

# WHAT WE EXPERIENCE | MIND & SPIRIT



# Artist Reflection:

## *Gabriella Ignacio*

As you'll read throughout the issue, Asian health is no minor topic – whether manifest in traditional remedies, modern hospitals, or novel prescription medicine, it is expansive in both content and history. With the cover, I used a still-life image in the hopes of capturing the general broadness of this issue's theme.



# Letter from the Founders

Dear reader,

Welcome to our eleventh quarterly issue! We are beyond excited, as always, to present to you our issue. Thank you for taking the time to read our magazine. We are so grateful for all of your support.

If you are new to our magazine, our names are Jeenah Gwak and Hope Yu, and we are two college students from the greater Seattle area, now at Stanford University and Carleton College respectively. Our project began as one of our many ideas. As Asian adolescents living in American society, we have witnessed countless instances of discrimination and xenophobia against people of Asian descent. Additionally, despite living in a relatively Asian-dense region, we have been exposed to various forms of social injustice against Asian Americans, such as the lack of Asian representation in academic curricula and recent COVID-19 related events. These occurrences galvanized us to take action.

Taking into consideration our abilities, we decided that promoting awareness through written works would be the most appropriate course of action. Through our magazine, we seek to share the untold stories of Asian-American experiences surrounding racism and societal pressures that are often overlooked in society. We hope to educate and inspire you to take action in your own respective way.

Our magazine, *What We Experience*, is released quarterly, on the last Sunday of every March, June, September, and December, covering the experiences of various Asian identities. This eleventh issue, titled “Mind & Spirit” in reference to mental and physical health, covers topics related to Asian health remedies and traditional practices, to personal narratives of our mental health.

This eleventh issue will continue our series on AAPI individuals in various aspects of society.

Thank you for supporting us in our journey to advocate for the Asian-American community. We hope you enjoy our magazine and feel inspired to share it with others.

Sincerely,  
Jeenah Gwak & Hope Yu

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# Scratching the Surface:

## An Overview of Asian vs. American Healthcare

Gabriella Ignacio

I stared intently as two lines slowly appeared on the Covid-19 test strip. Positive. Great. Normally, the implications of having Covid would be minimal – I would simply have to stay at home, take long naps, and catch up on missed work if I felt like it. My circumstances at the time, however, were more complicated; as an American student living at a university in South Korea, I was quickly escorted to a hospital isolation room to quarantine. Though my 5-day stay was spent doing nothing but watching movies, conversing in broken Korean with my roommates, and staring out the window in the bathroom (it being the only one in our isolation unit), the chance of being in a foreign hospital was compelling nonetheless. Throughout my sick leave, I was able to gain minor glimpses into the Korean healthcare system, and in turn, my initially unfavorable experience resulted in deeper curiosities about Asian health in general.

Throughout history, one of the most influential factors in the development of Asian healthcare has lied in relationships between different countries.

One of the earliest examples of this dates back to over 2,000 years ago, when the advancements in Chinese health became widely known. The Chinese understanding of maintaining balance within bodily systems was far more advanced than any other nation of the time, and the diffusion of their medical knowledge has established ideologies regarding health and well-being throughout the Asian continent. However, it wasn't solely China's knowledge that shaped Asian healthcare – as transportation became more developed, Western practices began influencing it as well, and ultimately had a more lasting impact. During the early 20th Century, for example, private American organizations such as the Rockefeller Foundation established health ministries in Southeast Asian countries in order to expand global health. Though not the sole reason for the region's advancement in health, these foundations were critical for solidifying modern public health systems, and their support of Asian research and medicinal practices continues to this day.

As a result of the aforementioned factors (as well as many others), Asia is currently lauded for being highly advanced in modern medicine. Of course, it is admittedly difficult to generalize the healthcare quality of the entire continent, but it is still effective to acknowledge and learn from their many achievements. With that being said, particularly successful forms of Asian healthcare are typically evident in East Asian areas; Japan, South Korea, and Hong Kong, for instance, are consistently ranked amongst the most accessible and affordable places in terms of health. This is often attributed to their similar medical structures – all three use the National Health Insurance (NHI) model as their form of healthcare, and privately-owned corporations are less of a priority compared to the government-provided assistance. This has resulted in healthcare that is relatively cheaper and more efficient compared to other models; for comparison,

the yearly amount spent on healthcare in Japan and South Korea is roughly \$4,500 and \$3,600 per capita, respectively, while in the US it is closer to \$13,000.

While researching for this article, I couldn't help but contrast my knowledge of American healthcare to that of Asia, and found, unsurprisingly, that American healthcare often lacks in comparison. In contrast to Asian healthcare, the United States is infamous for the high cost and little success of its medical services and often underperforms when compared to other developed nations. Despite spending more money on healthcare than any other country – roughly 18% of the GDP per year – both the quality of care and satisfaction amongst American citizens is consistently ranked low. Even Americans with insurance spend significantly more money than insured individuals from other wealthy countries, and many resort to purchasing medication from foreign places as a result.



*Photo Courtesy of expatfinancial.com*

In addition to the troubling costs that pervade throughout healthcare, economic inequality, isolated locations, and other barriers to medical accessibility can force even the most developed countries to face equity issues. For the United States in particular, the issue of racial and ethnic disparities in healthcare has been of concern, especially given that the US is known for its population's rich diversity. Fortunately, the past couple of decades have seen progress in addressing health disparities of various communities. By identifying and addressing differential health threats to Black and LGBTQ+ Americans, for example, researchers have developed methods in minimizing risks and providing intervention tactics for those demographics. With these effective tactics in mind, perhaps a similar approach can be taken with Asian-Americans and other less-researched groups. Though Asian healthcare is far from perfect – for instance, accessibility to mental and psychological health resources in Asia remains a prevailing issue – maybe drawing inspiration from current Asian models and other successful regions of the world can give us an idea of how to approach healthcare gaps in our own country. Despite this hope for continual progress, changing an entire system takes years. For now, it's far from clear if a complete reform will happen anytime soon.

