S. HRG. 106–462, PT. 6

NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT

HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ONE HUNDRED SIXTH CONGRESS

SECOND SESSION

ON

S. 1929

TO AMEND THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT
TO REVISE AND EXTEND SUCH ACT

MARCH 16, 2000
KAILUA, KONA, HI

PART 6

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NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT

THURSDAY, MARCH 16, 2000

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Kailua, Kona, HI

The committee met, pursuant to notice, at 9 a.m. at the King Kamehameha Kona Beach Hotel, Kailua, Kona, HI, Hon. Daniel K. Inouye (vice chairman of the committee) presiding.

Present: Senators Inouye and Akaka.

[Chanting.]

Senator INOUYE. May I ask Atua Lopez and George Naope to provide the opening blessings for us?

Mr. LOPEZ. [Invocation given in native tongue.]

Mr. NAOPE. [Invocation given in native tongue.]

Senator INOUYE. On behalf of the committee, I thank Uncle George Naope and Atua Lopez for the ole and the pula.

Before proceeding, I would like to present to you the staff that will be helping us today. Jennifer Chock, who is an attorney for the committee. Barbara Sakamoto, a member of my Honolulu staff. Patricia Zell, who is the staff director and chief counsel of the committee.

Noe Kalipi, legislative assistant to Senator Akaka. Jennifer Sabas, my chief of staff in Honolulu. And Wayne Tanaka.

STATEMENT OF HON. DANIEL K. INOUYE, U.S. SENATOR FROM HAWAII, VICE CHAIRMAN, COMMITTEE ON INDIAN AFFAIRS

The Senate Committee on Indian Affairs meets this morning to receive testimony on S. 1929, a bill to reauthorize the Native Hawaiian Health Care Improvement Act. In 1984, the Congress directed the Department of Health and Human Services to conduct a study of the health care needs of Native Hawaiians. That study was submitted to the Congress in July 1986, and the data on Native Hawaiian health status was then compared to data on the health status of other segments of the American population.

The findings were significant, alarming and frightening. Native Hawaiians had higher rates of mortality from certain kinds of cancer, heart disease and diabetes than any other group of Americans. In some disease categories, Native Hawaiians had the highest mortality rates in the world. These statistics prompted the committee to conduct special investigations and hearings throughout the State of Hawaii, and we were assisted by members of Alu Like and Papa Ola Lokahi.

So in 1988, a bill was presented to the Congress. This bill was not the working of the Committee, it was a result of the work done by Papa Ola Lokahi. At the very outset, the committee made it known that the only way we would come forth with a measure that would be relevant to the needs of Native Hawaiians was to have a bill drafted by Hawaiians in Hawaii for Hawaiians.

So in 1988, Congress adopted that measure and it became the Native Hawaiian Health Care Improvement Act. In 1992, it was reauthorized and the bill before us would reauthorize this act further and provide authority for the appropriation of Federal funds to address the health care needs of Native Hawaiians through fiscal year 2010, in other words, for 10 more years.

This bill extends authority for the activities and responsibilities that Papa Ola Lokahi has been administering for the past decade. And in addition to reauthorizing the Native Hawaiian health care systems, it will provide new authority for the establishment of up to three additional health care systems. Under the provisions of the bill, the Papa board would be expanded to include the existing Native Hawaiian health care system, the Hawaiian State Primary Health Care Association and the Kamehameha School Bishop Estate would also become members of the board.

The bill also provides for the establishment of a national bipartisan Native Hawaiian health care entitlement commission. Now, this is a very important commission. If the commission should recommend that Native Hawaiian health care services should become an entitlement, it would be in essence like Social Security. Native Hawaiians could be entitled to this.

And this commission will be charged with determining whether Native Hawaiians should receive health care services as an entitlement. If the members of the commission feel that it should be an entitlement and it should be in the same fashion that those who are eligible for Medicare participate in those programs as an entitlement, then we would pass authorizing legislation to implement the commission's recommendations.

The committee is also pleased that the Papa Ola Lokahi Board and the Office of Hawaiian Affairs [OHA] have recently reached agreement on the amendments to S. 1929 that will provide for a role for OHA in the further development of the comprehensive health care master plan. Here again, these amendments are not the amendments of the committee, they were drafted and initiated by Native Hawaiians.

These amendments will also authorize the Office of Hawaiian Affairs to join in agreements for the collection of data and to enter into a memorandum of understanding with the Health Care Financing Administration. This bill would provide authority for the establishment of a Native Hawaiian center of excellence for nursing at the University of Hawaii Hilo. This is an important step. It will be a school of nursing to focus primarily on ailments and health care problems associated with Native Hawaiians.

We will also have a Native Hawaiian center of excellence for mental health at the University of Hawaiian at Manoa, a Native Hawaiian center of excellence for maternal health and nutrition at the Waimanaio Health Center, and a Native Hawaiian center of ex-

cellence for research, training and integrated medicine at Molokai General Hospital.

The bill also authorizes the Papa Ola Lokahi to carry out Native Hawaiian demonstration projects of national significance in areas such as the education of health professionals, the integration of western medicine with complementary health practices, including traditional Native Hawaiian healing practices.

I should point out that this measure before us, when it was enacted in 1988 was an extraordinary one. For the first time in the history of the United States, this act and therefore the Government of the United States recognized native doctors, kahunas, which is very significant. So they are given legal standing as a result of this measure.

We will also have the use of telemedicine authorized by this measure. The act also authorizes health promotion and disease prevention programs. And we will be setting up an appropriate model of health care for Native Hawaiians and other indigenous people. It may be worthy of note to tell you that there are many organizations throughout the Nation and in the world watching the progress of this measure.

This is the first time a comprehensive bill, a law covering recognizing the role of traditional medicine and traditional healers in the provision of health care for indigenous people has ever been put on the books. So Indian people are now looking at it, because they would like to have their spiritual leaders included in their proposal.

[Text of S. 1929 follows:]

II

106TH CONGRESS
1ST SESSION

S. 1929

To amend the Native Hawaiian Health Care Improvement Act to revise and extend such Act.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 16, 1999

Mr. INOUYE (for himself and Mr. AKAKA) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

---

A BILL

To amend the Native Hawaiian Health Care Improvement Act to revise and extend such Act.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 **SECTION 1. SHORT TITLE.**
4 This Act may be cited as the "Native Hawaiian
5 Health Care Improvement Act Reauthorization of 1999".
6 **SEC. 2. AMENDMENT TO THE NATIVE HAWAIIAN HEALTH**
7 **CARE IMPROVEMENT ACT.**
8 The Native Hawaiian Health Care Improvement Act
9 (42 U.S.C. 11701 et seq.) is amended to read as follows:

1 **"SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 "(a) SHORT TITLE.—This Act may be cited as the
3 'Native Hawaiian Health Care Improvement Act'.

4 "(b) TABLE OF CONTENTS.—The table of contents
5 of this Act is as follows:

"Sec. 1. Short title; table of contents.
"Sec. 2. Findings.
"Sec. 3. Definitions.
"Sec. 4. Declaration of policy.
"Sec. 5. Comprehensive health care master plan for Native Hawaiians.
"Sec. 6. Functions of Papa Ola Lokahi.
"Sec. 7. Native Hawaiian Health Care Systems.
"Sec. 8. Administrative grant for Papa Ola Lokahi.
"Sec. 9. Administration of grants and contracts.
"Sec. 10. Assignment of personnel.
"Sec. 11. Native Hawaiian health scholarships and fellowships.
"Sec. 12. Report.
"Sec. 13. Demonstration projects of national significance.
"Sec. 14. National Bipartisan Commission on Native Hawaiian Health Care Entitlement.
"Sec. 15. Rule of construction.
"Sec. 16. Compliance with Budget Act.
"Sec. 17. Severability.

6 **"SEC. 2. FINDINGS.**

7 "(a) GENERAL FINDINGS.—Congress makes the fol-
8 lowing findings:

9 "(1) Native Hawaiians begin their story with
10 the Kumulipo which details the creation and inter-
11 relationship of all things, including their evolvement
12 as healthy and well people.

13 "(2) Native Hawaiians are a distinct and
14 unique indigenous people with a historical continuity
15 to the original inhabitants of the Hawaiian archipel-
16 ago and have a distinct society organized almost
17 2,000 years ago.

1 "(3) Native Hawaiians have never directly relin-
2 quished to the United States their claims to their in-
3 herent sovereignty as a people or over their national
4 lands, either through their monarchy or through a
5 plebiscite or referendum.

6 "(4) The health and well-being of Native Ha-
7 waiians are intrinsically tied to their deep feelings
8 and attachment to their lands and seas.

9 "(5) The long-range economic and social
10 changes in Hawaii over the 19th and early 20th cen-
11 turies have been devastating to the health and well-
12 being of Native Hawaiians.

13 "(6) The Native Hawaiian people are deter-
14 mined to preserve, develop and transmit to future
15 generations their ancestral territory, and their cul-
16 tural identity in accordance with their own spiritual
17 and traditional beliefs, customs, practices, language,
18 and social institutions. In referring to themselves,
19 Native Hawaiians use the term "Kanaka Maoli", a
20 term frequently used in the 19th century to describe
21 the native people of Hawaii.

22 "(7) The constitution and statutes of the State
23 of Hawaii—

1 "(A) acknowledge the distinct land rights
2 of Native Hawaiian people as beneficiaries of
3 the public lands trust; and
4 "(B) reaffirm and protect the unique right
5 of the Native Hawaiian people to practice and
6 perpetuate their cultural and religious customs,
7 beliefs, practices, and language.
8 "(8) At the time of the arrival of the first non-
9 indigenous people in Hawaii in 1778, the Native Ha-
10 waiian people lived in a highly organized, self-suffi-
11 cient, subsistence social system based on communal
12 land tenure with a sophisticated language, culture,
13 and religion.
14 "(9) A unified monarchical government of the
15 Hawaiian Islands was established in 1810 under Ka-
16 mehameha I, the first King of Hawaii.
17 "(10) Throughout the 19th century and until
18 1893, the United States—
19 "(A) recognized the independence of the
20 Hawaiian Nation;
21 "(B) extended full and complete diplomatic
22 recognition to the Hawaiian Government; and
23 "(C) entered into treaties and conventions
24 with the Hawaiian monarchs to govern com-

1 merce and navigation in 1826, 1842, 1849,
2 1875 and 1887.
3 "(11) In 1893, John L. Stevens, the United
4 States Minister assigned to the sovereign and inde-
5 pendent Kingdom of Hawaii, conspired with a small
6 group of non-Hawaiian residents of the Kingdom,
7 including citizens of the United States, to overthrow
8 the indigenous and lawful government of Hawaii.
9 "(12) In pursuance of that conspiracy, the
10 United States Minister and the naval representative
11 of the United States caused armed naval forces of
12 the United States to invade the sovereign Hawaiian
13 Nation in support of the overthrow of the indigenous
14 and lawful Government of Hawaii and the United
15 States Minister thereupon extended diplomatic rec-
16 ognition of a provisional government formed by the
17 conspirators without the consent of the native people
18 of Hawaii or the lawful Government of Hawaii in
19 violation of treaties between the 2 nations and of
20 international law.
21 "(13) In a message to Congress on December
22 18, 1893, then President Grover Cleveland reported
23 fully and accurately on these illegal actions, and ac-
24 knowledged that by these acts, described by the
25 President as acts of war, the government of a peace-

1 ful and friendly people was overthrown, and the
2 President concluded that a "substantial wrong has
3 thus been done which a due regard for our national
4 character as well as the rights of the injured people
5 required that we should endeavor to repair".
6 "(14) Queen Lili'uokalani, the lawful monarch
7 of Hawaii, and the Hawaiian Patriotic League, rep-
8 resenting the aboriginal citizens of Hawaii, promptly
9 petitioned the United States for redress of these
10 wrongs and for restoration of the indigenous govern-
11 ment of the Hawaiian nation, but this petition was
12 not acted upon.
13 "(15) Further, the United States has acknowl-
14 edged the significance of these events and has apolo-
15 gized to Native Hawaiians on behalf of the people of
16 the United States for the overthrow of the Kingdom
17 of Hawaii with the participation of agents and citi-
18 zens of the United States, and the resulting depriva-
19 tion of the rights of Native Hawaiians to self-deter-
20 mination in legislation in 1993 (Public Law 103–
21 150; 107 Stat. 1510).
22 "(16) In 1898, the United States annexed Ha-
23 waii through the Newlands Resolution without the
24 consent of or compensation to the indigenous people
25 of Hawaii or their sovereign government who were

1 thereby denied the mechanism for expression of their
2 inherent sovereignty through self-government and
3 self-determination, their lands and ocean resources.
4 "(17) Through the Newlands Resolution and
5 the 1900 Organic Act, the Congress received
6 1,750,000 acres of lands formerly owned by the
7 Crown and Government of the Hawaiian Kingdom
8 and exempted the lands from then existing public
9 land laws of the United States by mandating that
10 the revenue and proceeds from these lands be "used
11 solely for the benefit of the inhabitants of the Ha-
12 waiian Islands for education and other public pur-
13 poses", thereby establishing a special trust relation-
14 ship between the United States and the inhabitants
15 of Hawaii.
16 "(18) In 1921, Congress enacted the Hawaiian
17 Homes Commission Act, 1920, which designated
18 200,000 acres of the ceded public lands for exclusive
19 homesteading by Native Hawaiians, thereby affirm-
20 ing the trust relationship between the United States
21 and the Native Hawaiians, as expressed by then Sec-
22 retary of the Interior Franklin K. Lane who was
23 cited in the Committee Report of the Committee on
24 Territories of the House of Representatives as stat-
25 ing, "One thing that impressed me . . . was the fact

1 that the natives of the islands . . . for whom in a
2 sense we are trustees, are falling off rapidly in num-
3 bers and many of them are in poverty.".

4 "(19) In 1938, Congress again acknowledged
5 the unique status of the Native Hawaiian people by
6 including in the Act of June 20, 1938 (52 Stat. 781
7 et seq.), a provision to lease lands within the exten-
8 sion to Native Hawaiians and to permit fishing in
9 the area "only by native Hawaiian residents of said
10 area or of adjacent villages and by visitors under
11 their guidance".

12 "(20) Under the Act entitled "An Act to pro-
13 vide for the admission of the State of Hawaii into
14 the Union", approved March 18, 1959 (73 Stat. 4),
15 the United States transferred responsibility for the
16 administration of the Hawaiian Home Lands to the
17 State of Hawaii but reaffirmed the trust relationship
18 which existed between the United States and the
19 Native Hawaiian people by retaining the exclusive
20 power to enforce the trust, including the power to
21 approve land exchanges, and legislative amendments
22 affecting the rights of beneficiaries under such Act.

23 "(21) Under the Act entitled "An Act to pro-
24 vide for the admission of the State of Hawaii into
25 the Union", approved March 18, 1959 (73 Stat. 4),

1 the United States transferred responsibility for ad-
2 ministration over portions of the ceded public lands
3 trust not retained by the United States to the State
4 of Hawaii but reaffirmed the trust relationship
5 which existed between the United States and the
6 Native Hawaiian people by retaining the legal re-
7 sponsibility of the State for the betterment of the
8 conditions of Native Hawaiians under section 5(f) of
9 such Act.

10 "(22) The authority of the Congress under the
11 Constitution to legislate in matters affecting the ab-
12 original or indigenous peoples of the United States
13 includes the authority to legislate in matters affect-
14 ing the native peoples of Alaska and Hawaii.

15 "(23) Further, the United States has recog-
16 nized the authority of the Native Hawaiian people to
17 continue to work towards an appropriate form of
18 sovereignty as defined by the Native Hawaiian peo-
19 ple themselves in provisions set forth in legislation
20 returning the Hawaiian Island of Kaho'olawe to cus-
21 todial management by the State of Hawaii in 1994.

22 "(24) In furtherance of the trust responsibility
23 for the betterment of the conditions of Native Ha-
24 waiians, the United States has established a pro-
25 gram for the provision of comprehensive health pro-

1 motion and disease prevention services to maintain
2 and improve the health status of the Hawaiian peo-
3 ple. This program is conducted by the Native Ha-
4 waiian Health Care Systems, the Native Hawaiian
5 Health Scholarship Program and Papa Ola Lokahi.
6 Health initiatives from these and other health insti-
7 tutions and agencies using Federal assistance have
8 begun to lower the century-old morbidity and mor-
9 tality rates of Native Hawaiian people by providing
10 comprehensive disease prevention, health promotion
11 activities and increasing the number of Native Ha-
12 waiians in the health and allied health professions.
13 This has been accomplished through the Native Ha-
14 waiian Health Care Act of 1988 (Public Law 100–
15 579) and its reauthorization in section 9168 of Pub-
16 lic Law 102–396 (106 Stat. 1948).

17 "(25) This historical and unique legal relation-
18 ship has been consistently recognized and affirmed
19 by Congress through the enactment of Federal laws
20 which extend to the Native Hawaiian people the
21 same rights and privileges accorded to American In-
22 dian, Alaska Native, Eskimo, and Aleut commu-
23 nities, including the Native American Programs Act
24 of 1974 (42 U.S.C. 2991 et seq.), the American In-
25 dian Religious Freedom Act (42 U.S.C. 1996), the

1 National Museum of the American Indian Act (20
2 U.S.C. 80q et seq.), and the Native American
3 Graves Protection and Repatriation Act (25 U.S.C.
4 3001 et seq.).

5 "(26) The United States has also recognized
6 and reaffirmed the trust relationship to the Native
7 Hawaiian people through legislation which author-
8 izes the provision of services to Native Hawaiians,
9 specifically, the Older Americans Act of 1965 (42
10 U.S.C. 3001 et seq.), the Developmental Disabilities
11 Assistance and Bill of Rights Act Amendments of
12 1987, the Veterans' Benefits and Services Act of
13 1988, the Rehabilitation Act of 1973 (29 U.S.C. 701
14 et seq.), the Native Hawaiian Health Care Act of
15 1988 (Public Law 100–579), the Health Professions
16 Reauthorization Act of 1988, the Nursing Shortage
17 Reduction and Education Extension Act of 1988,
18 the Handicapped Programs Technical Amendments
19 Act of 1988, the Indian Health Care Amendments
20 of 1988, and the Disadvantaged Minority Health
21 Improvement Act of 1990.

22 "(27) The United States has also affirmed the
23 historical and unique legal relationship to the Ha-
24 waiian people by authorizing the provision of serv-
25 ices to Native Hawaiians to address problems of al-

1 cohol and drug abuse under the Anti-Drug Abuse
2 Act of 1986 (Public Law 99–570).

3 "(28) Further, the United States has recog-
4 nized that Native Hawaiians, as aboriginal, indige-
5 nous, native peoples of Hawaii, are a unique popu-
6 lation group in Hawaii and in the continental United
7 States and has so declared in Office of Management
8 and Budget Circular 15 in 1997 and Presidential
9 Executive Order No. 13125, dated June 7, 1999.

10 "(29) Despite the United States having ex-
11 pressed its commitment to a policy of reconciliation
12 with the Native Hawaiian people for past grievances
13 in Public Law 103–150 (107 Stat. 1510) the unmet
14 health needs of the Native Hawaiian people remain
15 severe and their health status continues to be far
16 below that of the general population of the United
17 States.

