



2025

Hāpu'u Ke Aloha
Māhū Listening Tour Report



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This report was made possible by the voices, stories, and generosity of the mähū community across Hawai'i and the continent. Mahalo to the participants who shared openly and courageously. Your insights are the foundation of this work.

Deep gratitude to the Mähū Advisory Council for guiding this effort with vision and care, and to the staff, interns, and partners at Papa Ola Lōkahi and the Hawai'i Health & Harm Reduction Center for their tireless dedication.

May this report honor the 'ike of our kūpuna, uplift the mana of mähū today, and inspire a future where all identities are seen, supported, and celebrated.

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On The Cover:
Hāpu'u Fern

Welina Mai Kākou

Through the stories captured within our communities, Papa Ola Lōkahi is proud to present Hāpu‘u Ke Aloha, which honors and highlights the enduring strength, resilience, and vibrant spirit of the māhū within each of our families and communities. In the face of systemic challenges, social adversity, and ongoing efforts to silence or marginalize voices, our community continues to rise—undaunted, creative, and united.

Native Hawaiians built our societies on the understanding that every person had a responsibility to the family and to the larger community. Unfortunately, when foreigners came to our shores, the fabric of our family structures found itself missing an integral piece, our māhū. Pushed aside and tucked away for centuries, this report enters the world as a celebration of survival, resistance, and transformation. It honors the legacy of those who came before us, uplifts the voices of those leading change today, and offers hope and inspiration for generations to come.

This report captures the rich cultural and spiritual identity that transcends binaries. In recognizing this, we acknowledge the deep roots of queer resilience not just in activism, but in ancestry, community, and cultural stewardship. Our aim is that this report can generate pathways for those supporting Native Hawaiians to mālama and integrate our māhū community into their programming, and ultimately contribute to the ways in which we can all “ho‘i i ka piko,” return to the source.



A handwritten signature in black ink, reading "Sheri Daniels".

Sheri Daniels, CEO



A handwritten signature in black ink, reading "Ikaika Regidor".

Ikaika Regidor, Program Manager



Mana Māhū sign during the 2019 Aloha 'Āina March.
Photo credit: Greg Noir

Eō Māhū

Māhū identities have emerged as vital frameworks for understanding the diverse experiences, needs, and challenges faced by individuals whose gender and sexuality exist outside of cisgender and heterosexual norms. Intersections of māhū lived experiences, data, current needs, and health disparities are examined throughout this report.





Rainbow over Waimea Canyon on Kaua'i



Young hāpu'u ferns growing in lava rock

Introduction

Māhū identities have emerged as vital frameworks for understanding the diverse experiences, needs, and challenges faced by individuals whose gender and sexuality exist outside of cisgender and heterosexual norms. Intersections of māhū lived experiences, data, current needs, and health disparities are examined throughout this report.

The term “māhū” itself is used in its broadest and most inclusive sense for Kānaka 'Ōiwi (Native Hawaiians), encompassing not only lesbian, gay, bisexual, and transgender (LGBT) identities, but also a wide array of sexual and gender formations that may not fit mainstream labels.

While Hawaiian society constructs and often reenforces categories of kūlana (role/position) and kuleana (responsibility), the māhū community is not a monolith. It is a coalition of diverse subgroups related to one's gender, sexual orientation, race, ethnicity, and socioeconomic status. Māhū within the pae 'āina (archipelago; often used in reference to Hawai'i) and living on the continental United States share experiences of marginalization, political repression, and stigmatization. Each subgroup—whether lesbian, gay, bisexual, transgender, or otherwise—faces distinct challenges and health-related concerns, often experiencing vulnerability to health care inequities and encountering barriers to accessing or attaining quality care. These barriers are compounded for māhū with intersectional identities, such as those living with disabilities or in rural areas, who may face even greater obstacles to receiving equitable and affirming health services.

In recent years, the visibility of māhū individuals has increased, yet this has been accompanied by heightened political and social scrutiny, compounding ongoing barriers to accessing care, including mental and behavioral health

support, and gender-affirming care. Despite these challenges, māhū communities continue to demonstrate resilience in advocating for communities where all identities are affirmed, respected, and celebrated both culturally and societally.

This report seeks to provide a comprehensive overview of māhū identities, histories, contemporary issues, current needs, and data disparities, drawing on interdisciplinary research and lived experiences. By centering and amplifying māhū voices and perspectives, it aims to inform, educate, uplift, and inspire action toward greater equity and inclusion.

According to the Behavioral Risk Factor Surveillance System, 12.2% of Native Hawaiians as opposed to an increased 27.4% of Native Hawaiian sexual and gender minorities (SGM; sometimes referred to as LGBTQ people/communities) reported having

Māhū within the pae 'āina (archipelago; often used in reference to Hawai'i) and living on the continental United States share experiences of marginalization, political repression, and stigmatization.

a depressive disorder in 2023. Two years prior, in 2021, those rates were 11.0% and 20.7%, respectively. These statistics not only reflect the disproportionate mental health challenges faced by māhū and other Native Hawaiian sexual and gender minorities, but also that their mental health has worsened at a significantly faster rate within just two years. Adverse Childhood Experiences likely contributed to these poor mental health outcomes as more than half (56.1%) of Native Hawaiian sexual and gender minorities reported Adverse Childhood Experiences in the form of emotional abuse. In contrast, 34.7% of the general population and 43.4% of all Native Hawaiians, also experienced emotional abuse during their childhood.[1]

The Youth Risk Behavior Survey, administered to public Hawai'i state middle and high school students, reiterates the significant mental health disparities experienced by Native Hawaiian SGM or transgender youth. In 2023, the number of Kānaka 'Ōiwi high school youth who reported signs of depression in the last 12 months (31.3%) nearly doubled for those who also identified as SGM (57.2%) or for those who identified as transgender or were questioning their gender (63.4%). Similar findings for suicidal thoughts and self-harm were reflected in these categories. In addition, only 19.3% of the 57.2% Native Hawaiian SGM high school students who felt sad, empty, hopeless, angry or anxious reported receiving help.[2]

“[The] community is strapped for resources. [There is] one hospital in Hilo, and one hospital in Kona. Three hospitals to service 190,000 people...trans health is at the bottom of their priorities.”

– Hawai'i Island Participant

QTPI leaders at the inaugural Pasifika Village Initiative Institute at the Samoan Community Development Center in San Francisco, California. (2023)



Māhū Through the Ages

In response to the COVID-19 pandemic, and the disproportionate negative impacts on LGBTQ Native Hawaiians, Papa Ola Lōkahi (POL) released *No Ka Māhū*, a resource to support health care providers in better understanding māhū as an identity within the fabric of Native Hawaiian society, as well as recommended practices in working with māhū. The report included historical and cultural context in order to deepen understanding of māhū and their significance in Hawaiian culture. The sections below highlight key content from *No Ka Māhū* to provide a foundational understanding of māhū for the purposes of this report.[3]

The most widely known and utilized term for referring to sexual and gender minorities is the mnemonic LGBTQIA+, which generally means lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual/allies, with the + representing the many other identities within the broader sexual and gender minority umbrella. Although this term may work within colonial systems, it fails to

embody the nuance, depth, and expectations that come at the intersection of one's sexual orientation, gender, and cultural identity, specifically as it relates to being Native Hawaiian and/or Pacific Islander.

Historically, Kānaka 'Ōiwi did not view gender identity or sexuality through the same lens as our current society. What was valued most was an individual's contributions to their community, often tied to their kuleana, which was determined by their kūlana within the 'ohana (family) or kaiāulu (community).

Rather than rigid gender binaries, Hawaiian culture recognized a third identity: māhū, which describes someone who embodies both kāne (male) and wahine (female) energies and can often harness both with ease and fluidity. These energies, also thought of as Kū (masculine) and Hina (feminine) energies, meant they were revered, adored, and held important roles in society, such as healers, caregivers, and teachers. Such nuances are lost in the definition of māhū given in



Pukui & Elbert's Hawaiian Dictionary which defines māhū as "a homosexual of either sex, hermaphrodite." This clinical and reductive definition is the direct result of conceptualizing māhū within colonial systems we see today.

For Kānaka 'Ōiwi, history has been wrought with the violence that came with Christian and colonial discourses on sexuality and gender. Through evangelical projects, Hawaiian social and religious structures that supported complex family systems and ways of being collapsed. They were encouraged to marry and engage in heteronormative relations under the Calvinist, Catholic, and Mormon sects of Christianity, thus alienating all forms of human relation and kinship that were contrary to the strict moral codes of churches of the time.

Prior to the Christianization of Kānaka 'Ōiwi, relationships deemed homosexual, bisexual, and polyamorous by the Eurocentric societies were normal among ali'i (chiefly) and maka'āinana (commoner) members of society. While the colonial world would not fully realize these terms and their concepts until the 18th and 19th centuries, Kānaka 'Ōiwi had already developed and practiced complex systems of intimacy and relation centuries before European contact. Words like punalua and po'olua, which reflect the possibility of polyamorous relationships; aikāne, which recognizes same-sex intimacy; and māhū which honors the interplay between female and male energies in one being, speak to rich histories of relation and sexuality that nestles into a vast and deep oceanic mo'okū'auhau (genealogy). All of these relationships and identities were integral to the Kānaka 'Ōiwi family system, a system that did not revolve around a nuclear family.

