

# COVID-19 and Pacific Islander Communities in Hawai‘i



A Report of the  
Hawai‘i Advisory Committee to the  
U.S. Commission on Civil Rights

May 2021

## **Advisory Committees to the U.S. Commission on Civil Rights**

By law, the U.S. Commission on Civil Rights has established an advisory committee in each of the 50 states and the District of Columbia. The committees are composed of state citizens who serve without compensation. The committees advise the Commission of civil rights issues in their states that are within the Commission's jurisdiction. More specifically, they are authorized to advise the Commission in writing of any knowledge or information they have of any alleged deprivation of voting rights and alleged discrimination based on race, color, religion, sex, age, disability, national origin, or in the administration of justice; advise the Commission on matters of their state's concern in the preparation of Commission reports to the President and the Congress; receive reports, suggestions, and recommendations from individuals, public officials, and representatives of public and private organizations to committee inquiries; forward advice and recommendations to the Commission, as requested; and observe any open hearing or conference conducted by the Commission in their states.

**Hawai'i Advisory Committee to the  
U.S. Commission on Civil Rights**

The Hawai'i Advisory Committee to the U.S. Commission on Civil Rights submits this report pursuant to its responsibility to identify, study, and report on civil rights issues in the state of Hawai'i. The contents of this report are primarily based on testimony the Committee received during virtual public meetings on November 18, 2020 and December 9, 2020, as well as on written statements.

This report identifies and seeks to address the disparate impact suffered by the Pacific Islander community with respect to the COVID-19 pandemic based on the significantly higher rate of infection experienced by this community when compared with others. The Committee offers the Commission its recommendations for effectively and efficiently addressing the immediate and long-term concerns and consequences inherent in this current very concerning reality.

**Hawai'i Advisory Committee to the  
U.S. Commission on Civil Rights**

Nalani Fujimori Kaina, *Chair*, Honolulu  
Wayne Tanna, *Vice Chair*, Honolulu

Amefil Agbayani, Honolulu

Jennifer Dotson, Honolulu

Eva Andrade, Honolulu

Moses Haia III, Honolulu

Alphonso Braggs, Honolulu

Luciano Minerbi, Honolulu

Vernon Char, Honolulu

Kymberly Pine, Honolulu

**TABLE OF CONTENTS**

EXECUTIVE SUMMARY .....3

INTRODUCTION .....14

Background.....16

COVID-19 and Pacific Islander Communities 17

Legislative Authority 19

    Title VII of The Civil Rights Act.....20

    Public Health Service Act .....20

    Federal Coronavirus Relief Packages .....20

    Compact of Free Association Migrants and Medicaid.....22

SUMMARY OF PANEL TESTIMONY .....25

Factors Impacting Pacific Islander Communities’ Vulnerability to Contracting COVID-19 25

Challenges with Government Response 27

    Applying for government relief programs .....28

    Engaging with Pacific Islander Community Leaders.....29

    Barriers to Government Support .....30

    Cooperation Between Department of Health and Hospitals .....31

    Language Access and Translated Materials .....32

    Recommendations .....32

Community Response and Care 33

Data Collection 34

Vaccine Distribution and Advocacy 36

Other Civil Rights Concerns 38

COVID-19 RESPONSE UPDATES.....39

Government Response 39

    Funding .....39

    State of Hawai‘i Report.....39

Vaccine Distribution and Rollout 40

FINDINGS AND RECOMMENDATIONS.....41

*Table of Contents*

---

Findings	41
Recommendations	45
APPENDIX.....	49
November 18, 2020 Briefing Agenda & Minutes	49
November 18, 2020 Briefing Transcript	49
November 18, 2020 Presentation Slides	49
December 9, 2020 Briefing Agenda & Minutes	49
December 9, 2020 Briefing Transcript	49
December 9, 2020 Presentation Slides	49
Web Hearing Speaker Bios	49
Recommendations from Micronesian Minister’s Uut Addressed to Mayor of Honolulu	49
We Are Oceania COVID-19 Response Report	49
Native Hawaiian & Pacific Islander Hawai’i COVID-19 Response Recovery Resilience Team August 13, 2020 Statement	49
Native Hawaiian and Pacific Islander Covid-19 Response, Recovery, and Resilience Members	49
Written Testimony	49
Committee Member Statement: Luciano Minerbi	49

---

## EXECUTIVE SUMMARY

On December 31, 2019, the World Health Organization was informed of a cluster of pneumonia cases in Wuhan City, located in the Hubei Province of China. These illnesses have since been linked to a disease caused by a previously unidentified strain of coronavirus, designated Coronavirus Disease 2019, or COVID-19. The disease has since spread rapidly across the globe, including to the United States. Over a hundred sixty million people have been infected globally<sup>1</sup> and over 32 million have been infected in the U.S. alone.<sup>2</sup> The total number of worldwide deaths attributed to this disease is currently over 3.3 million. Over 580,000 of those deaths were in the U.S.

Most people infected with the COVID-19 virus will likely experience mild to moderate respiratory illness and recover without requiring special treatment. The elderly, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop and experience serious symptoms from the illness.<sup>3</sup> In examining infection rates, there is evidence that COVID-19 disproportionately affects some racial and ethnic minority groups, especially Black, Brown, and Indigenous communities, at significantly higher rates.<sup>4</sup>

Data suggests that Hawai‘i’s Pacific Islander communities are particularly impacted. As of August 2020, 30 percent of Hawai‘i’s confirmed COVID-19 cases were traced to Pacific Islander communities,<sup>5</sup> excluding Native Hawaiians, even though this community makes up 4 percent of Hawai‘i’s population.<sup>6</sup> Based upon relevant data, researchers have also concluded that Pacific Islanders are being infected at a rate 10 times higher than the state’s overall infection rate, with

---

<sup>1</sup> World Health Organization Coronavirus Disease (COVID-19) Dashboard, <https://covid19.who.int/> as of May 13, 2021, there were 160,074,2677 confirmed cases worldwide.

<sup>2</sup> Centers for Disease Control and Prevention COVID Data Tracker <https://covid.cdc.gov/covid-data-tracker/#datatracker-home> as of May 13, 2021, there were 32,643,851 cases and 580,837 deaths in the U.S.

<sup>3</sup> World Health Organization Coronavirus Overview, [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1).

<sup>4</sup> Stokes EK, Zambrano LD, Anderson KN, et al. Coronavirus Disease 2019 Case Surveillance — United States, January 22–May 30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:759–765. DOI: <http://dx.doi.org/10.15585/mmwr.mm6924e2external icon>; Gold JA, Wong KK, Szablewski CM, et al. Characteristics and Clinical Outcomes of Adult Patients Hospitalized with COVID-19 — Georgia, March 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:545–550. DOI: <http://dx.doi.org/10.15585/mmwr.mm6918e1external icon>; Price-Haygood EG, Burton J, Fort D, Seoane L. Hospitalization and Mortality among Black Patients and White Patients with Covid-19. *N Engl J Med* 2020. DOI: <https://doi.org/10.1056/nejmsa2011686external icon>; Webb Hooper M, Nápoles AM, Pérez-Stable EJ. COVID-19 and Racial/Ethnic Disparities. *JAMA*. 2020;323(24):2466–2467. doi:10.1001/jama.2020.8598.

<sup>5</sup> Hawai‘i Department of Health, Disease Outbreak Control Division | COVID-19, “Current Situation in Hawai‘i,” <https://health.Hawaii.gov/coronavirusdisease2019/what-you-should-know/current-situation-in-Hawaii/> (data as of August 21, 2020).

<sup>6</sup> Anita Hofschneider, “Community Leaders: State Is Failing Pacific Islanders In The Pandemic,” *Civil Beat*, Aug. 13, 2020, <https://www.civilbeat.org/2020/08/community-leaders-state-is-failing-pacific-islanders-in-the-pandemic/>

this rate continuing to grow faster than any other community.<sup>7</sup> This is of significant concern given the fact that no other modern-day pandemic has brought such disparities into such clear and distinct focus.

Several potential factors have been identified as contributors to this increase in Pacific Islander risk of infection and hospitalization rates. These factors include living arrangements where Pacific Islander communities live in large, multigenerational households leading to often crowded conditions. Pacific Islander communities also have higher rates of chronic diseases, such as diabetes, which can complicate symptoms of COVID-19. In addition, and with respect to medical care and coverage, these communities are more likely to be uninsured or under-insured because of their immigration status. They are also more likely to be employed as essential workers and in the service industry or serving in the military, increasing their risk of exposure to COVID-19.<sup>8</sup> These factors are consistent with the Centers for Disease Control and Prevention’s identification of social determinants that put racial and ethnic minority groups at risk of infection and dying from COVID-19.<sup>9</sup> There are also some clear signs that systemic factors like poverty and low English literacy lead to higher rates.<sup>10</sup>

Hawai‘i’s government leaders have come under scrutiny for their handling of the COVID-19 response.<sup>11</sup> Pacific Islander community stakeholders have raised concerns with the State regarding their slow decision making; unclear public health guidance, lack of outreach and translated materials, and available personal protective equipment.<sup>12</sup> Others have pointed to the government’s

---

<sup>7</sup> David Derauf, F. DeWolfe Miller and Tim Brown, “The Fierce Urgency of Now – engaging Pacific Islander Communities in Hawai‘i to Contain COVID-19,” *East-West Center*, Aug. 21, 2020, <https://www.eastwestcenter.org/news-center/east-west-wire/the-fierce-urgency-now---engaging-pacific-islander-communities-in-hawai'i>.

<sup>8</sup> Lagipoiva Chelle Jackson, “Pacific Islanders in US hospitalised with Covid-19 at up to 10 times the rate of other groups,” *Guardian*, Jul. 26, 2020. <https://www.theguardian.com/world/2020/jul/27/system-is-so-broken-covid-19-devastates-pacific-islander-communities-in-us>.

<sup>9</sup> Centers for Disease Control and Prevention, Health Equity Considerations & Racial and Ethnic Minority Groups, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html#fn2> (updated as of July 24, 2020).

<sup>10</sup> David Derauf, F. Dewolfe Miller, Tim Brown, “The Fierce Urgency of Now – Engaging Pacific Islander Communities in Hawai‘i to Contain COVID-19,” *East-West Wire*, Aug. 24, 2020, <https://www.eastwestcenter.org/publications/the-fierce-urgency-now%E2%80%94engaging-pacific-islander-communities-in-Hawaii-contain-covid-19>.

<sup>11</sup> Mark Carpenter, “‘Out of control’: Union grievance filed against DOH as criticism of pandemic response builds,” *Hawaii News Now*, Aug. 10, 2020, <https://www.hawaiinewsnow.com/2020/08/10/out-control-union-grievance-filed-against-doh-criticism-pandemic-response-builds/>; Eleni Avendano, “State Health Department Is Mum On Former Epidemiologist’s Departure,” *Civil Beat*, Jan. 29, 2021, <https://www.civilbeat.org/2021/01/state-health-department-stays-mum-on-former-epidemiologists-departure/>.

<sup>12</sup> Native Hawaiian & Pacific Islander Hawai‘i COVID-19, “Native Hawaiian & Pacific Island Communities in Hawai‘i Call for Unity and Collaboration” Aug. 13, 2020, [http://papaolokahi.org/images/News\\_Release\\_-](http://papaolokahi.org/images/News_Release_-)

---

limited and slow testing and contact tracing as contributors to the continued upward trend of infection.<sup>13</sup>

The U.S. Commission on Civil Rights (Commission) is an independent, bipartisan agency established by Congress and directed to study and collect information relating to discrimination or a denial of equal protection of the laws under the Constitution because of race, color, religion, sex, age, disability, national origin, or in the administration of justice.<sup>14</sup> The Commission has established advisory committees in each of the 50 states and the District of Columbia. These Advisory Committees advise the Commission on issues in their states that are within the Commission's jurisdiction.

In 2019, the Hawai'i Advisory Committee (Committee) to the U.S. Commission on Civil Rights issued a related and notable report, "Micronesians in Hawai'i: Migrant Group Faces Barriers to Equal Opportunity."<sup>15</sup> The report raised civil rights concerns with barriers to equal opportunity throughout Hawai'i for people migrating from Micronesia to Hawai'i.<sup>16</sup> On August 28, 2020, the majority of the Committee voted to examine civil rights concerns with impact the COVID-19 pandemic was having on non-Hawaiian Pacific Islander communities.

To commence with addressing its concern, the Committee hosted two web hearings on November 18, 2020 and December 9, 2020 to receive testimony from a wide yet relevant range of stakeholders. Speakers provided competent and relevant testimony in the following areas: (i) the effectiveness of the State of Hawai'i's response in delivering health care during the COVID-19 pandemic; (ii) why non-Hawaiian Pacific Islander communities are disproportionately affected by COVID-19; (iii) barriers that prevent non-Hawaiian Pacific Islander communities access to health care; (iv) civil rights concerns impacting non-Hawaiian Pacific Islander communities as a result of the pandemic; and (v) potential solutions for addressing health care access for non-Hawaiian Pacific Islander communities and other vulnerable communities impacted by COVID-19. These stakeholders included the Hawai'i Department of Health, federally qualified health centers Papa Ola Lōkahi and Kōkua Kalihi Valley, advocacy organizations for Pacific Islander communities;

---

[LAUNCH of NHPI Hawaii COVID-19 Response Recovery Resilience Team - 2020-0527.pdf](#); Kirk Caldwell, "Editorial Column: COVID caps tough times, but civic spirit intact." *Star Advertiser*, Dec. 29, 2020, <https://www.staradvertiser.com/2020/12/29/editorial/island-voices/covid-caps-tough-times-but-civic-spirit-intact/> (noting the outgoing Honolulu Mayor, Kirk Caldwell's recognition of his administration's failure to integrate Pacific Islander communities.)

<sup>13</sup> David Derauf, F. Dewolfe Miller, Tim Brown, "The Fierce Urgency of Now – Engaging Pacific Islander Communities in Hawai'i to Contain COVID-19," *East-West Wire*, Aug. 24, 2020, <https://www.eastwestcenter.org/publications/the-fierce-urgency-now%E2%80%94engaging-pacific-islander-communities-in-hawaii-contain-covid-19>; Ashley Mizuo, "How Hawaii Botched Contact Tracing And What It Will Take To Fix It." *Hawaii Public Radio*, Aug. 11, 2020, <https://www.hawaiipublicradio.org/post/how-hawaii-botched-contact-tracing-and-what-it-will-take-fix-it>.

<sup>14</sup> 42 U.S.C. § 1975a.

<sup>15</sup> U.S. Commission on Civil Rights, Hawai'i Advisory Committee, *Micronesians in Hawai'i: Migrant Group Faces Barriers to Equal Opportunity*, 2019, <https://www.usccr.gov/pubs/2019/08-13-Hawaii-Micronesian-Report.pdf>.

<sup>16</sup> *Ibid.*



---

members of the religious community; and individuals working directly with Pacific Islander communities.

On April 28, 2021, the Committee voted unanimously to approve the report. Through this study, the Committee offers a series of findings and recommendations below. Support for these findings and recommendations are found throughout this report. The Committee recognizes and understands that the process used to address and solve the civil rights concerns inherent in the multiple adverse impacts that the COVID-19 pandemic has had and continues to have on non-Hawaiian Pacific Islander communities must be multifaceted and will require a collective and collaborative effort among multiple stakeholders.

## **Findings**

### ***Factors Impacting Pacific Islander Communities' Vulnerability to Contracting COVID-19***

1. Pacific Islander communities have suffered disparate impact in the delivery of medical and public services during the COVID-19 pandemic in Hawai'i. One of the most vulnerable Pacific Islander groups is Hawai'i's Micronesian population due to their special immigration status which prohibits them from accessing Medicaid. When Hawai'i's state health care system decided to cut insurance in 2015, the mortality rate for Micronesians in 2018 rose more than 40 percent to that rate prior to 2015 when they were eligible for Medicaid. This rise occurred despite the availability of state-funded premium coverage for private insurance and significant outreach efforts to reduce the impact of this coverage change.
2. Obtaining government funding for needed relief remains a challenge for Pacific Islander coalitions and grassroots organizers forcing them to rely on organizations that have formal structures to act as the applicant and pass-through organization. While this has been an ongoing issue for Pacific Islander community organizations prior to the pandemic, the delay in obtaining needed funding leaves many Pacific Islander communities without culturally acceptable approaches that would make the difference in health outcomes, access to economic relief programs, etc.
3. There is a likely possibility that organizations that are not equipped with language assistance may have and may continue to deny assistance to Pacific Islander communities who are limited English speaking.
4. Staffing government organizations with individuals who speak Pacific Islander languages can make the difference in providing needed services to Hawai'i's most vulnerable communities. In addition to providing language access, these organizations should have knowledge of special citizenship status of some communities and other cultural patterns and practices.
5. Many Pacific Islander households are culturally multigenerational and live in small living quarters, which makes it challenging for family members who have COVID-19 to isolate making the spread of COVID-19 inevitable. Federal guidance on how to quarantine did not consider the cultural patterns of connectedness among Pacific Islander communities,

---

placing community organizations with task of assisting these communities to assist with messaging that is both culturally appropriate and effective.

6. Strategic communication to Pacific Islander communities regarding COVID-19 prevention, quarantine, vaccine distribution, and availability of relief programs is most effective when Pacific Islander community leaders that include, among others, elders and church leaders, relay the message. However, it is increasingly important to provide these individuals with the opportunity to provide substantive feedback that confirms and acknowledges the cultural appropriateness of such messaging.
7. Markedly, the COVID-19 pandemic has impacted the most vulnerable segments of society, especially those who have co-morbidities such as diabetes, asthma, or hypertension.
8. The COVID-19 pandemic has confirmed and highlighted challenges which existed before the pandemic, including the need for translation and interpretation resources for Medicaid eligibility.
9. Of all Pacific Islander groups, COFA migrants have been disproportionately impacted by COVID-19. In fact, the Hawai'i Department of Health estimates that non-Hawaiian Pacific Islanders are overrepresented in COVID-19 cases by a factor of five. The following reasons have come to light:
  - a. There is a significant number of uninsured COFA migrants. This strongly suggests that there are many who feel they are not allowed to seek out medical care in times of illness.
  - b. The number of clusters of COVID-19 cases flourished in this community because household sizes tend to be large. One panelist noted that he treated a patient who lived in a one bedroom apartment that housed 25 individuals.
  - c. Many are also essential workers who cannot work remotely and are in professions that are public facing.
10. Testimony revealed that housing for multigenerational families of Pacific islanders is a real need that, when addressed, ameliorates other socio-economic-health needs because caregivers can reach not just an individual person but the whole family.
11. At the time of Committee's web hearings, COFA migrants were ineligible for Medicaid coverage due to exclusionary language in the Personal Responsibility and Work Opportunity Reconciliation Act that allow states to decide if they want to support and enroll COFA migrants in their state Medicaid program. Hawai'i initially determined that they would allow COFA migrants to enroll in its Medicaid program, but after debate regarding if it is the state or federal government's responsibility to shoulder the costs and a November 2014 federal court ruling that Hawai'i was not required to provide benefits, Medicaid benefits for most COFA migrants expired. Because of pressure from stakeholders,

---

especially in the midst of a global health pandemic, Senate lawmakers successfully pushed for the inclusion of COFA migrants and restored federal health care to Marshallese and other Pacific Islanders at the end of 2020, decades after the programs were taken away. It is estimated as many as 94,000 people nationally will benefit from the restoration.

### *Challenges with Government Response*

12. The economic impact of the COVID-19 pandemic left many Pacific Islanders with no option but to file for unemployment benefits. However, the Micronesian community, has experienced significant challenges when applying for unemployment because of their unique citizenship status in Hawai'i, experienced significant challenges with applying for unemployment benefits.
13. There was a lack of communication and cooperation between hospitals and the Department of Health. One panelist noted that hospitals were not providing enough information to Pacific Islanders on how to isolate safely and what services were available to them such as access to hotels. Hospitals only shared with patients that the Department of Health will contact them, but the Department of Health never followed through and if they did, Department of Health representatives did not speak the language of the individual.
14. The State's COVID-19 response to non-Hawaiian Pacific Islanders was severely insufficient especially those who require in language assistance because there was a lack of translated materials and interpreters. And even when government agencies requested and received translated materials from interpretation service organizations, many of those agencies failed to put translated materials on their website.

