



Input to the UN Special Rapporteur on the Rights of Indigenous Peoples'
Annual Report to the UN General Assembly
to the
Situation of Indigenous Peoples living in Urban Areas

17 March 2021

The Native Hawaiian and Indigenous Health Program (NHIH) welcomes the opportunity to share our knowledge, observation, and experience related to the Native Hawaiian experience with continued discrimination, resiliency, and policies that show promise for increasing Native Hawaiian well-being. NHIH is housed within the Office of Public Health Studies, Thompson School of Social Work & Public Health at the University of Hawai'i at Mānoa. The vision of the Thompson School of Social Work & Public Health is to achieve social justice and health equity for the people of Hawai'i and citizens in a changing world, whereas the mission of the Office of Public Health Studies is to advance the health of the peoples of Hawai'i, the nation, and the Asia-Pacific region through knowledge, discovery, innovation, engagement, inclusion, and leadership.

In our comment, we specially discuss the impact of urbanization on Native Hawaiians, the impact of discrimination in law enforcement, Native Hawaiian resiliency, and conclude with future actions to improve Native Hawaiian well-being. Throughout our comment, we include 'ōlelo Hawai'i (the Hawaiian language), with loose translations provided, primarily by the Hawaiian Dictionary and Andrews dictionary from wehewehe.org

IMPACT OF URBANIZATION ON NATIVE HAWAIIANS

Approximately 370 million Indigenous people live in 70 countries around the world. Presently, Indigenous peoples experience shorter life expectancy and live an average of 7 years less than non-Indigenous counterparts.^{1,2} Despite efforts to address health concerns of Indigenous Peoples, the disparate life expectancy is concrete evidence of the social injustices that continue to exist in our time. In addition to experiencing lower life expectancy, Indigenous peoples experience health and behavioral disparities in relation to non-Indigenous peoples in their societies³, often in their own homelands. As such, health inequities continue to persist amongst Indigenous peoples, many of which stem from social and cultural determinants of health including colonization, historical trauma, and changes in lifestyle that result from assimilative policies.

¹ Gracey, Michael, and Malcolm King. "Indigenous Health Part 1: Determinants and Disease Patterns." *The Lancet (British edition)* 374, no. 9683 (2009): 65–75.

² World Health Organization. "Health of Indigenous People.", 2020, https://www.who.int/topics/health_services_indigenous/en/.

³ Stephens, C., Porter, J., Nettleton, C., & Willis, R. (2006). Disappearing, displaced, and undervalued: a call to action for Indigenous health worldwide. *Lancet*, 367, 2019-2028.

Upon the first documented western contact, Kānaka Maoli, the Indigenous people of Hawai‘i were described as a “robust and vibrant” population. (We will refer to Kānaka Maoli as Native Hawaiian hereafter but acknowledge the political implications of “Kānaka Maoli” or “Kānaka ‘Ōiwi” being classified as “Hawaiian” or “Native Hawaiian”.) Health was viewed as a sacred living force maintained through mana (loosely translated as spirit; energy of character; supernatural or divine power) and through holistic approaches with one’s mind, body, and spirit in addition to harmony and balance with spirits, nature, and others. The Native Hawaiian population suffered historically, with present-day implications, from a rapid decline of more than 90% of the Native Hawaiian population dying after (documented) western contact and due to the introduction of infectious diseases. The population decimation was further exacerbated by social, cultural, economic, and political determinants of health that continue to have significant impacts on the Native Hawaiian population today.

For instance, pre-western contact, Native Hawaiian land systems were intricately developed and sustained as resource management systems, which allowed for a reciprocal relationship between humans and land, while providing for 100% of human needs.^{4,5} With changes in the social, political, and economic contexts came changes in the land tenure system. This continues to impact Hawai‘i and Native Hawaiians today, with 89% of food being imported.⁵ In 1898, Hawai‘i was illegally annexed as a territory, and in 1959, Hawai‘i was admitted as a state of the United States of America. The ongoing assertion of western worldviews and ways of living have also resulted in changes in lifestyle that once focused on mana⁶ to a lifestyle that is geared toward capitalism and a tourist-driven economy. Changes in lifestyle have also had substantial influence on traditional Hawaiian cultural practices, which influence the current health status of Native Hawaiians through cultural and historical trauma.⁷

As discussed, Native Hawaiians have experienced, and continue to experience, the long-standing impacts of adversities related to cultural and historical trauma. To this day, Native Hawaiians continue to experience lower levels of socio-economic status and higher rates of chronic health conditions, which is largely due to the social-cultural determinants of health cited above. According to a recent health assessment,⁸ Native Hawaiian families have the lowest mean family income of \$55,865 compared to the average of \$66,413 compared to all major ethnic groups. Similarly, Native Hawaiians (16%) have more households living at or below the federal poverty level compared to the rest of the state (10.2%).

