COVID-19 Toolkit

Strategies to Defeat Asian American Racial Profiling and Xenophobia

Questions? Contact Matt at matthew.nguyen.ngo@ocanational.org
Since its discovery in December 2019, COVID-19 has become a serious pandemic with devastating effects on people and economies around the world. Communities and governments have been forced to take drastic action to prevent the spread of this disease, including the closure of public spaces and cancellation of events. Unfortunately, the geographic origin of the virus has fueled increasing racial profiling of Asian Americans and Pacific Islanders (AAPIs).

AAPIs have suffered from physical assault, verbal harassment, loss of business, and racial discrimination in schools and public spaces.

Even though the Centers for Disease Control and other health organizations have stated multiple times that viruses “do not target specific racial or ethnic groups,” there is still a lot of misinformation that has escalated stereotypes into harmful myths. Bad-faith actors have spread this false information using social media, counterfeit documents claiming to be from health organizations, and malicious rumors in order to drum up unwarranted paranoia. These include the myths that the Chinese created the COVID-19 as a bioweapon, and that Asian lungs are inherently more susceptible to infection. This xenophobia can be traced to a longstanding stereotype that Asian Americans are inherently foreign, and bring foreign diseases.

Questions? Contact Matt at matthew.nguyen.ngo@ocanational.org
Hate crimes and/or incidents resulting from xenophobia are on the rise.

OCA and partner organizations have collected 1,900+ reports of hate incidents and crimes since the outbreak, including physical assault, destruction of property, refusal of service and more. Subways appear to be a common location for hate incidents to occur; national news outlets have reported several attacks on subways, including one against an Asian American man who was sprayed with Febreze air freshener on a New York subway, and a Thai American woman who was subjected to a racist tirade on a Los Angeles subway. Grocery stores and other essential businesses are also common settings for such attacks, such as a stabbing that occurred at a wholesale retailer in Texas. Asian American students have also come forward with stories of racial attacks, including a 16-year-old boy in the San Fernando Valley who was sent to the emergency room by bullies.

Racial profiling has also directly led to a decrease in patronage of Asian American-owned businesses, due to unfounded fears of increased risk of infection.

These losses go beyond what businesses in general are losing due to the practice of social distancing, and predate the current social distancing mandates. Restaurants and grocery stores in particular, in which cleanliness is a heightened factor, have experienced the worst hits. Losses have been reported as high as 80%, according to some OCA members.
TIMELINE
COVID-19 Xenophobia and Racial Profiling

DECEMBER 2019

12/1: The first identified case of the new disease is located in Wuhan, China.

12/31: Health authorities in Wuhan, China send the first reports of the then-called Novel Coronavirus of 2019 to the World Health Organization (WHO).

JANUARY 2020

1/30: The new disease rapidly spreads to other Chinese provinces. The WHO declares the Novel COVID-19 to be a “Public Health Emergency of International Concern.”

1/31: The Trump administration bans entry of “foreign nationals who have traveled to China in the last 14 days.”

In early January, Asian Americans begin reporting racial harassment due to the COVID-19.
### FEBRUARY 2020

**2/3:** A fake public health letter (LA County Dept of Public Health) circulates on Facebook targeting AAPI businesses in Carson, California, and University of California students.

**2/9:** Sen. Tom Cotton (R-Ark.) falsely claims the COVID-19 is a Chinese bioweapon.

**2/11:** The WHO renames the Novel Coronavirus COVID-19.

**2/11:** A man on a Los Angeles subway verbally assaults a Thai American woman with an anti-Chinese rant.

### FEBRUARY 2020 (CONT.)

**2/14:** Two Asian American students in California are reported to be victims of racial profiling due to the COVID-19. One of the students is physically assaulted and sent to the hospital.

**2/24:** Four men in London assault Jonathan Mok, saying “we don’t want your coronavirus in our country.”

**2/28:** Reps. Grace Meng, Judy Chu and Nydia Velasquez introduce House Resolution 6040, the “Small Business Relief From Communicable Disease Induced Economic Hardship Act,” to provide federal government loans of up to $2 million to businesses struggling from COVID-19.
CAPAC holds a press conference, with remarks from Rep. Judy Chu, OCA Executive Director Rita Pin Ahrens and others to denounce COVID-19-related xenophobia and misinformation.

The first American dies from COVID-19.

**MARCH 2020**

**3/4:** The US Department of Education releases a letter (included in this toolkit) asking school administrations to address anti-Asian bullying arising from the COVID-19.

**3/6:** A man in Brooklyn accosts an Asian American man on a subway, telling him to stay away and spraying Febreze air freshener in his face.

**3/8:** New York Mayor Bill DeBlasio announces that the City will provide zero-interest loans of up to $75,000 to struggling small businesses with fewer than 100 employees, and that have experienced losses of 25% or greater.

**3/8:** An Asian American man wearing a mask in Brooklyn is stabbed 13 times by another man in a mask, including once in the heart.

**3/9:** An Asian American woman is attacked at a crosswalk in San Francisco.
3/10: Two Chinese international students are attacked at the University of Virginia in Charlottesville, by assailants throwing raw eggs from a moving vehicle.

3/10: A 23-year-old female student and a 59-year-old man are physically attacked in New York.

3/11: The WHO declares COVID-19 to be a pandemic.

3/11: A classroom bully in Southern California convinces an 8-year-old Asian American boy he has COVID-19, causing him to fear for his life.

3/11: Classmates in Florida harass Chinese American girls with racist stereotypes that Chinese people are “disgusting” and eat “any type of animal.”

3/13: US President Donald Trump declares the COVID-19 pandemic to be a national emergency, retroactively starting on March 1st.

3/14: Residents of Cuyahoga County, Ohio ask public health officials if it is safe to eat at Chinese and Italian restaurants.

3/14: A man stabs a Burmese American family in a wholesale store in Midland, Texas. The suspect admits to attacking them because he believed they were spreading COVID-19.
MARCH 2020 (CONT.)

3/16: President Trump refers to COVID-19 as the “Chinese Virus” in multiple tweets, sparking outrage in the AAPI community and prompting a response from OCA National.

3/17: An Asian American woman gets jumped at a New York City subway station.

3/19: An Asian American man is surrounded by multiple strangers in a grocery store after coughing.


MARCH 2020 (CONT.)

3/25: Neighbors leave a threat on the door of a Minnesota Asian American couple's door, saying "we're watching you."

3/26: A homeless, elderly Asian American woman is attacked and spat upon in New York City, and told to "go back to her country and die."

3/28: Three teenagers attack an Asian American woman on a New York bus, striking her with an umbrella.

3/30: The Federal Bureau of Investigation declares the March 14th stabbing in Texas to be a hate crime.
APRIL 2020

4/7: The owner of an Asian restaurant in Connecticut receives several death threats within a few minutes of each other, including a threat to shoot her family.

4/7: A man in New York pours acid on an Asian American woman emptying her garbage outside, hospitalizing her with serious burns.

4/15: The white supremacist group Patriot Front vandalizes Seattle's Chinatown with xenophobic stickers with messages like "America First."

MAY 2020

5/1: Two prison guards die from COVID-19 at an ICE detention facility, raising concerns for the health and safety of immigrant detainees and prison employees.

5/6: An Asian American woman is harassed on a public sidewalk by a stranger with phrases like, "we don’t want you here. That’s why we elected Donald Trump." Bystanders came to her aid.

5/8: The US Commission on Civil Rights issues guidance to all federal agencies to prioritize the civil rights of AAPIs, collect disaggregated data and promote language accessibility.

5/14: The House of Representatives passes the HEROES Act in a move to protect economic security for all, and including the Jabara-Heyer NO HATE Act to fund hate crimes investigation and prevention.
Find the most up-to-date data on hate at the National Council of Asian Pacific Americans' (NCAPA) Emergency Response Network website.

REPORT A HATE CRIME TO OCA HERE

NEW YORK HATE CRIMES HOTLINE: (800) 771-7755

FOR REFERENCE:
COVID-19 OUTBREAK TIMELINE FAST FACTS
Public figures routinely refer to COVID-19 as the “Chinese Virus,” “Wuhan Virus,” “Kung Flu,” or other derivatives. According to the World Health Organization (WHO), these names that reference a specific location or ethnic group should be avoided, as they invite unwarranted scrutiny to people who fall under those terms. The use of these terms exacerbates the existing problem of racial discrimination against Asian Americans and Pacific Islanders (AAPIs) in the context of the COVID-19 pandemic by associating the disease with AAPI ethnicities.
The continued improper usage of ethnicity-specific terms will directly contribute to worse, and more frequent hate crimes against AAPIs.