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Rojun Andres

# Built to Nurse:

## A Brief History of Filipino Nurses in America

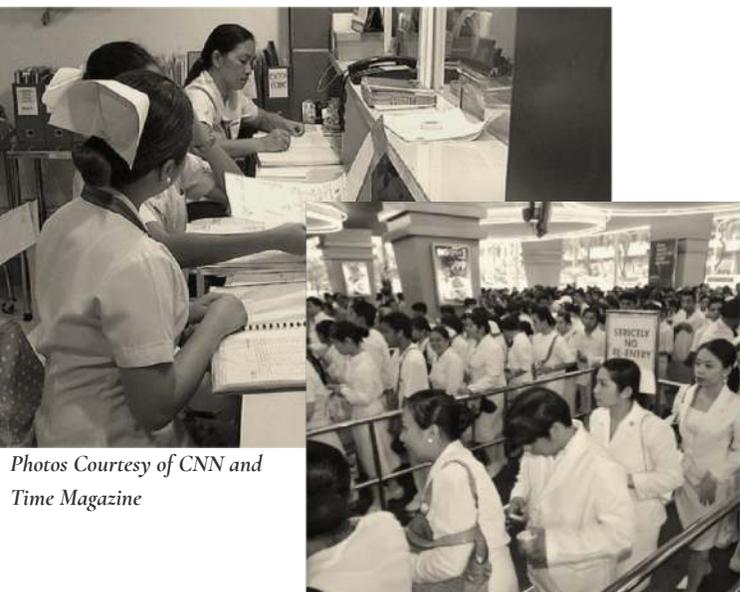
**"Ever since I was little, I wanted to be a nurse."**

This delighted my parents because it aligned with their “successful smart Asian kid” agenda, especially since I had relatives interested in the field. Moreso, Filipino people have historically played a large role in the United States healthcare system. Despite being a colonial ramification, it’s given me the opportunity to be able to choose a career on my own, allowing me a sense of reclamation and an honor to continue the work of Filipino nurses who came before me. As the U.S. reels from the medical crisis caused by COVID-19 and open nurse positions are at an all time high, I am reminded of how the US used Filipino people to fill a similar shortage more than seven decades ago.

In past nurse shortages, America had relied on another source of healthcare workers, Filipino nurses. Filipino nurses were the perfect candidates to recruit in America’s struggling health system because

of their relationship prior to the mid-20th century nurse shortage. This can date back to 1898, after Spain lost the Philippines to the US under the Treaty of Paris and the Benevolent Assimilation Proclamation. Nursing programs were created because of the Benevolent Assimilation and included many westernized nursing practices. This was to prepare nurses to work in America, while also solidifying the already existing health institutions created by the Spanish missionaries throughout their colonization in the Philippines.

Nurses that were trained in the Philippines already had a good grasp on what the American health system wanted because of the programs that were created under the Benevolent Assimilation. Yet, there was still a language barrier that persisted between the educators and the students. Thus, a group of 600 teachers traveled to the Philippines in 1901 called the Thomasites — named after the boat they traveled on — to teach English. Currently, being able to



Photos Courtesy of CNN and Time Magazine

understand both Tagalog and English is very common in the Philippines. Many would also understand their native dialect depending on the region they are from. For example, my mom speaks Ilocano (a dialect that mainly resides in the Northern parts of the Philippines), but is able to speak both English and Tagalog. My aunt mainly speaks the dialect of Waray-Waray (a dialect that is used in Eastern parts of the Philippines), but can easily communicate with English and Tagalog as well. The American language culture assimilated well into the Filipino education system, even becoming a core subject at most levels of schooling.

With both the skills of English and Nursing, The Philippines had become the top exporter of nurses not only in America, but globally. Over the decades, a little less than 200 thousand Filipino-born nurses have been deployed overseas and this number will continue to grow (Khor). Simultaneously, many nurses are also leaving the profession. As these nurses leave, thousands of the vacant nursing positions are filled by nurses who are foreign-educated. Of the 219,000 foreign-born nurses that serve in America, roughly 65,000 of these nurses come from the Philippines, making up 30% of the overall foreign-educated nurses in just the US (Aiken). The median hourly wage in America for nurses is about \$37.31 per hour, with 77,600 dollars per year (Labor of Bureau Statistics).

A single dollar in America is the equivalent to 55 Philippine pesos. Using the information from Bonz Magsambol's article, "Low pay, high risk: The reality of nurses in the Philippines", a year working as an entry-level nurse would average about 96,000 Philippine pesos, which is estimated to be 1,920 in American dollars. The wages in America are 40 times the wages in the Philippines, adding to the appeal of working in America. With that being said, hospitals no longer feel the need to improve the wages of nurses, but rather have the U.S. accept foreign nurses to fill the jobs that American nurses do not want (Teng). Yet, to say that America was the sole beneficiary of this exchange would be wrong. The wages earned by these nurses are not only utilized for their own needs in America, but usually given to their families back home in the Philippines.

To Filipino nurses amassing this newfound wealth because of their career in America, they do not see this as inadequate compared to American nurses. This is not to say that this justifies and permits the exploitative actions from hospitals, but you can't blame Filipino nurses for taking up the jobs that earn them significantly more with the same profession back home, especially since the money is meant to care for their families' back home. I would also imagine that completing college and earning the required licenses/documents to work outside the country isn't an easy feat. My grandma, who had lived in the Philippines for 57 years before moving to America permanently, had always told me, "You must always share your blessings." At the time, I may have thought of it as another tactic for her to give her what I want, but it made me realize how much of an opportunity I was given, simply by being born in America. While my grandma may not be a nurse, she continues to send money and boxes of goods back home to the Philippines for her three other kids and their families. I've learned to understand the importance that immigrant Filipino workers have on the economy of the Philippines by simply providing for their families back home.

The love that Filipinos have for their families is truly unmatched, especially with the financial support that overseas workers provide for family members back home. Filipino nurses alone send about a billion dollars every year; in 2011, overseas workers sent home 20 billion dollars, this being 13% of the gross domestic product (GDP) in the Philippines (Cal).

Nurses serve as one of the most important positions in the hospital setting, yet never get the recognition they truly deserve. They are the ones to provide quality care to patients, spending the entirety of their shift watching and caring for them. Yet in America, many nurses consider leaving the profession to pursue different careers for numerous reasons: sexual harassment, the excessive shifts, being underpaid, age, and even micro-aggressions. Not only that, but there is a lack of staffing and funding to educate more students on becoming nurses. The nurses who fought against COVID-19 are tired and are now choosing themselves over the system that fails to support them. With that, we face one of the largest nurse shortages we've seen in history. In Washington State alone, we would need 6,100 nurses to fill in the already existing shortage (Burbank). According to the National Library of Medicine (that included a study conducted by over nine different countries), a patient is more likely to pass away within 30 days of admission for every patient the nurse has to care for. When we continue to spread our nurses thin, it risks the quality care they can provide (Ball).

With the lack of support and respect that nurses have received over the years, it was inevitable for the positions to become vacant once again. This leaves the US in desperate need of more nurses and a greater reliance on our migrant nurses to fulfill these shortages. Regardless where these shortages lie, it is important to reflect and recognize that nurses are not given the wages they truly deserve, whether that be in the Philippines or in the United States.

The choice to become a nurse is already a challenge in itself, but pursuing the career is another. There are times where I feel as though it's not worth becoming a nurse anymore because of the obstacles and barriers that come with it. There are even times that I wonder why I choose to become a nurse in the first place. Perhaps it's the ability to comfort others or even live the busy—and possibly alarming—lifestyle, but I know that one thing is for sure; that I will continue the legacy that the Filipino people continue to uphold in America's health systems.

