



**STATE OF HAWAII**  
**OFFICE OF HAWAIIAN AFFAIRS**  
 560 N. NIMITZ HWY., SUITE 200  
 HONOLULU, HAWAII 96817

**ANSWERS TO QUESTIONS FOR THE RECORD FROM**  
**CARMEN HULU LINDSEY**  
**CHAIR, BOARD OF TRUSTEES OFFICE OF HAWAIIAN AFFAIRS**

**April 5, 2021**

*On March 23, 2021, Office of Hawaiian Affairs Board of Trustees Chair Carmen Hulu Lindsey testified on various issues affecting the Native Hawaiian community<sup>1</sup> before the U.S. House Committee on Natural Resources' Subcommittee for Indigenous Peoples of the United States at an oversight hearing on "A Year in Review: The State of COVID-19 in American Indian, Alaska Native, and Native Hawaiian Communities." After the hearing, Committee Chair Raúl M. Grijalva submitted questions for the record by Democrat Members. This document provides Chair Lindsey's answers, and an additional statement to respond to a question from Representative Ed Case posed during the March 23<sup>rd</sup> oversight hearing.*

**Questions from Representative Grijalva:**

1. *Many Members of this Subcommittee are more familiar with how the federal trust responsibility relates to American Indian and Alaska Native communities. However, your testimony outlines how the federal trust responsibility also applies to Native Hawaiians. To sum up, how does the federal trust relationship relate specifically to Native Hawaiian communities, and how is this relationship put into practice on-the-ground?*
  - a. *What would fulfilling this trust responsibility look like for Native Hawaiians in public emergencies and other large-scale crises?*

**Answer:**

Congress has consistently and expressly acknowledged or recognized a special political and trust relationship to Native Hawaiians based on our status as the Indigenous, once-sovereign people of Hawai'i. Although the Native Hawaiian community has not yet reorganized a government, Native Hawaiians benefit from many federal programs and services—similar to American Indians and Alaska Natives. In lieu of a central Native Hawaiian government, Congress has utilized a patchwork of programs administered

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<sup>1</sup> See testimony of Carmen Hulu Lindsey, Chair, Office of Hawaiian Affairs Board of Trustees, before the U.S. House Committee on Natural Resources' Subcommittee for Indigenous Peoples of the United States on March 23, 2021, [https://19of32x2yl33s8o4xza0gfl4-wpengine.netdna-ssl.com/wp-content/uploads/Written-Testimony-from-OHA-Chair-Carmen-Hulu-Lindsey\\_SCIP-hrg-03.23.21-final.pdf](https://19of32x2yl33s8o4xza0gfl4-wpengine.netdna-ssl.com/wp-content/uploads/Written-Testimony-from-OHA-Chair-Carmen-Hulu-Lindsey_SCIP-hrg-03.23.21-final.pdf).

through federally funded Native Hawaiian-serving organizations to deliver and coordinate many services to Native Hawaiian communities.

Generally, and in the case of public emergencies and other crises, these Native Hawaiian-serving organizations should be utilized as an effective service-delivery system to the extent possible. In some instances, our organizations cannot fulfill the role of Tribal governments, like in providing law enforcement or fire and rescue services. In these situations, federal funding should be allocated to the State and County entities in Hawai'i that do provide these services to our communities. However, our experience is that when Native Hawaiians are not specifically identified, or funding is not set aside, the needs of our communities may be overlooked by State and County agencies. Thus, it is critical for federal funding to flow to these entities and for the trust responsibility to Native Hawaiians to be specifically identified and addressed in those allocations.

In the cases of foreseeable large-scale crises like climate change, the trust responsibility requires the federal government to consult with Native communities to better understand our unique impacts and to best implement federal policy. As I discussed in my testimony, the federal government must work with the Native American community to incorporate Native wisdom and stewardship principles in its plans to address climate change. Although climate change is a global, existential problem, it must be addressed, in part, through place-based, traditional conservation and agricultural practices to restore environmental health, which then aggregate to large scale mitigation. Similarly, when other large-scale crises occur, I urge this Subcommittee to work on solutions that support Indigenous-led programs and practices that have proven successful. Native communities hold a wealth of traditional knowledge that can be utilized to address many crises that this country will face.

2. *Your testimony mentions the shortage of data regarding Native Hawaiian communities and how it has clouded the complete picture of their unique disparities and needs. Can you briefly elaborate on this problem?*
  - a. *In general, how have public health crises like COVID-19 further exacerbated this current issue?*
  - b. *What recommendations does the Office of Hawaiian Affairs (OHA) have for this issue on the federal level?*

**Answer:**

Native Hawaiians are harmed when federal, state, and local agencies fail to report on disaggregated data that specifically include Native Hawaiians, both alone and in combination with other races. Too often we are made effectively invisible as our data are either reported in aggregate with other Pacific Islanders or, like other Indigenous people, hidden within a broad classification of individuals of “two or more races.” For example, the U.S. Office of Management and Budget’s Statistical Policy Directive No. 15 (OMB 15) allows agencies to report on multiracial people by adding a classification of “more than one race.” This significantly reduces the population of Native Hawaiians in reports. According to the latest data from the U.S. Census Bureau, by removing Native Hawaiians who also identify with another race, the Native Hawaiian population decreases from 20

percent of the total State of Hawai‘i population to just six percent.<sup>2</sup> Further, using the OMB 15 classifications, which group Native Hawaiians and Pacific Islanders together, is a significant obstacle to analyzing the impacts on Native Hawaiians due to the inability to disaggregate data once collected. These issues undercut a true representation of Native Hawaiians and the needs, experiences, and disparities our community faces.

