December 7, 2020

Dear President-Elect Biden,

On behalf of the National Council of Asian Pacific Americans (NCAPA) and the National Pacific Islander COVID-19 Response Team (NPICRT), we urge you to fully include the Asian American, Native Hawaiian, and Pacific Islander (AANHPI) community in the scope of work for the COVID-19 Equity Task Force under your administration. More specifically, we ask:

- For members of the Native Hawaiian and Pacific Islander community to be appointed to the Task Force.
- For the inclusion of AAPIs in the investigation and discussion around the disparate health impacts of the COVID-19 virus.
- For you to provide policy recommendations with respect to the mental health implications of the rise of anti-Asian racism that has been observed in the wake of the COVID-19 pandemic.

About NCAPA

NCAPA is a coalition of 37 national Asian American and Pacific Islander (AAPI) organizations around the country. We strive for equity and justice by organizing our diverse strengths to influence policy and shape public narratives. We envision a world where Asian Americans, Native Hawaiians, and Pacific Islanders work together to shape our own future as part of the broader racial justice movement and advance our communities and country towards a common purpose of progress, prosperity, and well-being for all. NCAPA’s members include organizations that work in civil rights, immigration, health, education, and housing and economic justice, and have constituencies across the diverse AANHPI community.

About NPICRT

The National Pacific Islander COVID-19 Response Team (NPICRT) mobilized in April 2020 immediately upon the reports of data identifying the disproportionately high incidence of Covid-19 cases and mortality among Native Hawaiians and Pacific Islanders (NHPI). It consists of a supporting network of over 30 Native Hawaiian and Pacific Islander advocacy organizations and academic institutions spanning the continental U.S. and Hawai‘i.

Representation on the Task Force and COVID-19 Impact on Pacific Islander Health

As the number of cases continue to increase during this holiday season, infection rates for the Native Hawaiian and Pacific Islander community have not plateaued since April and continue to rise. We also call to your attention the fact that the Native Hawaiian and Pacific Islander
community has been largely absent in national discourses around the impact of COVID-19 and health disparities. We believe that it is critical that our community have a voice on the Task Force. For this reason, we urge you to appoint Dr. Raynald Samoa and Dr. Joseph Keawe‘aimoku Kaholokula to join in your work.

Dr. Samoa is a clinical research endocrinologist at the renowned cancer center City of Hope located in Southern California and leads research studies to help cancer survivors optimize their metabolism in the fight to beat cancer. He also leads the National Pacific Islander COVID-19 Response Team (NPICRT).

Dr. Kaholokula is an Associate Professor and Chair of Native Hawaiian Health in the John A. Burns School of Medicine at the University of Hawai‘i at Mānoa. He co-leads The Native Hawaiian & Pacific Islander Hawai‘i COVID-19 Response, Recovery & Resilience Team in Hawai‘i, which was established in May 2020 in alignment with the NPICRT to improve the collection and reporting of accurate data, identify and lend support to initiative across the Hawaiian islands working to address COVID-19 among Native Hawaiians and Pacific Islanders.¹

The COVID-19 pandemic has shed light on the inequities across many areas in our society including health care, research, policy, and essential community services. Although data that separates Pacific Islander numbers from the general population is limited, the states and counties that are reporting data show Pacific Islanders are disproportionately affected by COVID-19—with some regions seeing rates of infection up to five times that of white people.² As of November 30, 2020, the community surpassed 30,000 NHPI COVID-19 cases. This represents an increase in nearly 8,000 NHPI COVID-19 cases and 42 NHPI COVID-19 deaths in the past month. This means that, on average, at least one member of the NHPI community died from COVID-19 every day in November.

