The Native Hawaiian and Pacific Islanders (NHPIs) of California have a higher SARS-CoV-2 (COVID-19) crude mortality rate of 123 deaths per 100,000 people than other ethnic groups (Figure 1). NHPIs alone also have a higher rate than the state's total crude mortality rate of 84 deaths per 100,000. This greater mortality rate has not been met with an adequate availability and accessibility of resources and funding across all the counties in California.

In order to combat and decrease the disparate impact of COVID-19, we propose that the State of California include verbal and written translation services for the Marshallese, Tongan, Fijian, Sāmoan, CHamoru, and Hawaiian languages; disclose the organizations/individuals providing these translation services; and implement the usage of NHPI language diacritics and accent marks in government documents and materials. These vital language and translation services would bolster community members' trust, skills, and knowledge in navigating the medical and public health resources to better support themselves and to mitigate the negative impact of COVID-19 more generally.

Context and Scope of the Issue

According to the U.S. Census Bureau, a Native Hawaiian and Pacific Islander (NHPI) individual is a “person having origins in any of the original peoples of Guam, Hawaii, Samoa, or other Pacific Islands.”\(^1\) As a diverse indigenous population from the Pacific Islands, NHPIs also speak their languages of CHamoru, Fijian, Marshallese, Hawaiian, Sāmoan and Tongan, to name a few. In fact, the Republic of the Marshall Islands (Customary Law and Language Commission (Amendment) Act 2015, Bill No:85ND1§1), the State of Hawai‘i (Article 15, Section 4, Hawai‘i Constitution), and the US Territory of Guam (Guam Code Annotated, Title 1 General Provisions, Chapter 7 Construction of this Code, §706) recognize Marshallese, Hawaiian, and CHamoru as the national and official languages of these governments, respectively. Comparable laws exist in other NHPI governments and US territories (e.g., American Sāmoa). With their ties to the US military and the care and service industries, 210,583 NHPIs now reside in Alameda, Kern, Kings, Los Angeles, Orange,
Riverside, Sacramento, San Bernardino, San Diego and San Francisco counties. With the outbreak of the COVID-19 in 2020, NHPIs have also been severely impacted by the pandemic at a disproportionate level.

Nationwide, 43% of NHPIs speak a language other than English at home. Among the different NHPI communities, “Other Micronesian” includes the Marshallese who have Limited English Proficiency (LEP) at 40% or who speak English “less than very well.” The LEP of Marshallese is followed by Tongan at 22%; “Melanesian” which includes Fijian at 21%; Sāmoan at 16%; CHamoru at 8%; and Native Hawaiian at 3% (Figure 2).

**Figure 2: Group differences in limited English proficiency (Native Hawaiian and Pacific Islander)**

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Hawaiian</td>
<td>3%</td>
</tr>
<tr>
<td>Sāmoan</td>
<td>16%</td>
</tr>
<tr>
<td>Tongan</td>
<td>22%</td>
</tr>
<tr>
<td>Other Polynesian</td>
<td>12%</td>
</tr>
<tr>
<td>Guamanian/CHamoru</td>
<td>8%</td>
</tr>
<tr>
<td>Other Micronesian (e.g. Marshallese)</td>
<td>40%</td>
</tr>
<tr>
<td>Other Melanesian (e.g. Fijian)</td>
<td>21%</td>
</tr>
</tbody>
</table>

**Key Findings**

In California, NHPI communities do not have access to translation services and resources. The State also lacks NHPI language diacritics in government documents and materials about their communities. These conditions pose significant communication barriers to the already insufficient funding and resources made available to the NHPI population.

By offering translation resources for NHPIs, the state of California can reduce the high NHPI infection rate of COVID-19; help NHPIs access medical and public health resources currently made available to other ethnicities and races; provide training and job opportunities for NHPI translators; and decrease the overall negative impact and vulnerability of the state of California to the COVID-19 pandemic.

**Recommendations**

Because few translation resources are available for NHPI communities in the State of California, NHPI communities face language barriers that prevent them from fully accessing significant medical and public health care and support during the COVID-19 pandemic.

1. **Provide immediate resources for in-person and online NHPI translators** for a set amount of time each day in medical and public health services provided by or affiliated with the government for COVID-19-related response.

2. **Sustain NHPI translation resources proposed and expand translation resources and services** within 3 to 5 years to other public services and entities including, but not limited to, civic engagement, corporations, correctional facilities, education, housing, immigration, judicial systems, and social services.

3. **Include links on all government-affiliated websites** for NHPI community organizations as the state integrates NHPI translation services.
4. Accept and utilize NHPI language diacritics (e.g., glottal stops, macrons) in government documents and related translation materials.

5. Disclose and make publicly accessible the contact information of NHPI translation services in all government-affiliated services.

Endnotes

1. United States Census Bureau, “About the Topic of Race,” last modified March 1, 2020, https://www.census.gov/topics/population/race/about.html#:~:text=Native%20Hawaiian%20or%20Other%20Pacific%20Island,
2. United States Census Bureau; American Community Survey, 2020 American Community Survey 5-Year Estimates, Table DP05; generated by Authors; using data.census.gov; <https://data.census.gov/cedsci/> (8 July 2022).