### *Community Response and Care*

15. Pacific Islander community leaders, in a proactive effort to take matters into their own hands to protect their communities from the economic and health impacts of COVID-19, organized to support their communities by assisting impacted community members with filing for unemployment and housing relief; conducting outreach concerning prevention efforts; developing messaging relevant to the need for physical distancing, and available resources; fundraising for PPE, funeral costs, and other basic needs such as groceries; and provided language assistance and translated materials to local organizations serving Pacific Islanders.
16. As the state slowly developed comprehensive plans for mitigating the spread of COVID-19, Pacific Islander community leaders and organizations mobilized by forming various task forces to meet the immediate needs of families who were most heavily hit. These efforts were guided by strong cultural acknowledgement and resolute community care.

---

### ***Data Collection***

17. During the height of the COVID-19 pandemic, state data indicated that 30 percent of Hawai'i's confirmed COVID-19 cases traced back directly to Pacific Islander communities (excluding the Native Hawaiian community), a 13 percent rise since June 2020. In addition, the infection rate for Pacific Islanders is 10 times higher than the state's infection rate, and a rate that continues to grow faster than any other community. This is quite disturbing since Pacific Islander communities make up a mere 4 percent of Hawai'i's population. This is clearly the first modern-day pandemic that has brought these specific disparities into such clear and distinct focus.
18. While Hawai'i is ahead in terms of capturing race and ethnicity data and disaggregating Pacific Islander communities into individual ethnic groups for COVID-19 positive cases, there are data governance challenges with (i) data collection specific to the format and uniformity of forms that are utilized to collect patient data in testing sites, hospitals, and clinics; and the lack of data capturing those who test negative; (ii) ensuring that COVID-19 data is input on the multiple electronic health record systems used throughout the state; and (iii) data security for sensitive information.
19. Testimony indicated that Hawai'i's Pacific Islander communities affected by COVID-19 at higher rates are not unique to this region only. Some states can easily note contraction numbers while other states do not have the capacity due to their lack of data collection and inability to data they do collect. There is clear evidence that state government agencies are not incorporating categories noted in the OMB Directive 15.

### ***Other Civil Rights Concerns***

20. Records indicate that despite making up a small fraction of the overall population in Hawai'i, Micronesians were disproportionately arrested for violating COVID-19 emergency orders. Others also arrested in disproportionate numbers are Samoans and Blacks who were at risk of facing misdemeanor charges carrying a maximum fine of up to \$5,000 and a year in prison.

---

## Recommendations

The recommendations below are directed to the U.S. Commission on Civil Rights and to the entities tasked with undertaking the work involved in each specific recommendation. In reviewing testimony, the Hawai'i Advisory Committee acknowledges the importance of centering Pacific Islander communities in any decision making that directly affects them and wholly advocates for their inclusion in this process as it truly believes that doing so is an essential step in properly, promptly, and successfully addressing the Committee's overriding concerns. It is equally important that adequate funding supports these efforts. The Committee, therefore, respectfully requests that the U.S. Commission on Civil Rights:

1. Send this report and issues recommendations to the U.S. Department of the Interior and Office of Insular Affairs to:
  - a. Promptly engage with the COFA migrant community to address the current inadequacies affecting their health, safety, and welfare relative to the COVID-19 pandemic.
  - b. Review this report and provide comments to the Hawai'i Advisory Committee.
2. Send this report and issues recommendations to the U.S. Department of Health and Human Services to:
  - a. Actively conduct outreach to states with high populations of COFA migrants informing them of the reinstatement of Medicaid eligibility for COFA migrants residing in each state.
  - b. Require standardized data collection across government agencies which includes disaggregation for race, ethnicity, and Pacific Islander communities, beyond the requirements of OMB 15.
  - c. Review report and provide comments to the Hawai'i Advisory Committee.
3. Send this report and issues recommendation to the U.S. Department of Homeland Security, Federal Emergency Management Agency to:
  - a. Include COFA migrants for disaster and emergency relief programs, in particular funeral assistance.
4. Send this report and issues recommendations to the U.S. Congress especially to members of the Congressional Asian Pacific American Caucus' Native Hawaiian and Pacific Islander Task Force to:
  - a. Support federal relief funding to states and grant them flexibility to identify where resources should be dedicated to address Pacific Islander needs.
  - b. Monitor the renegotiation of the COFA agreements to ensure that sufficient funding and services are provided to the people of the vast ocean extension of Pacific Micronesia for the prompt, necessary and proper attention and treatment required relative to the COVID-19 pandemic.

- 
- c. Explore improved coordination of Pacific Islanders federal policies and programs operating both in Hawai‘i and in their COFA countries and other Pacific Islanders to achieve synergy and improve impacts.
  - d. Request research support by the U.S. Government Accountability Office to explore ways of enhanced federal interagency coordination in project funding.
5. Send this report and issues recommendations to the Hawai‘i Legislature to:
    - a. Pass legislation that would:
      - i. Adequately fund the Department of Health so that they can immediately respond during future pandemics.
      - ii. Codify standardized data collection across government agencies and provide better language access and to disaggregate data for Pacific Islander communities.
      - iii. Adequately fund and strengthen the Office of Language Access so that it has enforcement authority to require government agencies to meet equal access requirements.
      - iv. In addition to the Office of Language Access, fund other state agencies to meet language access needs of service populations.
      - v. Fund higher education programs for vulnerable and under-represented communities such as Pacific Islanders.
      - vi. Support resolution for diversity training for hospital staff and hire community health workers and interpreters to translate in respective languages of Chuukese, Marshallese, Yapese, Palauan, Ponapean and Kosraean for more than the 500 Micronesians they serve because non-Hawaiian Pacific Islanders make up 22 percent of COVID-19 cases while being only four percent of the population.
      - vii. Expand broadband service in remote areas of Hawai‘i to expand services to communities who would benefit from telehealth services.
      - viii. Allow doctors and registered nurses to use Telehealth.
  6. Send this report and issues recommendations to the Hawai‘i Governor to:
    - a. Meet and discuss with the Hawai‘i Advisory Committee to the U.S. Commission on Civil Rights its report’s findings and recommendations.
    - b. Provide better training and education about the specific needs of vulnerable communities, including but not limited to Pacific Islander communities, to persons who deliver medical and public services.

- 
- c. Assure COFA migrants utilize and transition to Hawai‘i’s state Medicaid program.
  - d. Be more intentional about informing, supporting, and engaging cross-sector Micronesian leadership groups for emergency response.
  - e. Develop clear agency guidance on equitable, socially just communications about COVID-19 spread and other highly infectious diseases.
  - f. Invest in more culturally and community appropriate communications.
  - g. Provide detailed COVID-19 data to Pacific Islander leadership groups during regular briefings.
  - h. Provide more coordinated and consistent wraparound support to COVID-19 positive families.
  - i. Use federal COVID-19 funds to help local community based organizations to expand and continue the outreach programs that these organizations have done to reach rural, low income and Pacific migrant people.
  - j. Continue to improve data collection efforts and appropriate disaggregation of data so that data fully demonstrates the impact that COVID-19 has on Pacific Islander communities.
  - k. Provide guidelines and incentives to state agencies to hire staff with cultural knowledge of specific Pacific Islander communities and ensure there are multiple Pacific Islander languages available in language assistance.
  - l. Support the Hawaii Civil Rights Commission training to state agencies on discrimination and equal access barriers facing Pacific Islanders.
  - m. Use significant portion of federal relief funds to assist Pacific Islander communities severely impacted by COVID-19 by providing funds to government agencies for projects serving Pacific Islanders and funds to support community based organizations serving these communities.
7. Send this report and issues recommendations to the Hawai‘i Department of Health to:
    - a. Continue to improve data collection efforts so that data fully demonstrates the impact that COVID-19 has on Pacific Islander communities.
  8. Send this report and issues recommendations to County of Hawai‘i Mayor, County of Maui Mayor, County of Kauai Mayor, and City and County of Honolulu Mayor:
    - a. Meet and discuss with the Hawai‘i Advisory Committee to the U.S. Commission on Civil Rights report findings and recommendations.

- 
- b. Identify contact/office responsible for addressing Pacific Islander health and civil rights issues.
  - c. Be more intentional about informing, supporting, and engaging cross-sector Micronesian leadership groups for emergency response.
  - d. Develop clear agency guidance on equitable, socially just communications about COVID-19 spread and other highly infectious diseases.
  - e. Invest in more culturally and community appropriate communications.
  - f. Provide detailed COVID-19 data to Pacific Islander leadership groups during regular briefings.
  - g. Provide more coordinated and consistent wraparound support to COVID-19 positive families.
  - h. Use federal COVID-19 funds to help local community based organizations to expand and continue the outreach programs that these organizations have done to reach rural, low income and Pacific migrant people.
  - i. Use significant portion federal relief funds to assist Pacific Islander communities severely impacted by COVID-19 by providing funds to government agencies for projects serving Pacific Islanders and funds to support community based organizations serving these communities.
9. Send this report and issues recommendations to Hawai'i state agencies:
    - a. Make a concerted effort to hire a proportionate number of staff with cultural knowledge of specific Pacific Islander communities and ensure there are multiple Pacific Islander languages available for in language assistance.
    - b. Consult with community leaders regarding appropriate messaging that considers cultural differences.



---

## INTRODUCTION

The U.S. Commission on Civil Rights (Commission) is an independent, bipartisan agency established by Congress and directed to study and collect information relating to discrimination or a denial of equal protection of the laws under the Constitution because of race, color, religion, sex, age, disability, national origin, or in the administration of justice.<sup>17</sup> The Commission has established advisory committees in each of the 50 states and the District of Columbia. These Advisory Committees advise the Commission on Civil Rights issues occurring in their states that are within the Commission's jurisdiction.<sup>18</sup>

On August 28, 2020, the majority of the Hawai'i Advisory Committee (Committee) to the U.S. Commission on Civil Rights voted to examine the COVID-19 pandemic's impact on non-Hawaiian Pacific Islander communities as a civil rights topic of interest. During the early months of the COVID-19 pandemic in the U.S., the Committee raised concerns about reports of high infection rates and widening economic inequalities among Pacific Islander communities. While the Committee recognized that Pacific Islander communities such as Native Hawaiians were similarly impacted by the COVID-19 pandemic, they were especially concerned about reports that when data which had previously lumped Native Hawaiians and Pacific Islander communities together, was disaggregated, it revealed that Pacific Islander communities were experiencing disproportionately higher infection rates and widening economic inequalities relative to the effects of the pandemic.<sup>19</sup>

Beginning in June 2020, the proportion of newly diagnosed COVID-19 cases among persons who identify as Pacific Islander rose dramatically. This became apparent in August when the Department of Health recorded its greatest number of cases. Pacific Islanders represented approximately 24 percent of all cases, despite accounting for just four percent of the state's population. As of January 31, 2021, at least 7.5 percent of the Pacific Islander population in Hawai'i had contracted COVID-19, a cumulative risk that was four times greater than the next most impacted population (Filipinos) and twelve times that of the least impacted population (Japanese).<sup>20</sup> Pacific Islander communities included in the Committee's inquiry are the following groups: Chuukese, Marshallese, Samoan, Micronesian, Kosraean, Tongan, Pohnpeian, and Guamanian.

---

<sup>17</sup> 42 U.S.C. § 1975a (1994).

<sup>18</sup> 45 C.F.R. § 703.2.

<sup>19</sup> Dan Nakaso, "Surge in Hawaii coronavirus highlights disparities for Pacific Islanders," *Star Advertiser*, Aug. 6, 2020 <https://www.staradvertiser.com/2020/08/06/hawaii-news/surge-in-virus-cases-highlights-disparities-for-pacific-islanders/>; Anita Hofschneider, "DOH Says Native Hawaiians Have a High COVID-19 Rate. But How High?" *Civil Beat*, Apr. 29, 2020 <https://www.civilbeat.org/2020/04/native-hawaiians-have-a-high-covid-19-rate-but-how-high/>.

<sup>20</sup> Hawai'i State Department of Health (2021). COVID-19 in Hawai'i: Addressing Health Equity in Diverse Populations. Disease Outbreak Control Division: Special Report. Honolulu, Hawai'i. <https://hawaiiicovid19.com/wp-content/uploads/2021/03/COVID-19-Race-Ethnicity-Equity-Report.pdf> (hereafter cited as 2021 Hawaii State Department of Health COVID-19 Report).

---

These groups differ in their legal relationship to the US and vary in eligibility for services. For example, Pacific Islanders include U.S. citizens (Guam) COFA citizens (Republic of Palau, Republic of Marshall Islands and Federated States of Micronesia), U.S. nationals American Samoa) and citizens of other independent nations (Tonga, Western Samoa).

The U.S. census category “Native Hawaiian and Pacific Islanders” (NHPI) is commonly used by government and the public however, for this report, Native Hawaiians (the largest group in NHPI category) are specifically not included in this. Among the reasons not to include Native Hawaiians in this report is because Pacific islanders were significantly more negatively impacted by COVID-19 infections compared to Native Hawaiians. In addition, as U.S. citizens and indigenous people, they have several native Hawaiian-serving institutions and are eligible for some benefits and services that are not available to other Pacific Islanders and Hawai’i residents.

In 2019, the Hawai’i Advisory Committee (Committee) to the U.S. Commission on Civil Rights issued its report entitled, “Micronesians in Hawai’i: Migrant Group Faces Barriers to Equal Opportunity.”<sup>21</sup> The report raised civil rights concerns based upon barriers to equal opportunity throughout Hawai’i for people migrating from Micronesia to Hawai’i.<sup>22</sup>

This report begins with background on the COVID-19 pandemic, relevant legislative authority, references to federal COVID-19 relief, and a discussion regarding Compact of Free Association migrants and Medicaid. A section summarizing themes based on testimony discussing factors that impact Pacific Islander communities’ vulnerability to contracting COVID-19; challenges with government response to the COVID-19 pandemic; the importance of community response and care; discussion about vaccine distribution and advocacy; data collection; and other civil rights concerns follows. The section provides a brief update on notable actions taken by the federal, state, and other entities impacting COVID-19 relief to the Pacific Islander community that is the focus of this report taken since the Committee’s hearings. The report concludes with findings and recommendations issued to the Commission which ultimately seeks the attention and action of appropriate federal, state, and county entities.

---

<sup>21</sup> U.S. Commission on Civil Rights, Hawai’i Advisory Committee, *Micronesians in Hawai’i: Migrant Group Faces Barriers to Equal Opportunity*, 2019, <https://www.usccr.gov/pubs/2019/08-13-Hawaii-Micronesians-Report.pdf>.

<sup>22</sup> Ibid.

---

## BACKGROUND

On December 31, 2019, the World Health Organization was informed of a cluster of pneumonia cases in Wuhan City, Hubei Province of China. Illnesses have since been linked to a disease caused by a previously unidentified strain of coronavirus, designated Coronavirus Disease 2019, or COVID-19. The disease has since spread rapidly across the globe, including to the United States. Over a hundred sixty million people have been infected globally<sup>23</sup> and over 32 million have been infected in the U.S. alone.<sup>24</sup> The total number of worldwide deaths attributed to this disease is currently over 3.3 million. Over 580,000 of those deaths were in the U.S.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. The elderly, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.<sup>25</sup> In examining infection rates, there is evidence that COVID-19 affects some racial and ethnic minority groups disproportionately, especially in Black, Brown, and Indigenous communities.<sup>26</sup>

In Hawai‘i, the Department of Health reported high infection rates among several communities. In recognizing the history of some Pacific Islander communities and their struggle to obtain health care the Committee was compelled to examine how COVID-19 impacted non-Hawaiian Pacific Islanders.<sup>27</sup> The information and data below provide additional insight into this matter as reported by the Department of Health during the November 18, 2020 web hearing.

---

<sup>23</sup> World Health Organization Coronavirus Disease (COVID-19) Dashboard, <https://covid19.who.int/> as of May 13, 2021, there were 160,074,2677 confirmed cases worldwide.

<sup>24</sup> Centers for Disease Control and Prevention COVID Data Tracker <https://covid.cdc.gov/covid-data-tracker/#datatracker-home> as of May 13, 2021, there were 32,643,851 cases and 580,837 deaths in the U.S.

<sup>25</sup> World Health Organization Coronavirus Overview, [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1).

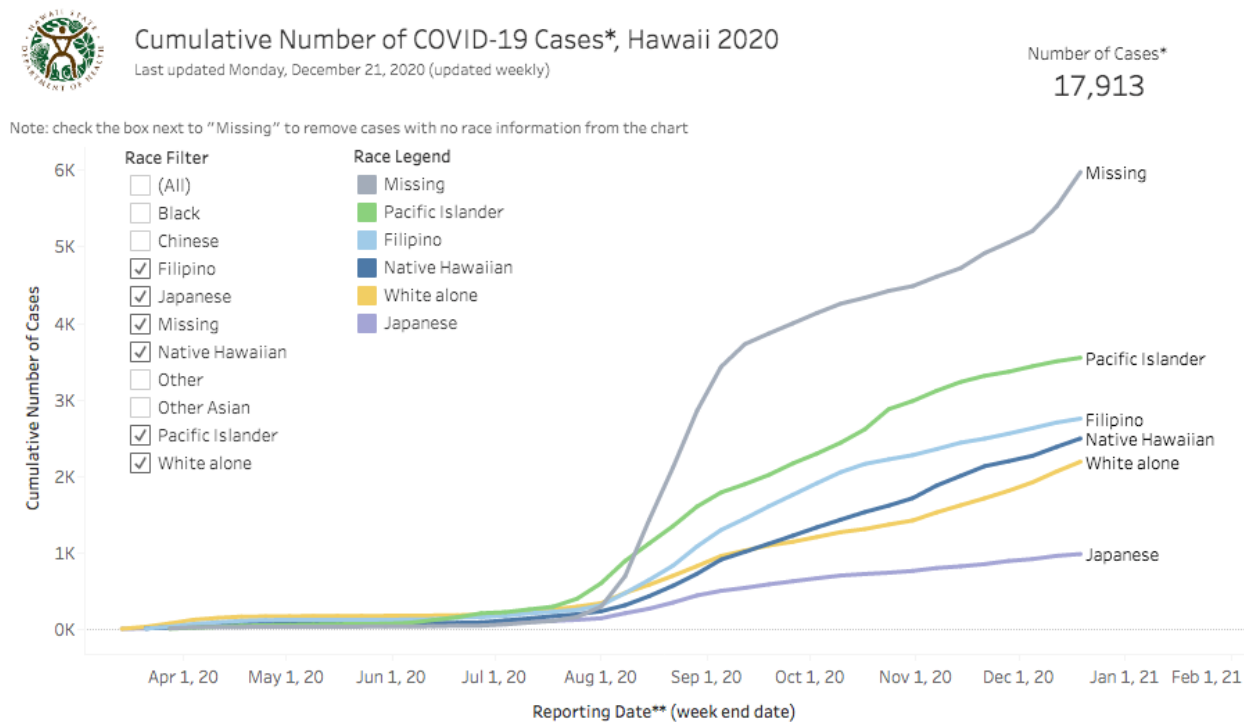
<sup>26</sup> Stokes EK, Zambrano LD, Anderson KN, et al. Coronavirus Disease 2019 Case Surveillance — United States, January 22–May 30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:759–765.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6924e2external icon>; Gold JA, Wong KK, Szablewski CM, et al. Characteristics and Clinical Outcomes of Adult Patients Hospitalized with COVID-19 — Georgia, March 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:545–550. DOI: <http://dx.doi.org/10.15585/mmwr.mm6918e1external icon>; Price-Haygood EG, Burton J, Fort D, Seoane L. Hospitalization and Mortality among Black Patients and White Patients with Covid-19. *N Engl J Med* 2020. DOI: <https://doi.org/10.1056/nejmsa2011686external icon>; Webb Hooper M, Nápoles AM, Pérez-Stable EJ. COVID-19 and Racial/Ethnic Disparities. *JAMA*. 2020;323(24):2466–2467. doi:10.1001/jama.2020.8598.