These WHO guidelines were published in 2015. We should not repeat conspiracy theories, including the theory that China “bought” or “bribed” the WHO to give COVID-19 an ethnically-neutral name.

Public officials should refer to the disease by its proper names: the coronavirus, SARS CoV-2, or COVID-19.

All OCA publications should refer to the disease as COVID-19.

This language has been the number one concern expressed to the policy department by OCA members since President Donald Trump and other government officials began increasing usage of these terms. On March 24th, the President spoke out against hate crimes, but has not clearly disavowed usage of these terms.
News outlets continue to use stock photos of Asian individuals wearing masks, or of local Chinatowns in coverage of stories. Especially when the issue at hand has nothing to do with AAPI communities, news outlets should refrain from using these photos because they gratuitously connect Asian ethnicities with COVID-19.

Pressure local and national news media to take down and replace stock photos that unnecessarily target AAPI communities in their coverage of COVID-19. An example is provided below.
Anti-Asian stigma resulted in dramatically reduced patronage for AAPI-owned businesses long before COVID-19 was declared a pandemic, or social distancing mandates were established. OCA chapters report business losses of up to 80%, especially for groceries and restaurants.

Because of this stigma, AAPI-owned businesses suffer losses even greater than those suffered by other businesses due to social distancing and quarantines.

While grocery stores around the country struggle to keep essential items in stock, Asian grocery stores tend to have fuller shelves due to reduced patronage.

Communities around the country should make a concentrated effort to support small, family-owned AAPI businesses. These are breadwinners with families to support. We must make sure they have the income to weather this crisis.
Native Hawaiians and other Pacific Islanders (NHPIs) are disproportionately suffering from COVID-19. In Los Angeles County they are suffering 12 times more deaths per capita than whites, and higher than every other community of color. This increased death rate may be linked to a number of factors:

- NHPIs are over-represented in the service industry, exposing them to COVID-19.
- Multi-generational households make it more difficult to contain the virus.
- Poor socioeconomic conditions reduce their access to quality healthcare.

These disparities in healthcare access and outcomes show us why it is important to collect disaggregated data to inform healthcare policies, and expand access to affordable healthcare for all people. The Health Equity and Accountability Act (HEAA) seeks to remedy these healthcare disparities.
HATE CRIMES

Through our experiences and from monitoring the news, AAPI communities know that racial discrimination and hate crimes have accelerated since the outbreak of COVID-19.

Despite the US Commission on Civil Rights’ recommendations for federal agencies and nonprofit data collection efforts, the information available to us represents only the tip of the iceberg. OCA’s request for an AAPI hate crimes investigation task force is outlined in this letter to the White House, FBI and DOJ.

AAPI nonprofits have recorded 1900+ hate incidents and crimes during the pandemic.

Hashtags: #WashTheHate #IAmNotAVirus #AAPI2020
AAPI students report the highest level of bullying in school classrooms, hallways, or stairwells. COVID-19-related bullying only adds to the suffering of AAPI students. This bullying has led to serious injury and mortal fear.

School districts, administrators and teachers should take proactive measures to prevent further bullying and support their AAPI students.

OCA - New York celebrates Danny Chen, a Chinese American man who was hatefully bullied in the U.S. Army leading up to his death.
FOR NEWS MEDIA
Pressure local and national news media to take down and replace stock photos that unnecessarily target AAPI communities in their coverage of COVID-19. An example is provided above.

FOR COMMUNITY AND GOVERNMENT LEADERS
Apply pressure through letters, phone calls, and in person (if possible) to discourage the naming of country/ethnicity when referring to COVID-19. Demand that they clearly condemn racial violence, and prioritize the protection of AAPI communities.

Remind elected officials that AAPIs are the fastest-growing voting block, which will be reflected in the 2020 Census.
STRATEGIES

FOR FEDERAL, STATE AND LOCAL LEGISLATORS

Contact policymakers in support of policies that provide relief to struggling AAPI businesses, preserve access to voting during times of crisis, prioritize investigation of anti-AAPI hate crimes, and protect the health of vulnerable AAPIs.

Some examples of bills to support include:

- Health Equity And Accountability (HEAA) Act
- Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act

The HEROES Act is a massive 1800+ page stimulus act that expands Economic Impact Payments (EIP) to immigrants and adult dependents, funds testing and treatment for immigrants, funds hate crimes investigation and prevention and more.
FOR SUPPORTING LOCAL AAPI BUSINESSES

Most grocery stores have limited stock due to panic buying. However, Asian groceries are generally better-stocked due to racial discrimination. Shop at Asian grocery stores to support AAPI businesses and for a higher chance of finding essential goods.

RESTAURANTS

We recommend that restaurants offer online gift certificates that can be purchased remotely, redeemable in person after the pandemic subsides or immediately through no-contact delivery and takeout.

For restaurants offering no-contact delivery, individuals can order food for delivery. Otherwise, order takeout.

We ask individuals to tip their delivery drivers well.
FOR FEDERAL, STATE AND LOCAL LAW ENFORCEMENT

Keep pushing for the priorities outlined in this letter to the White House, FBI and Dept. of Justice:

- Improved training for law enforcement officers
- Improved quality assurance for data collection
- Pressure local law enforcement to report to the FBI

REPORT HATE CRIMES

A doctor needs to know the symptoms before they can prescribe the proper treatment. OCA encourages reporting hate crimes to law enforcement, and also to OCA for its own records. Use OCA's hate crimes reporting tool.

You can use the five bystander intervention strategies from the Center for Urban Pedagogy (CUP) and Hollaback! to intervene on behalf of victims, when safe:

- DISTRACT
- DELEGATE
- DELAY
- DIRECT
- DOCUMENT
OCA National has enclosed documents that may serve as valuable resources for local chapters to use in their advocacy. These include:

- The Center for Urban Pedagogy (CUP) and Hollaback's bystander intervention guide
- The latest World Health Organization (WHO) and Centers for Disease Control (CDC) guidelines for preventing the spread of COVID-19
- The WHO's 2015 guidelines for naming diseases
- The Department of Education’s letter to educational institutions
- OCA’s letter to the White House, Federal Bureau of Investigation, and Department of Justice to prioritize the safety of Asian Americans and Pacific Islanders (AAPI)
- The US Commission on Civil Rights guidance for federal agencies to prioritize AAPIs
- A summary of the Health Equity And Accountability (HEAA) Act from Unidos US
- A document outlining the Federal Emergency Management Agency’s (FEMA) plan for COVID-19 response
- A summary of the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act
HATE CRIMES TRACKING

OCA is working with other nonprofit advocacy organizations to collect data on hate crimes and incidents. If you witnessed or experienced a hate crime or incident, please use the online reporting tool at https://www.aapihatecrimes.org/ and contact Matt Nguyen-Ngo, Civil Rights Fellow at matthew.nguyen.ngo@ocanational.org.

Find OCA's COVID-19 landing page HERE

MULTILINGUAL HEALTH RESOURCES

The CDC offers its COVID-19 website in:
中文 (Chinese)
Español (Spanish)

King County, WA offers health information in:
Amharic, Arabic, Chinese, Filipino/Tagalog, French, Hindi, Japanese, Khmer, Korean, Marshallese, Russian, Somali, Spanish, Thai, and Vietnamese.
WE ALL PLAY A ROLE
in creating safe public space by supporting each other when we’re harassed. That’s what bystander intervention is all about.

A LOT OF DIFFERENT THINGS COUNT AS HARASSMENT...

- Intimidating looks and staring
- Comments about appearance
- Vulgar gestures, whistling, and making kissing noises
- Following someone
- Racist, xenophobic, homophobic, sexist, and transphobic slurs

WE ALL HAVE THE RIGHT TO BE SAFE IN PUBLIC SPACE. But that’s not how everyone experiences it.

- Public exposure and masturbation
- Grabbing, touching, and groping
- Defacing public spaces

HARASSMENT CAN ESCALATE INTO VIOLENCE

- Near schools, playgrounds, and campuses*
- On buses, trains, and planes
- In stores and other places of business
- On sidewalks and streets, and in parks

HARASSMENT CAN HAPPEN ANYWHERE...

- At sports events, festivals, and concerts
- Online
- Near workplaces*

*Special laws cover harassment at school and work, but they aren’t addressed here.
**People Experience Public Space Differently**

**Our Identities** — who we are and how others see us — impact our safety in public space and how we experience harassment.

What are your identities?

How do they affect how you move through public space?

Have you experienced harassment before?

Do you identify as female or gender nonconforming?

Do you identify as LGBTQ+?

Are you a person of color?

Are you from an immigrant family?

Do you have a visual or hearing impairment? Do you have a disability?