With the advent of the Gay Rights movements of the 20th and 21st centuries, discourses on sexuality and gender took precedence in the United States in the ever-growing conversation on equality. While the word

"queer" itself was later reclaimed, indigenous peoples continued to be queered as those living outside the borders of European settler normativity.

Because indigenous Pacific Islander relations developed separately from colonial concepts and definitions of sexuality, these stories, histories, and complexities are often misunderstood if not ignored completely. Indigenous sexual and gender relations and identities are often stuffed into boxes of normative possibilities privileging Eurocentric histories of sexuality over Kānaka 'Ōiwi experiences and modes of being. For example, the term māhū is sometimes equated to transgender, aikāne is touted as homosexual, punalua and po'olua are decontextualized as polygyny and polyandry respectively. Thus, the contextual threads of pilina (relation/kinship) and kuleana that bind all these intimate structures of belonging are flattened, diluted, and hollowed out. Honoring and caring for māhū and any other pilina grounded in the Pacific region demands a closer critical look at the normative privileges many enjoy today in Indigenous homelands.

At the time of this report, the word māhū still elicits a range of responses. What was once used to describe someone's spiritual gifts as connected to their akua (life-giving forces, elements), was colonized and weaponized in the mid-1900s as a slur to perpetuate homophobia, transphobia and colonial beliefs. However, as the Hawaiian Sovereignty movement grew, so did a sense of determination around the Kānaka 'Ōiwi identity, including a desire to decolonize language regarding gender and sexual identity. It was through the pursuit of sovereignty that māhū began to reclaim the word and identity, along with their kuleana within their family, social circles, and community. This reclamation restored the textures, layers, and honor to māhū identity that aren't accurately captured within LGBTQIA+ identities. That said, for many at the forefront of this reclamation, any Kānaka

‘Ōiwi who is gay, lesbian, transgender, gender nonconforming, gender nonbinary can also identify as māhū.

Adding to the cultural depth of the term, māhū is not exclusive to Hawai‘i; it is also used in Tahiti, reflecting shared ancestral understandings across Moananuiākea. In 2011, Sāmoan-Niuean activist Phylesha Brown-Acton coined the term MVPFAFF+ in order to move away from Western labels and instead center Indigenous terms that reflect Pacific identities. MVPFAFF+ stands for: Māhū (Hawai‘i and Tahiti), Vakasalewalewa (Fiji), Palopa (Papua New Guinea), Fa’afafine (Sāmoa and Tokelau), Akava’ine (Cook Islands), Fakaleiti/Leitī (Tonga), Fakafifine (Niue), with the “+” recognizing the abundant identities that exist within the Pacific that weren’t captured at the time of its coining. Prior to this, in 2017, the acronym QTPI (pronounced: “cu tie pie”) was created in an attempt to capture a broader range of queer and trans Pacific Islanders and that could be used by colonial systems in their writing and programming to support our communities.[4]

“Our society has been enveloped in Christianity, and has caused young māhū to be outcast from their family, because we created a society that doesn’t prioritize them as young māhū.”

– Hawai‘i island participant

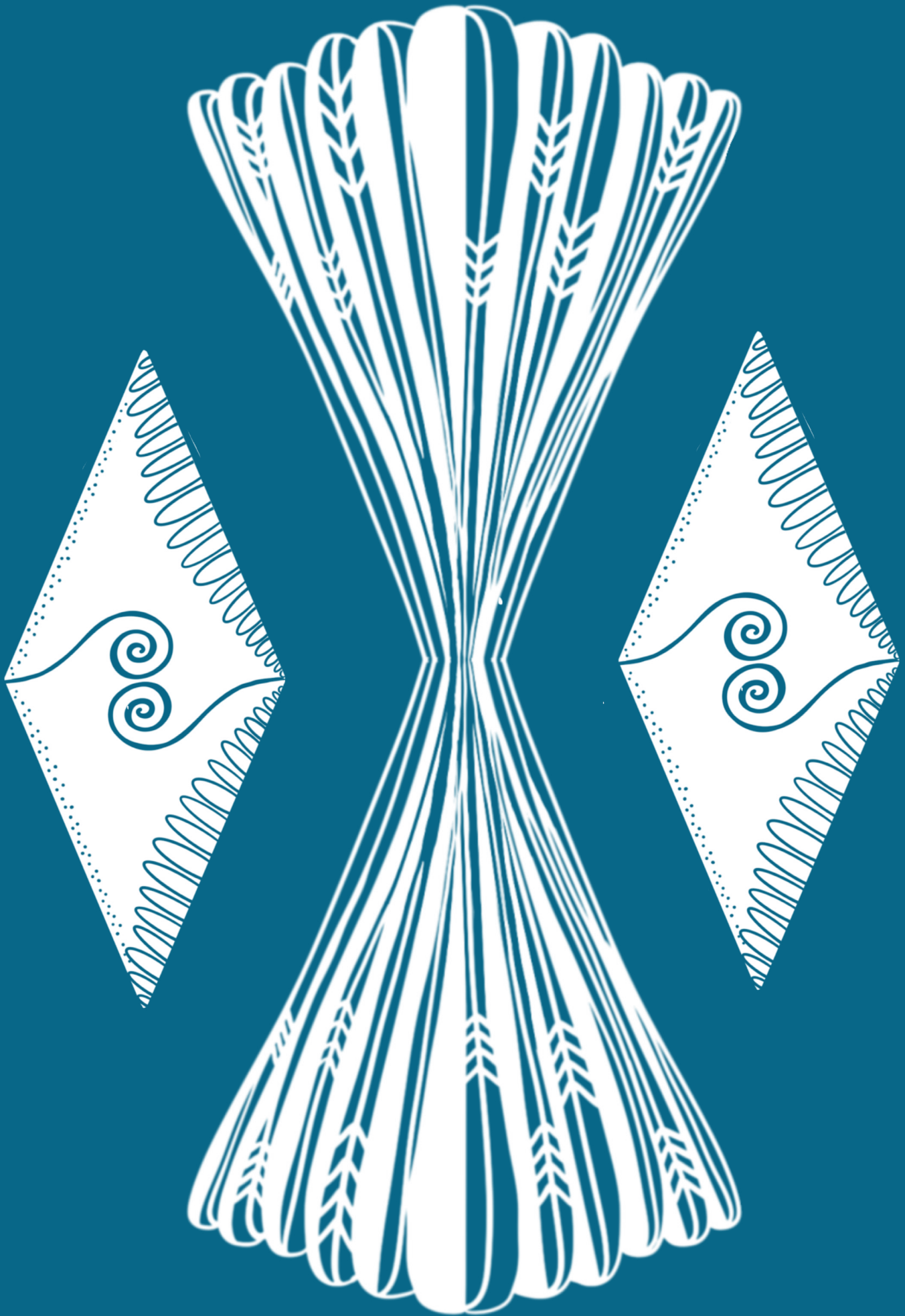


Project Overview

The Māhū Advisory Council was established by POL in 2021 to be a sounding board in advising the organizations work in supporting māhū within the lāhui (nation). As a part of this advisory process, one of their first major initiatives was to guide POL's Māhū Listening Tour, which had the purpose to better understand the needs and resources of māhū in the areas of health, community, and culture, as well as to gather components of individual and collective identity, perspectives, and lived experiences to contribute to the wealth of our communities.

Further, the hope was to amplify voices and mana'o (thoughts) shared to strengthen existing programs and to inspire the development of new programming to support our māhū within the pae 'āina of Hawai'i and those living in the diaspora.

The name of this report, Hāpu'u Ke Aloha, was given to us by a POL Māhū Advisory Council member. Through this name we center hāpu'u, a native tree fern endemic to Hawai'i. Our mo'olelo (oral traditions) describe hāpu'u as having three variations, a kāne variation with black hairs at the base of the fronds, a wahine variation with reddish-brown hairs at the base of the fronds, and a māhū variation with both black and reddish-brown hairs at its base. In exploring the kaona (hidden or deeper meanings) of hāpu'u, the other meaning of "multitudinous, plenty, and budding" reflects the many ways māhū show up for community. Thus, the name Hāpu'u Ke Aloha was born. The hope is that the multiple meanings of hāpu'u also convey the transformational aloha (love) Kānaka 'Ōiwi have for their culture, community, and māhū.



Methodology

The POL research team consisted of 6 staff, 5 interns, and 3 staff from the project's partner organization, the Hawai'i Health & Harm Reduction Center. The Māhū Advisory Council played a vital role in the creation, execution, analysis, and drafting process; ensuring that questions were resonant with community members, outreach was as wide as possible, and the lessons learned remained grounded in community.

POL facilitated four in-person focus groups with a total of 27 people, each lasting 3 to 4.5 hours, as well as individual interviews with 18 people averaging one hour per interview. The initial project proposal included six in-person focus groups across six different islands, however due to logistical issues we were unable to conduct in-person focus groups on Lāna'i and Kaua'i. The in-person focus groups were conducted at a central location that was known to the community to be supportive and affirming for māhū, Kānaka 'Ōiwi, and/or the LGBTQ community at large. A notetaker and facilitator were present at each focus group session. These sessions utilized activities to gather notes, while the notetaker recorded participants' additional context, thoughts, and experiences. Individual interviews took place via Zoom. Each interview was audio and video recorded. The recordings and notes were later analyzed by our research team.

