Dear Chairman Cohen, Ranking Member Johnson, and Members of the Subcommittee on the Constitution, Civil Rights, and Civil Liberties,

Asian American Psychological Association (AAPA) submits this written testimony to the United States House of Representatives Subcommittee on the Constitution, Civil Rights, and Civil Liberties for its hearing on Discrimination and Violence Against Asian Americans on March 18, 2021. As an organization whose mission is to advance the mental health and well-being of Asian American communities through research, professional practice, education, and policy, we urge our policymakers to advance policy and enhance funding for (a) public messaging campaigns against anti-Asian racism; (b) the development of additional channels to track, assess, and provide referrals for victims of hate incidents, including in-language hate reporting hotlines; (c) bystander intervention trainings; (d) comprehensive, culturally and linguistically appropriate mental health, health, and other social services to address the multitude of stressors Asian Americans are experiencing, and (e) additional funding for research efforts to track and understand the short and long term impact of anti-Asian racism and violence. These resources are needed to better document and address the harms of racism and violence, stop the surge in discrimination and violence, and promote recovery in Asian American communities.

Our organization’s mission and the expertise of our members focus on advancing the mental health and well-being of Asian American communities through research, professional practice, education, and policy. Our professional members are experts on the mental health impacts that race-based discrimination and violence have on Asian Americans. Our testimony draws upon the research of the members of our organization and that of others who study anti-Asian racism and xenophobia and its impact on mental health and well-being.

We thank the subcommittee for conducting this hearing to understand the alarming rise in discrimination, harassment, and violence against Asian Americans in the wake of the ongoing COVID-19 pandemic, and we welcome the opportunity to share the experiences of the communities that we serve.
Surge in Racism and Xenophobia towards Asian Americans

The Stop AAPI Hate Reporting Center recorded nearly 3,800 hate incidents towards Asian Americans from March 2020-February 2021.¹ According to the Center for the Study of Hate and Extremism at Cal State University San Bernardino, anti-Asian hate crimes increased 149% in 2020 in 16 US cities.² A June 2020 poll by the Pew Research Center found that Asian Americans and Black Americans were more likely to report negative experiences due to their race/ethnicity compared to other groups, with 31% of Asian Americans reporting that they have been the subject of racial slurs or jokes.³ In a study of 543 Chinese American parents and their children surveyed March to May 2020, Cheah and colleagues found that three-fourths of parents and youth experienced at least one incident of COVID-19 vicarious (i.e., witnessing members of their racial/ethnic group being victimized) racism either online or in-person, with more than four out of 10 parents reporting and 5 out of 10 youth reporting some form of direct or vicarious discrimination on a weekly basis.⁴ The COVID-19 Adult Resilience Experience Study (CARES),⁵ led by Hyeouk Chris Hahm and Cindy H. Liu, found that two-thirds of Asian American participants in their study reported experiencing COVID-19-related discrimination by June 25, 2020.

Emerging research shows that the surge in anti-Asian racism tracks with rhetoric used by politicians and other public figures, who have referred to COVID-19 as the “China virus,” “Wuhan virus,” and “kung flu.”⁶ Use of such terms is not merely rhetoric, but reflective of bias; a study by Darling-Hammond and colleagues found that anti-Asian bias had been steadily decreasing between 2007 and early 2020, but began to increase March 8, 2020, after political officials and conservative news outlets began using this stigmatizing language. In our needs assessment study of over 2,600 Asian Americans and Pacific Islanders, 64% believe that political rhetoric has increased bias against their racial/ethnic group.⁷ Sixty-seven percent of adults and 47% of youth in Cheah et al.’s study were concerned for their safety as Chinese Americans because of labeling the COVID-19 virus as “China virus” or “Wuhan virus.”⁸

Bias towards Asian Americans is not new, and has been enacted culturally, institutionally, and interpersonally since the first Asians settled in the United States.⁹ For example, federal laws have

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⁸ Cheah et al.
discriminated against Asian Americans by systematically excluding them from the possibility of naturalizing as U.S. citizens, and immigration laws such as the Foreign Miners’ tax and Alien Land Laws imposed extra taxes on non-citizens and banned non-citizens from owning land, respectively. The internment of Japanese Americans during WWII, the Muslim ban, and the systematic deportation of Southeast Asian refugees and undocumented Asian immigrants also reflect more recent systemic anti-Asian federal policies. There has been a history of Asian Americans being viewed as a perpetual foreigner, regardless of nativity. Likewise, the narrative that Asian Americans are associated with disease is demonstrated in the racial epithet of “yellow peril,” bestowed by Europeans and Americans. Asian Americans have also been pitted against other racial minority groups through the designation of the “model minority” stereotype, which suggests that it is possible to achieve in America with strong work ethic.