**What is Privilege?**

Privilege is a set of unearned benefits and power maintained by a group in society. It extends to all parts of identity — race and ethnicity, gender identity and expression, class, language, ability, religion, and many others. Your privilege — and your vulnerability — can change depending on the situation you’re in. In some spaces, your privilege gives you more power than others. That means you might be able to help in a way others can’t.

But remember: Bystander intervention isn’t about being a hero!
IT’S HARMLESS, RIGHT?
Verbal harassment makes targets feel uncomfortable and threatened, and can escalate to physical violence.

“IT’S A CULTURAL THING.”
Harassment is a product of racism, sexism, homophobia, and xenophobia—not the product of any one culture or identity.

“IT’S NOT MY PROBLEM.”
Even if you’ve never been a target, a friend or loved one probably has been. Harassment hurts everyone.

“NOBODY ELSE IS DOING ANYTHING.”
This kind of thinking is called the “bystander effect” and it allows a whole crowd to wait for someone else to act. It takes courage to be the first to do something.

“I CAN’T MAKE A DIFFERENCE.”
Your actions can discourage the harasser, support the target, and help prevent future harassment.

“I’M AFRAID I’LL MAKE THINGS WORSE.”
You can pick a less direct action, like asking someone else to help.

“IT’S HARMLESS, RIGHT?”
Verbal harassment makes targets feel uncomfortable and threatened, and can escalate to physical violence.

TIPS FOR MOVING TO ACTION
The first step to being helpful is paying attention to what’s going on around you. If it’s hard to tell what’s happening, focus on the person targeted. Do they look uncomfortable? Are they trying to move away? Look up from your phone and take out your earbuds to be a good observer.

Turn the page for tips on becoming a good bystander.
THE 5 Ds OF BYSTANDER INTERVENTION

DISTRIBUTE

Take an indirect approach to de-escalate the situation.

**SAY:**

Excuse me, do you know what the next stop is?

Start a conversation with the target or find another way to draw attention away from them. Ask them for directions or the time, or drop something.
Excuse me! This person is being harassed. Can you help?

Find someone in a position of authority—like a bus driver, flight attendant, security guard, teacher, or store manager—and ask them for help. Check in with the person being harassed. You can ask them if they want you to call the police.

THE 5 Ds OF BYSTANDER INTERVENTION

DELEGATE

Get help from someone else.
After the incident is over, check in with the person who was harassed.

SAY:
Are you okay?

You can also say: “Can I sit with you? Can I accompany you somewhere? What do you need?”
THE 5 Ds OF BYSTANDER INTERVENTION

DIRECT

Assess your safety first. Speak up about the harassment. Be firm and clear.

SAY:

That’s inappropriate. Leave them alone.

You can also talk to the person being harassed about what’s going on. Ask: “Are you okay? Should I get help? Should we get out of here?”
THE 5 Ds OF BYSTANDER INTERVENTION

DOCUMENT

It can be helpful for the target to have a video of the incident. Laws about recording in public vary, so check local laws first.

TIPS FOR DOCUMENTING PUBLIC HARASSMENT

- Keep a safe distance.
- Film street signs or other landmarks that help identify the location.
- Say the day and time.

Is anyone helping the person being harassed? If no, use one of the other 4 Ds to help them.

ALWAYS ask the person targeted what they want to do with the footage. NEVER post it online or use it without their permission.

Keep your attention on the person being harassed—make sure anything you do is focused on supporting them.
This project was produced through Public Access Design, a program of the Center for Urban Pedagogy (CUP). Public Access Design projects use design to make complex urban issues accessible to the people most affected by them. publicaccessdesign.org

Support for this project was provided by The New York Community Trust. Additional support for the Public Access Design program was provided by The Shelley & Donald Rubin Foundation, public funds from the New York City Department of Cultural Affairs in partnership with the City Council, and Council Members Brad Lander, Carlos Menchaca, and Antonio Reynoso.

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SHARING YOUR STORY AS A BYSTANDER...

Helps build a network of support by reminding others they're not alone

Gives other people and organizations important info on where and how harassment is happening

Amplifies the stories of targets and bystanders

Helps make harassment visible

Share your story and read other people's stories at ihollaback.org or download the Hollaback! app for your iPhone or Android. For more resources—including info on what to do if you're harassed—visit ihollaback.org.

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The Center for Urban Pedagogy (CUP) is a nonprofit that uses the power of design and art to increase meaningful civic engagement. welcometoCUP.org

Hollaback! is a global, people-powered movement to end harassment. We work together to understand the problem, ignite public conversations, and develop innovative strategies that ensure equal access to public spaces. ihollaback.org

Leah Garlock is a visual and interactive designer, with an insatiable curiosity for cultures, people, and big ideas. leahgarlock.com

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WE ALL PLAY A ROLE IN MAKING PUBLIC SPACE SAFE.
Together, we can end hate and harassment!
Wash your hands

Wash your hands with soap and running water when hands are visibly dirty

If your hands are not visibly dirty, frequently clean them by using alcohol-based hand rub or soap and water

World Health Organization
Protect yourself and others from getting sick

Wash your hands

- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste
Protect others from getting sick

When coughing and sneezing, cover mouth and nose with flexed elbow or tissue.

Throw tissue into closed bin immediately after use.

Clean hands with alcohol-based hand rub or soap and water after coughing or sneezing and when caring for the sick.
Protect others from getting sick

Avoid close contact when you are experiencing cough and fever.

Avoid spitting in public.

If you have fever, cough and difficulty breathing seek medical care early and share previous travel history with your health care provider.
STOP THE SPREAD OF GERMS
Help prevent the spread of respiratory diseases like COVID-19.

Stay at least 6 feet (about 2 arms’ length) from other people.

6 ft

cdc.gov/coronavirus
Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.
STOP THE SPREAD OF GERMS
Help prevent the spread of respiratory diseases like COVID-19.

Clean and disinfect frequently touched objects and surfaces.

cdc.gov/coronavirus
STOP THE SPREAD OF GERMS
Help prevent the spread of respiratory diseases like COVID-19.

Stay home when you are sick, except to get medical care.

cdc.gov/coronavirus
STOP THE SPREAD OF GERMS
Help prevent the spread of respiratory diseases like COVID-19.

When in public, wear a cloth face covering over your nose and mouth.

cdc.gov/coronavirus
Do not touch your eyes, nose, and mouth.
STOP THE SPREAD OF GERMS
Help prevent the spread of respiratory diseases like COVID-19.

Wash your hands often with soap and water for at least 20 seconds.

[Image of hands washing with soap and bubbles]

cdc.gov/coronavirus
Cloth Face Covering Do’s & Don’ts:

**DO:**
- Make sure you can breathe through it
- Wear it whenever going out in public
- Make sure it covers your nose and mouth
- Wash after using

**DON’T:**
- Use on children under age 2
- Use surgical masks or other personal protective equipment (PPE) intended for healthcare workers

cdc.gov/coronavirus
Objective
The World Health Organization (WHO), in consultation and collaboration with the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO), has identified best practices for the naming of new human diseases, with the aim to minimize unnecessary negative impact of disease names on trade, travel, tourism or animal welfare, and avoid causing offence to any cultural, social, national, regional, professional or ethnic groups.

Given the increasingly rapid and global communication through social media and other electronic means, it is important that an appropriate disease name is assigned by those who first report a new human disease. WHO strongly encourage scientists, national authorities, the national and international media and other stakeholders to follow the best practices set out in this document when naming a human disease. If an inappropriate name is released or used or if a disease remains unnamed, WHO, the agency responsible for global public health events, may issue an interim name for the diseases and recommend its use, so that inappropriate names do not become established.

The name assigned to a new human disease by WHO or other parties following the present best practices may or may not be confirmed by the International Classification of Diseases (ICD\(^1\)) at a later stage. The ICD, managed by WHO and endorsed by its Member States, provides a final standard name for each human disease according to standard guidelines that are also aimed at reducing negative impact from names while balancing science, communication, and policy. Thus, the best practices are not intended to replace or interfere with the existing ICD system, but span the gap between identification of a new human disease event and assigning of a final name by ICD. Further, WHO recognizes that existing international systems and bodies are responsible for taxonomy and nomenclature of pathogens, which are not directly affected by these best practices.

