

Transcript: Episode 1 of the Village Podcast with API-GBV

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<https://www.api-gbv.org/the-village-podcast/>

Matāpuna Levenson: Welcome to The Village Podcast, with API-GBV. The official podcast of the Asian Pacific Institute on Gender-Based Violence. I am Matāpuna Levenson, Domestic Violence Homicide Prevention Initiative Program Manager with the Institute.

Join us as we connect with community members across the Asian and Pacific diaspora, working to address and prevent gender-based violence in their respective villages and communities. At the Asian Pacific Institute on Gender-Based Violence, we recognize that the solutions to ending gender-based violence come from within our communities, in our migration stories, and across generations of time. We invite you to learn from these advocates, activists, survivors, and community leaders working to disrupt and end gender-based violence in Asian/Asian American, Native Hawaiian and Pacific Islander communities across the U.S. and beyond.

Aloha kākou and Talofa Lava. Welcome to the first episode of The Village Podcast with API-GBV. As the first host for our official podcast, it is my honor and pleasure to introduce our very first guest to the podcast, Dr. Nia Aitaoto, Technical Assistance Lead for the National Pacific Islander COVID-19 Response Team. Dr. Aitaoto is a public health educator, researcher, and expert in culturally responsive healthcare in Pacific Islander communities. Today, Dr. Aitaoto will share more about her expertise, the National Pacific Islander COVID-19 Response Team, and what she has seen in Pacific Islander communities across the U.S. and territories regarding the intersection of COVID, Public Health, and gender-based violence.

Thank you for being here, Dr. Aitaoto and welcome to The Village Podcast.

Dr. Nia Aitaoto: Thank you for having me. It's great to be here.

Matāpuna Levenson: So we're going to jump right in.

You have done research on public health, epidemiology, and have over 20 years of experience in health and education around cancer, diabetes, and more. What brought you to this field and what has that journey been like for you?

Dr. Nia Aitaoto: Well it's been an interesting journey. I feel that I started, I was doing health research in the U.S. Pacific and also with WHO, you in other areas in the non-U.S. areas, and you know there's a lot of issues and situations where it makes me angry, like why is this happening to our people? And you know, all of that. I'm very curious by nature also, right, so I'm always looking for answers, and the more I went through -- so a lot of the topics, the issues that I pay attention to, conduct research in, its very community driven, right? So a lot of researchers, they will focus on one topic, and then spend their entire career on that topic. But for me, it's that when the community identify it, I'm more community responsive. But the more that I do that, the more that I realize it's not just one topic or one issue that's, that's important.

It's also the interactions of that topic or issue which so many other things, in society. So then that's what makes it complex, and then that's also what makes it interesting, right? So there's always um, there's also, there's always new things. But at the same time, there's also old things, you know what I mean? It's

like, things that come from the past. So there's always not just like new things coming along, there's also things that's like no wait a minute, our culture dealt with this way back, right?

So it's that, it's the interaction interfacing of, you know, new health situations or topics or whatever, with our cultural lenses. Looking at it from what we know. But you know, everyday people do that kind of thing, right? Any time you interface with something new, you kind of go through your memory thinking about, you know this is kind of like this or you know what I mean? You have to find something to compare it to in order for you to interpret and be informed.

So my whole career in public health, epidemiology, research, in programming and all that, it's very based on community needs and desires. Requests, right? But that also comes along with culture. Not only our, like, ethnic culture or racial culture, but also our societal culture, right, culture within your community. Whether it's back home or in the diaspora and all that, and it's a combination of all that. So it makes it complicated but at the same time it makes it exciting. I'm never bored. There's always new questions and new things to do.

Matāpuna Levenson: That's awesome. You have a very unique background, and I would love it if you could share with our listeners today kind of what your, your village background is. Who is your village, and how has your research in health impacted the way you work with your village?