<sup>27</sup> Under 45 C.F.R. § 703.3, the scope of the subject matter to be dealt with by Advisory Committees shall be those subjects of inquiry or study with which the Commission itself is authorized to investigate, pursuant to 42 U.S.C. 1975(a), which includes studying and reporting on discrimination or denials of equal protection of the laws based on race, national origin, disability status, other protected classes.

## COVID-19 and Pacific Islander Communities<sup>28</sup>

Throughout the COVID-19 pandemic, data suggests that Hawai‘i’s Pacific Islander communities have been and continue to be particularly impacted (Figure 1). According to Hawai‘i’s Department of Health, as of November 12, 2020, Pacific Islanders have accounted for at least 3036 total cases, the highest rate for any group in Hawaii. Twenty-eight percent of Hawai‘i’s confirmed COVID-19 cases are from its non-Hawaiian Pacific Islander communities,<sup>29</sup> despite accounting for a mere four percent of Hawai‘i’s population.<sup>30</sup>



### Footnotes:

Based on first non-White race listed;

\*\*Date refers to the week in which the case was first reported to the Department of Health;

"White" indicates no other race listed; "Any Native Hawaiian" indicates that Native Hawaiian was among any of the races listed.

\* Excludes residents diagnosed out-of-state (n=400) and non-residents (n=361) and any persons belonging to groups excluded in the Race Filter

**Figure 1**

<sup>28</sup> Data noted in this section is based on the Hawaii Department of Health’s testimony during the Committee’s November 18, 2021 web hearing. Dr. Joshua Quint, testimony, *Web Hearing Before the Hawai‘i Advisory committee to the U.S. Commission on Civil Rights*, Nov. 18, 2020, transcript, p. 17 (hereafter cited as *11/18/20 Web Hearing*).

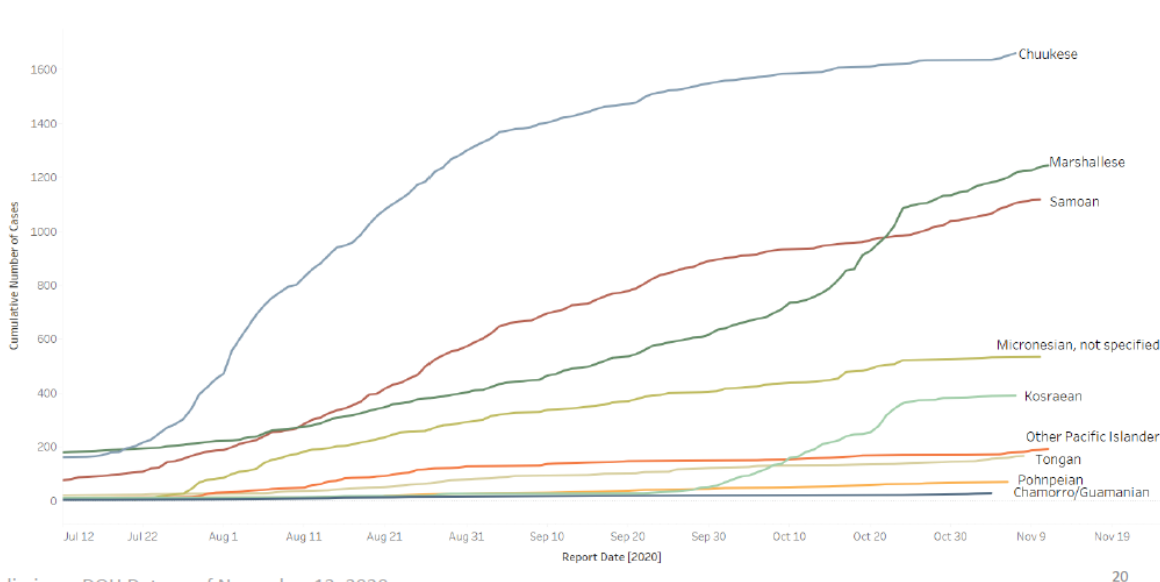
<sup>29</sup> Hawai‘i Department of Health, Disease Outbreak Control Division | COVID-19, “Current Situation in Hawai‘i,” <https://health.Hawaii.gov/coronavirusdisease2019/what-you-should-know/current-situation-in-hawaii/> (data as of August 21, 2020).

<sup>30</sup> Anita Hofschneider, “Community Leaders: State Is Failing Pacific Islanders In The Pandemic,” *Civil Beat*, Aug. 13, 2020, <https://www.civilbeat.org/2020/08/community-leaders-state-is-failing-pacific-islanders-in-the-pandemic/>

When further disaggregating Pacific Islander communities and the number of COVID-19 cases attributed to each ethnic group, the Chuukese, Samoan, and Marshallese communities were especially impacted in 2020, and by October, the Kosraean community saw an increase in COVID-19 cases (Figure 2).<sup>31</sup> Demographic differences that may be driving disparities show that 54 percent of Pacific Islanders were female compared to 49 percent of non-Pacific Islanders. Also, among COVID-19 cases, Pacific Islanders are on average eight years younger than non-Pacific Islanders with the average age being 34. The relevant data also confirms that Pacific Islander children are more likely to become affected than non-Pacific Islander children.

### Cumulative Number of COVID-19 Cases, Hawaii 2020

Updated November 12, 2020



Preliminary DOH Data as of November 12, 2020

20

**Figure 2**

Overall, Pacific Islanders are equally likely as non-Pacific Islanders to have had an outcome of hospitalization or death by roughly 12 percent. Dr. Quint, epidemiologist with the Department of Health, offered the following point in his testimony to the Committee: “we know that age is a very strong predictor of severe disease. And so this outcome is probably confounded by age and we can adjust for that in analysis.”<sup>32</sup> As such, and when controlling for age and gender, Pacific Islanders are 2.1 times more likely to be hospitalized or die compared to non-Pacific Islanders. In addition, 24 percent of Pacific Islanders aged 45 to 64 had the outcome of death or hospitalization compared to a rate of just 13 percent for that same age demographic of non-Pacific Islanders. Similarly, Pacific Islanders who are 65 years and over experienced a 49 percent hospitalization and death rate compared to 38 percent of their non-Pacific Islander counterparts.

<sup>31</sup> Quint Testimony, *11/18/20 Web Hearing*, p. 6.

<sup>32</sup> *Ibid.*

---

At the time of the Committee’s inquiry, the overall COVID-19 mortality rate in Hawai‘i was lower than most of the U.S. for Pacific Islanders, totaling 47 deaths. As emphasized above, when examining the fatality ratio and adjusting for age and gender, there is a similar pattern in hospitalizations where Pacific Islanders are 2.1 times as likely to have an outcome of death when compared to non-Pacific Islanders.

Housing location also plays a role in the transmission of COVID-19. When examining the relative zip codes, there is a correlation between living in a zip code where there is a high percentage of families living below poverty and the number of cases of COVID-19 among Pacific Islander communities.

There are several potential factors that increase Pacific Islander risk of infection and hospitalization rates. These factors include living arrangements where Pacific Islander communities tend to live in large, multigenerational households. Pacific Islander communities also have higher rates of chronic diseases, such as diabetes, which can complicate symptoms of COVID-19.

In terms of health care status, these communities are more likely to be un or under-insured because of their immigration status. They are also more likely to be employed as essential workers and employed in the service industry or serving in the military, which increases their risk of exposure to COVID-19.<sup>33</sup> These factors are consistent with the Centers for Disease Control and Prevention’s identification of social determinants that put racial and ethnic minority groups at risk of infection and dying from COVID-19.<sup>34</sup> There is also evidence that systemic factors like poverty and low English literacy lead to higher infection rates.<sup>35</sup>

## Legislative Authority

The following section provides a summary of relevant authority governing health care access, legislative responses to the COVID-19 pandemic, and historical context. While there are several laws that can be linked to this topic, the Committee felt the laws below are particularly related and relevant to the scope of their inquiry.

---

<sup>33</sup> Lagipoiva Cherelle Jackson, “Pacific Islanders in US hospitalised with Covid-19 at up to 10 times the rate of other groups,” *Guardian*, Jul. 26, 2020. <https://www.theguardian.com/world/2020/jul/27/system-is-so-broken-covid-19-devastates-pacific-islander-communities-in-us>.

<sup>34</sup> Centers for Disease Control and Prevention, Health Equity Considerations & Racial and Ethnic Minority Groups, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html#fn2> (updated as of July 24, 2020); David Derauf, F. Dewolfe Miller, Tim Brown, “The Fierce Urgency of Now – Engaging Pacific Islander Communities in Hawai‘i to Contain COVID-19,” *East-West Wire*, Aug. 24, 2020, <https://www.eastwestcenter.org/publications/the-fierce-urgency-now%E2%80%94engaging-pacific-islander-communities-in-Hawaii-contain-covid-19>.

<sup>35</sup> *Ibid.*

---

### ***Title VII of The Civil Rights Act***

Title VII of the Civil Rights Act of 1964 is a federal law that prohibits employers from discriminating against employees on the basis of sex, race, color, national origin and religion.<sup>36</sup> It generally applies to employers with 15 or more employees, including federal, state and local governments.<sup>37</sup> Title VII also applies to private and public colleges and universities, employment agencies, and labor organizations.<sup>38</sup> The law forbids discrimination in any aspect of employment including: hiring and firing; compensation, assignment or classification of employees; transfer, promotion, layoff or recall; job advertisements recruiting; testing; use of company facilities; training and apprenticeship programs; fringe benefits; pay, retirement plans and disability leave; and other terms and conditions of employment.<sup>39</sup> Employers are legally prohibited from retaliating against employees who take action against discriminatory practices in the workplace.<sup>40</sup>

### ***Public Health Service Act<sup>41</sup>***

The Public Health Service Act forms the foundation of the U.S. Department of Health and Human Services' legal authority for responding to public health emergencies. Among other things, it authorizes the HHS Secretary to lead all Federal public health and medical responses to public health emergencies and incidents covered by the National Response Framework; to direct the U.S. Public Health Service and other components of HHS to respond to a public health emergency; to declare a public health emergency and take such actions as may be appropriate to respond to the public health emergency consistent with existing authorities; to assist states in meeting health emergencies; to control communicable diseases; to maintain the Strategic National Stockpile; to provide for the operation of the National Disaster Medical System; to establish and maintain a Medical Reserve Corps; and to potentially provide targeted immunity for covered countermeasures to manufacturers, distributors, certain classes of people involved in the administration of a program to deliver covered treatments to patients, and, where appropriate, their employees.

### ***Federal Coronavirus Relief Packages***

In total, the Federal government passed four relief packages from March 27, 2020 to December 27, 2020. The laws noted below highlight federal spending to curb the economic and health impact of the coronavirus pandemic.

---

<sup>36</sup> Civil Rights Act of 1964, 42 U.S.C. § 2000e–2000e-17 (1991).

<sup>37</sup> 42 U.S.C § 2000e.

<sup>38</sup> *Id.*

<sup>39</sup> *Id.* at § 2000e-2.

<sup>40</sup> *Id.* at § 2000e-3.

<sup>41</sup> Public Health Service Act, 42 U.S.C. § 247d (2019).



---

The Coronavirus Preparedness and Response Act<sup>42</sup> provided \$8.3 billion in emergency funding for federal agencies to respond to the coronavirus outbreak. Of the \$8.3 billion, \$6.7 billion was designated for the domestic response and \$1.6 billion for the international response. The majority of the funding was dedicated to the U.S. Department of Health and Human Services for research and development of vaccines, therapeutics, and diagnostics. Among other things, funding was dedicated to state and local response efforts; loan subsidies for entities financially impacted as a result of the coronavirus; and a waiver removing restrictions on Medicare providers allowing them to offer telehealth services.

The Families First Coronavirus Response Act<sup>43</sup> is the second multibillion-dollar legislative initiative intended to mitigate the impact of the coronavirus pandemic. It was signed into law on March 18, 2020. The Act provides paid sick leave, insurance coverage for coronavirus testing, nutritional assistance, and unemployment benefits.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act<sup>44</sup> contains several health-related provisions including paid sick leave, insurance coverage for coronavirus testing, nutrition assistance, and other programs and efforts. The Act is divided into two paid parts, Division A, which contains language for several programs and mandatory spending provisions, and Division B, which contains emergency and discretionary appropriations.

On December 27, 2020, the fourth COVID-19 relief package entitled the “Coronavirus Response and Relief Supplemental Appropriations Act”, and totaling \$99 billion, was signed into law.<sup>45</sup> It was later combined with the larger Consolidated Appropriations Act,<sup>46</sup> a \$1.4 billion omnibus bill that includes the annual government funding for fiscal year 2021. The bills include financial relief through individual rebates and stimulus payments and continues unemployment insurance and paid leave. It also funds housing assistance, food assistance, vaccines and testing, and expansion of broadband Internet. A notable inclusion in the omnibus package is the restoration of Medicaid coverage for Compact of Free Association (COFA) citizens. The bill amends the Personal Responsibility and Work Opportunity Reconciliation Act of 1996<sup>47</sup> as follows:

---

<sup>42</sup> Coronavirus Preparedness and Response Act, Pub. L. No. 116-123, 134 Stat. 146 (2020).

<sup>43</sup> Families First Coronavirus Response Act. H.R. 6201, 116<sup>th</sup> Cong. (2020).

<sup>44</sup> Coronavirus Aid, Relief, and Economic Security Act of 2020, Pub. L. No. 116-136, 134 Stat. 281 (2020).

<sup>45</sup> Coronavirus Response and Relief Supplemental Appropriations Act, H.R. 133, 116<sup>th</sup> Cong. (2020)  
<https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/Summary%20of%20H.R.%20133%20Coronavirus%20Relief%20Provisions.pdf?eType=EmailBlastContent&eId=96529291-a846-4f0a-9945-4e30f18ac9d1>.

<sup>46</sup> Consolidated Appropriations Act 2021, H.R. 133, 116<sup>th</sup> Cong. (2020).

<sup>47</sup> Personal Responsibility and Work Opportunity Reconciliation Act, 8 U.S.C. §1612(b)(2), Pub. L. No. 116-260 (2008).



---

Medicaid exception for citizens of freely associated states. With respect to eligibility for benefits for the designated Federal program defined in paragraph (3)(C) (relating to the Medicaid program), paragraph (1) shall not apply to any individual who lawfully resides in 1 of the 50 States or the District of Columbia in accordance with the Compacts of Free Association between the Government of the United States and the Governments of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau and shall not apply, at the option of the Governor of Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa as communicated to the Secretary of Health and Human Services in writing, to any individual who lawfully resides in the respective territory in accordance with such Compacts.<sup>148</sup>

### ***Compact of Free Association Migrants and Medicaid***

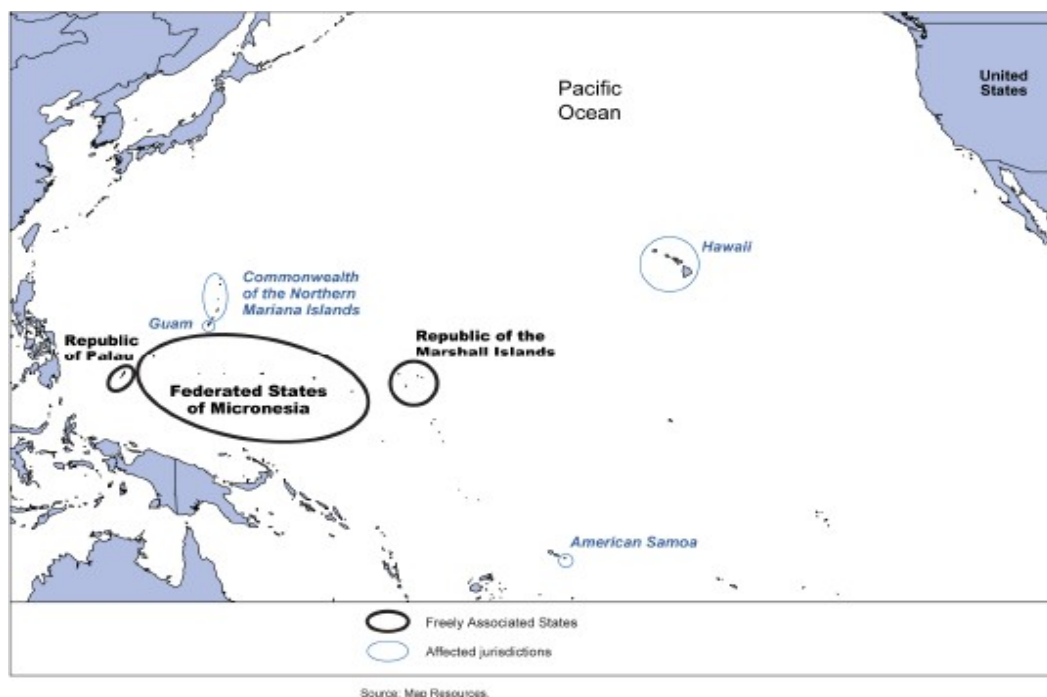
Compact of Free Association (COFA) Migrants who hail from the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau have a unique relationship with the U.S. In exchange for providing the U.S. with exclusive authority over 3,000,000 square miles of the Pacific Ocean and military strategic positioning in the Pacific (Figure 3),<sup>49</sup> the U.S. provides grants to fund education, health care, and infrastructure in these jurisdictions based on discussions solidified in 1986.<sup>50</sup> The Compacts allow COFA citizens to freely travel, live and work in the country without a visa and with no time restraints as such their status in the United States is as non-immigrants. Under this agreement, COFA migrants were not eligible for federal Medicaid coverage due to language noted in the 1996 welfare reform bill, the Personal Responsibility and Work Opportunity Reconciliation Act.

---

<sup>48</sup> Personal Responsibility and Work Opportunity Reconciliation Act, 8 U.S.C. §1612(b)(2), Pub. L. No. 116-260.

<sup>49</sup> Trusteeship Agreement for the Territory of the Pacific islands, S.J. Res 143, 80<sup>th</sup> Cong. (1947) (Trusteeship Agreement approved by the United Nations Security Council on April 2, 1947, ratified by the United States on July 18, 1947.

<sup>50</sup> Compact of Free Association Act of 1985, Pub. L. 99-239, - Jan. 14, 1986, <https://www.doi.gov/oia/about/compact>.



**Figure 3: Map of Freely Associated States: Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau**

Under the Personal Responsibility and Work Opportunity Reconciliation Act, states are left to decide if they want to support and enroll COFA migrants in their state Medicaid program. Hawai‘i initially determined that they would allow COFA migrants to enroll in its Medicaid program but, after debate regarding if it is the state or federal government’s responsibility to shoulder the costs and a November 2014 federal court ruling that Hawai‘i was not required to provide benefits, Medicaid benefits for most COFA migrants expired. After March 2015, all COFA migrants between the ages of 18 and 64 who were not blind or disabled were instructed to purchase private insurance on the exchanges set up by the Affordable Care Act. The state provided subsidies for insurance premiums. Additionally, COFA migrants who were enrolled in Medicaid prior to its expiration were automatically transitioned to a private plan but only in 2015.