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\(^1\) [http://www.who.int/classifications/icd/en/](http://www.who.int/classifications/icd/en/)
Scope of disease naming
The present best practices apply to a new disease:

- That is an infection, syndrome, or disease of humans;
- That has never been recognized before in humans;
- That has potential public health impact; and
- Where no disease name is yet established in common usage

Best practices for disease naming
A disease name should consist of a combination of terms listed in Table A, based on the below principles. Terms listed in Table B should be avoided. General principles of use of terms include:

1. **Generic descriptive terms** can be used in any name. Generic terms will be most useful when available information on the disease or syndrome is not sufficiently robust, because these basic characteristics are unlikely to change as additional information become available.
   e.g. *respiratory disease, hepatitis, neurologic syndrome, watery diarrhoea, enteritis*

2. **Specific descriptive terms** should be used whenever the available information is considered sufficiently robust that the vast changes to the epidemiology or clinical picture are unlikely to occur. Plain terms are preferred to highly technical terms.
   e.g. *progressive, juvenile, severe, winter*

3. If the **causative pathogen** is known, it should be used as part of the disease name with additional descriptors. The pathogen should not be directly equated with the disease as a pathogen may cause more than one disease.
   e.g. *novel coronavirus respiratory syndrome*

4. Names should be short (minimum number of characters) and easy to pronounce.
   e.g. *H7N9, rabies, malaria, polio*

5. Given that long names are likely to be shortened into an acronym, potential acronyms should be evaluated to ensure they also comply with these best practices.

6. Names should be as consistent as possible with guidance from the International Classification of Diseases (ICD) Content Model Reference Guide².

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### Table A

<table>
<thead>
<tr>
<th>Disease names may include:</th>
<th>Examples of useful terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic descriptive terms (clinical symptoms, physiological processes, and anatomical or pathophysiological references/systems affected)</td>
<td>• Respiratory, neurologic, hemorrhagic&lt;br&gt;• Hepatitis, encephalitis, encephalopathy, diarrhoea, enteritis, immunodeficiency, palsy&lt;br&gt;• Pulmonary, cardiac, gastrointestinal, spongiform&lt;br&gt;• Syndrome, disease, fever, failure, deficiency, insufficiency, infection</td>
</tr>
<tr>
<td>Specific descriptive terms:</td>
<td></td>
</tr>
<tr>
<td>Age group, population of patients</td>
<td>juvenile, pediatric, senile, maternal</td>
</tr>
<tr>
<td>Time course, epidemiology, origin</td>
<td>Acute, sub-acute, chronic, progressive, transient, contagious, congenital, zoonotic</td>
</tr>
<tr>
<td>Severity</td>
<td>Severe&lt;sup&gt;A&lt;/sup&gt;, mild</td>
</tr>
<tr>
<td>Seasonality</td>
<td>Winter, summer, seasonal</td>
</tr>
<tr>
<td>Environment</td>
<td>Subterranean, desert, ocean, coastal, river, swamp</td>
</tr>
<tr>
<td>Causal pathogen and associated descriptors</td>
<td>• Coronavirus, salmonella/salmonellosis, influenza virus, parasitic&lt;br&gt;• Novel&lt;sup&gt;B&lt;/sup&gt;, variant, reassortant&lt;br&gt;• Subtype, serotype</td>
</tr>
<tr>
<td>Year (+/- month) of first detection or reporting&lt;sup&gt;*&lt;/sup&gt;</td>
<td>2014, 3/2014</td>
</tr>
<tr>
<td>Arbitrary identifier</td>
<td>Alpha, beta, a, b, I,II,III, 1,2,3</td>
</tr>
</tbody>
</table>

### Table B

<table>
<thead>
<tr>
<th>Disease names may NOT include:</th>
<th>Examples to be avoided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic locations: Cities, countries, regions, continents</td>
<td>Middle East Respiratory Syndrome, Spanish Flu, Rift Valley fever, Lyme disease, Crimean Congo hemorrhagic fever, Japanese encephalitis</td>
</tr>
<tr>
<td>People’s names</td>
<td>Creutzfeldt-Jakob disease, Chagas disease</td>
</tr>
<tr>
<td>Species/class of animal or food</td>
<td>Swine flu, bird flu, monkey pox, equine encephalitis, paralytic shellfish poisoning</td>
</tr>
<tr>
<td>Cultural, population, industry or occupational references</td>
<td>Occupational, legionnaires, miners, butchers, cooks, nurses</td>
</tr>
<tr>
<td>Terms that incite undue fear</td>
<td>Unknown, death, fatal, epidemic</td>
</tr>
</tbody>
</table>

*Superscripts indicate those terms further described below

A. “Severe” is appropriate to use for diseases with a very high initial case fatality rate (CFR), recognising that the CFR may decrease as an event progresses.
B. “Novel” can be used to indicate a new pathogen of a previously known type, recognising that this term will become obsolete if other new pathogens of that type are identified.
C. A date (year, or month and year) may be used when it is necessary to differentiate between similar events that happened in different years

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Dear Education Leader:

I write to request your careful attention to recent challenges that have been reported in light of the coronavirus (COVID-19). There has been an increasing number of news reports regarding stereotyping, harassment, and bullying directed at persons perceived to be of Chinese American or, more generally, Asian descent, including students. These reports are quite troubling and are of particular concern to Secretary Betsy DeVos and the Office for Civil Rights.

The Department appreciates that some institutions are taking prompt and forceful measures to protect the health and safety of students, instructors, and staff, consistent with guidance issued by the Centers for Disease Control and Prevention (CDC).

Schools and educators should follow the recommendations in the CDC guidance and this Department’s Information and Resources for Schools and School Personnel, as these recommendations are the most effective precautions that can be taken to safeguard the health of our educational communities. In an environment of fear, however, some individuals may regrettably turn toward racial or ethnic stereotypes. Worse, ethnic harassment or bullying exacerbates hatred, harms students, and is never justified. These incidents can create a climate of misunderstanding and fear. This hurts all of us.
Educational institutions should take special care to ensure that all students are able to study and learn in an environment that is healthy, safe, and free from bias or discrimination. Discrimination can take many forms, ranging from verbal abuse to physical attacks based on race, ancestry, or misunderstandings about cultural traditions. As education leaders working within our respective communities, we must ensure that harassment based on race or ethnicity is not tolerated.

The Department appreciates the efforts of educators who have reaffirmed their commitment to protecting all students from the harmful effects of bullying and harassment based on race and national origin. We also remind you that in some circumstances, Title VI of the Civil Rights Act of 1964 (Title VI) may require educational institutions to investigate bias incidents and take reasonable steps to end unlawful harassment, eliminate hostile environments, prevent the harassment from recurring, and, as appropriate, remedy its effects.

Through our own conduct, as well as through the language that we use to discuss this sensitive topic, we must demonstrate that health and tolerance are compatible values; they are both central elements of the educational excellence that our students deserve.

If you have questions or would like additional information or technical assistance, you may visit the website of the Department of Education’s OCR at www.ed.gov/ocr or contact OCR at (800) 421-3481 (TDD: 800-877-8339) or at ocr@ed.gov. You may also contact OCR’s Outreach, Prevention, Education and Non-discrimination (OPEN) Center at OPEN@ed.gov. For more information about your civil rights obligations, including the obligation to avoid discrimination on the basis of race, color, and national origin, please visit Ed.gov/OCR.

Thank you for your help in ensuring that our educational system is safe for all students.

Sincerely,

/S/

Kenneth L. Marcus
Assistant Secretary for Civil Rights
March 23, 2020

President Donald Trump
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Attorney General William Barr
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, D.C. 20530

Director Christopher Wray
Federal Bureau of Investigations
935 Pennsylvania Avenue, NW
Washington, D.C. 20535

Dear President Donald Trump, Attorney General William Barr, and FBI Director Christopher Wray:

On behalf of OCA - Asian Pacific American Advocates, and the undersigned organizations, we urge you to publicly recognize and denounce the increasing racist attacks and discrimination against the Asian American community, in the wake of rising concerns over the Coronavirus Disease of 2019 (COVID-19). While we understand that all levels of government are suffering from lack of resources during this serious pandemic, we cannot allow Asian Americans and Pacific Islanders to become scapegoats.

Specifically, we call upon the President to issue an Executive Order to establish a Task Force for the purpose of investigating and protecting the civil rights of Asian Americans and Pacific Islanders (AAPIs), in collaboration with the Federal Bureau of Investigation (FBI) and the Department of Justice (DOJ). We urge the FBI to prioritize and expand data collection of hate crimes against AAPIs, with particular attention to ethnic and geographic disaggregation, to better inform our communities’ response to this pressing issue. We further ask the DOJ to reaffirm its commitment to AAPI survivors by making a public statement and prioritizing the investigation of anti-AAPI hate crimes. Finally, we ask the White House, Secretary of State, and other elected officials to cease using terms like “Chinese Virus”, “Wuhan Virus”, and “Kung Flu,” which falsely and harmfully associate COVID-19 with the Chinese ethnicity.

