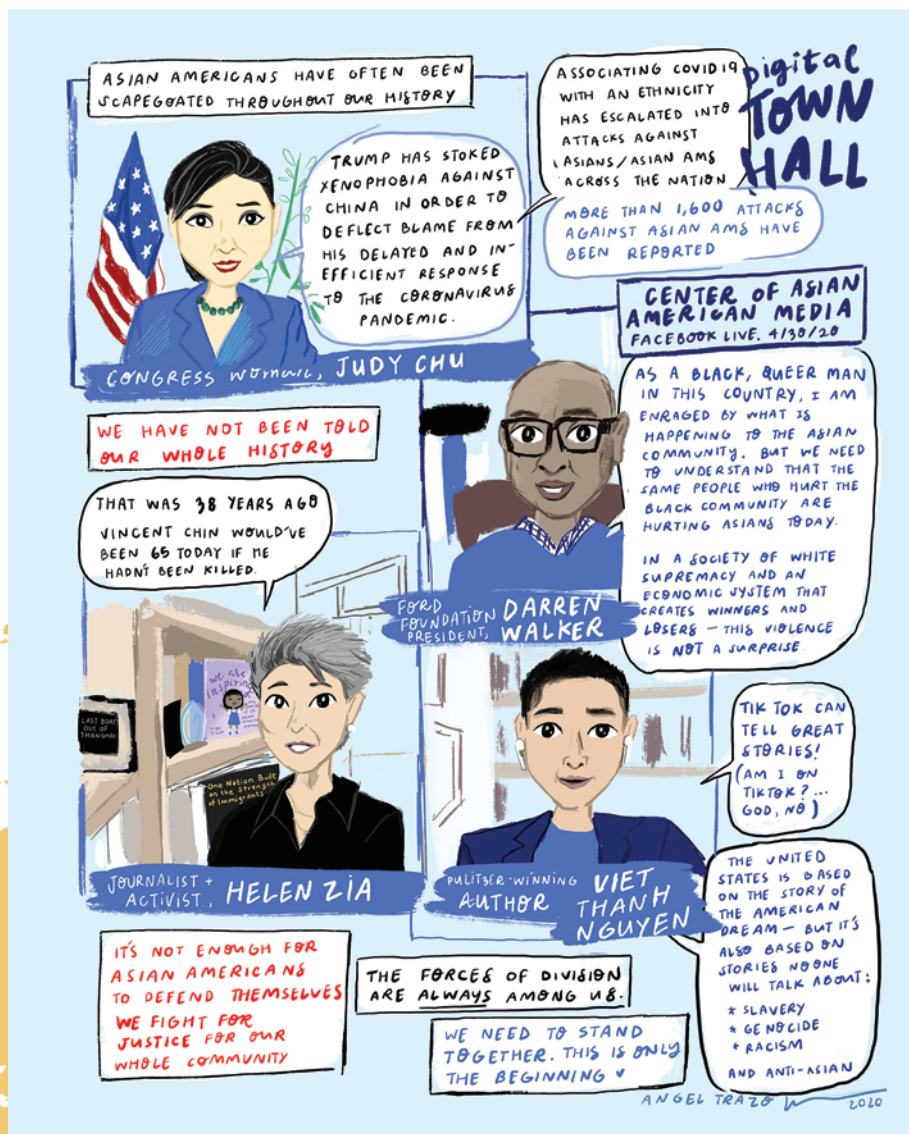
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» Teaching Tolerance: Historical Context and Tips for Educators, <https://www.tolerance.org/magazine/speaking-up-against-racism-around-the-new-coronavirus>

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Sherry Hirota

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CEO, Asian Health Services, Oakland, California



For more than 40 years, Sherry Hirota has championed underserved communities and has made an impact fighting for health care as a right, not a privilege. She is a leader of movements to lift the voices of Asian Americans and Pacific Islanders, expand health access, and educate and advocate for linguistic and cultural competency. Sherry pioneered the understanding of immigrants' beneficial role in insurance pools and coverage, and advocated for the first-ever quality data collection and analysis within the community.

Sherry has created positive change locally, regionally, in California, and throughout the nation. She advises Congressional leaders on various health issues such as language access and cultural competence, and eligibility criteria for indigent care, population-based, and medically underserved designations. Sherry intentionally forges coalitions and partnerships with multi-ethnic, multi-racial, disabled, and LGBTQ advocates to build unity around each other's common agendas and strengthen impact for the greater good.

Sherry's grandfather came from Japan when he was only 14 years old; he lived through the 1906 earthquake. Her mother was born in Stockton, California, to immigrant parents who were farmworkers. When Sherry's mother's family moved to Berkeley, California, her grandparents worked as a housekeeper and gardener, earning meager wages. Unable to support five children, they sent their three sons to Japan to be raised by relatives. One died on the ship to Japan.