Dr. Nia Aitaoto: My village, yeah! So I think that a lot of Pacific -- you know, people in the diaspora, when you talk about village, it's a very complicated question, right? Because even though you don't live back home or where you're from, there's a lot of identity of where you come from. So my, you know, if you look at my last name, so it's a, it's a, that's my grandfather's first name. That's very common in a Samoan culture, right? But we're also from Salangi, uh my grandfather's full name is Aitaoto Sayueli [...], so we're Sayueli family, from Salangi [...] and all that kind of stuff. I also have some part, you know, with the Samoans in [...], you know, American Samoa and all that. Of course there's [...] part in there, you know so it's all a mixture. I think that's what made me a lot more curious, because all of this interaction of culture, and ethnicity and all that makes me ask questions like why is it different between this and that. So you compare, contrast and all that kind of stuff.

But at the same time I also lived and worked in Hawai'i, so that makes it very different. Lived and worked in the U.S. Pacific, grew up there, in the Micronesia area. A lot of my adult career time was spent in Micronesia, so I have a different perspective. Lived there. And even when I was working in Hawai'i, a lot of my trips, I traveled a lot to Micronesia to do work here. And then later I realized oh I want to see what the continental U.S. is up to, because I also interact and interface with a lot of Pacific Islanders that moved from the Pacific to Hawai'i and then Hawai'i to the continental U.S. So I also wanted to look at what is going on here. So I've been here for 10 years, and it's been very interesting how, you know, how live here. And I also organized in different states. So when you say village, it's also interesting you know how people in southern California, northern California, it's different from, you know there's a lot of similarities but it's also different from different people living in Utah. You know I used to live there, and I'm still faculty member at University of Utah. I just came back from Alaska, right, you know, yesterday. We always have that village concept in there, but it's very different because you know, they have winter, two hours of sunlight. You know, summer, all of that is all sunlight. So it's very different on how they adapt.

So even though we're from, you know just from my personal experience, from way back in the day, you go back to your village or your island, that's your center, and the diaspora will bring you different areas. And a lot of Pacific Islanders are mixed also. So we're mixed with other Pacific Islander or other European or Asian and that kind of thing. And that also makes it a lot more interesting, so you have a lot more questions that you ask. So I feel like the way that people interact with each other, or the way that we do our work, we have to take all of that into consideration. Not just focus on our, you know, racial background. Cause a lot of NHPs are mixed, one race or more, whatever else. Look at that interaction of those races, but also look at where they--you know, place, right? Sense of place. Whether they're based in Utah or Alaska or California.

I'm physically in Arkansas, so me too, I never find, all my roots are everywhere. So every time I go into a space I make it my own by working with the community, have the same desire to help out, that kind of stuff. At the same time, all of those things influence culture. So there's an ethnic culture, there's a gender-based culture, there, you know all of that. And there's also state culture. So Arkansas is very different from Hawai'i and California and all that. And I feel like that's what makes it interesting but also complicated.

Matāpuna Levenson: You have had such an incredible experience and perspective of our Native Hawaiian Pacific Islander communities across the U.S. And we wanted to learn a little bit more about the National Pacific Islander COVID-19 Response Team. Can you share more about that, and why it was created?

Dr. Nia Aitaoto: Well it all happened, I think the group came together at around April of 2020. Uh we were, at that point here in the continent, we're just about at the point where we want to come together and have a meeting and have a summit. So the blessing was that the Pica Pacific Islander community association of Washington state, they were hosting or holding a summit, and they were bringing in all Pacific Islanders from everywhere. I remember including including the USAPI. All of us in the Pacific were meeting there. We also have our Pacific Islander gathering in April every year. So we're getting used to getting together as a people all by ourselves to discuss the issues and all that, but it was cancelled because of COVID-19. So it was in Seattle as we all recall, that was one of the first epicenters of COVID-19 was in Seattle. So they closed down the city the same week that we were gonna gather there. So it was cancelled.

But at the same time we, we're all having this national mentality. Like what can we do as a group. So, but even before that, our community were noticing a lot of deaths early on, and even the incidence rates of people getting it. And within the community there were a lot of discussion. Like hey there's like 20 Samoans in this hospital, there's 4 here. It comes like May and June, a lot of COVID-19 positivity went up, but also death rates. So we noticed a lot of in all these different areas. But still at that time people were thinking it's just an Arkansas thing, right? Maybe it's just a Utah thing or California. But I think having this friendship and, on a national level, we were able to talk to each other. Saying like hey this is what I've seen here, are you seeing the same thing there? And came to find out it was the same everywhere.

