Chair Cohen, Vice Chair Ross, Ranking Member Johnson and Members of the Subcommittee:

The Asian & Pacific Islander American Health Forum (APIAHF) submits this written testimony for the record for the March 18, 2021 hearing before the Constitution, Civil Rights, and Civil Liberties Subcommittee entitled “Discrimination and Violence Against Asian Americans.”

APIAHF is the nation’s leading health policy organization working to advance the health and well-being of over 20 million Asian Americans, Native Hawaiians, and Pacific Islanders (AA NHPI) across the U.S. and territories. APIAHF works to improve access to and the quality of care for communities who are predominantly immigrant, many of whom are limited English proficient, and may be new to the U.S. healthcare system or unfamiliar with private or public coverage. We have longstanding relationships with over 150 community-based organizations across 34 states and the Pacific, to whom we provide capacity building, advocacy and technical Assistance.

For nearly 35 years, we have focused our policy efforts on: 1) improving access to health insurance and care for AA NHPI and immigrant communities; 2) ensuring the collection, analysis and reporting of detailed demographic health data; and 3) protecting and advancing the language rights of the 1 in 3 AA NHPIs who are limited English proficient.

The COVID-19 pandemic has impacted AA NHPI communities in multiple ways. AA NHPI communities face a public health emergency and a spate of violence and xenophobic hate since the beginning of the pandemic, but these issues have started far beyond the scope of COVID-19. APIAHF has worked collaboratively with racial justice and health equity partners to address the health and racial disparities that the COVID-19 pandemic has exposed and magnified. We call upon members of Congress to meaningfully address anti-Asian hate and violence, hold those promoting such rhetoric accountable, and to finally dismantle the structures that allow racism to fester.
Increase in Anti-Asian Violence and Hate Incidents

As the number of COVID-19 cases and related deaths soar in the US, so have the cases of anti-Asian bullying and hate incidents. AA NHPI communities are experiencing the dual blow of COVID-19 disparities and misplaced blame for the pandemic. Use of xenophobic rhetoric, like “China Virus”, “Chinese Virus”, “Wu Han Virus”, and “Kung Flu” by the Trump administration comes at the cost of the health and safety of AA NHPI communities.

Since March 2020, AA NHPI organizations have documented over 3795 hate incidents in 47 states. Although many of these hate incidents include verbal attacks and shunning, an alarmingly percentage of attacks are becoming violent, including the violent attacks of AA NHPI women, elders, and healthcare workers.

This number is staggering, in consideration that hate incidents are often under reported, especially in immigrant communities due to fear of retribution on their immigrant status and language barriers.

Attacks on AA NHPI Women

The rise in violence against AA NHPI communities is evident in the recent mass shooting in the Atlanta-area that took the lives of six Asian American women. As these hate incidents increase at a staggering rate, AA NHPI women are disproportionately targeted. Nearly 70 percent of reported anti-Asian harassment and violence impacts AA NHPI women.

Attacks on AA NHPI Elders

The violent attacks of AA NHPI elders have recently caught the attention of the American public. These attacks are particularly egregious as they are targeted toward some of the most vulnerable members of our communities and have caused serious injuries and even death.

Some examples of the violent attacks AA NHPI elders face include:

2 Russell Jeung Ph.D., Aggie Yellow Horse, Ph.D., Tara Popovic, and Richard Lim, National Report, Stop AAPI Hate (March 16, 2021). Available at: https://secureservercdn.net/104.238.69.231/a1w.90d.myftpupload.com/wp-content/uploads/2021/03/210312-Stop-AAPI-Hate-National-Report-.pdf.
3 Id.
5 Bill Chappell, Vanessa Romo, Atlanta Shooting Suspect Charged In Spa Killings, NPR (March 17, 2021). Available at: https://www.npr.org/2021/03/17/978141138/atlanta-shooting-suspect-is-believed-to-have-visited-spas-he-targeted.
6 See supra note 2.
● July 2020, an 89-year old Chinese American woman was slapped and set on fire as she walked out of her home in Brooklyn, NY.  