A total of 45 community members made up the participant pool of both the focus groups and individual interviews. Participants were from the following geographic regions: Maui, Moloka'i, O'ahu, Hawai'i, and throughout the continental United States. To recruit participants for the focus groups, POL relied on its relationships with Hālau Ola, the Native Hawaiian Health Care Systems, the Māhū Advisory Council, and community partner organizations. For the individual interviews, we relied on social media campaigns and word-of-mouth.

The listening tour had a spread of participants across geographic area, pronoun use, and age. Fifteen of the 45 participants were from O'ahu, 11 from Hawai'i island, 7 from Maui, 6 from Moloka'i and 6 from the continental United States. Many of the participants were between the ages of 40-49 years of age (31.1%), followed by 30-39 years of age (26.6%), 50-59 years of age (17.7%), 18-29 years of age (15.5%), 60-69 years of age (6.7%), and 70+ (2.2%). Most participants used 'o ia, as their pronoun, with many using she/her, he/him, they/them. A few participants also identified another pronoun that was not listed.

Regional Breakdown of Participants

Session	Maui	Moloka'i	O'ahu	Hawai'i	Continent
Focus Group	6	4	9	8	0
Interview	1	2	6	3	6
Total	7	6	15	11	6
					Total Participants: 45

Photo at right:

Māhū leading toward the front of the 2019 Aloha 'Āina March, walking down Kalālaui Avenue in Waikīkī, O'ahu. Photo credit: Greg Noir





Rainbow over West Maui



Outcomes

Whether it was an in-person focus group, or an individual interview, the same questions were asked of participants. The in-person focus groups utilized activities and flip chart paper to move through the questions, as well as small and large group discussion. For individual interviews, we used a shared screen with a digital whiteboard to ensure notes were taken down as accurately as possible. Participants were asked to identify existing resources and needs in four categories: health, behavioral health, community, and culture. Additionally, participants were asked to share their mana'o on what they felt the kūlana and kuleana of māhū was to their 'ohana, lāhui, and/or greater society. The findings are reported below in this order.

Health Needs

Māhū view culture as central to their health and desire this relationship to be embedded in their current health care. Facets of culture noted by participants include, but are not limited to, 'āina (land), 'ike kūpuna (ancestral knowledge), and mo'okū'auhau. These relationships form the core of what it means to be Kānaka 'Ōiwi and influence the ways in which māhū engage with their health and healthcare.

Kānaka 'Ōiwi are genealogically tied to 'āina and thus hold a worldview that prioritizes balance with the natural environment, ensuring the health of our islands and communities is maintained. Learning from one's ancestors and honoring their knowledge through generations of teachings is a guiding force for Kānaka 'Ōiwi. The transmission of knowledge from ancestral wells of wisdom is commonly referred to as 'ike kūpuna. For māhū, 'ike kūpuna helps to shape understandings of Kānaka 'Ōiwi and māhū identities and support them in navigating present day problems. Centering these values in a health system would enable māhū to make culturally informed decisions regarding their health and healthcare. Participants acknowledged the absence of these values in colonial systems of care and endorsed a holistic approach that reflects Hawaiian culture.

Many participants expressed having difficulty finding primary care providers who understand their needs. They shared that providers are rarely equipped with the cultural context needed to adequately and appropriately support māhū patients, and this lack of understanding engenders avoidance and fear, causing strained relationships with providers and delayed access to treatment. To create more safety for māhū within health systems, healthcare workers should be knowledgeable of the implicit biases that are harmful to the

general LGBTQ community and develop the cultural humility and contextual understanding that is needed when working with māhū. Given that māhū must also navigate the colonial systems and society, extensive training on gender affirming care, gender affirming surgeries, safe sex practices, STD testing, and HIV treatment should be an established standard. Further, providers should be well educated on generational trauma and its negative impact on the health of Native Hawaiian communities. Empowering māhū to seek out mental health resources and cultural outlets could be an effective way for providers to lean into holistic avenues of treatment. Regarding intake, updating gender-specific paperwork and processes to be more inclusive of other identities regardless of sex assigned at birth, and providing personalized assistance at check-in would also help to alleviate feelings of anxiety, stress, possible-trauma responses of walking into a healthcare setting. At every stage, identifying strategies to support māhū in navigating healthcare is essential to ensuring their well-being.

Due to the distinct inequities often experienced by māhū, they would benefit from health care providers and behavioral health specialists that offer care that is both culturally grounded and exercises cultural humility. This points to an overall absence of representation within the health system, where māhū do not see their identities reflected in those providing their care, whether by māhū providers, māhū care navigators/advocates, or providers that exhibit extensive knowledge of the complexities of being māhū today.

Geographic location is also a significant barrier impacting quality of care for Kānaka 'Ōiwi, and particularly for māhū. Availability of resources varies greatly across the pae 'āina, with most services concentrated on O'ahu,

necessitating inter-island travel or virtual care. Rural communities are saddled with additional hurdles as they navigate transportation and time-off to reach medical facilities to receive their care. This burden is compounded for those that utilize public transportation which is especially limited on all islands, with the exception of urban O'ahu. There is a clear need to increase healthcare presence in rural areas and to ensure advocates are guiding community members toward available resources.

The lack of support for mähū during medical transitioning is especially problematic. Many participants shared that since most services are limited to O'ahu, those that live on other islands experience significant barriers to accessing necessary medical specialists. Neighbor island residents often are disproportionately burdened with spending more resources (e.g. PTO and travel costs) for sometimes frequent trips to Honolulu to receive care. This is also seen on O'ahu in places like the Wai'anae coast but is not felt nearly as severe for those living in urban Honolulu. Participants also report difficulty with accessing important medications such as hormones, recalling past shortages, restrictive policies, routine blood work, and battling insurance companies. There is a significant need for culturally sensitive and mähū specific resources to assist mähū through medical transitioning and gender affirming care services. Further, one participant specifically suggested that specialists come to their island, which would increase access to more patients in a shorter amount of time, with the least amount of intrusiveness into their daily lives

Resources

The efforts of Hawai'i health systems such as Kaiser Permanente, Queen's, and Tripler to create gender affirming spaces for mähū have not gone unnoticed. Participants discussed positive experiences within these systems,

particularly Kaiser Permanente's Gender Pathways Clinic, and commended the work they have done to address mähū-specific health needs and avenues of care. However, participants also acknowledged discrepancies within the larger health system. For example, participants noted challenges in navigating the disconnect between insurance companies and pharmacies, which hinders their ability to obtain adequate support and coverage. They also discussed surgical care and ways in which it could be a friendlier process for transitioning individuals. Surgical care is a multi-layered process that is not exclusive to interactions with the operating surgeon. Nurses, nursing assistants, and other medical staff members also play a significant role in creating a safe environment for patients.

Another health system that participants referenced is Ke Ola Mamo, the only Native Hawaiian health care system on the island of O'ahu. Ke Ola Mamo provides medical and primary care in addition to other health and wellness services such as cultural workshops, lomilomi (traditional massage), fitness, nutrition, and health classes. While Ke Ola Mamo has not expanded into specialty care such as endocrinology, mähū participants promote the mission of Ke Ola Mamo in addressing health needs through culturally informed care.

Community health organizations such as the Hawai'i Health and Harm Reduction Center (HHHRC), specifically their Kua'ana Project, and Kumukahi Health + Wellness (Kumukahi) are also resources that serve mähū. The HHHRC Kua'ana Project offers clinical services and personalized support for transgender and mähū community members. Kumukahi also helps community members access health resources and programs, functioning largely as a patient/mähū peer navigator. Participants also endorsed peer support and the simple practice of kūkākūkā (to discuss, negotiate) to hold each other accountable for seeking out these resources.

Behavioral Health Needs

Although some mähū spoke about their behavioral health as a part of their holistic health, others specifically spoke about their behavioral/mental health as both separate needs and resources. A significant theme was a sense of belonging whether this was within the lāhui at large, specifically in mähū spaces, and/or within the larger LGBTQ+ community. There's a stated need for mähū to feel fully integrated within the lāhui, not only through inclusion, but also through a clear understanding of how to 'auamo kuleana (carry responsibility) as mähū in service to the lāhui.

During conversations, participants acknowledged that while there are great role models, there are still very few to look to. Mähū expressed gratitude to those that have come before and those currently at the forefront of advocating for mähū needs and visibility. These included leaders such as Hinaleimoana Wong-Kalu, Cocoa Chandelier, Keivalei Cadena, Cathy Kapua, Ashliana Hawelu-Fugoni, and Kaleo Ramos. That said, there's a need for spaces where existing mähū leaders can support the next generation and uplift new leaders who will 'auamo kuleana for the mähū community.