Today, contemporary Hawaiians continue to experience adversities linked to the negative effects of colonization and historical trauma. This is showcased through the contentious controversy over the development of the Thirty Meter Telescope (TMT) on Mauna Kea, a sacred site that serves as a portal between Kānaka Maoli and their kūpuna (elders, forefathers, ancestors). Many urban residing Native Hawaiians continue to engage in cultural practices in places, like Mauna Kea. Because the community no longer retains control over these lands, individual Native Hawaiians are forced to comply with cumbersome and archaic regulations in order to gather or engage in ceremony and other land-based and place-based activities. This has also been expressed through movements such

⁴ Gon, Samuel, Stephanie Tom, and Ulalia Woodside. “‘Āina Momona, Honua Au Loli—Productive Lands, Changing World: Using the Hawaiian Footprint to Inform Biocultural Restoration and Future Sustainability in Hawai‘i.” *Sustainability (Basel, Switzerland)* 10, no. 10 (2018): 3420-3441.

⁵ Loke, Matthew K, and PingSun Leung. “Hawai‘i’s Food Consumption and Supply Sources: Benchmark Estimates and Measurement Issues.” *Agricultural and food economics* 1, no. 1 (2013): 1–18.

⁶ McCubbin, Laurie D, and Anthony Marsella. “Native Hawaiians and Psychology: The Cultural and Historical Context of Indigenous Ways of Knowing.” *Cultural diversity & ethnic minority psychology* 15, no. 4 (2009): 374–387.

⁷ Blaisdell, Richard K. *The Meaning of Health.*, 1996.

⁸ Look, Mele, Mililani K. Trask-Batti, Rober Agres, Marjorie L. Mau, and Joseph Keawe‘aimokua Kaholokula, Assessment and Priorities for Health & Well-being in Native Hawaiians & Other Pacific Peoples (Hawai‘i: University of Hawai‘i, John A. Burns School of Medicine, 2013), 1-50.

as the protection of Kaho‘olawe, ‘Īlio‘ulaokalani, protection and solidarity for Mauna Kea, protection of Hanapepe Pa‘akai (salt ponds/salt beds) to name a few.

Accordingly, re-affirming continued support and commitment to Native Hawaiians residing in these urban spaces, in their homelands, demands the need to support and protect land and sacred spaces; the need to support Native Hawaiians and their ability to practice culture, values, and traditions within these urban spaces; and a the ability to connect with land, especially as a mechanism of promoting self-determination in these spaces.

IMPACT OF DISCRIMINATION IN LAW ENFORCEMENT

Racial discrimination is in itself a form of trauma.⁹ The stressful experiences that one has when growing up, especially those that occur outside the home upon realizing that one is the subject of discrimination has detrimental effects on one’s health.¹⁰ In fact, the disparate impact of the criminal justice system on Native Hawaiians can be seen in all stages of the criminal justice system, compounding at each stage, and resulting in Native Hawaiian overrepresentation in the carceral system. In 2010, over 35% of male prisoners and 44% of female prisoners were Native Hawaiians, despite making up approximately 20% of Hawai‘i’s population.¹¹

Sadly, despite the deep connection Native Hawaiians have to ‘āina (land) and the importance of ‘ohana (family), both of which we have preliminary evidence of the important role they play in rehabilitation¹², Native Hawaiian men make up a disproportionate number of the approximately 1,100 inmates that are housed off-island in Arizona. Removing Native Hawaiians separates them from their ‘āina, culture, and ‘ohana inhibiting their ability to rehabilitate. Farming out correctional services to other states has a detrimental effect on Native Hawaiians because other states are ill-equipped to appreciate and understand the unique culture of Native Hawaiians. In fact, in 2016 an inmate sued the State of Hawai‘i Department of Corrections for allowing a private prison in Arizona to ban all letters that were not written in English. This inmate had a young nephew who attended a kaiapuni school (Hawaiian language immersion school) who had written him a letter in Hawaiian language, the only language that this child could write.¹³ The prison confiscated the letter thereby creating yet another barrier for this inmate to receive the support he needs to rehabilitate.

Adolescent incarceration is a particularly urgent public health issue as it is associated with worse adult physical and mental health, including increased depression, suicidality, limited limb mobility, and lower self-reported health.¹⁴ Native Hawaiian youth are overrepresented in the Juvenile Justice System (JJS) and tend to serve longer sentences when incarcerated. Native Hawaiian boys, for example, make up 53.1% of those incarcerated and

⁹ Blodorn, Alison, Brenda Major, and Cheryl Kaiser. “Perceived Discrimination and Poor Health: Accounting for Self-Blame Complicates a Well-Established Relationship.” *Social science & medicine* (1982) 153 (2016): 27–34.