So we decided to convene, reaching out to everyone. So all of this, let's have a meeting, let's talk about this and respond, because while we're having this discussion here as Native Hawaiian and Pacific Islanders, the U.S. was also having their discussion of COVID-19, and we were not included. So it was a lot more important for all of us to get together and make some noise and bring our issues to the

national level, because you know, by default, we're always neglected. People don't look at us and all that kind of thing. So the, one of the reasons we decided to get together was because on a national level they will never hear our issue if we just do it separately and things like that. It was important that we come together and organize. So I think that's the word that we use. We were highly organized, we're passionate. And then now bringing voices from different villages. We do have a global village. But I feel like this day issues, and we can also go back to own states and advocate from that level. So there was national advocacy, but everyone went into their state, their health department to get resources. Early on in the pandemic, all the resources went to the states.

So, and also we were able to look at best practices. Is it better to go to the health department and ask them to disaggregate data? Is it important for us to -- right, and all of those things. So we meet every Thursday night, I remember. In fact we still meet Thursday night even up to now at 9 pm my time here, Arkansas. But everybody comes together, share what's going on in their, in their village, their jurisdiction, or their state. And then at the same time, decided to have a national plan to do a response. So that's how it started. So at the same time, it's also how my career started, right? Out of passion, out of need, and that love for your people.

Matāpuna Levenson: Thank you for that. COVID has been a scary time for many communities throughout the world, not just the U.S. But the National Pacific Islander COVID-19 Response Team has been able to accomplish quite a bit. What are you most proud of, from what your national team has been able to do, for and on behalf of Native Hawaiians and Pacific Islanders across the U.S.?

Dr. Nia Aitaoto: Yeah, my number one -- yeah, the number one idea that I could come up with and it is, at the core, the love of our Pacific leaders for our people, from all different states. We are proud of that work. You know, the work of Pacific people. We did not wait until AAPI organization called a meeting to come together. We did not wait for anybody from the outside to lead or provide technical assistance or set the agenda or everything.

We all came together, right? I'm proud of that. The love for our people. But the other thing I'm proud of is the capacity. So people that came together have had capacity around policy, you know, we had physicians, we had people that do work -- a couple of people from Red Cross. You know, a lot of the folks that came in, not only they were very -- we kind of do this culturally appropriate response, but at the same time also can respond from our career. You know, our background, our career background. A lot of that intensity is there also. And I think so the people that came together, very proud of their work. I want to just lift that up. It's a collective work. Everybody put a lot of time in it, free. None of us got paid for it. So we put all of that in, but at the same time, I also proud of how our community respond to it, our community at large. So as soon as we have something out, people respond to it.

For example, people responding through there when we do immunization drive, a lot of people respond. So there's a lot of our area, like in Oregon and different counties in Washington, the number one vaccinated ethnic group is Native Hawaiian Pacific Islanders. Which is a shock, cause usually we are at the end. But it's because of the work of our leaders there. In so many areas. We see a lot of success. We also see a lot of policy change.

So look at the COFA, with the Medicare, the Medicaid part of it, the Medicaid part of it. So, a lot of that policy stuff went through the national level from the lens of COVID-19. A lot of resources to our

community, resources to Native Hawaiian Pacific Islander led organizations. A lot of time when resources coming to our community is filtered through all of these other organizations, right?

So when it goes through, by the time it comes to our community, the resource is smaller, it gets diluted or the scope of work is diluted and you make it look like all the other stuff. But I feel like the resources that our community organizations are receiving went directly through that or in that sense.

And a lot of that was around advocacy, but also, capacity for them to write grants, write reports and their capacity to bring the community together. Right?