With increasing alarm, we have witnessed incidents across the country targeting AAPIs in connection to COVID-19. For example, on March 14th, a 47-year-old father and his 10-year-old
son were followed and attacked in Queens, NY at a bus stop.¹ The assailant struck the father on the head in front of his son. On the same day, an Asian American family fell victim to a knife attack while shopping at a Sam’s Club in Midland, TX.² In the San Fernando Valley, CA, a 16-year old Asian American boy was physically assaulted at school because he was accused of having the coronavirus.³ And at the University of Virginia in Charlottesville, two Chinese international students were attacked with raw eggs thrown from a moving vehicle.⁴ We know these incidents to be merely the tip of the iceberg, as hate crimes have long been severely under-reported and inadequately defined. As these racially-motivated attacks accelerate in the midst of the coronavirus crisis, it becomes increasingly imperative that this nation’s leadership ensures the safety of Asian Americans and Pacific Islanders.

There is a stigma associated with COVID-19 (as it originated in Hubei Province, China) which leads some to assume that anybody with perceived Asian ancestry might carry the disease. However, the Centers for Disease Control (CDC) maintain that ethnicity is not a risk factor for transmission of COVID-19. For this reason, the CDC and World Health Organization (WHO) discourage associating diseases with geographic locations, or “cultural, population, industry or occupational references.”⁵ Naming Asian ethnicities in reference to COVID-19 only strengthens this false association, and harms Asian American and Asian-perceived communities across the country. Perpetuating age-old stereotypes of Chinese people and culture being “dirty” and “diseased” directly enables further attacks on Chinese Americans and other Asian Americans. Elected officials have been proactive in combating misinformation by reminding their constituents that it is safe to visit their local Chinatown,⁶ but recent attacks on AAPIs prove that more needs to be done.

On February 26th, the members of the Congressional Asian Pacific American Caucus (CAPAC) circulated a letter to Members of Congress, urging them to help stop the spread of xenophobia and misinformation by only sharing verified information pertaining to COVID-19, how it spreads, and how Americans should protect themselves. We call on you to do the same; In the

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face of this growing threat, the American people need to hear from their leaders that Asian Americans are not to blame.

We therefore call upon the White House to issue a public statement condemning these increasing racist attacks, and to establish an investigative Task Force via Executive Order to protect the civil rights of AAPIs. This might draw inspiration from the largely successful AAPI Bullying Prevention Task Force, established in 2014. The body conducted research and provided federal resources to AAPI victims of classroom bullying. This new Task Force should include offices of the FBI and DOJ to facilitate their collaboration on this urgent matter.

To the FBI and DOJ, we ask Director Wray and Attorney General Barr to make the investigation of anti-AAPI hate crimes a top priority, as AAPI communities are particularly vulnerable at present time. Jamie Raskin, Chairman of the House Subcommittee on Civil Rights and Civil Liberties, wrote to Director Wray in February asking the FBI to improve its hate crimes data collection. We echo those concerns. Options such as improved law enforcement officer training, improved quality assurance for data collection, and incentives for local law enforcement agencies to report hate crimes to the FBI should all be explored. We request the collection and publication of comprehensive, quantitative data that is disaggregated by ethnicity and geographic location, and we urge the FBI and DOJ to allocate more resources to address this priority. These actions are necessary for the safety and peace of mind of AAPI communities nationwide.

It is imperative that our nation comes together in these uncertain times. We need leadership that is grounded in truth, equity and compassion, and is committed to taking on racism and xenophobia directly. We urge you to call on elected and appointed officials in all levels of government to demonstrate their commitment to keeping ALL communities safe and healthy.

OCA - Asian Pacific American Advocates stands ready to do our part in fighting against racism, bigotry, and xenophobia.

Sincerely,
Rita Pin Ahrens
Executive Director, OCA - Asian Pacific American Advocates

cc: The Honorable Judy Chu, Member of Congress, Chair of the Congressional Asian Pacific American Caucus

80 - 20 Foundation
343 E 81st Association LLC
AACC
AAPI Progressive Action

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7 Committee on Oversight and Reform. (2020, February 12). Letter to FBI Director Christopher Wray. Retrieved from https://drive.google.com/file/d/1qhy8O2iRR-Zipeb4QQ0xTWPffkk7WX2X/view?usp=sharing
Act To Change
African American Ministers In Action
Alabama Justice Initiative
Alief Art House
All Access Interpreters
Amaanah Refugee Services
American-Arab Anti-Discrimination Committee
Apex for Youth
API Chaya
Arab American Association of New York
Arab American Institute
Arizona Asian American Bar Association
Arizona Women Lawyers Association
Asian and Latino Solidarity Alliance Fund
Asian and Pacific Islander Americans for Civic Engagement (APACE)
Asian American Action Fund
Asian American Arts Alliance
Asian American Bar Association of Chicago
Asian American Bar Association of Houston
Asian American Bar Association of New York
Asian American Chamber of Commerce
Asian American Federation
Asian American Legal Defense and Education Fund (AALDEF)
Asian American Prosecutors Association
Asian Leaders Alliance
Asian Pacific American Bar Association of Colorado
Asian Pacific American Bar Association of Los Angeles County
Asian Pacific American Bar Association of Silicon Valley
Asian Pacific American Bar Association of South Florida
Asian Pacific American Bar Association of Tampa Bay
Asian Pacific American Heritage Association
Asian Pacific American Institute for Congressional Studies (APAICS)
Asian Pacific American Labor Alliance, AFL-CIO
Asian Pacific American Lawyers Association of New Jersey
Asian Pacific American Lawyers of the Inland Empire (APALIE)
Asian Pacific American Systemwide Alliance at University of California - Davis
Asian Pacific American Women Lawyers Alliance (APAWLA)
Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
APIC
Asian Real Estate Association of America
Asian/Pacific Bar Association of Sacramento (ABAS)
Association of Asian Pacific Community Health Organizations (AAPCHO)
Association of Chinese Americans, Inc.
Border Angels
Bread & Roses Missouri
Brooklyn Chinese-American Association
Cambodian Mutual Assistance Association of Greater Lowell, Inc.
California Asian Pacific American Bar Association
Center for Asian American Media
Chhaya CDC
Chinese American Council of Sacramento
Chinese Community Center, Houston
Chinese Culture Education and Services
Chinese Methodist Center Corporation
Chinese Progressive Association
Chinese Railroad Workers Descendents Association
Chinese-American Planning Council (CPC)
CMP (Chinatown Manpower Project)
Coalition of Asian-American IPA
Communities United Against Hate
Community Partners Advocate of Little Saigon Sacramento (cPALSs)
Connecticut Asian Pacific American Bar Association
Council of Korean Americans
Council Of Peoples Organization
Crossings TV
Dallas Asian-American Bar Association
Daya Inc
Decarcerate Tompkins County
Development (National CAPACD)
Disability Rights Education & Defense Fund
Dr. Michael Hutchins Impact on Wildlife Fund
EARLY MO
East Coast Asian American Student Union (ECAASU)
Emgage-TX
Enero LLC
Equality California
Equality Labs
Filipino American Lawyers of San Diego
Filipino American National Historical Society - Houston (FANHS)
Filipino Lawyers of Washington (FLOW)
Filipino Young Leaders Program (FYLPRO)
Filipinx Artists of Houston
Florin Road Partnership
Girls Inc.
Greater Orlando Asian American Bar Association
Hamilton-Madison House
Hindu American Foundation
Hispanic Federation
Hmong American Partnership
Hmong National Development
Houston Coalition Against Hate
Houston Immigration Legal Services Collaborative
Huaxia Chinese Academy of Greater New York
Human Rights Campaign
Intec Industries
Interfaith Alliance
International Institute of Buffalo
International Institute of Los Angeles
International Institute of New England
International Institute of St. Louis
IntuitiveX
Japanese American Citizens League (JACL)
Japanese American Social Services, Inc.
Jewish Community Relations Council of St. Louis
Jewish Council for Public Affairs
KAACCH
Korean American Bar Association of Northern California
Korean American Bar Association of Washington
Korean American Voters League
Korean Community Lawyers Association
Korean-American Bar Association of Washington, DC
Lambda Legal
Laotian American National Alliance
Lawyer’s Committee for Civil Rights Under Law
League of Educators for Asian American Progress
League of Women Voters of the United States
Legal Aid at Work
Matthew Shepard Foundation
Metro Theater Company
Mi Familia Vota
Michigan Asian Pacific American Bar Association
Migrant Clinicians Network
Minnesota Asian Pacific American Bar Association
MotivAsians for Cleveland
Muslim Advocates
NAACP
NAACP Legal Defense and Educational Fund, Inc.
NALEO Educational Fund
NASTAD
National Asian Pacific American Bar Association (NAPABA)
National Asian Pacific American Women's Forum (NAPAWF)
National Association of Asian American Professionals (NAAAP)
National Association of Social Workers (NASA)
National Center for Farmworker Health
National Coalition for Asian Pacific American Community
National Council of Jewish Women
National Federation of Filipino American Associations (NAFFAA)
National Filipino American Lawyers Association (NFALa)
National Health Care for the Homeless Council
National Indian Education Association
National LGBTQ Task Force Action Fund
National Queer Asian Pacific Islander Alliance (NQAPIA)
National Women’s Law Center
OCA - Central Virginia Chapter
OCA - Fairfield County
OCA - Greater Chicago
OCA - Greater Cleveland
OCA - Greater Houston
OCA - Greater Los Angeles
OCA - Greater Washington, DC Chapter (OCA-DC)
OCA - Las Vegas
OCA - New Jersey
OCA - New York Chapter
OCA - Pittsburgh
OCA - Sacramento
OCA - San Francisco
OCA - St. Louis Chapter
OCA - Westchester Hudson Valley
Olympia Chapter of JACL
OneAmerica
Orange County Asian American Bar Association
Orange County Korean American Bar Association (OCKABA)
Pan Asian Lawyers of San Diego
People For the American Way
PFLAG National
Philippine American Bar Association (PABA)
Philippine American Chamber of Commerce (PACC)
Pilipino American Unity for Progress Inc. - Texas Chapter
Public Affairs Alliance of Iranian Americans (PAAIA)
RAISE
S. Puget Sound Asian Pacific Islander Coalition
Sakhi for South Asian Women
Salesforce Asiapacforce
Sampreshan Inc
San Diego Chapter of JACL
San Diego Chinese Attorneys Association
SAPNA NYC
SEAC Village
Sikh Coalition
Silver State Equality - Nevada
South Asian Americans Leading Together (SAALT)
South Asian Bar Association - Southern California
South Asian Bar Association of Chicago
South Asian Bar Association of San Diego
South Asian Youth Action
Southeast Asia Resource Action Center (SEARAC)
Southern California Chinese Lawyers Association
St. Francis Community Services, Catholic Legal Assistance Ministry
St. Louis Chapter of JACL
Taiwanese American Lawyers Association
Teens for Vaccines
Texas Freedom Network
Thai American Samakkee Coalition
The Korean-American Family Service Center
The Leadership Conference on Civil and Human Rights
The Witness to Witness program
U.S. Committee for Refugees and Immigrants
UnidosUS
Union for Reform Judaism
United Bakery
United Church of Christ, Justice and Witness Ministries
Uptown Studios
VN TeamWork, Inc.
Washington Census Alliance
Washington Chinese Youth Club
Washington State Democratic Party
Washington University Undergraduate and Graduate Workers Union
Westchester Association of Chinese Americans
Western States Center
U.S. Commission on Civil Rights Unanimously Issues Recommendations to Secure Nondiscrimination in the COVID-19 Pandemic Context, and Specifically to Address Anti-Asian Racism and Xenophobia