18 "(b) UNMET NEEDS AND HEALTH DISPARITIES.—
19 Congress finds that the unmet needs and serious health
20 disparities that adversely affect the Native Hawaiian peo-
21 ple include the following:

22 "(1) CHRONIC DISEASE AND ILLNESS.—

23 "(A) CANCER.—

24 "(i) IN GENERAL.—With respect to all
25 cancer—

1 "(I) Native Hawaiians have the
2 highest cancer mortality rates in the
3 State of Hawaii (231.0 out of every
4 100,000 residents), 45 percent higher
5 than that for the total State popu-
6 lation (159.7 out of every 100,000
7 residents);
8 "(II) Native Hawaiian males
9 have the highest cancer mortality
10 rates in the State of Hawaii for can-
11 cers of the lung, liver and pancreas
12 and for all cancers combined;
13 "(III) Native Hawaiian females
14 ranked highest in the State of Hawaii
15 for cancers of the lung, liver, pan-
16 creas, breast, cervix uteri, corpus
17 uteri, stomach, and rectum, and for
18 all cancers combined;
19 "(IV) Native Hawaiian males
20 have the highest years of productive
21 life lost from cancer in the State of
22 Hawaii with 8.7 years compared to
23 6.4 years for other males; and
24 "(V) Native Hawaiian females
25 have 8.2 years of productive life lost

1 from cancer in the State of Hawaii as
2 compared to 6.4 years for other fe-
3 males in the State of Hawaii;
4 "(ii) BREAST CANCER.—With respect
5 to breast cancer—
6 "(I) Native Hawaiians have the
7 highest mortality rates in the State of
8 Hawaii from breast cancer (37.96 out
9 of every 100,000 residents), which is
10 25 percent higher than that for Cau-
11 casian Americans (30.25 out of every
12 100,000 residents) and 106 percent
13 higher than that for Chinese Ameri-
14 cans (18.39 out of every 100,000 resi-
15 dents); and
16 "(II) nationally, Native Hawai-
17 ians have the third highest mortality
18 rates due to breast cancer (25.0 out
19 of every 100,000 residents) following
20 African Americans (31.4 out of every
21 100,000 residents) and Caucasian
22 Americans (27.0 out of every 100,000
23 residents).
24 "(iii) CANCER OF THE CERVIX.—Na-
25 tive Hawaiians have the highest mortality

1 rates from cancer of the cervix in the State
2 of Hawaii (3.82 out of every 100,000 resi-
3 dents) followed by Filipino Americans
4 (3.33 out of every 100,000 residents) and
5 Caucasian Americans (2.61 out of every
6 100,000 residents).

7 "(iv) LUNG CANCER.—Native Hawai-
8 ians have the highest mortality rates from
9 lung cancer in the State of Hawaii (90.70
10 out of every 100,000 residents), which is
11 61 percent higher than Caucasian Ameri-
12 cans, who rank second and 161 percent
13 higher than Japanese Americans, who rank
14 third.

15 "(v) PROSTATE CANCER.—Native Ha-
16 waiian males have the second highest mor-
17 tality rates due to prostate cancer in the
18 State of Hawaii (25.86 out of every
19 100,000 residents) with Caucasian Ameri-
20 cans having the highest mortality rate
21 from prostate cancer (30.55 out of every
22 100,000 residents).

23 "(B) DIABETES.—With respect to diabe-
24 tes, for the years 1989 through 1991—

1 "(i) Native Hawaiians had the highest
2 mortality rate due to diabetes mellitis
3 (34.7 out of every 100,000 residents) in
4 the State of Hawaii which is 130 percent
5 higher than the statewide rate for all other
6 races (15.1 out of every 100,000 resi-
7 dents);
8 "(ii) full-blood Hawaiians had a mor-
9 tality rate of 93.3 out of every 100,000
10 residents, which is 518 percent higher than
11 the rate for the statewide population of all
12 other races; and
13 "(iii) Native Hawaiians who are less
14 than full-blood had a mortality rate of 27.1
15 out of every 100,000 residents, which is 79
16 percent higher than the rate for the state-
17 wide population of all other races.
18 "(C) ASTHMA.—With respect to asthma—
19 "(i) in 1990, Native Hawaiians com-
20 prised 44 percent of all asthma cases in
21 the State of Hawaii for those 18 years of
22 age and younger, and 35 percent of all
23 asthma cases reported; and
24 "(ii) in 1992, the Native Hawaiian
25 rate for asthma was 81.7 out of every

1000 residents, which was 73 percent higher than the rate for the total statewide population of 47.3 out of every 1000 residents.

"(D) CIRCULATORY DISEASES.—

"(i) HEART DISEASE.—With respect to heart disease—

"(I) the death rate for Native Hawaiians from heart disease (333.4 out of every 100,000 residents) is 66 percent higher than for the entire State of Hawaii (201.1 out of every 100,000 residents); and

"(II) Native Hawaiian males have the greatest years of productive life lost in the State of Hawaii where Native Hawaiian males lose an average of 15.5 years and Native Hawaiian females lose an average of 8.2 years due to heart disease, as compared to 7.5 years for all males in the State of Hawaii and 6.4 years for all females.

"(ii) HYPERTENSION.—The death rate for Native Hawaiians from hyper-

tension (3.5 out of every 100,000 residents) is 84 percent higher than that for the entire State (1.9 out of every 100,000 residents).

"(iii) STROKE.—The death rate for Native Hawaiians from stroke (58.3 out of every 100,000 residents) is 13 percent higher than that for the entire State (51.8 out of every 100,000 residents).

"(2) INFECTIOUS DISEASE AND ILLNESS.—The incidence of AIDS for Native Hawaiians is at least twice as high per 100,000 residents (10.5 percent) than that for any other non-Caucasian group in the State of Hawaii.

"(3) ACCIDENTS.—With respect to accidents—

"(A) the death rate for Native Hawaiians from accidents (38.8 out of every 100,000 residents) is 45 percent higher than that for the entire State (26.8 out of every 100,000 residents);

"(B) Native Hawaiian males lose an average of 14 years of productive life lost from accidents as compared to 9.8 years for all other males in Hawaii; and

1 "(C) Native Hawaiian females lose and av-
2 erage of 4 years of productive life lost from ac-
3 cidents but this rate is the highest rate among
4 all females in the State of Hawaii.

5 "(4) DENTAL HEALTH.—With respect to dental
6 health—

7 "(A) Native Hawaiian children exhibit
8 among the highest rates of dental caries in the
9 nation, and the highest in the State of Hawaii
10 as compared to the 5 other major ethnic groups
11 in the State;

12 "(B) the average number of decayed or
13 filled primary teeth for Native Hawaiian chil-
14 dren ages 5 through 9 years was 4.3 as com-
15 pared with 3.7 for the entire State of Hawaii
16 and 1.9 for the United States; and

17 "(C) the proportion of Native Hawaiian
18 children ages 5 through 12 years with unmet
19 treatment needs (defined as having active den-
20 tal caries requiring treatment) is 40 percent as
21 compared with 33 percent for all other races in
22 the State of Hawaii.

23 "(5) LIFE EXPECTANCY.—With respect to life
24 expectancy—

1 "(A) Native Hawaiians have the lowest life
2 expectancy of all population groups in the State
3 of Hawaii;
4 "(B) between 1910 and 1980, the life ex-
5 pectancy of Native Hawaiians from birth has
6 ranged from 5 to 10 years less than that of the
7 overall State population average; and
8 "(C) the most recent tables for 1990 show
9 Native Hawaiian life expectancy at birth (74.27
10 years) to be about 5 years less than that of the
11 total State population (78.85 years).
12 "(6) MATERNAL AND CHILD HEALTH.—
13 "(A) PRENATAL CARE.—With respect to
14 prenatal care—
15 "(i) as of 1996, Native Hawaiian
16 women have the highest prevalence (21
17 percent) of having had no prenatal care
18 during their first trimester of pregnancy
19 when compared to the 5 largest ethnic
20 groups in the State of Hawaii;
21 "(ii) of the mothers in the State of
22 Hawaii who received no prenatal care
23 throughout their pregnancy in 1996, 44
24 percent were Native Hawaiian;

1 "(iii) over 65 percent of the referrals
2 to Healthy Start in fiscal years 1996 and
3 1997 were Native Hawaiian newborns; and
4 "(iv) in every region of the State of
5 Hawaii, many Native Hawaiian newborns
6 begin life in a potentially hazardous cir-
7 cumstance, far higher than any other ra-
8 cial group.
9 "(B) BIRTHS.—With respect to births—
10 "(i) in 1996, 45 percent of the live
11 births to Native Hawaiian mothers were
12 infants born to single mothers which sta-
13 tistics indicate put infants at higher risk of
14 low birth weight and infant mortality;
15 "(ii) in 1996, of the births to Native
16 Hawaiian single mothers, 8 percent were
17 low birth weight (under 2500 grams); and
18 "(iii) of all low birth weight babies
19 born to single mothers in the State of Ha-
20 waii, 44 percent were Native Hawaiian.
21 "(C) TEEN PREGNANCIES.—With respect
22 to births—
23 "(i) in 1993 and 1994, Native Hawai-
24 ians had the highest percentage of teen
25 (individuals who were less than 18 years of

age) births (8.1 percent) compared to the rate for all other races in the State of Hawaii (3.6 percent);

"(ii) in 1996, nearly 53 percent of all mothers in Hawaii under 18 years of age were Native Hawaiian;

"(iii) lower rates of abortion (a third lower than for the statewide population) among Hawaiian women may account in part, for the higher percentage of live births;

"(iv) in 1995, of the births to mothers age 14 years and younger in Hawaii, 66 percent were Native Hawaiian; and

"(v) in 1996, of the births in this same group, 48 percent were Native Hawaiian.

"(D) FETAL MORTALITY.—In 1996, Native Hawaiian fetal mortality rates comprised 15 percent of all fetal deaths for the State of Hawaii. However, for fetal deaths occurring in mothers under the age of 18 years, 32 percent were Native Hawaiian, and for mothers 18 through 24 years of age, 28 percent were Native Hawaiians.

1 "(7) MENTAL HEALTH.—
2 "(A) ALCOHOL AND DRUG ABUSE.—With
3 respect to alcohol and drug abuse—
4 "(i) Native Hawaiians represent 38
5 percent of the total admissions to Depart-
6 ment of Health, Alcohol, Drugs and Other
7 Drugs, funded substance abuse treatment
8 programs;
9 "(ii) in 1997, the prevalence of smok-
10 ing by Native Hawaiians was 28.5 percent,
11 a rate that is 53 percent higher than that
12 for all other races in the State of Hawaii
13 which is 18.6 percent;
14 "(iii) Native Hawaiians have the high-
15 est prevalence rates of acute drinking (31
16 percent), a rate that is 79 percent higher
17 than that for all other races in the State
18 of Hawaii;
19 "(iv) the chronic drinking rate among
20 Native Hawaiians is 54 percent higher
21 than that for all other races in the State
22 of Hawaii;
23 "(v) in 1991, 40 percent of the Native
24 Hawaiian adults surveyed reported having
25 used marijuana compared with 30 percent

1 for all other races in the State of Hawaii;
2 and
3 "(vi) nine percent of the Native Ha-
4 waiian adults surveyed reported that they
5 are current users (within the past year) of
6 marijuana, compared with 6 percent for all
7 other races in the State of Hawaii.
8 "(B) CRIME.—With respect to crime—
9 "(i) in 1996, of the 5,944 arrests that
10 were made for property crimes in the State
11 of Hawaii, arrests of Native Hawaiians
12 comprised 20 percent of that total;
13 "(ii) Native Hawaiian juveniles com-
14 prised a third of all juvenile arrests in
15 1996;
16 "(iii) In 1996, Native Hawaiians rep-
17 resented 21 percent of the 8,000 adults ar-
18 rested for violent crimes in the State of
19 Hawaii, and 38 percent of the 4,066 juve-
20 nile arrests;
21 "(iv) Native Hawaiians are over-rep-
22 resented in the prison population in Ha-
23 waii;
24 "(v) in 1995 and 1996 Native Hawai-
25 ians comprised 36.5 percent of the sen-

1 tenced felon prison population in Hawaii,
2 as compared to 20.5 percent for Caucasian
3 Americans, 3.7 percent for Japanese
4 Americans, and 6 percent for Chinese
5 Americans;
6 "(vi) in 1995 and 1996 Native Ha-
7 waiians made up 45.4 percent of the tech-
8 nical violator population, and at the Ha-
9 waii Youth Correctional Facility, Native
10 Hawaiians constituted 51.6 percent of all
11 detainees in fiscal year 1997; and
12 "(vii) based on anecdotal information
13 from inmates at the Halawa Correction
14 Facilities, Native Hawaiians are estimated
15 to comprise between 60 and 70 percent of
16 all inmates.
17 "(8) HEALTH PROFESSIONS EDUCATION AND
18 TRAINING.—With respect to health professions edu-
19 cation and training—
20 "(A) Native Hawaiians age 25 years and
21 older have a comparable rate of high school
22 completion, however, the rates of baccalaureate
23 degree achievement amongst Native Hawaiians
24 are less than the norm in the State of Hawaii
25 (6.9 percent and 15.76 percent respectively);

1 "(B) Native Hawaiian physicians make up
2 4 percent of the total physician workforce in the
3 State of Hawaii; and
4 "(C) in fiscal year 1997, Native Hawaiians
5 comprised 8 percent of those individuals who
6 earned Bachelor's Degrees, 14 percent of those
7 individuals who earned professional diplomas, 6
8 percent of those individuals who earned Mas-
9 ter's Degrees, and less than 1 percent of indi-
10 viduals who earned doctoral degrees at the Uni-
11 versity of Hawaii.
12 **"SEC. 3. DEFINITIONS.**
13 "In this Act:
14 "(1) DISEASE PREVENTION.—The term 'disease
15 prevention' includes—
16 "(A) immunizations;
17 "(B) control of high blood pressure;
18 "(C) control of sexually transmittable dis-
19 eases;
20 "(D) prevention and control of diabetes;
21 "(E) control of toxic agents;
22 "(F) occupational safety and health;
23 "(G) accident prevention;
24 "(H) fluoridation of water;
25 "(I) control of infectious agents; and

1 "(J) provision of mental health care.
2 "(2) HEALTH PROMOTION.—The term 'health
3 promotion' includes—
4 "(A) pregnancy and infant care, including
5 prevention of fetal alcohol syndrome;
6 "(B) cessation of tobacco smoking;
7 "(C) reduction in the misuse of alcohol and
8 drugs;
9 "(D) improvement of nutrition;
10 "(E) improvement in physical fitness;
11 "(F) family planning;
12 "(G) control of stress;
13 "(H) reduction of major behavioral risk
14 factors and promotion of healthy lifestyle prac-
15 tices; and
16 "(I) integration of cultural approaches to
17 health and well-being, including traditional
18 practices relating to the land ('aina), water
19 (wai), and ocean (kai).
20 "(3) NATIVE HAWAIIAN.—The term 'Native
21 Hawaiian' means any individual who is Kanaka
22 Maoli (a descendant of the aboriginal people who,
23 prior to 1778, occupied and exercised sovereignty in
24 the area that now constitutes the State of Hawaii)
25 as evidenced by—

1 "(A) genealogical records,

2 "(B) Kupuna (elders) or Kama'aina (long-
3 term community residents) verification; or

4 "(C) birth records of the State of Hawaii.

5 "(4) NATIVE HAWAIIAN HEALTH CARE SYS-
6 TEM.—The term 'Native Hawaiian health care sys-
7 tem' means an entity—

8 "(A) which is organized under the laws of
9 the State of Hawaii;

10 "(B) which provides or arranges for health
11 care services through practitioners licensed by
12 the State of Hawaii, where licensure require-
13 ments are applicable;

14 "(C) which is a public or nonprofit private
15 entity;

16 "(D) in which Native Hawaiian health
17 practitioners significantly participate in the
18 planning, management, monitoring, and evalua-
19 tion of health care services;

20 "(E) which may be composed of as many
21 as 8 Native Hawaiian health care systems as
22 necessary to meet the health care needs of each
23 island's Native Hawaiians; and

24 "(F) which is—

1 "(i) recognized by Papa Ola Lokahi
2 for the purpose of planning, conducting, or
3 administering programs, or portions of
4 programs, authorized by this chapter for
5 the benefit of Native Hawaiians; and
6 "(ii) certified by Papa Ola Lokahi as
7 having the qualifications and the capacity
8 to provide the services and meet the re-
9 quirements under the contract the Native
10 Hawaiian health care system enters into
11 with the Secretary or the grant the Native
12 Hawaiian health care system receives from
13 the Secretary pursuant to this Act.
14 "(5) NATIVE HAWAIIAN ORGANIZATION.—The
15 term 'Native Hawaiian organization' means any or-
16 ganization—
17 "(A) which serves the interests of Native
18 Hawaiians; and
19 "(B) which is—
20 "(i) recognized by Papa Ola Lokahi
21 for the purpose of planning, conducting, or
22 administering programs (or portions of
23 programs) authorized under this Act for
24 the benefit of Native Hawaiians; and

1 "(ii) a public or nonprofit private en-
2 tity.
3 "(6) PAPA OLA LOKAHI.—
4 "(A) IN GENERAL.—The term 'Papa Ola
5 Lokahi' means an organization that is com-
6 posed of public agencies and private organiza-
7 tions focusing on improving the health status of
8 Native Hawaiians. Board members of such or-
9 ganization may include representation from—
10 "(i) E Ola Mau;
11 "(ii) the Office of Hawaiian Affairs of
12 the State of Hawaii;
13 "(iii) Alu Like Inc.;
14 "(iv) the University of Hawaii;
15 "(v) the Hawaii State Department of
16 Health;
17 "(vi) the Kamehameha Schools
18 Bishop Estate, or other Native Hawaiian
19 organization responsible for the adminis-
20 tration of the Native Hawaiian Health
21 Scholarship Program;
22 "(vii) the Hawaii State Primary Care
23 Association, or other organizations respon-
24 sible for the placement of scholars from

1 the Native Hawaiian Health Scholarship
2 Program;
3 "(viii) Ahahui O Na Kauka, the Na-
4 tive Hawaiian Physicians Association;
5 "(ix) Ho'ola Lahui Hawaii, or a
6 health care system serving Kaua'i or
7 Ni'ihau, and which may be composed of as
8 many health care centers as are necessary
9 to meet the health care needs of the Native
10 Hawaiians of those islands;
11 "(x) Ke Ola Mamo, or a health care
12 system serving the island of O'ahu and
13 which may be composed of as many health
14 care centers as are necessary to meet the
15 health care needs of the Native Hawaiians
16 of that island;
17 "(xi) Na Pu'uwai or a health care sys-
18 tem serving Moloka'i or Lana'i, and which
19 may be composed of as many health care
20 centers as are necessary to meet the health
21 care needs of the Native Hawaiians of
22 those islands;
23 "(xii) Hui No Ke Ola Pono, or a
24 health care system serving the island of
25 Maui, and which may be composed of as

1 many health care centers as are necessary
2 to meet the health care needs of the Native
3 Hawaiians of that island;
4 "(xiii) Hui Malama Ola Ha 'Oiwi, or
5 a health care system serving the island of
6 Hawaii, and which may be composed of as
7 many health care centers as are necessary
8 to meet the health care needs of the Native
9 Hawaiians of that island;
10 "(xiv) other Native Hawaiian health
11 care systems as certified and recognized by
12 Papa Ola Lokahi in accordance with this
13 Act; and
14 "(xv) such other member organiza-
15 tions as the Board of Papa Ola Lokahi
16 may admit from time to time, based upon
17 satisfactory demonstration of a record of
18 contribution to the health and well-being of
19 Native Hawaiians.
20 "(B) LIMITATION.—Such term does not in-
21 clude any organization described in subpara-
22 graph (A) if the Secretary determines that such
23 organization has not developed a mission state-
24 ment with clearly defined goals and objectives
25 for the contributions the organization will make

to the Native Hawaiian health care systems, and an action plan for carrying out those goals and objectives.

"(7) PRIMARY HEALTH SERVICES.—The term 'primary health services' means—

"(A) services of physicians, physicians' assistants, nurse practitioners, and other health professionals;

"(B) diagnostic laboratory and radiologic services;

"(C) preventive health services including perinatal services, well child services, family planning services, nutrition services, home health services, and, generally, all those services associated with enhanced health and wellness.

"(D) emergency medical services;

"(E) transportation services as required for adequate patient care;

"(F) preventive dental services; and

"(G) pharmaceutical and nutraceutical services.

"(8) SECRETARY.—The term 'Secretary' means the Secretary of Health and Human Services.

1 "(9) TRADITIONAL NATIVE HAWAIIAN HEAL-
2 ER.—The term 'traditional Native Hawaiian healer'
3 means a practitioner—
4 "(A) who—
5 "(i) is of Native Hawaiian ancestry;
6 and
7 "(ii) has the knowledge, skills, and ex-
8 perience in direct personal health care of
9 individuals; and
10 "(B) whose knowledge, skills, and experi-
11 ence are based on demonstrated learning of Na-
12 tive Hawaiian healing practices acquired by—
13 "(i) direct practical association with
14 Native Hawaiian elders; and
15 "(ii) oral traditions transmitted from
16 generation to generation.