Pre-existing health disparities and inequities in the social determinants of health are driving the COVID-19 risk among NHPIs.³ They make up a large number of the essential workforce, such as in the tourism and food industries.⁴ In the military, NHPI representation is 6 times higher than in the general U.S. population.⁵ NHPIs are more likely to live in large multi-generational households and denser communities, which further increases their exposure risk.⁶ The high rates of asthma, obesity, diabetes, heart disease, smoking, and vaping among NHPI increase the risk for severe COVID-19 symptoms.⁷ COVID-19 containment and mitigation measures have led to an increase in economic hardships, behavioral health issues, and difficulties in managing chronic disease for many NHPIs.⁸

Some of the advocacy work the National Pacific Islander COVID-19 Response Team has done include:

- On September 4, 2020, they submitted a comment letter to the National Academies’ Committee on Equitable Allocation of Vaccine for the Novel Coronavirus to address the lack of inclusion of Native Hawaiian and Pacific Islanders in their 114-page draft discussion document of a preliminary framework for equitable allocation of COVID-19

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¹ [https://www.nhpcovidhawaii.net/](https://www.nhpcovidhawaii.net/)
² [https://pi-coprce.org/covid19response/](https://pi-coprce.org/covid19response/)
³ [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7226312/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7226312/)
⁴ [https://www.researchgate.net/publication/345821132_Structural_Racism_and_Its_Effects_on_Native_Hawaiians_and_Pacific_Islanders_in_the_United_States_Issues_of_Health_Equity_Census_Undercounting_and_Voter_Disenfranchisement](https://www.researchgate.net/publication/345821132_Structural_Racism_and_Its_Effects_on_Native_Hawaiians_and_Pacific(Islanders_in_the_United_States_Issues_of_Health_Equity_Census_Undercounting_and_Voter_Disenfranchisement)
vaccine and offered to work together moving forward.

- On November 11, 2020, they sent a letter to the Centers for Disease Control (CDC) and to the National Institute of Health (NIH) requesting to allot funding for the secondary analyses of public health databases to increase the yield of information regarding COVID-19 in NHPI communities to optimize interventions via the identification of factors that increase the susceptibility of NHPIs to infection and adverse outcomes.

- Development of the NHPI Health Data Policy Lab housed at the UCLA Center of Public Health and Policy that provides weekly updates on the status of COVID-19 in NHPI communities around the country.

- Implementation of community-led COVID-19 testing in NHPI communities in Arkansas, Northern California, Southern California, Hawaii, Oregon, Utah, and Washington state.

- Broadcasting weekly topics regarding COVID-19 and NHPI communities such as information regarding participating in clinical trials and the latest information regarding the different COVID-19 vaccines to a viewership of 10,000+.

On May 27, 2020, the U.S. House Committee on Ways and Means held a hearing titled "The Disproportionate Impact of COVID-19 on Communities of Color," where Dr. Samoa, served as a witness and provided a testimony. On June 10, 2020, NCAPA submitted a written statement for the record on behalf of its member organizations with the hope that members of this Committee will continue to address the impact of COVID-19 on all communities of color, including those of all Asian American, Native Hawaiian, and Pacific Islanders.

Here are some key points. Dr. Samoa highlighted during his testimony:

- PI s have extremely high rates of chronic disease such as diabetes, certain cancers, and heart disease, which increases their risk of death if they contract COVID-19. Compared to non-Hispanic whites, PIs are 80% more likely to be obese, 30% more likely to have asthma, and 2.5 times more likely to have a diabetes diagnosis. Delaying the diagnosis and treatment of COVID-19 for many PIs is the fact that 20% do not have medical coverage when compared to 11.4% of non-Hispanic whites, which affects their timely access to needed health care services.

- Further complicating timely access to care, PIs report also experiencing discrimination in healthcare settings and a mistrust in seeking health care services. Immigration status, language barriers, and cost are barriers to care for NHPIs. Nearly 253,000 NHPI speak a language other than English at home, and Marshallese, Fijian, Palauan, Tongan, and Samoan Americans have higher-than-average rates of limited English proficiency.

- PIs are more likely than other racial and ethnic groups to have fewer financial resources and to live in large multi-generational households and densely populated neighborhoods. As many as 24% of PIs work in essential jobs, such as in the military, security, service-related industry, and healthcare, placing them at higher risk of infection.

