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Practitioners Essay

Building Power:

Asian American and Pacific Islander Women in 2040

Jennifer Chou, Priscilla Huang, and Miriam W. Yeung

Abstract

Asian American and Pacific Islander (AAPI) women will constitute the majority of AAPIs by 2040. However, the AAPI women of 2040 will more likely be low-income, South Asian or Southeast Asian, and second generation than the AAPI women of today (Ramakrishnan and Ahmad, 2014b). This article explores the implications that these shifts in the demographic identity of AAPI women will have on the future electoral process. We also explore strategies for building the power and influence of AAPI women in communities and at policy-making tables.

Introduction

In 2040, the United States will begin a transition to becoming a country where one out of two Americans will be a person of color, and one out of ten will be Asian American and or Pacific Islander (AAPI). Indeed, the current population of nineteen million AAPIs is estimated to nearly double in just twenty-five years (Ong, Ong, and Ong, 2016). While this is a landmark to be celebrated, numbers do not make power. Women have been the majority group in this country since its formation and yet, more than two centuries later, we are still fighting for basic guarantees of gender equality like equal pay, protection against sex and pregnancy discrimination, and equal coverage of women's health care (Welsh and Sneed, 2015). The Equal Rights Amendment, which would add a provision to the Constitution that prohibits discrimination on the basis of sex, was first written in 1920 (Miller, 2015). To this day, it is still three states short of the thirty-eight states it needs to be ratified (Equal Rights Amendment, 2015). For women of color, the path to success is obstructed by additional barriers based on racist, sexist, and xenophobic dogmas. AAPI women in particular still suffer from the same insidious stereotypes that prompted the passage of the Page Act of 1875, which barred the entry of Asian women to the United States on the belief that Chinese women were "immoral" and sought entry to become prostitutes (National Asian Pacific American Women's Forum, 2014a).

For AAPI women, 2040 will be a benchmark moment, but not merely for the population projections it promises. As the size of the AAPI community grows, so will its depth and diversity (U.S. Census Bureau, 2015). Much of the rapid growth of AAPIs is the result of recent migration from countries in Asia and the Pacific Islands to the United States (Ramakrishnan and Ahmad, 2014b). This means the changes in 2040 will affect not only the nation's AAPI population numbers, but also its cultural, immigration, and socioeconomic identity. AAPI women will be more likely to be low-income, South Asian or Southeast Asian, and second generation than the AAPI women of 2015 (ibid.). Therefore, the demographic shift the year 2040 heralds will be an opportunity to reflect on how AAPI women have harnessed the momentum of its population growth, and how AAPI women have built power in light of these changes.

Where We Are Today

Today, of the 163 million women residing in the United States, 11.3 million—approximately 6 percent—are AAPI (U.S. Census Bureau, 2015a). Of this, almost half are of reproductive age (ibid.). Yet, AAPI women are among the least likely racial group to obtain preventive reproductive health care services (Fang, Ma, and Tan, 2011). Asian American women aged eighteen and older are the least likely racial group to get a Pap test despite high cervical cancer rates among certain Asian subgroups of women (Centers for Disease Control and Prevention, 2015). Six out of ten Asian American women over the age of forty do not get routine mammograms (White and Wong, 2015). These disparities are even more pronounced among Asian immigrant women and certain AAPI subgroups (Nguyen, 2012). For example, Filipina and Samoan women are at the highest risk of gestational diabetes compared to all other racial and ethnic groups (Asian and Pacific Islander American Health Forum, 2012).

"The State of Asian Pacific America: Policy Issues to the Year 2020" was published more than twenty years ago. Since then, the country has seen an unprecedented wave of attacks on women's reproductive health, particularly women's access to abortion (Guttmacher Institute, 2016). Between 2011 and 2013 alone, thirty states enacted 205 abortion restrictions—more than the total number of restrictions enacted in the entire previous decade (Nash et al., 2014). Also troubling

is the increasing number of restrictions that specifically target or are disproportionately enforced against AAPIs and immigrant communities. In 2013, for example, of all state abortion restrictions, sex-selective abortion bans were introduced with the second-highest frequency (National Asian Pacific American Women's Forum, 2015). These bans are premised on the ugly stereotype that AAPI women prefer male children and are therefore more likely to abort female fetuses (Citro et al., 2014). Since 2010, these laws have been introduced at the federal level and in more than twenty-one states, despite U.S. Census data showing that Asian American families have more girl children on average than boy children (ibid).