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*Chinese Hand Acupuncture // Photo Courtesy of webmd.com*

## NICOLE KIM AN ASTOUNDING ALTERNATIVE FOR MODERN MEDICINE: TRADITIONAL CHINESE MEDICINE

I vividly remember my numerous visits to a traditional Chinese medicine clinic back when I lived in South Korea. One wall of the clinic was lined with innumerable apothecary drawers, each containing different herbs which together created a nauseating scent — sulfurous, peaty, and dirty. I learned my lesson during the first visit, and from then on, I always remembered to hold my breath as I stepped through the sliding glass doors to enter the clinic. However, once I got used to the peculiar aroma of the Chinese herbs, I started to take note of some trivial details here and there: trickling water from a 3-tier wood barrel water fountain well-suited for the overall calm ambience, Chinese arbor-vitae wood carving longevity figures, embroidered cushions with Chinese wave patterns, and so much more.

Down the hallway across from the entrance was an office and a large room separated from the rest of the clinic by a thick curtain. Promptly after patient check-in, I was taken to the office for inspection and palpation. During inspection, a Chinese physician looked at my tongue, a process known as glossoscopy. According to the tenets of traditional medicine explained by the National Institutes of Health, the Chinese physician is aided in making a diagnosis by the appearance of the patient's tongue. Presumably, more than 100 conditions can be diagnosed by glossoscopic examination: the color of the tongue and any part of the tongue that does not appear normal are the essential clues to the diagnoses. During the process of palpation, the physician carefully examined my pulse. The Chinese believe that there are different pulse types, all of which can be assessed using the three middle fingers.

By the nature of the pulse, the physician is able to determine various illnesses. It is believed that there are six different pulses, three in each hand; each pulse is specifically related to various organs, and has its own characteristics (Informatica Medica Slovenica). According to ancient Chinese sources referenced in an essay by Subhuti Dharmananda, Ph.D., Director of Institute for Traditional Medicine, there are fifteen ways of characterizing the pulses. Each of these characterizations accurately determines the diagnosis. There are seven piao pulses (superficial) and eight li pulses (sunken). An example of a malady that manifests with piao pulse is headache, while anxiety manifests with a li pulse. Based on his observations, the physician marked a few spots on a piece of paper with a human body diagram to show me where the acupuncture needles would be inserted.

Then, he opened the heavy curtain, and the first time I entered, I was bewildered by the unfamiliar setting: rows and rows of beds with silky green curtains between each; that was all. Assuming that I knew what I was supposed to do when I got to the first bed, the physician gestured, but when I paused in

perplexity, he verbally asked me to take off my shoes and lay on the bed with chest down and back up. Without much explanation of what was to come, the physician inserted acupuncture needles into my back, arms, legs and neck, and told me to stay still until I heard a timer go off. The very first time I did this, I froze as soon as I felt something entering my skin, but surprisingly, the needles did not hurt in any way. I relaxed my tensed muscles and peacefully waited until the timer rang and the physician came to remove needles. What I expected to be a long, serious appointment ended in less than an hour, leaving me alleviated from pain and worries I had previously been struggling with. Instead of a forceful, intense experience, my experience at the Chinese medicine clinic was actually laid back and casual. Fascinated by the contrasts in my assumptions of traditional medicine and the reality of traditional medicine, I wanted to better understand exactly what treatment I was receiving, so I did some research on traditional Chinese medicine.



*It is Chinese Medicine Practitioner's Job to Discover the Root of the Problem and Use Relevant Tools to Correct Them // Photo Courtesy of Emma Suttie*

Acupuncture is an ancient Chinese practice that involves inserting needles into the body to cure disease or relieve pain. The body is punctured with special metal needles at points called meridians that are predetermined for the treatment of specific symptoms. The most important aspect of the practice of acupuncture is the acquired skill and ability to know precisely where to puncture the skin. The needles are thin, and the puncture barely penetrates the skin and rarely draws blood. Acupuncture is based on the concept that meridians along with qi, or energy flow, of the body extend internally throughout the body in a fixed network.

In the data from National Center for Biotechnology Information (NCBI), a peculiar trend can be observed, specifically, in the Opinion Polarity Ratio of the intensity of criticisms of traditional Chinese medicine in the United States. Although the intensity of criticisms increased by 2.33 times over the past decade, the actual number of visits has increased annually, with an increase of 2.41 times in 10 years (NCBI). With recent increase in the traditional Chinese medicine-related experience sharing data, it has become easier to raise awareness of the use of traditional medicine and treatments. Unfortunately, it has also become easier to criticize traditional Chinese medicine through generalization of common practices and treatments widely spread in the media. The hesitation to try something new is definitely the greatest obstacle towards dismissing stereotypes on Asian traditional medicine. This hesitation may be subconsciously translated into fear, which then further polarizes the viewpoint of a traditional Chinese medicine advocate and a critic of Chinese medicine. Despite the fact that it took a long time for the practice of acupuncture to be accepted as a legitimate method of healing by practitioners of the Western medical system, numerous acupuncture clinics are currently attracting a growing number of non-Asian clients.

Furthermore, acupuncture is being used as a method of anesthesia and pain relief in some hospitals. The widespread use of acupuncture in various sectors of the medical field proves how some traditional medicinal procedures can complement or be used as an alternative for conventional procedures, just like naturopathy or chiropractic.

Along with acupuncture are other traditional methods of health restoration such as moxibustion and cupping. Moxibustion is based on the therapeutic value of heat, whereas acupuncture is a cold treatment. It is performed by heating mugwort and passing it above the skin, but never touching it, over certain points of the human body. Cupping is another traditional Chinese medicinal treatment, and it involves creating a vacuum in a small glass by burning the oxygen out of it, then promptly placing the glass on the person's skin surface. Cupping draws blood and lymph to the body's surface that is under the cup.



One of the Oldest Chart Illustrating Acupoints on the Face // Photo Courtesy of Emma Suttie

The purpose for doing this is to remove cold and damp “evils” from the body or to assist blood circulation. As someone with poor blood circulation, I was suggested to try out both moxibustion and cupping at the same Chinese medicine clinic as the one I had acupuncture treatment done at. Moxibustion felt satisfying with just the right amount of heat and so did cupping although I could feel a bit of pressure when the oxygen was drawn out of the glass cups, each of which created a vacuum. Except for temporarily having huge red circles on my back after the glass cups were detached from my back, I appreciated the relaxing experience.

Nowadays, I do not see my acupuncturist anymore due to inaccessibility in the area where I currently reside. When I was younger, I never realized how highly exposed I was to traditional Chinese medicine, and I was unaware of the value of it for me and my family. After I moved to the United States where traditional Chinese medicine clinics are less common, I became aware that the care I used to get outside of modern, allopathic clinics - personalized treatment that accommodated my needs the exact way I wanted - was a genuine privilege for me. Maybe the next time I go to Korea, I should revisit the clinic I used to go to thank my Chinese physician for a wholesome experience that made me appreciative of my culture and practices.