As such, NCAPA supports and trusts that Dr. Samoa and Dr. Kaholokula will provide community and clinical expertise to address the disproportionate impact COVID-19 has on Native Hawaiian and Pacific Islander communities and finding solutions to combat such impacts.

**Impact of COVID-19 on Asian American Communities**

Asian Americans around the country are also disproportionately impacted by COVID-19, which is exacerbated by AAPIs participation in certain parts of the workforce that lack adequate protections. It is estimated that over 2 million AAPIs work in frontline industries and are therefore at increased risk of contracting COVID-19 as a result of transmission from coworkers, interactions with the public, and unsafe workplaces. Furthermore, more than 1 in 4 private sector

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workers do not earn a single paid sick day and among those who do, most do not earn enough paid sick time to quarantine for the recommended 14 days or to recover from COVID-19.

A specific example would be the Laotian American community. As a result of COVID-19, Laotian Americans are dying in meat companies that have been deemed essential to meet America’s needs. With a combined poverty and low-income rate of 41% and a per capita income of $17,951, many members of the Laotian American community are working on the front lines, risking their lives for the rest of us—not only without reward, but without basic dignities like paid sick leave and access to health insurance.

Many South Asians are serving on the frontlines, such as in healthcare, pharmacies, and grocery stores, putting them at higher exposure to infection without adequate worker protections. According to a report by South Asian Americans Leading Together (SAALT), nearly 10% of U.S. South Asians live in poverty. Many essential workers live in low-income, overcrowded homes and neighborhoods. Emerging evidence from New York City indicates the Bangladeshi community has been disproportionately affected.

Currently, South Asian infection and mortality rates are likely being undercounted. Data on COVID-19 cases, hospitalizations, and deaths are currently incomplete as COVID-19 statistics are undercounted in South Asian communities, often being labelled as “other” or “unknown” race categories. Without this data, COVID-19 management responses cannot be streamlined to the specific needs of these communities.

More than 1,700 health care workers have died from the virus, according to a September report from National Nurses United (NNU), the largest registered nurse union in the country. Of those, 67 of the 213 nurses who had died were Filipino Americans, making them the largest non-white ethnic group of nurses to die from the virus.

In Los Angeles County, NCAPA member NAPAFASA, or the National Asian Pacific American Families Against Substance Abuse, expressed concerns that Asian Americans and Pacific Islanders are not included in the high incidents’ maps and fear that our invisibility will likely impact vaccine distribution.

Anti-Asian Hate and Discrimination and its Impact on Mental Health

The Asian American community has faced an uptick in anti-Asian racism throughout this pandemic, and we urge the Task Force to consider this impact as well.

Beginning as early as February of this year, as the number of COVID-19 cases increased, so
too did attacks targeting Asian Americans. On February 7, NCAPA released a statement noting that although the coronavirus represents a legitimate public health concern, it is not a green light to target Asian Americans and Asian immigrants with racism and hate and called on news outlets and social media platforms to do more to curb racist and inaccurate content in addition to removing misinformation on the coronavirus alone. Hate and bigotry are not consistent with realizing the promise of American democracy where all of us have an equal voice.

On March 11, 2020, in response to the increasing incidents all over the country targeting the Asian American community in connection to COVID-19, NCAPA and 260 civil rights organizations sent a letter to House and Senate leadership calling for unity and denouncing the increase in racist attacks and discrimination against the Asian American community. On April 2, NCAPA and the Center for American Progress submitted a joint letter calling on mayors and governors to commit to addressing the surge of anti-Asian hate incidents within their jurisdictions. As a result of those advocacy efforts, on April 17, 2020, we sent another letter with the Democracy Initiative and over 450 civil rights organizations to express our support for H.Res. 908, introduced by Representative Grace Meng and its Senate companion, S.Res. 580, introduced by Senators Kamala Harris, Tammy Duckworth, and Mazie Hirono. On September 17, 2020, H.Res. 908 was passed in the House of Representatives by a vote of 243-164 with 1 present.

