



**We are
Called**

TO HEAL. TO UNITE. TO JUSTICE.

Team Reflection

No. 13 – Discrimination against Asians and Health Disparities

In the early months of the coronavirus pandemic, many Asian Americans found themselves the target of racial slurs, hate-motivated public comments and even physical attacks. Some people blamed Asians for the virus. In 2021, verbal harassment and hostilities continue with reports spanning from New York City to Atlanta, through the heartland, and to the California coast. As of March 2021, one national organization reported nearly 3,800 anti-Asian hate incidents since the pandemic started. [13.1]

The violent treatment toward AAPI (Asian American/Pacific Islander) individuals during this pandemic will become yet another lamentable episode in our history. A history that includes Chinese workers used to construct the transcontinental railroad in 19th century America and Japanese internment camps in the 1940s. These experiences and historic wrongdoings mean that strategies aimed at racial reckoning must include anti-Asian sentiment and strategies to end xenophobia.

Asian Americans comprise individuals from more than 50 Asian countries in the Far East, Southeast Asia and the Indian subcontinent. There are several hundred spoken languages and dialects which represents the tremendous diversity within this sub-population. AAPI individuals represent about 6% of the U.S. population and it is expected to nearly double by mid-century, making them the fastest-growing demographic in the U.S.

As in other communities of color, health disparities exist among AAPI communities too. Today, more than 70% of Asian Americans are foreign-born, which may result in an increased need for language assistance in a health care setting. Other challenges to health providers involve diverse cultural beliefs, behaviors and unfamiliarity with aspects of Western medicine and health systems. AAPI individuals experience health disparities in preventable cancers and chronic diseases, including more than half of AAPI individuals with diabetes who are unaware of their diagnosis [13.3]. The gaps can be overlooked due both to stereotypes about AAPI individuals and a prominent study in 1985 on Black and Minority Health that described Asian Americans as healthier than other racial groups. [13.2]

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Additionally, some health disparities impacting the AAPI population can be overlooked in aggregated data. Given the ethnic diversity, data need to be disaggregated and evaluated according to subpopulation. For example, evaluating Vietnamese or Filipino diabetes rates separately compared to the white population reveal notable differences that would not likely appear if using data from Asians as an aggregate group. [13.4]

The U.S. Catholic Bishops decried the racial discrimination experienced by AAPI individuals: “While we have been heartened by the countless acts of charity and bravery that have been modeled by many, we are also alarmed to note the increase in reported incidents of bullying and verbal and physical assaults, particularly against Americans of Asian and Pacific Island heritage.” They lamented discriminatory requests at Asian American caregivers in health care settings and harassment and discrimination targeting Asian businesses. [13.5]

Mary Mee-Yin Yuen, a Catholic theologian in Hong Kong, reflects, “it might seem the world is at the mercy of the strong and mighty, but the good news of the Gospel shows us that, in the midst of all the arrogance and violence of worldly powers, God always finds a way to carry out his saving plan, provided we show the same creative courage as the carpenter of Nazareth, who was able to turn a problem into a possibility by trusting always in divine providence.” [13.6]

Consider

Research shows there can be significant differences between Western cultures and those with Asian roots.

- What is my knowledge and experience with Asian cultures?
- How might these differences impact an experience of health and well-being for an AAPI individual?
- What can I do in my work setting to stop anti-Asian sentiment and xenophobia?

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Let us pray together,

“Our lives are of great worth if we accept with good grace the situation Providence places us in and go on living lovingly.”

- Takashi Nagai, Catholic physician and radiologist, and survivor of the atomic bombing of Nagasaki, Japan; poet and author.

[13.1] Stop AAPI Hate, See Press Release, March 16, 2021: <https://stopaapihate.org/reports/>

[13.2] <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2020.305846?journalCode=ajph>

[13.3] <https://www.nimhd.nih.gov/news-events/features/training-workforce-dev/center-asian-health.html>

[13.4] <https://www.nbcnews.com/news/asian-america/new-study-reveals-previously-invisible-health-issues-among-asians-u-n1141676>

[13.5] <https://www.usccb.org/news/2020/bishop-chairmen-condemn-racism-and-xenophobia-context-coronavirus-pandemic>

[13.6] <https://catholicethics.com/forum/persistence-and-hope/>