According to researchers from the University of Hawai‘i, the expiration of benefits had adverse consequences for Hawai‘i’s COFA migrants. When the policy moved COFA migrants off Medicaid to private insurance, there was a decline in inpatient utilizations and ER visits for adult COFA migrants. There was also an increase in uninsured ER visits that began prior to the expiration of Medicaid benefits and persisted thereafter, which suggests that many COFA migrants were uninsured after the expiration of benefits. A notable finding in the study was that mortality for COFA migrants increased dramatically after Medicaid benefits expired relative to others in the state. Not only did these mortality effects persist until three years after benefits expired, but they

---

also grew in magnitude. The study estimates that roughly 20 additional COFA migrants have died per year because of the expiration of Medicaid benefits.<sup>51</sup>

Acknowledging the provision in the 1996 welfare reform bill that barred COFA migrants from Medicaid, congressional leaders in 2017 introduced an amendment to Title VI of the Personal Responsibility and Work Opportunity Reconciliation Act to restore Medicaid coverage for COFA migrants.<sup>52</sup> Considering growing pressure from stakeholders, especially in the midst of a global health pandemic, senate lawmakers continued to push for the inclusion of COFA migrants and successfully restored federal health care to Marshallese and other Pacific Islanders at the end of 2020, years after the programs were taken away.<sup>53</sup> It is estimated as many as 94,000 people nationally will benefit from its restoration.<sup>54</sup>

---

<sup>51</sup> Teresa Molina, Tetine Sentell, Randall Q. Akee, Alvin Onaka, Timothy J. Halliday, and Brian Horiuchi. “The Mortality Effects of Reduced Medicaid Coverage Among International Migrants in Hawai‘i: 2012–2018”, *American Journal of Public Health* 110, no. 8 (August 1, 2020): pp. 1205-1207. <https://doi.org/10.2105/AJPH.2020.305687>.

<sup>52</sup> Covering our FAS Allies Act, H.R. 2982, 115th Cong. (2017) <https://www.govinfo.gov/content/pkg/BILLS-115hr2982ih/html/BILLS-115hr2982ih.htm>.

<sup>53</sup> Consolidated Appropriations Act, 2021, H.R. 133, 116th Cong. (2020); The Coronavirus Response and Relief Supplemental Appropriations Act <https://www.nbcnews.com/news/asian-america/u-s-restores-medicaid-marshall-islands-exposing-longtime-injustice-experts-n1252632>

<sup>54</sup> U.S. Government Accountability Office. *Compacts of Free Association: Populations in U.S. Areas Have Grown, with Varying Reported Effects*. GAO-20-491. Jun. 15, 2020, <https://www.gao.gov/assets/710/707555.pdf> Report to the Chairman of the Committee on Energy and Natural Resources, U.S. Senate.

---

## SUMMARY OF PANEL TESTIMONY

Web hearings held on November 18, 2020 and December 9, 2020 included testimony from the Hawai'i Department of Health, federally qualified health centers, advocacy organizations, members of the religious community, and individuals working directly with Pacific Islander communities. Panelists provided diverse testimony regarding civil rights concerns with the COVID-19 pandemic and its impact on Pacific Islander communities. Several themes that emerged include likely factors that impact Pacific Islander communities' vulnerability to contracting COVID-19; challenges with government response to the COVID-19 pandemic; the importance of community response and care; discussion about vaccine distribution and advocacy; data collection; and civil rights concerns with disproportionate arrests of Pacific Islanders.

### Factors Impacting Pacific Islander Communities' Vulnerability to Contracting COVID-19

Testimonies and research point to several factors that explain why Pacific Islander communities have been hit the hardest despite being only four percent of Hawai'i's population. While the Committee's inquiry focused on Pacific Islander communities, most panelists noted that Micronesians are one of the most vulnerable minority groups due to their special immigration status that had previously prohibited them from accessing Medicaid.<sup>55</sup> According to researchers at the University of Hawai'i examining Hawai'i's Micronesian migrants' limited access to health care, the 2015 decision to cut health insurance affected the health of Micronesian migrants by, among other things, an increase in their mortality rate that is over 40 percent higher in 2018 than in the period prior to 2015 when they were eligible for Medicaid. This outcome is despite the availability of state-funded premium coverage for private insurance and significant outreach efforts to reduce the impact of this coverage change.<sup>56</sup> Testimony also noted that Micronesians are under enrolled in health insurance, have higher cases of hospitalizations, and an increased risk of developing preventable health issues since they are less likely to visit the doctor.<sup>57</sup>

Dr. David Derauf, Executive Director and Physician for Kokua Kalihi Valley Comprehensive Family Services highlighted the relationship between employment among Pacific Islander communities and health care access. He testified that segments of Pacific Islander communities either work in low paying hourly jobs or are unemployed, which forces them to either go without healthcare or to rely on an overburdened community health system. He explained that as the COVID-19 epidemic spread widely, the services provided by these clinics, including the Kokua

---

<sup>55</sup> Micronesians are now permitted to apply for Medicaid after the passage of the most recent coronavirus relief package as of December 27, 2020.

<sup>56</sup> Teresa Molina, Tetine Sentell, Randall Q. Akee, Alvin Onaka, Timothy J. Halliday, and Brian Horiuchi. "The Mortality Effects of Reduced Medicaid Coverage Among International Migrants in Hawai'i: 2012–2018", *American Journal of Public Health* 110, no. 8 (August 1, 2020): pp. 1205-1207. <https://doi.org/10.2105/AJPH.2020.305687>.

<sup>57</sup> Shanty Asher, testimony, *Web Hearing Before the Hawai'i Advisory Committee to the U.S. Commission on Civil Rights*, Dec. 9, 2020, transcript, p. 12 (hereafter cited as *12/9/20 Web Hearing*).

---

Kalihi Valley Comprehensive Family Services clinics, were quickly and increasingly stretched thin.<sup>58</sup>

Testimony also indicated that because many Pacific Islander households are culturally multigenerational and live in small living quarters, family members faced significant challenges to isolate. Panelists explained those circumstances made the high infection rate of COVID-19 inevitable.<sup>59</sup> Dr. Derauf added that because of the high rents in Hawai‘i, Pacific Islander communities tend to live in crowded living quarters. He stated among his patients, the highest record of adults living in one household is 21 adults sharing a one bedroom apartment. Clearly, such a living arrangement would cause serious challenges for isolation. At the same time, many Pacific Islander communities are likely to be essential workers employed in jobs that are public facing and therefore at a higher risk of contracting the virus and bringing it home.<sup>60</sup>

Dr. Derauf commented on prevention guidance provided by the Centers for Disease Control and Prevention regarding isolation noting the disconnect from the reality of Pacific Islander communities. He commented,

“the pressures of American assimilation have already challenged cultural patterns of connectedness amongst our Pacific Island communities. The additional separation that COVID-19 prevention requires can trigger historical traumas related to colonization and discrimination.”<sup>61</sup>

Because of this, communication with Pacific Islander communities continues to be challenging. He stated that those who enforce this guidance have “little cultural and linguistic experience in working with these communities...[and, as a result,] could further the virus spread.”<sup>62</sup>

Testimony also indicated that language and cultural barriers exist among Pacific Islander communities. Josie Howard, Program Director for We Are Oceania stated that “language barriers, lack of culturally sensitive support, and a disconnect between key stakeholders hampered access to resources needed to cope with the pandemic.”<sup>63</sup> She noted that We Are Oceania provides services primarily to the Micronesian community and more than 60 percent of that population speak limited English, and almost 100 percent of them are first-generation Micronesians in Hawai‘i.<sup>64</sup>

Ms. Howard said that as the pandemic continued, organizations approached We Are Oceania for cultural and language assistance to work with the Micronesian community. She suspects that, as a result, many Micronesians were denied services because of language barriers. She said that most

---

<sup>58</sup> Ibid., p. 17.

<sup>59</sup> Ibid; Asher Testimony, *12/9/20 Web Hearing*, p. 11.

<sup>60</sup> Asher Testimony, *12/9/20 Web Hearing*, p. 13.

<sup>61</sup> Derauf Testimony, *11/18/20 Web Hearing*, p. 17.

<sup>62</sup> Ibid.

<sup>63</sup> Howard Testimony, *12/9/20 Web Hearing*, p. 4.

<sup>64</sup> Ibid.

---

of the Micronesians that We Are Oceania served were not able to communicate at health clinics and testing sites. In response, We Are Oceania launched an in language helpline that offered six languages (English, Kosraean, Marshallese, Chuukese, Pohnpeian, and other Pacific Islander languages).<sup>65</sup> The helpline provided community members with information on how to connect with the Hawai‘i’s Department of Health; other community service providers who can help with food deliveries, and information on how to safely isolate at hotels. Staff on the help line also assisted with medical insurance and applications for financial assistance and unemployment.<sup>66</sup>

Ms. Howard emphasized the importance of respecting and recognizing the specific needs of each community when supporting Pacific Islander communities as a whole. She said that organizations providing services to specific communities should consider hiring a proportionate number of staff with cultural knowledge of specific Pacific Islander communities and be able to speak languages that clients speak themselves especially when applying for grants. The logic behind this recommendation is that staff who have this competency will be instrumental in connecting the organization to the community and will be a trusted source.<sup>67</sup>

## Challenges with Government Response

Panelists testified to concerns with the quality and expediency of the government response to address Pacific Islander communities who were among the hardest hit in Hawai‘i. Dr. Derauf explained that both the state and federal governments failed to take adequate steps to prepare for the pandemic, despite recognizing the pandemic was the largest single emergency. He also noted that there was a lack of adequate community voices at all levels of planning and implementation regarding COVID-19 testing, contact tracing, and educational messaging about isolation. He explained that such information would “only work when they are guided by the wisdom of the community, the voice of the community, and the ownership of that process by the community.”<sup>68</sup> There was also testimony indicating that the Department of Health’s contact tracing team did not assist a COVID-19 positive patient, who was living in crowded living quarters, until after she recovered.<sup>69</sup> As the pandemic continued, testimony indicated improvements to the State’s response, noting that the Hawai‘i Department of Health eventually hired Pacific Islander staff who are members of the affected communities as contact tracers to help control the spread of COVID-19.<sup>70</sup>

---

<sup>65</sup> Josie Howard, Program Director, We Are Oceania, Written Statement for the Hawai‘i Advisory Committee to the U.S. Commission on Civil Rights, December 9, 2020 at p. 2 (hereinafter Howard Statement); Howard Testimony, 12/9/20 *Web Hearing*, p. 3.

<sup>66</sup> Howard Statement at 5.

<sup>67</sup> Howard Testimony, 12/9/20 *Web Hearing*, p. 27.

<sup>68</sup> Derauf Testimony, 11/18/20 *Web Hearing*, p. 18.

<sup>69</sup> Howard Testimony, 12/9/20 *Web Hearing*, p. 4.

<sup>70</sup> Derauf Testimony, 11/18/20 *Web Hearing*, pp. 18-19.

---

Examples below illustrate more specific instances of challenges that affected communities and stakeholders experienced with Hawai‘i’s response to the pandemic.

### ***Applying for government relief programs***

Despite the relief efforts put forth by the state of Hawai‘i to address the economic impact of COVID-19 on its residents, some Pacific Islander communities had issues with obtaining economic support. For instance, in April of 2020, advocates told the State that their unemployment application left out migrants from Micronesia, causing a disproportionate level of access to unemployment benefits. When migrants from Palau, the Marshall Islands, and the Federated States of Micronesia attempted to apply for unemployment benefits, they were required to input an alien registration number, which they do not have due to their status.<sup>71</sup> The Hawai‘i Department of Labor and Industrial Relations eventually amended their unemployment insurance application process to allow migrant workers from three Pacific nations, who are eligible for claims, to apply using the state’s new online application. It is noted that the amendment is not entirely seamless, but improves access for citizens of Palau, the Marshall Islands, and the Federated States of Micronesia. Shanty Asher, Pacific Islander Liaison Officer for the City and County of Honolulu, Office of Economic Revitalization, testified to her experience with assisting Pacific migrants with their applications. She said that in addition to challenges with the online application, segments of these communities continued to be disadvantaged because many have limited access to the internet to even have the opportunity to apply. For those individuals who managed to get online to apply, their applications were placed on hold for further review which caused a delay in desperately needed relief.<sup>72</sup> It is also worth noting that the state failed to provide adequate interpreter and translation services, making it harder for people who do not speak English to file for unemployment.<sup>73</sup>

In a similar example, Reverend Koli, Associate Pastor for Trinity United Methodist Church, testified that when he assisted the Tongan community with applying for housing assistance, applicants were required to show proof of a lease agreement which many did not have. He stated that property owners do not have lease agreements with Tongan communities because property owners instead grant leases based on the individual’s financial status and typically place them on month to month agreements.<sup>74</sup> In addition to this requirement, he stated that housing benefits are only offered if someone in the household was laid-off because of COVID-19 and argued that Pacific Islanders working in jobs deemed essential and likely at a minimum wage rate of pay, would not be able to qualify despite their dire need for relief. He commented on decision makers’

---

<sup>71</sup> Asher Testimony, *12/9/20 Web Hearing*, p. 12; Anita Hofschneider, “Hawai‘i’s New Unemployment Application Excludes Micronesian Migrant Workers,” *Civil Beat*, Apr. 11, 2020, <https://www.civilbeat.org/2020/04/Hawaii-new-unemployment-application-excludes-micronesian-migrant-workers/>; Anita Hofschneider, “Hawai‘i’s Updates Unemployment Application To Include Pacific Migrants,” *Civil Beat*, Apr. 14, 2020, <https://www.civilbeat.org/2020/04/Hawaii-updates-unemployment-application-to-include-pacific-migrants/>.

<sup>72</sup> Asher Testimony, *12/9/20 Web Hearing*, p. 12.

<sup>73</sup> Ibid.

<sup>74</sup> Koli Testimony, *12/9/20 Web Hearing*, p. 16.

---

lack of cultural knowledge about Pacific Islander communities and the unique economic situations they are in: “[T]he people that's creating [these programs are] not on the ground to know what is going on or to learn from these Pacific Islanders.”<sup>75</sup>

### ***Engaging with Pacific Islander Community Leaders***

As the pandemic ravaged on, Native Hawaiian and Pacific Islander COVID-19 Response, Recovery and Resilience Team (NHPI 3R), a group of leaders of community groups dedicated to helping Native Hawaiian and Pacific Islander communities, attempted to influence the Hawai‘i Department of Health to implement specific plans that would address the pandemic’s effect on these communities.<sup>76</sup> After the Hawai‘i Department of Health initially denied this group of community leaders a meeting, these leaders continued to push for a meeting and eventually succeeded in obtaining a meeting with the state. During that meeting, leaders left feeling discouraged because “there was no movement or willingness to do anything different.”<sup>77</sup> Challenges with getting the attention of government officials left other leaders from Pacific Islander communities to rely on the media to get their voices heard.<sup>78</sup>

When Committee members asked panelists for their opinions about the Hawai‘i Department of Health’s response, a member of the NHPI 3R team testified that the Hawai‘i Department of Health’s response was ineffective and when they were denied meetings they felt that the Department of Health did not care about Pacific Islander communities.<sup>79</sup>

On the other hand, Dr. Tina Tauasosi-Posiulai, Community Partnership and Research Specialist at the University of Hawai‘i Manoa Pasefika Passion Pipeline & Executive Director for Pasefika Empowerment and Advancement, Inc. noted that it was not until a meeting with Hawai‘i’s Department of Health’s lead epidemiologist, Emily Roberson, took place did a genuine and honest effort on the part of the state to listen to the NHPI 3R team happen and lead to the identification of strategies for supporting these communities.<sup>80</sup> Dr. Sheri Ann Daniels, Executive Director for Papa Ola Lōkahi, added that the most significant change as a result of the Department’s agreement to further disaggregate Native Hawaiian and Pacific Islander data. As a result of meeting with the NHPI 3R team and the State’s agreement to further disaggregate the data, the specific impacts on Pacific Islander communities was finally acknowledged.

---

<sup>75</sup> Ibid.

<sup>76</sup> Anita Hofschneider, “Community Leaders: State is Failing Pacific Islanders In The Pandemic,” *Civil Beat*, Aug. 13, 2020, <https://www.civilbeat.org/2020/08/community-leaders-state-is-failing-pacific-islanders-in-the-pandemic/>.

<sup>77</sup> Ibid.

<sup>78</sup> Ibid.

<sup>79</sup> Tauasosi-Posiulai Testimony, *12/9/20 Web Hearing*, p. 18.

<sup>80</sup> Ibid.



---

### ***Barriers to Government Support***

Dr. Daniels testified that a barrier to receiving government funding to support Pacific Islander communities during the pandemic is the requirement of government recognized organizational infrastructure. She explained that some groups are organized as 501(c)(3) nonprofits and churches, while others participate through less formal coalitions and/or grassroots efforts and that it is challenging to receive state or county funding because non-Hawaiian Pacific Islanders have limited organizational networks or infrastructure even when there are resources available due to an underutilized capacity in coalitions and advocacy efforts.<sup>81</sup> This lack of formal structure disadvantages groups and their ability to apply for federal funding which left Papa Ola Lōkahi, to act as the applicant and pass through organization. Josie Howard concurred with Dr. Daniels' analysis and explained how organizations such as We Are Oceania had to work hard to formally gain recognition as a 501(c)(3).<sup>82</sup>

Josie Howard added that she encountered issues with applying for grants that would fund response efforts to support the Micronesian community. She said that the “Western grant process is foreign to [her] community and [] grassroots organizations” and that the process assumed that all Pacific Islanders are the same, when in fact, culturally, there are many differences between Pacific Islander communities.<sup>83</sup>

Dr. Tauasosi-Posiulai added that Pasefika Empowerment and Advancement (PE'A), Inc. is a nonprofit organization established in May 2020 to support the college representation of Hawai'i-Pacific Islanders. However, PE'A pivoted their focus to respond to the needs of Pacific Islanders with regards to COVID-19 due to the lack of nonprofit organizations supporting this population. Despite the fact that many Pacific Islander faith based groups were ready and willing to support Pacific Islanders during the pandemic, the notion of reimbursement as a method utilized by the Honolulu City and County in the distribution of CARES Act funding, totally disadvantages Pacific Islanders. Church and community organizations could not apply for CARES Act funding as they do not have funds to spend and get reimbursed later. In response, PE'A, Inc. worked with Papa Ola Lokahi in securing \$500,000 from CARES Act Funding with Hawai'i Community Foundation. Because the funding was awarded very late, PE'A Inc. was given only 20 days to work with the Marshallese Community Organization of Hawai'i to utilize the half a million dollars. PE'A was fully committed to utilizing the total funding amount and mobilized the Pacific Islander community and church leaders to gather all the information required while also conducting educational outreach, and planning, coordinating, and executing the Pasefika Su'i Fefiloi concert which attracted more than 30,000 viewers on the night of the concert. Dr. Tauasosi-Posiulai noted that this effort speaks volumes to the strength and capacity of Pacific Islanders and PE'A, Inc. in

---

<sup>81</sup> Sheri Daniels, Executive Director, Papa Ola Lōkahi, Written Statement for the Hawai'i Advisory Committee to the U.S. Commission on Civil Rights, December 9, 2020 at pp. 3-4 (hereinafter Daniels Statement).

<sup>82</sup> Howard Statement at 5.

<sup>83</sup> Ibid.

---

responding to any major disaster such as the pandemic.<sup>84</sup> Drawing from this example, she emphasized the need for Pacific Islander representation in areas where decisions are made.

Ms. Howard and Dr. Tauasosi-Posiulai argued that discrimination and implicit bias against Pacific Islanders are the reasons for neglect and slow response from the State.<sup>85</sup> In one case, a nine months pregnant mother contracted COVID-19 and was isolating at home when she developed complications and needed emergency medical help. Ms. Howard said that the pregnant woman's family contacted 911 for an ambulance but were refused service and the family was told to contact We Are Oceania. When the family called We Are Oceania staff, the staff advised the family to call her primary care provider, only then, after her doctor ordered the ambulance to take the pregnant mother to the hospital, did this person receive required medical aid.<sup>86</sup>

Also related to barriers to government support is the importance of what Dr. Daniels called "cultural humility" and its influence over the relationship between patient and provider/community and health system. She indicated that health access is challenging in Hawai'i for many groups for several reasons such as eligibility, proximity to health centers, and knowledge of services, etc. Even so, she testified that Native Hawaiian Health Care Systems and federally qualified health centers have the "ability to achieve superior outcomes for communities" namely because these providers are led by the communities they serve: "there is a sense of understanding and value given to culturally acceptable approaches, methods, and programs that traditional health providers do not necessarily feel inclined to include."<sup>87</sup> Such guidance, she argued, has economic value because "culturally appropriate actions are more likely to attract, benefit, and retain communities."<sup>88</sup>

### ***Cooperation Between Department of Health and Hospitals***

Testimony also indicated that there was a lack of communication and cooperation between the Hawai'i Department of Health and local hospitals in communicating to COVID-19 positive patients relevant and necessary information on support services and instructions on how to safely isolate. Sue Zeng, an interpreter with Language Services Hawai'i and a member of the Office of Language Access Advisory Committee, testified that hospitals were not providing enough information to patients, especially among Pacific Islander communities, who contracted COVID-19, about how to safely isolate and where to go. Allegedly, hospitals told COVID-19 positive patients that the Hawai'i Department of Health would contact them, but in some cases, the Hawai'i Department of Health did not contact of them and, even if staff at the Department of Health did, did not speak the language of the patient. Ms. Zeng said that one of the doctors she spoke with

---

<sup>84</sup> Tauasosi-Posiulai Testimony, *12/9/20 Web Hearing*, p. 18.