The Patient Protection and Affordable Care Act (ACA), enacted in 2010, created greater access to quality and comprehensive health care for millions of Americans, including AAPI women (McDonough, 2012). However, for the many lawfully present AAPI immigrant women and their families who are struggling to make ends meet, getting affordable health care means navigating a complex maze of federal and state policies (Asian & Pacific Islander American Health Forum, 2013). The 1996 "welfare reform" law prevented lawful permanent residents from gaining access to federal insurance programs until they have been in the country for five years (Assistant Secretary for Planning and Evaluation, 2012). Since then, some states have stepped in to provide coverage during those gaps, but many immigrants continue to be left out in the cold (ibid.). Undocumented youth granted deferred action under President Obama's 2012 executive action are barred from purchasing insurance from ACA marketplaces (National Immigration Law Center, 2013). Even worse, immigrants who lack status are shut out of public health care coverage programs and must find care at the margins—in emergency rooms and community health centers—if at all (Wallace et al., 2012). Given the high percentage of Asian American women who are immigrants, and a sizeable immigrant Pacific Islander population, such exclusionary policies are of grave concern to the welfare of AAPI families and communities (ibid.).

Economic justice issues are also of great concern to AAPI families and communities. AAPI women are integral to the U.S. economy, with 59.1 percent of Asian American and 63.6 percent of all Pacific Islander women in the nation's workforce (U.S. Department of Labor, 2013). AAPI women are employed across a variety of sectors and levels, ranging from the managerial and professional to the informal, where they make up a significant proportion of the low-wage workforce as caretak-

ers, domestic workers, housecleaners, and garment workers (U.S. Department of Labor, 2011). Although, in the aggregate, Asian American women have among the highest median weekly earnings of all major racial and ethnic groups, AAPI women have a disproportionately large presence in most low-wage jobs around the country (National Women's Law Center, 2015; U.S. Department of Labor, 2011). AAPI women also make just seventy-five cents to every dollar earned by AAPI men (Shiu, 2014). Approximately one in three AAPI women working full-time earns less than \$15 per hour, while the share of Asian American women at or below minimum wage more than doubled from 2007 to 2012 (National Asian Pacific American Women's Forum, in press; Smith, 2013).

These factors contribute to the difficult economic reality AAPI women face today. AAPI women represent one of the fastest-growing group of poor in the country. Currently, nearly 12 percent of all AAPI women live in poverty, yet when disaggregated by ethnicity, the percentages increase to as high as 66 percent for Bhutanese, 55 percent of Marshallese, 28 percent of Hmong, and 30 percent of Bangladeshi American women (National Asian Pacific American Women's Forum, in press). In total, more than one million AAPI women are living in poverty (U.S. Census, 2015b).¹

Despite increasing poverty rates among AAPI women, there has been a growing movement in recent years to address some of these economic disparities. A national conversation has emerged on the dignity of workers, especially low-income and female workers (Shiu, 2014). Minimum wages are on the rise across the country, greater protections against sex and pregnancy discrimination are being proposed at both the state and federal levels, and a nationwide campaign for paid sick leave days is gaining momentum (Campbell, 2015).

AAPI women are also greatly impacted by immigration laws and policies. Nearly two out of three Asian Americans—including 5.6 million Asian American women—are foreign-born (National Asian Pacific American Women's Forum, 2014a). Approximately one out of seven Pacific Islanders were born outside of the United States and over half are women (U.S. Census Bureau, 2015c). As a whole, the segment of foreign-born in the AAPI community represents more than one-fourth of the nation's total foreign-born population (Asian Americans Advancing Justice, 2011). With the announcement of President Obama's executive action granting deferred action for undocumented young people in June 2012, and his subsequent immigration actions in November 2014, there was renewed hope for comprehensive immigration reform. How-

ever, at the time of this writing, some of the president's plans have been thwarted by court decisions, and with the upcoming 2016 presidential election, it remains to be seen whether progress toward this goal will continue. To the extent that the executive actions have made some improvements to the country's immigration system, no meaningful advances have been made to improve the pieces of the system that have the greatest impact on AAPI women and families—namely, reforming the family visa backlog, increasing protections for survivors of domestic violence and human trafficking, and ending family detention policies (Huang, 2008).