*Cupping. Using Cups on the Skin, Creating a Suction that Helps Improve Blood Flow // Photo Courtesy of onerehab.com*

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# redefine to recover

TW: depression, anxiety, trauma

## TRUST ME, I'M FINE.

“The Depression Cure,” a group of college students in my Software Engineering class claimed. “It already performs better than 70% of existing software.” Our teacher applauded the group for being ahead of the curve in all aspects, while the rest of the class pondered why their project wasn’t as impactful as theirs. I just stared into the presentation’s soul, picking apart every false hope and unattainable promise the project proposed as a depressed person in the room.

Most days, I try to laugh it off – “ahaha ya I’m depressed!!” – that’s kind of ironic. Other days, I reverse the order of logic, convincing myself “I’m tired” in order to justify avoiding my friends. It’s really the other way around – the translation for “I’m tired” in the mental health thesaurus is “my life is going in the wrong direction, and I feel like I can’t do anything about it, but that’s the only persisting thought in my head, so I’ve decided to rest my head and hopefully fall asleep and dream a merry dream when I know very well that I can’t fall asleep.” Logic would say I should hangout with my friends to distract myself from these pervasive thoughts, yet for some reason that’s never what happens.

It’s not the fact that my friends have outcasted me because I’m depressed, rather there’s a certain degree of guilt I feel when I share my intrusive thoughts with other people. For me, depression is more than a word slapped onto a medical condition; it’s a complete mindset shift. Depression at its worst is a nihilism that rejects all hope, a constant question of the meaning of life, and a research project with an answer that’s removed from reality. I try my best to keep my research to myself.

I embarked on this research project alone. It commenced with me thinking about everything wrong in my life and realizing that the world wasn’t the one I once knew. What happened to the little girl who once waved her finger around singing “Pajama Party” around the house? What happened to the little girl who invited friends over for playdates to watch High School Musical? What happened, and how did it happen? I felt as if there was no one to talk to because no one I knew had ever gone through what I had been going through. There was no one to relate to, no one to talk to, not a single person I knew. But what confused me more was why it was so isolating – hadn’t we been the same classmates since third grade? Why were we so different?

Eventually, after years of toiling through it alone, I found it – perhaps it was that health class, or that internet search, or maybe that social media post – that described what I was going through better than I did. As a result, I started assigning myself to those labels I discovered. Though labels helped me feel less alone, they could never encompass the entire scope of what I’m feeling. For example, my labels are something along the lines of “depression, anxiety, and complex trauma,” but sorting myself into yet another box doesn’t mean there’s a new feeling I feel but rather there’s one more label that more holistically encompasses the already existent feeling.

## THE PERKS AND POISONS OF VULNERABILITY



No matter how hard I fight, these labels will never disappear. This particularly affected me when I was applying for college last year. Everywhere I looked, there was a consensus to “be vulnerable, but not TOO vulnerable. Colleges don’t have to see everything.” So, that’s exactly what I did. I showed them a bit, a little preview, of me overcoming a challenge in my life. The challenge I decided on was “silence,” not depression. Silence.

Am I a hypocrite? Probably. The entire essay was about me finding writing as a medium to showcase my real self despite the essay not doing that. Not once in my college app did I mention depression.

To me and probably to the people reviewing my application, the whole story didn’t add up. There were gaps in the timeline. If someone did the math, they would ask, “Where did all that time go?” All that time curled up in my bed watching an assortment of anime and C-dramas, all 100+ hours hunched over on my chair playing Among Us and Breath of the Wild, or all those instances I had to “go to the bathroom,” the only place where I had a towel readily available to wipe my tears – where did the time go? I naturally assumed that colleges wouldn’t want to know about my coping mechanisms because I wasn’t proud of it or anything. What are these colleges actually looking for, my *best self* or my *true self*? If admissions officers looked at that, they would probably just toss me into the lazy category. Thus, I took the safe route and applied as my best self.

Vaguely “defined as the thoughts and behaviors mobilized to manage internal and external stressful situations” (Algorani and Gupta), coping mechanisms are invisible to the human eye. One person’s coping mechanism might be studying like there’s no tomorrow to distract themselves from their social anxiety. Another person’s coping mechanisms might be hanging out with their friends and letting the laughter distract them from the pressures to succeed at home. The third person might ignore their problems altogether, pretend everything’s fine, and act like a normal person. I will say that these people are all me, and that none of these coping mechanisms restore the former will to live I once had. Although none of these are particularly “bad” coping mechanisms, to me they’re merely temporary solutions until I can start the healing process.

The healing process might be different for every person, but for everyone, it is a continuous process. My healing process started with regularly existing outside of a toxic environment that perpetuated my depression. When I was young, people found it strange how I enjoyed going to school. School was wonderful; it beat staying at home all day. But then came the pandemic. Every day was living in an echo chamber of the sound of how stupid I was reverberating off every wall. From a very young age, I told myself that I would go to an out of state college. That was one of the hopes that drove me to succeed. The further away from *that* place the better.



## LOVING OURSELVES TO UNLOCK SELF-ESTEEM

A symbol I see quite often in the Asian American mental health community is the lotus. Examples of the lotus symbol popping up include Asian Mental Health Collective's newsletter titled "The Lotus" and The Project Lotus. Lotus symbolize "purity, overcoming adversity, and rebirth" (Bouqs), a fitting symbol for fighting against mental illnesses. Seeing a lotus alongside its pastel pink and green color scheme is healing in the way it symbolizes a safe space.

Some of these safe places have included the subtle asian mental health Facebook group, group therapy, and Asian mental health counseling services. These different places offer different services. The SAMH Facebook group broadened my scope of what mental health issues Asian Americans face, expanding from just "the model minority myth"-related problems that Asians face. There are people from all walks of life, all across the spectrum, young to old, and most importantly, it's a very supportive community.

Therapy on the other hand has not been as helpful in my situation. The group I was a part of for group therapy felt a bit strange; I was constantly under the impression that I was over-sharing. Other people in the group seemed to have a different category of

problems compared to me. Most of the time, other people's problems were in regards to relationships while my problem was depression. From my experience, the key to good therapy lies in finding someone where you can spill all your beans. In individual therapy, my last therapist didn't allow me to feel that way, resulting in the support I received to be lacking. Therapy is still something I want to seek out because it's better to seek help for a problem now before it gets worse.

Reflecting back upon it now, I think it would have been most beneficial to my health for me to take a gap year. A lot of my depression comes from lacking self-esteem in academics; thus, putting myself in an academic setting for the next four years is a recipe for disaster. There's no use regretting my decision now, and there's nothing I regret.