So you know, every time we have a national meeting or whatever else, we call in, 3 hundred people dial in. Or you know, every time we do anything with like a press release or press conference, where member of Congress is there, we break the Internet, right?

So we are like, a lot of our, a lot of the representatives from California and whatever on the press release or whatever, they haven't seen community members coming from different states, time zones and all that.

So I feel like the kudos goes out to the leaders of those communities, all of our communities here on the continent and Hawai'i, but also, community at large. They are so passionate and show up. That's our culture. You know it's legit when people show up. Showing up is important in our culture and with COVID-29 response, people did show up.

Matāpuna Levenson: Absolutely. The organizing efforts of the National Pacific Islander COVID-19 Response Team really demonstrates incredible resiliency and responsiveness of our communities. So with this team, with these organizing efforts, I think, greater communities really can learn a lot. So what are some lessons learned from your work, both the work that you do and with the National Response Team, what lessons so you wanna share with folks who may be outside of our Pacific Islander community, are interested in working with our communities. What should they know about?

Dr. Nia Aitaoto: I think for the lessons that we learned within our community and also how the outside community look at us, is that we function in high level of trust. If we don't trust you anything we're not going to show up. Or we'll just say yes we'll be there and we don't show up. Or we'll do whatever. So, and so I feel like the lesson that we learned is that building those trust with Native Hawaiian Pacific Islander communities, continue to build those trust. But trust, a lot of, there's a lot of webinars or conferences around trust building and all that, right? Building trust in the Native Hawaiian Pacific Islander is all about transparency. Where you come in, you always have to disclose why you're here, what're your intentions and all of that. So not only the verbal disclosure and all that, we're also watching what you do. Actions, right? So all of that kind of thing. Cause you can say one thing and do another.

And then we also have long memories. So if you come in and did something, didn't follow through or whatever, like we dont wanna go, we've done this. you hear it a lot right? Ten years ago we tried and tried, we never have again. So a lot of that was going on and I think all of those different dynamics went into building this infrastructure, and trust was built up, and there's a lot of friendship, you know a lot of respect amongst each other. So trust and respect. So we, we work with a lot of Asian American and AAPI organizations and also non AAPI organizations, you know other BIPOC, different organizations, and they always look at us and they're like oh your community, you guys dont trust a lot of people. And I always try to correct them and say, no actually you guys don't trust us either. You know what I mean? So it's not

that we don't trust you. You also don't trust us. In a sense that every time you help you always put a lot of strings attached, or you don't ask us to be part of the planning or anything like that. You need to trust us with resources, like we know what we're doing, right? And we'll do it the right way, whatever that means. We'll also do it -- And also what is the right way? So there's a right way by the funder or whatever they way you do it like this. But that may not be the same as the right way we do it in our communities, by our definition of right.

So we gotta figure out what is that great space, where we can hold a conversation. So the trust part is getting into conversation with with those organizations so that we can really be honest about what's going on. Because if they are not, if there's no trust relationship, we're gonna say what they wanna hear, and it's still nothing happens. So what, how can we build that space so we can all be authentic. Not just on our end. On their end too. Because sometimes they come in, they're like yes we do this and whatever and then as we work together -- oh, you cannot do this. Oh you cannot do that. So they were not being authentic either, right?

So not only, so we need to develop, I feel like developing that space, a great lesson learned right there. Developing that space to negotiate a lot of these things. And I feel like the group, the response team, we had a lot of strong leaders. And they're very articulate, passionate, transparent and all that. We're able to navigate through that. So we came a long way. I feel like COVID-19 hit right at the time we're ready to organize. So there were a lot of things going on, but I think what COVID-19 did was to speed everything up. So that timeline was quick. But I think the blessing, the blessing part of this, we all trust each other before we went in. So there was a lot of relationship building and all that. So I feel like that, that's something where, you know, a lot of lessons learned there. Um. So it's great. It's been a great experience.

Matāpuna Levenson: This past year, communities throughout the U.S. and the world has observed increases in both COVID and gender-based violence. For example, domestic violence has been described as a shadow pandemic. How have you seen this increase in the Native Hawaiian and Pacific Islander community?