17 **"SEC. 4. DECLARATION OF POLICY.**

18 "(a) CONGRESS.—Congress hereby declares that it is
19 the policy of the United States in fulfillment of its special
20 responsibilities and legal obligations to the indigenous peo-
21 ple of Hawaii resulting from the unique and historical re-
22 lationship between the United States and the indigenous
23 people of Hawaii—
24 "(1) to raise the health status of Native Hawai-
25 ians to the highest possible health level; and

1 "(2) to provide existing Native Hawaiian health
2 care programs with all resources necessary to effec-
3 tuate this policy.
4 "(b) INTENT OF CONGRESS.—
5 "(1) IN GENERAL.—It is the intent of the Con-
6 gress that—
7 "(A) health care programs having a dem-
8 onstrated effect of substantially reducing or
9 eliminating the over-representation of Native
10 Hawaiians among those suffering from chronic
11 and acute disease and illness and addressing
12 the health needs of Native Hawaiians shall be
13 established and implemented; and
14 "(B) the Nation meet the Healthy People
15 2010 and Kanaka Maoli health objectives de-
16 scribed in paragraph (2) by the year 2010.
17 "(2) HEALTHY PEOPLE AND KANAKA MAOLI
18 HEALTH OBJECTIVES.—The Healthy People 2010
19 and Kanaka Maoli health objectives described in this
20 paragraph are the following:
21 "(A) CHRONIC DISEASE AND ILLNESS.—
22 "(i) CARDIOVASCULAR DISEASE.—
23 With respect to cardiovascular disease—
24 "(I) to increase to 75 percent the
25 proportion of females who are aware

1 that cardiovascular disease (heart dis-
2 ease and stroke) is the leading cause
3 of death for all females.
4 "(II) to increase to at least 95
5 percent the proportion of adults who
6 have had their blood pressure meas-
7 ured within the preceding 2 years and
8 can state whether their blood pressure
9 was normal or high; and
10 "(III) to increase to at least 75
11 percent the proportion of adults who
12 have had their blood cholesterol
13 checked within the preceding 5 years.
14 "(ii) DIABETES.—With respect to dia-
15 betes—
16 "(I) to increase to 80 percent the
17 proportion of persons with diabetes
18 whose condition has been diagnosed;
19 "(II) to increase to at least 20
20 percent the proportion of patients
21 with diabetes who annually obtain
22 lipid assessment (total cholesterol,
23 LDL cholesterol, HDL cholesterol,
24 triglyceride); and

1 "(III) to increase to 52 percent
2 the proportion of persons with diabe-
3 tes who have received formal diabetes
4 education.
5 "(iii) CANCER.—With respect to can-
6 cer—
7 "(I) to increase to at least 95
8 percent the proportion of women age
9 18 and older who have ever received a
10 Pap test and to at least 85 percent
11 those who have received a Pap test
12 within the preceding 3 years; and
13 "(II) to increase to at least 40
14 percent the proportion of women age
15 40 and older who have received a
16 breast examination and a mammo-
17 gram within the preceding 2 years.
18 "(iv) DENTAL HEALTH.—With respect
19 to dental health—
20 "(I) to reduce untreated cavities
21 in the primary and permanent teeth
22 (mixed dentition) so that the propor-
23 tion of children with decayed teeth not
24 filled is not more than 12 percent
25 among children ages 2 through 4, 22

1 percent among children ages 6
2 through 8, and 15 percent among
3 adolescents ages 8 through 15;
4 "(II) to increase to at least 70
5 percent the proportion of children
6 ages 8 through 14 who have received
7 protective sealants in permanent
8 molar teeth; and
9 "(III) to increase to at least 70
10 percent the proportion of adults age
11 18 and older using the oral health
12 care system each year.
13 "(v) MENTAL HEALTH.—With respect
14 to mental health—
15 "(I) to incorporate or support
16 land('aina)-based, water(wai)-based,
17 or the ocean(kai)-based programs
18 within the context of mental health
19 activities; and
20 "(II) to reduce the anger and
21 frustration levels within 'ohana' focus-
22 ing on building positive relationships
23 and striving for balance in living
24 (lokahi) and achieving a sense of con-
25 tentment (pono).

1 "(vi) ASTHMA.—With respect to asth-
2 ma—
3 "(I) to increase to at least 40
4 percent the proportion of people with
5 asthma who receive formal patient
6 education, including information
7 about community and self-help re-
8 sources, as an integral part of the
9 management of their condition;
10 "(II) to increase to at least 75
11 percent the proportion of patients who
12 receive counseling from health care
13 providers on how to recognize early
14 signs of worsening asthma and how to
15 respond appropriately; and
16 "(III) to increase to at least 75
17 percent the proportion of primary care
18 providers who are trained to provide
19 culturally competent care to ethnic
20 minorities (Native Hawaiians) seeking
21 health care for chronic obstructive
22 pulmonary disease.
23 "(B) INFECTIOUS DISEASE AND ILL-
24 NESS.—

1 "(i) IMMUNIZATIONS.—With respect
2 to immunizations—
3 "(I) to reduce indigenous cases of
4 vaccine-preventable disease;
5 "(II) to achieve immunization
6 coverage of at least 90 percent among
7 children between 19 and 35 months of
8 age; and
9 "(III) to increase to 90 percent
10 the rate of immunization coverage
11 among adults 65 years of age or
12 older, and 60 percent for high-risk
13 adults between 18 and 64 years of
14 age.
15 "(ii) SEXUALLY TRANSMITTED DIS-
16 EASES, HIV; AIDS.—To increase the num-
17 ber of HIV-infected adolescents and adults
18 in care who receive treatment consistent
19 with current public health treatment guide-
20 lines.
21 "(C) WELLNESS.—
22 "(i) EXERCISE.—With respect to exer-
23 cise—
24 "(I) to increase to 85 percent the
25 proportion of people ages 18 and older

1 who engage in any leisure time phys-
2 ical activity; and
3 "(II) to increase to at least 30
4 percent the proportion of people ages
5 18 and older who engage regularly,
6 preferably daily, in sustained physical
7 activity for at least 30 minutes per
8 day.
9 "(ii) NUTRITION.—With respect to
10 nutrition—
11 "(I) to increase to at least 60
12 percent the prevalence of healthy
13 weight (defined as body mass index
14 equal to or greater than 19.0 and less
15 than 25.0) among all people age 20
16 and older;
17 "(II) to increase to at least 75
18 percent the proportion of people age 2
19 and older who meet the dietary guide-
20 lines' minimum average daily goal of
21 at least 5 servings of vegetables and
22 fruits; and
23 "(III) to increase the use of tra-
24 ditional Native Hawaiian foods in all
25 peoples' diets and dietary preferences.

1 "(iii) LIFESTYLE.—With respect to
2 lifestyle—
3 "(I) to reduce cigarette smoking
4 among pregnant women to a preva-
5 lence of not more than 2 percent;
6 "(II) to reduce the prevalence of
7 respiratory disease, cardiovascular dis-
8 ease, and cancer resulting from expo-
9 sure to tobacco smoke;
10 "(III) to increase to at least 70
11 percent the proportion of all preg-
12 nancies among women between the
13 ages of 15 and 44 that are planned
14 (intended); and
15 "(IV) to reduce deaths caused by
16 unintentional injuries to not more
17 than 25.9 per 100,000.
18 "(iv) CULTURE.—With respect to cul-
19 ture—
20 "(I) to develop and implement
21 cultural values within the context of
22 the corporate cultures of the Native
23 Hawaiian health care systems, the
24 Native Hawaiian Health Scholarship
25 Program, and Papa Ola Lokahi; and

1 "(II) to facilitate the provision of
2 Native Hawaiian healing practices by
3 Native Hawaiian healers for those cli-
4 ents desiring such assistance.
5 "(D) ACCESS.—With respect to access—
6 "(i) to increase the proportion of pa-
7 tients who have coverage for clinical pre-
8 ventive services as part of their health in-
9 surance; and
10 "(ii) to reduce to not more than 7
11 percent the proportion of individuals and
12 families who report that they did not ob-
13 tain all the health care that they needed.
14 "(E) HEALTH PROFESSIONS TRAINING
15 AND EDUCATION.—With respect to health pro-
16 fessions training and education—
17 "(i) to increase the proportion of all
18 degrees in the health professions and allied
19 and associated health professions fields
20 awarded to members of underrepresented
21 racial and ethnic minority groups; and
22 "(ii) to support training activities and
23 programs in traditional Native Hawaiian
24 healing practices by Native Hawaiian heal-
25 ers.

"(c) REPORT.—The Secretary shall submit to the President, for inclusion in each report required to be transmitted to Congress under section 11, a report on the progress made in each toward meeting each of the objectives described in subsection (b)(2).

"SEC. 5. COMPREHENSIVE HEALTH CARE MASTER PLAN FOR NATIVE HAWAIIANS.

"(a) DEVELOPMENT.—

"(1) IN GENERAL.—The Secretary may make a grant to, or enter into a contract with, Papa Ola Lokahi for the purpose of coordinating, implementing and updating a Native Hawaiian comprehensive health care master plan designed to promote comprehensive health promotion and disease prevention services and to maintain and improve the health status of Native Hawaiians, and to support community-based initiatives that are reflective of holistic approaches to health.

"(2) COLLABORATION.—The Papa Ola Lokahi shall collaborate with the Office of Hawaiian Affairs in carrying out this section.

"(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out subsection (a).

1 **"SEC. 6. FUNCTIONS OF PAPA OLA LOKAHI.**

2 "(a) RESPONSIBILITY.—Papa Ola Lokahi shall be re-
3 sponsible for the—
4 "(1) coordination, implementation, and updat-
5 ing, as appropriate, of the comprehensive health care
6 master plan developed pursuant to section 5;
7 "(2) training for the persons described in sub-
8 paragraphs (B) and (C) of section 7(c)(1);
9 "(3) identification of and research into the dis-
10 eases that are most prevalent among Native Hawai-
11 ians, including behavioral, biomedical, epidemiolog-
12 ical, and health services; and
13 "(4) the development of an action plan outlin-
14 ing the contributions that each member organization
15 of Papa Ola Lokahi will make in carrying out the
16 policy of this Act.
17 "(b) SPECIAL PROJECT FUNDS.—Papa Ola Lokahi
18 may receive special project funds that may be appro-
19 priated for the purpose of research on the health status
20 of Native Hawaiians or for the purpose of addressing the
21 health care needs of Native Hawaiians.
22 "(c) CLEARINGHOUSE.—
23 "(1) IN GENERAL.—Papa Ola Lokahi shall
24 serve as a clearinghouse for—

1 "(A) the collection and maintenance of
2 data associated with the health status of Native
3 Hawaiians;
4 "(B) the identification and research into
5 diseases affecting Native Hawaiians;
6 "(C) the availability of Native Hawaiian
7 project funds, research projects and publica-
8 tions;
9 "(D) the collaboration of research in the
10 area of Native Hawaiian health; and
11 "(E) the timely dissemination of informa-
12 tion pertinent to the Native Hawaiian health
13 care systems.
14 "(2) CONSULTATION.—The Secretary shall con-
15 sult periodically with Papa Ola Lokahi for the pur-
16 poses of maintaining the clearinghouse under para-
17 graph (1) and providing information about programs
18 in the Department that specifically address Native
19 Hawaiian issues and concerns.
20 "(d) FISCAL ALLOCATION AND COORDINATION OF
21 PROGRAMS AND SERVICES.—
22 "(1) RECOMMENDATIONS.—Papa Ola Lokahi
23 shall provide annual recommendations to the Sec-
24 retary with respect to the allocation of all amounts
25 appropriated under this Act.

1 "(2) COORDINATION.—Papa Ola Lokahi shall,
2 to the maximum extent possible, coordinate and as-
3 sist the health care programs and services provided
4 to Native Hawaiians.
5 "(3) REPRESENTATION ON COMMISSION.—The
6 Secretary, in consultation with Papa Ola Lokahi,
7 shall make recommendations for Native Hawaiian
8 representation on the President's Advisory Commis-
9 sion on Asian Americans and Pacific Islanders.
10 "(e) TECHNICAL SUPPORT.—Papa Ola Lokahi shall
11 act as a statewide infrastructure to provide technical sup-
12 port and coordination of training and technical assistance
13 to the Native Hawaiian health care systems.
14 "(f) RELATIONSHIPS WITH OTHER AGENCIES.—
15 "(1) AUTHORITY.—Papa Ola Lokahi may enter
16 into agreements or memoranda of understanding
17 with relevant agencies or organizations that are ca-
18 pable of providing resources or services to the Native
19 Hawaiian health care systems.
20 "(2) MEDICARE, MEDICAID, SCHIP.—Papa Ola
21 Lokahi shall develop or make every reasonable effort
22 to—
23 "(A) develop a contractual or other ar-
24 rangement, through memoranda of understand-
25 ing or agreement, with the Health Care Financ-

1 ing Administration or the agency of the State
2 which administers or supervises the administra-
3 tion of a State plan or waiver approved under
4 title XVIII, XIX or title XXI of the Social Se-
5 curity Act for payment of all or a part of the
6 health care services to persons who are eligible
7 for medical assistance under such a State plan
8 or waiver; and
9 "(B) assist in the collection of appropriate
10 reimbursement for health care services to per-
11 sons who are entitled to insurance under title
12 XVIII of the Social Security Act.
13 **"SEC. 7. NATIVE HAWAIIAN HEALTH CARE SYSTEMS.**
14 "(a) COMPREHENSIVE HEALTH PROMOTION, DIS-
15 EASE PREVENTION, AND PRIMARY HEALTH SERVICES.—
16 "(1) GRANTS AND CONTRACTS.—The Secretary,
17 in consultation with Papa Ola Lokahi, may make
18 grants to, or enter into contracts with, any qualified
19 entity for the purpose of providing comprehensive
20 health promotion and disease prevention services, as
21 well as primary health services, to Native Hawaiians
22 who desire and are committed to bettering their own
23 health.
24 "(2) PREFERENCE.—In making grants and en-
25 tering into contracts under this subsection, the Sec-

1 retary shall give preference to Native Hawaiian
2 health care systems and Native Hawaiian organiza-
3 tions and, to the extent feasible, health promotion
4 and disease prevention services shall be performed
5 through Native Hawaiian health care systems.

6 "(3) QUALIFIED ENTITY.—An entity is a quali-
7 fied entity for purposes of paragraph (1) if the en-
8 tity is a Native Hawaiian health care system.

9 "(4) LIMITATION ON NUMBER OF ENTITIES.—
10 The Secretary may make a grant to, or enter into
11 a contract with, not more than 8 Native Hawaiian
12 health care systems under this subsection during
13 any fiscal year.

14 "(b) PLANNING GRANT OR CONTRACT.—In addition
15 to grants and contracts under subsection (a), the Sec-
16 retary may make a grant to, or enter into a contract with,
17 Papa Ola Lokahi for the purpose of planning Native Ha-
18 waiian health care systems to serve the health needs of
19 Native Hawaiian communities on each of the islands of
20 O'ahu, Moloka'i, Maui, Hawai'i, Lana'i, Kaua'i, and
21 Ni'ihau in the State of Hawaii.

22 "(c) SERVICES TO BE PROVIDED.—

23 "(1) IN GENERAL.—Each recipient of funds
24 under subsection (a) shall ensure that the following
25 services either are provided or arranged for:

1 "(A) Outreach services to inform Native
2 Hawaiians of the availability of health services.
3 "(B) Education in health promotion and
4 disease prevention of the Native Hawaiian pop-
5 ulation by, wherever possible, Native Hawaiian
6 health care practitioners, community outreach
7 workers, counselors, and cultural educators.
8 "(C) Services of physicians, physicians' as-
9 sistants, nurse practitioners or other health and
10 allied-health professionals.
11 "(D) Immunizations.
12 "(E) Prevention and control of diabetes,
13 high blood pressure, and otitis media.
14 "(F) Pregnancy and infant care.
15 "(G) Improvement of nutrition.
16 "(H) Identification, treatment, control,
17 and reduction of the incidence of preventable
18 illnesses and conditions endemic to Native Ha-
19 waiians.
20 "(I) Collection of data related to the pre-
21 vention of diseases and illnesses among Native
22 Hawaiians.
23 "(J) Services within the meaning of the
24 terms 'health promotion', 'disease prevention',
25 and 'primary health services', as such terms are

1 defined in section 3, which are not specifically
2 referred to in subsection (a).
3 "(K) Support of culturally appropriate ac-
4 tivities enhancing health and wellness including
5 land-based, water-based, ocean-based, and spir-
6 itually-based projects and programs.
7 "(2) TRADITIONAL HEALERS.—The health care
8 services referred to in paragraph (1) which are pro-
9 vided under grants or contracts under subsection (a)
10 may be provided by traditional Native Hawaiian
11 healers.
12 "(d) FEDERAL TORT CLAIMS ACT.—Individuals that
13 provide medical, dental, or other services referred to in
14 subsection (a)(1) for Native Hawaiian health care sys-
15 tems, including providers of traditional Native Hawaiian
16 healing services, shall be treated as if such individuals
17 were members of the Public Health Service and shall be
18 covered under the provisions of section 224 of the Public
19 Health Service Act.
20 "(e) SITE FOR OTHER FEDERAL PAYMENTS.—A Na-
21 tive Hawaiian health care system that receives funds
22 under subsection (a) shall provide a designated area and
23 appropriate staff to serve as a Federal loan repayment fa-
24 cility. Such facility shall be designed to enable health and
25 allied-health professionals to remit payments with respect

1 to loans provided to such professionals under any Federal
2 loan program.
3 "(f) RESTRICTION ON USE OF GRANT AND CON-
4 TRACT FUNDS.—The Secretary may not make a grant to,
5 or enter into a contract with, an entity under subsection
6 (a) unless the entity agrees that amounts received under
7 such grant or contract will not, directly or through con-
8 tract, be expended—
9 "(1) for any services other than the services de-
10 scribed in subsection (c)(1);
11 "(2) to provide inpatient services;
12 "(3) to make cash payments to intended recipi-
13 ents of health services; or
14 "(4) to purchase or improve real property
15 (other than minor remodeling of existing improve-
16 ments to real property) or to purchase major medi-
17 cal equipment.
18 "(g) LIMITATION ON CHARGES FOR SERVICES.—The
19 Secretary may not make a grant to, or enter into a con-
20 tract with, an entity under subsection (a) unless the entity
21 agrees that, whether health services are provided directly
22 or through contract—
23 "(1) health services under the grant or contract
24 will be provided without regard to ability to pay for
25 the health services; and

1 "(2) the entity will impose a charge for the de-
2 livery of health services, and such charge—
3 "(A) will be made according to a schedule
4 of charges that is made available to the public;
5 and
6 "(B) will be adjusted to reflect the income
7 of the individual involved.
8 "(h) AUTHORIZATION OF APPROPRIATIONS.—
9 "(1) GENERAL GRANTS.—There is authorized
10 to be appropriated such sums as may be necessary
11 for each of fiscal years 2000 through 2010 to carry
12 out subsection (a).
13 "(2) PLANNING GRANTS.—There is authorized
14 to be appropriated such sums as may be necessary
15 for each of fiscal years 2000 through 2010 to carry
16 out subsection (b).
17 **"SEC. 8. ADMINISTRATIVE GRANT FOR PAPA OLA LOKAHI.**
18 "(a) IN GENERAL.—In addition to any other grant
19 or contract under this Act, the Secretary may make grants
20 to, or enter into contracts with, Papa Ola Lokahi for—
21 "(1) coordination, implementation, and updat-
22 ing (as appropriate) of the comprehensive health
23 care master plan developed pursuant to section 5;
24 "(2) training for the persons described in sub-
25 paragraphs (B) and (C) of section 7(c)(1);

1 "SEC. 9. ADMINISTRATION OF GRANTS AND CONTRACTS.

2 "(a) TERMS AND CONDITIONS.—The Secretary shall
3 include in any grant made or contract entered into under
4 this Act such terms and conditions as the Secretary con-
5 siders necessary or appropriate to ensure that the objec-
6 tives of such grant or contract are achieved.