The pandemic demonstrated how this data issue can become a serious public health issue. From past research, OHA and our partners knew the Native Hawaiian community had higher incidences of many of the co-morbidity factors for COVID. However, with limited or lagging demographic data from federal health agencies like the Centers for Disease Control and Prevention (CDC) and state agencies like the Hawai‘i Department of Health’s Disease Outbreak Control Division (DOCD), we could not fully assess the impacts on or threats to Native Hawaiians in service of timely decision making. This highlights the stark limitations of current data systems and policies to provide information needed to identify unique Native Hawaiian needs, experiences, and disparities during a public health crisis.

These limitations of current data systems continue today. As of April 5, 2021, DOCD is only able to report on COVID vaccination by the OMB 15 classifications due to their reliance on the federal data system. Therefore, policy makers and community partners are left with little to no information on the equity of vaccine distribution and the prevalence of vaccine hesitation within unique populations.

Unfortunately, the lack of disaggregated, Native Hawaiian-specific data has been used by some to argue that our community is not impacted by the same issues that confront other Native groups. This is simply not true. While better data is needed to analyze Native Hawaiian impacts and to tailor solutions, the evidence we have suggests that Native Hawaiians face serious health challenges similar to American Indians and Alaska Natives. Federal agencies are already engaged in comprehensive data collection efforts.

OHA urges Congress to direct agencies to disaggregate data in a way that provides a more complete picture of the unique Native Hawaiian community.

Specifically, OHA recommends the federal government:

- Revise OMB 15 to require the collection of detailed race and ethnicity data for each of the existing minimum racial categories, including Native Hawaiian as a detailed category.
- Revise the standard to require tabulation of individuals with more than one race, by all multiracial groups meeting statistical reliability and confidentiality requirements (e.g., White - Asian - Native Hawaiian, White – Asian, Asian – Native Hawaiian).
- Monitor and maintain compliance with the minimum standards until OMB 15 is revised, including an instruction to “Select one or more” racial category on forms.

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<sup>2</sup> U.S. Census Bureau. American Community Survey. Table S0201. All available races. 2019.

- Provide clarification to all county, state, and federal agencies that this policy directive is a minimal standard only, and that agencies are encouraged to provide collect and report additional race data that is most relevant to their communities.
  - Provide additional resources to agencies to make the necessary improvements to outdated data systems and data governance policies to ensure vital and equitable collection and reporting of demographic data.
3. *You mention that Native Hawaiian health organizations have identified the need for amendments to the Native Hawaiian Health Care Improvement Act to prepare Native Hawaiians for public health crises better.*
- a. *Can you please briefly recap those suggested amendments and explain why they are necessary for comprehensive pandemic response efforts?*

**Answer:**

The Native Hawaiian Health Care Improvement Act (NHHCIA) is one of the major pieces of legislation that acknowledges and implements the federal government's trust responsibility to Native Hawaiians. In recent years, OHA has worked with Papa Ola Lōkahi (POL) and the Native Hawaiian Health Care Systems (Systems) on several important fixes to the NHHCIA. The following amendment requests would address some of the major limiting factors to the Systems' capacity to increase or enhance service provision to communities. If incorporated, these amendments would enhance not only the Systems' ability to meet community needs during the pandemic, but also improve the health infrastructure regarding items like data capture to demonstrate progress in more meaningful metrics.

These suggested amendments include:

- **Increase funding to the Systems and remove matching requirements in parity with other Native health care centers.** Unlike Urban Indian health organizations, the NHHCIA currently requires the Systems to contribute one dollar in non-federal funds for every five dollars they receive in federal funding (20 percent matching funds), which is onerous for some of the Systems. To bring parity between our Systems and other Native health organizations, who are not required to provide matching funds or cost sharing agreements, we urge Congress to eliminate the matching requirements.
- **Apply 100 percent of the Federal Medical Assistance Percentage (FMAP) for the Systems.** Ensuring that Systems receive full FMAP will enable the Systems to collect reimbursements from Medicaid at 100 percent. This provides much needed funding to our Systems based on the services they actually provide our community.
- **Expand Federal Tort Claims Act (FTCA) coverage to POL, the Systems, and their employees.** While the FTCA was extended to the Urban Indian health organizations last Congress, the Systems and POL were unfortunately left out of the bill that was enacted. As a result, our health organizations must continue to self-insure, while other Native health providers are covered under the FTCA. Again,

Native Hawaiians deserve parity with the other Native health systems who are not burdened with this additional cost.