May 8, 2020

As an independent, bipartisan, fact-finding federal agency, our mission is to inform the development of national civil rights policy and enhance enforcement of federal civil rights laws. As the nation’s civil rights watchdog, we have a unique responsibility during times of crisis to speak out on behalf of communities who are directly or indirectly impacted by the crisis.

We are especially concerned, as we noted in a statement we issued earlier this month,¹ over the increase in xenophobic animosity toward Asian Americans (and perceived Asian Americans) as a result of the COVID 19 pandemic.

As discussed in more detail below, all federal civil rights offices should use enforcement where necessary to secure rights violated within their jurisdictions. It is also necessary for the federal government to communicate and act in a manner that demonstrates to communities that it will protect all Americans regardless of race, national origin, or other protected characteristics. Given the rise in anti-Asian sentiment reported in recent weeks and months, it is important that the federal government is conscious of the particular needs of the Asian American community. The Commission has identified widespread concerns about discrimination impacting Asian Americans in relation to education, employment, hate crimes, health, housing, and immigration enforcement.² Efforts to address these concerns must always take into account the critical requirement to provide for language access for limited English proficient populations. According to Census data, Asian Americans and Pacific Islanders make up 22 percent of the limited English proficient population in the United States.³

Core Non Discrimination Principles

Based on our experience evaluating civil rights in the United States over 62 years, and our statutory charge, the Commission reminds the President, Congress, and the American people of the following core nondiscrimination principles applicable now as in all times, as the Department of Justice noted in recent civil rights guidance:

For more than six decades, Congress has promised the American people that discrimination based on race and national origin is unlawful. Title VI of the Civil Rights Act of 1964 promises: “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” Through this law and many others, Congress has extended this nondiscrimination protection to all aspects of American life, including housing, employment, education, healthcare, and use of public accommodations. Other statutes, such as the Hate Crimes Prevention Act and the Voting Rights Act, similarly prohibit discrimination based on race and national origin.

Federal courts have been clear over time in their explanations of ways race and national origin discrimination can persist and the range of remedies available therefore. With respect to employment discrimination, the Supreme Court observed that “[t]he objective of Congress in the enactment of Title VII is plain from the language of the statute. It was to achieve equality of employment opportunities and remove barriers that have operated in the past to favor an identifiable group of white employees over other employees.” As the Court subsequently pointed out, the potential remedies for such discrimination is by necessity broad: “...Congress took care to arm the courts with full equitable powers. . . . Where racial discrimination is concerned, the district court has not merely the power but the duty to render a decree which will so far as possible eliminate the discriminatory effects of the past as well as bar like discrimination in the future.” For example, in a case involving a hospital that subjected Filipino-American hospital workers to unfair treatment including “harassing comments, undue scrutiny, and discipline particularly when speaking with a Filipino accent or in Filipino languages,” the EEOC secured a

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13 Albemarle Paper Co. v. Moody, 422 U.S. 405, 418 (1975) (internal citations and quotation marks omitted).
consent decree in 2012 requiring payment of monetary relief, development of protocols for handling harassment and discrimination, and adoption of a Title VII-compliant language policy. In March 2013, the Civil Rights Division of the Department of Justice settled its first claim under the Americans with Disabilities Act regarding discrimination against persons with Hepatitis-B, the majority of whom are Asian American.

In 1974, in the landmark case of *Lau v. Nichols*, the Supreme Court established that to protect against national origin discrimination under Title VII, schools must provide “meaningful access” to education in languages other than English; this “meaningful access” standard now extends to federally-funded activities such as courts and law enforcement, health services, and voting.

The federal government can and should protect these rights. In one case, for example, involving the failure of a Maine child protective services contractor to provide interpreters for Limited English Proficient clients speaking Somali, Vietnamese, and Cambodian, HHS OCR secured an agreement that the contractor would “implement a new Language Assistance Policy and take additional steps to ensure that LEP persons are provided meaningful access to all of its more than 40 programs in over 15 locations through the state.” In another case, the Department of Justice filed suit against Alameda County, California, for failing to provide effective access to the ballot for Spanish and Chinese-speaking Americans as required by Section 203 of the Voting Rights Act of 1965. The suit resulted in a consent decree in 2011 under which “the County must provide bilingual language assistance at the polls and election-related

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15 See Settlement Agreement Between the United States of America and the University of Medicine and Dentistry of New Jersey Under the Americans with Disabilities Act, Mar. 5, 2013, https://www.ada.gov/umdij_s.htm. See also U.S. Department of Justice, Press Release, “Justice Department Settles with University of Medicine and Dentistry of New Jersey Over Discrimination Against People with Hepatitis B,” Mar. 5, 2013, https://www.justice.gov/opa/pr/justice-department-settles-university-medicine-and-dentistry-new-jersey-over-discrimination (“Both of the applicants in this matter come from the Asian American Pacific Islander community. The CDC reports that Asian American Pacific Islanders (AAPIs) make up less than 5 percent of the total population in the United States, but account for more than 50 percent of Americans living with chronic Hepatitis B. Nearly 70 percent of AAPIs living in the United States were born, or have parents who were born, in countries where hepatitis B is common. Most AAPIs with Hepatitis B contracted Hepatitis B during childbirth. The Civil Rights Division is committed to ensuring that this community is not subjected to discrimination because of disability.”)


materials and information in Spanish and Chinese” and federal observers can monitor voting processes in the county.19

Other relevant cases include not only language discrimination, but also other forms of national origin discrimination such as challenging voters based on national origin or prohibiting Asian-American voters from receiving assistance. The Commission documented some of these cases in our 2018 statutory report on voting rights,20 along with testimony about concerns of increasing anti-Asian hate sentiment impacting voting rights as there is no longer federal preclearance of changes in voting procedures that are likely to be discriminatory.21 The Commission also documented our concerns with ongoing discrimination in voting, decreased Department of Justice activity in monitoring elections to help prevent discrimination and bringing affirmative cases to prevent implementation of discriminatory voting procedures.22