7 "(b) PERIODIC REVIEW.—The Secretary shall peri-
8 odically evaluate the performance of, and compliance with,
9 grants and contracts under this Act.

10 "(c) ADMINISTRATIVE REQUIREMENTS.—The Sec-
11 retary may not make a grant or enter into a contract
12 under this Act with an entity unless the entity—

13 "(1) agrees to establish such procedures for fis-
14 cal control and fund accounting as may be necessary
15 to ensure proper disbursement and accounting with
16 respect to the grant or contract;

17 "(2) agrees to ensure the confidentiality of
18 records maintained on individuals receiving health
19 services under the grant or contract;

20 "(3) with respect to providing health services to
21 any population of Native Hawaiians, a substantial
22 portion of which has a limited ability to speak the
23 English language—

24 "(A) has developed and has the ability to
25 carry out a reasonable plan to provide health
26 services under the grant or contract through in-

1 dividuals who are able to communicate with the
2 population involved in the language and cultural
3 context that is most appropriate; and
4 "(B) has designated at least 1 individual,
5 fluent in both English and the appropriate lan-
6 guage, to assist in carrying out the plan;
7 "(4) with respect to health services that are
8 covered in the plan of the State of Hawaii approved
9 under title XIX of the Social Security Act—
10 "(A) if the entity will provide under the
11 grant or contract any such health services di-
12 rectly—
13 "(i) the entity has entered into a par-
14 ticipation agreement under such plans; and
15 "(ii) the entity is qualified to receive
16 payments under such plan; and
17 "(B) if the entity will provide under the
18 grant or contract any such health services
19 through a contract with an organization—
20 "(i) the organization has entered into
21 a participation agreement under such plan;
22 and
23 "(ii) the organization is qualified to
24 receive payments under such plan; and

1 "(5) agrees to submit to the Secretary and to
2 Papa Ola Lokahi an annual report that describes
3 the use and costs of health services provided under
4 the grant or contract (including the average cost of
5 health services per user) and that provides such
6 other information as the Secretary determines to be
7 appropriate.

8 "(d) CONTRACT EVALUATION.—

9 "(1) DETERMINATION OF NONCOMPLIANCE.—
10 If, as a result of evaluations conducted by the Sec-
11 retary, the Secretary determines that an entity has
12 not complied with or satisfactorily performed a con-
13 tract entered into under section 7, the Secretary
14 shall, prior to renewing such contract, attempt to re-
15 solve the areas of noncompliance or unsatisfactory
16 performance and modify such contract to prevent fu-
17 ture occurrences of such noncompliance or unsatis-
18 factory performance.

19 "(2) NONRENEWAL.—If the Secretary deter-
20 mines that the noncompliance or unsatisfactory per-
21 formance described in paragraph (1) with respect to
22 an entity cannot be resolved and prevented in the fu-
23 ture, the Secretary shall not renew the contract with
24 such entity and may enter into a contract under sec-
25 tion 7 with another entity referred to in subsection

1 (a)(3) of such section that provides services to the
2 same population of Native Hawaiians which is
3 served by the entity whose contract is not renewed
4 by reason of this paragraph.

5 "(3) CONSIDERATION OF RESULTS.—In deter-
6 mining whether to renew a contract entered into
7 with an entity under this Act, the Secretary shall
8 consider the results of the evaluations conducted
9 under this section.

10 "(4) APPLICATION OF FEDERAL LAWS.—All
11 contracts entered into by the Secretary under this
12 Act shall be in accordance with all Federal contract-
13 ing laws and regulations, except that, in the discre-
14 tion of the Secretary, such contracts may be nego-
15 tiated without advertising and may be exempted
16 from the provisions of the Act of August 24, 1935
17 (40 U.S.C. 270a et seq.).

18 "(5) PAYMENTS.—Payments made under any
19 contract entered into under this Act may be made
20 in advance, by means of reimbursement, or in in-
21 stallments and shall be made on such conditions as
22 the Secretary deems necessary to carry out the pur-
23 poses of this Act.

24 "(e) LIMITATION ON USE OF FUNDS FOR ADMINIS-
25 TRATIVE EXPENSES.—Except with respect to grants and

1 contracts under section 8, the Secretary may not make
2 a grant to, or enter into a contract with, an entity under
3 this Act unless the entity agrees that the entity will not
4 expend more than 15 percent of the amounts received pur-
5 suant to this Act for the purpose of administering the
6 grant or contract.

7 "(f) REPORT.—

8 "(1) IN GENERAL.—For each fiscal year during
9 which an entity receives or expends funds pursuant
10 to a grant or contract under this Act, such entity
11 shall submit to the Secretary and to Papa Ola
12 Lokahi an annual report—

13 "(A) on the activities conducted by the en-
14 tity under the grant or contract;

15 "(B) on the amounts and purposes for
16 which Federal funds were expended; and

17 "(C) containing such other information as
18 the Secretary may request.

19 "(2) AUDITS.—The reports and records of any
20 entity concerning any grant or contract under this
21 Act shall be subject to audit by the Secretary, the
22 Inspector General of the Department of Health and
23 Human Services, and the Comptroller General of the
24 United States.

1 "(g) ANNUAL PRIVATE AUDIT.—The Secretary shall
2 allow as a cost of any grant made or contract entered into
3 under this Act the cost of an annual private audit con-
4 ducted by a certified public accountant.

5 **"SEC. 10. ASSIGNMENT OF PERSONNEL.**

6 "(a) IN GENERAL.—The Secretary may enter into an
7 agreement with any entity under which the Secretary may
8 assign personnel of the Department of Health and Human
9 Services with expertise identified by such entity to such
10 entity on detail for the purposes of providing comprehen-
11 sive health promotion and disease prevention services to
12 Native Hawaiians.

13 "(b) APPLICABLE FEDERAL PERSONNEL PROVI-
14 SIONS.—Any assignment of personnel made by the Sec-
15 retary under any agreement entered into under subsection
16 (a) shall be treated as an assignment of Federal personnel
17 to a local government that is made in accordance with sub-
18 chapter VI of chapter 33 of title 5, United States Code.

19 **"SEC. 11. NATIVE HAWAIIAN HEALTH SCHOLARSHIPS AND**
20 **FELLOWSHIPS.**

21 "(a) ELIGIBILITY.—Subject to the availability of
22 amounts appropriated under subsection (c), the Secretary
23 shall provide funds through a direct grant or a cooperative
24 agreement to Kamehameha Schools Bishop Estate or an-
25 other Native Hawaiian organization or health care organi-

1 zation with experience in the administration of educational
2 scholarships or placement services for the purpose of pro-
3 viding scholarship assistance to students who—
4 "(1) meet the requirements of section 338A of
5 the Public Health Service Act, except for assistance
6 as provided for under subsection (b)(2); and
7 "(2) are Native Hawaiians.
8 "(b) TERMS AND CONDITIONS.—
9 "(1) IN GENERAL.—The scholarship assistance
10 under subsection (a) shall be provided under the
11 same terms and subject to the same conditions, reg-
12 ulations, and rules as apply to scholarship assistance
13 provided under section 338A of the Public Health
14 Service Act (except as provided for in paragraph
15 (2)), except that—
16 "(A) the provision of scholarships in each
17 type of health care profession training shall cor-
18 respond to the need for each type of health care
19 professional to serve the Native Hawaiian
20 health care systems identified by Papa Ola
21 Lokahi;
22 "(B) to the maximum extent practicable,
23 the Secretary shall select scholarship recipients
24 from a list of eligible applicants submitted by
25 the Kamehameha Schools Bishop Estate or the

1 Native Hawaiian organization administering the
2 program;
3 "(C) the obligated service requirement for
4 each scholarship recipient (except for those re-
5 ceiving assistance under paragraph (2)) shall be
6 fulfilled through service, in order of priority,
7 in—
8 "(i) any one of the Native Hawaiian
9 health care systems; or
10 "(ii) health professions shortage
11 areas, medically underserved areas, or geo-
12 graphic areas or facilities similarly des-
13 ignated by the United States Public Health
14 Service in the State of Hawaii;
15 "(D) the provision of counseling, retention
16 and other support services shall not be limited
17 to scholarship recipients, but shall also include
18 recipients of other scholarship and financial aid
19 programs enrolled in appropriate health profes-
20 sions training programs.
21 "(E) financial assistance may be provided
22 to scholarship recipients in those health profes-
23 sions designated in such section 338A while
24 they are fulfilling their service requirement in

1 any one of the Native Hawaiian health care sys-
2 tems or community health centers.
3 "(2) FELLOWSHIPS.—Financial assistance
4 through fellowships may be provided to Native Ha-
5 waiian applicants accepted and participating in a
6 certificated program provided by a traditional Native
7 Hawaiian healer in traditional Native Hawaiian
8 healing practices including lomi-lomi, la'au lapa'au,
9 and ho'oponopono. Such assistance may include a
10 stipend or reimbursement for costs associated with
11 participation in the program.
12 "(3) RIGHTS AND BENEFITS.—Scholarship re-
13 cipients in health professions designated in section
14 338A of the Public Health Service Act while fulfill-
15 ing their service requirements shall have all the
16 same rights and benefits of members of the National
17 Health Service Corps during their period of service.
18 "(4) NO INCLUSION OF ASSISTANCE IN GROSS
19 INCOME.—Financial assistance provided to scholar-
20 ship recipients for tuition, books and other school-re-
21 lated expenditures under this section shall not be in-
22 cluded in gross income for purposes of the Internal
23 Revenue Code of 1986.
24 "(c) AUTHORIZATION OF APPROPRIATIONS.—There
25 is authorized to be appropriated such sums as may be nec-

1 essary for each of fiscal years 2000 through 2010 for the
2 purpose of funding the scholarship assistance program
3 under subsection (a).

4 **"SEC. 12. REPORT.**

5 "The President shall, at the time the budget is sub-
6 mitted under section 1105 of title 31, United States Code,
7 for each fiscal year transmit to Congress a report on the
8 progress made in meeting the objectives of this Act, in-
9 cluding a review of programs established or assisted pur-
10 suant to this Act and an assessment and recommendations
11 of additional programs or additional assistance necessary
12 to, at a minimum, provide health services to Native Ha-
13 waiians, and ensure a health status for Native Hawaiians,
14 which are at a parity with the health services available
15 to, and the health status of, the general population.

16 **"SEC. 13. DEMONSTRATION PROJECTS OF NATIONAL SIG-**
17 **NIFICANCE.**

18 "(a) AUTHORITY AND AREAS OF INTEREST.—The
19 Secretary, in consultation with Papa Ola Lokahi, may allo-
20 cate amounts appropriated under this Act, or any other
21 Act, to carry out Native Hawaiian demonstration projects
22 of national significance. The areas of interest of such
23 projects may include—

24 "(1) the education of health professionals, and
25 other individuals in institutions of higher learning,

1 in health and allied health programs in complementary healing practices, including Native Hawaiian healing practices;

"(2) the integration of Western medicine with complementary healing practices including traditional Native Hawaiian healing practices;

"(3) the use of tele-wellness and telecommunications in chronic disease management and health promotion and disease prevention;

"(4) the development of appropriate models of health care for Native Hawaiians and other indigenous people including the provision of culturally competent health services, related activities focusing on wellness concepts, the development of appropriate kupuna care programs, and the development of financial mechanisms and collaborative relationships leading to universal access to health care;

"(5) the development of a centralized database and information system relating to the health care status, health care needs, and wellness of Native Hawaiians; and

"(6) the establishment of a Native Hawaiian Center of Excellence for Nursing at the University of Hawaii at Hilo, a Native Hawaiian Center of Excellence for Mental Health at the University of Ha-

1 waii at Manoa, a Native Hawaiian Center of Excel-
2 lence for Maternal Health and Nutrition at the
3 Waimanalo Health Center, and a Native Hawaiian
4 Center of Excellence for Research, Training, and In-
5 tegrated Medicine at Molokai General Hospital.
6 "(b) NONREDUCTION IN OTHER FUNDING.—The al-
7 location of funds for demonstration projects under sub-
8 section (a) shall not result in a reduction in funds required
9 by the Native Hawaiian health care systems, the Native
10 Hawaiian Health Scholarship Program, or Papa Ola
11 Lokahi to carry out their respective responsibilities under
12 this Act.

13 **"SEC. 14. NATIONAL BIPARTISAN COMMISSION ON NATIVE**
14 **HAWAIIAN HEALTH CARE ENTITLEMENT.**

15 "(a) ESTABLISHMENT.—There is hereby established
16 a National Bipartisan Native Hawaiian Health Care Enti-
17 tlement Commission (referred to in this Act as the 'Com-
18 mission').
19 "(b) MEMBERSHIP.—The Commission shall be com-
20 posed of 21 members to be appointed as follows:
21 "(1) CONGRESSIONAL MEMBERS.—
22 "(A) APPOINTMENT.—Eight members of
23 the Commission shall be members of Congress,
24 of which—

1 "(i) two members shall be from the
2 House of Representatives and shall be ap-
3 pointed by the Majority Leader;
4 "(ii) two members shall be from the
5 House of Representatives and shall be ap-
6 pointed by the Minority Leader;
7 "(iii) two members shall be from the
8 Senate and shall be appointed by the Ma-
9 jority Leader; and
10 "(iv) two members shall be from the
11 Senate and shall be appointed by the Mi-
12 nority Leader.
13 "(B) RELEVANT COMMITTEE MEMBER-
14 SHIP.—The members of the Commission ap-
15 pointed under subparagraph (A) shall each be
16 members of the committees of Congress that
17 consider legislation affecting the provision of
18 health care to Native Hawaiians and other Na-
19 tive American.
20 "(C) CHAIRPERSON.—The members of the
21 Commission appointed under subparagraph (A)
22 shall elect the chairperson and vice-chairperson
23 of the Commission.

1 "(2) HAWAIIAN HEALTH MEMBERS.—Eleven
2 members of the Commission shall be appointed by
3 Hawaiian health entities, of which—
4 "(A) five members shall be appointed by
5 the Native Hawaiian Health Care Systems;
6 "(B) one member shall be appointed by the
7 Hawaii State Primary Care Association;
8 "(C) one member shall be appointed by
9 Papa Ola Lokahi;
10 "(D) one member shall be appointed by the
11 State Council of Hawaiian Homestead Associa-
12 tions;
13 "(E) one member shall be appointed by the
14 Office of Hawaiian Affairs; and
15 "(F) two members shall be appointed by
16 the Association of Hawaiian Civic Clubs and
17 shall represent Native Hawaiian populations on
18 the United States continent.
19 "(3) SECRETARIAL MEMBERS.—Two members
20 of the Commission shall be appointed by the Sec-
21 retary and shall possess knowledge of the health
22 concerns and wellness issues facing Native Hawai-
23 ians.
24 "(c) TERMS.—

1 "(1) IN GENERAL.—The members of the Com-
2 mission shall serve for the life of the Commission.
3 "(2) INITIAL APPOINTMENT OF MEMBERS.—
4 The members of the Commission shall be appointed
5 under subsection (b)(1) not later than 90 days after
6 the date of enactment of this Act, and the remaining
7 members of the Commission shall be appointed not
8 later than 60 days after the date on which the mem-
9 bers are appointed under such subsection (b)(1).
10 "(3) VACANCIES.—A vacancy in the member-
11 ship of the Commission shall be filled in the manner
12 in which the original appointment was made.
13 "(d) DUTIES OF THE COMMISSION.—The Commis-
14 sion shall carry out the following duties and functions:
15 "(1) Review and analyze the recommendations
16 of the report of the study committee established
17 under paragraph (3).
18 "(2) Make recommendations to Congress for
19 the provision of health services to Native Hawaiian
20 individuals as an entitlement, giving due regard to
21 the effects of a program on existing health care de-
22 livery systems for Native Hawaiians and the effect
23 of such programs on self-determination and their
24 reconciliation.

1 "(3) Establish a study committee to be com-
2 posed of at least 10 members from the Commission,
3 including 4 members of the members appointed
4 under subsection (b)(1), 5 of the members appointed
5 under subsection (b)(2), and 1 of the members ap-
6 pointed by the Secretary under subsection (b)(3),
7 which shall—

8 "(A) to the extent necessary to carry out
9 its duties, collect and compile data necessary to
10 understand the extent of Native Hawaiian
11 needs with regards to the provision of health
12 services, including holding hearings and solicit-
13 ing the views of Native Hawaiians and Native
14 Hawaiian organizations, and which may include
15 authorizing and funding feasibility studies of
16 various models for all Native Hawaiian bene-
17 ficiaries and their families, including those that
18 live on the United States continent;

19 "(B) make recommendations to the Com-
20 mission for legislation that will provide for the
21 culturally-competent and appropriate provision
22 of health services for Native Hawaiians as an
23 entitlement, which shall, at a minimum, address
24 issues of eligibility and benefits to be provided,
25 including recommendations regarding from

1 whom such health services are to be provided
2 and the cost and mechanisms for funding of the
3 health services to be provided;
4 "(C) determine the effect of the enactment
5 of such recommendations on the existing system
6 of delivery of health services for Native Hawai-
7 ians;
8 "(D) determine the effect of a health serv-
9 ice entitlement program for Native Hawaiian
10 individuals on their self-determination and the
11 reconciliation of their relationship with the
12 United States;
13 "(E) not later than 12 months after the
14 date of the appointment of all members of the
15 Commission, make a written report of its find-
16 ings and recommendations to the Commission,
17 which report shall include a statement of the
18 minority and majority position of the committee
19 and which shall be disseminated, at a minimum,
20 to Native Hawaiian organizations and agencies
21 and health organizations referred to in sub-
22 section (b)(2) for comment to the Commission;
23 and
24 "(F) report regularly to the full Commis-
25 sion regarding the findings and recommenda-

1 tions developed by the committee in the course
2 of carrying out its duties under this section.
3 "(4) Not later than 18 months after the date
4 of the appointment of all members of the Commis-
5 sion, submit a written report to Congress containing
6 a recommendation of policies and legislation to im-
7 plement a policy that would establish a health care
8 system for Native Hawaiians, grounded in their cul-
9 ture, and based on the delivery of health services as
10 an entitlement, together with a determination of the
11 implications of such an entitlement system on exist-
12 ing health care delivery systems for Native Hawai-
13 ians and their self-determination and the reconcili-
14 ation of their relationship with the United States.
15 "(e) ADMINISTRATIVE PROVISIONS.—
16 "(1) COMPENSATION AND EXPENSES.—
17 "(A) CONGRESSIONAL MEMBERS.—Each
18 member of the Commission appointed under
19 subsection (b)(1) shall not receive any addi-
20 tional compensation, allowances, or benefits by
21 reason of their service on the Commission. Such
22 members shall receive travel expenses and per
23 diem in lieu of subsistence in accordance with
24 sections 5702 and 5703 of title 5, United
25 States Code.

1 "(B) OTHER MEMBERS.—The members of
2 the Commission appointed under paragraphs
3 (2) and (3) of subsection (b) shall, while serv-
4 ing on the business of the Commission (includ-
5 ing travel time), receive compensation at the
6 per diem equivalent of the rate provided for in-
7 dividuals under level IV of the Executive Sched-
8 ule under section 5315 of title 5, United States
9 Code, and while serving away from their home
10 or regular place of business, be allowed travel
11 expenses, as authorized by the chairperson of
12 the Commission.
13 "(C) OTHER PERSONNEL.—For purposes
14 of compensation (other than compensation of
15 the members of the Commission) and employ-
16 ment benefits, rights, and privileges, all person-
17 nel of the Commission shall be treated as if
18 they were employees of the Senate.
19 "(2) MEETINGS AND QUORUM.—
20 "(A) MEETINGS.—The Commission shall
21 meet at the call of the chairperson.
22 "(B) QUORUM.—A quorum of the Commis-
23 sion shall consist of not less than 12 members,
24 of which—

1 "(i) not less than 4 of such members
2 shall be appointees under subsection
3 (b)(1)l;
4 "(ii) not less than 7 of such members
5 shall be appointees under subsection
6 (b)(2); and
7 "(iii) not less than 1 of such members
8 shall be an appointee under subsection
9 (b)(3).
10 "(3) DIRECTOR AND STAFF.—
11 "(A) EXECUTIVE DIRECTOR.—The mem-
12 bers of the Commission shall appoint an execu-
13 tive director of the Commission. The executive
14 director shall be paid the rate of basic pay
15 equal to that under level V of the Executive
16 Schedule under section 5316 of title 5, United
17 States Code.
18 "(B) STAFF.—With the approval of the
19 Commission, the executive director may appoint
20 such personnel as the executive director deems
21 appropriate.
22 "(C) APPLICABILITY OF CIVIL SERVICE
23 LAWS.—The staff of the Commission shall be
24 appointed without regard to the provisions of
25 title 5, United States Code, governing appoint-

1 ments in the competitive service, and shall be
2 paid without regard to the provisions of chapter
3 51 and subchapter III of chapter 53 of such
4 title (relating to classification and General
5 Schedule pay rates).

