

IT'S TIME

A newsletter of the Steve Hicks School of Social Work
Office of the Associate Dean for Equity and Inclusion

STANDING AGAINST ANTI-ASIAN HATE
Hate crimes against Asian American and Pacific Islander (AAPI) populations in the U.S. have increased drastically over the past year, fueled by political messaging regarding the origins of COVID-19. But anti-Asian violence is not new. In this issue, Professor Namkee Choi shares her personal and professional experiences of racism as a Korean American woman in the U.S.

MAY IS ASIAN-PACIFIC AMERICAN MONTH

Learn more at:

<https://time.com/5592591/asian-pacific-heritage-month-history/>

<https://www.pbs.org/specials/asian-pacific-american-heritage-month/>

Ramadan 2021 is coming!!

What school faculty needs to know:

Ramadan is the Muslim month of fasting. Practicing Muslim students will be fasting from dawn until dusk (approx. 4:30 AM to 8:30 PM)

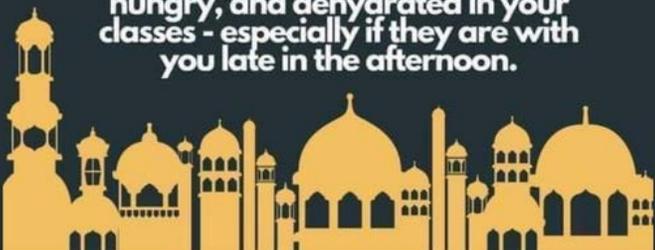
Fasting means NO FOOD and NO WATER.

Ramadan celebrations often involve prayers late into the night.

It is not unusual to be up past midnight for prayers and then get up at 3:30-4 am to eat before dawn and pray.

Ramadan 2021 will last approximately from April 13th - May 12th. Ramadan is scheduled on the lunar calendar so it moves dates each year.

Muslim students may be tired, hungry, and dehydrated in your classes - especially if they are with you late in the afternoon.



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AN AAPI PERSPECTIVE OF SOCIAL WORK & BEYOND

The COVID-19 pandemic has amplified painful and tragic realities/outcomes of multiple inequities and inequalities pertaining to age, gender, race/ethnicity, socioeconomic status, healthcare access, and the digital divide. Recent anti-Asian hate crimes in Atlanta and other cities are yet one more manifestation of deeply rooted racism, suspicions about people of color, and the “othering” and blaming of them for any social/health/economic problems, and of course, white supremacy.

Anti-Asian hatred, victimization, and violence have deep systemic roots. Just a couple of examples of anti-Asian federal laws and regulations are the Chinese Exclusion Act of 1882, restricting immigration of the Chinese into the U.S., and the Internment of Japanese Americans during the World War II. Despite the fact that the Chinese composed only 0.002% of the U.S. population in 1882, they were blamed for economic woes of the times. The Chinese Exclusion Act was a means to placate the worker unrest and concerns about maintaining white “racial purity.” Although presumed disloyalty of Japanese Americans was the pretext for the Internment of Japanese Americans during the World War II (and the arrest and custody of thousands of community leaders preceding the internment), racism was the true cause, needless to say.

During my 33 years of teaching social work students, I have been subjected to racial prejudice numerous times and often told to “go back to your own country.” One MSW student who was in my social welfare policy class sent me a handwritten letter when the semester was over: “You are brilliant, but we do not need your brilliance here [U.S.]. Go back to your own country.” Another one in my history and philosophy of social welfare class told me that despite my U.S. education, I am not qualified to teach like her sister, a professor at a different university, as I am an Asian immigrant and would not know anything about American history. (I was stunned to find out that the very student is a contributor to an anti-racism book, and she preaches racial justice and racial equity!)

AN AAPI PERSPECTIVE (CONT.)

In 2000, I arrived as a full professor at a school of social work in the Northwest. On the first day of my research method class, half of my MSW students did not come back after the break. I later found out that the group, led by the president of the MSW student association, went to see another professor to complain and petition to remove me as a SSW faculty. Their rationale was that since I speak with an accent, I should not be qualified to teach at a graduate school. This group of all white students kept harassing me throughout the school year (even after one of faculty talked with them and some acknowledged that their behaviors were rooted in racism). I decided to leave my position after only 20 months. Of course, how these racist MSW students treated me was well-known among other students and faculty at that time, and I received several supportive comments, but the majority were quiet. I recently received an email from a former student who witnessed all the racist treatments of me by her classmates. She lamented the pervasive racism at the school of social work, and has her doubts about if anything has changed in the 20 years since I was forced to leave the school. So sad! I wish I could say that my experience at UT was different. It has not been as overt as my previous experience, but there has been plenty of aversive racism and microaggressions from all fronts. I often say that I have been a triple prejudicial target as a woman, Asian, and non-native speaker. Anti-Asian racism and othering is especially hard for those who were born and raised in the U.S., but are still told to “go back to your country.”