<sup>85</sup> Howard Statement at 5; Tauasosi-Posiulai Testimony, *12/9/20 Web Hearing*, p. 18.

<sup>86</sup> Howard Statement at 4-5.

<sup>87</sup> Daniels Written Statement at 3.

<sup>88</sup> *Ibid.*

---

expressed that they were “tired of doing the job of the Hawai‘i Department of Health and that they were very busy.”<sup>89</sup>

### ***Language Access and Translated Materials***

As it relates to language access, Ms. Zeng expressed frustration with the various state agencies that requested services to translate COVID-19 informational materials in Pacific Islander languages. She testified that while the agencies received the translated materials, they did not display them on their website for public use. In addition, she highlighted that the Office of Language Access has no enforcement power to require that government agencies display those materials. Further, Ms. Zeng recommended that state agencies should have a dedicated budget to language access needs and strengthen the power of the Office of Language Access so that it can require that translated materials be posted and circulated to populations and government agencies who need it.

Other testimony indicated there was a lack of translated materials provided to Pacific Islander communities from the state. Dr. Daniels testified that existing issues with inaccessible or insufficient translation and interpretation resources were present even before the pandemic and continued to be an issue throughout especially as it relates to Medicaid eligibility among COFA migrants.<sup>90</sup> She acknowledged that the Hawai‘i Department of Health did a great job of translating Centers for Disease Control and Prevention’s guidelines related to COVID-19 and contacted Pacific Islander organizations to help but noted that this level of engagement was not present prior to the pandemic.<sup>91</sup>

There was testimony noting that Hawai‘i Health Department staffers went door-to-door to offer COVID-19 testing in low-income communities and have translated some COVID-19 messages into different languages. Community members say they are extremely grateful for the help of individual Health Department staffers, even if overall they feel their community had been overlooked.<sup>92</sup>

### ***Recommendations***

Acknowledging the critical shortcomings of the State’s response to the COVID-19 pandemic, panelists offered recommendations to address health care access and effective communication to impacted Pacific Islander communities. Dr. Derauf offered the following recommendations<sup>93</sup> that

---

<sup>89</sup> Zeng Testimony, *12/9/20 Web Hearing*, pp. 30-31.

<sup>90</sup> Daniels Testimony, *12/9/20 Web Hearing*, pp. 7, 9.

<sup>91</sup> *Ibid.*, p. 9.

<sup>92</sup> Anita Hofschneider, “Health Officials Knew COVID-19 Would Hit Pacific Islanders Hard. The State Fell Short.,” *Civil Beat*, Aug. 17, 2020 <https://www.civilbeat.org/2020/08/health-officials-knew-covid-19-would-hit-pacific-islanders-hard-the-state-still-fell-short/>.

<sup>93</sup> See Appendix.

---

Micronesian ministers shared with the Mayor of Honolulu: (i) be more intentional about informing, supporting, and engaging cross-sector Micronesian leadership groups for emergency response; (ii) develop clear agency guidance on equitable, socially just communications about COVID spread; (iii) invest in more culturally and community appropriate communications; (iv) provide detailed COVID data to Micronesian leadership groups during regular briefings; (v) provide more coordinated and consistent wraparound support to COVID positive families.

Shanty Asher also noted the following recommendations for consideration: (i) pass the Health Equity and Accountability Act or the Covering Our Freely Associated States Allies Act, (ii) reclassify COFA migrants as “qualified aliens” under the Personal Responsibility Work Opportunity and Reconciliation Act, (iii) build a strong coalition of state and federal leaders to advocate on behalf of Pacific Islander communities, (iv) restore health coverage for Pacific Islanders, (v) collect better data on Pacific Islander communities, (vi) provide better language access, and (vii) be inclusive of Pacific Islander communities’ voices.<sup>94</sup>

## Community Response and Care

Rather than waiting for the state to respond during the early months of the pandemic, several Pacific Islander communities mobilized by forming their own COVID-19 task forces in order to mitigate the spread of COVID-19 into their communities. Even while there was a lack of resources, many of these communities were steadfast in their commitment to keeping their communities safe and deployed innovative solutions.

Among the task forces is the Native Hawaiian and Pacific Islander Covid-19 Response, Recovery, and Resilience team (NHPI 3R)<sup>95</sup> which set out to “improve collection and reporting of accurate data, identify and lend support to initiatives across the Hawaiian Islands working to address COVID-19 among Native Hawaiian and Pacific Islanders, and unify to establish a presence in the decision-making processes and policies that impact our communities.”<sup>96</sup> This Task Force has several working committees responsible for specific efforts: testing contact tracing/quarantine; social support and recovery; data and research; communications; and policy. Dr. Daniels noted that Papa Ola Lōkahi’s involvement in the NHPI 3R team led to successes in the area of distribution of personal protective equipment (reusable and disposable masks) and hand sanitizer; set up of a response hotline that provides in-language assistance; and the creation and distribution of PSAs in multiple Pacific Islander language. PE’A, Inc was at the forefront in planning, coordinating, and executing the virtual Pasefika Su’i Fefiloi concert utilizing Public Service Announcement in various Pacific Islander languages in the effort to increase awareness and protection of Pacific Islander families impacted by the pandemic.<sup>97</sup>

---

<sup>94</sup> Asher Testimony, *12/9/20 Web Hearing*, p. 14.

<sup>95</sup> See Appendix (noting membership of the Native Hawaiian and Pacific Islander Covid-19 Response, Recovery, and Resilience Team).

<sup>96</sup> Native Hawaiian and Pacific Islander COVID-19 Response Recovery and Resiliency Team. <https://www.nhpicovidHawaii.net/>.

<sup>97</sup> Tauasosi-Posiulai Testimony, *12/9/20 Web Hearing*, p. 19.

---

Dr. Wilfred Alik, a medical doctor at Kaiser Medical Office testified to his participation on the Republic of the Marshall Islands (RMI) Task Force. The RMI Task Force, which is composed of Marshallese health professionals, business, government, and church and community leaders across islands organized virtual town halls, engaging and informing the community of important COVID-19 response relief programs, and community programs through social media, and developed culturally competent PSAs and COVID-19 educational materials. They also hosted face mask and food drives; provided mutual aid by delivering personal protective equipment to families, care packages and food to individuals sick with COVID-19. In addition, they conducted direct outreach to the Marshallese communities to share important information from state and county health officials and agencies.

Federally qualified health centers, located in the heart of Pacific Islander communities, such as the Kokua Kalihi Valley Comprehensive Family Services and Papa Ola Lōkahi helped affected communities by providing comprehensive wraparound services, free COVID-19 testing, medical care, food support, health advocacy, financial assistance, and legal representation.

There was one instance of community support that government does not typically fund in which the Pacific Islander community stepped in. Dr. Tauasosi-Posiulai testified that Pacific Islander communities who did not have money to cover burial expenses were offered mutual aid from the community to assist families dealing with the death of a loved one due to COVID-19.<sup>98</sup> She emphasized the depth and unwavering care that Pacific Islander communities would go to offer support and the importance of mutual aid.

## Data Collection

Several panelists testified about the role of data when examining COVID-19 health disparities among Pacific Islander communities. Discussion centered on the need for better data collection, disaggregation, and the effects of data to adequately advocate on behalf of Pacific Islander communities.

Panelists testified to deployment of strategies for better data collection and highlighted accompanying challenges. Dr. Quint, an epidemiologist at the Hawai'i Department of Health testified that it aims to obtain the most detailed comprehensive list of races as possible. In doing so, it's trained their disease investigators to ask COVID-19 patients if they identify with other races. Dr. Roberson, lead epidemiologist, added that investigators are trained on how to elicit race information in a respectful and comprehensive way so that it is culturally specific, interviewer specific and situation specific. Also, the interviewer clarifies why they are asking for the information and how it will be used.<sup>99</sup> To report demographic information on COVID-19 cases, Dr. Quint said that the Hawai'i Department of Health developed an algorithm that captures individuals who are single race, but noted that it is difficult to best represent individuals of mixed race. An added challenge to collecting good data is technical barriers to disaggregating the data

---

<sup>98</sup> Tauasosi-Posiulai Testimony, *12/9/20 Web Hearing*, p. 18.

<sup>99</sup> Roberson Testimony, *11/18/20 Web Hearing*, p. 30.

---

and ensuring standardized data collection across data sets from other government agencies and programs.<sup>100</sup> He explained that the Hawai'i Department of Health had challenges with data collection in the early months of the pandemic and eventually consulted with the Native Hawaiian and Pacific Islander Response, Resiliency, and Recovery Team to develop consistent standards for data collection and reporting across government agencies; and recommendations on how best to obtain them.

In comparison with other states with sizable Pacific Islander communities, Hawai'i disaggregates racial and ethnic data further into individual ethnic groups. Panelists discussed how disaggregating data, while helpful to understanding the impact of COVID-19 on some Pacific Islander communities, could also create stigma if a specific community is singled out.<sup>101</sup> In fact, Pacific Islander groups working with the Hawai'i Department of Health initially asked the Hawai'i Department of Health not to release disaggregated data because it may cause discrimination against a specific community.<sup>102</sup> Dr. Quint stated that "Pacific Islander communities are diverse, each with very unique histories, cultures, and languages and that aggregating them into one single group is bound to mask very important differences" and that:

"if a single group gets singled out, there can be a desire to blame on the part of some people. And we don't want to negatively impact our ability to continue to work with these communities. And we don't want to drive the infections and epidemic underground, so to speak."<sup>103</sup>

Adding to the discussion, Dr. Daniels commented that, "on the flip side, by not disaggregating, we don't know what the true baselines of [what] our communities look like" which may falsely communicate that specific Pacific Islander communities are faring better than they really are.<sup>104</sup> Dr. Daniels testified that while the Department of Health releases race/ethnicity data on a weekly basis, there were still over 4,000 cases that did not have race/ethnicity data. She noted that the current statistics on disease burden and mortality categorized by race/ethnicity identified disproportionate burden for Pacific Islanders, but that may be better or worse than what the current dashboards show because of the percent of positive cases that lack race/ethnicity data. She argued that the lack of identification and need for data disaggregation is linked to "data governance challenges that include, but are not limited to: data collection (e.g. the format and uniformity of forms that are utilized to collect patient data in testing sites, hospitals, clinics, etc., as well as the lack of data on those getting tested who test negative), ensuring that COVID-19 data is input on the multiple electronic health record systems used throughout the state, and data security for sensitive information."<sup>105</sup>

Richard Calvin Chang, co-founding Member of UCLA's Center for Health Policy Research Native Hawaiian and Pacific Islander Data Policy Lab testified to the need for data disaggregation and

---

<sup>100</sup> Quint Testimony, *11/18/20 Web Hearing*, p. 30.

<sup>101</sup> *Ibid.*, 5.

<sup>102</sup> Palafox Testimony, *12/9/20 Web Hearing*, p. 32.

<sup>103</sup> *Ibid.*

<sup>104</sup> Daniels Testimony, *12/9/20 Web Hearing*, p. 7.

<sup>105</sup> Daniels Written Statement at 3.

that, at a minimum, state government agencies should incorporate categories noted in the 23 year old Office of Management and Budget Directive 15.<sup>106</sup> He recommended that organizations could voluntarily collect standardized racial and ethnic categories and argued that it would be revenue neutral for the federal government and states who may be distributing funding “to simply state that health funding will be prioritized based on these agencies ability to adopt their racial and ethnic categories to the OMB 15 standard.”<sup>107</sup> Consistently, panelists called for the need for more granular data to be collected and reported,<sup>108</sup> not only by race/ethnicity, but by other indicators like zip code and racial/ethnic data on hospitalizations, testing, and recovery data.<sup>109</sup>

UCLA’s NHPI Policy Data Lab founders testified to the need for data collection after a meeting with the national Pacific Islander COVID-19 Response Team who shared anecdotes about COVID-19’s impact on Pacific Islander communities across the mainland. Corina Penaia, also a Co-Founding member, and Mr. Chang testified that the Policy Lab aims to help Pacific Islander communities to tell their own stories in hopes of bridging existing gaps in health policy and improving health equity through data.<sup>110</sup> As a result of these efforts, Ms. Penaia noted that it supported advocacy efforts of dedicated community-based organizations, one of which was applied to the National Academies of Sciences, Engineering and Medicine’s vaccine framework for allocation of the COVID-19 vaccine. Pacific Islander non-profit organizations successfully pushed the National Institutes of Health to acknowledge NHPI’s as a priority population for vaccine allocation.<sup>111</sup>

## Vaccine Distribution and Advocacy

At the time of both hearings, development and nationwide distribution regarding the COVID-19 vaccine was still in discussion. Panelists commented about plans for in-state distribution and strategic communication around inoculations. Panelists agreed that messaging about the importance of getting the vaccine should be consistent and that specific leaders within Pacific Islander communities would be more effective in communicating such information.<sup>112</sup> For instance, for both Kosarean and Tongan communities, hearing from community church leaders would enable them to make informed decisions on whether to get the vaccine.<sup>113</sup> Ms. Asher, who is a member of the City and County of Honolulu’s committee responsible for distribution, raised questions and concerns shared by community leaders from the Republic of the Marshall Islands

---

<sup>106</sup> Chang Testimony, *11/18/20 Web Hearing*, p. 14.

<sup>107</sup> *Ibid.*, 31.

<sup>108</sup> Daniels Written Statement at 3; Asher Testimony, *12/9/20 Web Hearing*, p. 14; Chang Testimony, *11/18/20 Web Hearing*, p. 14.

<sup>109</sup> Chang Testimony, *11/18/20 Web Hearing*, p. 14.

<sup>110</sup> Penaia Testimony, *11/18/20 Web Hearing*, p. 11.

<sup>111</sup> *Ibid.*

<sup>112</sup> Howard Testimony, *12/9/20 Web Hearing*, p. 23; Asher Testimony, *12/9/20 Web Hearing*, p. 23; Koli Testimony, *12/9/20 Web Hearing*, p. 24.

<sup>113</sup> Asher Testimony, *12/9/20 Web Hearing*, p. 24.

---

Task Force, Micronesian ministers, and others whom she meets with regularly.<sup>114</sup> As a liaison to Pacific Islander communities, she hopes these interactions will help clarify those concerns and educate Pacific Islander communities about access to and benefits of vaccination. In a similar vein, Dr. Daniels noted that ultimately government needs to adopt models that are not a one size fits all.

Recognizing sensitive relationships between Pacific Islander communities and federal and state governments, Dr. Daniels explained that communities who have been hardest hit by the pandemic may have reservations about trusting government because “nowhere prior to COVID and even through COVID, did [Pacific Islander communities] see the extension of trust in building those relationships happen.”<sup>115</sup> She said that among the Micronesian community, they would need to have important discussions with family members to understand the importance of the vaccine, make the decision within their families because they need to trust in the efficacy and safety of the vaccine, and decide which family members are going to take it first. She said that those kinds of decisions are not easy in their culture.<sup>116</sup> Further, Ms. Daniels testified that while discussion about vaccine distribution continues, government officials and key decision makers need to be inclusive and action oriented toward chronic health issues that have previously adversely affected and continue to affect Pacific Islander communities like diabetes, obesity, higher levels of cancer, etc.<sup>117</sup>

Testimony also acknowledged advocacy efforts around vaccine distribution prioritizing Pacific Islander communities. Dr. Daniels testified that Native Hawaiians and Pacific Islanders were initially not included in the National Academies of Science Engineering and Medicine framework for priority vaccination, but because of Pacific Islander communities’ advocacy to highlight chronic health conditions and comorbidity issues through data, these communities were eventually included in Phase 4 vaccine distribution. This phase includes residents of high-vulnerability areas and incorporates variables that the National Academies of Science Engineering and Medicine believe “are most linked to the disproportionate impact of COVID-19 on people of color” and recognizes

“the impact of systemic racism leading to higher rates of of comorbidities that increase the severity of COVID-19 infection and the socio-economic factors that increase likelihood of acquiring the infection.”<sup>118</sup>

---

<sup>114</sup> Ibid.

<sup>115</sup> Daniels Testimony, *12/9/20 Web Hearing*, p. 25.

<sup>116</sup> Ibid.

<sup>117</sup> Daniels Testimony, *12/9/20 Web Hearing*, pp. 25-26.

<sup>118</sup> National Academies Release Framework for Equitable Allocation of a COVID-19 Vaccine for Adoption by HHS, State, Tribal, Local, and Territorial Authorities

<https://www.nationalacademies.org/news/2020/10/national-academies-release-framework-for-equitable-allocation-of-a-covid-19-vaccine-for-adoption-by-hhs-state-tribal-local-and-territorial-authorities>.



---

## Other Civil Rights Concerns

Though the Committee's inquiry focused on health disparities impacting Pacific Islanders, testimony indicated additional civil rights concerns. Dr. Derauf testified that despite making up a small fraction of the overall population, Micronesians were disproportionately arrested for violating COVID-19 emergency orders and stated that his staff was also directly affected.<sup>119</sup> Further, Hawai'i Public Radio reported that Honolulu police officers arrested mostly Micronesians, Samoans, and Blacks for violating early stay at home orders which then placed them at risk of facing misdemeanor charges carrying a maximum fine of up to \$5,000 and a year in prison.<sup>120</sup> Twenty-six percent of Micronesians were taken into custody for violating the orders, although they make up only about one percent of the state's population. Similarly, eight percent of Samoans were arrested, but comprise only three percent of the state's population.<sup>121</sup>

Another civil rights concern highlighted was the educational disparities among Pacific Islander communities. Dr. Tauasosi-Posiulai, emphatically stated that much of the economic disparities impacting Pacific Islander communities is rooted in their lack of educational attainment that would likely lead to higher paying jobs. As an educator and community leader, she has been advocating for funding dedicated to support Pacific Islander communities but noted that the University of Hawai'i at Manoa denied requests to support future programming.

---

<sup>119</sup> Derauf Testimony, *11/18/20 Web Hearing Transcript*, p. 19.

<sup>120</sup> Office of the Governor, State of Hawai'i, Third Supplementary Proclamation (Mar. 23, 2020), [https://governor.hawaii.gov/wp-content/uploads/2020/03/2003162-ATG\\_Third-Supplementary-Proclamation-for-COVID-19-signed.pdf](https://governor.hawaii.gov/wp-content/uploads/2020/03/2003162-ATG_Third-Supplementary-Proclamation-for-COVID-19-signed.pdf); Ashley Mizuno, "Racial Disparities Emerge in HDP Enforcement of Stay-At-Home Violations," *Hawai'i Public Radio*, Jun. 29, 2020, <https://www.Hawaiipublicradio.org/post/racial-disparities-emerge-hpd-enforcement-stay-home-violations#stream/0>

<sup>121</sup> *Ibid.*

---

## COVID-19 Response Updates

Since the Committee's last hearing on December 9, 2020, there have been additional developments in the response to the impact of COVID-19 on non-Native Hawaiian Pacific Islander communities.