6 "(D) EXPERTS AND CONSULTANTS.—With
7 the approval of the Commission, the executive
8 director may procure temporary and intermit-
9 tent services under section 3109(b) of title 5,
10 United States Code.

11 "(E) FACILITIES.—The Administrator of
12 the General Services Administration shall locate
13 suitable office space for the operations of the
14 Commission in the State of Hawaii. The facili-
15 ties shall serve as the headquarters of the Com-
16 mission and shall include all necessary equip-
17 ment and incidentals required for the proper
18 functioning of the Commission.

19 "(f) POWERS.—

20 "(1) HEARINGS AND OTHER ACTIVITIES.—For
21 purposes of carrying out its duties, the Commission
22 may hold such hearings and undertake such other
23 activities as the Commission determines to be nec-
24 essary to carry out its duties, except that at least 8
25 hearings shall be held on each of the Hawaiian Is-

1 lands and 3 hearings in the continental United
2 States in areas where large numbers of Native Ha-
3 waiians are present. Such hearings shall be held to
4 solicit the views of Native Hawaiians regarding the
5 delivery of health care services to such individuals.
6 To constitute a hearing under this paragraph, at
7 least 4 members of the Commission, including at
8 least 1 member of Congress, must be present. Hear-
9 ings held by the study committee established under
10 subsection (d)(3) may be counted towards the num-
11 ber of hearings required under this paragraph.
12 "(2) STUDIES BY THE GENERAL ACCOUNTING
13 OFFICE.—Upon the request of the Commission, the
14 Comptroller General shall conduct such studies or
15 investigations as the Commission determines to be
16 necessary to carry out its duties.
17 "(3) COST ESTIMATES.—
18 "(A) IN GENERAL.—The Director of the
19 Congressional Budget Office or the Chief Actu-
20 ary of the Health Care Financing Administra-
21 tion, or both, shall provide to the Commission,
22 upon the request of the Commission, such cost
23 estimates as the Commission determines to be
24 necessary to carry out its duties.

1 "(B) REIMBURSEMENTS.—The Commis-
2 sion shall reimburse the Director of the Con-
3 gressional Budget Office for expenses relating
4 to the employment in the office of the Director
5 of such additional staff as may be necessary for
6 the Director to comply with requests by the
7 Commission under subparagraph (A).

8 "(4) DETAIL OF FEDERAL EMPLOYEES.—Upon
9 the request of the Commission, the head of any Fed-
10 eral agency is authorized to detail, without reim-
11 bursement, any of the personnel of such agency to
12 the Commission to assist the Commission in carry-
13 ing out its duties. Any such detail shall not interrupt
14 or otherwise affect the civil service status or privi-
15 leges of the Federal employees.

16 "(5) TECHNICAL ASSISTANCE.—Upon the re-
17 quest of the Commission, the head of any Federal
18 agency shall provide such technical assistance to the
19 Commission as the Commission determines to be
20 necessary to carry out its duties.

21 "(6) USE OF MAILS.—The Commission may use
22 the United States mails in the same manner and
23 under the same conditions as Federal agencies and
24 shall, for purposes of the frank, be considered a

1 commission of Congress as described in section 3215
2 of title 39, United States Code.
3 "(7) OBTAINING INFORMATION.—The Commis-
4 sion may secure directly from any Federal agency
5 information necessary to enable the Commission to
6 carry out its duties, if the information may be dis-
7 closed under section 552 of title 5, United States
8 Code. Upon request of the chairperson of the Com-
9 mission, the head of such agency shall furnish such
10 information to the Commission.
11 "(8) SUPPORT SERVICES.—Upon the request of
12 the Commission, the Administrator of General Serv-
13 ices shall provide to the Commission on a reimburs-
14 able basis such administrative support services as
15 the Commission may request.
16 "(9) PRINTING.—For purposes of costs relating
17 to printing and binding, including the cost of per-
18 sonnel detailed from the Government Printing Of-
19 fice, the Commission shall be deemed to be a com-
20 mittee of Congress.
21 "(g) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated $1,500,000 to carry out
23 this section. The amount appropriated under this sub-
24 section shall not result in a reduction in any other appro-

1 priation for health care or health services for Native Ha-
2 waiians.

3 **"SEC. 15. RULE OF CONSTRUCTION.**

4 "Nothing in this Act shall be construed to restrict
5 the authority of the State of Hawaii to license health prac-
6 titioners.

7 **"SEC. 16. COMPLIANCE WITH BUDGET ACT.**

8 "Any new spending authority (described in subpara-
9 graph (A) of (B) of section 401(c)(2) of the Congressional
10 Budget Act of 1974 (2 U.S.C. 651(c)(2) (A) or (B)))
11 which is provided under this Act shall be effective for any
12 fiscal year only to such extent or in such amounts as are
13 provided for in appropriation Acts.

14 **"SEC. 17. SEVERABILITY.**

15 "If any provision of this Act, or the application of
16 any such provision to any person or circumstances is held
17 to be invalid, the remainder of this Act, and the applica-
18 tion of such provision or amendment to persons or cir-
19 cumstances other than those to which it is held invalid,
20 shall not be affected thereby.".

○

Senator INOUYE. So that we can afford all witnesses the opportunity to present testimony, we most respectfully ask our witnesses to try their best to limit their testimony to no more than 5 minutes. But I can assure you that your entire prepared statement, no matter how long it is, will be made part of the official record. Furthermore, I can assure you that we will be reading all the testimony.

So may I assure you that the written testimony of each witness is going to be placed in the record, and I would like to announce that the record will stay open for additional testimony until April 21 of this year, the year 2000. Just in case as a result of this hearing we find that there is additional information you would like to share with us, feel free to do so.

With that, may I call upon the chairman of the newly created task force on Hawaiian Affairs, the Honorable Daniel Akaka.

[Applause.]

STATEMENT OF HON. DANIEL K. AKAKA, U.S. SENATOR FROM HAWAII

Senator AKAKA. Mahalo nui loa to our chairman, Daniel Inouye, who has done a great job in championing this bill and many others for Hawaiians through the Congress. And the purpose of this hearing on S. 1929, as he mentioned, is very significant for Hawaiians and may be so to other groups of indigenous people in the United States. I am looking forward to hearing from all of you. And I want to say to my friends, George Naope and Atua Lopez, mahalo nui loa for the prayer.

I want to welcome all of you here today, and we look forward to your testimony and manao. I want to say mahalo for the courtesies you have extended to us this morning and the beautiful leis that we have received. Mahalo nui loa.

I'm glad that we have this opportunity to hear from this community. This legislation is significant, because it has been crafted by the Native Hawaiian community. As reflected by the hearings held in November 1999 on the reauthorization of the Native Hawaiian Education Act and the public consultations that began the reconciliation process in December 1999, I am very pleased to see that the interest and participation of the Native Hawaiians in policies that have a direct impact on our community. And as I talk to many Hawaiians, many of them say, hey, about time we are getting together and moving, and that's really true.

This is an important time for Native Hawaiians as a people. I welcome the responsibility, as the Chairman mentioned, to serve as the chair on the Task Force for Native Hawaiian issues. The U.S. Supreme Court's decision in *Rice* v. *Cayetano* underscores the need to resolve longstanding issues such as political status and self-determination.

We have begun to address those issues in the reconciliation process. We can see that there are a multitude of issues, including Native Hawaiian health. It is imperative that we continue to work together as a community to address these issues. And as the Chairman stresses, what we're doing is from Hawaiians, Hawaiians are helping to determine what we are doing.

So let me assure you that as we continue to resolve these important issues, we will continue to consult with the Native Hawaiian

community. This legislation, S. 1929, is an example of the success we can achieve by working together as a community.

So I look forward to hearing from each of you, the witnesses, who have come to share your manao this morning. I want to say aloha to all of you, it is so good to be here in Kona with all of you. I wish we could stay longer.

Mahalo, Mr. Chairman.

Senator INOUYE. I thank you very much, Senator Akaka.

Our first panel consists of the following: Mrs. Pele Honua, board member of Hui Malama; Albert Sing, member of the board of Hui Malama; Wendal Davis of Kamehameha Schools; and Michael Sullivan, Clinic Project Development Coordinator of the Salvation Army. Will Mrs. Honua, Mr. Sing, Mr. Davis, and Mr. Sullivan come forward?

Mr. Sing, welcome, sir. May I first call upon you to present your testimony.

STATEMENT OF ALBERT SING, BOARD MEMBER, HUI MALAMA OLA NA 'OIWI

Mr. SING. Excuse me, Senator, I don't have my hearing aid on. And I cannot hear too good.

Anyhow, you have my testimony. If you read through my testimony you can see that in my testimony I don't agree with the S. 1929. Because I believe it factors, I had an opportunity since the last meeting you held in Honolulu, at that time I had not had the opportunity to review the bill at that time.

Since from that time to this time, I was able to go over the bill and line item. I really think that I disapprove and disagree to, in particular, looking to create another bureaucracy for here and in Washington with the Senators Office of the Interior, Secretary of the Interiors Office, to set up another bureaucracy again of trying to resolve some of the problems of Hawaii, of our Hawaiian people, as well as a commission here to try to set up a control where a budget can be extremely, be working for and against, to be working for and against the problem.

As a client I see many things can be affected, particularly the neighboring islands. Honolulu has all the luxury. They have the convenience of transportation, they have every means of traveling. Where here, particularly on the big island here, where we don't have the kind of transportation, we cannot jump on a bus and go where we want to go to, a doctor or otherwise.

And many times we on the big island, have a country lifestyle, we go wherever we need to go and come back home, because we don't try to use our [Native word] for something use, but we can use our available time coming back home. But if we do use the services of Hui Malama here, but [Native word] that Hui Malama here needs to be extended by adding more outreach workers, more nurses and more transportation conveniences to meet the needs of the people in the big island here.

As you know, we are a very remote area to travel from one area to another in. I also noted that meetings have been held by you and others have been so remote for us to travel, kapunas have to come to Kona or Hilo. And it's an inconvenience for us, Senator.

Many of us don't have cars, many of us don't drive. We cannot contend with everybody else to do it.

So you need to be looking at some other ways to accommodate the people like us in Waimea, Kohala, Waikoloa, Paauilo and Hamakua and other places we need to have meetings to meet with you folks like this. We cannot be coming here, it's too far.

But anyhow, to conclude, Senator, I will not support, and I do not think that the Hawaiians, if that ignorant, then they cannot take care of themselves. Senator give the Hawaiian people the opportunity to demonstrate themselves to be self supporting and to develop whatever concerns of economics for the best needs of the Hawaiian people. Our Hawaiian people are just as smart as everybody else. They can do things for themselves. Don't shortchange them or don't count them short, that they're not capable of it.

All we need to do is put our hands together and work together and pull together, and Hawaiian sovereignty can be a working solution for Native Hawaiians in Hawaii here. I would hope, Senator, that you don't use the Indian Affairs to make us feel like we're a bunch of Indians. We're Hawaiians and we're not a bunch of Indians. Thank you.

[Prepared statement of Mr. Sing appears in appendix.]

Senator INOUYE. I thank you very much, Mr. Sing. I just want to assure you that the bill before us was made by Hawaiians, or drafted by Hawaiians, the Papa Ola Lokahi board, OHA board and others. I can assure you that it is not our personal bill.

And may I also assure you that the full statement which we have received is now part of the record.

May I now call on Mr. Sullivan.

STATEMENT OF MICHAEL SULLIVAN, CLINIC PROJECT DEVELOPMENT COORDINATOR, SALVATION ARMY

Mr. SULLIVAN. Senator Inouye and Senator Akaka, my name is Michael Sullivan. Thank you for the opportunity to testify today in support of reauthorization of the Native Hawaiian Health Care Improvement Act. Because the Salvation Army, the organization for which I work, has not taken a position on this bill, I am testifying on my own behalf.

I would like, however, to take this opportunity to tell you that in May of this year, the Salvation Army will establish a primary health care clinic in Kailua Kona, which will have a full-time medical provider. This clinic will provide primary health care services for people of Kona who have poor access to health care. It will serve anyone who requires its services, regardless of their ability to pay.

This project represents a significant expansion of an existing volunteer clinic which the Salvation Army has been operating for almost 6 years with the help of volunteer providers in the community.

We very much look forward to working in close partnership with Hui Malama Ola Na 'Oiwi to serve Native Hawaiians in Kona. We will look to Hui Malama for our support in bridging cultural gaps and building relationships of trust and mutual support with Native Hawaiians who use our clinic.

We also look forward to working with Hui Malama to planning and carrying out community projects aimed at improving the health status of Native Hawaiians. In summary, I support the reauthorization of the Native Hawaiian Health Care Improvement Act, and look forward to working closely with Hui Malama Ola Na 'Oiwi to serve Native Hawaiians.

Thank you for the opportunity to testify today.

[Prepared statement of Mr. Sullivan appears in appendix.]

Senator INOUYE. Thank you very much, Mr. Sullivan. We appreciate it.

Our next panel consists of the following: Mona Kahele, member of the board of Hui Malama; Margaret Machado, Lomi Lomi Practitioner; Jane Kunitomo, Registered Nurse at Hui Malama; and Jackie Pung.

STATEMENT OF MONA KAHELE, BOARD MEMBER, HUI MALAMA OLA NA 'OIWI

Ms. KAHELE. My name is Mona Kahele, and I am an Advisory Board Member, volunteer and ho'oponopono, which is counseling, and La'au Lapa'au, Native Hawaiian medicine specialist, for Hui Malama Ola Na 'Oiwi, the Native Hawaiian health care system of Hawaii.

I would like to give testimony to support S. 1929, to reauthorize the Native Hawaiian Health Care Improvement Act. My involvement with Hui Malama has opened my eyes to wide gaps in health care coverage and education to Native Hawaiians who suffer from chronic diseases, such as diabetes and hypertension. Hui Malama is helping their clients purchase supplies and medications, insulin and diabetic supplies for those who could not afford to with limited emergency funding.

Another concern is Hawaiian people need adequate medical coverage for their families. It should include comprehensive dental plans as well. The focus should be in providing services, especially for the needy and sensitive Hawaiian people. Often when applying for medical health care with the State system, native people are denied and turned away from health. Because of this, they became hila hila, or ashamed to talk about what is really wrong with them, and there is a sense of fear and abandonment.

The elderly, with a small pension, cannot afford to purchase their medications. The Hawaiian people need continuing support and education in regards to how to diet. For more than a century, Hawaiians have been eating a worsening diet, which has contributed to obesity, heart disease, cancer, high blood pressure, diabetes and other chronic disease.

It is my utmost desire to help people with Lao'opalou, Native Hawaiian medicine, and ho'oponopono, which is counseling, which was taught to me by my grandparents. I was taught to take care of the needy as if I was the one in need.

Lao'opalou and ho'oponopono is used to relieve stress and lower blood pressure. Lao'opalou and use of Native Hawaiian herbs are also used to treat and prevent illness. Nowadays, our lands are being poisoned by herbicide, bulldozed for buildings and homes. Native Hawaiian medicinal plants are scarce.

Transportation is another factor in caring for Hawaiians and their families. Hui Malama provides transportation service for their clients to medical visits from north Kona to Kau with only one van. There is no public bus transportation to service Kau district. So efforts can be directed in improving transportation is important.

In conclusion, it is vital to reauthorize the Native Hawaiian Health Care Act to service the Native Hawaiians and to support and assist Native Hawaiian health care in Hawaii. In the 50th State of Hawaii, Hawaiians are in the minority group which suffers greatly from its past. Priority should be directed to preserving Hawaiian health and Hawaiian culture.

[Prepared statement of Mrs. Kahele appears in appendix.]

Senator INOUYE. I thank you very much, your testimony has been most helpful. I will make it a point to have other members of the committee study your words.

Now may I call upon Margaret Machado.

STATEMENT OF MARGARET MACHADO, LOMI LOMI PRACTITIONER

Mrs. MACHADO. Thank you. I am a practitioner of Hawaiian lomi lomi. It was my family's trade.

You would be surprised, the old Hawaiians just looked at your face and know all about you, you don't have to say anything about it. The muscle tone in your face is all the emotions in the heart and mind. Now, your heart and mind work very closely together. Hawaiian lomi lomi [Native word] ancient Hawaiian art and culture.

The Hawaiian lomi lomi is to and from the heart. Aloha is you are before the Lord that made you and gave you the breath of life. He is the divine Creator. Hawaiian massage is a praying word, a loving touch and a ho'oponopono, forgiveness. I just want to give you an illustration of one incident that happened to me.

A man that traveled all over Europe came to me and said, I want to meet Auntie Margaret. So I met him and he said, will you give me a massage? I said yes, lie down here. So I had a table set and he lay down. I did only four strokes on him, four strokes, and he turned around, he grabbed my two hands and kissed them. Now, this was a stranger. He kissed my whole hands. He said, my, your hands are loving. I said, thank you. I said, the Hawaiians are very loving people.

All you have to do is relax and go before the Lord and ask Him forgiveness. He will remove everything from your heart and mind and relax your whole body and the healing process takes charge of everything. It's a wonderful work. I have had many of the students come in and study. I said, if your hands are gentle and loving, the person that you put your hands on will feel that. And the healing starts.

Now, I have two girls, both graduate nurses, Hawaiian girls, special educational teachers, and my boy is an engineer. You see this that I wear, the kukui akoa shells. They made me [Native word] this paper, and all the education I have no bills. Two of them graduate nurses, one special education teacher and my boy is an engineer.

It's wonderful what the Lord will do. All you have to do is open your heart and mind. Because after all, He is our creator. It's you that developed all these different emotions. But you must ask for forgiveness.

All our classes begin with prayer. All the students that have come to me and learned Hawaiian lomi lomi, we start with prayer and song.

Ms. MACHADO. We're talking about education of those who come to study Hawaiian lomi lomi with her. They come from all over the world. We would like this opportunity granted to more of the Hawaiian folk. Because somehow they have the love in their heart that their hands are different from those who come from around the world. And it's very evident when there's no ho'oponopono in the heart. Your healing progresses at a slower rate, or it doesn't progress at all. And we've learned this more and more, and this is affecting the health of everyone all over the world.

I've met people around me since I've moved back from California, and in talking to a gentleman, he had so much bitterness in his heart because of what's happening in the Hawaiian world and its sovereignty. And I said, this is not good for you. And it was unfortunate, this man had cancer. When the immune system goes down, this is what happens to all of us in some way or another.

My mother, in her classes, stresses ho'oponopono before the sun goes down. Her classes are held [Native word] to up to 14 students. They live together as a family, they learn to share and learn to be forgiving of one another. And they'll go down to the ocean, she says, go down and watch the sunset and ask God to help you, whatever is bothering you from the past, to help resolve it. And this will help your body to heal. And then you can help others. Because if you do not have a loving heart, it will show up in your hands, it will show up on your face.

This is what her work is. And those who have come and studied with her, we had a lady from Sweden just recently. And she wanted to do things her way, and we had to talk in a kindly way to her. Then when she gave her evaluation at the last day of her class, she said, ho'oponopono, and she mentioned the word over and over, because it had to do with her feelings and how she was treating those around her.

Many who have finished the class have changed their lifestyle, whether it's eating, whether it's smoking, drinking coffee, maybe eating better, too, and have gone away a better person and God continues to work in their lives.

Thank you for allowing us to share with you.

[Prepared statement of Mrs. Machado appears in appendix.]

Senator INOUYE. I thank you very much for your testimony. You are a model and an inspiration to all mothers, not just Native Hawaiians. You were able to send all of your children to become professionals. Congratulations.