¹⁰ Cronholm, Peter F., Christine M. Forke, Roy Wade, Megan H. Bair-Merritt, Martha Davis, Mary Harkins-Schwarz, Lee M. Pachter, and Joel A. Fein. “Adverse Childhood Experiences.” *American journal of preventive medicine* 49, no. 3 (2015): 354–361.

¹¹ “The Impact of the Criminal Justice System on Native Hawaiians,” Office of Hawaiian Affairs, 2010, oha.org

¹² Patterson, Mark Kawika.Uchigakiuchi, Patrick, and Toni Bissen “Can Prison be a place of Healing? The Trauma-Informed Care Initiative at the Women’s Correctional Center.” *Hulili: Multidisciplinary Research on Hawaiian Well-being* 9, (2013): 305-304.

¹³ Daranciang, Nelson. “Inmate sues state over prison policy banning letters written in Hawaiian.” *Star Advertiser*, 2016: <https://www.staradvertiser.com/2016/06/03/hawaii-news/inmate-sues-state-over-prison-policy-banning-letters-written-in-hawaiian/>

¹⁴ Barnert, Elizabeth S, Laura S Abrams, Lello Tesema, Rebecca Dudovitz, Bergen B Nelson, Tumaini Coker, Eraka Bath, Christopher Biely, Ning Li, and Paul J Chung. “Child Incarceration and Long-Term Adult Health Outcomes: a Longitudinal Study.” *International journal of prisoner health* 14, no. 1 (2018): 26–33.

Native Hawaiian girls make up 69.1% of the incarcerated population.¹⁵ This is despite the fact that Native Hawaiian youth commit crimes roughly proportionate to their population (~30%) and commit less crimes against *persons* than other races.

Even more disturbing is that Native Hawaiians are over three times as likely to be waived into adult court.¹⁶ Although there are serious problems in the JJS, the system ultimately is set up to focus on rehabilitation. Many innovative leaders in the JJS recognize and acknowledge the diminished culpability of minors owing to the continuing development of the prefrontal cortex of the brain, which controls impulse control and the increased fluidity of youth's identity allowing positive interventions to take shape. Yet, there are others who continue to operate under misguided notions of a super-predator theory. Nonetheless, the Supreme Court has affirmed in as recently as 2016 that "the distinctive attributes of youth diminish the penological justifications for imposing the harshest sentences on juvenile offenders, even when they commit terrible crimes."¹⁷

Incarceration has a "profoundly negative impact on young people's mental and physical well-being, their education, and their employment."¹⁸ Detained youth, even those temporarily detained awaiting trial, are three times more likely to be committed in the future, making it the strongest predictor of recidivism.¹⁹ This sets Native Hawaiian youth up for a lifetime of struggles. Formerly incarcerated persons face numerous challenges, including lack of a support system, difficulty accessing health care, inadequate housing, and significant challenges finding employment.²⁰

Although efforts were made in 1990 and 2014 to reform the Hawai'i JJS by reducing confinement and increasing community supervision, respectively, and while we have seen a decrease in raw numbers, Native Hawaiian youth are still disproportionately impacted. We continue to see disproportionate rates of Native Hawaiians detained and sent to diversionary programs. Sadly, the implementation of juvenile justice serves to continue the detrimental policies that dislocate, disenfranchise, and disempower Native Hawaiian youth.

Incarcerated individuals are more likely to have adverse childhood experiences (ACE), with one study finding that 46% of incarcerated men had four ACEs.²¹ Similarly, up to ninety-three percent of those in juvenile detention have at least one ACE prior to detention and often experience additional trauma during detention. Although not completely aligned, many ACEs are also actions that can result in the removal of a child from a home. This can be seen in Hawai'i's foster care system in which 48.8% of youth are Native Hawaiian even though they make up

¹⁵ "The Impact of the Criminal Justice System on Native Hawaiians," Office of Hawaiian Affairs, 2010, oha.org

¹⁶ State of Hawaii Department of the Attorney General. "Juvenile Delinquency Trends in Hawaii Data Book for 2003-2012", 2014, https://ag.hawaii.gov/cpja/files/2013/01/Data-Book-for-2003_2012.pdf

¹⁷ *Roper v. Simmons*, 543 US 551 (2005).

Graham v. Florida, 560 US 48 (2010).

Miller v. Alabama, 132 S. Ct. 2455 (2012).

Montgomery v. Louisiana, 577 US (2016).

¹⁸ Holman, Barry and Jason Ziedenberg. "The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities", Justice Policy Institute, 2006: <http://www.justicepolicy.org/research/1978>.