### Government Response

#### *Funding*

On March 11, 2021, the federal government enacted the American Rescue Plan.<sup>122</sup> Among other things, this latest relief bill, the nation's sixth, infuses new funding for critical COVID-19 public health activities, including vaccine distribution, testing, contact tracing, surveillance, and the public health workforce, building on prior emergency relief funding provided by Congress. It would also provide emergency rent and utility assistance as well as foreclosure assistance. Finally, state and counties will also receive funding which can be used to make up for lost revenue due to the pandemic and provide critical capital improvements needed to respond to a pandemic.

For additional details on federal funds for Hawaii can be found on HawaiiData.org.<sup>123</sup> As of April 28, 2021 the State of Hawai'i has expended more than \$ 9.7 billion, encumbered about \$107 million and remained to be expended more than \$6.69 billion. These unprecedented financial resources should allow for the implementation of the recommendations contained in this report.

#### *State of Hawai'i Report*

On March 15, 2021, the State of Hawai'i, Department of Health, University of Hawai'i, and the Native Hawaiian and Pacific Islander Hawai'i COVID-19 Response Recovery Resilience Team issued a report that confirmed the disproportionate impact that COVID-19 had on non-Hawaiian Pacific Islanders.<sup>124</sup> The report recommended the need to:

1. Advocate for more standardized, complete, and accurate data collection and analysis.
2. Collaborate with community organizations to develop targeted, data-informed messaging.
3. Conduct qualitative and quantitative studies to better understand the complexity of factors influencing the susceptibility to COVID-19 across the most impacted groups and communities.
4. Include community stakeholders and use community-based research principles throughout the data analytic process.

---

<sup>122</sup> American Rescue Plan, Pub. L. No. 117-2 (2021).

<sup>123</sup> Hawaii Data Collaborative, "Tracking Federal Funds," [www.HawaiiData.org/federalfunds](http://www.HawaiiData.org/federalfunds) (last accessed April 28, 2021).

<sup>124</sup> 2021 Hawaii State Department of Health COVID-19 Report.

- 
5. Support collaborative initiatives between health care professionals and community stakeholders for training and education on health equity issues and the importance of health equity data.
  6. Build and expand the representation of historically marginalized communities in government leadership positions, committees, workgroups, and task forces.

## Vaccine Distribution and Rollout

Only 8.8 percent of Native Hawaiians and Pacific islanders, a high-risk group, have been immunized for COVID-19 after three months into the Hawai‘i Vaccination Campaign. The reason is because the state's prioritization categories for allocating the vaccine place health care workers and those 75 years and older at the top, but Native Hawaiians and Pacific Islanders are underrepresented in these two categories.<sup>125</sup>

The Hawai‘i Department of Health is reported to have asked the federal government to break out the high-risk groups and the Native Hawaiians and Pacific Islanders category. It further indicates there are challenges to reach these population because cultural, language barriers, technology, mobility, geography, income, educational levels, and vaccination hesitancy. Noted remediation efforts include working with local pharmacies and organization to reach these ethnic groups through mobile vaccination clinics, in the neighborhood and health centers that serve these communities.<sup>126</sup>

---

<sup>125</sup> Kristen Consillio, “Only 8.8% of Native Hawaiians and Pacific Islanders have received COVID vaccine, DOH says,” *Star Advertiser*, Mar. 16, 2021, <https://www.staradvertiser.com/2021/03/16/breaking-news/only-8-8-of-native-hawaiians-and-pacific-islanders-have-received-covid-vaccine-doh-says/>.

<sup>126</sup> Anita Hofschneider, “Pacific Islanders, including Hawaiians, disproportionately missing out on vaccines,” *Civil Beat*, Mar. 16, 2021, <https://www.civilbeat.org/2021/03/pacific-islanders-including-hawaiians-disproportionately-missing-out-on-vaccines/>.

---

## FINDINGS AND RECOMMENDATIONS

Among their duties, advisory committees of the U.S. Commission on Civil Rights are authorized to advise the Commission (1) concerning matters related to discrimination or a denial of equal protection of the laws under the Constitution and the effect of the laws and policies of the Federal Government with respect to equal protection of the laws and (2) upon matters of mutual concern in the preparation of reports of the Commission to the President and the Congress.<sup>127</sup>

Below, the Committee offers to the Commission a summary of its findings identified throughout the Committee's inquiry.

### Findings

#### *Factors Impacting Pacific Islander Communities' Vulnerability to Contracting COVID-19*

1. Pacific Islander communities have suffered disparate impact in the delivery of medical and public services during the COVID-19 pandemic in Hawai'i. One of the most vulnerable Pacific Islander groups is Hawai'i's Micronesian population due to their special immigration status which prohibits them from accessing Medicaid. When Hawai'i's state health care system decided to cut insurance in 2015, the mortality rate for Micronesians in 2018 rose more than 40 percent to that rate prior to 2015 when they were eligible for Medicaid. This rise occurred despite the availability of state-funded premium coverage for private insurance and significant outreach efforts to reduce the impact of this coverage change.
2. Obtaining government funding for needed relief remains a challenge for Pacific Islander coalitions and grassroots organizers forcing them to rely on organizations that have formal structures to act as the applicant and pass-through organization. While this has been an ongoing issue for Pacific Islander community organizations prior to the pandemic, the delay in obtaining needed funding leaves many Pacific Islander communities without culturally acceptable approaches that would make the difference in health outcomes, access to economic relief programs, etc.
3. There is a likely possibility that organizations that are not equipped with language assistance may have and may continue to deny assistance to Pacific Islander communities who are limited English speaking.
4. Staffing government organizations with individuals who speak Pacific Islander languages can make the difference in providing needed services to Hawai'i's most vulnerable communities. In addition to providing language access, these organizations should have knowledge of special citizenship status of some communities and other cultural patterns and practices.

---

<sup>127</sup> 45 C.F.R. § 703.2.

- 
5. Many Pacific Islander households are culturally multigenerational and live in small living quarters, which makes it challenging for family members who have COVID-19 to isolate making the spread of COVID-19 inevitable. Federal guidance on how to quarantine did not consider the cultural patterns of connectedness among Pacific Islander communities, placing community organizations with task of assisting these communities to assist with messaging that is both culturally appropriate and effective.
  6. Strategic communication to Pacific Islander communities regarding COVID-19 prevention, quarantine, vaccine distribution, and availability of relief programs is most effective when Pacific Islander community leaders that include, among others, elders and church leaders, relay the message. However, it is increasingly important to provide these individuals with the opportunity to provide substantive feedback that confirms and acknowledges the cultural appropriateness of such messaging.
  7. Markedly, the COVID-19 pandemic has impacted the most vulnerable segments of society, especially those who have co-morbidities such as diabetes, asthma, or hypertension.
  8. The COVID-19 pandemic has confirmed and highlighted challenges which existed before the pandemic, including the need for translation and interpretation resources for Medicaid eligibility.
  9. Of all Pacific Islander groups, COFA migrants have been disproportionately impacted by COVID-19. In fact, the Hawai'i Department of Health estimates that non-Hawaiian Pacific Islanders are overrepresented in COVID-19 cases by a factor of five. The following reasons have come to light:
    - d. There is a significant number of uninsured COFA migrants. This strongly suggests that there are many who feel they are not allowed to seek out medical care in times of illness.
    - e. The number of clusters of COVID-19 cases flourished in this community because household sizes tend to be large. One panelist noted that he treated a patient who lived in a one bedroom apartment that housed 25 individuals.
    - f. Many are also essential workers who cannot work remotely and are in professions that are public facing.
  10. Testimony revealed that housing for multigenerational families of Pacific islanders is a real need that, when addressed, ameliorates other socio-economic-health needs because caregivers can reach not just an individual person but the whole family.
  11. At the time of Committee's web hearings, COFA migrants were ineligible for Medicaid coverage due to exclusionary language in the Personal Responsibility and Work Opportunity Reconciliation Act that allow states to decide if they want to support and enroll COFA migrants in their state Medicaid program. Hawai'i initially determined that they

---

would allow COFA migrants to enroll in its Medicaid program, but after debate regarding if it is the state or federal government's responsibility to shoulder the costs and a November 2014 federal court ruling that Hawai'i was not required to provide benefits, Medicaid benefits for most COFA migrants expired. Because of pressure from stakeholders, especially in the midst of a global health pandemic, Senate lawmakers successfully pushed for the inclusion of COFA migrants and restored federal health care to Marshallese and other Pacific Islanders at the end of 2020, decades after the programs were taken away. It is estimated as many as 94,000 people nationally will benefit from the restoration.

### ***Challenges with Government Response***

12. The economic impact of the COVID-19 pandemic left many Pacific Islanders with no option but to file for unemployment benefits. However, the Micronesian community, has experienced significant challenges when applying for unemployment because of their unique citizenship status in Hawai'i, experienced significant challenges with applying for unemployment benefits.
13. There was a lack of communication and cooperation between hospitals and the Department of Health. One panelist noted that hospitals were not providing enough information to Pacific Islanders on how to isolate safely and what services were available to them such as access to hotels. Hospitals only shared with patients that the Department of Health will contact them, but the Department of Health never followed through and if they did, Department of Health representatives did not speak the language of the individual.
14. The State's COVID-19 response to non-Hawaiian Pacific Islanders was severely insufficient especially those who require in language assistance because there was a lack of translated materials and interpreters. And even when government agencies requested and received translated materials from interpretation service organizations, many of those agencies failed to put translated materials on their website.

### ***Community Response and Care***

15. Pacific Islander community leaders, in a proactive effort to take matters into their own hands to protect their communities from the economic and health impacts of COVID-19, organized to support their communities by assisting impacted community members with filing for unemployment and housing relief; conducting outreach concerning prevention efforts; developing messaging relevant to the need for physical distancing, and available resources; fundraising for PPE, funeral costs, and other basic needs such as groceries; and provided language assistance and translated materials to local organizations serving Pacific Islanders.
16. As the state slowly developed comprehensive plans for mitigating the spread of COVID-19, Pacific Islander community leaders and organizations mobilized by forming various

---

task forces to meet the immediate needs of families who were most heavily hit. These efforts were guided by strong cultural acknowledgement and resolute community care.

### ***Data Collection***

17. During the height of the COVID-19 pandemic, state data indicated that 30 percent of Hawai'i's confirmed COVID-19 cases traced back directly to Pacific Islander communities (excluding the Native Hawaiian community), a 13 percent rise since June 2020. In addition, the infection rate for Pacific Islanders is 10 times higher than the state's infection rate, and a rate that continues to grow faster than any other community. This is quite disturbing since Pacific Islander communities make up a mere 4 percent of Hawai'i's population. This is clearly the first modern-day pandemic that has brought these specific disparities into such clear and distinct focus.
18. While Hawai'i is ahead in terms of capturing race and ethnicity data and disaggregating Pacific Islander communities into individual ethnic groups for COVID-19 positive cases, there are data governance challenges with (i) data collection specific to the format and uniformity of forms that are utilized to collect patient data in testing sites, hospitals, and clinics; and the lack of data capturing those who test negative; (ii) ensuring that COVID-19 data is input on the multiple electronic health record systems used throughout the state; and (iii) data security for sensitive information.
19. Testimony indicated that Hawai'i's Pacific Islander communities affected by COVID-19 at higher rates are not unique to this region only. Some states can easily note contraction numbers while other states do not have the capacity due to their lack of data collection and inability to data they do collect. There is clear evidence that state government agencies are not incorporating categories noted in the OMB Directive 15.

### ***Other Civil Rights Concerns***

20. Records indicate that despite making up a small fraction of the overall population in Hawai'i, Micronesians were disproportionately arrested for violating COVID-19 emergency orders. Others also arrested in disproportionate numbers are Samoans and Blacks who were at risk of facing misdemeanor charges carrying a maximum fine of up to \$5,000 and a year in prison.

---

## Recommendations

The recommendations below are directed to the U.S. Commission on Civil Rights and to the entities tasked with undertaking the work involved in each specific recommendation. In reviewing testimony, the Hawai‘i Advisory Committee acknowledges the importance of centering Pacific Islander communities in any decision making that directly affects them and wholly advocates for their inclusion in this process as it truly believes that doing so is an essential step in properly, promptly, and successfully addressing the Committee’s overriding concerns. It is equally important that adequate funding supports these efforts. The Committee, therefore, respectfully requests that the U.S. Commission on Civil Rights:

1. Send this report and issues recommendations to the U.S. Department of the Interior and Office of Insular Affairs to:
  - a. Promptly engage with the COFA migrant community to address the current inadequacies affecting their health, safety, and welfare relative to the COVID-19 pandemic.
  - b. Review this report and provide comments to the Hawai‘i Advisory Committee.
2. Send this report and issues recommendations to the U.S. Department of Health and Human Services to:
  - a. Actively conduct outreach to states with high populations of COFA migrants informing them of the reinstatement of Medicaid eligibility for COFA migrants residing in each state.
  - b. Require standardized data collection across government agencies which includes disaggregation for race, ethnicity, and Pacific Islander communities, beyond the requirements of OMB 15.
  - c. Review report and provide comments to the Hawai‘i Advisory Committee.
3. Send this report and issues recommendation to the U.S. Department of Homeland Security, Federal Emergency Management Agency to:
  - a. Include COFA migrants for disaster and emergency relief programs, in particular funeral assistance.
4. Send this report and issues recommendations to the U.S. Congress especially to members of the Congressional Asian Pacific American Caucus’ Native Hawaiian and Pacific Islander Task Force to:
  - a. Support federal relief funding to states and grant them flexibility to identify where resources should be dedicated to address Pacific Islander needs.
  - b. Monitor the renegotiation of the COFA agreements to ensure that sufficient funding and services are provided to the people of the vast ocean extension of Pacific Micronesia for the prompt, necessary and proper attention and treatment required relative to the COVID-19 pandemic.



- 
- c. Explore improved coordination of Pacific Islanders federal policies and programs operating both in Hawai‘i and in their COFA countries and other Pacific Islanders to achieve synergy and improve impacts.
  - d. Request research support by the U.S. Government Accountability Office to explore ways of enhanced federal interagency coordination in project funding.
5. Send this report and issues recommendations to the Hawai‘i Legislature to:
    - a. Pass legislation that would:
      - i. Adequately fund the Department of Health so that they can immediately respond during future pandemics.
      - ii. Codify standardized data collection across government agencies and provide better language access and to disaggregate data for Pacific Islander communities.
      - iii. Adequately fund and strengthen the Office of Language Access so that it has enforcement authority to require government agencies to meet equal access requirements.
      - iv. In addition to the Office of Language Access, fund other state agencies to meet language access needs of service populations.
      - v. Fund higher education programs for vulnerable and under-represented communities such as Pacific Islanders.
      - vi. Support resolution for diversity training for hospital staff and hire community health workers and interpreters to translate in respective languages of Chuukese, Marshallese, Yapese, Palauan, Ponapean and Kosraean for more than the 500 Micronesians they serve because non-Hawaiian Pacific Islanders make up 22 percent of COVID-19 cases while being only four percent of the population.
      - vii. Expand broadband service in remote areas of Hawai‘i to expand services to communities who would benefit from telehealth services.
      - viii. Allow doctors and registered nurses to use Telehealth.
  6. Send this report and issues recommendations to the Hawai‘i Governor to:
    - a. Meet and discuss with the Hawai‘i Advisory Committee to the U.S. Commission on Civil Rights its report’s findings and recommendations.
    - b. Provide better training and education about the specific needs of vulnerable communities, including but not limited to Pacific Islander communities, to persons who deliver medical and public services.

- 
- c. Assure COFA migrants utilize and transition to Hawai'i's state Medicaid program.
  - d. Be more intentional about informing, supporting, and engaging cross-sector Micronesian leadership groups for emergency response.
  - e. Develop clear agency guidance on equitable, socially just communications about COVID-19 spread and other highly infectious diseases.
  - f. Invest in more culturally and community appropriate communications.
  - g. Provide detailed COVID-19 data to Pacific Islander leadership groups during regular briefings.
  - h. Provide more coordinated and consistent wraparound support to COVID-19 positive families.
  - i. Use federal COVID-19 funds to help local community based organizations to expand and continue the outreach programs that these organizations have done to reach rural, low income and Pacific migrant people.
  - j. Continue to improve data collection efforts and appropriate disaggregation of data so that data fully demonstrates the impact that COVID-19 has on Pacific Islander communities.
  - k. Provide guidelines and incentives to state agencies to hire staff with cultural knowledge of specific Pacific Islander communities and ensure there are multiple Pacific Islander languages available in language assistance.
  - l. Support the Hawaii Civil Rights Commission training to state agencies on discrimination and equal access barriers facing Pacific Islanders.
  - m. Use significant portion of federal relief funds to assist Pacific Islander communities severely impacted by COVID-19 by providing funds to government agencies for projects serving Pacific Islanders and funds to support community based organizations serving these communities.
7. Send this report and issues recommendations to the Hawai'i Department of Health to:
    - a. Continue to improve data collection efforts so that data fully demonstrates the impact that COVID-19 has on Pacific Islander communities.
  8. Send this report and issues recommendations to County of Hawai'i Mayor, County of Maui Mayor, County of Kauai Mayor, and City and County of Honolulu Mayor:
    - a. Meet and discuss with the Hawai'i Advisory Committee to the U.S. Commission on Civil Rights report findings and recommendations.

- 
- b. Identify contact/office responsible for addressing Pacific Islander health and civil rights issues.
  - c. Be more intentional about informing, supporting, and engaging cross-sector Micronesian leadership groups for emergency response.
  - d. Develop clear agency guidance on equitable, socially just communications about COVID-19 spread and other highly infectious diseases.
  - e. Invest in more culturally and community appropriate communications.
  - f. Provide detailed COVID-19 data to Pacific Islander leadership groups during regular briefings.
  - g. Provide more coordinated and consistent wraparound support to COVID-19 positive families.
  - h. Use federal COVID-19 funds to help local community based organizations to expand and continue the outreach programs that these organizations have done to reach rural, low income and Pacific migrant people.
  - i. Use significant portion federal relief funds to assist Pacific Islander communities severely impacted by COVID-19 by providing funds to government agencies for projects serving Pacific Islanders and funds to support community based organizations serving these communities.
9. Send this report and issues recommendations to Hawai'i state agencies:
    - a. Make a concerted effort to hire a proportionate number of staff with cultural knowledge of specific Pacific Islander communities and ensure there are multiple Pacific Islander languages available for in language assistance.
    - b. Consult with community leaders regarding appropriate messaging that considers cultural differences.

---

## **APPENDIX**

**November 18, 2020 Briefing Agenda & Minutes**

**November 18, 2020 Briefing Transcript**

**November 18, 2020 Presentation Slides**

**December 9, 2020 Briefing Agenda & Minutes**

**December 9, 2020 Briefing Transcript**

**December 9, 2020 Presentation Slides**

**Web Hearing Speaker Bios**

**Recommendations from Micronesian Minister's Uut Addressed to Mayor of Honolulu**

**We Are Oceania COVID-19 Response Report**

**Native Hawaiian & Pacific Islander Hawai'i COVID-19 Response Recovery Resilience Team August 13, 2020 Statement**

**Native Hawaiian and Pacific Islander Covid-19 Response, Recovery, and Resilience Members**

**Written Testimony**

**Committee Member Statement: Luciano Minerbi**

*Materials can be found here:*

[https://securisync.intermedia.net/us2/s/folder?public\\_share=409J0xbKeIQ2vuMJBvQond0011ef58&id=L0hJLzIwMjAgQ09WSUQgYW5kIEhlYWx0aCBEaXNwYXJpdGllcw%3D%3D](https://securisync.intermedia.net/us2/s/folder?public_share=409J0xbKeIQ2vuMJBvQond0011ef58&id=L0hJLzIwMjAgQ09WSUQgYW5kIEhlYWx0aCBEaXNwYXJpdGllcw%3D%3D)

---

## Web Hearing Speaker Bios

### **Sarah Kemble, Acting State Epidemiologist, Hawaii Department of Public Health**

Dr. Kemble previously oversaw surveillance and response for a wide variety of communicable diseases as a Medical Director in the Communicable Diseases Program at the Chicago Department of Public Health. She led public health response efforts and directed evaluation strategies for the CDPH mass vaccination campaign during an outbreak of meningococcal meningitis among men who have sex with men (MSM) in Chicago during 2015–2016, with a focus on using data in real time to overcome inequities in access to care. Kemble has also participated in CDPH and Chicago Prevention and Intervention Epi-Center (C-PIE) collaborative projects including an agent-based model of Carbapenem-Resistant Enterobacteriaceae (CRE) transmission, studies on optimal implementation strategies for chlorhexidine gluconate bathing as an infection control measure, and Chicago PROTECT, a regional demonstration project to reduce transmission of multi-drugresistant organisms in high-risk healthcare settings. Areas of expertise include public health epidemiology and response; outbreak investigation; enteric disease epidemiology; healthcare-associated infections; emerging pathogens and global health.

