

# Beyond #StopAAPIHate: Expanding the Definition of Violence Against Asian Americans

Carolyn A. Fan, BA

## ABOUT THE AUTHOR

Carolyn A. Fan is with the Department of Health Systems and Population Health, University of Washington School of Public Health, Seattle.

🔗 See also *Reflecting on Health Inequities*, pp. 579–607.

A woman in Brooklyn, NY, suffered chemical burns after acid was poured on her while she took out the trash.<sup>1</sup> An adolescent boy was sent to the emergency room after being attacked by bullies at a high school in San Fernando Valley, California.<sup>2</sup> Six women were murdered by a gunman at their place of work in Atlanta, GA.<sup>3</sup> These are just three examples out of more than 9000 anti-Asian hate incidents documented since the beginning of the COVID-19 pandemic.<sup>4</sup>

Since 2020, the United States has seen an immense rise in anti-Asian violence. Large US cities have seen major increases in hate incidents against Asian Americans, with occurrences increasing by 150% between 2019 and 2020.<sup>5</sup> In response, a public wave of support has erupted, with protests taking place across the country and the hashtag #StopAAPIHate being shared far and wide across the Internet.

And rightfully so. Hate incidents have major impacts on the health of marginalized communities. They not only can impact physical and mental health at the immediate individual level but also can cause downstream effects on the long-term health of communities. In the

context of the COVID-19 pandemic, hate incidents could spread COVID-19 through close contact, further exacerbate mental health issues, and add additional burden to already strained health care systems. As such, stopping and preventing anti-Asian violence is a crucial issue for the public health field to grapple with.

Just like many Asian Americans, I can provide my own share of vivid anecdotes about slurs hurled from moving cars, microaggressions in the workplace, and physical harassment. I'm thankful for the renewed energy to combat violence against the Asian American community. However, as I reflect on my own lived experiences, along with those of my family and others in the diverse Asian diaspora community, I realize that there are many other root issues that get lost in the conversation when we speak solely of hate incidents. I am far more affected by the structural aspect of racism—the hidden and often unspoken systems that perpetuate their own forms of violence inflicted upon Asian Americans and all other oppressed peoples. This is where public health researchers and practitioners

should look if they wish to truly address the health and well-being of Asian Americans.

We must contemplate—when we say #StopAAPIHate, what “hate” do we really mean? What hate are we willing to tolerate, and what are we not? The violence perpetrated by structural racism is just as violent as that caused by individual actors. Structural racism enacts a myriad of forms of violence, and each must be acknowledged, addressed, and contextualized in tandem to fully understand the scope of anti-Asian racism highlighted by the COVID-19 pandemic. I urge the public health community—students, researchers, practitioners, policymakers, and community members—to recognize and consider the forms of violence outlined below if they plan to research Asian American health equity or work with Asian American populations.

## HISTORICAL VIOLENCE

The historical trauma of Japanese internment camps, the “yellow peril,” the Chinese Exclusion Act, and post-9/11 Islamophobic violence will continue to impact the health and well-being of generations to come. Historical policies such as the Page Act, which barred Asian women from immigrating to the United States because of the belief that they were sex workers, link directly to present-day racist and misogynist violence perpetrated against Asian American women.<sup>6</sup>

## SYSTEMIC VIOLENCE

This violence operates through social structures and institutions by denying people basic human needs. Systemic violence can include poverty and unemployment—Asian American

women have had some the highest joblessness rates during the COVID-19 pandemic.<sup>7</sup> It can include the US health care system, which bars permanent residents from Medicaid and Children's Health Insurance Program eligibility until they've held a green card for five years.<sup>8</sup>

## SLOW VIOLENCE

"Slow violence" is a term coined to describe the often unnoticed, slow-moving impacts of environmental pollution and racism.<sup>9</sup> It can include disparities in the built environment, such as highways that have notoriously been purposefully built in low-income areas, crossing through Chinatowns across the country.<sup>10,11</sup> It can include the effects of climate change, such as the fact that nearly all of those who died in New York City's basement flooding because of Hurricane Ida were Asian residents.<sup>12</sup>

## STATE VIOLENCE

State violence includes police violence, which targets Asian Americans and Pacific Islanders. In recent years, Tommy Le, Angelo Quinto, and Christian Hall have been murdered by police.<sup>13</sup> There have been thousands of refugees and immigrants, particularly from Southeast Asia, who have been deported by US Immigration and Customs Enforcement, no matter the political party in power.<sup>14</sup> In particular, the recognition of state violence means moving away from carceral or police-based responses to hate and violence. It means embracing community-based solutions to preventing and addressing hate that follow the tenets of abolition and community care.