"My mother was super smart and hardworking, a survivor and leader. She excelled in school but was held back by the notion that women did not need an education and by the racism that ripped Americans of Japanese descent from their homes and incarcerated them during World War II. My mother and her family were forced to live in horse stalls at the Tanforan Race Track and later at Topaz Concentration Camp in the Utah wilderness. She and other U.S. citizens were stripped of their rights without due process.

"In my mother, I witnessed firsthand the strength of character it takes to face adversity and make something better through hard work and sacrifice. She embodied "Gaman" – the Japanese concept of enduring the seemingly unbearable with patience and dignity. I strive to honor the Gaman spirit of today's immigrants, whose hard work and contributions in the face of the current adversity makes life better for all Americans."

Mike M. Honda

Co-Chair, Former Representative, United States Congress
San Jose, California

Mike Honda has been a leader in the charge for equality and inclusion. During his 16 years in Congress, he served on the powerful House Appropriations and House Budget Committees. Now a revered elder statesman, Congressman Honda helped professionalize the Congressional Asian Pacific American Caucus, championing its growth and influence, as he advocated on behalf of his national AAPI constituency, in addition to representing his 17th District in Silicon Valley. Honda fostered the Congressional Progressive Caucus and was an early supporter of the Congressional LGBT Equality and Anti-Bullying Caucuses.

Honda left San Jose State University to join the Peace Corps, serving in El Salvador. During his 30 year teaching career, in 1971 he was appointed to the San Jose Planning Commission, won a seat on the San Jose School Board in 1981, was elected to the Board of Supervisors in 1991, to the California State Assembly in 1996, and elected to Congress in 2000.

Honda, a sansei, worked with his parents sharecropping in South San Jose. He and his American-citizen parents were among 120,000 Japanese Americans imprisoned for the duration of World War II--even after his father joined the U.S. Military Intelligence Service (MIS) in 1943 to teach Japanese language to U.S. naval intelligence officers. In 2000, Honda's father and the MIS received a Congressional Gold Medal for their service during the war.



"Because we looked like the enemy, President Roosevelt stripped us of our constitutional rights and incarcerated us in internment camps. It didn't matter that we were U.S. citizens. No voice stood up for us. My sense of purpose was to be a voice to show that you can make a difference. With Public Charge and the constant attacks on immigrants, many have forgotten that this country was founded and built by immigrants. We must recognize the spirit of newcomers and we must not forget why our government went astray in February 1942—war hysteria, racial prejudice and failed political leadership. One Nation is about providing that leadership, fighting bigotry and embracing newcomers. We must take a stand for the human dignity and rights of people who have come here in search of freedom, just as my grandparents and so many of our forebears did."



December 2019 — Beverly Hills, Unforgettable Gala, aka Asian American and Pacific Islander Academy Awards. Celebrities rallied under the One Nation banner shortly before the dual pandemics hit. They recounted the sacrifice, resilience and determination of their immigrant parents.

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One Nation Coalition

100 Partner Organizations
and counting

One Nation Movement

Millions of Americans who know
we are One Nation built on the
strength of immigrants

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Stand Against Hate

Acknowledge

Anti-Asian racism exists: educate yourself and others

Use your social networks and organize
to amplify Anti-Asian racism and condemn it

Oppose and reject
anti-Asian, racist and other hateful language

Equip yourself and others
with “in-the-moment” tools
(see: Resources and iHollaback.org)

Practice
your own reaction and use your camera

Prepare children

discuss racial prejudice, name calling, and bullying

Report

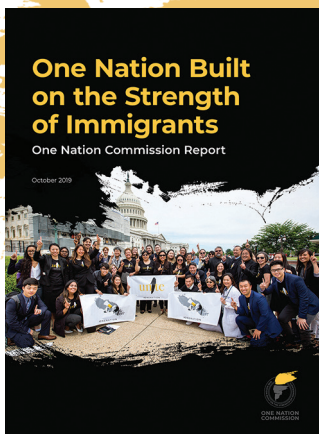
racial incidents and alert authorities and media

Hold officials accountable

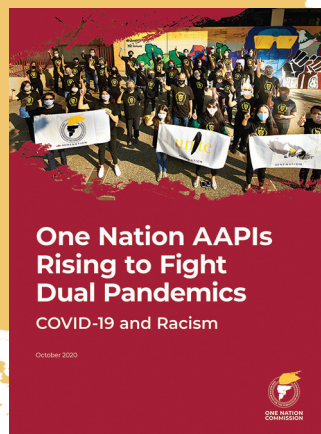
Stay engaged on the local, state, and national levels

Support

Asian American Pacific Islander non-profits and businesses



**One Nation Built on the
Strength of Immigrants**
October 2019



**One Nation AAPIs Rising
to Fight Dual Pandemics**
COVID-19 and Racism
October 2020

Join the Movement

Share the reports, wear the T shirts!

