

**Asian and Pacific Islanders with Disabilities: Where Do We Fit In
and Where Do We Go From Here?**

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Green Paper

**Asian and Pacific Islanders with Disabilities of California
Facing Forward: Creating Disability Pride in Our API
Communities**

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I. INTRODUCTION

The Disability Community has defined “disability” as we know it in the United States. The Disability Community consists of people with disabilities and supporters from family, advocacy, activist, cultural, legal, and educational circles. The Disability Community continues to advance the status of people with disabilities through the Disability Rights Movement, with pivotal events such as the Independent Living Movement and the Americans with Disabilities Act as anchors. In tandem with the momentum of this movement has been interest in a flourishing Disability Culture. However, the Disability Community has historically not responded to issues that ethnic and racial minorities face, excluding these people from momentous activity in the Disability Rights Movement and Disability Culture. Asian and Pacific Islanders (APIs) form one such group that still remains largely disconnected from the Disability Community. At the same time, many APIs with disabilities do not feel like they are a part of their API communities. They feel ostracized by their API cultures, where uniformity is highly valued and disability is often seen as a shameful quality. Because APIs with disabilities do not feel accepted by either their API communities or by the Disability Community, they are at a loss concerning two major components of their identities.

This paper is a collection of insights from members of the API and Disability Communities to address the fact that APIs with disabilities lack a sense of belonging. This is preliminary information, and is a work in progress. There is an extremely small literature regarding this topic, which is why this paper draws so heavily upon the experiences of local advocates as opposed to citing published articles. The goal of this paper is to present the experiences and difficulties that APIs with disabilities encounter as members of the API and Disability Communities in order to catalyze a discussion around these issues.

II. OBSERVATIONS

APIs with disabilities feel displaced by their API communities because the latter associates disability with inability to lead a full, healthy life. In many cases, family members are very supportive of a person with a disability. However, API society is not likely to receive the person in the same way. In many API cultures disability is perceived as a disgraceful characteristic. In the API community there is a uniform way of life. One who acts differently is seen as an outcast. Consequently, many APIs with disabilities overextend themselves physically

and mentally in attempts to adhere to the norm. Many APIs question whether a learning disability is legitimate or if it is a masquerade for laziness. On the other hand, there is the tendency to confuse disability with sickness and inability to perform. For example, instead of allowing a person more time to complete a task, an API feels inclined to complete the task for the person with a disability.

Cultural differences are at the core of these separations. Philosophically, the clash between Eastern and Western thought has been problematic on many fronts. The characteristics of the American Disability Culture are often in direct contradiction to API cultures. In the Western disability model, people with disabilities live full lives. On the other hand, in the Eastern model people with disabilities are expected to live sheltered lives and to depend heavily on others for all aspects of living. Self-advocacy and other forms of activism are integral to the American Disability Culture. This often means going against the status quo and disagreeing with authority, which API cultures deem disrespectful or unacceptable. Take as an example a building that does not have a ramp. Both cultures view the lack of a ramp as a barrier for someone in a wheelchair who wishes to enter the building. In the Disability Community, based on the social model that identifies environment and attitudes from others as key determinants in creating disability, the barrier is considered an architectural one. The API communities would see the barrier as the person's inability to use stairs. The Disability Community would encourage an individual faced with such a situation to speak to the necessary parties in order to secure a ramp if the person had to use this building on a frequent basis. However, the Asian community would be more inclined to see that the individual should find ways to avoid using this building. The defining outcomes of the Independent Living Movement are self-determination and autonomy. API cultures tend to promote overprotection towards everyone in general. Since family is often the primary source of attendants, this attitude becomes even more of a limiting factor for a person with a disability. APIs with disabilities are at the intersection of these cultures and experience difficulties reconciling the stark differences.

At the same time APIs with disabilities feel marginalized by the Disability Community. To an API, it may seem that the Disability Community is only concerned with white, middle-class issues. This is an extremely dangerous assumption to make unless one considers why appears to be the case. During its infancy, the Disability Community in the United States was lead by people who were from white, middle class families. They were engaging in self-

advocacy that happened to effect a broader group of individuals. While the Disability Rights Movement certainly has progressed since this time to reach out to diverse communities, these communities must also stimulate the supply by demanding change. It is a two-sided issue for sure, but until APIs with disabilities start to speak up, nothing will happen. Again, here is the clash between Eastern and Western thought. We can see from a previous example the importance of demand-stimulated supply. While disability in the API communities is not a widely discussed topic, mental health is. One explanation for this difference is that in the 1980s when there were many refugees from South East Asia, social workers began asking for more information on mental health for their clients. Certainly, in order for change to occur, the Disability Community must be willing to listen and act upon what they hear. Drawing upon the mental health example, the demand for change must originate from APIs with disabilities. APIs with disabilities know their own issues the best and must demonstrate to others why their own issues are important.