Now may I call upon Ms. Kunitomo.

STATEMENT OF JANE KUNITOMO, REGISTERED NURSE, HUI MALAMA OLA NA 'OIWI

Ms. KUNITOMO. Aloha Kakahiaka. Good morning to each one of you, Senator Inouye and Senator Akaka and all of you.

My name is Jane, but I'm known as Kekoa to the Native Hawaiian health program. They gave me my name, Kekoa.

I have worked with Hui Malama Ola Na 'Oiwi as a registered nurse and a case manager from February 1991 to September 1999, and I just retired and I'm enjoying the life that I'm experiencing right now. But my heart still is with Hui Malama.

Though I have lived her all my life, my work with Hui Malama was a journey and a constant discovery which took me to all parts of Hawaii, working with Native Hawaiians who are trapped between two worlds. I have discovered with Native Hawaiians noncompliance due to hila hila is the reason for their oppression that often leads to poor judgment. This includes the large numbers of Native Hawaiians who are incarcerated, large numbers involved in criminal acts, child abuse, elderly abuse and substance abuse.

The integration of the western world slowly eroded everything they had, including laws, religion, family values and especially health. We all know how measles wiped out more than 60 percent of the Hawaiian people. But how many of you know these devastating statistics still remain today? There is the statistics enclosed in our pamphlet for you all.

A Hawaiian person born today can expect to live 5 years or less than any other American through no fault of his own. This is a statistic by the Department of Health in 1999. And there is an attachment also on the mortality rates.

Sadly, many of the kupunas have accepted this along with everything else that was taken from them. The west's impact on the health of the Hawaiian people should be something read in our history books. The United States has a responsibility to see the health of the Hawaiians brought into the standards of this century. The entire people of this land are depending on you, Mr. Congressman.

Because of these trends, I would like efforts to focus more toward educating the family on their ancestral background regarding spiritual, religion and customs to perpetuate and preserve the Hawaiian life for future generations where men and nature can live in harmony. To quote Pamela Rodosovich's article the SOI Today, printed in March 8 of this year, she says,

> I believe that it is the ancient voice of the Hawaiians that these islands are now calling for. I believe they buried their voice along with their belief system when they buried their precious ancestors so many years ago.

See the attachment also in the pamphlet.

And I thank you for allowing me to testify today, Honorable Senators.

[Prepared statement of Ms. Kunitomo appears in appendix.]

Senator INOUYE. Ms. Kunitomo, I thank you very much. I am pleased to tell you that we have a Native Hawaiian Education Act. And in that measure, we try our best to do what we are suggesting in terms of supporting the language immersion program of Punana Leo. We started off with one school, now language immersion is part of the public school system in Hawaii, where classes are conducted in the Native Hawaiian language. This is the beginning of providing the young Native Hawaiian with a more positive sense of identity, self-esteem and pride. We are doing our best.

Now may I call upon a friend of all of us, Jackie Pung.

STATEMENT OF JACKIE PUNG

Ms. PUNG. Aloha. Thank you, Senators Inouye and Akaka, for coming to visit with us this morning. Than you for this opportunity to give testimony in behalf of the Native Hawaiian health care for our Hawaiian people.

The subject of health care, especially with Hawaiian people, sends an arrow through my heart. Both of my parents died of diabetes. Two years ago I lost my oldest daughter with diabetes, she was on the dialysis machine. After returning home from the doctor in 1980, I was also diagnosed as a diabetic. I think this came because it's in our genes, if mother, father, this goes down the line. So it's in our genes, that we really have to watch over our families.

So with all my golfing, walking, exercising, it kind of balanced it that I didn't get it at that time. It's only when I came home that I was just not relaxing, but I was not walking, we used the cart to walk. So exercise is very, very important for diabetic conditions.

It is hard for me to see my loved ones dying from such a disease that could not be managed with proper medication, diet and education. Because of this, I became a very proponent of the American Hawaiian Diabetes Association. During the 1980's, I was sent to the Jocelyn Diabetic Center in Boston, because I was there on a golf program also. But this is where the biggest center is. I think Jocelyn is also the Straub Clinic right now. So anybody with diabetes, if they talk to me, I send them to Straub. So that's the connection that we have for Hawaii.

I had to learn all I could about diabetes to save my family, myself, and to inform my public. My granddaughter, from my daughter, she now shoots herself twice a day. And why? Because she didn't take care of it. So I'm kind of watching her daughter, who is nine years old. We've got to hand down what we really know, or send them somewhere for education.

I love to help wherever I can. I volunteered time in November during the Diabetes Month. I also talk to people at the supermarkets and hand out pamphlets. And this is what I love to do. Because if I know something about it, maybe I can help. And you know, Senators, I don't see the Hawaiians coming. They just pass you by and they don't ask questions. I have to kind of go up to some of them and call them over, that I have something for them if they have diabetes. So maybe they don't, but I just wish people would stop by and see what we're passing out.

The problem I see regarding diabetes, however, more can be done to save lives, especially with the Hawaiian people, the knowledge of the subject. It's all so baffling to them.

The problem I see regarding diabetes care is in the following areas: No medical insurance, or under-insured Hawaiians. Not enough education for the families on diet and exercise. No local chapter of the American Diabetes Association. The lack of public transportation to attend diabetes training and education for the public. The lack of adequate prescription coverage for the elderly and no comprehensive dental care and non-insured or under-insured for diabetes.

If we don't have insurance it's very difficult to take care of our problems. And I'm very thankful that I have Medicare and have

our 65 C Plus with HMSA and areas like that, I had to do it to take care of me. So that's how I can explain it out there.

At this time I would like to close with this last thought. This S. 1929 is important to the health care of all Hawaii, not just Native Hawaiians. Without proper care, the State, our communities, families, suffer not only the cost but also the loss of previous lives. Mahalo.

[Prepared statement of Ms. Pung appears in appendix.]

Senator INOUYE. I thank you very much, Ms. Pung.

May I now call upon the members of the third panel: Gene Leslie, president of Hawaiian Civic Clubs, Brenda Lee, a Client of Hui Malama Ola Na 'Oiwi, Ruth Sadumiano, a client of Hui Malama Ola Na 'Oiwi, and Myra Mitchell, a client of Hui Malama Ola Na 'Oiwi.

May I now call upon President Leslie of the Hawaiian Civic Clubs.

STATEMENT OF GENE LESLIE, PRESIDENT, HAWAIIAN CIVIC CLUBS

Mr. LESLIE. Good morning, Senators, and welcome. For the record, I'd like to go back to the United States Senate agenda that says, Gene Leslie, president, Hawaiian Civil—well, we're civil, but we're Civic. [Laughter.]

Senator INOUYE. That is the typewriter.

Mr. LESLIE. We all make mistakes.

I have a vision. Martin Luther King once had a vision. My vision is programmed in such a way that I think where we as Hawaiians are coming together for our health programs and our diseases, with education, we can conquer it throughout our Hawaiian community.

My vision is we as Hawaiians have not resolved our viruses. We speak in reference to HIV viruses, to alert the Senators that funding also should be considered to us as Hawaiians with education in HIV. If anybody doesn't know what I'm talking about, HIV, it's AIDS. It is a virus, not a disease. And it is a virus that is out there killing us Hawaiians.

Eighty percent of us Hawaiians are troubled with this disease. We as Hawaiians sit here, don't realize this. Because we as Hawaiians don't have the feeling to educate our own. I am coming to us now, as I see, many Hawaiians. I have spoken to probably 600 Hawaiian kupunas because we cannot reach out to the generation of us, meaning me. HIV is not a "homosexual" disease. It is not a "gay" disease, or further known to us Hawaiians, as a mahoo disease, aoli. It is here in this room.

And if we don't conquer this virus through funding from the U.S. Government, we cannot conquer our own people. Where are we going to go? Who is going to save us? We have no more generations beyond us if you let this happen.

So I'm here with this testimony and for the record, you will get this in by April, because we have had resolutions on this. I'm not aware, or maybe you're not aware, that this has come through. But we have been out there begging for help. Hui Malama has been our stable to reach out as a reach-out program. The HIV-AIDS Foundation here in Kona has reached out.

However, Hawaiians do not go to a haole organization to get help. Again, we are looked upon as, you folks need help? Yes, we do need help, but within ourselves, we have to come together as Hawaiians and help one another. And as a Hawaiian Civic Club leader, my vision has always been toward education for the children, help for the kupuna and where we're at in the community.

And I invite all of you to come to us in the Hawaiian community. We're the longest organization in the State of Hawaii. We've been here since, I think it's 85 years that we have been an organization of Hawaiians.

In closing, again I go back to my vision. I am 56 years old, born and raised in Kona. Ohana to Aunt Margaret, Auntie Mona, Auntie Mila. I am also a Hawaiian. I may not look like a Hawaiian, but my heart is a Hawaiian.

So mahalo for having me share this time with you. Thank you.

Senator INOUYE. Thank you very much, Mr. Leslie.

And now may I call upon Myra Mitchell.

STATEMENT OF MYRA MITCHELL

Ms. MITCHELL. Senator Inouye and Senator Akaka and aides, aloha.

My name is Myra Mitchell. I am a client and supporter of Hui Malama Ola Na 'Oiwi. Hui Malama is one of the five major Hawaiian health care systems in the State of Hawaii. I am here to testify how Hui Malama has helped me in the past.

In 1993, I was asked to be a participant in the Wainai diet program, a 21 day diet program sponsored by the Hui Malama. I was chosen because I was obese, had high blood pressure, high risk of stroke and heart disease, and also had a breast cancer. Twenty-two others were chosen to participate because of similar risk factors.

According to the Department of Health statistics, Native Hawaiians are more likely to die of heart disease, hypertension, colorectal disease, sclerosis, diabetes, compared to all other populations. I feel it was because of the Wainai diet and support of Hui Malama I am here today to give testimony.

At that time my blood pressure and cholesterol was very high. I tipped the scale at almost 300 pounds, and I was on lots of medication. My doctor was very concerned about my diet and health, because I didn't know enough about how to help myself, until the Wainai diet was held in Kona, sponsored by Hui Malama. Hui Malama was the instrumental organization and the support group which consisted of nutritionists, Hawaiian doctors, a nurse, outreach workers, Native Hawaiian specialists in lao'opalou and ho'oponopono.

A westerner prepared all our meals, donated supplies and other individuals were interested in helping with the Wainai diet to get healthier and lead a healthier life. Each day we began with a pule and ended with a pule to help sustain our will for the next day. We were reaching back in time, getting in touch with who we are.

It was not easy for me to change the way I eat, from a western diet to more natural and native diet. To give up the salt and fat was very hard for me. But slowly I learned. Three meals were prepared daily for us. Measurement of our blood pressure, weight, blood sugar was taken daily to monitor progress as well as collect

for testing. Education with Native Hawaiian herbs were taught to us, and medicine to treat choleric illness. Special speakers came to talk about building self-esteem.

Many of us who were overweight did not go out in public because of the looks we got from people. You just know what they are thinking. The Wainai diet program was good to talk about us each evening after dinner. We always sat and talked about what the program meant to us. It was ho'oponopono and a time for sharing.

Many before this program had other attitudes toward health and health care because of family who had died from illnesses we had had. Some suffered from depression, lack of esteem, self-respect, which would prevent many from seeking help. But this session was good for all of us, made us comfortable to come out and talk with others with similar problems and share our feelings.

As we ended each day, I felt fulfilled in that each part of my life, myself, was addressed with social and spiritual respect. Hui Malama was able to lease a small parcel of land next to Captain Cook Office to grow taro, [Native word] and Native Hawaiian herbs. It was successful and tended by volunteers who learned the care of this land.

Because of lapsed funding, this land is now overgrown with grass and weeds. However, the [Native word] and other herbs continue to grow underneath the bush. At the end of our 21 day Wainai diet program, nearly all of us reached our goal and reduced blood pressure, blood sugar, weight and cholesterol level. More important, we had freedom in our culture, had gained self-respect and respect of all others.

The Hawaiian race is facing extinction if our health is not addressed. Programs like the Hui Malama that supports Hawaiian diet and health, Hawaiian lifestyle is needed here through Hawaii. But so is the funding to support it.

In closing, Hui Malama Ola Na 'Oiwi continues to offer many Hawaiians and non-Hawaiians with risk factors, through screening, help for heart disease, cancers and diabetes. Native Hawaiians, because we are able to teach Hawaiians other ways of health care. I feel many Hawaiians and non-Hawaiians will benefit from a program like this if reauthorization of the Native Hawaiian Health Care Improvement Act is passed.

I give my support to S. 1929, and mahalo a nui loa for listening to my testimony.

[Prepared statement of Ms. Mitchell appears in appendix.]

Senator INOUYE. Ms. Mitchell, I thank you very much for your testimony.

And now we have public witnesses: Kale Gumapac, Nalani Merrill and Jackie Ahn.

STATEMENT OF C. NALANI MERRILL

Ms. MERRILL. Aloha, Kakou. I have to be at work by 10:30, it's just a little way down the road. I'm cutting it close.

But mahalo for coming here. I was unable to go to Hilo.

Information is the key. And the sharing of information is what allows us to educate ourselves. This bill provides that. I recognize, I mean, I am very impressed with the way it includes the Hawaiian information, the Hawaiian practitioners, allowing us to use the

treasures from our culture which were suppressed for so very long, that are being shared.

There are many, many out there that support this that aren't able to come here today. And there are many out there that don't even know that this information will help them. It is only through the passage of this and the ability of these wonderful people working for the different agencies to reach out there that we can improve. There are so many things going on, but this is a very special treasure, and I appreciate you coming and pushing this for us in Congress. I know it's not an easy chore.

Mahalo.

Senator INOUYE. Thank you very much, Ms. Merrill.

And now may I call upon Mr. Gumapac.

STATEMENT OF KALE GUMAPAC, PRINCIPAL ARCHITECT, NATIVE HAWAIIAN HEALTH PLAN AND PRESIDENT, KALAMA ENTERPRISES

Mr. GUMAPAC. I have some information that I would like to pass out to the committee.

Senators Inouye and Akaka, mahalo for being here and thank you very much for allowing me time to give this testimony on a very important issue that will affected the kanaka mahaole in the State of Hawaii.

I have had a blueprint for a Native Hawaiian health plan on the drawing board for the last 4 years. This is the first opportunity to show you the important value of the plan that I have developed. I believe that of all the worthy legislation that you may have passed in your political careers, the Native Hawaiian health plan that sits before you will be the legacy that the Hawaiian people will remember you for.

I am proposing the creation of an autonomous medical insurance company that will insure every Hawaiian living in Hawaii, regardless of blood quantum. In order for this program to be self-sufficient, a non-profit mutual benefit society and/or health maintenance organization shall be established. Our mission is to provide all Hawaiians access to quality health care, including but not limited to, medical, dental, vision, prescription drugs, mental health care, nutrition, physical fitness, substance abuse and Hawaiian traditional methods of healing.

This plan shall be a managed care program that is physician driven with doctors making all final decisions regarding treatment and patient care. Physicians shall be a parallel counterpart in the corporate hierarchy and have equal say in determining the direction and management of the plan. The integrity and the strength of the management team will determine the success of the plan.

Every Hawaiian in the State will be eligible for benefits, regardless of their employment status and income. The plan shall contract with OHA or other agencies to use the OHA/Ohana project to verify eligibility for qualified individuals and families. A birth certificate and a picture identification would be required when enrolling in the plan.

The primary funding source shall be the Office of Hawaiian Affairs, as well as this committee. The moneys shall be a one time request as the Native Hawaiian health plan will have built into its

program a self-sustaining mechanism. Hawaiians who are currently on the Quest program will automatically be enrolled in the Native Hawaiian health plan, and the State will pay their premiums directly to the Native Hawaiian health plan rather than various insurers.

Funding will be solicited from the Federal Government through the Native Hawaiian Health Care Act, such as the one we are addressing today. All Hawaiians receiving individual benefits paid by their employers will be eligible for the Native Hawaiian health plan. The employers will pay these premiums to the Native Hawaiian health plan rather than their current insurers and current carriers.

This may necessitate a change in the Hawaii State prepaid health laws. The employers will be able to receive competitive rates for the commercial side of the plan, plan B, for their non-Hawaiian employees. Employers can offer the Native Hawaiian health plan commercial plan just as they have with other health plans. The commercial plan will not be restricted to only Hawaiians. The Native Hawaiian health plan will offer two types of plans to employers that will provide superior benefits as compared to their existing plans.

All Hawaiians will be eligible for plan A, and all others will be eligible for benefits under plan B. Premiums for this plan shall be competitive and cost effective for employers.

The Native Hawaiian health plan intends to provide benefits to all Hawaiians who have fallen through the cracks. For example, single income families who are not eligible for benefits through Quest, nor can they afford to pay the nearly $450, which is now $600 per month for premiums, would have access to the health care benefits. For those people, the Native Hawaiian health plan will pay the premiums for them from the projected annual profits that will be produced through the commercial side of the program.

This plan shall contract with existing agencies, such as Hui Malama Ola Na 'Oiwi, and other Hawaiian agencies, in offering services consistent with the mission statement, integrating and coordinating these services with these organizations shall be a priority. Preventing duplication of services will minimize unnecessary costs and help to fund other critical benefits. The economics of this program will have a vital impact in the community.

New jobs and businesses will be created. Existing related businesses would experience a positive economic benefit. The plan shall contract with fitness clubs, nutritional centers, and counselors will provide access to the Hawaiian diet. Farmers will provide necessary produce for healthy eating, and countless community resources will be incorporated by the Native Hawaiian health plan.

Under normal circumstances, medical plans have provided only a reactive approach toward the care of a patient. On the other side of the coin, the Native Hawaiian health plan is taking a preventive, as well as proactive position, in the care of our Hawaiian people. We cannot afford to do any less, as Hawaiians have the highest rate of heart disease and diabetes in the country.

Hawaiians are at the top of every risk category for diseases and mortality in the State of Hawaii. Land, culture and sovereign rights issues have been at the forefront for most of our Hawaiian

people. Many organizations have stepped up to champion these Hawaiian issues. But when a Hawaiian dies of a preventable or controllable disease, or kupunas struggle to retain their dignity in their twilight years, no one is stepping forward to advocate their rights of life.

Every dollar of profit realized by the plan shall be used to provide additional benefits to all Hawaiians with an expected net profit of $10 million within the first five years in business. Funds will be used to extend such benefits as nutritional, fitness programs, group term life, long term care, cancer insurance, critical illness benefits and other supplemental coverage.

This is a must, Senator, and this must happen. The programs that we have had in the past have been band-aid approaches, and I think this will answer the question that you have before you. Thank you very much.

[Prepared statement of Mr. Gumapac appears in appendix.]

Senator INOUYE. Thank you very much, Mr. Gumapac. We will study your proposal. At the same time, do we have permission to share it with the board members of Papa Ola Lokahi and have them analyze this also. They are the prime organization that has been involved in this mission.

Mr. GUMAPAC. I invite you to do that. This is very exciting. Thank you very much.

Senator INOUYE. Thank you very much.

And now may I call on Jackie Ahn.

STATEMENT OF JACKIE AHN, CASE MANAGER, HUI MALAMA OLA NA 'OIWI

Ms. AHN. Aloha, Senators and aides. I'm Jackie Ahn, I'm a registered nurse, and I work for Hui Malama Ola Na 'Oiwi in Kona as a case manager.

I sit here today to read testimony in proxy for my outreach worker, Roblynn Missy Yomes, who cannot be here today. She was called away to do training over in Hilo.

Aloha and greetings to Senators Daniel Inouye and Daniel Akaka. Welcome to Hui Malama Ola Na 'Oiwi district in Kona. I am not present here today because I am at a mandatory conference in Hilo, and regret not being present. I have asked someone to read my testimony to both of you and hope that you will consider it.

For the last 6 years, I have worked for Hui Malama in Kona. I started out as a secretary and worked my way up to become an outreach worker. I am proud of what I do. I like people. I work for my people, and with my people to better their lives. Hui Malama has serviced our community and others.

During the early years, the Kona office has conducted diabetes screenings, the Wainae diet, nutrition education, cancer screening, blood pressure screening, cholesterol screening, diet education, healthy Hawaiian lifestyles. Also, it included walking and water therapy to concentrate on weight loss.