To order copies of the One Nation Commission Reports
and to get T shirts, please go to
onenationcommission.org or onenationaapi.com

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www.onenationaapi.com
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One Nation Partners

- 18 Million Rising (National)
AAPI Progressive Action (National)
AAPIs for Civic Empowerment Education Fund (California)
Alameda County Community Food Bank
Alameda Health Consortium
API Legal Outreach
APIAVote National
APICHA Community Health Center
Art Hack
Asian & Pacific Islander American Health Forum
Asian American Action Fund
Asian American Senior Citizens Service Center
Asian Americans Advancing Justice - DC
Asian Americans Advancing Justice - Los Angeles
Asian Americans Advancing Justice Affiliation
Asian Americans Advancing Justice - Atlanta
Asian Americans for Community Involvement (AACI)
Asian Americans in Action
Asian Americans Rising
Asian Community Collaborative (East Bay)
Asian Community Development Council (Nevada)
Asian Counseling & Referral Services
Asian Health Services (California)
Asian Immigrant Women Advocates
Asian Law Alliance (California)
Asian Pacific American Labor Alliance (National)
Asian Pacific Development Center (APDC)
Asian Pacific Environmental Network (California)
Asian Pacific Fund
Asian Pacific Institute on Gender-Based Violence (National)
Asian Pacific Partners for Empowerment Advocacy & Leadership (APPEAL) (National)
Asian Prisoner Support Committee (California)
Asian Services in Action, Inc. (Ohio)
Association of Asian Pacific Community Health Organizations (National)
Banteay Srei (California)
Buddhist Church of Oakland
Buena Vista United Methodist Church (California)
California Healthy Nail Salon Collaborative
CaliforniaHealth+ Advocates
Center for Empowering Refugees & Immigrants (CERI)
Center for Pan Asian Community Services (CPACS)
Charles B. Wang Community Health Center
Chinatown Community Development Center (California)
Chinese for Affirmative Action
Chinese Progressive Association
Coalition of Asian American Leaders Community Clinic Consortium (California)
Community Health Center Network (CHCN) (California)
Democratic Asian Americans of Virginia
Desis for Progress
East Bay Asian Local Development Corporation (California)
East Bay Community Foundation
East Bay Korean American Senior Service Center
Emgage (Florida)
Empowering Pacific Islander Communities (EPIC)
Filipino Advocates for Justice (California)
Hella Heart Oakland Giving Circle
Hepatitis B Foundation
Hmong American Partnership
Hmong National Development
HOPE Clinic (Texas)
IDIC Filipino Senior & Family Services
Interfaith Movement for Human Integrity
International Community Health Services
Japanese American Citizens League
Kahili-Palama Health Center (Hawaii)
KAYA: Filipino Americans for Progress
Korean American Association of Greater Cleveland
Korean American Center
Korean American Community Foundation - San Francisco
Korean Community Center (Bay Area)
Korean Community Services (KCS)
Korean Resource Center
La Clinica de La Raza
Mālama I Ke Ola Health Center
National Asian Pacific American Women's Forum (NAPAWF)
National Coalition for Asian Pacific American Community Development (CAPACD)
National Council of Asian Pacific Americans
National Council of Asian Pacific Islander Physicians (NCAPIP)
National Immigration Law Center
National Network for Immigrant & Refugee Rights
National Queer API Alliance
National Tongan American Society (Utah)
New York Immigrant Coalition
North Carolina Asian Americans Together
North East Medical Services (NEMS) (California)
OCA- Asian Pacific Americans Advocates (National)
Oklahoma Micronesians Coalition
Orange County Asian and Pacific Islander Community Alliance (OCAPICA)
Progressive Vietnamese American Organization (PIVOT) (National)
SEIU/iAmerica (National)
South Asian Americans Leading Together (SAALT)
South Asians for America
South Cove Community Health Center (Massachusetts)
Southeast Asia Resource Action Center
Southeast Asian Mutual Assistance Association Coalition (SEAMAAC) (Philadelphia)
The Unity Council
Tiburcio Vasquez Health Center (East Bay)
Vietnamese American Roundtable (California)
Vietnamese American Young Leaders Association of New Orleans
Waianae Comprehensive Coast Health Center (Hawaii)

