

Unmasking COVID-19 in the Pacific

Native Hawaiian and Pacific Islander Communities Require Language Translation Resources and Services to Mitigate Their Status as the Most Affected Population by the COVID-19 Pandemic

ASIAN AMERICAN & PACIFIC ISLANDER POLICY INITIATIVE

“How can you serve us, if you can’t communicate with us?”
- Marshallese Community Elder

“Better data is so important so we can help our communities understand the severity of this pandemic and the impact of their actions. We don’t want to be the number one racial group to have the most positive cases.”
- Heidi Quenga, Fafa’nâgûe, Board President
Kutturán CHamoru Foundation

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.

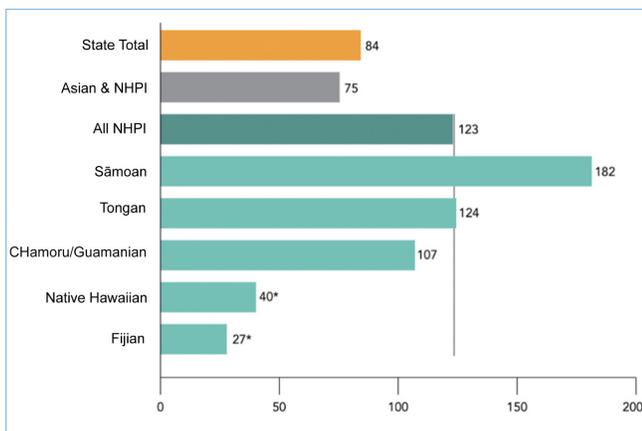
In order to combat and decrease the disparate impact of COVID-19, we propose that the State of California include verbal and written translation services for the Marshallese, Tongan, Fijian, Sāmoan, CHamoru, and Hawaiian languages; disclose the organizations/individuals providing these translation services; 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,

Figure 1: California COVID-19 Crude Mortality Rate (Deaths per 100,000) for Non-Latino Single-Race NHPIs, All Ages, Jan. 1, 2020 – Dec. 31, 2020



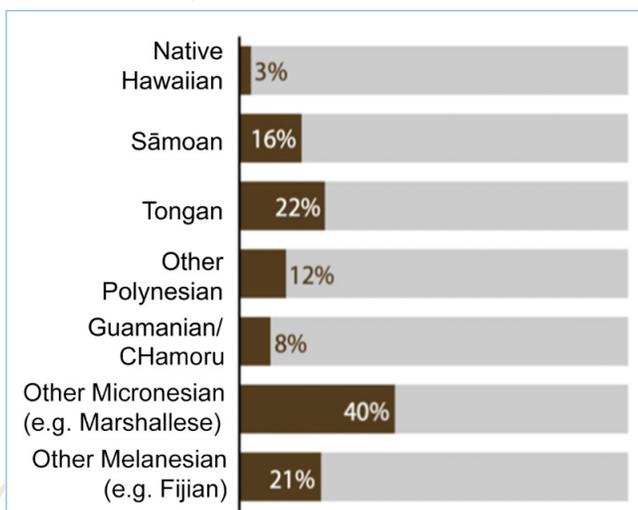
Source: Ninez A. Ponce, Riti Shimkhada, and Alisi Tulua, Disaggregating California’s COVID-19 Data for Native Hawaiians and Pacific Islanders and Asians (Los Angeles: UCLA Center for Health and Policy Research, 2021).

“Did you know that we are not allowed to use our family members that are next to us to interpret for us?”
- Kelani Silk, Executive Director,
Marshallese Youth of Orange County

Riverside, Sacramento, San Bernardino, San Diego and San Francisco counties.² With the outbreak of the COVID-19 in 2020, NHPs have also been severely impacted by the pandemic at a disproportionate level.³

Nationwide, 43% of NHPs speak a language other than English at home. Among the different NHP 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).⁴

Figure 2: Group differences in limited English proficiency (Native Hawaiian and Pacific Islander)⁵



Key Findings

In California, NHP communities do not have access to translation services and resources. The State also lacks NHP 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 NHP population.

By offering translation resources for NHPs, the state of California can reduce the high NHP infection rate of COVID-19; help NHPs access medical and public health resources currently made available to other ethnicities and races; provide training and job opportunities for NHP 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 NHP communities in the State of California, NHP 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 NHP 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 NHP 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 NHP community organizations as the state integrates NHP 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,Samoan%2C%20or%20other%20Pacific%20Islands>

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).

3. Ninez A. Ponce, Riti Shimkhada, and 'Alisi Tulua, *Disaggregating California's COVID-19 Data for Native Hawaiians and Pacific Islanders and Asians* (Los Angeles: UCLA Center for Health and Policy Research, 2021).

4. For more information on the Limited English Proficiency (LEP) among Native Hawaiians and Pacific Islanders and the data outlined in Figure 2, please refer to these public policy reports: Association of Asian Pacific Community Health Organizations (AAPCHO), *Limited English Proficiency (LEP) of Asian Americans, Native Hawaiians, and other Pacific Islanders (AA&NHOPIs)* (Oakland: AAPCHO, 2014). https://www.aapcho.org/wp/wp-content/uploads/2014/08/AANHOP-LEP-Fact-Sheet_2014_final.pdf; Gabrielle Hammond, *Expanding Legal Services: Serving Limited English Proficient Asians and Pacific Islanders* (Los Angeles: Asian Pacific American Legal Center, 2003). <https://www.courts.ca.gov/partners/documents/ExpandingLegalServices-APALC.pdf>; Karthick Ramakrishnan, and Farah, Z. Ahmad, *Language Diversity and English proficiency: Part of the "State of Asian Americans and Pacific Islanders" Series* (Washington: Center for American Progress, 2014). <https://americanprogress.org/wp-content/uploads/2014/07/AAPI-LanguageAccess.pdf>

5. Karthick Ramakrishnan and Farah Z. Ahmad, *Language Diversity and English Proficiency* (Washington, DC: Center for American Progress, 2014).



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