Dr. Nia Aitaoto: So we got data early on in the pandemic. So we were one of the first communities that actually did rapid survey, like what are your needs in your community? And our survey actually came in April of 20-- you know what I mean? April of 2020. A lot of surveys came out later on this year or end of last year. But we had a early needs assessment that went out and that was one of the things that actually came up. You know, the violence, gender based violence and all that. So what we do with our survey is we have a townhall meeting. So not we collect data, write a paper and then send it over for publication or whatever, we actually do a talanoa session where we bring the community together and say hey, this is what our survey found or whatever, do you think that's accurate, why and all of that kind of thing.

And one of the most passionate conversations was about violence. What does that mean? It's because in a lot of examples, in a lot of personal stories from participants, you know they were brought in, of course it makes sense. Because when you lock down, when people are staying home, even things were, even people that get along don't get along if you're stuck with that person for every day all day and all that kind of stuff. And also perpetrators in there with the family and all that kind of stuff. So they talked about that and they also talked about how the outside world identifies and get help. Usually they identify it in schools. They look at the kids or the students or things like that, or somebody who's going

to a store or wherever else, people notice things, they help out. So a lot of the symptoms was in our community, but could not, it's behind closed doors. So it's a lot harder that way. So not only it's make it harder for people to seek help, but also make harder for people to identify and give help.

But then at the same time, COVID-19 just, even on a good day, it's really, it's stressing, right? So that level of stress increased during lockdown and all that, that kind of thing. So a lot of it, it is a pandemic, but also look at the way that we handle gender-based violence before the pandemic. We did not do a good job. At all, right? So what happened is it got worse. But then how, because a lot of the tools that we had to deal with it pre-pandemic were not applicable post pandemic, right? So we always had the, oh you can call in or go somewhere. And our people don't wanna call in, you know what I mean? We're not call 1800-I need help, right? We don't even leave messages on voicemail. If nobody is there we just hang up.

So it's just a lot of that kind of thing, so it was harder for providers to help and also hard for our community to find resources. And even providers, they had a hard time reaching out our community before COVID-19 happened. I think the number one thing I always see from providers is, "you are a closed community." So meaning that when we have our problems and our issues, they stay in house. So we don't wanna go outside of our community to seek help or whatever else. If we go back to my initial talk about trust: what are you gonna do with this information? And the other thing is like a lot of the western way of dealing with it is trying to remove the person or, it's very individualistic they were saying. It's just for the person or whatever. We're not looking at the family. Because a lot of times the perpetrator is a family member. So we have this collective love for everyone. Or protection of everyone.

So a lot of people, non Native Hawaiian Pacific Islander practitioners, they really have a hard time with that. But to us it makes a lot of sense. Even the perpetrator's also a member of our family. And maybe they did -- a lot of times they got hurt too, right? Hurt people hurt people. So it's a lot, we haven't looked at deeper -- a lot of the solutions that they have -- when we had our talanoa session, somebody else actually came in and say there's a lot of solutions the western, you know, they look at the individual. They don't look deeper into family dynamics. And then, it's just on the surface. They're not able to go into that deeper level the way that we can into it. And then also the community do not have trust for the providers to come into that deeper level. It is a sacred space. But then we gotta figure out how to get there.

So I felt like there's not enough conversation with our community to get to that deeper level to figure out what can we do as a society. Because a lot of the narrative is individual and all that. But individuals live in a society, we live in a family, they live in our community. There must be some kind of environmental approach to it that is also culturally based. But in order for us get there, providers should not be the first ones to identify. Because a lot of issues you're like oh, the provider reported this, not our community. So it was refreshing to hear our community reporting it first. Cause usually it's the providers saying, well we see this in your community, and the community says that does not apply to us. So I felt that we've come a long way but we also have a long way to go when it comes to identifying the issue. But also not just identifying it, also identifying solutions that are culturally based, and also appropriate to us.