Loving ourselves is the key to good health. Whatever we do for ourselves, we must do so out of love. Even if every day might seem like the end of the world, live in hopes to see better days even if those require you to take action to improve the world. All this might sound very cheesy, but this is the little inspiration I need to get through every day.



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**EDITOR'S CORNER:**  
**Academy  
Awards 2023**

*Photo Courtesy of Allyson Riggs—Az4*

*“For all the little boys and girls who look like me, watching tonight,  
this is a beacon of hope and possibilities.”*

On the night of March 12th this year, Michelle Yeoh became the first person of Asian descent to win the best actress award at the Academy Awards for *Everything Everywhere All at Once*. This marked a huge milestone for the Asian-American community in many ways, and in her acceptance speech, Yeoh inspirationally said, “For all the little boys and girls who look like me, watching tonight, this is a beacon of hope and possibilities.”

#### History of Asian-American Representation in Academy Awards

The history of Asian representation at the Oscars is nothing but complex. But as a spoiler alert, there isn't much. Back in 1936, Merle Oberon was nominated for Best Actress for *The Dark Angel*. Born in Mumbai, Oberon was of mixed heritage. However, she didn't promote her Asian heritage and starred as White women in her roles, as she “passed” for a White woman. In fact, out of fear of discrimination, she hid her Asian heritage from the film industry and the public. At the time, her Asian identity would have held her back in her career, as if she were “openly Asian,” she would have been deprived of any leading roles.



Regarding Asian and Asian-American filmmakers, the past two decades have seen great improvements in Asian-American representation. In 2006, Ang Lee was the very first Asian-American director to win an Oscar, for *Brokeback Mountain*. He won it again several years later in 2013, for the renowned *Life of Pi* film. Three years ago, in 2020, director Bong Joon-Ho received the Best Director award for *Parasite*. Chloe Zhao won it for *Nomadland* in 2021, making her the first Asian woman - and more notably the first woman of color - to receive the award.

*Everything Everywhere All at Once*

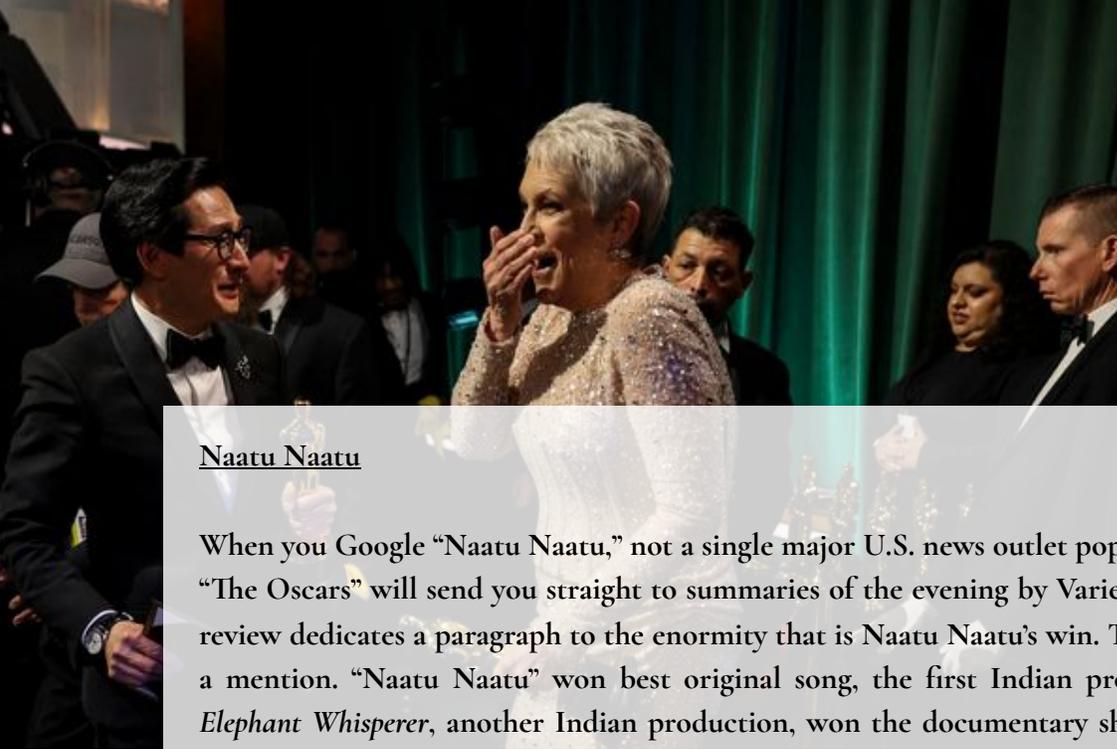
*Everything Everywhere All at Once* is an adventure and science-fiction film that was released in March 2022. Its synopsis is as follows:

*When an interdimensional rupture unravels reality, an unlikely hero must channel her newfound powers to fight bizarre and bewildering dangers from the multiverse as the fate of the world hangs in the balance.*

The film won seven Oscars this year, including Best Picture and Best Director. Ke Huy Quan, of Vietnamese descent, won the award for best supporting actor. In his speech, he tearfully said, “My journey started on a boat. I spent a year in refugee camp and somehow I ended up here on Hollywood’s biggest stage. They say stories like this only happen in the movies. I cannot believe it’s happening to me. This is the American Dream.”

Photo Courtesy of Gilbert Flores // Variety via Getty Images





### Naatu Naatu

When you Google “Naatu Naatu,” not a single major U.S. news outlet pops up. Although a quick search of “The Oscars” will send you straight to summaries of the evening by Variety, Vogue, and NPR, only BBC’s review dedicates a paragraph to the enormity that is Naatu Naatu’s win. The New York Times also gives it a mention. “Naatu Naatu” won best original song, the first Indian production to do so. Moreso, *The Elephant Whisperer*, another Indian production, won the documentary short film Oscar. Evidently, these are huge landmarks for India and a step in the right direction for an Oscars representative of international film talent.

“Naatu Naatu” not only won the Oscar but also was performed live that night. Although a fun spectacle, the casting decisions have caused uproar within social media as the high energy performance did not include a single Indian dancer. The lack of representation, and respect towards the original production, has led dance professionals to critique the academy stating, “The truth of the matter is, there are Indian dancers out there. It’s just that the effort wasn’t made,” (Los Angeles Times, Professional Dancer & Choreographer Nakul Dev Mahajan) and noting the long training necessary to perform the sort of dance in “Naatu Naatu,” called Kuthu, that the Oscar production didn’t respect. Although a great night for Indian productions, the care for accurate representation needs to be at the forefront of casting decisions in the coming years.

The BBC states that the 2023 Oscar night was “radical in its own quiet way.” We would slightly adjust that statement to say the 2023 Oscar night was “moving in the right direction in its own quiet and slow way.”