¹⁹ Benda, Brent B, and Connie L Tollett. "A Study of Recidivism of Serious and Persistent Offenders Among Adolescents." *Journal of criminal justice* 27, no. 2 (1999): 111–126.

²⁰ Baer, D., Bhati, A., Brooks, L., Castro, J., La Vigne, N., MallikKane, K., Naser, R., Osborne, J., Roman, C., Roman, J., Rossman, S., Solomon, A., Visher, C., & Winterfield, L. *Understanding the Challenges of Prisoner Reentry: Research Findings from the Urban Institute's Prisoner Reentry Portfolio*. Urban Institute: Justice Policy Center. 2006.

²¹ Ford, Kat, Mark A Bellis, Karen Hughes, Emma R Barton, and Annemarie Newbury. "Adverse Childhood Experiences: a Retrospective Study to Understand Their Associations with Lifetime Mental Health Diagnosis, Self-Harm or Suicide Attempt, and Current Low Mental Wellbeing in a Male Welsh Prison Population." *Health & justice* 8, no. 1 (2020): 13–13.

only 34% of the youth population. Understanding the trauma that many experience in their young lives, calls into question whether punitive approaches to crimes will serve to rehabilitate the offender or restore public safety. Trauma-informed practices, such as those implemented by Administrator Patterson at the Hawai‘i Youth Correctional Facility and formerly at the Women’s Community Correctional Center need to become the norm. Practices such as establishing a Hawaiian heritage center, reinstating a lo‘i kalo, and restoring the Kukuipilau Heiau on site open a space for the incarcerated to re-establish their connection with the ‘āina and community. Grounding healing in ‘āina-based practices is steeped in Hawaiian ‘ike (knowledge) and serve as a mechanism that can start the healing process by creating a pu‘uhonua (place of refuge) that facilitates healing rather than perpetuating trauma.²²

HAWAIIAN RESILIENCY

Indigenous Peoples continue to experience the long-standing impacts of colonization, cultural and historical trauma, mistreatments, assimilative strategies, and previous unethical research in the past, which have led to a sense of mistrust and suspicion toward western paradigms and western philosophies.^{23,24} Yet, when we look deep within these stories of adversities, we realize these stories also showcase stories of survivance, endurance, and strength. Our ancestors endured colonialism and historical trauma to allow for our continued survivance today. This story of survivance is critical in supporting the narrative change of Indigenous Peoples in the context of health, research, and the academy.

Research approaches that aim to address power imbalances that exist in research include Community-Based Participatory Research (CBPR) approaches. CBPR and culturally-sensitive approaches in Native Hawaiian communities demonstrate great promise in addressing health disparities.²⁵ This is, in part, due to the general principles for CBPR including: attempting to identify and work with existing communities to strengthen the sense of community and partnerships; building upon strengths and resources within the community; facilitating collaborative, equitable partnerships in all phases of the research and involves an empowering and power-sharing process that attends to social inequalities; promoting co-learning and capacity building among all partners; building a body of knowledge about health and wellbeing that may be integrated in knowledge generation with the community; emphasizing priorities of local relevance; developing research priorities through an iterative process; and disseminating findings and knowledge to all partners and stakeholders. Successful programs and research initiatives that incorporate CBPR approaches with Native Hawaiian communities include, but are not limited to:

- PILI ‘Ohana Project (POP): Partnerships to Overcome Obesity Disparities in Hawaii: The goal of POP was to engage community-academic partnerships to disseminate and implement community-based

²² Penney, Darby. “Creating a Place of Healing and Forgiveness: The Trauma-Informed Care Initiative at the Women’s Community Correctional Center of Hawai‘i”, National Center for Trauma-Informed Care, 2013: <https://nicic.gov/creating-place-healing-and-forgiveness-trauma-informed-care-initiative-women%E2%80%99s-community>.

²³ Evans-Campbell, Teresa. “Historical Trauma in American Indian/Native Alaska Communities: A Multilevel Framework for Exploring Impacts on Individuals, Families, and Communities.” *Journal of interpersonal violence* 23, no. 3 (2008): 316–338.

²⁴ Brave Heart, Maria Yellow Horse, Josephine Chase, Jennifer Elkins, and Deborah B Altschul. “Historical Trauma Among Indigenous Peoples of the Americas: Concepts, Research, and Clinical Considerations.” *Journal of psychoactive drugs* 43, no. 4 (2011): 282–290.