As the landscape of AAPI America shifts over the next twenty years, there's no doubt some of these issues will find greater urgency while others will find resolution. Political tension will continue to mount around issues like abortion access and immigration reform, while with any luck the movement for greater economic justice will advance. AAPI women in 2040 will continue to be defined by their lived experiences, and to that end, the next section takes up an assessment of current trends to envision what that might look like.

Where We're Going: Vision for the Future

Seeds of transformation are being planted in AAPI America today, and the resulting changes will be particularly dramatic between generations. By 2040, AAPIs in their twenties and younger will be more likely to be U.S.-born, female, and multiracial than their counterparts today (Ong, Ong, and Ong, 2016). AAPI women will also dominate, by numbers, among the population of sixty-year-olds and older. However, AAPI elders will also be much more likely to be foreign-born (ibid.). This increase will create challenges for AAPI families as they grapple with caretaking responsibilities for the aging women who had traditionally shouldered much of these responsibilities for their families. Additionally, older AAPI women who are noncitizens may not be eligible for the subsidized care of public benefit programs such as Medicare and Social Security, thus creating a greater financial burden on their children. The composition of racial and ethnic subgroups will also change over the next twenty-five years. For decades, East Asians have been the most visible subgroup within the Asian American population. However, in the last few years, the fastest-growing subgroups have been Southeast Asian (Zong and Batalova, 2016). Driven from the region by political upheaval, this wave of immigration has been comprised largely of refugees and asylum seekers (ibid.). As these families find their feet, the

growth of these communities will shift the socioeconomic and cultural landscape of AAPIs in the United States (ibid.).

Moreover, as the AAPI community grows, more and more AAPIs are putting down roots in states that do not have traditionally large AAPI populations. For decades, most AAPIs have called states like California and New York home. However, in the past several years, states in the Midwest and the South have seen their Asian American populations almost double (U.S. Census, 2010). AAPI communities in these emerging states are often isolated and lack the existing historical, political, or cultural infrastructure of states that have served as traditional settlement areas for AAPI populations. Without support or resources to help these new communities integrate with their more established residential neighbors, tensions can develop (Pew Research Center, 2013).

Some of that tension is already evident in the ways laws are currently being enforced or crafted to target immigrant and AAPI communities. For example, in 2015, Purvi Patel, an Indian American woman, was sentenced to twenty years in prison in Indiana for a miscarriage under the state's feticide law (Chowdhury, 2015). Just years prior, Bei Bei Shuai, another Indiana resident and a Chinese American immigrant, attempted to commit suicide and as a result, lost her pregnancy (Pilkington, 2012). Rather than ensuring that Patel received the mental health treatment she needed, the state charged her for murder and feticide (ibid.). Given the small size of the AAPI population in Indiana, it is troubling that the only two women in the state to have ever been charged with feticide for the loss of their pregnancies were AAPI. Indeed, research by National Advocates for Pregnant Women has found that women of color are disproportionately more likely to be criminalized for the outcomes of their pregnancies than white women (Iyer and Yeung, 2015).

This is a trend that is likely to continue well into 2040 (Ong, Ong, and Ong, 2016). This is a trend that is likely to continue well into 2040. Yet AAPIs can harness the diversity of cultures and experiences within their communities to build power. For 2040 to be a place where AAPIs have the resources and the power to create change on the national, state, and local levels, we must harness the power of the AAPI women's vote.

Asian Americans are the fastest-growing voting group in the country and AAPI women naturalize and register to vote at higher rates than their male counterparts. In 2012, AAPI women registered to vote at slightly higher rates than AAPI men—58 percent of eligible Asian American women registered to vote compared to 55 percent of their male counterparts, and 59 percent of Pacific Islander women reg-

istered compared to 57 percent of Pacific Islander men (Ramakrishnan and Ahmad, 2014a). In another survey, approximately three out of four AAPI women registered to vote turned out at the polls during the 2012 elections (Asian American Justice Center, Asian and Pacific Islander American Vote, and National Asian American Survey, 2013). In some AAPI ethnic groups, such as Hmong, Japanese, and Indian Americans, turnout rates rose well above 85 percent (ibid.).