● January 2021, Vicha Ratanapakdee, an 84-year old Thai American, died after being tackled to the ground while walking in San Francisco. 

● February 2021, Noel Quintana, a 61-year old Filipino American, was slashed in the face during his morning commute on the New York City subway.

● February 2021, Juanito Falcon, a 74-year old Filipino American, died after a punch to the face caused him to hit his head on the ground in Phoenix, AZ.

These senseless acts of violence are part of a larger trend of anti-Asian hate that has been fueled by the past administration’s fear mongering and quick casting of blame for the cause of the COVID-19 pandemic.

**Attacks on Frontline Healthcare Workers**

And as we applaud the work of frontline healthcare workers for their daunting and tireless task of caring for COVID-19 patients, AA NHPI healthcare workers, who are at the epicenter of the fight against COVID-19, have also become targets of racism. Even as they risk their own lives to deliver life saving care, their roles have not made them immune to the hateful harassment and vicious attacks.

An estimated 1.4 million AA NHPIs are essential healthcare workers in the US, valiantly serving the American public. These include the 21% of physicians, nearly 10% of nurses, as well as 21% of critical care fellows, and 22% of pharmacists who are AA NHPI. And as AA NHPI

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7 89-year-old woman who was attacked, set on fire in Brooklyn speaks out, ABC 7 NY (July 24, 2020). Available at: https://abc7ny.com/woman-set-on-fire-elderly-attack-89-year-old-attacked-bensonhurst-crime/6333749/.


workers experience a higher risk of contracting and dying from COVID-19, they are also faced with hostility, harassment, and violence as they care for patients.

- Dr. Chen Fu, a Chinese American doctor working in a New York City hospital recently told NBC’s *The Today Show* how he faced, despite his front line work, animosity and harassment in public.  
- Dr. Audrey Cruz and Dr. Christina Chen created a video to share the stories of sixteen AA and NHPI doctors who were verbally attacked and harassed on the frontline. One doctor was called a “disgusting filthy bat eater,” while another was told that she was a “selfish disease carrier.”  
- In separate incidents, both Dr. Luci Li, a Chinese American doctor in Boston; and Dr. Amy Zhang, a Chinese American doctor in Seattle, were followed and harassed to and from their shifts treating COVID-19 patients.

These instances of hate and prejudice have caused many AA NHPI healthcare workers to fear for their and their family’s safety. Others have considered quitting their jobs amidst a healthcare worker shortage in the middle of a global pandemic.

**Health Impacts**

Data on the health impacts of the COVID-19 pandemic on AA NHPI communities do not paint a clear picture of the true disparities felt by communities due to the lack of reported data on AA NHPIs. But it is clear that the pandemic has taken an unbearable physical, emotional, and mental toll upon the entirety of AA NHPI communities. Throughout the US, AA NHPI communities have one of the highest rates of COVID-19 related deaths, second to the Latino community. However, some in AA NHPI communities are choosing to forgo care due to fear and the COVID-19 related stigma attached to AA NHPIs.

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20 id.

21 CDC’s COVID-19 tracking reporting notes that racial data is only available for 53% of reported cases. See “Demographic Trends of COVID-19 cases and deaths in the US reported to CDC”, available at: [https://covid.cdc.gov/covid-data-tracker/#demographics](https://covid.cdc.gov/covid-data-tracker/#demographics).


23 Marco della Cava, *Asian Americans in San Francisco are dying at alarming rates from COVID-19: Racism is to blame*, *USA Today* (Oct. 21, 2020). Available at:
The scapegoating and racist targeting of AA NHPIs may also have long-term mental health impacts. Studies have shown racism and perceived racism have been linked to higher psychological distress, suicidal ideation, anxiety, and depression. A recent study on anti-Asian hate during the COVID-19 pandemic shows that Asian Americans have experienced higher levels of mental disorders and are particularly vulnerable during the pandemic due to discrimination and stigmatization. Further, the current climate of anti-Asian hate and stigmatization of AA NHPIs may cause greater anxiety as the U.S. begins to reopen schools and more workers begin to return to their worksites.

