

Written Direct Testimony of Dr. D. Kawika Liu

My name is Dr. Kawika Liu, M.D., J.D., PhD. I am the Medical director at the Moloka'i Community Health Center and have published much of my research on Native Hawaiian health disparities and self-determination.

Native Hawaiian health has suffered as a consequence of colonization and intrusions on our self-determination. Self-determination is a fundamental right of all peoples and includes the right to realization of the highest attainable standard of physical and mental health as well as the right to traditional medicines and to maintain traditional health practices. The continued construction on Mauna Kea's upper regions against protests by Native Hawaiian cultural and religious practitioners is a grave example of colonial impositions on our self-determination.

Self-rule is only one dimension of self-determination, which further includes authority over economic, cultural, and natural resources, human security, and social organization. In a Hawaiian model, health would mean access to resources to practice traditional culture, recovery and reproduction of cultural identity, self-esteem, which importantly includes authority over and access to food systems.

Native Hawaiians have watched the University repeatedly erect telescopes on Mauna Kea over and against their protests and patient explanations of this site's sacred importance. This ongoing violation of Hawaiians' religious and cultural attachments to Mauna Kea is linked to a colonial, systemic deprivation of self-determination that is materially detrimental to Native Hawaiian health, individually and as a people.

Colonization itself cannot be separated from ill-health. Stigmatization, marginalization, loss of cultural identity, and a health status that falls below that of the plurality are evidence that colonial histories are not only in the past. The ongoing deprivation of self-determination contributes to health disparities of Native Hawaiians in our homeland. Taking self-determination, trauma, and colonialism into account as health factors offers powerful explanations for these disparities.

Throughout the world, indigenous peoples face higher morbidity and mortality burdens than majority groups. These differences are not fully explained by traditional biomedical model of disease. For example, 43% of the difference in morbidity between Maori and Pakeha (white) populations can be explained by identified socioeconomic factors and higher rates of smoking. However, the total difference is 57%. My research supports a finding that colonialism further contributes to health disparities.

My research examines socioeconomic indicators the incidence of Type 2 diabetes, obesity, asthma, rates of penal incarceration, and multigenerational trauma amongst Native Hawaiians and other ethnic groups in Hawai'i. Multigenerational trauma describes a loss of self-esteem, fatalism, and a deterministic worldview that particularly impacts Native Hawaiians. It is a kind of historical consciousness, an individual and group awareness of past events that create a tense political context, cultural discontinuity, loss of cultural cohesion, and loss of social moorings. All of these factors can lead to substance abuse, family disintegration, and suicide. Multigenerational trauma, colonization, and self-determination are missing variables in assessments of Native Hawaiian health. Some evidence suggests they are mediators of chronic stress, associated with higher morbidity and mortality.

Projects such as the Mauna Kea telescope may further contribute to Native Hawaiian health disparities, both now in the future. These considerations must be factored into any decision affecting this sacred mountain.