A large need that was shared across islands was the full and meaningful integration of mähū, their mana (power) and their kuleana, into LGBTQ spaces. Currently mähū felt a lack in their sense of belonging within LGBTQ spaces, especially for those residing in the pae 'āina. Those residing in Hawai'i, regardless of island, expressed feeling "too Kānaka," made for mähū to feel tokenized and not fully integrated into the event of the LGBTQ community. For instance, being asked to perform cultural protocol at events like Pride, without meaningful programmatic acknowledgment of the deeper mana and kuleana that mähū carries within our

communities. One participant shared that Pride and many LGBTQ spaces are often about being out and proud (e.i. visibility), which they acknowledged as important. However, being mähū is more about fulfilling one's kuleana to their 'ohana, kaiāulu, and lāhui. Sometimes the lack of meaningful cultural programming can make LGBTQ spaces feel unwelcoming and even hostile. This sentiment was shared in all four in-person listening sessions, where participants commented that spaces created by and for mähū carried a noticeably different energy, and emphasized the need for more spaces like that.

In addition to the lack of a sense of belonging in LGBTQIA+ spaces, mähū also identified additional gaps in care. These were resource-driven and structural deficiencies in the current offerings to the community. Mähū described barriers to accessing mental health services and to feeling seen, heard, or supported within behavioral health care. They attributed this to the imposition of colonial frameworks and interventions, rather than approaches grounded in 'ike kūpuna, including using Native Hawaiian healing practices. The use of colonial frameworks underscores a broader lack of understanding among providers about how to meet the mähū community where they're at: with a holistic worldview that encompasses and affirms their indigeneity. This gap also creates implications around safety that may make mähū hesitant to access services.

The last behavioral health need was the overarching lack of resources committed broadly to behavioral health and other areas that disproportionately impact mähū, including houselessness, substance use, intimate partner violence, and suicide prevention. An example specifically mentioned by multiple participants was the lack of resources to support mähū

who are healing from substance use/misuse. Only one culturally grounded substance use treatment center was identified on O'ahu. One mähū participant shared that sober living environments are gender segregated – men must live with men, and women with women – based on sex assigned at birth, with no space or consideration for mähū. This subsequently leaves mähū placed in spaces that aren't inherently meant for them, which can trigger past traumas and behaviors that hinder healing. "Where you're supposed to feel safe, you're having to use the survival skills that you were using in the streets while using substances," said a participant.

Resources

As in many communities, the importance of visibility and role models are vital to the overall well-being of current and future generations. Echoing what was identified in the needs section, many praised those leaders that have been at the forefront of kānaka mähū and their importance to forwarding the work, as well as inspiring others to step into their own identities and kuleana.

In some places, particularly on the continent, mähū shared how their medical coverage also includes behavioral health. Although this might be limited depending on specific insurance networks and locations, it does provide a model for a more integrated medical approach to one's overall ola (health/life).

Although progress has been made to destigmatize mental health and to highlight

its importance, mähū noted that stigma remains prevalent in today's society. This can discourage mähū from engaging with behavioral health professionals due to the preconceived notions they may hold about behavioral health.

Caregiver or professional capacity was a major area of concern identified by multiple participants. While some behavioral health professionals are already doing this work, there remains a large need for additional training and capacity building. One participant shared that there is a Native Hawaiian program for social work practitioners at the University of Hawai'i, but it requires an additional application and acceptance to the program, when it should be standard part of the curriculum for all social work students. Along with the lack of capacity, adequate compensation within the profession often means providers are moving away from Hawai'i and not returning to the pae 'āina to care for mähū.

The deficit in the capacity of the behavioral health sector, as well as societal barriers (e.g. stigmatization, lack of access, use of colonial models of care, transphobia, etc.), results in gaps in care; leaving the mähū community to seek care in alternative spaces. One participant pointed out that for mähū who identify as transgender and are experiencing transphobia to the degree that threatens their livelihood (e.g. safety, housing, employment, medical care), some may find their needs met while incarcerated. This, as the participant pointed out, speaks to the severe lack of resources offered to our mähū that are transgender, who would find the basic

"[The] community is strapped for resources. [There is] one hospital in Hilo, and one hospital in Kona. Three hospitals to service 190,000 people...trans health is at the bottom of their priorities." – Hawai'i Island Participant

gender affirming housing, food and medical care while incarcerated rather than within the communities that they call home.

Community organizations help to address gaps in services with alternative programs that center māhū experiences and māhū themselves, although some programs have shuttered overtime. An early program, Kūlia Na Mamo, created by Hinalaimoana Wong-Kalu and Ashliana Hawelu-Fugoni, unfortunately closed its doors in the early 2000s. The Hawai'i Health & Harm Reduction Center (formerly the Life Foundation) resurrected this program as the Kua'ana Project, a peer-to-peer, "big sister" model of case management, support, and advocacy for and by trans, nonbinary, and māhū community members. They also created additional programming where they identified needs. Nā Pua Ilima is a peer-support program for "māhū of a gracious age," where they

can connect and discuss topics and concerns unique to them. Programs on Maui and Hawai'i island were also mentioned, such as the Maui AIDS Foundation which offers stipends for trans clients, including māhū, and Kū Ānuehue in Hilo, which provides programming for the broader LGBTQ community while centering māhū and embracing a Kānaka 'Ōiwi approach. Other community organizations and resources mentioned in this section included Kumukahi Health + Wellness, Hālau Unuokeahi, Kaiser Permanente Hawai'i, Behavioral Health Maui, and māhū, queer or trans therapists. Lastly, it was noted by multiple participants that whether it is done by organizations or not, māhū have and will continue to support other māhū. Even where there is no formalized program or organization, māhū continue to check in on one another to ensure that they're doing okay and are supported to the best of their ability.

"Māhū can bring knowledge. They can bring talent. And through the generations we see māhū as entertainers. As artists. As creativity. [...] They'e very very gifted if only given the chance to do so."

– Moloka'i Participant



Community Needs

Post-colonization, the shift from traditional Hawaiian spirituality towards Christianity prompted a shift in identity of Kānaka 'Ōiwi, kaiāulu, and the collective perspectives of māhū. Christian concepts have shaped modern Hawaiian communities, social structures, and the interpersonal dynamics of lāhui. In a settler-colonial worldview, community belonging is influenced by sexuality, and members of the community are categorized and criticized based on their gender and sexuality. While this categorization may work to include some, it leaves māhū often unseen within its umbrella. Participants identified a need for gathering spaces for māhū, citing that while LGBTQ events and programs exist, they are not always safe, inclusive, or culturally grounded. It is imperative to reframe the collective understanding of māhū within the larger society and recognize the lasting influence of colonialism on the social structures that shape community belonging.

Eurocentric morality has shaped māhū stereotypes, resulting in relational disrespect in their homeland. Homophobia and transphobia, both foreign concepts imposed on the Hawaiian worldview, are prevalent in education, sports, and communities. Inadequate education, lack of awareness, and failure to update obsolete systems threaten the safety and overall health and wellbeing of māhū.

Participants shared that considerations should be made to implement a more respectful and sensitive curriculum pertaining to gender, sexuality, including māhū, within the Hawai'i State Department of Education, government organizations, and youth programs. The curriculum should be inclusive, culturally appropriate, specifically mentioning and contextualizing māhū. As schools often serve as an essential foundation for youth development, māhū representation and

leadership are imperative for structural change at academic institutions. Further educational resources should be readily available for schools and organizations. Participants shared some specific recommendations that schools should connect and contract community organizations to facilitate workshops and host outreach events. Training programs could be offered for educators and faculty within school systems. Counseling and peer support groups on campus for students would also cultivate a safer environment.

To break through colonial barriers of sexuality, terminology, and ideology, a greater understanding of Hawaiian language and culture is necessary. 'Ōlelo Hawai'i (Hawaiian language) is the access point to culture, and it can be a vehicle to enact change on an institutional level. A participant on O'ahu shared, "If you use 'ōlelo Hawai'i as your root concept then you can start looking into more forms and sources of knowledge. So, if you learn about māhū through 'ōlelo Hawai'i, and say 'ok now in 'ōlelo Hawai'i that is not a bad word,' now it's a cultural concept that has something to do with gender and sexuality." This speaks to the communal need to uplift and reframe the various terminology and preconceived notions surrounding māhū.

Connection to 'ōlelo, kūpuna (ancestors), 'āina, and wahi (place) can reestablish Hawaiian values and a sense of belonging. However, community spaces and social settings are not always safe for māhū. There is a need to cultivate more cultural gathering spaces for māhū to engage, learn, connect, and navigate health and social scenes. It is also critical that these spaces are protected in the sense that they are cultivated by and for māhū. The practice, discipline, and expression of hula (dance) is one practice that at least one participant shared can be a grounding force for māhū. They shared that the hālau

hula (hula school) can be a safe environment to facilitate learning and healing; learning the roots of indigeneity in language and culture is necessary to the holistic wellbeing of mähū.

Community space for those living on the continent will be covered more in their section; however, it should be noted that the lack of available in-person resources, due to geographic distance, makes it significantly harder for mähū to gather and find community. A participant shared the need to perhaps build online networks to build pilina with other mähū, which can encourage healthy relationships and connections.

Lastly, within modern history, mähū typically gathered in spaces such as bars, clubs, and drag shows, which revolve around the nightlife scene, often involving alcohol and other substances. There is a need to cultivate safe spaces for mähū to connect, engage, learn, and navigate social scenes. A safe space would provide mähū the opportunity to meet in a healthier manner that does not necessitate the presence of alcohol or substances.