**Recommendations**

As APIAHF continues to address disparities and provide support to AA NHPI communities during this time of the COVID-19 pandemic and increased anti-Asian hate, we recommend federal, state, and local governments take the following actions to address the needs of AA NHPI communities:

1. **Uniform Crime Reporting (UCR) agencies must standardize and disaggregate data.**
   UCR agencies must standardize and include detailed information in its collection and reporting of hate crimes. Considering victims of hate crimes are often targeted for their race and ethnicities, disaggregated data on race and ethnicity is critical. The reintroduction and passage of the Jabara-Heyer NO HATE Act addresses this matter.

2. **Federal, state, and local governments must improve hate crime data collection by supporting partnerships with community based organizations.**
   Community-based organizations (CBOs) often serve as effective public outreach partners and are trusted to give transparent responses to community concerns. Given their unique relationships with and knowledge of the communities they serve, CBOs are better positioned to collect information on sensitive topics like hate crimes, especially as community members may have greater trust in CBOs than law enforcement agencies.

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27 U.S. Commission on Civil Rights, In the Name of Hate: Examining the Federal Government’s Role in Responding to Hate Crimes (November 2019). Available at: https://www.usccr.gov/pubs/2019/11-13-In-the-Name-of-Hate.pdf
3. Federal, state, and local governments must have culturally and linguistically accessible hate crime information.

Over 6 million AA NHPIs are limited English proficient (LEP), with a large proportion of the LEP population being our elders. It is critical to have culturally and linguistically accessible information, including outreach materials, on hate crimes and hate crime reporting available for LEP individuals. Failing to provide readily accessible information will further isolate and marginalize significant populations of our community.

4. Federal, state, and local governments must engage in community outreach to Community Health Centers and community partners.

Community health centers play a critical role in providing care to underserved populations, including low-income and linguistically isolated AA NHPI communities. Given the twin-fold factors of the increase of anti-Asian violence and the detrimental impact of the previous administration’s public charge policy, families are fearful of seeking life-saving COVID care and vaccinations. We request and recommend that the United States Attorneys Office, with the Department of Health and Human Services’ Office for Civil Rights and elected officials, jointly host community town halls with community health centers and human services agencies.

5. Federal, state, and local governments must invest in community-based mental health services.

Despite being identified as a high-risk population, AA NHPI communities have some of the lowest utilization of mental health services. Compounded with the rise in anti-Asian racism and the COVID-19 pandemic, AA NHPI communities have become particularly vulnerable. COVID-19 response packages and other resources must include responses to anti-Asian racism such as investment in community-based mental health services that are culturally and linguistically accessible.

**Conclusion**

The pain of racism is not a new dilemma for AA NHPI communities. Our communities have felt government sanctioned racism when Chinese immigrants were the first ethnic group to be excluded from immigrating to the US in the Chinese Exclusion Act; when Japanese Americans were incarcerated during WWII; and more recently in post 9/11 policies targeting of South Asian, Arab, Sikh, and Muslim Americans. These laws and regulations incited hate and violence toward AA NHPI communities.

Today, the anti-Asian sentiment promoted by the past administration is rooted in the same government sanctioned racism we have seen for over 150 years. The failure to resoundingly denounce all forms of hateful rhetoric, vitriol, and bigotry has incited hate speech, incidents, and acts of violence toward AA NHPI communities.
We thank the Subcommittee on the Constitution, Civil Rights, and Civil Liberties for the opportunity to present this testimony and bring light to the experiences of AA NHPI communities during this pandemic. While we appreciate the support of Congressional leaders who have rebuked the recent acts of hate and President Biden’s memorandum condemning racism toward AA NHPI communities, we need action. Please take this testimony, and the testimonies of our partnering organizations, as a call to action that will bring clear, thoughtful, and lasting change.