Violence against Asian Americans is also not new. From lynchings in the 19th century to, more recently, the violence targeting South Asian Americans in the aftermath of 9/11, such as the 2012 mass shooting that killed six at the Oak Creek Gurdwara in Wisconsin, Asian Americans have been victims of racism-fueled hate. The current surge of anti-Asian racism and violence does not impact all in our community equally. The killing of 84-year-old Vicha Ratanapakdee in January 2021, the murders of six Asian women in Atlanta by a White man on March 17, 2021, as well as Stop AAPI Hate data showing that women report hate incidents 2.3 times more than men, show that we must attend to the multiply marginalized in Asian American communities. Community concerns also persist in response to violence experienced when seeking mental health crisis support as seen with the unjust deaths of Angelo Quinto and Christian Hall.

**Racism’s Impact on the Well-Being of Asian Americans**

Race-based hate incidents toward Asian Americans have profound implications for their health and mental health. Racism is a chronic and acute stressor that harms health through “tax[ing] or exceed[ing] existing individual and collective resources or threaten[ing] well-being.” Racism has also been conceptualized as traumatic stress that causes psychological symptoms of depression, intrusive thoughts, anger, hypervigilance, somatic symptoms and physiological reactivity, decreased self-esteem, and avoidance or numbing. Existing research suggests that racism increases risk for the development of mental health problems, and that the link between racism and negative mental health outcomes remains strong.

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health is stronger for Asian Americans compared to other racial/ethnic groups.\textsuperscript{17,18} Chronic exposure to racism also impacts physical health through allostatic load, “the cumulative wear and tear on the body’s systems owing to repeated adaptation to stressors.”\textsuperscript{19} In a 2009 review, Gee and colleagues found that discrimination negatively impacts cardiovascular health; increases risk for diabetes, obesity, high cholesterol; and increases risk of alcohol or tobacco use for Asian Americans.\textsuperscript{20} Structural and cultural racism also impact healthcare access for Asian Americans. A study by the Commonwealth Fund found that Asian Americans were less likely to be satisfied with their healthcare and more likely to report not being involved in decisions about their care compared to White Americans.\textsuperscript{21}

**Impacts of Anti-Asian Racism in the Context of COVID-19**

We partnered with Stop AAPI Hate to conduct a follow-up study in January-March 2021 involving the more than 1,400 English-speaking adult respondents who reported hate incidents to their reporting center in the first nine months of the pandemic. Of the 413 individuals who participated, 42% were currently experiencing anxiety symptoms, 30% were currently experiencing depression symptoms, and 39% experienced elevation of one or more of the following race-based traumatic stress symptoms: depression, intrusion, anger, hypervigilance, physical symptoms, decreased self-esteem, and avoidance. Ninety-five percent of respondents now view the U.S. as more physically dangerous for Asian Americans.\textsuperscript{22} The CARES study found that Asian Americans reporting COVID-related discrimination were more likely to also report symptoms of post traumatic stress disorder (PTSD), even after accounting for pre-existing mental health diagnoses and lifetime report of discrimination.\textsuperscript{23} Cheah and colleagues found that both direct and vicarious experiences of discrimination were related to poorer mental health for both parents and youth, but direct experiences were also related to poorer psychological well-being, and youth's mental health was more negatively affected.\textsuperscript{24}

The effects of racism on Asian Americans likely compound with other pandemic-related stressors to negatively impact mental health.\textsuperscript{25} Indeed, our emerging research finds a positive correlation between total sources of stress and mental health indices (i.e., race-based trauma symptoms, anxiety,


\textsuperscript{22} Saw, A., Jeung, R., Yellow Horse, A., Huynh, M., McGarity-Palmer, R., & Sun, M. AAPI COVID-19 Needs Assessment Project: Stop AAPI Hate Follow Up Study. www.aapicovidneeds.org