In the drive to demand more services, we must build a larger community as opposed to stratifying the existing community. It would be very easy for the API community with disabilities to become upset at the Disability Community for not addressing API issues. In addition to what was previously stated, it is essential to bear in mind that most disability-related issues cut across divisions, as problems for one group of people with disabilities usually resonate with other groups of people with disabilities. For example, even though APIs were not a large force in the Independent Living Movement, they still benefit from this movement. On the flip side, it is likely that non-APIs will interact with APIs in their everyday encounters, such as at the grocery store or at work, where attitudinal barriers are evident. For non-APIs, this certain concern may seem less eminent, but an issue that seems insular within a community has ways of touching everyone. All people with disabilities face stereotypes, stigmas, and battles regardless of race, ethnicity, or socioeconomic status. In order to eradicate these universal problems, it becomes necessary to share resources and support one another in facing with the same issues.

III. ACTION STEPS AND CONCLUSIONS

The issue of disability identity for API individuals and communities is a complex concept that requires the input from all players involved on all levels. APIs with disabilities seek to become an integral part of the Disability Community, and they also anticipate equal treatment

from their cultural communities. The first steps must come from within the API communities. People in the API communities need to be more aware that these problem exist and of their consequences on the lives of people in our community. There are activists in our communities, but they are not united. The lack of cohesion is exacerbated by the fact that the absolute number is so small. We need to build coalitions and work towards the common goal of promoting more awareness of the issues that APIs with disabilities face, as raising awareness is the necessary prerequisite to any change. Action must also originate on an individual scale. Any action you can perform, from being a role model to talking to friends about your experiences will have the chain reaction of empowering others.

We, the activists gathered here today, have the challenge of serving as ambassadors to the API and Disability Communities. We understand the issues at hand and how they relate to these two communities. Together, we have a powerful base of knowledge and experiences upon which to draw. Two key current issues have the ability to strengthen or to separate our communities. On the level of the API communities, there is a new movement in research for the health in minority communities. Disability not included in this movement. This is the type of exclusion that stratifies our API communities. On the Disability Community front, at the federal and state levels, new programs to replace disincentives to employment with incentives are emerging to assist people with disabilities in achieving economic independence. When APIs with disabilities are not aware of these programs, we are all left behind. These are the kinds of real concerns about equality of which we should be aware as we build coalitions.

As Americans, we have an extremely rich culture. APIs with disabilities should be proud of their API, American, and disability heritage. Many of the issues this paper addressed apply to other cultural communities. Our movement is the type that is occurring in other cultural communities. Because all minority communities face similar issues, it is important that we work across all cultures to address them. This is a movement for people with disabilities, their families and friends of all races and ethnicities towards equal representation in the public health, academic, social, economic, and political realms that originates with equality in the Disability and cultural communities. We hope that you keep the thoughts presented in this paper in mind as take actions in your respective communities to set precedent for APIs with disabilities.

Appendix

“I didn’t really think much about hanging out with APIs with disabilities. In school I was with the Asian youth, so it’s like this: I hung out with Asian youth and then I hung out with youth with disabilities, but I didn’t hang out with APIs with disabilities. That’s the missing link [to completing her community as a child].” –Jean Lin

“My second son has a delayed speech disability. My Chinese non-English speaking mother was more so very worried about him for his future and his communication needs. I am not worried because his school will provide a special education program to serve his needs. When I was growing up in Hong Kong I experienced the perception that a person who had a deaf child born to them had ‘bad luck’. Even today the deaf parent or hearing parent in China having a deaf infant may say they do not want the child, but in fact they may accept the child.” –Joyce Chan

“Growing up being with disabilities in a traditional Chinese community often seen as an outcasts, our cultural base on value judgment base on excellence and worth which signifies symbolizes ‘face.’ Every person has his or her proper role. If a person happens to have disability, it negates aspiration in the human spirit which leads many manifest the conditions cause by immorality done by ancestors now being punish with evil spirits.” –Wayland Wong

“American attitude towards disabled is much more open handed, open minded, and warm. I saw other people in the hospital whose family members came to see them were more open minded and receptive towards people with disabilities. They really look at them, I would say on the same level, more on the empathy level. As a result, they get more support and love and caring. They don’t feel as much that they treated differently than before or differently than non-disabled. American way also provides more encouragement and support for disabled so he or she can gain more confidence and self esteem to move on with life if this happened in the middle of their lives.....I’m coming from both the disabled and non-disabled world. I try to put things in perspective when I talk to them. I try to understand why they see things differently than I do. We can learn from each other because we all think differently.” –Michael Kwok

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