²⁵ Kaholokula, J. K., Ing, C. T., Look, M. A., Delafield, R., & Sinclair, K. (2018). Culturally responsive approaches to health promotion for Native Hawaiians and Pacific Islanders. *Annals of human biology*, 45(3), 249–263.

lifestyle interventions aimed at obesity related health disparities in Native Hawaiians and Pacific Peoples.^{26,27}

- KaHOLO: The KaHOLO project was designed to reduce blood pressure in Native Hawaiians by promoting the practice of traditional forms of dance.²⁸
- Waimānalo Pono Research Hui: A community and academic partnership that has resulted in the development of community programs and research protocols that are rooted in Hawaiian holistic values of health and well-being with indigenous methodologies.²⁹
- Aquaponic Studies including MALAMA: Mini Ahupua‘a for Lifestyle and Mea'ai through Aquaponics: a culturally grounded family-based backyard aquaponics intervention with Native Hawaiian families living in Waimānalo.³⁰

In *Decolonizing Methodologies*, Linda Tuhiwai Smith discusses the importance of decolonizing the research process to recover, re-present, and retell history and science through the lens of the storyteller.³¹ Doing so changes the narrative and the research process to allow for exploration of the general research process, who drives the agenda, whose interests guide the research process, who designs the research, and ultimately, who benefits from the research. Part of this narrative change allows communities to drive the research agenda while (re)constructing the way we approach health and resilience. An indigenized and resilience-based approach to research allows Indigenous Peoples to prioritize their community's strengths and build capacity to focus on health through practices that enhance Indigenous knowledge and healing.³² This kind of research redistributes power to Indigenous Peoples and forces a different narrative of health from the perspective of Indigenous Peoples, while focusing on the strengths and resilience of Indigenous Peoples.

Indigenized and resilience-based approaches to health have been endorsed by many Native Hawaiian communities. In particular, (re)constructing the narrative of health acknowledges the importance of balance in health, and thus, considers health as being physical, mental, spiritual, and emotional. This sense of balance must also be maintained with good intentions, while being pono (to be good, to be right) and extends to include the pilina (mutually sustaining relationships) one has with themselves, with other people, with 'āina (land, Earth, environment, and that which nourishes), and akua (God; deities; among Hawaiians, formerly, the name of any supernatural being). Reshaping the concept of health to align with Native Hawaiian worldviews and ways of

²⁶ Nacapoy, Andrea H, Joseph Keawe'aimoku Kaholokula, Margaret R West, Adrienne Y Dillard, Anne Leake, B Puni Kekauoha, Donna-Marie Palakiko, Andrea Siu, Sean W Mosier, and K Mau Marjorie. "Partnerships to Address Obesity Disparities in Hawai'i: The PILI 'Ohana Project." *Hawaii medical journal* (1962) 67, no. 9 (2008): 237–241.

²⁷ Kaholokula, J K, J K Kaholokula, R E Wilson, R E Wilson, C K M Townsend, C K M Townsend, G X Zhang, et al.

"Translating the Diabetes Prevention Program in Native Hawaiian and Pacific Islander Communities: The PILI 'Ohana Project." *Translational behavioral medicine* 4, no. 2 (2014): 149–159.

²⁸ Kaholokula, Joseph Keawe'aimoku, Mele A Look, Thomas A Wills, Māpuana de Silva, Tricia Mabellos, Todd B Seto, Hyeong Jun Ahn, Ka'imi A Sinclair, and Dedra Buchwald. "Kā-HOLO Project: a Protocol for a Randomized Controlled Trial of a Native Cultural Dance Program for Cardiovascular Disease Prevention in Native Hawaiians." *BMC public health* 17, no. 1 (2017): 321–321.

²⁹ Keaulana, Samantha, Jane J Chung-Do, Ilima Ho-Lastimoso, Phoebe W Hwang, Kenneth Ho, Theodore Radovich, Michael Spencer, et al. "Waimānalo Pono Research Hui: Establishing Protocols and Rules of Engagement to Promote Community-Driven and Culturally-Grounded Research with a Native Hawaiian Community." *The British journal of social work* 49, no. 4 (2019): 1023–1040.

³⁰ Ke Kula Nui O Waimānalo. "MALAMA Waimānalo", 2021, <https://www.malamaaquaponics.org/>

³¹ Tuhiwai Smith, Professor Linda. *Decolonizing Methodologies: Research and Indigenous Peoples*. London: Zed Books, 2012.

³² Karina L. Walters, Antony Stately, Teresa Evans-Campbell, Jane M. Simoni, Bonnie Duran, Katie Schultz, Erin C. Stanley, Chris Charles, Deborah Guerrero, "'Indigenist' Collaborative Research Efforts in Native American Communities" In *The Nitty-Gritty of Managing Field Research*, edited by Arlene Rubin Stiffman. New York: Oxford University Press, 2009. Oxford Scholarship Online, 2010. doi: 10.1093/acprof:oso/9780195325522.001.0001.

knowing allows for transformation of health and a system change to align more deeply with a strength-based and resilience-based approach to health and research.