\textsuperscript{24} Cheah et al.

depression). Just as anti-Asian racism has been exacerbated by the past presidential administration, one’s local climate and leadership can also buffer the impact of racist experiences.\textsuperscript{26}

Asian Americans have long encountered barriers to accessing health and mental health care due to linguistic, cultural, insurance, and other barriers.\textsuperscript{27} Fear/anticipation of future racism may prevent Asian Americans from accessing needed resources, such as health and mental health care. In our interim needs assessment survey dataset including over 2,600 Asian Americans and Pacific Islanders, we found that 68% report at least some difficulty seeing a health care provider (compared to 28% pre-pandemic).

**Federal Action Is Needed**

Based on research on anti-Asian racism, we urge our policymakers to advance policy and enhance funding for initiatives to prevent future anti-Asian discrimination and violence, including:

- public messaging campaigns against anti-Asian racism that are empirically grounded and actively disconfirm stereotypes and racist characterizations;\textsuperscript{28}
- the development of additional channels to track, assess, and provide referrals for victims of hate incidents, including in-language hate reporting hotlines;
  - Our data show that only 9% of individuals who reported hate incidents to the online Stop AAPI Hate incident reporting portal also reported the incident to the police. Although Stop AAPI Hate incident respondents were primarily motivated to report for a collective voice, to prevent future incidents, voice their feelings and experiences, document trends, create policy change, and alert authorities, many participants in our follow-up study also hoped for more legal and mental health resources in light of their experiences.\textsuperscript{29}
- bystander intervention trainings.
  - Although there are currently no empirically supported bystander interventions addressing anti-Asian racism, models such as those proposed by Hollaback! and Asian Americans Advancing Justice, as well as those proposed by Sue and colleagues, are empirically and culturally grounded.\textsuperscript{30,31}

Given the compounding nature of anti-Asian racism along with other pandemic-related stressors, and emerging evidence that Asian Americans face disparities such as higher rates of prolonged


\textsuperscript{27} Ngo-Metzger et al.

\textsuperscript{28} Misra et al.

\textsuperscript{29} Saw, Jeung, Yellow Horse, et al.

\textsuperscript{30} Hollaback! (2021). Bystander intervention to stop anti-Asian/American and xenophobic harrassment. [https://www.ihollaback.org/bystanderintervention/](https://www.ihollaback.org/bystanderintervention/)

unemployment\textsuperscript{32} and all-cause mortality,\textsuperscript{33} support for Asian American communities must be comprehensive and address the multitude of stressors facing Asian American communities. We advocate for increased funding for culturally and linguistically appropriate mental health, health, and other social services for Asian Americans.

We also strongly advocate for additional funding for research efforts to track and understand the short and long term impact of anti-Asian racism and violence. Research on Asian American health remains underfunded, representing only 0.17\% of National Institutes of Health funding.\textsuperscript{34} Failing to adequately include Asian Americans in data collection/tracking efforts, misrepresenting Asian Americans in “Other” or “AAPI” categories, and not providing in-language access to data collection/tracking, hamper the ability of federal, state, and local agencies, law enforcement, health systems, and providers to respond to the surge in racism and violence towards Asian Americans. These efforts must consider the heterogeneity of populations under the Asian American umbrella and disaggregate by ethnicity, language, and national origin.

The Asian American Psychological Association thanks the subcommittee on the Constitution, Civil Rights, and Civil Liberties for bringing attention to harm that Asian American communities have been experiencing during this pandemic and for holding this hearing. We urge members of this subcommittee to bear in mind that racism and discrimination against Asian Americans did not begin with the start of the pandemic and without decisive, structural change, will persist long after the pandemic’s end. Additionally, we hope you will continue to use the power of this subcommittee to address the specific needs of not only Asian Americans but also Native Hawaiian and Pacific Islanders and all other communities of color that have borne the brunt of the pandemic and of centuries of racism and violence. Please feel free to contact AAPA Board Member Anne Saw, PhD (asaw@depaul.edu) or AAPA Vice President Nellie Tran, PhD (vp@aapaonline.org) with any questions.

Sincerely,
Asian American Psychological Association