Resources

With a history in nightlife, mähū have faced violence, discrimination, and oversexualization. Often times Kānaka 'Ōiwi and Pacific Islanders are exoticized, yet many have answered the kāhea (call) and kuleana to be visible in society. The visibility of the mähū community is a stand of resistance and signifies resiliency to existing societal norms. This visibility is both a resource to other mähū,

and the kaiāulu, as well as a reminder that mähū must continue to amplify mähū voices, be persistent in advocacy, and build mähū leadership for the younger generations.

Compartmentalizing issues is detrimental to collaborative resolution. All issues in the kaiāulu affect the whole lāhui. Separating specific groups creates division and inequity. Mähū issues are kāne and wāhine issues, and vice versa. The colonial-settler individualistic mentality sits in direct opposition to the pilina and communal lifeways of being Kānaka 'Ōiwi. For those living on the continental United States, the luxury to have exclusive mähū spaces is almost nonexistent. However, our communities have always made magic with what they had, and mähū find sanctuary in broader groups such as hālau hula, Hawaiian Civic Clubs, Polynesian groups, and attending cultural festivals.

Within Hawai'i, the opportunity to utilize 'ōlelo Hawai'i, Hawaiian history, and Hawaiian values was also identified as a resource. Whereas LGBTQ+ terminology and frameworks can sometimes feel isolating, utilizing Hawaiian culture and language is a resource to break through colonial barriers of sexuality, terminology and ideology. This is already being seen as a few institutions have shifted toward centering indigenous education and language. Participants referenced the University of Hawai'i at Hilo campus as one of these institutions, and in rural communities, the kaiāulu itself is the resource.

"A lot of our leaders in hula are queer people, are mähū. And a lot of the lens that we have when we interact with hula, and hula kuahu, and the tradition, and the ceremony, and the ritual aspect; the lens is also a mähū lens." – Continent Participant

Cultural Needs

Over the years there have been many catalysts sparking the interest of the lāhui and mähū to investigate cultural practices; the latest of these catalysts was the Mauna Kea movement (i.e. Kū Kia'i Mauna movement). Through those actions mähū were energized to take a stand and to connect with cultural practices in all its forms offered both on and off the mauna (mountain).

However, as the events began to sunset, the number of events and ease of access retreated to what many might have felt like a new status quo. Mähū shared an overarching theme of the cultural environment (e.g. cultural spaces, cultural classes, cultural teachers) as both a possible barrier and a maze that mähū need to navigate.

In general, as shared in previous sections, the need to make community space safer and more inclusive was a highlighted need. Many participants shared that there might be some safe and affirming spaces, but some participants did not feel welcomed or safe, whether because of the tradition of the practice or the teacher (kumu) instructing. An example that was mentioned was hālau hula. Some found mähū-inclusive hālau, and hula itself as a nourishing place to practice one's duality. However, others felt some kumu hula were not supportive or accepting of mähū, or pushed mähū into a specific gender (e.g. someone who is mähū and trans femme being pushed to dance in with the kāne).

The other major need with regard to the cultural environment was the need for support in navigating institutions. This includes navigating and advocating for more inclusive spaces. Having champions and kāko'o (support) within cultural spaces would help mähū navigate through systems and resources. Participants on the continent shared the scarcity of kānaka resources in general, with

much fewer that are inclusive to mähū. This is further amplified the further east one lives in the United States (e.g. the resources available for kānaka living in California versus kānaka living in Massachusetts). One participant also shared the need for more diversity within Hawaiian cultural education, "[Mähū] doesn't need to be the focus, but should be included" and "[cultural education] needs to be inclusive of wahine, kāne, and mähū examples. And more mähū kupuna role models."

As mentioned in the Community section, a few Native Hawaiian speakers shared their belief that 'ōlelo Hawai'i is the access point for culture. This was unpacked further in that being able to speak, listen, read, and write allows that mähū the ability to read old newspaper articles, which are all in 'ōlelo Hawai'i, or listen and understand recordings of mele (song) and oli (chant). This allows the mähū to understand the kaona, particularly when mähū within those resources are not directly mentioned, or are mentioned more poetically. For other mähū who do not speak, or are in their early language learning, the exploration may stop short of such kaona, or they may struggle to find entry points into other practices, whether by actual barriers or self-doubt related to their current skill level in other cultural practices.

Similarly, for those mähū who have additional access needs, such as American Sign Language (ASL), without access to an interpreter, it's incredibly hard to learn the culture and feel included as both kānaka and mähū especially since much of the lāhui is a part of the hearing community. One participant who uses ASL interpretation pointed to one Pride event that had ASL interpretation, but it was not on their island of residence. Further, when asking about ASL interpretation at Hawaiian events, they shared that there often is none.

Another element of need is being able to access historical culture. Several participants noted the importance for māhū to understand their historical importance, as well as to be looked at as a source of knowledge themselves. Participants specifically cited a need for additional education on the kuleana of māhū within history, as well as mo'olelo of māhū. There was a recognition of one prominent story of Kapaemāhū; however, there was a desire for additional examples to be shared for māhū and the lāhui to better ground in 'ike kūpuna. Several mentioned the many ways māhū within the lāhui are seen

as sources of knowledge, including in hula, singing, composing, chanting, and weaving. However, māhū need to see themselves reflected in history and find firm grounding in their practice to be able to share and teach. "Māhū have something to contribute in the most actively applicable and appropriate way; we are able to teach and need to be looked at as a resource to teach," said a participant.

Photo below:
Māhū at the 2019 Aloha 'Āina March. Waikīkī, O'ahu.
Photo credit: Greg Noir

We need the substance of our identity for ourselves and within the lāhui. The culture. We need the stories of our people that include māhū. It's important to teach the entire lāhui of māhū, the role of māhū, the history of māhū, to be as one lāhui." – Maui Participant



Resources

Although there are many challenges and barriers for mähū to access cultural knowledge and 'ike kūpuna, once mähū are connected to a cultural practice, regardless of the practice or proficiency, the exercise of the cultural practice is nourishing. Further, the actual space to practice culture, whether physical or energetic, also becomes a resource for connection, acceptance and resilience as mähū.

Participants cited the diversity of cultural practices. One mähū participant from Hawai'i island said, "Hawai'i island inspires the 'ono or desire to want to learn about cultural practice." Other mähū who reside on the continent shared a variety of experiences. One participant shared how some kākaka on the continent don't want to be connected to mea Hawai'i (Hawaiian things). Two continental participants shared their experience in making lei – one making ribbon lei, while the other participant who has been in hālau hula in Hawai'i since childhood but who now lives on the continent, shared that they take their knowledge, such as making lei, and utilize plants found in their community.

Having physical spaces to gather was a big component of creating space for mähū to learn and be connected. Many mähū on the continent said accessing broader non-mähū specific spaces or general Pacific Islander cultural events were ways to connect. This included festivals, Tahitian and Cook Island dance groups, and Native Hawaiian Civic Clubs. A named organization that provides inclusive and affirming cultural space for mähū, as well as other queer and trans Pacific Islanders (QTPIs) is the United Territories of Pacific Island Alliance, or UTOPIA, which has several chapters around the United States. Online sites also provide space to learn and feel connected with the lāhui. Whether it is streaming the Merrie Monarch Hula Festival or following podcasts on social media, the benefit is the lifeline it creates between mähū

and 'ike Hawai'i (Hawaiian knowledge). To that end, two named online resources for those living on the continent were Ka Hale Hoaka and the Keep It Aloha podcast. The various ways one learns and builds one's 'ike and community spoke to a broader theme of the many ways mähū learn, and the many sources of knowledge currently out there, including online or in person. Further, in both methods of learning, the visibility of other kākaka or mähū engaging in cultural practice often gives permission for others to engage in their own learning.

Regardless of where mähū live, "'ike Hawai'i creates bond and community" was a theme that also emerged out of the listening sessions. First, the interest in various topics brings people together and allows kākaka who have lived on the margins (e.g. mähū) have easier access points for connection with other kākaka. Second, mähū community connection is also created when seeing other mähū in the community doing the work. To this end, several participants shared that although there are only a few mähū existing in certain cultural practices, they *are* there. Some of these named practices include hula, oli, ulana (weaving), loko i'a (fishpond), and mahi'ai 'ana (farming). The avenues toward connection to culture is out there and was spoken to by a participant, "any cultural resource that fills you up is a cultural resource that should be tapped into; any cultural resources can be the key to self-preservation."

The importance of mähū in the variety of cultural spaces speaks to not only the need for an increase of mähū in these practices, but also the magic that mähū naturally bring through their duality. Mähū are everywhere, and their lenses and approaches should be cultivated and grown.

This underscores a larger overarching theme that while there is a vital need to create safe, inclusive and affirming cultural spaces for mähū, the goal is to have mähū fully included within the lāhui and that their mähū identity

is as normalized as being wahine and kāne. To this end, the process, as identified by a participant, was to make existing learning spaces mähū affirming, and ultimately to have their mähū identity secondary to why they're in that learning space; being a haumana (student) first, who happens to be mähū. Regarding hula, a mähū from Hawai'i island spoke to this normalization of mähū in cultural spaces, "there's magic in having mähū specific community AND there's magic of having mähū coming into the general population; hula is that vessel."

"Find the teachers that are willing to invest in you, for you; not for what you are, but for who you are."