From a medical-model approach, health has generally been defined from a deficit-based approach, with an emphasis on absence of disease. This definition of health disregards the relational aspects and holistic approach to health that aligns with Native Hawaiian ways of knowing. Similarly, resilience has been conventionally defined as a person's ability to overcome adversity, and thus, focuses on an individual's traits and abilities to bounce back from the adverse experiences. Present definitions of resilience expand on this concept to include external factors such as social support and connectedness with culture and community, thereby increasing supportive environments that foster resilience of an individual. Recent research supports this notion of a multi-dimensional construct of resilience among Native Hawaiian adults. According to a recent study³³ that was based on preliminary findings from the Hawaiian Homestead Health Survey, a proposed multi-dimensional construct of resilience comprised individual characteristics (i.e., Hope, Satisfaction With Life, and Environmental Mastery) and external coping resources (i.e., Social Support and Native Hawaiian Cultural Identity).

Qualitative research methods demonstrate promise in building resilience and changing the narrative of Native Hawaiian health through storytelling. Storytelling also aligns with traditional values and intergenerational knowledge shared orally to share and perpetuate knowledge and experiences.³⁴ According to a qualitative study³⁵ that proceeded the aforementioned study on resilience, Native Hawaiians continue to endorse the importance of maintaining health through balance, with resilience factors being holistic, consisting of internal coping strategies and external resources. In particular, cultural values were seen as factors that were pertinent to health and resilience, with a specific focus on a connection to 'āina (land, environment, that which nourishes).

These findings support the deep understanding that land is a reflection of health, while a connection with and to land is a demonstration of resilience.³⁶ The findings also informed the pilot project *Ke ola o ka 'āina. The role of 'āina connectedness in Native Hawaiian health*. This project deeply engaged Native Hawaiian communities throughout the islands of Hawai'i as well as Native Hawaiian community members/leaders who engage in aloha 'āina (deep love and connection to the land; i.e., those involved in 'āina-based programs, 'āina activists, farmers, cultural practitioners) to better understand the ways in which connecting with 'āina serves as a facilitator of health and resilience. Major themes that resulted from the qualitative portion of this project included the following: I: 'Āina is everything, and therefore, we as people are 'āina; II: A connection to 'āina is important to Native Hawaiian health and stems from our genealogy, deep respect for 'āina, and a kuleana (deep responsibility) to care for land and perpetuate our understanding of 'āina for future generations to come; III: Intergenerational health is reflected through intergenerational knowledge about 'āina; and IV: The health and resilience of communities are reflected through 'āina. In response to community priorities, this also helped to inform the development of a quantitative scale that assessed for connectedness to 'āina.

³³ Antonio, Mapuana C. K., Earl S Hishinuma, Claire Townsend Ing, Fumiaki Hamagami, Adrienne Dillard, B. Puni Kekauoha, Cappy Solatorio, Kevin Cassel, Kathryn L Braun, and Joseph Keawe'aimoku Kaholokula. "A Resilience Model of Adult Native Hawaiian Health Utilizing a Newly Multi-Dimensional Scale." *Behavioral medicine (Washington, D.C.)* 46, no. 3-4 (2020): 258–277.

³⁴ Johnson, Jeannette L, and Keola Beamer. "Chapter 8. An Indigenous Narrative of Resilience: Malama Ko Aloha." *Substance use & misuse* 48, no. 13 (2013): 1369–1376.

³⁵ Antonio, Mapuana C. K., Samantha Keaulana, Jane J Chung-Do, and Ilima Ho-Lastimoso. "(Re)constructing Conceptualizations of Health and Resilience Among Native Hawaiians." *Genealogy (Basel)* 4, no. 1 (2020): 8-19.

³⁶ Keli'iholokai, LeShay, Samantha Keaulana, Mapuana C. K Antonio, Ikaika Rogerson, Kirk Deitschman, Joseph Awa Kamai, Luana Albinio, et al. "Reclaiming 'Āina Health in Waimānalo." *International journal of environmental research and public health* 17, no. 14 (2020): 5066-5080.

This viewpoint of health and resilience also highlights the importance of the sacred and reciprocal relationship between people, land, and the spiritual realm. Approaches and policies that privilege cultural, spiritual, and land-based approaches to health play an important role in addressing health disparities. Successful examples have been showcased throughout the pae ‘āina of Hawai‘i (group of islands throughout Hawai‘i) through place-based and land-based programs and initiatives. There is a strong need to continue endorsing such programs and initiatives given the continued perpetuation of policies, oppression, and structural forces that threaten access to Indigenous lands of the Native Hawaiian people, including their most sacred lands.