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## LIGHTER SKIN COMPLEXION

Across most Asian cultures, whiter skin has historically been valued over darker skin. The reasons differ from country to country- for its physical portrayal of nationalism, purity, or fairness- but white skin is often a symbol of beauty. In Japan, whiter skin is preferred for its “aesthetic” and also represents a token of pride as per Japanese belief. There is an old saying “a fair complexion hides seven flaws”, meaning that fair skin can compensate for other small facial defects. Young children with darker more yellow tinted skin are often looked down upon. Additionally, light skin in Japan has long held connotations of national identity – lighter skin equals “more Japanese”. Not only are those with imperfect fair skin turned away for their facial impurities, but they are often told that they bring less honor due to their “lack of Japaneseness”.



Cosmetic products used to “brighten” and “repair” darker skin tones via EpiLynx

## Price of

# Beauty

By Meilan Uyeno

Beauty can mean a number of different things. It might be thick glossy hair, or smooth pale skin, or a slender curvy body. For years, people all across Asia have been developing new ways to improve their physical beauty from traditional beautifying routines to synthetic cosmetic use to even plastic surgery. The most desired features and “looks” change per culture, but many different unique methods have been utilized to create an increasingly competitive standard of beauty.

On the other hand, Indonesian women prize whitened skin because it is often associated with purity and modesty. However, in warmer areas with more sun exposure such as Indonesia, darker skin provides an advantage because it absorbs UV rays much better than paler skin, offering more protection from the constant sun. Although darker skin is more beneficial for living in a tropical region, “there are a lot of demands from Indonesian market that desire fairer skin” (Agung & Amani).

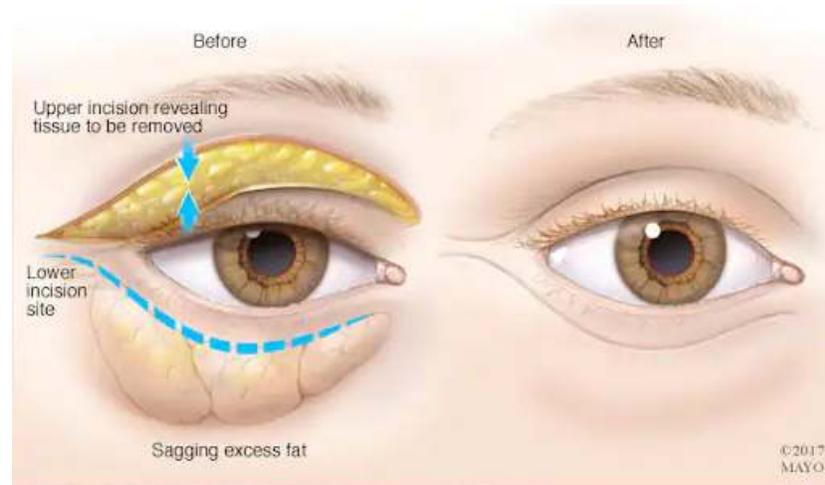
With these incredibly societal-driven desires for lighter skin, many Indonesian and Japanese women regularly use harmful cosmetics that include skin brightening agents. These beauty products often have harmful long-lasting effects, leading to health complications such as skin cancer. Having a whitened complexion is so desired that women overuse beauty or skin-care products in attempts to meet the unreasonable expectations.

## COSMETIC SURGERY

Another hallmark of both Japanese and Korean beauty is the double eyelid. Many cultures favor the double eyelid, and some even heavily encourage cosmetic surgery for those born with without it. East Asian blepharoplasty is well known across the world for its specific surgical modifications to the natural eye, as people of all ages strongly desire the double eyelid fold. Many Koreans are not born with the fold but have naturally ready-to-fold lids, which makes it easier to get the surgery at young ages. According to a recent census on teenage cosmetic surgery rates in Korea, about 20% of young teenage girls have undergone some form of cosmetic surgery. This number is gradually growing, and it also motivates other Asians to invest in similar surgery.

In Korea, cosmetic surgery is not just about the gratifying aesthetic. An individual's social status and potential for success in the workforce is often determined by their beauty. Jobs with better benefits often hire more beautiful people. Almost all job applications require a portrait or headshot to be submitted, influencing employers' unjustified appearance-based hiring bias. Jobs with higher pay, more balanced work hours, and more comfortable conditions are generally given to more attractive people.

This strongly reinforces the norm for cosmetic surgery. Korea is the country with the highest percentage of plastic and cosmetic surgeries in the world. About one third of South Korean women between the ages of 19 and 29 have undergone plastic surgery of some kind, and surgical cosmetic changes are becoming increasingly normalized.



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Widely known Asian blepharoplasty - surgically changes skin & tissue around eye. Via Mayo Clinic.

# A AVRANI



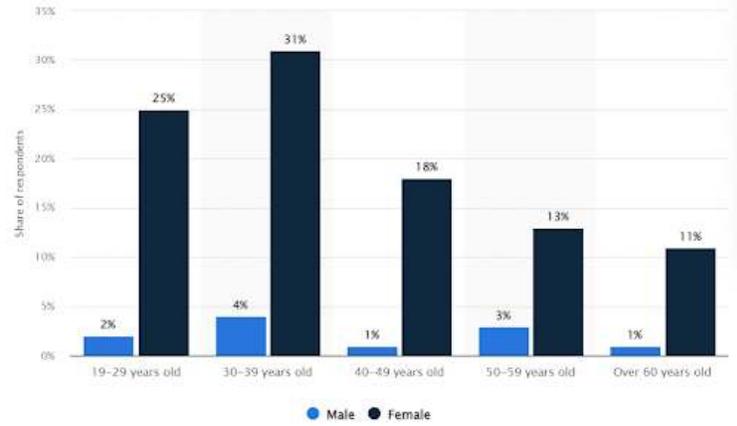
Aavrani Cosmetics Logo & Products. Via Aavrani.

## SYNTHETIC BEAUTY PRODUCTS

While surgeries can't quite change the color or fairness of one's skin or meet every beauty standard, various makeup products have been exploited to produce the looks that are so highly valued in certain areas. In Japan, long curly lashes, slender figure, and natural beauty are the standard, while in India, curvy bodies, long thick hair - either straight or lightly wavy - and large eyes with full eyebrows are more desired.

It is very common for Japanese women to overuse makeup products to achieve an all-natural look. Achieving this synthetic "natural beauty" look and ideal complexion includes immense use of commercial products. Women of all ages in Japan often frequent the cosmetologist for fake eyelashes or lash extensions, as they add to the natural beautifying look. Additionally, some surgeries are used to lift cheekbones and achieve higher bone structure.

There is lots of crossover between healthcare, skincare, and cosmetics in most Asian cultures. Green tea in Japan, for example, is regularly drunk for its antioxidant effects and other internal health benefits, but it is also incorporated into daily beauty routines as a means to clear up complexion and give the effect of glowing skin. Daily routines are often



Percentages of South Koreans who have undergone plastic surgery by gender & age. Via Statistica.

implemented as means to improve complexion and achieve a certain general beauty.