One group who has been disproportionately targeted in more than 3,800 hate incidents directed at Asian Americans during the pandemic are older adults (Please note that the actual numbers of hate incidents are estimated to be far greater. A majority of victims choose not to report out of fear and distrust of the law-enforcement systems.) Perpetrators often show up where these older adults live with the intent of harming/murdering them. Asian American older adults have also been threatened with violence in public places (e.g., grocery stores, hospitals), which force them into even more isolation out of fear for their lives.

AN AAPI PERSPECTIVE (CONT.)

Hate crimes against these older adults are a despicable culmination of ageism and racism. Cowardly attackers target defenseless older adults to commit racially motivated acts of violence. A gerontological social work association listed a few cases:

- An 89-year old Chinese woman who was attacked and set on fire in Brooklyn
- Fatal unprovoked assault (slammed to the ground) of an 84-year old Thai man in San Francisco
- A 75-year old Chinese woman was punched in the face on the street while waiting for the traffic light to change in San Francisco

April is Celebrate Diversity Month, and May is Asian-Pacific American Heritage Month. The intended celebrations of diversity and Asian heritage in the midst of increasing anti-Asian violence across the nation are reminders for all of us social workers to keep educating our fellow citizens and help build a more just society. The COVID-19 pandemic is a health crisis that is likely to have an end in the near future. On the other hand, racism and white supremacy is a health crisis that is likely to persist as no vaccines are likely to be effective for it. One thing we can do is to use our social work advocacy skills and intervene when witnessing microaggressions and racially motivated assaults. Do not be a passive bystander when an injustice is being committed. As social workers, we must act to alleviate these deeply ingrained societal problems and build a new “normal” in which social justice and human dignity are basic human rights.



DISPARITIES

In addition to the increased racist attacks against Asian Americans during the pandemic, the past year has also laid bare many of the inequities that already exist in our healthcare system, specifically for Black, Indigenous and other People of Color communities who are more likely to work in 'essential' jobs, yet less likely to have sufficient access to the vaccines.

- According to the CDC, Black, Latinx/Hispanic, and Native Americans are all dying of COVID at rates approximately 2x higher than white people and are 3-4x as likely to be hospitalized. Asian Americans are being hospitalized and dying at rates 1x times higher.
- Health Care and Food & Agriculture combined make up more than 50% of industries deemed 'essential'. People of color make up 40% and 50% of these two industries, respectively. Of all 'essential' industries, POC account for 45% of the total workforce. Across all these industries, Black workers, on average, made 27% less than other races. (Economic Policy Institute)
- Despite people of color accounting for higher rates of COVID hospitalizations and deaths, Kaiser Family Foundation reports the vaccination rate for white people is 1.7x higher than Hispanic people and 1.6x higher than Black people.
- When it comes to vaccine access, "Black and Hispanic people in the United States are less likely than their white counterparts to have internet access reliable enough to make online appointments; to have work schedules flexible enough to take any available opening; and to have access to dependable transportation to vaccine sites." (New York Times)
- To top it off, 'line-cutting' by wealthy whites has undermined efforts and led to wider gaps, from scheduling appointments in poorer neighborhoods that typically serve more people of color to 'vaccine tourism' across state lines to take advantage of more lenient state requirements.

WAYS TO HELP

- 1. Be mindful.** While many of us have been fortunate to have multiple opportunities to get the vaccine, others are travelling outside of Austin to take advantage of other city's excess doses and smaller population to allotment ratios. When possible, try to make sure you're not cutting the line ahead of residents with less flexibility.
- 2. Use your computer access and savvy to help others.** Offer your skills and time to friends, relatives, neighbors, and Facebook acquaintances who may be struggling with the technology. (I myself had to help my partner register with APH after he forgot his password and was sent on an endless loop of resetting.)
- 3. Support local organizations** working in underserved communities, either financially or through volunteering.
- 4. Continue to mask and social distance** until workers in essential industries have been sufficiently vaccinated. While vaccinated people seem to be less likely to spread the virus to others, we still need to take precautions to protect the most vulnerable among us, and that includes those who are more likely to be exposed while being less likely to get vaccinated quickly.