## COLONIAL VIOLENCE

Inextricably linked to state violence, war and imperialism have irrefutably shaped Asia and the US perception of Asian Americans. Much of Asian American hate is rooted in Sinophobia, Orientalism, and xenophobia. In addition, the state of Hawai'i and islands in the Pacific such as Guam and the Marshall Islands were ruthlessly colonized and used for acts of war by the United States.

## INTERNALIZED VIOLENCE

Internalized violence is the pain we inflict in our own community and upon ourselves. Internalized racism, colorism, anti-Blackness, sexism, homophobia, transphobia, classism, and xenophobia (and the intersection of all of these systems) must be acknowledged and confronted within the Asian American community. It is also crucial to recognize how these forces reflect how we might harm other marginalized groups around us.

As we consider the above forms of violence, we must adopt an intersectional framework to understand how other systems of oppression, such as classism, cisheterosexism, and ableism, compound and shape experiences of anti-Asian hate.

Beyond recognizing these oppressive systems, we must also examine our own academic institutions and how they may facilitate or hinder the public health field's response to anti-Asian racism. As a public health PhD student, I've received support at the program and school levels in speaking out against this recent surge of violence. However, I've also seen that research into the upstream structural issues faced by the Asian American community

receives far less attention and investment. It often feels like an uphill battle to have these issues addressed by the public health field. This is a result of a variety of barriers—namely, deeply entrenched institutional racism in academia and nonprofit work, as well as the lack of funding (for research, students, and organizations), faculty mentors, course offerings, publishing opportunities, and community spaces for Asian American students to study Asian American health equity.

Ultimately, as Thom Davies states, "What society includes under the label 'violence' is a mirror to the value system of that society."<sup>9</sup> We must move beyond the most acute or newsworthy acts of hate to include the complex and varied forces that are normalized and entrenched in society. Expanding our conceptualization of violence and deepening our understanding of the racism and oppression faced by the Asian American community will allow us to truly stop Asian American and Pacific Islander hate. *AJPH*

## CORRESPONDENCE

Correspondence should be sent to Carolyn A. Fan, BA, Department of Health Systems and Population Health, University of Washington School of Public Health, 1959 NE Pacific St, Magnuson Health Sciences Center, Seattle, WA, 98195 (e-mail: cfan5@uw.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

## PUBLICATION INFORMATION

Full Citation: Fan CA. Beyond #StopAAPHate: expanding the definition of violence against Asian Americans. *Am J Public Health*. 2022;112(4):604–606.

Acceptance Date: January 16, 2022.

DOI: <https://doi.org/10.2105/AJPH.2022.306740>

## CONFLICTS OF INTEREST

The author has no conflicts of interest to declare.

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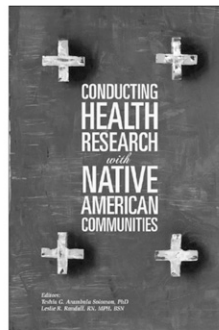
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## Conducting Health Research with Native American Communities

Edited by Teshia G. Arambula Solomon, PhD and Leslie L. Randall, RN, MPH, BSN



The current research and evaluation of the American Indian and Alaska Native (AIAN) people demonstrates the increased demand for efficiency, accompanied by solid accountability in a time of extremely limited resources. This environment requires proficiency in working with these vulnerable populations in diverse cross-cultural settings. This timely publication is the first of its kind to provide this information to help researchers meet their demands.

This book provides an overview of complex themes as well as a synopsis of essential concepts or techniques in working with Native American tribes and Alaska Native communities. *Conducting Health Research with Native American Communities* will benefit Native people and organizations as well as researchers, students and practitioners.

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AN IMPRINT OF AMERICAN PUBLIC HEALTH ASSOCIATION

2014, 340 pp., softcover, ISBN 978-0-87553-202-8  
Available as an eBook and softcover  
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