Healthy Hawaiian lifestyle was a prevention and intervention program to help clients understand chronic disease, focusing on the importance of exercise and nutrition. We also included the Hawaiian practitioners as well.

Research information that was gathered at our Kona office indicated that Kona's population within the island-wide accounts for one-third of the general population. Of 3,580 registered clients, 235 clients are at risk for heart disease, 223 clients are at risk for cancer, 340 clients are at risk for diabetes, 383 clients are at risk for hypertension and 715 clients are at risk for immunization.

Statewide, 15.6 percent are at risk for HIV and AIDS; 60 percent of the State's population are Hawaiians in prison. Due to limited funding and lack of medical coverage, we were not able to adequately service the rest of our clients. The clients who don't qualify for medical insurance have a hard time accessing health care in regards to purchasing medication, making follow-up doctor's appointments and paying medical bills.

On the social level, many clients don't qualify for low income housing. Those with felony records don't qualify at all. Many of our clients have no food, no electricity, no water, no phone. Many men and women have a hard time getting jobs. Men are charged with child support and just refuse to work.

The problems go on—stress, medical health problems, mental health problems, social problems. They all come to Hui Malama for help. First there is talk story with our clients to understand the behavior of yesterday and today. Second, ho'oponopono, the art of making things right. Third, Laau Lapaau lao'opalou, the use of Hawaiian herbs for healing. Last, lomi lomi, the healing touch. Many of our practitioners volunteer and were happy to give of their time and knowledge.

Our Native Hawaiian health care programs have been successful because of these services. We have gone out into the community to look for clients, and many were referred to us. Our success comes in the follow-ups. These include picking up clients, taking them to see their doctor and getting medications. This is important to the success of the health of the client.

As an outreach worker, with the permission of the client, I often sit in on discussion with the client and physician to help them manage their medical problems. My most successful case was with an elderly client who had been charged for medical services rendered at Queens Hospital. According to his medical coverage, as reported by his wife, his financial obligation has reached the stop payment plateau, and Queens demand that he make payment on the day of his discharge.

After 2 months of follow-up, with assistance of Linda from HMSA, we were able to get that $2,500 in payment. Thanks to Linda, my clients are managing with their small income.

Senators with the group of our agencies, the follow-ups and the workshops conducted, many of our clients' needs are still not being met. Medical coverage is a daily struggle. Many can't afford medication for their sicknesses, don't have any food, clothing, car seats, legal cars, housing and the list goes on.

My dream was to have our own medical card, our own medical facility, low rates, affordable housing. The native brothers and sisters have the reservation and their fathers who have fought died. Our queen surrendered our ali'i set up trust. The kings and queens of the Hawaiian people made sure they were taken care of. For instance, Queen Lili'uokalani took care of the children, Princess

Puahi Bishop was for education, Queen Emma for the sick and King Lunalino for the elderly. Lands were set aside to take care of the future generations of Hawaiian people. People that we trusted managed the trust and they misused it.

Today, our people continue to struggle with health and social issues. Now is the time for us to take matters into our own hands. We can manage better with our own future, provided that reauthorization is passed. Our moneys and most of our lands are gone. But thank you to Mr. Rice for putting the Hawaiians back in the White House. Our people were fighting for their rights, but not together, and there was no unity.

Today we will be stronger. We will stand together because he has brought the Hawaiians together. Many people tried, and yet it took a white man to open their eyes and hearts.

Now the pot begins to mix again. Our people and those with aloha must stand together. Hui Malama Kona has always serviced our community, whether they are Hawaiians or other ethnic backgrounds. I am proud that Hui Malama is there to service its people, but afraid of what the future holds. After today, after tomorrow, where will we be, where will I be, where will the health of the Hawaiian people be?

I thank you for giving me this opportunity and I am sorry I missed you, Senator Inouye. Perhaps I'll see you in Washington some day.

Mahalo, Kakou. Mahalo to my kupunas for trusting me and allowing me into their homes and hearts. Mahalo to my parents for giving me this gift of aloha. Mahalo to Uncle Sonny for the trust he has in me and to care for his people in the right way.

Mahalo to my sister for facing the firing line. Mahalo especially to gramo and dad who said, don't give up, fight for your people. Last of all, mahalo to Tutu-man Kahu Sterling, who said, if you feel it in your heart, you say it, you do it. Mahalo.

[Applause.]

[Prepared statement of R. Missy Yomes appears in appendix.]

Senator INOUYE. Thank you very, very much, Ms. Ahn. And will you thank the writer.

And now may I call upon Senator Akaka for any remarks he may have.

Senator AKAKA. Thank you. Thank you very much, Mr. Chairman.

I want to thank all of you for coming today and for sharing your manao with us. We appreciate your candor, compassion, your vision for the future of the Hawaiians. I want you to know that we are on your side to do whatever we can to help the Hawaiians. This is one way of doing it.

As Senator Inouye mentioned, this is a comprehensive bill. I hope each of you will have a chance to look at it. Because it's good, it covers many things. As he pointed out, it even includes what we call native healers, which is unusual, and provides for that.

So we're trying to meet the needs of the Hawaiian, not only for health but in other ways. As was mentioned here by Ms. Machado, ho'oponopono and how important it is to the health of people.

And so I will say, this is an exciting time, a critical time, an important time for Native Hawaiians. I like what was mentioned, we

have to, there is no question, we have to do what is in the best interests of the Hawaiians. If it's less than that, we have problems. We need to do the best and we have to keep trying, keep trying.

And we'll have problems along the way. That's all right. But we always have to pick the best part and stay on track and do the best we can. And we need to work together, we need to continue to share our thoughts and ideas in order to provide a better future for Native Hawaiians and also for the people of Hawaii.

Mahalo a nui loa for coming, and we look forward to hearing from you again in the future. As was said, don't give up, we're on our way. Mahalo a nui loa.

[Applause.]

Senator INOUYE. Thank you very much, Senator Akaka.

Senator Akaka and I have been working on Native Hawaiian issues for many, many years. The first thing that we noticed in our work in Washington was that most programs, social programs for indigenous people and problems of minority peoples were programs made in Washington by Washingtonians.

They're good people, well-meaning. But not having spent time here in Hawaii, or spent time on Indian reservations, they really had no opportunity to know what the problems were like. As a result, some of these well-meaning programs had very little effect, if any, and in time, hurt the cause.

So we decided that although the process may be long and tedious, to return to Hawaii and spend as much time as we can with Native Hawaiian leaders, with the kupunas, the young students and to formulate plans to cover matters like education, culture, health. We came out with comprehensive programs in all of these areas.

One of the witnesses noted very correctly that Hawaiians are wise people. They know what to do. And I can share with you experiences that we have had which speak very dramatically to this point. We had a program on comprehensive education and training, this was to assist unemployed people by training them to work in new professions. It was called the CETA program. It is a program that is operated all over the United States.

And when the program was initiated, the question came up, should the State handle this, or the counties handle this? Senator Akaka and I decided that it should be a Native Hawaiian organization that should handle this, because among the unemployed of Hawaii, the largest percentage were Native Hawaiians.

So we called upon Alu Like. It was a small organization at that time. But after the first year of operations in this CETA program, Alu Like was designated the number one program in the whole United States. Number one. It did better than all the other programs, whether it was California, New York, Florida. For one thing, they had a success ratio that was unbelievable. Ninety percent of those who went through the program were placed in jobs.

So there are a lot of programs all over the United States, if they can place 50 percent of their students or clients, they are happy. Alu Like, 90 percent. It has been rated ever since the start of its work over 20 years ago as one of the top 5, usually number one in the whole Nation. That is one example.

As a result of some of the funds that we have been able to secure, we began a new program on language immersion. Because we felt that language was an integral part of any culture, and if language is forgotten and lost, that culture is also forgotten and lost. So language is very important in the development of self-esteem and provide. So Punana Leo was created.

Today you have Punana Leo Schools on all the islands. Today as a result of this pioneering work, the public school system in Hawaii has Hawaiian language programs. At Punana Leo, the native children begin their studies in Native Hawaiian, and they go up now to the 12th grade, only in Hawaiian. As a result, they have found that their grades have improved in every category and the number of people going on to higher education has improved dramatically. This makes a difference.

Now Punana Leo is looked upon by other Native Americans, like Indians, and they want to begin their program on native languages. A little program that started on the big island now becomes a national program.

There is a program that is now being headed up by a small group of kupunas all over the islands. The idea came from Hilo. Senator Akaka and I were sitting down with a group of kupunas once and we were discussing the large number of Native Hawaiians who are now in prison. We were discussing recidivism. Recidivism is that sad situation where people go into prison, they come out and go back.

And I told Senator Akaka that in the early days when I was in the territorial legislature, I volunteered to work at Oahu Prison. At that time, the rate of recidivism among Native Hawaiians was less than 10 percent. In other words, less than 10 percent of those who went into prison came out and went back in. Over 90 percent stayed outside.

Today, the rate of recidivism among Native Hawaiians is above 60 percent. In some States, the rates of recidivism are as high as 80 percent. Hawaii is not too bad. But the Native Hawaiian rate is one of the highest in the State of Hawaii. So discussing this matter with the kupunas, we said now, what can we do about this. And they said, you leave it up to us.

We appropriated $50,000, a small amount. They applied ho'oponopono, they applied aloha, they applied ohana, three concepts. What they would do, they would go to the prisons and each year take 20 prisoners, Native Hawaiian prisoners, discuss the matter with the prisoner, discuss the matter with the family and see if they could bring them together.

This program has been going on for 5 years now. It is still a part of the program. In those five years, those prisoners who have gone through this kupuna program have had a recidivism rate of less than 4 percent; 96 percent of those who have gone through this program stay out.

The solution is so simple it's profound. In the early days, when I was in the Oahu Prison, working there, when a young man or a young lady went into prison, the family would say, when you come out, we forgive you, you be part of us again. And they would welcome them back among the family. The ohana spirit was real.

Today when a young man or young woman goes into prison, most Hawaiian families turn their backs on them. This kupuna program makes them turn around and deal with one another face to face. When that happens, less than 4 percent went back into prison. They felt good being part of the family again.

These are just little examples of the wisdom of Native Hawaiians. This program, this kupuna program, I said cost $50,000 a year. Do you know how much it costs to keep a prisoner in Hawaii; $35,000 a year. They have handled already several hundred prisoners. They haven't gone back. If they go back, it's $35,000 per year.

This little group of kupunas have saved taxpayers thousands, hundreds of thousands of dollars. We are hoping someday that we can institutionalize this and make this into a bigger program. We are working on that.

So for those who feel that Hawaiians just do not have it and they are not capable of managing their affairs, I can tell you, that is not so. From our experience, Senator Akaka and I, we know that Hawaiians have a lot of brains. In fact, we have a lot to learn from them.

The measure before us, as I said, was drafted by Native Hawaiians in Hawaii for Hawaiians. It was not made in Washington. It was made here. The education bill was not made in Washington, it was made here by Hawaiians for Hawaiians.

Ever since the education program started, we have had a scholarship program. We have increased Native Hawaiian physicians by ten-fold. Things are happening. So as Senator Akaka says, just hang on. We are moving. We are moving forward.

So with that, I would like to thank all of you.

Mr. KANEHAILUA. Excuse me, can I be heard. I came in late.

Senator INOUYE. We are adjourning now. We have to go to Lanai now.

Mr. KANEHAILUA. What I want to say is, I will probably begin with the desecration of Hawaii's ancestral bones. When I was brought up, when somebody was seeking [Native word], and saw a kupuna, if he would check the grave and go there, sure enough [Native word] go to the grave. So this is one of the problems. What we have here is keeping our home, [Native word]. The desecration of our ancestral [Native word], that's why I'm here. The blood that went through them is in here.

Senator INOUYE. We're having a hearing on the Hawaiian health program.

Mr. KANEHAILUA. The bottomline is——

Senator INOUYE. May I suggest you send us a letter? I can assure you we will act on it.

Mr. KANEHAILUA. Thank you.

Senator INOUYE. So with that, I would like to thank all of you for participating. We are now on our way to Lanai and we will hear from the people of Lanai. We hope to be back again. Until then, aloha.

[Whereupon, at 11:20 a.m., the committee was recessed, to reconvene later the same day.]

NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT

THURSDAY, MARCH 16, 2000

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Lanai City, Lanai, HI

The committee met, pursuant to notice, at 3:15 p.m. at the Hale Kupuna O Lanai Community Center, Lanai City, Lanai, HI, Hon. Daniel K. Inouye (vice chairman of the committee) presiding.

Present: Senator Inouye.

Senator INOUYE. May I ask the Kahu, Hanna Richardson, to provide the pule for us?

Ms. RICHARDSON. Aloha kakou.

[Greeting from audience.]

Ms. RICHARDSON. [Greeting and blessing given in native tongue.]

Senator INOUYE. Mahalo. Thank you very much, Kahu.

Before proceeding, I'd like to introduce to you the staff people who are taking part in this hearing. On my left is Jennifer Chock, of Honolulu, who is an attorney for the committee. Barbara Sakamoto, who is a member of my Honolulu staff. And here is Dr. Patricia Zell, who is the staff director and chief counsel of the committee.

And Noe Kalipi, legislative assistant to Senator Akaka. Jennifer Sabas is in the back, who is my chief of staff in Honolulu. And Billy Akutagawa. He is my Molokai representative, covering this island also. And a very important person, the executive director of Papa Ola Lokahi, the umbrella organization that covers all of the activities in this bill, Hardy Spoehr.

STATEMENT OF HON. DANIEL K. INOUYE, U.S. SENATOR FROM HAWAII, VICE CHAIRMAN, COMMITTEE ON INDIAN AFFAIRS

On January 17, Senator Akaka and I began our journey throughout the State to listen to the views of Native Hawaiians and receive their manao as we proceeded with the passage of this measure before us. We began our journey in Kaunakakai, and from there we went to Lihue, and then to Hilo, Wailuku then to Honolulu. This morning we got up very early and Senator Akaka and I went to Kona. We left Kona and we flew here this afternoon, and we are here in Lana'i City. And this is the last spot in our journey. We began on Molokai and we end in Lana'i.

In 1984, Congress directed the Department of Health and Human Services to investigate and conduct a study on the health care needs of Native Hawaiians. All of us had heard these stories

about Hawaiians being very sick. So that study took about 2 years. And then it was submitted to the Congress. And the data on the Hawaiian health status was then compared with the statistics and data available on the health status of Americans as a whole.

And what we learned from the study was very significant and very frightening. Because it showed that Native Hawaiians had higher rates of mortality, they die, from certain kinds of cancer, heart disease and diabetes, than any other group of Americans. Their mortality rates for some diseases were the worst in our Nation. This was in 1986.

In some disease categories, Native Hawaiians had the highest mortality rates in the world, not just in the United States. These statistics prompted Senator Akaka and I and the two members of the House in the Congressional delegation to begin an important journey throughout the State, meeting with professional organizations, meeting with Hawaiian organizations, to find and get their manao, to set up a program. We had no program at that time.

It took 2 years of hearings throughout the State. We went to every island and to most of the major villages. In 1988, the Native Hawaiian Health Care Improvement Act was presented to the Congress. And it was approved by the Congress and signed into law by the President.

Today we are here to reauthorize this act. The act that Native Hawaiians developed in Hawaii is a unique one. There has never been a bill like this in the history of the United States. I think that most of you are aware that whenever there are programs for health and housing, social welfare, the programs are usually made in Washington by people in Washington. They work hard. They are very sincere. But they know very little about the problems here, because they don't live here.

They live in air conditioned homes. They wear nice clothes, they eat three meals a day.

And so we decided, Senator Akaka and I, that we would go to Hawaii and call upon Hawaiians to develop a program, in Hawaii for Hawaiians. It has made a big difference. We have learned a lot of things. For example, we learned that there were many kupunas who are reluctant to deal with haole doctors or Japanese doctors, that they wanted to deal with a Hawaiian doctor. But there were not very many. So Native Hawaiian health centers were established.

And for the first time in the history of the United States, we enacted a law that recognizes kahunas, people who deal in herbs, native medicine. Up until now, the laws would only cover medical doctors, M.D.s, you had to have a title like that. But in this law that we are reauthorizing, we have all these innovative programs, programs that have been working.

And so I wanted the executive director of Papa Ola Lokahi to be sitting here, because that organization has been administering the law for 12 years now. And today, we are listening to you to see whether we should extend it for another 10 years. This bill would authorize the establishment of three additional health systems, we have five right now. But with this bill we would have health care systems on every island. Hui Malama is one.

Under the provisions of the bill, the Papa Ola Lokahi board will be expanded, and it will include the Native Hawaiian Health Care Systems, the Hawaii State Primary Health Care Association, Kamehameha Schools, and other organizations that are involved in Native Hawaiian health.

The next one is very important. Many of us sitting here have long believed that Native Hawaiians are entitled to health care by right, as an entitlement. For example, there are few entitlement programs in the United States. Medicare is an entitlement. If you reach a certain age, you become entitled to Medicare. You reach a certain age, you receive Social Security payments. And so we have this bipartisan commission that will look into all of the facts to determine whether Native Hawaiian health care should be an entitlement.

And so these hearings are very important. Very, very important.

As you know, the Office of Hawaiian Affairs and Papa Ola Lokahi recently reached an agreement on the amendments to this bill, S. 1929. And it will provide some role for the Office of Hawaiian Affairs in the further development of a comprehensive program. It is a very comprehensive bill.

This bill would also authorize the establishment of a center of excellence for nursing in Hilo, at the University of Hawaii Hilo campus. We will have a nursing school, teaching nurses to deal with Hawaiian problems. Hawaiian problems may be a little different from Honolulu problems. Then we will have a center of excellence the University of Hawaii Manoa for mental health.

Then we will have a center of excellence at Waimanalo Health Care Center for maternal health and nutrition. Very important. Because health does not begin when you are in kindergarten. Health begins when you are conceived. That is when we should be concerned. Health concerns should begin in the same way.

Then we will have a center of excellence for research and training and integrated medicine at Molokai General Hospital to see whether we can integrate western medicine and Native Hawaiian medicine. So this is a very ambitious bill. We are looking forward to telemedicine and all these things. It is not going to be just medical care as usual.

So what you tell us today is going to bear great weight, and it will bear hopefully great fruit. Because this program has received national attention, we will begin having demonstration programs. Because we want to help your brothers and sisters all over the land.

For example, in education we have language programs, where classes are conducted, from kindergarten to the 12th grade only in Hawaiian. And we find that as a result, grades go up. More people go to college. Something happens to them. Pride and self-esteem, all of these things are very important

We are now going to have these programs so that other native people can set up their native language immersion program. They have been watching you and they are so impressed. They are watching you on the use of native healers, because their law does not provide for that. The Hawaiian program is far more advanced than the national Indian Health Service program in some respects.

Now, you know that we are not going to be here tonight, we have to catch a plane. So I will be asking the witnesses, if they could, to limit their statements to 5 minutes. Your full statement will be inserted into the record, and we are going to keep the record open until April 21. If you want to submit a new statement or an addendum or new information, please feel free to do so. And one thing I can assure you, Senator Akaka and I, we read your statements, so that we know what your challenges are.

Well, it has been a long trip, but it has been a very productive one. This is our last stop, but an important one. And with that, may I call upon the Chairman of the new task force on Hawaiian affairs, the Honorable Daniel Akaka, United States Senator.

STATEMENT OF HON. DANIEL K. AKAKA, U.S. SENATOR FROM HAWAII

Senator AKAKA. Mahalo nui loa, thank you very much, Mr. Chairman.

I also want to thank the Chairman for these hearings. As he mentioned, when we began, and this is our last. We're looking forward to your testimony, because it will be of help to us.

I want to welcome all of you here today. It's delightful to be, first to be on Lana'i, and second to come to a place which I've never seen before. This is the first time I've seen Hali Kupuna O Lana'i. And it's really nice, I really like it. And I understand it's fully occupied, which is fine for people from Lana'i, and families are able to visit them here. So the whole situation and environment here is really idea. And I'm so glad for the kupuna.

I'd like to say, after looking like this, that they certainly live in grace and in good style. So I'm happy for that.