### **Emily Roberson, Disease Investigation Branch Chief, Hawaii Department of Public Health**

Emily Roberson, PhD, MPH is the Disease Investigation Branch Chief for the Hawai'i State Department of Health, Disease Outbreak Control Division. Prior to beginning her current position in July of this year, she was the Senior Healthcare Analytics and Research Coordinator for the Health Analytics Office of Med-QUEST, the Hawai'i state Medicaid agency. She previously held positions in government and academia as an epidemiologist, assistant professor, and maternal and child health specialist and has published peer-reviewed research on a variety of topics, including substance use, mental health, and health disparities. Dr. Roberson received her Bachelor of Science (BS) degree in Anthropology and Latin American Studies from Tulane University, her Master of Public Health (MPH) degree in Global Maternal and Child Health from Tulane School of Public Health and Tropical Medicine, and her Doctorate (PhD) in Epidemiology from the University of Hawai'i at Mānoa.

### **Joshua Quint, Epidemiologist, Hawaii Department of Public Health**

Dr. Quint has three years experience as an Epidemiologist with the Disease Outbreak Control Division, Hawaii Department of Health. He analyzes infectious disease outbreak data (angiostrongyliasis, HCV, pneumonia and influenza, vaping associated lung injury). Joshua Quint has a Master of Public Health (MPH) and Doctorate (PhD) in Epidemiology from University of California, Los Angeles and focused on HIV Epidemiology and Global Health.

---

**Corina Penaia, MPH, Community Engagement and Research Director, UCLA Native Hawaiian and Pacific Islander Data Policy Lab**

Corina Penaia is the Community Engagement and Research Director and co-founding member of the Native Hawaiian and Pacific Islander Data Policy Lab at the UCLA Center for Health Policy Research. She holds a bachelor's degree in Biology from Pitzer College and a Master's degree in Public Health from California State University of Fullerton. As a Program Manager for an Asian and Pacific Islander non-profit organization she has worked closely with policymakers and community stakeholders to address prevalent health issues such as COVID-19 that impact Asian and Native Hawaiian and Pacific Islander families. She has become further empowered to improve healthcare access and health equity for underserved populations through education, advocacy, and community outreach.

**Richard Calvin Chang, JD; Data Analytics Director; UCLA Native Hawaiian and Pacific Islander Data Policy Lab**

Richard Calvin Chang is the Data Analytics Director and co-founding member of the UCLA Center for Health Policy Research's Native Hawaiian and Pacific Islander Data Policy Lab. As an attorney, he has worked with Native Hawaiian and Pacific Islander (NHPI) non-profits, focusing on data equity issues and policy campaigns that have improved data disaggregation and reporting practices for NHPs, and co-authored the first demographic profiles of NHPs in the U.S. and California. His current work aims to raise awareness of COVID-19's disproportionate impact on NHPs and ensure the community is accurately represented with policymakers and stakeholders. He is currently pursuing an MS in Computational Analysis and Public Policy from the University of Chicago.

**Dr. Wilfred Alik, Clinic Chief and Physician, Kaiser Permanente**

Dr. Wilfred C. Alik is a family medicine doctor who serves as Clinic Chief for the Kaiser Permanente Medical Center in Hilo, Hawaii. Born and raised in the Marshall Islands, Dr. Alik attended Xavier High School in Chuuk, Creighton University and Western Oregon University. He received his medical degree from the John A Burns School of Medicine at the University of Hawaii at Manoa. He is currently serving as Clinic Chief at Kaiser Permanente Hilo Clinic and an active member of the Micronesian Health Advisory Coalition. Previously, he served on a special medical team under the US Department of Energy which provided medical care to Marshallese people exposed to radioactive nuclear testing.

**Dr. David Derauf, Executive Director and Physician, Kokua Kalihi Valley Comprehensive Family Services**

David D. Derauf, MD, MPH has been with Kokua Kalihi Valley Comprehensive Family Services (KKV), an FQHC in Honolulu for the last 31 years. He has been recognized for his leadership in helping to move the work of a Federally Qualified Health Center upstream including such programs as the KKV Elder program, providing comprehensive community supports to 1400 Kalihi Elders, the Medical-Legal Partnership for Children Hawaii, Ho`oulu `Āina, a 100 acre land based approach to community health, a youth earn-a-bike program (K- VIBE), chronic disease self-management groups, and Seams Wonderful, a microenterprise sewing program. By sustaining projects that are based on community self-determination, cultural identity and justice, KKV is able to work far beyond the exam room to address the root causes of health inequity. Through strong relationships that honor culture, KKV works to support not only medical definitions of health but social, spiritual and indigenous expressions of a healthy, interdependent and just community. He is

married, the father of two boys, and tries to get out in the surf from time to time.



**Kokua Kalihi Valley Clinic in Kalihi Neighborhood, Honolulu**

### **Josie Howard, Program Director, We Are Oceania**

Josie graduated from Xavier High School in Micronesia and attended the Community College of Micronesia. She later transferred to the University of Hawai'i at Hilo studying Biology, Anthropology, and Pacific Island Studies in 1989 making her one of the first Micronesians migrating under the Compact of Free Association Treaty. At the University of Hawai'i at Hilo, Josie Howard's roles included student peer counselor, president of the International Students Association, student researcher at the Minority Biomedical Research Program, resident assistant at the student housing, president of the Chuukese Students Association, as well as chairperson for the Campus Ministry.



**We Are Oceania in Kalihi Neighborhood, Honolulu**

Josie has over 10 years of servicing the community, with 8 years in the Department of Health Waiver program, 5 years in the Department of Education, and 5 years in program development, implementation, and piloting a one stop center model. Josie's community involvement includes being the founder of the Young Voyagers, a youth club in Media with 'Ōlelo, and co-

founder of the Micronesian Health Advisory Council, and Micronesian Cultural Awareness Project.

Josie earned her Master in Social Work and is now working as a Coordinator/Facilitator at EPIC 'Ohana Inc. and as a Social Worker at the St. Elizabeth Episcopal Church. Josie is most recognized for her contribution to the "Micronesian Voices in Hawaii Conference" where she participated as

one of six steering committee members who worked with Micronesian Government leaders, community leaders, as well as Conference sponsors.

She is also known for her work at Goodwill Industries of Hawaii Inc.'s "Imi Loa Program" where she worked with families and their adult children providing direct services as well as managing the programmatic and fiscal operation. She successfully managed and grew the program from a \$180,000 grant to a \$1 million grant after 4 years in operation. Mrs. Howard is a native of Onoun Island in Micronesia and she speaks Chuukese, Onounese, and English fluently.

### **Dr. Sheri Ann Daniels, Executive Director, Papa Ola Lōkahi**

Dr. Sheri Daniels has been leading Papa Ola Lōkahi, the Native Hawaiian Health Board since 2016. Papa Ola Lōkahi is the organization charged by the United States Congress with administrative oversight of the Native Hawaiian Health Care Improvement Act. In this role, she leads efforts to improve the overall health and well-being of Native Hawaiians and their families, through strategic partnerships, programs and public policy.

Born, raised, and currently residing on Maui, she has over two decades of experience in social service programs along with years of supervisory experience, including both government and non-profit management. It is through these capacities that Dr. Daniels has worked closely with Hawai'i's unique and diverse population to overcome inequities.

She is actively involved in various community and civic organizations locally, nationally and internationally. She was recently added to the International Indigenous Council for Healing Our Spirit Worldwide in 2018. In 2019, Dr. Daniels was added to both the Advisory Council on Minority Health (Office on Minority Health) and the Department of Health's Tobacco Prevention & Control Advisory Board.



**Papa Ola Lōkahi in Kakahako Neighborhood, Honolulu**

Dr. Daniels is one of the co-leads for the Native Hawaiian & Pacific Islander Hawai'i COVID19 Response, Recovery, Resilience Team that involves over 30 organizations throughout Hawai'i that is focused on addressing the needs and advocating for these communities.

A graduate of Kamehameha Schools Kapālama, Dr. Daniels received her bachelor's in family resources from the College of Tropical Agriculture and Human Resources at the University of Hawai'i at Mānoa. She carries a master's in counseling psychology from Chaminade University of Honolulu, in addition to a doctorate from Argosy University, and currently holds several license certifications.



**Shanty Asher, Pacific Islander Liaison Officer, Honolulu City and County Office of Economic Revitalization**

Shanty Sigrah Asher is the Pacific Islander Liaison Officer at the Office of Economic Revitalization for the City and County of Honolulu. Previously, Shanty served as an Education Legal Specialist for Pacific Resources for Education and Learning. Prior to moving to San Diego for Law School, she served as Deputy Assistant Secretary for Pacific Affairs at the Department of Foreign Affairs for the Federated States of Micronesia (FSM). She is an alumnae of the Executive Leadership Development Program (ELDP) and Asia Pacific Security Studies (APCSS).

Shanty is a graduate of Malem Elementary School and Kosrae High School and earned both her Bachelor of Science in Pre-Law and a Master of Science in Criminal Justice Administration at Chaminade University of Honolulu. After earning her Juris Doctor (JD) law degree from the Thomas Jefferson School of Law in San Diego in 2018, Shanty returned to Hawai'i where she became fully engaged in supporting the Micronesian community.

Shanty's leadership roles have included serving as a board member for The Legal Clinic, president of the Kosrae Women Association, president of the Asia Pacific American Law Student Association at her law school, and a board member of the National Asia Pacific Islander Prosecutors Association. In recognition of Mrs. Asher's leadership in the Pacific Islander community in Hawaii, Governor David Ige nominated her and was subsequently confirmed by the Hawaii State Legislature to serve on the 12-member Hawaii State Board of Education.

**Reverend Ongo Koli, Associate Pastor, Trinity United Methodist Church**

Pastor Koli is the Associate Pastor for Trinity United Methodist Church, Pearl City, Hawaii since 2019 serving the Tongan congregation. Pastor Koli was a member of the largest Tongan Community Methodist Church in Hawaii for 40 years. He is the current President of the Hawaii United Methodist Union in the District of Hawaii and serves as the General Secretary for the Tongan Caucus of the United Methodist.

In 2006 – 2019, he was the Community Consultant for Western Union Oceania Market and provided outreach to the Oceania community (Fiji, Tonga, Samoa, Western Samoa, Micronesia) by educating the community on Western Union products and services. Between, 2008 to 2018, he worked for the City & County of Honolulu in the Real Property Tax Division. Keeping in the finance field, he also worked at First Hawaiian Bank as a Loan Representative.

Ongo Koli was also involved in media where he produced a Television program called "Kaha'u 'O Tonga", aired weekly on the 'Olelo Community channel in Hawaii for 11 years. Additionally, Ongo Koli was the radio host for the Tongan community radio program of the First United Methodist Church of Honolulu for 10 years and started his own radio program for five years educating the Tongan Community with current news and events.

---

**Dr. Tina Tauasosi-Posiulai, Community Partnership and Research Specialist, UHM-Pasefika Passion Pipeline (3P); & Executive Director, Pasefika Empowerment and Advancement (PE'A), Inc.**

Dr. Tina Tauasosi-Posiulai currently works as Community Partnership and Research Specialist at University of Hawaii Manoa (UHM) since 2008, she has established various outreach programs to enhance college access and success of Pacific Islanders in Hawaii. She is also the project coordinator for 3P to help increase recruitment of Pacific Islander youth and adults to pursue college education at UH community colleges. Recently, she spearheaded the Pacific Islander Students Tuition Petition at University of Hawaii to bring attention two financial challenges faced by Pacific Islander students, and especially COFA students at UHM.

She was born and raised in Samoa. She received her MA degree from Australian National University in Canberra and her doctoral degree from UHM. Before leaving Samoa in 2001, she managed various social and economic research projects implemented in Samoa and other Pacific Island countries. She worked closely with governments of Samoa, Australia, New Zealand, as well as international organizations such as United Nations, Asian Development Bank, World Health Organization, and Secretariat of the Pacific community in New Caledonia, and Fiji.

## Native Hawaiian and Pacific Islander Covid-19 Response, Recovery, and Resilience Members

The Native Hawaiian & Pacific Islander Hawai'i COVID-19 Response, Recovery & Resilience Team (NHPI 3R) was established in May 2020, in alignment with the national NHPI Response Team, to improve the collection and reporting of accurate data, identify and lend support to initiatives across the Hawaiian Islands working to address COVID-19 among Native Hawaiians and Pacific Islanders, and unify to establish a presence in the decision-making processes and policies that impact our communities. More than 40 agencies, organizations, and departments comprise the NHPI 3R Team.



- Papa Ola Lōkahi
- ‘Ahahui o nā Kauka, Association of Native Hawaiian Physicians
- Department of Health, State of Hawai‘i
- Hawai‘i Emergency Management Agency
- Ke Ola Mamo
- Na Pu‘uwai
- Hui No Ke Ola Pono
- Hui Mālama Ola Na ‘Ōiwi
- Ho‘ōla Lāhui Hawai‘i/Kaua‘i Community Health Center
- King Lunalilo Trust
  - Lunali Home
- Queen’s Medical Center
- Kahuku Consulting
- Honolulu Community Action Program (HCAP)
- Le Feteao Samoan Language Center
- University of Hawai‘i
  - John A. Burns School of Medicine
    - Department of Native Hawaiian Health
    - Department of Family Medicine
  - Myron B. Thompson School of Social Welfare and Public Health
    - Office of Public Health Studies
  - Pacific Basin Telehealth Resource Center
  - School of Nursing & Dental Hygiene
  - Center for Pacific Island Studies
  - College of Social Sciences
- Hawai‘i Appleseed
- Hawai‘i Budget & Policy Center
- AlohaCare

- 
- Hawai'i Pacific Health
  - Office of Hawaiian Affairs
  - Kamehameha Schools
  - Ekolu Mea Nui
  - We Are Oceania
  - Hawai'i Pacific University American Red Cross – Pacific Islands Region
  - American Red Cross – Hawai'i
  - City & County of Honolulu
  - Association of Hawaiian Civic Clubs
  - Aloha 'Aina Legal Group, LLC
  - Pasifika for Empowerment and Advancement (PE'A)
  - Hawaiian Eye Foundation
  - Project Vision
    - Hiehie
  - Kalihi-Pālana Health Center
  - Kōkua Kalihi Valley
  - Council for Native Hawaiian Advancement
  - Marshallese Community Organization of Hawai'i
  - Ka'ū Community Rural Health Association
  - Waimanalo Health Center
  - Western Region Public Health Training Center
  - Hawai'i Public Health Institute
  - Hawaii Public Health Training Hui
  - Hawai'i Permanente Medical Group
  - Kaiser
  - The Kupuna Network
  - Partners in Development
  - Premier Medical Group Hawai'i
  - Kula no nā Po'e Hawai'i – Papakōlea
  - Na Limahana o Lonopūhā
  - Wai'anae Coast Comprehensive Health Center
  - Public Health Learning Network

**Hawai'i State Advisory Committee  
U. S. Commission of Civil Rights  
Concurrence Statement to COVID-19 and Pacific Islanders in Hawai'i Report  
Submitted by Luciano Minerbi  
June 14, 2021**

The purpose of this concurrence statement is to update, contextualize, and support with pertinent references, the two reports already produced by the Hawai'i State Advisory Committee.

**The USCCR Reports on Pacific Migrants in Hawai'i Are Related**

The USCCR Hawaii State Advisory Committee (USCCR-HI-SAC) in January 2016 produced a draft report Micronesians in Hawai'i: Migrant Groups Faces Barriers to Equal Opportunities, that was finalized in March 2019. This committee on August 28, 2020 voted to continue to look at the civil rights of Micronesians in the islands by focusing on the unfolding virus pandemic to produce the report COVID-19 and Pacific Islander Communities in Hawai'i in May 2021.

The two reports are related because they address issues pertaining to migrant Micronesians and Pacific islanders, but they different as the first was done during 'normal times' and the second one during the time of a fast-moving pandemic in the islands.

The situation in Hawai'i was already problematic for more than 14,000 Micronesians since because the 115<sup>th</sup> Congress in 1996 rendered the Freely Associated States (FAS) citizens ineligible for most Medicaid and Medicare. This resulted in socio-economic hardships and adverse impacts on health morbidity and mortality for these populations being denied services based only on their country of origin. The Compact of Free Association (COFA) amendments in 2017 did not provided sufficient funds to the State of Hawai'i to cover the expenses it incurred, thus adversely saddling the taxpayers in this state all these years (USCCR-HI-SAC, March 2019 page 24).

None of the congressional legislation proposed to ameliorate the situation for FAS citizens introduced by the delegates of the State of Hawai'i since 2001 to 2018 passed with the exception of the one allowing COFA migrants to obtain a driver's license which was negated to them for an unfortunate bureaucratic glitch that resulted in many hardships including the difficulty to obtain employment for which that document was needed (USCCR-HI-SAC, March 2019 page 29 and 30).

This predicament affecting, health, education, housing, employment and civil rights of some Micronesians in Hawai'i worsened in the COVID-19 pandemic emergency, so that the USCCR HI-SAC studied its impact on the civil rights of Pacific Islanders mostly based on the analysis of testimony at the November 18 and December 9 2020 web public hearings held in Hawai'i.

The dynamic of the COVID-19 pandemic in Hawai'i and the government and community responses were challenging and changing by week that salient facts in early 2021 are to be reported because help to contextualize some of the recommendations of the second USCCR HI-SAC report.

### **Health Needs and Rights for Pacific Islanders in Hawai'i (1)**

Some of the recommendations provided in the testimonies may have even been addressed later in responses to the health emergency, but these recommendations remain valid because the public, private, and community capacity to deal with the health and socio-economic challenges of the COVID-19 epidemic should be sustained moving forwards to be available for the next health or environmental emergency. Local community-based organizations (CBOs) should have the resources to do in the future what they had to improvise by themselves in the virus crisis in 2020 and 2021.

The overdue restoration of Medicaid coverage for the COFA citizen in the Consolidated Appropriation Act 2021, does not materialize without proactive outreach to these populations. That is why recommendation no 2-a is so important (USCCR-HI-SAC, May 2021, p. 45). The editorial of the *Honolulu Star Advertiser* (12/28/2020) well describes the problem and the current inadequate remedies. Moreover, exclusion from some federal program persists as (Anita Hofschneider, 4/26/21).

### **Economic Needs and Rights for Pacific Islanders in Hawai'i (2)**

Some recommendations of the USCCR-HI-SAC May 2021 report require also monetary resources. The federal government has allocated substantial funds for the local governments in Hawai'i as a response to the COVID-19 health and economic impacts. Diligent monitoring is needed to assure that the state and the counties indeed earmarks funds for Pacific Islanders and ensure that they can access funds for which they may be eligible. The press has documented the values of the federal aid to help people and business in the economic recovery but it has also alerted that the local government may not allocated and disburse the funds to those in real needs (Shapiro 5/9/2; Cocke 4/21/21; Editorial 3/24/21).

### **Race and Ethnic Relations in Hawai'i (3)**

What emerged in our four years study is that U.S. civil rights, civic norms and universal human rights have to be addressed together, not just in isolation as John Heidel (6/8/20) states "The basic needs of health, shelter, food and education should be basis rights of all people" and as Minda Yamaga (4/28/202) adds: "A solution to shootings: pull down barriers that cause mistrust of "other" communities". It is notable that many opinions by member of the community have been published on *Island Voices* in the *Honolulu Star Advertiser* indicating a vibrant local civic awareness on ways to address these issues.