In a case stemming from a joint investigation by the Department of Justice and Consumer Financial Protection Bureau, the federal government filed suit against American Honda Finance Corporation for violation of the Equal Credit Opportunity Act by allowing automobile dealers “to charge higher interest rates to borrowers on the basis of race and national origin.”23 The federal government secured a consent order in 2015 under which Honda had to “implement policies and procedures that limit the dealer markup on automobile retail installment contracts,” create a $1 million consumer financial education program, and establish a $24 million compensation fund for particular African American, Hispanic American, and Asian American borrowers who were subjected to Honda’s discriminatory practices.24

The federal government also has an important role in preventing and addressing hate crimes against Asian Americans. The Commission recently found that although data was incomplete, as the FBI only began collecting disaggregated data about Asians and Native Hawaiians and Other Pacific Islanders in 2013,25 reported hate crimes based on national origin, including those directed against Asian Americans, have been dramatically

20 U.S. Comm’n on Civil Rights, An Assessment of Minority Voting Rights Access in the United States, https://www.usccr.gov/pubs/2018/Minority_Voting_Access_2018.pdf, p. 140 (New York State Attorney General settlement of case of discrimination and harassment of Chinese American student voters who were challenged and removed from the rolls, though they were ultimately added back to the rolls after the settlement) and p. 258 (cases brought to enforce the right to voter assistance).
21 Id. at 191-192 (testimony of Jerry Vattamala, Asian American Legal Defense and Educational Fund).
22 Id. at 252, 275.
24 Id.
increasing in recent years. According to FBI data, the highest incidents of reported hate crimes were motivated by race, and the second-highest were motivated by ethnicity; both categories include anti-Asian bias.

The Commission has also documented recent anti-Asian American hate incidents in schools, particularly at the elementary school level. We reported that:

Furthermore, according to a report by the Sikh Coalition and the Asian American Legal Defense and Education Fund (AALDEF), in 2013, 50 percent of Asian American youth surveyed in New York City have experienced bias-based bullying and harassment in school. That is, half of these students have been victims of bias incidents in their school.

These incidents are similar to those reported incidents unfortunately arising in the wake of the current pandemic.

**Commission’s Recommendations**

The Commission’s recommendations to reduce the dangerous and hateful spread of anti-Asian sentiment that appears to be on the rise during this pandemic are as follows:

- All federal civil rights offices should use enforcement where necessary to secure rights violated within their jurisdictions.

- All federal officials must communicate and act in a manner that demonstrates to communities that the federal government will protect all Americans regardless of race, national origin, or other protected characteristics.

- Federal agencies should improve their civil rights performance overall and specifically, through improving data collection and disaggregating data; through prioritizing and including civil rights in their highest-level agency strategic planning process, with an ability to weigh in on policies before they are enacted; through improved enforcement actions when necessary; through increased staffing necessary for baseline levels of civil rights oversight and compliance reviews; and through proactive guidance, community outreach, and partnerships.

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26 *Id.* at 85, 92.
27 *Id.* at 85, Chart 8: Hate Crimes by Race/Ethnicity Bias (2009-2017).
28 See, e.g., *United States v. Won Kim Ark*, 169 U.S. 649 (1898). See also U.S. Census Bureau, About Race, [https://www.census.gov/topics/population/race/about.html](https://www.census.gov/topics/population/race/about.html) (accessed 5/5/2020); 2020 Census Questions: Race, [https://2020census.gov/en/about-questions/2020-census-questions-race.html](https://2020census.gov/en/about-questions/2020-census-questions-race.html) (“The category ‘Asian’ includes all individuals who identify with one or more nationalities or ethnic groups originating in the Far East, Southeast Asia, or the Indian subcontinent. Examples of these groups include, but are not limited to, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.”).
29 *In the Name of Hate* at 155-56.
30 *Are Rights a Reality?*, at 4-5 and 508-10.
• Federal agency civil rights offices use all tools at their disposal, including guidance documents, public education, technical assistance, outreach, and publicity to ensure that the regulated community understands their legal obligations under federal civil rights laws, and to ensure that the general public know their rights. For instance, this should include increased grants and training to local jurisdictions for addressing hate crimes and bias-motivated incidents.\textsuperscript{31}

• For all of these communications, officials should remember their federal obligation to provide access to individuals with limited English proficiency.\textsuperscript{32}

• Federal officials should make sure to communicate the resources available for individuals and communities who might be targeted, specifically to address hate crimes and bias-motivated incidents. In this instance, this type of engagement might include working with Asian American organizations or organizations that provide assistance to Asian residents in our country to provide leadership and assurance that anti-Asian harassment, slurs, bullying, aggression, and violence are not to be tolerated and provide a direct line of communication for organizations to report instances of the same.

• Federal officials should also use non-English media to publicize all of the above. The utilization and placement of language-appropriate public service announcements should be a priority.

It is not the responsibility of only one agency or civil rights office to enforce these nondiscrimination laws; it is incumbent on any office that has jurisdiction to fulfill its legal mandate and ensure that no American is without the protection of our nation’s core civil rights promises. Moreover, all Americans should do our part to fulfill the promises in our nation’s civil rights laws so that each among us, now and in all times, may live, work, learn, and thrive in the expectation that our peers and our government will treat us with respect, dignity, and fairness.

###

The U.S. Commission on Civil Rights, established by the Civil Rights Act of 1957, is the only independent, bipartisan agency charged with advising the President and Congress on civil rights and reporting annually on federal civil rights enforcement. Our 51 state Advisory Committees offer a broad perspective on civil rights concerns at state and local levels. The Commission: in our 7\textsuperscript{th} decade, a continuing legacy of influence in civil rights.

Follow us on Twitter and Facebook.

\textsuperscript{31} In the Name of Hate, at 5-6 and 226-27.
The Health Equity and Accountability Act

BACKGROUND
The Health Equity and Accountability Act (HEAA) is a comprehensive and strategic legislative roadmap that aims to eliminate racial and ethnic health disparities. HEAA is the only legislation that directly addresses the intersections of health inequalities and immigration status, age, disability, sex, gender, sexual orientation, gender identity and expression, language, and socio-economic status. Since 2007, HEAA has been introduced by the Congressional Tri-Caucus, comprised of the Congressional Asian Pacific American Caucus (CAPAC), the Congressional Black Caucus (CBC), and the Congressional Hispanic Caucus (CHC). The CHC is leading the introduction of HEAA for the 116th Congress and Rep. Jesus “Chuy” Garcia is the lead sponsor on behalf of the CHC.

AN OVERVIEW OF ISSUES HEAA ADDRESSES
HEAA builds on the gains made under the Affordable Care Act (ACA) and lays out a vision of additional investments Congress should make to respond to the policy threats against the health and well-being of underserved communities, address health disparities and ensure access to quality, affordable health care for all. Examples of issues HEAA addresses include:

- Reducing racial health disparities, including infant and maternal mortality rates.
- Expanding mental and behavioral services targeting low-income, communities of color.
- Increasing federal funding for health care services for people of color living with HIV/AIDS.
- Improving health care access and quality for all, including undocumented children and families.
- Strengthening health data collection to inform policies that eradicate racial health disparities.
- Enhancing language access and culturally competent care for limited English proficient (LEP) immigrants.
- Addressing social determinants of health to mitigate the effects of systemic poverty and discrimination.

Over 300 racial and health equity organizations, researchers, provider groups, and community-based organizations have contributed to the development of HEAA since its inception. Additionally, over 150 Members of Congress have co-sponsored HEAA over the past decade.