- **Exempt data collection and analysis of Native Hawaiian health statistics from the ten percent federal administrative cost cap.** Although data collection and analysis are specifically included activities for POL and the Systems, the cost of carrying out these activities have been included within the ten percent cap on administrative expenses. Instead, this important function should be classified as a programmatic cost outside the ten percent cap. As we have already discussed, data on Native Hawaiians is already lacking in many areas and through more robust data collection and analysis, POL and the Systems will be able to provide better services to the community and provide better information and recommendations to Congress as we continue to address a range of Native Hawaiian health disparities.
- **Allow the Systems to be eligible for supplemental federal funding streams.** The pandemic highlighted the importance of the Systems being eligible for various supplemental federal funding streams in health care. Since only one of the current Systems is also a Federally Qualified Health Center (FQHC), we found that many opportunities to compete for or receive federal funds passed us by. We ask for the Systems to be eligible for additional federal funding streams, similar to FQHC look-alikes.
- **Provide a tax exemption for the Native Hawaiian Health Scholarship Program.** Since the scholarship program was opened in 1991, it has awarded more than 300 scholarships and more than 98 percent of program alumni are now licensed and practicing in Hawai‘i. Native Hawaiian communities still face shortages of health care providers in our communities despite the remarkable success of this program, which supports the culturally appropriate training and subsequent placement of scholars in underserved Native Hawaiian communities following the completion of their education. Providing a tax exemption for the scholarship will allow the program to be more productive and will make it easier for recipients to afford to remain in Hawai‘i, which consistently has one of the highest costs of living in the country.

4. *Your testimony also highlights the ongoing community efforts to promote and preserve Native Hawaiian languages.*

- a. *How has the COVID-19 pandemic impacted this work?*
- b. *What additional support can Congress provide to these ongoing language preservation initiatives?*

**Answer:**

At the height of the pandemic, many Native Hawaiian language immersion schools, which are historically underfunded, were at-risk of laying off irreplaceable faculty and staff or shutting down completely. Despite those difficult conditions, many of those schools and their communities came together to make sure all the students and their families had basic necessities, like food and shelter. Thankfully, the Native Hawaiian community was able to take advantage of federal relief programs like the Paycheck Protection Program and various

grants to avoid closure. However, unless federal funds are specifically designated to benefit Native Hawaiian students, our schools will continue to be at risk.

I applaud Congress for including a set aside for the Native Hawaiian Education Program in the American Rescue Plan. Our schools were left out of previous relief packages, which only provided money to the State of Hawai'i Department of Education without any provision of funding for the Native Hawaiian language charter schools or Native Hawaiian students. Including set asides for Native Hawaiian language immersion schools in future federal relief funding will ensure that our schools are not left out again.

I also support Senator Schatz and Representative Young's Native American Language Resource Center Act to bolster Native American language schools and programs with coordinated, experienced support. Innovative projects like this help to ensure that precious Native languages will not only survive but thrive for generations to come.

**Additional Written Statement from Chair Lindsey:**

*At the oversight hearing, Representative Case asked what federal programs exist that would benefit Native Hawaiians that you and other Native Hawaiian stakeholders have trouble accessing, or do not necessarily address the unique needs of Native Hawaiians?*

On behalf of the Native Hawaiian community, we are grateful for the supplemental funding for the Native Hawaiian Education Program, the Native Hawaiian Health Care Systems, and the Native Hawaiian Housing Block Grant included in the American Rescue Plan. Since Native Hawaiians were largely left out of earlier federal relief efforts, we encourage Congress to ensure that these new funds are implemented quickly and according to Congressional intent. OHA is willing to assist federal agencies to ensure aid gets into the community as soon as possible. OHA also urges Congress to support reauthorizing and further strengthening our major federal health, education, and housing programs. These programs carry out the federal government's trust responsibility to Native Hawaiians and are essential to us, especially during this pandemic.

In the past, we have seen the implementation of federal programs meant to benefit the Native Hawaiian community delayed for various administrative reasons. Instead of noting specific federal programs that Native Hawaiian stakeholders need access to, the most impactful change would be to improve the implementation of all federal programs related to Native Hawaiians.

One way to improve implementation is through regular meaningful consultation with the Native Hawaiian community. In response to President Joseph R. Biden, Jr.'s January 26, 2021, Presidential Memorandum entitled "Tribal Consultation and Strengthening the Nation-to-Nation Relationship" many federal agencies have begun to review and improve their Tribal consultation policies. OHA has responded to several requests for information and comments to urge federal agencies to include the Native Hawaiian community in their consultation processes. Including Native Hawaiians in consultation would help to ensure that federal grants and programs are specifically tailored to address the unique needs of our community. OHA has also offered to assistance it can provide to help agencies include Native Hawaiians in their consultation guidelines and policies.