– Hawai'i Island Participant



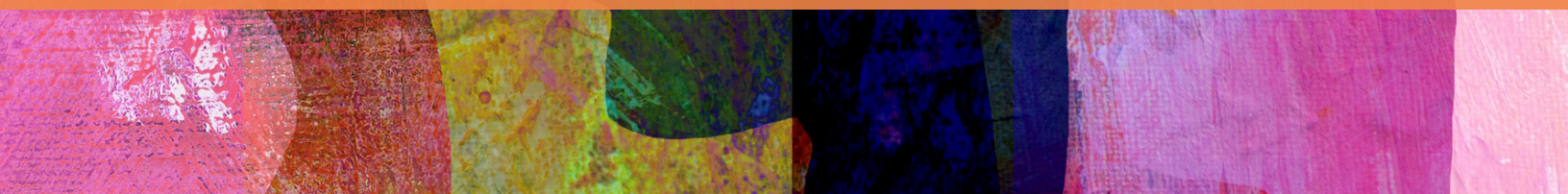


Abstract kāne and wāhine painting



Emerging Themes

Participants had a lot to share about the kuleana they felt māhū had to their 'ohana, kaiāulu and the lāhui. As shared earlier in this report, out of these conversations two primary themes emerged with some residual themes as well. The primary themes, revolved around intentionally creating spaces for māhū to ensure the continued transmission of 'ike and access to cultural practices, while also building toward a long-term goal of māhū being fully integrated into the lāhui in all its functions where being māhū is a non-issue. Below are some residual themes around kuleana that build the foundation on which the two larger themes emerge.



Māhū as connectors between masculine and feminine

A vast majority of participants shared that they felt like māhū are a bridge between masculine/Kū, and feminine/Hina energy. Being that māhū exist within this duality, they embody that duality in their 'ano (character, likeness) and/or kino (body). A participant from Hawai'i island shared, "there's magic in being able to elegantly, beautifully, strongly dance between feminine and masculine behaviors, thinking and practices; it feels powerful when [I am] able to tap into other parts of ourselves (e.g. being a girly girl, and also chopping down trees)."

Māhū as caregivers

With the duality that māhū possess, being able to freely and easily flex into both the masculine and feminine often gives māhū the ability to fill gaps and needs within the kaiāulu, and therefore are natural caregivers. Participants expanded on this mana'o in sharing that māhū are often seen as a safe place, a moena, and caregiving for keiki (children), kūpuna (elders), and even younger māhū. During the Hawai'i Island in-person listening session, participants also discussed the language used in thinking about māhū taking care of others. The group settled on "caregiving" instead of "caretaking" as māhū are often willing to give their care and aloha freely, ensuring that members of the 'ohana and community are supported and uplifted. During this session, one participant also shared that māhū have, whether formally or informally, hānai (adopt, raise) other keiki, and was the person who is seen as their caregiver and the person who is raising the keiki.

As an extension of caregiving, participants also shared that māhū tended to find themselves in teaching roles – both for children and the

community. This passing down of 'ike looks like both the caring for the next generation within the greater secular world, as well as being keepers of culture. To this end, one participant shared an interesting insight. They shared that māhū could be keepers of culture because of their natural aptitude, and/or they could be keepers of culture because they were caregivers for kūpuna during their sunset years while they were keen to share their stories. Further, this mana'o also suggests that māhū were seen as teachers because they would also share the stories the kūpuna shared with them with the keiki that they also cared for. Therefore, perhaps māhū found themselves carrying these additional kuleana (e.g. being seen as historians and teachers) because of their primary kuleana of caregiving for two important populations within our 'ohana and kaiāulu systems.

Māhū as artists and cultural practitioners

Whether by natural aptitude, or access to kūpuna practitioners many participants cited that due to that duality that māhū organically hold, they have an ability to hold some cultural practices (mele, hula, ulana e.g.) as well as other artistry such as composing songs, choreographing, make up, wood working, to name a few. No participant could point to why this feeling of grasping art practices seem to come easier to māhū, but many of shared that they felt it has something to do with the ability to tap into the duality, what a couple called "māhū magic."

Additionally, this māhū magic provides māhū the ability to enhance the artistry of practice by bringing both energies into the art or seeing things through a different light. A participant expanded on this mana'o, "māhū have a higher aptitude of holding art forms; genetically it's how our makeup is. Artistically māhū can hold higher kūlana; there's mana in having that artistic expression in a cultural

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Māhū are a way to learn; the public can learn from us, and we can learn from them; an equal exchange of knowledge because of the lens we use in the world

– Moloka’i Participant

lens. Holding that artistry and practices in your body cannot just happen.” and another participant from the continent applied this to mo’olelo and contemporary LGBTQ spaces “[māhū possess] fluidity and ambiguity in our identity. Thinking of our mo’olelo, Maui is a trickster god, but tricksters also challenge the status quo. Māhū [are] mirrors to society, calling out and creating change...drag is an example of challenging societal norms.”

Māhū resiliency and visibility

With much of what is out there about māhū has been pushed underground post-contact, the work of many māhū and scholars has rekindled the interest and visibility of māhū today. Along those same lines, it’s no wonder that there is mystery and ambiguity around what it means to be māhū. Many participants alluded to the immense resiliency our māhū possess to exist with an identity that pre-dates any foreigner coming u p o n the shores of Hawai’i. Māhū today may still experience homophobia, transphobia, and other discrimination whether by individual people or institutions. To that end, māhū have had to weather those trials and tribulations to continue to survive in today’s world, often with less resources, “[our kuleana is to] show the lāhui that I can be great while being māhū; you can do anything a cis[gender] person can do, if you have the resources, support, [and] mentorship.”

Further, although navigating colonial systems requires extra work, it still has not relieved māhū of what they see as their kuleana around the norms placed upon them. Participants shared their desire for the undoing of the myths around māhū, and specifically to shift the lāhui and general society away from focusing on genitalia to focusing on the kuleana that māhū have to their ‘ohana, kaiāulu and lāhui. A māhū from O’ahu shared more on this, “kuleana of the modern day...to heal the lāhui

of foreign ideas of māhū (e.g. that it’s about one’s ma’i). We can ho’oulu lāhui (preserve the nation) but separate us from those sexually derived myths.”

A turning point for some māhū was the Kū Kia’i Mauna Kea movement. The lāhui was reawakened and so were māhū. Mauna Kea, and its affiliated events, was the first of many spaces where māhū were called to be visible and teach others about who they were as they were actively reclaiming their space within the lāhui. Further, with that reintegration of māhū within Kānaka ‘Ōiwi spaces, also meant the reestablishment of the reciprocal sharing between māhū and the lāhui, “up at Mauna Kea, it wasn’t just about showing face, but to be invited to show up, invited to the table, invited in to do protocol. People are now seeing the value in what we share...it’s a safe space so people can holomua (progress).” shared an O’ahu participant.

With the gifts and kuleana māhū possess, and even though māhū must continue to be resilient to survive, participants shared an underlying desire to also live in a world in which being māhū is as normal as being kāne or wahine. This involves breaking down barriers and discriminatory practices, which is still present today within Native Hawaiian and non-Native Hawaiian spaces. In ensuring spaces are accessible and welcoming, just like they would be for other genders, the gifts and “māhū magic” that comes naturally out of māhū can be sources of knowledge too. This sentiment was summed up nicely by an O’ahu participant, “as long as we have understandings and comfort with māhū identity, we can take on the kuleana of sharing about māhū. This isn’t historical [like] in society, wā kahiko (ancient times), [where] it was widely known, understood, and respected... nowadays we have to do this work.”

Descriptors for Māhū

Multiple participants used descriptors to reference māhū. Many of them were mentioned before and reference the ways in which māhū view and mālama their kuleana to their 'ohana, kaiāulu and the lāhui. Here are some of these descriptors:

Moena

(mat, often a woven mat), as in a safe place for others

Kaula

(mat, often a woven mat), as in a safe place for others

Bearers

of cultural practices

Pewa

(rectangular wedge used in mending bowls), to mend the gap between kāne and wahine

Glue

to bind the family together

A key

to duality

Keepers

of culture

Bridge

between kāne and wahine; cement, to bind the family and the duality

Mentor

to others

Mediator

amongst family members

Bouy

as a safe beacon for others, especially keiki

Helper

as in a support to others





Regional Voices

POL spoke with people from four islands and the continental United States. This section shares some highlights from each geographic region in an effort to uplift specific stories and themes, and to show the nuances that each community is facing.

Maui

Participants from the island of Maui highlighted a few organizations and their efforts to create health inclusive spaces for mähū. These organizations include the Maui AIDS Foundation, Mālama i ke Ola, Kaiser Permanente's Gender Pathways Clinic, and the Queen's Health System. While Maui's healthcare presence is relatively strong, a lack of representation among pre-existing spaces remains a challenge. With distrust in foreign providers, community members are less inclined to attend regular check-ups and/or share their health concerns to receive the best quality of care. Local providers, who are naturally attuned to life on Maui, may connect better with patients and assure them of the right course of treatment. Other health needs include HIV de-stigmatization and a singular compilation of mähū-specific resources to bridge the disconnect between available resources and their target audience.