CONTACT
For questions about HEAA, please contact Alberto Gonzalez with UnidosUS (agonzalez@unidosus.org) or Lanette Garcia with Rep. Jesus Garcia (lanette.garcia@mail.house.gov).
## Coronavirus (COVID-19) Pandemic Response

**Tuesday, March 24, 2020**

<table>
<thead>
<tr>
<th>Topline Messages</th>
</tr>
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<tbody>
<tr>
<td>The federal government continues taking aggressive and proactive steps to address the coronavirus (COVID-19) pandemic. The health and safety of the American people is our top priority.</td>
</tr>
<tr>
<td>We are halfway through <a href="https://www.whitehouse.gov">15 Days to Slow the Spread</a>, Do your part to flatten the curve: Stay home as much as much as possible. If you need to go out, practice social distancing.</td>
</tr>
<tr>
<td>Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole of government response to fight the COVID-19 pandemic and protect the public.</td>
</tr>
<tr>
<td>On March 22, President Trump directed the Secretary of Defense to allow the states of California, New York and Washington use of the National Guard in a Title 32 status to support state and local emergency assistance efforts.</td>
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<tr>
<td>- This allows the governors to activate the National Guard to support their disaster response efforts, on a fully reimbursable basis and under their respective command and control, if that becomes necessary. To date, 8,000 National Guard troops have activated to help with testing and other response efforts.</td>
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<td>- Additional states can request this assistance and those requests will be considered.</td>
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<td>On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act. The President’s action cuts red tape and bureaucracy and avoids governors needing to request individual emergency declarations.</td>
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<td>In addition, the states of New York, Washington and California were approved for major disaster declarations to assist with additional needs identified in these states.</td>
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<tr>
<td>Medical supplies are en route to these states, including respirators, surgical masks and gowns, face shields, coveralls and gloves, with quantities already delivered to Washington and New York. We anticipate additional supplies will be delivered within the next 24 hours.</td>
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<tr>
<td>The U.S. Navy hospital ship Mercy is en route to Los Angeles to provide additional hospital beds and medical staff because the projected cases there are expected to be greater than Washington.</td>
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<tr>
<td>FEMA issued a $350 million Mission Assignment to the U.S. Army Corps of Engineers for construction of alternate care facilities in New York. Four sites have been selected.</td>
</tr>
<tr>
<td>FEMA is working with the Department of Health and Human Services and the state of New York to complete the construction of a 1,000-bed medical station at the Jacob K. Javits Convention Center in New York City to care for patients with special health needs. These medical stations increase local healthcare capabilities and can be tailored to meet local requirements.</td>
</tr>
</tbody>
</table>
FEMA and HHS Responding

> All 50 states, the District of Columbia, five territories and two tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.
>   - States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
> Since February, FEMA has worked directly with the White House Task Force and HHS to provide situational awareness, planning, logistics and supply chain support.
> FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in 48 states, Guam, Puerto Rico and the U.S. Virgin Islands are at full or partial activation.
> It is important that requests for assistance, especially for critical supplies, get routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
>   - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
>   - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
> FEMA is working with HHS to deliver additional supplies and ventilators. This includes using its Logistics Supply Chain Management System to procure and track commodities to supplement state and tribal purchases.
> Federal agencies working to meet demands for personal protective equipment (PPE) through new acquisition, DOD allocation and the Strategic National Stockpile.
> On March 23, FEMA obligated $31 million to the state of Louisiana to reimburse expenses for the response to COVID-19.
> On March 22, FEMA obligated $32 million to the state of California to reimburse costs related to the COVID-19 response.
> The Department of Health and Human Services (HHS) also has funding available, including $40 million dollars specifically identified for tribes, tribal organizations, and tribal health service providers.
> National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines, and treatments.

Supporting Delivery of Critical Goods and Services

> We are asking governors to keep the roads open for grocery trucks and related supporting supply chains.
>   - Continue to provide safety and priority to your health care staffs, law enforcement, EMT, fire and new responders who include truck drivers, fuel providers and grocery clerks.

Community-Based Testing Sites (CBTS)

> To date, over 250,000 tests have been performed for COVID-19 in state and local public health and commercial laboratories throughout the U.S. Approximately 10% of individuals test positive for coronavirus.
Federal officials and the U.S. Public Health Service are working closely with state, local and private sector partners to bolster testing capabilities and supplies. We’re working to make testing more easily accessible to high risk populations: healthcare facility workers, and first responders. There are currently 27 sites open in 10 states.

Community-based Testing Sites (CBTSs) are focused on testing our nation’s frontline heroes, healthcare facility workers and first responders, who are working around the clock to provide care, compassion, and safety to Americans.

It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.

CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.

### Ventilator Guidance

- On March 22, the FDA issued guidance that will help expand the availability of ventilators and accessories, as well as other respiratory devices, during the COVID-19 pandemic. This guidance will help increase availability by providing the maximum regulatory flexibility.
- The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

### Defense Production Act

- On March 18, President Trump issued an executive order outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
- Because of the outpouring of support from the private sector, there has not been immediate need to use DPA.
- The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary. This includes the ability to prioritize acceptance and fulfillment of contracts, allocate limited supplies, incentivize investment in additional production capacity, and enter voluntary agreements with industry partners that might otherwise be subject to antitrust laws.
- Additional information on the Defense Production Act and how its authorities may be used to support the national response to COVID-10 is available at [fema.gov/coronavirus](http://fema.gov/coronavirus).

### Other Federal Agencies

- The U.S. Army Corps of Engineers completed 14 reconnaissance missions. Nearly 200 USACE personnel are supporting the COVID-19 mission.
- The Small Business Administration is providing low-interest loans to small businesses and nonprofits severely impacted by the Coronavirus (COVID-19). The SBA also announced deferments on all SBA disaster loans from previous disasters, effective through December 31, 2020.
- The U.S. Department of Labor announced the availability of up to $100 million for Dislocated Worker Grants to help address the workforce-related impacts related to COVID-19.
The U.S. Department of Housing and Urban Development issued a moratorium on foreclosures and evictions for single family homeowners with FHA-insured mortgages for the next 60 days.

The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.

The U.S. Department of Education announced all borrowers with federally held student loans will have zero interest rates for at least 60 days. Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.

**Combatting Disinformation and Rumors**

- There are foreign adversaries who are trying to cause chaos in our country and spread disinformation and rumors.
- To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: fema.gov/coronavirus.
- Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like coronavirus.gov or your state and local government’s official accounts.
- Everyone can do their part to stop the spread of disinformation by doing three things; don’t believe rumors, don’t pass them along, and go to trusted sources of information to get the facts.

**How to Help**

- Cash donations to the non-profit of your choice IS THE BEST donation.
- If you have medical supplies or equipment to donate, please email FEMA’s National Business Emergency Operations Center at nbeoc@fema.dhs.gov.
- Trained medical volunteers can offer their services by registering with a National VOAD member on nvoad.org.
- One thing people can do to help is to donate blood. Many blood drives have been cancelled, impacting the supply. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit redcross.org.
- To sell medical supplies or equipment to the federal government, businesses can register through the System for Award Management (SAM) website.

**Strategic National Stockpile**

- The Strategic National Stockpile (SNS) continues to ship medical equipment nationwide.
- As of March 23, the SNS has delivered the following personal protective equipment and supplies to support public health authorities in the states, four largest metro areas and U.S. territories:
  - 7.6 million N95 respirators
  - 14.3 million surgical/face masks
  - 2.4 million face shields
  - 720 ventilators
  - 1.9 million gowns
  - 8,500 coveralls
  - 12.4 million gloves
HONORING OUR HEROES: Provides nearly $1 trillion to state, local, territorial and tribal governments who desperately need funds to pay vital workers like first responders, health workers, and teachers who keep us safe and are in danger of losing their jobs.

A HEROES’ FUND FOR ESSENTIAL WORKERS: Establishes a $200 billion Heroes’ fund to ensure that essential workers who have risked their lives working during the pandemic receive hazard pay.

TESTING, TRACING AND TREATMENT: Provides another $75 billion for coronavirus testing, contact tracing and isolation measures, ensures every American can access free coronavirus treatment, and supports hospitals and providers.

MORE DIRECT PAYMENTS: Cushions the economic blow of the coronavirus crisis with a second round of more substantial economic impact payments of $1,200 per family member, up to $6,000 per household.

PROTECTS PAYROLLS: Enhances the new employee retention tax credit that encourages employers to keep employees on payroll, allowing 60 million Americans to remain connected to their paychecks and benefits.

WORKER SAFETY: Requires OSHA to issue a strong, enforceable standard within seven days to require all workplaces to develop and implement infection control plans based on CDC expertise, and prevents employers from retaliating against workers who report infection control problems.

SUPPORTS SMALL BUSINESSES AND NONPROFITS: Strengthens the Payroll Protection Program to ensure that it reaches underserved communities, nonprofits of all sizes and types and responds flexibly to small businesses by providing $10 billion for Covid-19 emergency grants through the Economic Injury Disaster Loan program.

PRESERVES HEALTH COVERAGE: Protects Americans losing their employer-provided health insurance with COBRA subsidies to maintain their coverage and creates a special enrollment period in the ACA exchanges for uninsured Americans.

EXTENDS UNEMPLOYMENT BENEFITS: Extends weekly $600 federal unemployment payments through next January, providing a vital safety net for the record number of Americans who are unemployed.

HOUSING ASSISTANCE: Helps struggling families afford a safe place to live with $175 billion in new supports to assist renters and homeowners make monthly rent, mortgage and utility payments and other housing-related costs.

FOOD SECURITY: Addresses rising hunger with a 15 percent increase to the maximum SNAP benefit and additional funding for nutrition programs that help families put food on the table.

SAFEGUARDS FOR OUR DEMOCRACY: Includes new resources to ensure safe elections, an accurate Census, and preserve the Postal Service.