If these trends continue to hold, the AAPI female electorate in 2040 will be a constituency group that cannot be ignored (Ong, 2015). As such, policy makers and political candidates will have to address health, reproductive and economic justice issues that are critical to so many AAPI women and their families. With the number of AAPI women growing over the next twenty-five years, one can safely assume that more AAPI women than men will become active contributors to the U.S. workforce. AAPI women workers will demand equal pay protections, stronger wage-and-hour and minimum-wage laws, and more workable family and medical leave policies. Health care services will need to encompass the full spectrum of reproductive health care throughout a woman's life cycle, and increased attention and resources will be needed to support the growing aging population. Indeed, preelection polling conducted in 2012 found majority support for abortion, the ACA, and more equitable economic justice policies among the many AAPI subgroups that participated in the survey (Ramakrishnan et al., 2013). This segment of the AAPI population in particular will need policy champions and community support given the high proportion of foreign-born within the elder population, and the high likelihood that many will be limited English proficient.

How We Get There

Building the power of AAPI women does not end at the voting booth. As AAPI women expand our reach, we are also finding our voice. Today, some of the fiercest champions of reproductive, immigrant, and economic justice are AAPI women. AAPI women have long been political trailblazers; the first woman of color elected to the U.S. House of Representatives—Congresswoman Patsy Mink—and the first woman of color to serve both in the U.S. House of Representatives and the U.S. Senate—Senator Mazie Hirono—were Asian American (Manning, Brudnick, and Shogan, 2015). Increasingly, AAPI women are successfully running for office and getting elected at all levels of government, yet AAPI women continue to be conspicuously underrepresented

among elected officials. In the 114th Congress, only eight members are AAPI women—seven in the House and one in the Senate (ibid.). Although these eight female members comprise the majority of the fourteen total AAPIs serving in Congress, they represent just 1.5 percent of the entire U.S. Congress.

Electing more AAPI women into political office will certainly help elevate the needs and voices of AAPI women at the highest levels of government. However, AAPI women must also be agents of social change at the community level. As a model of change, organizing is a way for communities to build long-term power by rallying people and resources around a common vision. While traditional organizing is done on the ground within communities, it can also be done at the level of policy making. For AAPI women in 2040, both are crucial. AAPI women in lowwage work must continue to create and demand change in their own local communities, and state and national advocates must ensure that a community-organizing framework—one that prioritizes the needs and voices of the people most affected—is embedded in the policy-making process. Policies must be built with AAPI women in mind.

To quote our friends at the National Domestic Workers Alliance: "[W]hen you see the world through the eyes of women you see an upclose, clearer picture of the full impact of what's going on" (Flanders, 2011). AAPI women especially live in the intersections of multiple identities and multiple lived experiences. Organizing AAPI women requires an intersectional model that brings together a nontraditional collection of allies. It is well understood that communities do not exist in silos. Therefore, we cannot win in one movement alone. We will need the power of labor organizations, the capacity and reach of AAPI community service organizations, and the support and institutional wisdom of both women's organizations and national AAPI organizations to enact meaningful change.

As a community, AAPIs—especially AAPI immigrants and women—have traditionally had the strongest ties to community-based organizations (CBOs) (Silliman et al., 2004). These organizations, usually state or locally based health care or social service organizations, have the most direct connection to AAPI workers and families on a day-to-day basis (ibid.). Although these organizations are effective advocates for individual clients and families, CBOs can CBOs can also catalyze systemic change by engaging in more direct and broader advocacy efforts. At the same time, we must continue working within women's organizations and the broader women's rights movement to ensure that AAPI women

are centrally included in the struggle to achieve equality and opportunity for all women. The continued integration of AAPI women's issues in the national AAPI movement is similarly critical to ensure a gender perspective is woven into the movement's racial equity work.

Finally, we must look to ourselves to drive the changes we seek. We strongly believe that cultivating AAPI women's leadership requires base building and community organizing. AAPI women must be trained and organized to be leaders in their communities and beyond. We must also recognize that the lived experiences of AAPI women are embodied at the intersection of race, gender, immigration status, class, and other factors. Consequently, we must take an intersectional approach to addressing the challenges of AAPI women by working across traditionally siloed movements. These organizing approaches are necessary, along with the strategies described in the preceding text—infusing the AAPI service infrastructure with gender perspectives and advocacy, and pushing national women's organizations to be more inclusive of AAPI women—to ensure AAPI women build their power toward 2040.

"Women of color are the backbones of their communities" (Coleman and Ganong, 2014). When women thrive, so do their families and communities. AAPI women are also political pioneers and critical bridge-builders to other social justice movements. For the nation to prosper and thrive in 2040 and beyond, AAPI women must continue to be at the center of every policy reform effort.

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Notes

1. 1,093,947 Asian Alone. This does not include Native Hawaiians and Pacific Islanders who aren't represented in the data.

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