In addition to cosmetic beauty products, traditional natural rituals are also widely used to beautify women, especially in India. Since long black hair is strongly favored, women often use mixtures of egg whites, castor & coconut oils, honey, and other natural materials to promote hair strength and sleekness. Hair and body care routines are often passed down for generations, utilizing saffron for hair and skin, turmeric based concoctions, neem oil, and coconut milk to preserve youthfulness in the face.

I'm sure many of you have either used or heard of Aavrani Cosmetics. This cosmetic brand was started by Rooshy Roy, a multi-cultural South-Asian woman. She grew up in India using the traditional practices of her grandmother to beautify her hair and face, but after moving to America had to readjust her beauty routines. Roy tried adopting American cosmetic products and following new more Westernized skincare routines but found that they had long lasting negative effects on her hair and skin. This led her to create her own cosmetic brand with the goal of "making South Asian women feel more beautiful" (Aavrani) while preserving the qualities most prized back in India.



Face Masks via Travelvui

## TRANSLATION BETWEEN ASIAN & WESTERN BEAUTY

Several Asian makeup “looks” have translated heavily into American culture. With the rising influence of K-Pop idols, young women across America have adopted the skincare routines and makeup products of their favorite K-Pop stars. Similarly, the Japanese “little kawaii” look comes from widely famed Japanese cosmetics and aesthetics. Americans have found inspiration in many different aspects of Asian beauty standards, from false lashes to lightened skin to natural makeup looks.

However, there has been a lot of Western influence on traditional Asian routines as well. Many Asian immigrants often change their own care routines to meet the new beauty standards in America. Although some Asian looks have been greatly commercialized throughout the US, there are many other aspects that are more criticized. When Roy first moved to Michigan, the hair and skin recipes felt unrefined and greasy and sticky. Similarly, many young girls are often humiliated for having traditional features such as excessively long thick hair or too small mouths. Many Asian Americans adapt Western practices into their lives to preserve some of their more Eastern cultural features as well as achieve newer American ones. With the influences of both new and old cultural practices, many new forms of beauty have been created, and some standards have even begun to change.

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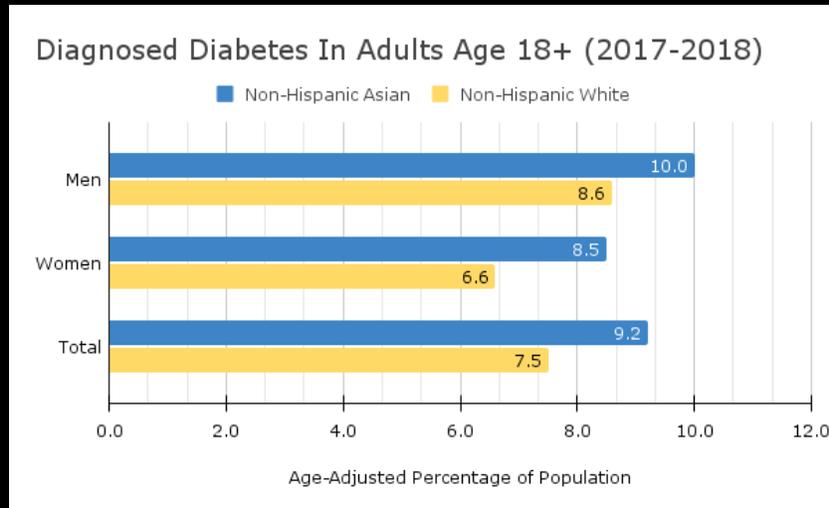
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# A Destructive Difference: Asian-American Health Disparities

Michelle Fung



More Non-Hispanic Asian adults in the U.S. are diagnosed with diabetes than Non-Hispanic White adults for both men and women. Source: CDC 2020. *National Diabetes Statistics Report, 2020. Appendix Table 3.*

Two years ago, my grandfather was rotating through hospitals and clinics nearly every week. He couldn't transport himself there, nor was he even willing to see a healthcare professional, so my mom drove to each appointment all the while arguing for its necessity. It took a month for him to be diagnosed with chronic kidney disease, alongside a handful of other health conditions. This was a frustrating ordeal for my family because my grandfather was only willing to attend the local International Clinic where a Chinese doctor could treat him. He remained skeptical of Western medicine until my mom persuaded him to agree to a life-saving operation.

My grandfather's health is stable at the moment, but I still don't know the extent of his chronic kidney disease or what those other health conditions were. It seems like details were lost when the doctors translated their English diagnoses and instructions into Mandarin for my mother, as the medical terms complicated her English comprehension. Even more was lost when my mother translated the Mandarin back into English for me. I know that he's alright, but that statement alone does not provide non-English-speaking patients in U.S. hospitals enough information to make informed decisions about their health.

These transportation issues, distrust of American healthcare, and language barriers are a familiar story to many Asian-American families. They contribute to health disparities in the U.S., along with other cultural factors that affect the health of Asian Americans.

## What Are Health Disparities?

Health disparities are defined by the Center for Disease Control and Prevention (CDC) as “preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities.” This means the prevalence of certain diseases and health conditions may disproportionately affect different racial groups.

### Impact on Asian-American Health

For Asian Americans, physiological and cultural differences result in increased rates of many major diseases, including cancer, diabetes, and mental health illnesses. According to the National Institute on Minority Health and Health Disparities, Asian Americans are “the only U.S. population suffering cancer as the leading cause of death,” with the highest mortality rates in liver and stomach cancers—both of which have significantly better prognosis with early intervention (Center). As indicated by statistics from the U.S. Department of Health and Human Services’s Office of Minority Health, this mortality rate makes Asian American men twice as likely to die from stomach cancer when compared to non-Hispanic White men. These high rates are attributed to the prevalence of related infections such as hepatitis B—a serious viral liver infection. Asian Americans account for over 60% of Americans living with hepatitis B despite only making up about 6% of the population, likely due to the disease being historically more common in Asian countries and the Pacific Islands. Low cancer screening rates also play a part in the high mortality rate, as they lead to later stage cancer diagnoses and consequently increased risk of death.

Type 2 diabetes mellitus also disproportionately affects Asian Americans, with there being particular risk factors associated with Asian ethnicities. One of these factors is insulin resistance: a condition where cells have a lessened ability to respond to insulin, a hormone that controls blood sugar levels. This results in increased insulin production by the pancreas and higher levels of insulin in the bloodstream, which in turn leads to glucose building up in a person’s body. According to Stanford Medicine, insulin resistance is more prominent in South Asians than any other ethnic group. The reason for this difference is unknown; however, experts believe that there may be a genetic link between South Asians and insulin resistance. Other risk factors for diabetes among the Asian population include “differential body fat distribution, genetics and emerging risks, such as metabolic syndrome, acculturation and a traditional diet high in sodium and carbohydrates, and physical inactivity” (Center).