According to one of the earlier reports done by STOP AAPI Hate, which include Asian Pacific Policy & Planning Council (A3PCON), Chinese for Affirmative Action (CAA), and in partnership with NCAPA member organizations, Asian Americans Advancing Justice | AAJC, OCA - Asian Pacific American Advocates, and SAALT; between April 8 to May 13, 2020, there were 1,843 reports of anti-Asian discrimination due to COVID-19. Aggregated data from 45 states, as well as Washington, D.C., demonstrate these self-reported incidents of the widespread racism that Asian Americans continue to experience. Some of the continued trends include:

- Verbal harassment (69.3%) and shunning (22.4%) make up the highest proportion of cases
- Civil rights violations, such as workplace discrimination (4.8%); being barred from establishments (2.9%) and being barred from transportation (1.1%) make up 8.8% of the incidents
- Physical assaults make up 8.1% of the incidents
- Incidents at businesses (42.1%) exceed those in public places (38.9%)
- Women are harassed 2.4 times more than men
- Elderly make up 7.8% of the respondents

In addition, there has been an increase of heinous rhetoric online, especially on social media in recent months leading up to the 2020 presidential election. According to their latest report, The Return of the ‘Yellow Peril’: 2020 Candidates and Anti-Asian Rhetoric, researchers analyzed 1,227 tweets about Asian Americans over an eight-month period and found that over 1 in 10 included racist or stigmatizing language. All of these racist tweets, which were retweeted 1,310,828 times, came from Republican politicians. Furthermore, the research indicates that

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18 https://d3n8a8pro7vhr.cloudfront.net/ncapa/pages/89/attachments/original/1583935643/NCAPA_Letter_to_House_Leadership.pdf?1583935643
19 https://d3n8a8pro7vhr.cloudfront.net/ncapa/pages/619/attachments/original/1585868581/4.2.20_COVID_19_letter_to_National_Governors_Association.pdf?1585868581
20 https://d3n8a8pro7vhr.cloudfront.net/ncapa/pages/622/attachments/original/1587139224/NCAPA_DI_Letter_Final.pdf?1587139224
21 https://secureservercdn.net/104.238.69.231/a1w.90d.myftpupload.com/wp-content/uploads/2020/10/Stop_AAPI_Hate_Report_200513.pdf
nearly half of stigmatizing tweets are unrelated to COVID-19, suggesting that politicians are employing anti-Asian American rhetoric not only in response to the pandemic.\footnote{https://secureservercdn.net/104.238.69.231/a1w.90d.myftpupload.com/wp-content/uploads/2020/10/Stop_AAPI_Hate_2020-Candidates-and-Anti-Asian-Rhetoric_201021.pdf}

More than a third of Asian Americans say their mental health has worsened during the pandemic, according to a new Morning Consult survey that indicates they are also significantly more likely than whites and adults overall to say they’re worried about COVID-19.\footnote{https://morningconsult.com/2020/11/23/asian-americans-covid-19-impact-polling/} Dr. Tung Nguyen, a professor of medicine at University of California, San Francisco, and Director of the Asian American Research Center on Health, said, “An uptick in anti-Asian racism could also be contributing to the increase in mental health issues during the pandemic, fueled both by federal messaging and some latent anti-Asian racism from before the COVID pandemic.”\footnote{https://morningconsult.com/2020/11/23/asian-americans-covid-19-impact-polling/} We believe this is a health issue that you should consider in your work.

**Conclusion**

We respectfully request the Task Force to include Asian American, Native Hawaiian, and Pacific Islander communities in future discussions about racial disparities. Additionally, we ask this task force to consider reviewing non-health impacts of COVID-19 on minority communities, including the increase in anti-Asian racism and xenophobia. NCAPA and our partners stand ready to work with you to ensure that the task force’s work is inclusive of all communities of color, including AANHPis.

Sincerely,

The National Council of Asian Pacific Americans

The National Pacific Islander COVID-19 Response Team