

Dear Director Collins:

The goal of the NIH UNITE initiative to end structural racism is laudable. However, the omission of Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs) as marginalized and under-resourced in the initiative is glaring, particularly in light of current events. Multiple media outlets including the New York Times, CNN, USA Today, Time Magazine, NBC, NPR, and PBS (among others) have reported on the surge of violence and hate crimes against Asian Americans. The horrific shootings in Atlanta are the most recent anti-Asian violence.

As one of his first acts in office, President Biden on January 26 signed a memorandum Condemning and Combating Racism, Xenophobia, and Intolerance Against Asian Americans and Pacific Islanders in the United States. The House Judiciary Subcommittee on the Constitution, Civil Rights and Civil Liberties held hearings March 18 on Hate Crimes and Discrimination Against Asian Americans. In the past year, more than 3700 hate incidents have been reported to StopAAPIHate.org. Current anti-Asian discrimination and violence is not new or isolated. It is the latest wave of anti-Asian scapegoating that includes World War II incarceration of Japanese Americans, anti-East Asian discrimination and violence in the 1980s in reaction to the U.S. auto industry crisis, and anti-South Asian discrimination and violence following the 9/11 terrorist attacks. Racism has the same effects on the health of AANHPIs as it does on other groups.

At 22 million people, AANHPIs are the fastest growing ethnic group in the United States. This number of AANHPIs exceeds the combined populations of the six largest cities in the United States (New York City, Los Angeles, Chicago, Houston, Phoenix, Philadelphia). It would be unconscionable to neglect the population of these six cities in public health policy. Yet, NIH has effectively neglected a segment of the population that is equally large in its allocation of resources for AANHPIs. Over the past quarter century, only 0.17% of all NIH funding has been devoted to projects focusing on AANHPIs (Doan et al., 2019).

Critics might point to the overrepresentation of Asian Americans in the STEM workforce as evidence that the group is neither marginalized nor under-resourced. However, Asian Americans are one of the least likely groups to be in STEM leadership positions in which decisions on resource allocations can be made (Zeng, 2011). Moreover, most of the STEM workforce, including those who are AANHPI, does not have expertise with AANHPIs because of the extremely limited NIH resources for research and training on AANHPIs.

Ending structural racism against AANHPIs requires specific attention to these groups, as exemplified by President Biden's memorandum. NIH can devote specific attention to AANHPIs by earmarking resources for these groups. Systemic NIH bias against AANHPIs needs to be addressed from the top down by adding personnel having expertise on AANHPIs. Token efforts, such as mention of AANHPIs in a general initiative or appointment of AANHPIs to large committees where they are not part of a critical mass, will be ineffective in enacting change.

We are pleased that NIH is interested in partnering with professional organizations to end structural racism. Our organizations would enthusiastically partner with NIH toward ending structural racism toward AANHPIs.

Sincerely,

American Psychological Association
American Psychological Association Society for the Psychological Study of Race, Ethnicity, and Culture
Asian American Psychological Association
The Association of Black Psychologists, Inc.
International Society for the Study of Behavioral Development
National Latinx Psychological Association
Middle Eastern and North African Psychological Association
Society for Research on Adolescence
Society for Research in Child Development
Society for Research in Child Development Asian Caucus
Society of Indian Psychologists

References

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