The debate on "Race Relations", framed at the national level by Charles M. Blow (4/26/21), is locally raised by Scott Moore and by Jonathan Y. Okamura (5/9/21). The call by Okamura is to reduce systemic racism by transforming our public institutions to be more equitable, inclusive, and just so that they serve all the people of Hawaii may be very well a theme for the next HI-SAC endeavor.

### **Policing Issues by The Honolulu Police Department (4)**

While the USCCR-HI-Sac report at page 39 raises, as “another civil right concern”, the issues of disproportional arrest of Pacific Islanders for violating COVID-19 emergency orders, the additional major issues are also:

- (a) criminalization of the poor, extended families and minorities;
- (b) the capacity of local police, the Honolulu Police Department (HPD) to control and diffuse dangerous situations without shootings unarmed suspects and fairly investigate the case when this occurs, and
- (c) extent of racism in the community toward the "other", particularly Pacific Islanders.

Unfortunately, the situations escalated and alarmed the community so much so with two police shootings in April and May 2021 (respectively of a Micronesian 16 years old Iremamber Sykap and of a foreign black man Lindany Myeni), that the new City and County of Honolulu prosecuting attorney promised that two teams of prosecutors and investigators will have to independently review these fatal shootings (Peter Boylan, 4/30/2021).

Members of the community immediately responded in the press being concerned with the HPD practices. The matter even raised to national, international and diplomatic attention. In fact, the Marshallese Consulate and the South African Embassy have not remained silent by echoing the concern of the Micronesian community in Hawai'i (Jennifer Sinco Kelleher 5/10/2; Associated Press 5/10/21; Peter Boylan 5/5/21). These facts raised heightened concerns in the community (Robert Cravalho and by David T. Johnson, 5/5/21) so that the Hawaii Law Enforcement Officer Independent Review Board now will have to review cases of deadly force (Blaze Lovell, 5/ 11/21).

### **Remedies for COFA Migrants in Hawai'i and their Home Islands (5)**

Two editorials in 2021 and 2020 of the *Honolulu Star Advertiser* call for restoration of the federal aid to COFA migrants and specifically the restoration of Medicaid to them. Howard, Walsh, and Williams (8/7/20) give the rationale for that restoration, not just based on human and civil rights reasoning, but because of what Micronesians offer to the U.S. government in geopolitical, strategic and military security by way of the COFA treaty.

That is why in 2019 four U.S. Congresspersons wrote to the Secretary of State, Secretary of the Interior, and Secretary of Defense in support of COFA renegotiations with the Freely Associated States (FAS) because these three departments have their own portfolio operating both in the COFA islands and in Hawai'i and can help in local community resilience. Everyone would gain from their enhance coordination and synergy in policies and programs.

The Micronesians can freely travel back and forth between their home islands and the U.S. states and territories, including Hawai'i. They do that, not just as individuals, but as extended families. If their conditions in the home islands improve in socio-economic-health-environmental areas, that will be very good also for the Hawai'i and its taxpayers will not have to provide what is not available in the FAS states.

### **Geopolitics in the Pacific and COFA Renegotiation**

Both the U.S. defense top leaders and U.S. Hawaii congressional members informed the local press on the updating on the strategic interests in long term relationship of the U.S. government with FAS islands vis a vis other powers in Oceania. Shackelford suggests that sustained U.S. influence doesn't come through military (5/23/21).

Equitable COFA treaty renegotiation is in the interest of both the U.S. government and FAS states with terms to provide the key finances to mobilize the islanders' own resources to actually meet several of the recommendations made by USCCR-HI- SAC May 2021 report.

### **Native Hawaiian and Pacific Islanders Updating on Covid19 in Hawai'i**

Leaders of the Native Hawaiians and Pacific Islanders (NHPI), active during the COVID19 pandemic with community organizations and state agencies, clearly explain the way forward for culturally appropriate disaster preparedness (*Health and Equity in Hawai'i* 6/10/21).

Health equity is attained by cherishing traditional island values of being humble and respectful in dealing with others and by looking holistically to include education, housing, and economics when seeking wellbeing of individuals and extended families, in thriving communities, villages, and the islands. The network of community relations are assets when seeking inclusion and access to health information and to mobilize local resources to link with line agencies that manage health programs to create an infrastructure that did not exist before.

With no initial guidance and ignored by government and hit particularly hard by the virus, at the outset of the epidemic, they connected other NIPI on the mainland. They learned about the virus was to find ways to cope with the overwhelming adverse local situation by engaging people and government agencies.

Tasks included information, education, tracing, investigation, protection, isolation, food, shelter and transportation for a small but diverse Pacific Islander groups. Language proficiency, cultural competence for seven language groups was essential to explain to people in appropriate ways so that they could take informed decision and at the same time partner with agencies on the human and material resources for health management to operate in diverse communities and localities.

A result was to identify, select, and train, as a team, Pacific islanders able to address languages and appropriate cultural ways to undertake contact tracing and advise families for isolation, with support in PPE supplies, food, and shelter. Data disaggregation is essential for monitoring and evaluation on service delivery and on the virus.

What is being accomplished is improved access to resource controlling institutions, codesign of health intervention with a sit at the table to bring the knowledge of the diverse community cultural and language groups, to explain what the needs are and how to increase working together capacity building for the community, service providers, government and foundations.

If systemic change underway in the Department of Health during the emergency recognizing diversity, honoring and respecting everyone, working together, integrating resources for collaboration are replicated in the other agencies



dealing with housing, employment, and education, then community equity will improve.

## **Conclusions**

The two reports by the USCCR-HI-SAC present issues of civil rights, human rights and civil norms to be addressed in a coordinated way at all societal levels. Health and economic needs and rights of Pacific Islanders are now to the forefront even more clearly revealed by the virus pandemic. They must be addressed going forward with an improved capacity for sustained emergency preparedness. Civil society in Hawai'i is alert for a better understanding of race and ethnic relations to transform in more equitable and inclusive ways public institutions.

Disproportional arrests by police of Pacific Islanders is not a temporary occurrence because of violations of difficult pandemic rules. Use of deadly force calls for a re-examination of policing in the islands. Both race relations and policing call for better transparency, communication, education, consultation and training on rights and obligations.

Rights and needs of migrants Pacific Islanders must be tackled by the federal government and the respective FAS governments because the members of these extended families are both in the U.S. and in their home islands. It is not just a matter for the state of Hawai'i alone to resolve.

The heightened understanding of the security role for the U.S. of the Northern Pacific Ocean and the imminent termination of the COFA agreements suggest that these treaties renegotiations are the rare opportunity to address some of the recommendations proposed by the USCCR-HI-SAC.

## NOTES AND REFERENCES

(In chronological order to see the unfolding of the issues overtime)

### 1. Health Needs and Rights for Pacific Islanders in Hawai'i

Anita Hofschneider, Dr. Sheri Daniels, Josie Howard and Chantelle Matagi "What does equity in Hawaii look like a year into the pandemic?" *Civil Café: Health Equity in Hawaii. Virtual Event* 6/10/21.

Jayna Omaye "Officials expand COVID-19 vaccine access: Native Hawaiians, Filipinos and those living in lower-income households are the least likely to be vaccinated, according to a survey" *Honolulu Star Advertiser* 6/8/21.

Sophie Cocke "Outbreaks show lack of data on vaccination" *Honolulu Star Advertiser* 6/6/21.

Nina Wu "Hawaii vaccination rates available by ZIP code on website" *Honolulu Star Advertiser* 6/4/21.

State of Hawaii "Adoption and extension of emergency administrative rules relating to the COVID-19 emergency by the Hawaii Public Housing Authority" *Honolulu Star Advertiser* 6/2/21.

City & County of Honolulu Resolution 21-100 "Urging the State of Hawaii and the City and County of Honolulu to disaggregate governmental data collection and reporting beyond federal minimum standards" 5/31/21.

Anita Hofschneider "How Biden and Hawaii could address COVID-19 disparities among Pacific Islanders" *Honolulu Civil Beat* 5/25/21.

Editorial Our View –Herd Immunity: "Push needed for full vaccinations" *Honolulu Star Advertiser* 5/5/21.

Cassie Ordonio "Bill to require interpreters for Micronesians at hospital moving forward" *Honolulu Star Advertiser* 3/17/21.

Kristen Consillio "Racial and Ethnic disparities mar Hawaii's vaccine rollout" *Honolulu Star Advertiser* 3/17/21.

Anita Hofschneider "Pacific Islanders, including Hawaiians, disproportionately missing out on vaccines" *Honolulu Civil Beat* 3/16/21.

Gordon Y.K. Pang "Hard-hit Pacific Islanders, Filipino communities receive targeted help" *Honolulu Star Advertiser* 8/26/20.

Timothy Hurley "Native Hawaiians and Pacific Islanders hardest -hit: a hui takes a cultural approach to slow the coronavirus" *Honolulu Star Advertiser* 11/23/20.

Dan Nakaso "Group distributes \$7.5M in aid to pay mortgages and rent on Hawaii Island" *Honolulu Star Advertiser* 11/22/20.

Star Advertiser Staff "Honolulu expects to spend all \$387.1 M in CARES Act funds" *Honolulu Star Advertiser* 11/22/20.

Kalei R.J. Hosaka and Seiji Yamada "Pacific Islanders at a disadvantage when Fighting Covid-19" *Island Voices - Honolulu Star Advertiser* 8/17/20.

Halaevalu Vakalahi Halaevalu Vakalahi "A leader in Hawaii's Pacific Islander communities offers ways to help this vulnerable population handle health issues, including COVID-19" *Questions with Honolulu Star Advertiser* 8/14/20.

## **2. Economic Needs and Rights for Pacific Islanders in Hawai'i**

- Dan Nakaso "Ige extends ban on eviction for 60 days" *Honolulu Star Advertiser* 6/8/21.
- Editorial Our View - Budgetary Needs: "City must make most of fed funds" *Honolulu Star Advertiser* 6/4/21.
- Amy Asselbaye "From rent help and business grants to other pandemic-relief efforts the city Office of Economic Revitalization has its hands full." *Honolulu Star Advertiser* 6/4/21.
- Jason DeParle "Stimulus funds eased hardship. Analysis shows" *Honolulu Star Advertiser* 6/3/21.
- Nina Wu "Rent, utility relief on hand to help during the pandemic" *Honolulu Star Advertiser* 6/3/21.
- David Shapiro "Police robo-dog plays mean game of fetch with tax dollars" *Honolulu Star Advertiser* 5/23/21.
- Mituzo, Ashley "Council wants Job Corps for pandemic-displaced works" *Honolulu Star Advertiser* 5/20/21.
- David Shapiro "Legislature used COVID aid to help well-off stay that way" *Honolulu Star Advertiser* 5/9/21.
- Nina Wu "Kaiser giving \$4000K to 5 health centers" *Honolulu Star Advertiser* 5/6/21.
- Anita Hofschneider "Some Pacific Islanders hit hardest by COVID-19 can't get federal aid for burial" *Honolulu Civil Beat* 4/26/21.
- Sophie Cocke "Lawmakers plan to use half of federal relief funds to bail out isle businesses" *Honolulu Star Advertiser* 4/21/21.
- Ashley Mituzo "City to get half of federal funds by May" *Honolulu Star Advertiser* 3/30/21.
- Editorial Our View -Welfare Payments: "Restore funds for most vulnerable" *Honolulu Star Advertiser* 3/24/21.
- Susan Essoyan "Pandemic depresses college-going rates, especially for Hawaiians, Pacific Islanders" *Honolulu Star Advertiser* 3/24/21.
- Audrey McAvoy "Relief money plugs hole in proposed budget" *Honolulu Star Advertiser* 3/24/21.
- Beth Giesting "Senate's tax fairness bill is good for Hawaii -here's why" *Honolulu Star Advertiser* 3/16/21.
- William Cole "Hawaii to receive over \$6.1B in federal funds" *Honolulu Star Advertiser* 3/9/21.
- Christina Kishimoto "Cuts endanger civil rights of students" *Island Voices - Honolulu Star Advertiser* 12/20/20.
- Zhanelyn Cacho "Racism plays role in food insecurity" *Island Voices - Honolulu Star Advertiser* 12/20/20.

## **3. Race and Ethnic Relations in Hawai'i**

- Sophie Cocke "Ige keeps restricting the release of public records" *Honolulu Star Advertiser* 6/10/21.
- Scott Moore in "Distinction: race problems, or racist nations?" *Island Voices - Honolulu Star Advertiser* 5/9/21.

Editorial Our View “Keeping public in the dark” *Honolulu Star Advertiser* 6/12/21.  
 Peter Boylan “Access to police, fire scanner to end” *Honolulu Star Advertiser* 6/8/21.  
 Peter Boylan “HPD takes steps to form Micronesians alliances” *Honolulu Star Advertiser* 6/8/21.  
 Peter Boylan “Judge orders some records released in Myeni shooting” *Honolulu Star Advertiser* 5/26/21.  
 Peter Boylan “HPD reviewing body-worn camera policies” *Honolulu Star Advertiser* 6/4/21.  
 Steve Alm “Probing HPD shootings: releasing evidence now vs. fair trial” *Island Voices Honolulu Star Advertiser* 6/3/21.  
 Christina Jedra “Honolulu joins a national debate: when should police bodycam footage be released?” *Honolulu Civil Beat* 6/7/21.  
 Peter Boylan “Police Commissioner nominee denies racism exists in Hawaii” *Honolulu Star Advertiser* 6/3/21.  
 Editorial Our View – AAPI Awareness: “Understanding Hawaii’s diversity” *Honolulu Star Advertiser* 5/24/21.  
 Peter Boylan “Alm focuses on restoring public trust” *Honolulu Star Advertiser* 4/30/21.  
 Robert Cravalho "Obeying a police officer's instructions is part of the social contract we must respect" *Island Voices* "Policing the Use of Force" *Honolulu Star Advertiser* 5/5/21.  
 David T. Johnson "After troubling pattern of shootings by HPD officer, reform is necessary" *Island Voices* "Policing the Use of Force" *Honolulu Star Advertiser* 5/5/21.  
 Minda Yamaga in "A solution to shootings: pull down barriers that cause mistrust of "other" communities" *Island Voices - Honolulu Star Advertiser* 4/28/2021.  
 Andre Wooten "Killing of unarmed man raises questions about HPD's action" *Island Voices - Honolulu Star Advertiser* 4/28/21.  
 Kenneth Lawson, "Request DOJ probe of HPD use-of-force policies, practices" *Island Voices - Honolulu Star Advertiser* 4/26/21.  
 Charles M. Blow “Exploring America’s systems, and their pro-White, anti-Black biases” *Honolulu Star Advertiser* 4/26/21.  
 Jonathan Y. Okamura “If America isn’t a racist country, what of Hawaii and its institutions” *Island Voices- Honolulu Star Advertiser* 5/9/21.  
 John Heidel “Community is based on moral principles – not only laws” *Island Voices - Honolulu Star Advertiser* 6/8/20.

#### **4. Policing Issues by The Honolulu Police Department**

Christie Wilson “Honolulu Police Commission questions disparities in the use of force” *Honolulu Star Advertiser* 2/7/21.  
 Jennifer Sinco Kelleher "Micronesians feel hatred in Hawaii, decry police shooting" *Honolulu Star Advertiser* 5/10/21.  
 Associated Press “Some in Micronesian community feel racism in Hawaii, decry police shooting” *HawaiiNewsNow* 5/10/21)  
 Peter Boylan "South Africans demand answers in Myeni shooting" *Honolulu Star Advertiser* 5/5/21).

Blaze Lovell “Hawaii Police Shootings Board says it will step up its work. *Honolulu Civil Beat* 5/ 11/21).

Peter Boylan “Boy shot in the back of head, shoulders, record show” *Honolulu Star Advertiser* 6/4/21.

Peter Boylan “Botticelli nominated for Police Commission” *Honolulu Star Advertiser* 6/12/21.

Keli’i Akina “Don’t criminalize COVID-19 rule breakers” *Hawai’i Free Press* 6/4/21.

Editorial Our View – Public Information: “Openness needed on Sykap shooting” *Honolulu Star Advertiser* 6/11/21.

Nick Grube “Family of man killed by HPD wants officer to face criminal charges. *Honolulu Civil Beat* 6/9/21.

Peter Boylan “Grand jury declines to indict officer: calls for more transparency from HPD and officials persist in the fatal shooting of 16 -year-old Iremamber Sykap” *Honolulu Star Advertiser* 6/8/21.

Christina Jedra “HPD officer at center of a \$1 million wrongful death settlement has a history of complaints” *Honolulu Civil Beat* 6/3/21.

John Hill “HPD’s use of lethal force is near the US average. But there’s far more to the story” *Honolulu Civil Beat* 6/1/21.

Peter Boylan “Oahu grand jury declines charges against 3 Honolulu officers in Sykap shooting” *Honolulu Star Advertiser* 6/9/21.

Christina Jedra “Grand jury declines to indict officers in Sykap shooting” *Honolulu Civil Beat* 6/9/21.

Peter Boylan “Police Union hails decision by grand jury on shooting” *Honolulu Star Advertiser* 6/11/21.

## **5. Remedies for COFA Migrants in Hawai’i and their Home Islands**

Editorial Our View – Pacific Islanders: “Restore federal aid for COFA migrants” *Honolulu Star Advertiser* 6/3/21.

Editorial Our View "Congress- COFA migrants need Medicaid" *Honolulu Star Advertiser* 12/28/2020.

Sam Domingo, Yoko Liriano and John Witeck “For too many, UI office is a dead end” *Honolulu Star Advertiser* 10/11/20.

Congress of the United States letter by four Congresspersons the Secretary of State, Secretary of Defense and Secretary of Interior supporting the renegotiation of COFA with the FAS dated 11/22/2019.

Josie Howard, Michael Walsh and Keoni Williams “COFA gives U.S. a strategic advantage in Indo-Pacific region” *Island Voices - Honolulu Star Advertiser* 8/7/20.

## **6. Geopolitics in the Pacific and COFA Renegotiation**

Kate Lyons “US secretary of state warns Pacific leaders about ‘coercion’ in veiled swipe at China” *The Guardian* 6/2/21.

William Cole “Russian spy ship operating off Kauai, Navy confirms” *Honolulu Star Advertiser* 5/26/21.

Elizabeth Shackelford “U.S. Influence doesn’t come through military” *Insight Honolulu Star Advertiser* 5/23/21.

Robert Burns “Pentagon chief calls for “new vision’ for defense” *Honolulu Star Advertiser* 5/1/21.

Kevin Knodell “Schatz pushes emphasis on Pacific for US-China strategy” *Honolulu Civil Beat* 4/21/21.

William Cole “U.S. – Chinese force imbalance is growing in western Pacific” *Honolulu Star Advertiser* 3/10/21.

Robert Burns “Esper visit to Palau highlights U.S.-China competition” *Honolulu Star Advertiser* 8/30/20.

William Cole “China’s ‘game plan has Pacific islands in sights, says U.S. Rep. Case” *Honolulu Star Advertiser* 5/28/20.

---

**Hawai'i Advisory Committee to the  
United States Commission on Civil Rights**



---

**U.S. Commission on Civil Rights**

Contact:           Regional Programs Coordination Unit  
                          U.S. Commission on Civil Rights  
                          300 N. Los Angeles St. Suite 2010  
                          Los Angeles, CA 90012  
                          (213) 894-3437

This report is the work of the Hawai'i Advisory Committee to the U.S. Commission on Civil Rights. The report, which may rely on studies and data generated by third parties, is not subject to an independent review by Commission staff. State Advisory Committee reports to the Commission are reviewed by Commission staff only for legal and procedural compliance with Commission policies and procedures. State Advisory Committee reports are not subject to Commission approval, fact-checking, or policy changes. The views expressed in this report and the findings and recommendations contained herein are those of a majority of the State Advisory Committee members and do not necessarily represent the views of the Commission or its individual members, nor do they represent the policies of the U.S. Government. For more information, please contact the Regional Programs Coordination Unit.