And give us time to grow. It's not, the problem did not happen over night, so the solution is not gonna be over night. Give time for us to come up with solutions and then address them. And change the culture. The good thing about culture, culture can be changed too, right? You always adapt the culture

to make sure people survive and thrive. So when you find you need to be self correcting too, we can self correct.

So I feel like doing those talanoa sessions with our community, we have not had the opportunity to self correct. A lot of the solutions and all that was so external to us. And then that was, then it became partly that they're interrupting with our lives. But you have to be on the inside. So if there's providers listening to the podcast, really open up to letting the community come in. And let them not just come in to your space, let communities build their space too. Identify them. So it's different, it's a different way of organizing. Don't just make a space comfortable for you to come in, but us giving resources to Pasifika communities, to actually come up with their solutions. And then have a talanoa. Because now we're in equal footing, because we always feel like we're not equal when it comes to those kinds of conversations: you're the professional and all that. So it's all of that dynamic that's unseen, but I feel like that will take us a lot further than where we are right now.

Matāpuna Levenson: What I'm hearing is equity in our responses, our community response to domestic violence and other forms of gender-based violence. So, as a recap, building trust in our relationships. Having culturally-responsive approaches, and working in partnership, in collaboration, and co-creating with communities that you serve, these are all great recommendations.

So with this increase in gender-based violence during the pandemic, and looking to how that has impacted Native Hawaiian and Pacific Islander communities throughout the U.S., what would be some of your final recommendations or next steps, whether internally for our community as we respond to the ever changing needs, or also to the greater community, folks from say the dominant services, the mainstream services. What would be your final recommendations for what the next steps should be?

Dr. Nia Aitaoto: I think the next step, we always start at the moa, the center. Looking within ourselves. We do have great solutions to our problems. So for NHPI communities let's start by having that discussion. What would be a solution for us? If we get to develop our own solutions, the way that we wanted, the way that's appropriate to our culture and all that kind of stuff, what would that look like? Let's not wait for other people to come in and suggest solutions that we should adapt to. Let's just start with the moa. Let's just start with the Hawaiian people at the center. Figure out what does that look like, and have that collective, that conversation. And then from there on, be able to articulate that, and figure out what resources that's available that can help us.

Because a lot of times the solution came from here to the center. They're like oh we have this solution, can you translate it or interpret it, or adapt it or whatever else, right? So usually it's from those lenses, we try to fit into the dress that they sold. Oh, let's just do our own. Let's just figure it out. And also there's a lot of things where we're like, oh no those are in the dark. Like let's not talk about those things, those are not in this space. So a lot of, when we started those talanoa sessions around mental health, abuse, or violence and all that, a lot of people say it's very uncomfortable to be there, you're baring your soul. And all of that kind of things. So the whole call to action in that circle was like bare your soul but trust us that we are in the spirit of finding solutions. So it's not like bare your soul and everyone's gonna go on their merry way and nothing happens, right?

So again, building that trust for people to come in and then come up with solutions. Cause communities have great solutions, great facilitation around cultural lenses and all that. So I think our people, we are

starting to do that within our groups. We don't know what resources are out there, we're looking for resources to build this. So that's where we're at.

So part of the COVID response team, we decided that we have such a good thing, we don't want it to go away because of COVID-19, so we developed the first national NHPI organization. So it's NAOPO, the National Association of Pacific Organizations. It's an association of Pacific organizations from all over. Like here in Arkansas, we have folks in Utah, Alaska, Oregon, Washington, you know all of the U.S. API. So it's all these organizations finding those solutions. And our whole point was to build a space so we can come in and figure it out. So our people have to really trust that we, trust each other so that we can figure out how to come up with solutions when it comes to gender-based violence and all that. And at the same time for our organizations, all of these technical assistance organizations, supporter organizations, providers, and all that, I feel like it's important for them to be uncomfortable with our solutions -- it is, when they look at our solutions, like "we haven't done that before." So it's that trust. "We haven't done that before, it looks like nothing that I've encountered." Or they've done it, and like yeah it didn't work out so well. Trust that that's what the community wanted, best resources.