In an ideal world, Native Hawaiians and Indigenous Peoples would not need to demonstrate their ongoing survivance and resilience to the long-standing impacts of colonialism and hierarchical structures that continue to perpetuate oppression. Instead, each individual should have the right to be well. In recognizing these nuances, resilience would then be based on the ability of Native Hawaiians to redefine relational wellbeing including relationships with ‘āina, regenerate and perpetuate knowledge and values of our kūpuna (elders, forefathers, ancestors) to be passed on to our future generations, and rebuild relationships that perpetuate Hawaiian ways of knowing and sovereignty. This would ultimately allow for the continued revitalization, resurgence and continued cultivation of Native Hawaiian wellness.

Despite the many adversities of Native Hawaiians, significant movements of resiliency have allowed for the revitalization, resurgence, and continued cultivation of Hawaiian culture and traditional ways of knowing. These movements, such as the Hawaiian Renaissance of the 1970s, have perpetuated cultural and traditional worldviews of health and well-being.³⁷ Contemporary Native Hawaiians also continue to perpetuate epistemologies and worldviews of health that emphasize the importance of balance including relational ties to others, the environment, and the spiritual realm. Hence, Native Hawaiians continue to resist power structures and colonial forces that threaten their existence and connections to ‘āina (land, Earth, environment) and akua (God; deities; among Hawaiians, formerly, the name of any supernatural being).^{38,39}

FUTURE ACTIONS TO IMPROVE HAWAIIAN WELL-BEING

Native Hawaiians have never gone through a reconciliation process with the United State government, or the State of Hawai‘i, for that matter. In 1993, President Clinton signed the Apology Resolution, which “acknowledges that the overthrow of the Kingdom of hawaii occurred with the active participation of agents and citizens of the United States and further acknowledges that the Native Hawaiian people never directly relinquished to the United States their claims to their inherent sovereignty as a people over their national lands.” Because the measure was facilitated by a congressional resolution, there were no directives or funds attached, and as a result, this symbolic nod does not meet the definition of reconciliation.

Reconciliation is the re-establishment of respectful relations between nations and must include an acknowledgement of responsibility, atonement for one’s part through making reparations and seeking forgiveness, and the survivor’s acceptance. To this day, Native Hawaiians are still not recognized by the state or federal government as holding powers of self-determination. This lack of legal recognition not only is a source of

³⁷ Joseph Keawe‘aimoku Kaholokula, Robin E. S. Miyamoto, Andrea Herмосura, and Megan Inada, “Prejudice, stigma, and oppression on the behavioral health of Native Hawaiians and Pacific Islanders” In *Prejudice, Stigma, Privilege, and Oppression: A Behavioral Health Handbook*, edited by Lorraine T Benuto, Melanie P Duckworth, Akihiko Masuda, and William O’Donohue. Cham: Springer International Publishing AG, 2020.

³⁸ Antonio, Mapuana C. K, Samantha Keaulana, Jane J Chung-Do, and Ilima Ho-Lastimoso. “(Re)constructing Conceptualizations of Health and Resilience Among Native Hawaiians.” *Genealogy (Basel)* 4, no. 1 (2020): 8–.

³⁹ Paglinawan, Lynette K., Richard Likeke. Paglinawan, Dennis Kauahi, Valli Kalei Kanuha, and Imaikalani Kalahēle. *Nānā i Ke Kumu = Look to the Source. Helu ‘ekolu = Volume Three* Honolulu: Lili‘uokalani Trust, 2020.

frustration, but it impedes our ability to make decisions that will improve our health, education, social welfare, and well-being. The first step to creating effective policies for Native Hawaiians is to address the colonization of our land and people. This must be done through engaging in a reconciliation process with Native Hawaiians, if and when they are ready, and mitigate the harmful effects of colonization by increasing Native Hawaiian self-determination.

As part of reconciliation, there needs to be an acknowledgment that many of the state of Hawai‘i’s institutions lie on lands ceded by the Kingdom of Hawai‘i. In fact, the University of Hawai‘i Mānoa and the Honolulu airport are both on Crown lands or ceded lands. Despite the Hawai‘i Constitution, State legislation, and case law holding that the profits from ceded lands go, in part, towards the benefit of Native Hawaiians, this community is still not receiving their fair share of the so-called Public Lands Trust⁴⁰. By law, Native Hawaiians should be benefitting by receiving a “pro rata” share of the profits from these lands. Yet ideally, a re-acknowledgment of the nature of these ceded lands along with restoration of self-determination that emanates from these lands should also be pursued. As the state has struggled for over 40 years to develop an appropriate method for sharing these proceeds, providing free tuition to Hawaiian students at the University of Hawai‘i would be a reasonable mitigatory action that can be undertaken immediately.