To supplement the health needs of Maui participants, several cultural and community outlets were discussed. Access to cultural practices such as free 'ōlelo Hawai'i classes, hula, lā'au lapa'au (traditional plant medicine), or lomilomi would play an essential role in supporting mähū wellness. Participants

also suggested community events, support groups, queer fitness classes, and other queer services such as massage therapy, occupational therapy, and behavioral health. Old events can be rekindled, such as mähū gatherings in Iao Valley, and additional spaces can be created over time as these are successful entry points for mähū to share in collective community and culture.

Lastly, the recent tragedy regarding the Maui fires in 2024 prompted conversation around trauma-informed approaches to healthcare and pathways to healing. The fires are just one of many traumas that participants felt impacted their community. Other topics include substance use, incarceration, alienation from religion, and loss of spirituality. To aid in rehabilitation, suggestions include a mähū specific recovery center and halfway house. This would also be a highly beneficial field for mähū to pursue professionally as efforts should be made to inspire the next generation. Overall, the emphasis is placed on creating safe spaces for mähū to authentically bring their fullest self, and a priority on being mindful of the spaces that are being created.

“We need safe spaces just to exist as mähū and gather as mähū and be as mähū as we like essentially.” – Maui Participant





Two māhū marchers holding the Mana Māhū sign in Kapi'olani Park after the 2019 Aloha 'Aina March.
Photo Credit: Greg Noir

O'ahu

The Island of O'ahu is well urbanized and populated by many residents over a condensed square milage. While an urbanized climate invites progressive ideals and further LGBTQ+ visibility, mähū specific spaces are uncommon in the realms of behavioral health, community, and culture. Navigation of non-mähū specific spaces involves the labor of code switching, which implies a level of identity suppression to conform with society norms. O'ahu participants desire safe spaces for mähū to exist authentically such as opening behavioral health spaces to heal from trauma, reorient connections with the world around them, refine discernment, and explore their positionality within a variety of spiritual practices.

A need for intellectual, ceremonial, and cultural spaces was also expressed. Intellectual spaces would largely comprise academic platforms such as journals and discussion panels. As for cultural spaces, hālau hula for mähū and papa 'ōlelo Hawai'i were primary topics of discussion. Leadership programs to introduce

re-indigenization and deconstruction of colonial barriers would also be of great cultural benefit. Programs can be supplemented by larger scale events that are mähū focused such as a retreat or conference. O'ahu participants were especially excited about the prospects of a conference to collectively unite, empower, and advance leaders within the community. Within the conversation of a conference, was two suggestions – a conference by and for mähū, and a conference for the lāhui and community with mähū presenters.

Lastly, while Honolulu hosts an advanced level of medicine, providers are often unaware of mähū culture and clinics are rarely LGBTQ+ friendly. O'ahu participants also reflect on trans healthcare barriers such as insurance discrimination, hormone shortages, and a disconnect between providers and pharmacies. One possible solution, rooted in research, could be gathering data on mähū healthcare experiences, in order to gain traction for training programs, social support, and holistic care.

“We can learn, if there’s a safe space to learn.”

– O'ahu Participant



Moloka'i

The island of Moloka'i is rich in community with a small population of under 10,000 residents. While Moloka'i offers a slower-paced living and a preservation of 'āina-based practices, its lack of modern medicine infrastructure results in steep healthcare limitations for residents. The healthcare process is strenuous, involving inter-island travel, scarce airline services, and unreasonable out-of-pocket expenses. In addition to primary care being largely inaccessible, specialties (e.g. endocrinology and gender-affirming care) become nearly unattainable. Public health education also contributes to the level of inaccessibility as annual health screenings and routine care are not well-established standards. To combat these barriers, a reversal of roles is suggested, bringing the provider to the patient rather than the patient to the provider. This would allow more māhū to access medical care within their daily lives, instead of shouldering the burden of navigating getting to and from an off-island appointment.

External resources such as neighbor-island providers will offer great benefits, especially if done in concurrence with internal programming. Participants suggest cultural outreach programs, māhū retreats, and increased involvement from organizations such as the Moloka'i-based Native Hawaiian Health System, Nā Pu'uwai. These programs would provide holistic support, filling gaps as they relate to health, behavioral health, community, and culture. Programming also does not have to be exclusive to māhū. Community and family members should also participate in learning how to best support their māhū peers and keiki. Family members of māhū could join parent support groups and other family services, and systemic players such as court officials, police, and Department of Health state workers could participate in training sessions.

Photo on right:
National QTPI leaders at the 2023 Pasifika Village Initiative convening in Missoula, Montana.

Hawai'i

To address the health needs of māhū on Hawai'i Island, it is important to acknowledge the broader challenges faced by residents. Hawai'i Island is vast in geographic landscape causing many residents to face steep limitations regarding accessibility. Participants emphasize the need for rural healthcare and suggest mobile healthcare units to reach isolated populations. Inaccessibility persists throughout the island, even in the larger cities. Participants report telehealth appointments booking out three to four months and patients resorting to inter-island travel. These conditions are exacerbated by severe staffing shortages as healthcare workers may seek better opportunities, work-life balance, and compensation on the United States continent. This is just one example of a pre-existing barrier that further prevents māhū from obtaining quality healthcare and coverage.

Within the current system, participants would like to see holistic health brought to the forefront. They expressed a strong desire for māhū-informed approaches to healthcare and suggest that providers participate in specialized training to develop awareness

of implicit bias. One example of a māhū-informed approach could be the integration of behavioral health practices into routine care. Māhū emphasize their emotional and spiritual well-being, which should be reflected in their standard of care.

In addition, to maximize the efforts of current establishments, participants suggest an informal network of peer or patient navigators to direct māhū towards cultural and community resources (e.g. Papa Ola Lōkahi, Kū Ānuehue, Kumukahi Health + Wellness, and Hui Mālama Ola Nā 'Ōiwi). Participants praised the efforts of Kū Ānuehue as they offer a range of māhū and queer specific services such as workshops, support groups, and queer inclusive fitness spaces. In the Hilo Listening Session, Hawai'i was described as the "Island of Quiet Māhū", underlying a social climate of suppressed visibility. To uplift the voices of Hawai'i island participants, supporting māhū spaces such as Kū Ānuehue becomes integral. While barriers to healthcare may not be resolved overnight, there are additional ways to facilitate wellness as it relates to health, behavioral health, community, and culture.



Continent

Māhū participants living on the United States Continent discuss the intersectionality of race and ethnicity with gender and sexuality, creating layers of depth to which they interact with the world around them. The first layer pertains to Native Hawaiian identity and the displacement of Hawaiians to the US Continent.

Research has shown that many Hawaiians are relocating out of necessity rather than by willingness and choice. There currently exists an upward trend in out migration due to economic and housing challenges in Hawai'i. The 2024 'Imi Pono Hawai'i Wellbeing Survey explored this trend, highlighting a close relationship between income levels, housing affordability, and relocation. Findings showed that Native Hawaiians with less financial stability and/or lower levels of educational attainment, were more likely to consider moving to the continent. Māhū participants expressed their concern for the low socioeconomic status of Native Hawaiians and emphasized reversal of the script through the value of education.[5]

While relocation could certainly align with different lifestyles and be a positive opportunity for some, many Hawaiians living on the Continent could probably speak to the infamous quote "priced out of paradise," but in this case "priced out of our homeland." The sacrifices made to optimize financial stability on the continental United States largely revolve around cultural uprooting that compromises the holistic wellbeing of individuals. One participant noted, "when leaving Hawai'i, it's so hard to learn and get re-grounded in cultural practice". To reestablish cultural connection, participants expressed a need for safe spaces, which they suggest can even extend to the greater Polynesian or Pacific Islander community. Depending on location, it may be difficult to access a Hawai'i-specific organization, or at least one that is not confined to the internet. The West Coast appears to have a higher concentration of Native Hawaiian resources and in some states is home to Hawaiian Civic Clubs and hālau hula; for Kānaka 'Ōiwi living more eastward (e.g. midwest, the South, or the east coast) resources and spaces are significantly sparser.

Queer & Trans Pacific Islanders in the Pasifika Institute
at the 2025 Creating Change Conference in
Las Vegas, Nevada.



Involvement in any of these groups facilitates community and cultural practice that may be otherwise absent from the individual's daily lifestyle. There are also practices independent of community groups that individuals can participate in. For instance, one can improvise lei-making with available materials such as flowers at a local farmer's market or grocery store. The underbelly of living on the Continent, however, is that the 'āina breathes life into these practices and would inevitably be strained without its physical roots in Hawai'i.

Second, the intersection of ethnic identity is met with gender and sexuality as mähū comprise an even smaller subset of the Native Hawaiian population. Participants note that while it is difficult to find a Hawaiian community, it is even more difficult to find a queer Hawaiian community. Similarly, there are general LGBTQ spaces, but not necessarily Kānaka 'Ōiwi focused LGBTQ spaces. "My Hawaianness is my queerness, and my queerness is my Hawaianness" states one participant regarding their search for a community that embraces both identities. A few organizations that have made efforts to create this space for mähū include the QTPI

Village, the Pasikia Institute at the Creating Change conference, and several UTOPIA chapters. While these organizations have made a significant impact on supporting mähū wellness, participants are starkly aware of the colonial lens that pervades the healthcare system in the US. Participants spoke to several interventions that either land poorly or simply do not work for indigenous peoples. For instance, they note that commonly practiced suicide prevention interventions often work against Native Hawaiian practices, and approaches to medical transitioning are frequently rooted in a settler-colonial framework of gender that negates the culture of mähū.