Give it time. So sometimes they make a lot of adjustments. Like "we gave you three months it didn't work. We gave you a year, it didn't work." It takes a while for things like that to grow. Just like what they're doing. A lot of their best practices, it took them 20 years to get there. Why are they looking at our communities and saying "you have 5 months, you have 6 months, you have one year"? So they have to look at the way they come up with solutions in a different way. Timing is important. And then also, I think at the end of the day, they have to trust that we do have our own solutions too. And be uncomfortable with being in a space that they're not the expert in. So that's another thing, cause they come in, "I'm the expert in this or whatever else." But all of their credentials being from their experience with different communities and their education, not in our communities. For them to be like, be vulnerable and come in. And they call us the vulnerable community or whatever, they have to be vulnerable so that dominant culture, they can be vulnerable in our community. And that's how in Pacific culture, they trust when somebody comes in and not say a thing, listen in, provide solutions, but they are being vulnerable and let us have the seat, versus coming in as an outsider and all that.

So I feel like, those, it's a good start for moving forward. You have to start somewhere, but I feel like that's a good space to start for whatever solution that we come up with.

Matāpuna Levenson: A lot of the work that we do as advocates for our communities and organizers is focused on ending something. Ending violence, or ending the health disparity. What's your vision. So with all the work that we're doing, what is your hope and vision for your village for our Pacific Islander community, when there is no violence, when there are no health disparities? What does that look like?

Dr. Nia Aitaoto: I think, a lot of people, it's very yes or no. There's violence or no violence. And we fail to look at the spectrum of all that's going on. So as Pacific people we're very interested in the process to get to equity. It's not the destination of ending it, it's the whole process to get there. Because sometimes when you end something, something else is gonna come up.

In our talanoa, I've done a lot of those talanoa sessions, and a lot of the faith based leaders come in and say no we live in a fallen world, it's an imperfect world and all that. We live in this world where there's a lot of imperfections. We cannot live in that utopia, you know, everything is gonna be all nice and dandy. But there will always be issues.

So the best way for us to do is to learn process to solve problems. Whatever problems that comes up, we have the tools, we can quickly get into it and find ways to solve it. So I think for our community right now, and in a lot of time when we say "oh we're gonna end this" and it's not ending, we give up and don't do anything. So that's why looking, focusing on the process to get there.

So for me, I think my vision for our community is, because we are resilient, and continuing to collect tools that are from other spaces, other ethnic groups or whatever else, to make us more resilient and find out ways to solve our own problems within our community. And also articulate what those are in other communities.

So I feel like that's where we're at. You know, advocating for more resources so that at the center or the moa or the piko of it all it's our people discussing our issues coming up with solutions with equity on, you know, dissemination, distribution of resources. We want to have it. You know, a lot of times equity does not mean equal. So a lot of people are like, well equity means everybody gets 10%. It's not that way. Equity is more of giving the community the appropriate amount of resources to solve their issues just as appropriate. That number is different from the number that people get. So I feel like that is the space where we're at right now. Figuring all that out. The journey, I think the journey and the process is where we wanna put a lot of our emphasis and a lot of our thinking and dreaming and all that, right? Because with the right tools and resources we can address many things. So that's, that's where we're at.

Matāpuna Levenson: Thank you. The pandemic has illuminated the need for joint collaboration, information-sharing, and learning between the public health and anti-violence fields to bring well-being and equity to all of our communities. This is particularly true when addressing the disproportionate impacts and lack of access faced by Native Hawaiian and Pacific Islander communities (NHPs), which remain among the most underserved populations in the U.S.

To learn more of how you can support and connect with the National Pacific Islander COVID-19 Response Team, see the notes and resources for this episode on our website.

To learn more about and stay connected with the Asian Pacific Institute on Gender-Based Violence, visit our website at www.api-gbv.org and follow us on Facebook and Twitter.

That brings us to the end of our very first episode! Mahalo nui and fa'afetai tele to Dr. Nia Aitaoto for joining us, sharing her insights, and for the incredible work she does for and on behalf of her community. We hope you enjoyed this conversation. And thank you for listening to The Village Podcast with API-GBV.