Reconciliation with Native Hawaiians should be accompanied with an influx of funding to support restorative justice programs, ‘āina-based programs including supporting programs that focus on sustainability, and self-determination over Native Hawaiian lands, resources, and culture. These programs could fundamentally address Native Hawaiians being cut off from their ‘āina-based practices due to gentrification, expansion of community-based health care that includes traditional medicinal practices such as lā‘au lapa‘au (medicinal plants), lomilomi (type of massage; to rub; to ease pain), and ho‘oponopono (to make right as in conflict resolution; to put in order). Many of these programs exist, but they are unable to scale up to meet the needs of the Native Hawaiian community because the state and federal government have not taken seriously their obligation.

FUTURE ACTIONS TO IMPROVE HAWAIIAN WELL-BEING IN ACADEMIC SETTINGS

We conclude by acknowledging the importance of education and the role of the academy serving as a power structure. In recognizing the health disparities experienced by Native Hawaiians and Indigenous Peoples that stem from multifaceted social and ecological determinants of health, programs such as the Native Hawaiian and Indigenous Health (NHIH) Master of Public Health (MPH) Program have demonstrated great promise that can influence global policies. The NHIH program, led by Indigenous faculty, was the first specialization in Hawai‘i and the US dedicated to addressing the health inequities of Native Hawaiians and Indigenous Peoples across the world. This program has a vision of eliminating health disparities that stem from multifaceted social and ecological determinants of health, including colonization and historical trauma by incorporating Native Hawaiian and Indigenous frameworks of health, epistemologies, pedagogies, and values, which ultimately address the health disparities of Indigenous Peoples. The foundation of the NHIH MPH program is also built on traditional epistemologies and worldviews of health, which emphasize the importance of being pono (right or righteous) and having lōkahi (balance) to maintain physical, mental, emotional, and spiritual health, which extends to include relational ties to others, the environment, and the spiritual realm.

With this deep understanding of relationship building in Native Hawaiian and Indigenous health, education, and research, a critical aspect of the application process involves a personal statement where applicants share who they are, their intentions for enrollment in this program, and current and future relationships with Indigenous

⁴⁰ HAW. CONST., art. XII § 4, 6 (1978). Act 304, 1990 Haw. Sess. Laws 947. Office of Hawaiian Affairs v. State, 96 Hawai‘i 388, 31 P.3d 901 (2001).

communities. To supplement the personal statement, one of the unique application materials for the NHH program is a letter of recommendation from an Indigenous community representative who may speak on the student's behalf in terms of their relationships and work in communities, primarily with Indigenous communities. This critical component of the application process provides an opportunity for Indigenous communities to serve as advocates for students and privileges these types of experiences and relationships.

As such, this program is designed to provide students with skills and training necessary to serve Indigenous peoples and to assist in addressing health and wellness needs. Program activities help to shed light on the kuleana (deep responsibility) of faculty and haumāna (students) of this program, while emphasizing the importance of using culturally grounded and community-based approaches to serve the health needs of Indigenous Peoples at large. This approach to education and perpetuation of Native Hawaiian ways of knowing align with other decolonizing approaches to health, research, and the overall academy. By supporting and committing to programs, such as the NHH MPH Program, we will have the opportunity to continue the work of eliminating health disparities through collaborative approaches that honor community strengths and resources and working with, for, and by Indigenous communities.

RECOMMENDATIONS

In light of the foregoing and in the context of improving the situation of Native Hawaiians living in Urban environments, we urge that the Special Rapporteur on the Rights of Indigenous peoples include in his report the following recommendations:

1. Acknowledge the fundamental importance of repairing the relationship between Native Hawaiians and the state and federal government by urging the State of Hawai'i and the federal government to engage in reconciliation with Native Hawaiians;
2. Urge the State of Hawai'i to re-acknowledge the Crown lands or ceded lands and return self-determination to Native Hawaiians over these lands;
3. Support and protect Native Hawaiian land and sacred spaces and the ability for Native Hawaiians to practice culture, values, and traditions in these spaces;
4. Encourage the use of trauma-informed practices in the Juvenile Justice System and adult carceral system;
5. Endorse culturally-based and community-driven health initiatives, interventions, and healthcare services that are family-, spiritual-, and land-based
6. Advocate for the expansion of Indigenous focused programs of higher education that use Indigenous epistemologies, pedagogies, and ontologies to support Indigenous students.

Sincerely,



Mapuana C. K. Antonio, DrPH

Assistant Professor
Native Hawaiian & Indigenous Health Specialization Head
Office of Public Health Studies
Thompson School of Social Work & Public Health
University of Hawai'i at Mānoa



Lorinda Riley, SJD

Assistant Professor
Native Hawaiian & Indigenous Health Faculty
Office of Public Health Studies
Thompson School of Social Work & Public Health
University of Hawai'i at Mānoa