Looking ahead, participants shared the need to find ways to incorporate cultural knowledge into health systems and weave indigenous identity into practitioners' line of work. Further, there also must be recognition of the physical distance and lack of community that separates mähū on the Continent from Hawai'i, and find solutions to address the lack of baseline cultural resources. Participants spoke to the power of social media and suggest online platforms as an effective method of connecting mähū and Native Hawaiians from all corners of the diaspora.



Conclusions

Geographic location continues to be a barrier of not only accessing health services but involvement or engagement in social meetings or cultural functions. Residential location continues to be a critical social determinant of health – especially pertaining to island communities that are not on O‘ahu. Access to medical care or social services is a conflict for rural communities. Pertaining to this project alone, there were no participants from Lāna‘i and Kaua‘i.

The mähū community has exemplified remarkable resilience and courage in the face of persistent political risks, social stigma, discrimination, and violence. Mähū cultural epistemologies, philosophies, and research have broadened our understanding of gender and sexuality, offering fluid, flexible, and inclusive frameworks that account for differences across race, class, sex, gender, culture, and communities, though there is still kuleana to uphold, to ensure that the health disparities, safety concerns, and overall inclusion of mähū are addressed.

Despite increased visibility and progress, mähū individuals—especially youth—continue to face significant challenges, including elevated risks of mental health issues, suicide, and self-harm, often compounded by barriers to accessing appropriate support and services. The willingness of mähū individuals to share their experiences has been crucial in advancing research and informing better policies and practices for mähū and the lāhui.

To holomua, it is essential to support advocacy groups, cultivate safe cultural gathering spaces, prioritize intersectional approaches, and address gaps in health disparities, research, and medical care. Continued advocacy, community collaboration, education, and inclusive policy development are vital for creating a society and lāhui where all mähū identities are respected, affirmed, and able to thrive.

Close-up of hāpu‘u leaves



“There’s a place in the cultural practice for us; the barriers are the fellow practitioners.”

– Hawai’i Island Participant

Nā Kia'i o Pi'ikea

A Creative Design for Our Māhū

In 2024, POL commissioned a Maui-based Kānaka 'Ōiwi artist, Aubrey Ke'alohe Matsuura, to create a digital design that would represent the layers and nuances of our māhū community. Over the course of the year and several revisions, the design below was created.

This design was inspired by the hāpu'u, as it was the mea kanu (plant) that inspired much of this report. Among the other distinctive features of the hāpu'u māhū were not only that this hāpu'u species had both black and reddish-brown hairs, but that it was often taller than the rest, and when its leaves are finished, the branches lower until they lay against the trunk. Over time these branches create a pā'ū (skirt) around the trunk.

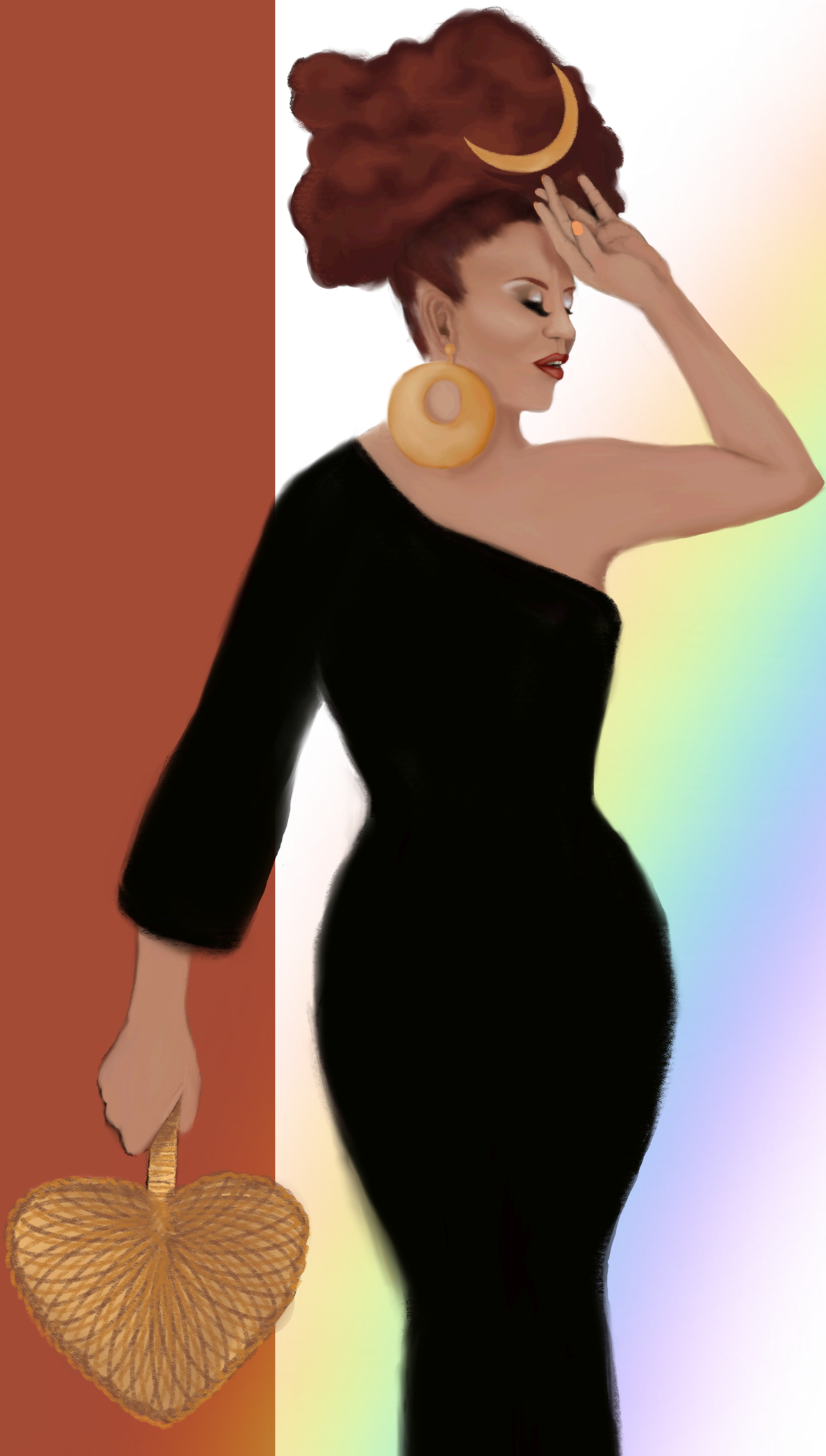
Aubrey took these characteristics and created a design that honored this kupuna of ours. Most prominent in this design is the pā'ū shape that also incorporates the kāpala (stamp) design for fern. This pā'ū shape was also inverted in direction and in color, a nod to the duality that is within māhū. The inverted pā'ū has a color outline, which begins wide and traces itself to a thinner section in the middle. This outline also creates a pewa, which is the small piece of wood that is often used to mend larger

pieces of wood together. This pewa shape is also one of the metaphors participants used to describe the kuleana māhū have of being the thing that bridges both kāne and wahine, or kū and hina energies. Outlining the pewa are either leaf shapes or dots, which signify spores; the spores represent the growth of our māhū and lāhui. The curls between the pā'ū are meant to represent the unfurling or knowledge that continues to happen with our māhū and from our māhū to the kaiāulu. Lastly, the color choices were also intentional to bring in the colors that we find in the hāpu'u hairs -- both the black and reddish-brown.

The advisory council member that gave us the name of this report gave us a second name that we felt fit this design better. This stems from a second reference to hāpu'u, which is in relation to Pi'ikea, the wife of 'Umialiloa. In this mo'olelo, she and Kala'ihauola were Pi'ikea's grandmothers. These two magical tūtū (grandmothers) also left their bodies as stone protectors of Nu'uano, O'ahu. The second inoa, and name of this design for our māhū is Nā Kia'i o Pi'ikea (The Guardians/Caretakers of Pi'ikea), which reflects the care and protection that māhū have has a community, and as māhū can provide for the lāhui.

"We need to not be afraid of accepting this kuleana. We need to lean into this. We are important people in what we do and to the lāhui."
– Maui participant





Mahalo Piha

Ho'omoe wai kāhi ke kāo'o. Let all travel together like water flowing in one direction. - ON #1102
As with many things mea Hawai'i, when things of importance are being done, many hands join to ensure that the task is completed. Like wai in lo'i, flowing through the ho'iwai, kānaka joined together for the purpose of nourishing the lāhui and 'āina through both the listening tour and the report. Many hands went into this work, and we are immensely grateful for it. Mahalo to our kūpuna who guided this work. Mahalo to Dr. Sheri-Ann Daniels, our Papa Ola Lōkahi CEO, and Nāpua Casson-Fisher, the Hale Ho'ona'auao alaka'i, who allowed this work to continue and be community grounded and lead. A special mahalo to these individuals who have directly contributed to ensuring the listening tour, and this report was done in a way that honored our māhū – past, present, and future.

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To the participants of this listening tour. Mahalo for entrusting Papa Ola Lōkahi with your mo'olelo and your mana'o. Each of you shared freely and with the aloha we know māhū possess.



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