Because diabetes can lead to other health conditions, this disproportionate impact also puts Asian Americans at risk for hypertension, heart disease, and diabetic neuropathy, which involves the deterioration of kidney function. Neuropathy in its final stage is called end-stage renal disease, more commonly known as kidney failure. Research from 2017 by the Office of Minority Health found that “Asian Americans were 60 percent more likely to be diagnosed with end stage renal disease than non-Hispanic whites,” relating high rates of diabetes to additional health risks (Diabetes).

Age-adjusted incidence rate per million of end stage renal disease (ESRD) due to diabetes, 2017		
Asian	Non-Hispanic White	Asian / White Ratio
210.5	131.0	1.6

Rates for end stage renal disease, also known as liver failure, due to diabetes is considerably higher for the Asian population in the U.S. compared to the Non-Hispanic White population. Source: *National Healthcare Quality and Disparities Reports. Data Query: Table 6.4.3.6.1.2a and 2b*

## Causes of Health Disparities

Apart from genetic and physiological differences, there are many factors that contribute to the health disparities Asian Americans face. The CDC distinguishes the types of racism that lead to health disparities into four categories: structural, institutional, interpersonal, and intrapersonal. Structural racism includes a lack of access to quality healthcare due to socioeconomic circumstances, such as difficulty affording medical bills. Institutional racism refers to the practices and policies of hospitals and clinics that may prevent groups from receiving the best possible care, including a lack of understanding among health practitioners on how diseases affect or present in different racial groups. For example, certain skin conditions may look different on darker skin tones compared to paler skin, which can lead to missed diagnoses. Interpersonal racism is the result of conscious and unconscious racial prejudices held by those in the healthcare field, affecting individual interactions when patients seek care. Intrapersonal, or internalized racism, the belief of stereotypes by minorities about themselves and others belonging to their racial or ethnic group, can affect whether one even chooses to seek care. All of these categories impact the quality of care racial minorities, including Asian Americans, receive.

Cultural differences also contribute to Asian-American health disparities. Preference for traditional medicinal practices paired with unfamiliarity and distrust of Western medicine reduces the likelihood that Asian Americans will seek healthcare support or comply with healthcare instructions. Many of my Chinese family members, for example, avoid pharmaceutical drugs until all else—traditional medicine and home remedies—fails. This contributes to lower rates of medicine adherence, or whether patients take their medicine as prescribed, corresponding with decreased success in treatment.

Language barriers are a significant obstacle for those with limited English proficiency as well, especially when there are no language-concordant providers or professional interpreters available. Patients are not able to properly communicate the extent of their conditions when a telephone survey conducted in California concluded that language barriers negatively impact the delivery of healthcare, affecting the comprehension of medical instructions and a patient's ability to seek healthcare services. Patients may leave the doctor's office confused about how to use their prescribed medication or have difficulty understanding labels on medication, leading to adverse health effects. Limited English proficiency also makes it harder for patients to schedule appointments and increases the chance of missed appointments and follow-up visits, thus decreasing healthcare access.

Furthermore, Asian American mental health is severely impacted by the stigma on mental illness in Asian culture, as discussing concerns is considered taboo. Research conducted by the National Latino and Asian American Study (NLAAS) shows that Asian Americans are three times less likely to seek mental health services than White Americans, but this does not mean that mental illness does not affect Asian Americans. Even though mental health is underrepresented in Asian-American health research, it has been found that "suicide is one of the leading causes of death for Asian Americans" and "those aged 20-24 have the highest suicide rate and Asian Americans have the highest suicide rate among females of all racial and ethnic groups aged 65-84," disproving the myth that mental illness is rare in the Asian American community (Center).

## Proposed Solutions

In a 2016 lecture co-sponsored by NIMHD and the NIH Asian and Pacific Islander American Organization titled “Health Disparity Research in Diverse Asian American Populations: Present and Future” Dr. Grace Ma, Associate Dean for Health Disparities and Founding Director of the Center for Asian Health (CAH) outlined several research opportunities to combat Asian-American health disparities. Some of the outlined include:

- Increasing the use of multi-language mobile health technology (mHealth)
- Engaging with AAPI communities to increase participation of underrepresented groups in biomedical research and clinical trials
- Multidisciplinary research teams for investigating and addressing social determinants for health disparities
- Training the next generation of research scientists in health disparities with the intent of achieving health equity

Based on my family’s experiences, I believe that many would benefit from a linguistically-diverse and culturally-aware healthcare workforce as well, as this would support the needs of those with language and cultural barriers. The issue of health disparities intersects with many other social issues in the U.S, as evidenced by the impact of systemic racism on health, so it, like many large-scale issues, will not be fixed overnight. However, with the greater focus on increasing healthcare access and quality for all communities, progress can be made, and I am hopeful for the day when grandfather’s story is no longer familiar.

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# meet the team



Jeenah Gwak

founder, editor-in-chief

(she/her; human biology - neuroscience & piano performance at Stanford University) Thank you, as always, for reading our 10th issue and supporting us! Besides the AAPI community, I am passionate about the brain, piano, reading, sleeping, and lifting.



Hope Yu

founder, editor-in-chief

(she/her; math - history & asian studies at Carleton College) Hi! I spend a lot of my time reading, watching BTS dance practices, studying, and hanging out with friends + family. I'm a large museum enthusiast and an advocate for a full 8 hours of sleep.



Ashley Chen

editor, writer

(she/her; NYU Shanghai) My passions include playing piano and videogames. In my free time, I likes to watch Chinese dramas and hangout with my friends. For *What We Experience*, my favorite topics to write about are Asian American mental health and current events.



Gabriella Ignacio

design manager

(she/her; Newport High School) I really enjoy art – whether it be making my own or appreciating the works of others – and looking for places to try new food. Being a part of this magazine has been very valuable for me, and in the future, I hope to keep writing and being involved in Asian-American spaces.

# meet the team



Meilan Uyeno

writer

(she/her; Bellevue High School) Hi! I'm a competitive diver and I love to bake and ski. You can always find me outdoors in the sun somewhere!



Allison Chan

artist/writer

(any pronouns; Garfield High School) Hobbies and interests of mine are swimming, coding, painting and running.



Nicole Kim

media manager

(she/her; Bellevue High School) Hi! Some activities I enjoy doing are visiting new places and spending hours at museums. I am passionate about learning foreign languages and connecting with culturally diverse groups of people.



Michelle Fung

writer

(she/her; Hazen High School) Hi! In my spare time, I enjoy painting, going to parks, and playing board games. I also like writing poetry and playing the flute.



Rojun Andres

writer

(he/him; Rainier Beach High School) Hello everyone! My name is Rojun and I enjoy playing games, making crafts, and listening to music. While I tend to always try different things very often, my current passions are learning different languages and playing the violin. Thank you!



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