I want to thank those who will testify today for preparing yourself for this and for coming today, and welcome to all of you Hawaiians and Hawaiians at heart, who are very interested in this bill.

And especially we are very happy to be here to listen to the community. So please speak your mind and tell us what you feel.

This particular legislation, as Senator Inouye mentioned, is a comprehensive health bill. And as he pointed out to you, it's different, because it was made for Hawaiians by Hawaiians. Therefore it meets the needs of people of Hawaii.

But what we've found, and others have found, that this can be applied to other places. So as the Chairman mentioned, the Indians are interested in this bill. So what we're doing here is to have a hearing and to move towards reauthorizing, keeping the bill going with some additions which will improve it.

As reflected in the hearings held in November, 1999, on the reauthorization of Native Hawaiian Education Act and the public consultations that began the reconciliation process in December, 1999, I'm very pleased to note and to see the interest and participation of Native Hawaiians on policies that have a significant and direct impact on our community. And I'm happy to see Hawaiians coming out.

As you look at what's happening now, more Hawaiians have taken interest in the Hawaiian issues. More of them have come forward to speak their minds. And so there is a feeling of excitement,

and I like that. Therefore, this is a very important time for Native Hawaiians and the people of Hawaii.

I welcome the responsibility, as mentioned by Senator Inouye, to serve as the chair of the task force on Native Hawaiian affairs. The U.S. Supreme Court's decision on *Rice Kaitano* underscores the need to resolve longstanding issues, such as political status and self determination. We have begun to address these issues in the reconciliation process. Reconciliation involves a multitude of issues, including Native Hawaiian health.

It is imperative that we continue to work together. And I want to stress that, we have to work together as a community to address these issues. So let me assure you that as we continue to resolve these important issues, we will continue to consult with the Native Hawaiian community. This legislation, S. 1929, is an example of the success we can achieve by working together as a community.

I look forward, Mr. Chairman, to hearing from each of our witnesses today who have come to share their manao. And that will be in our records here. So I want to say mahalo nui for coming and aloha.

Senator INOUYE. Aloha.

Our first witness is the Honorable Sol P. Kaho'ohalahala, who is a distinguished member of the State of Hawaii House of Representatives. Representative Kaho'ohalahala, welcome, sir.

STATEMENT OF HON. SOL P. KAHO'OHALAHALA, HAWAII STATE REPRESENTATIVE

Mr. KAHO'OHALAHALA. Aloha, Senator Inouye and Senator Akaka and staff members of the Senate Committee on Indian Affairs. Aloha and welcome to the island of Lana'i.

My name is Sol Kaho'ohalahala, and currently I am the State Representative for the Seventh District. I represent the islands of Lana'i, Molokai, Kahuola Lave, West Maui and Kuapapa. I would like to begin by thanking you for your diligence in trying to mitigate the dismal health concerns of Native Hawaiian people. Overall, I believe that the Native Hawaiian Health Care Improvement Act has been beneficial to our people, especially in the areas of prevention and education.

I have submitted written testimony highlighting some of the areas of the bill in which I have specific concerns. But I will invest only time to highlight some of the specifics that I want to bring to your attention. I will also defer to the expertise and statistical data of Na Puavai and Kaolohula Nai and Papuolo Lokahi in addressing the specific needs and progress of our people in mitigating health concerns.

So thank you for making such a diligent effort in having the Congressional findings document the history of Native Hawaiian peoples' relationship with the United States. With the recent attacks on Hawaiian entitlement, the direct reaffirmation of the trust relationship is comforting.

I am a staunch supporter of the principles of open and accessible government. Given that my district encompasses four islands, you can imagine what a challenge that is to stay in touch with our people within Maui County. I believe, however, that we do have the technology to overcome the geographical barriers in sharing infor-

mation and bringing people together. So we only have to be willing to be innovative in our approach and demonstrate basic success with the use of technology.

So I applaud the specific mention in the use of tele-wellness in the chronic disease management and health promotion and disease prevention. I believe that in our island communities, this use of technology will enable Native Hawaiians to live comfortably at home and still be able to access the best medical treatments. And if successful, tele- wellness will demonstrate the benefits of utilizing technology to share resources and information throughout our State and in many other ways.

Another great aspect of the bill is the validation and encouragement of traditional healing knowledge and practices. I support any effort to utilize the knowledge acquired by Native Hawaiian peoples over the past 2000 years to better serve all peoples today. Although there have been many beneficial advances in modern medicine, I am encouraged to know that the wisdom of our kupuna and the expertise in the medical resources available in this environment is being honored and incorporated in making healthier lives for all.

I was particularly pleased to find that ho'oponopono is one of the specified skills that a fellowship scholarship can be awarded to learn. In this legislative session, we have seen a great deal of enthusiasm and support for a diversification program to be established so that people going to family court can have access to culturally appropriate processes. I would encourage Papuolo Lokahi to take advantage of this provision of the law if passed, and establish a program to coordinate the practitioners of ho'oponopono so that the district and family courts can refer cases to ho'oponopono as a voluntary alternate dispute resolution process.

I am also supportive of the establishment of Native Hawaiian center of excellence for research, training and integrated medicine at the Molokai General Hospital. I believe that there is no better location for this program because of the people of Molokai who have been successful in integrating those benefits of the modern world into their traditional knowledge and lifestyle. The other centers of excellence will demonstrate the wealth of beneficial knowledge Native Hawaiians have in the areas of nursing, as you mentioned, Senator, mental health, maternal health and nutrition.

One of the larger health challenges in my district is the high incidence of teen pregnancy. The reauthorization of this bill will enable us to address this critical concern in a provocative and a preventive manner. So I believe that the creation of the commission discussed in section 14 of the bill will serve not only to educate Washington, DC about the health concerns of Native Hawaiians, but at the larger issues of self governance and reconciliation as well.

I would like to see the broadest spectrum of our people working on and with this commission to ensure that the best solutions are found. In diversity, there is a greater opportunity for innovation and progress.

So again, I want to say mahalo and thank you for this opportunity to address the Senate Committee on Indian Affairs in regard to this very important measure. The Native Hawaiian Health Care

Improvement Act is vital to the continued existence of our traditional knowledge and to us as people. So thank you very much for this opportunity.

[Prepared statement of Mr. Kaho'ohalahala appears in appendix.]

Senator INOUYE. I thank you very much. Your support of this measure is very important, because you are a leader here, not only elected but an established leader. Under your leadership and guidance, much has happened to this island. This small island has its own dialysis center. A patient no longer has to go to Honolulu for dialysis. This little island has telemedicine now. You can go to your hospital and you can have the experts on Queens or Tripler look at you and you do not have to fly to Honolulu, to spend all that money to get there.

So you are very fortunate to have Sol representing you. He has got a lot of manao up there. So we thank you very much for your assistance.

Senator AKAKA. Thank you very much, Sol, for being here, for giving us your manao. I too want to accentuate the fact that you are a leader here. So we look forward to your leadership in this. As I pointed out, and the Chairman pointed out, there are some parts that are unique to Hawaii in this bill. And we want to certainly develop that for our Hawaiian people.

We have so many issues to work on, as you and I know, and all of us know. We look forward to working with you. Mahalo nui loa.

Senator INOUYE. And now may I call upon the members of the panel. Jackie Woolsey, public health worker, Department of Health; Ken Esclito, registered nurse, Lana'i Community Hospital; Shirley Samonte, manager of the Lana'i Family Health Center, Straub Clinic; and Lenora Fabro-Wong, registered nurse, Lana'i Community Hospital.

We have very important members of the hospital here. I hope no one is getting sick there. [Laughter.]

May I first call on Jackie Woolsey.

STATEMENT OF JACKIE WOOLSEY, DISTRICT PUBLIC HEALTH NURSE, DEPARTMENT OF HEALTH

Ms. WOOLSEY. Thank you, Vice Chairman Inouye, and you, Senator Akaka, and members of the Senate Committee on Indian Affairs.

I am Jackie Woolsey, and I am the district public health nurse for the island of Lana'i. Mahalo for allowing me to share my perspective of our Native Hawaiian health care system on Lana'i. I would like to share some of the events that we have been able to enjoy on Lana'i. Lana'i being a rural, isolated island of approximately 3,000 residents, we lack many health and social services which are available on our other islands of our State.

Of the 3,000 residents that live on Lana'i, 10 to 12 percent are Native Hawaiians who have been able to access the services provided by Na Puavai to Lana'i. We appreciated having an office and a community outreach worker on our island to coordinate health, education and services for our Hawaiian community. Na Puavai has supported our makua and kupuna through the cardiovascular risk clinics, the diabetes complication clinics, prostate screening for our kane and for our wahini, breast screening and assistance to get

to mammographies off island, and gynecological care by the Molokai certified nurse midwives.

One of our biggest areas of concern for Lana'ians is nutrition and getting familiarized with the Hawaiian diet and making the needed lifestyle changes which will ultimately improve our health status. I use the term our health status, because I am a Native Hawaiian. And being a nurse, I know how important this aspect of our lives can be.

We have had one ipona session for about 30 Lana'ians who greatly enjoyed this program. We are looking forward to other sessions soon.

Our keiki and opeo have also benefitted from programs which were provided in the school. We have approximately 100 Hawaiian children in school, with a total school population of 696 children. There was the otitis media, nutrition, asthma and AIDS education program. All of these programs have contributed to our Hawaiian community becoming more aware of how they can better take care of themselves and their ohana.

However, our needs to not stop here. We would appreciate having these programs continue and expand their scope of services. As a community, we have other needs like a health center, with a certified kitchen to allow us to improve and expand our ipona program, space to have more health education classes, and well child services where parent education, immunizations, developmental screenings can be conducted. Space to run our own Native Hawaiian health care system on Lana'i.

We would like to become independent of Molokai. But we would need help from Na Puavai to accomplish this task. We already have a Lana'i advisory committee and our mini-system is known as Kaola Hoa O'Lana'i. Our office needs to be updated with a more current computer, modem, fax and internet and e-mail capabilities.

But Senator Inouye, Senator Akaka, thank you for spending your time on Lana'i this afternoon. And I appreciate this opportunity to express my manao regarding our Native Hawaiian health care system. And the most important need is to have S. 1929 reauthorized.

Thank you.

[Prepared statement of Ms. Woolsey appears in appendix.]

Senator INOUYE. Ms. Woolsey, I thank you very much. You have just described why we need Mr. Spoehr sitting here. Papa Ola Lokahi is the umbrella organization, and they will be responsible for the distribution of assets and resources. And you spoke about the fax machine and the computers, he can check into that now. [Laughter.]

You also brought up the matter of the otitis media. It reminded me that it was otitis media that began our journey. A long time ago, many years ago, we were looking into the education of Native Hawaiian children. And we were down in Nanakuli, with the homesteaders. We were told by the educators there that Hawaiian kids don't pay attention, they just play around.

And so I went up to one of the kids and I started talking to him, and I noticed he was not paying attention to me. And it became apparent that he was deaf. He had otitis media. And it turned out that Hawaiian children, because they do not have the money for fancy games and stuff, they are outside in the open. They go to the

beach to swim. Water gets into the ear, gets a little sore, mama says, "put spit inside there and that is enough."

But then after a while, it gets infected. And that is how we got involved. Why are Hawaiian children getting otitis media at a rate much higher than other children?

Then we started checking into diabetes and cancer. Then this started. A little thing can start a movement. It was a little child in Nanakuli with otitis media. So I thank you for reminding us.

May I now call on Ken Esclito, registered nurse at the hospital.

STATEMENT OF KEN ESCLITO, REGISTERED NURSE, LANA'I COMMUNITY HOSPITAL

Mr. ESCLITO. Aloha, Senator Inouye, Senator Akaka, Mr. Spoehr and members of the U.S. Senate Committee on Indian Affairs. My name is Ken Esclito, and I'm here today to encourage you to support S. 1929, the bill to reauthorize the Native Hawaiian Health Care Improvement Act.

I am currently employed as a registered nurse at Lana'i Community Hospital and have been a health care provider for over 20 years. During this time, I have had the opportunity to care for individuals with a wide spectrum of illnesses and disease processes, many of which have been shown to have the highest prevalence among Native Hawaiians.

Among these are hypertension, diabetes, cardiac disease and various cancers. In this age of constant budgetary constraints and health [inaudible]. I strongly feel that affordable health care is rapidly becoming a financial impossibility. This is especially true in rural areas, where job opportunities are very few and far between.

I am also very honored to serve on the board of directors of the Na Puavai as a Lana'i representative. Through my association with Na Puavai, I have been able to participate in a number of cardiac, diabetic, prostate screening clinics. Through these screenings, both on Lana'i and Molokai, the continued impression that I have is that if not for the availability of these free clinics, many individuals would not participate due to fiduciary constraints. The [inaudible] that yes, health care is important, but basically financially not feasible.

Another common experience is that many individuals do not seek out the services if not given [inaudible] by the community health workers to reach out, contact and educate individuals in regard to the necessity and availability of these services. In other words, some need to be led by the hand to attend.

As strongly as I feel that such screenings are a necessity to a healthy and productive life, I also believe that prevention is the key. Various education programs, such as diabetic teaching, nutrition and HIV information set up through Na Puavai are focused toward this goal. If we are able to intervene early enough in the individual's life, then lifestyle and behavior changes are very possible. We as adults in our society have a responsibility to our young to provide as much education and learning opportunities as possible to facilitate the chance for a healthier future.

I have seen great strides made toward education and prevention during my tenure at Na Puavai. However, this is only the beginning. With the reauthorization of S. 1929, it will be possible to ex-

pand and build upon the foundations that we have built in the last 10 years and therefore provide our Native Hawaiian population with the hope and possibility of a healthier and longer life.

Senator Inouye, Senator Akaka, Mr. Spoehr, members of the Senate Committee on Indian Affairs, please give your support to S. 1929, and by extension, to our indigenous people. Mahalo nui loa.

[Prepared statement of Mr. Esclito appears in appendix.]

Senator INOUYE. Thank you very much, Mr. Esclito.

You emphasize prevention, and believe it or not, it is a message that has not been heard sufficiently in the United States; 10 years ago, we were spending approximately $1,500 per American, man, woman and child, for curative medicine, surgery, drugs and what have you. For prevention, we were spending 50 cents per person.

And we have been trying to convince our colleagues to increase that 50 cents to prevent a lot of problems. I hope the men here will take advantage of prostate screening, for example. Or the women, get mammographies, then you do not have to worry about suffering in the future. Take your diabetes test. These are important things.

And you have a man here who not only knows his business, he is ready to help you. Very important. And I am especially pleased to see a male nurse. For a long time, only wahines were nurses. But I am glad we have men as well.

In the U.S. military, I think about 30 percent of the nurses are men now. So you are in the groove right there. [Laughter.]

Thank you very much.

And now may I call on Shirley Samonte.

STATEMENT OF SHIRLEY SAMONTE, CLINIC MANAGER, LANA'I FAMILY HEALTH CENTER

Ms. SAMONTE. Aloha Vice Chairman Daniel Inouye, Senator Akaka, and members of the Senate Committee on Indian Affairs. Thank you for allowing me to present my views on the impact of the Native Hawaiian health care system on Lana'i.

My name is Shirley Samonte, and I am the clinic manager for Lana'i Family Health Center. Lana'i Family Health Center is the only outpatient clinic that has a comprehensive dispensary on the island. We provide quality medical care for the entire family. Our services include diagnosis and treatment of illness and injury for infants, children, adolescents and adults, periodic physical examinations and preventive health maintenance, premarital and gynecological examinations, minor surgical procedures, well baby and well child services, dispensary services, selective specialty consultations in cardiology, dermatology, obstetrics and gynecology, ophthalmology, orthopedics, pediatrics and nephrology, once a month or every other month, and physical therapy twice a week.

The Native Hawaiian health care system has been in existence on Lana'i for over 10 years. Through their sponsorship of the cardiovascular risk clinics, diabetes complication clinics, prostate screening clinics, pap and pelvic screening clinics, people in our community have had the opportunity of having evaluations by specialists, as well as laboratory testings with minimum or no cost to them.

Through these clinics, we were able to identify several clients with significant medical problems. Also with the assistance of the

Native Hawaiian health care, we are able to work collaboratively to improve the timely delivery of primary health care services to Native Hawaiians on the island of Lana'i.

Without the Native Hawaiian health care system sponsoring these clinics, some of the participants would not have had the opportunity of seeing all of the specialists or have the laboratory screenings done. Lana'i Family Health Center needs the Hawaiian health care system's continued support and partnership to create an integrated health system for the people of Lana'i.

Thank you.

[Prepared statement of Ms. Samonte appears in appendix.]

Senator INOUYE. Thank you very much, Ms. Samonte.

Once again, a witness, a professional, has emphasized the necessity of having tests and screenings. That is how you prevent future problems.

As some of you know, I am 75 years old. As you grow older, you should take more physicals. I have a physical every 6 months, and I go through all of the tests. And believe me, I think I am in better shape today than I was 40 years ago, as a result. It gives you peace of mind. You know that if your prostate test comes out less than one point—you know what I am talking about—that is pretty good, is it not?

So you fellows better do that, too. Just because you look good in the mirror does not mean your health is good. So listen to our witnesses here.

Next may I call on Lenora Fabrao-Wong.

STATEMENT OF LENORA FABRO-WONG, REGISTERED NURSE, LANA'I COMMUNITY HOSPITAL

Ms. FABRO-WONG. Good afternoon. Aloha, Senator Inouye, Senator Akaka, staff members, Hardy Spoehr. And please extend my aloha to Chairman Ben Nighthorse Campbell.

Thank you for coming to Lana'i and allowing me to present testimony in support of the bill to reauthorize the Native Hawaiian Health Care Improvement Act. My name is Len Fabrao-Wong, and I'm presently employed as a nurse on staff at the Lana'i Community Hospital. I had been awarded the Native Hawaiian health scholarship in 1993 while attending the University of Hawaii at Hilo. Prior to this, I had been a health care provider as a registered nurse since 1983.

In 1995, I graduated from the University of Hawaii Hilo with honors and a bachelor of science degree in nursing. I am now better equipped to understand and service my community, my Native Hawaiian community, in a much broader sense than from a hospital staff perspective.

The Native Hawaiian health scholarship program is a mechanism through which we are able to deliver rural health care in an effective manner as it allows for a grass roots approach. With this program, individuals are able to pursue studies, acquire education and graduate with degrees in various health care areas, including medicine, nursing, dentistry, and social work, to name a few.

Upon successful completion of their studies, these individuals are placed in service in federally-designated high risk areas with limited resources for health care. For the most part, they are placed

back in the communities from which they came, and undeniably, where they are needed.

Presently, we have scholarship recipients in service who are doctors, nurses, clinical psychologists, social workers, nurse practitioners, dentists and dental hygienists. These people are invaluable to the communities that they serve. We need a rural health care delivery system that is economically feasible. And this program gives us a viable option.

The grass roots approach is also significant because of the cultural sensitivity that these individuals innately have. They don't have to go to workshops about dynamics in the extended local family. We all know those dynamics. Most of us have lived it.

As health care providers, we have digressed so very far from care and healing as an art to care and healing as a business. You are familiar with the ramifications of budgetary constraints and the negative impact they have on programs of service to the public. Please do not let this be one of those situations.

For centuries, indigenous and aboriginal healers fine tuned and integrated their skills and along with the blessings of God and the great father sky were able to care for entire villages and communities, indeed, their very own people. We also have to take care of our own. We have a great responsibility to provide every educational opportunity available in order to meet this goal of providing quality care in rural areas. We need to be advocates for Native Hawaiian health at all levels, including education. If we aren't advocates for ourselves, who will be?

Health care is becoming increasingly difficult to access in the rural areas, due to limited economic and human resources. Simply put, my people cannot afford to be sick any more.

The Native Hawaiian people are vanishing slowly from the face of this earth. We lose Native Hawaiians with every generation. We lose our kupuna, and we lose our quantum. We are beleaguered by various diseases and illnesses which have the highest prevalence among the Native Hawaiians. It is imperative that we do everything we can to preserve the Native Hawaiian. It is imperative that we provide for education for the Native Hawaiian to take care of the Native Hawaiian in the rural areas where the Native Hawaiian lives.

It is imperative that we reauthorize the Native Hawaiian Health Care Improvement Act. Reauthorization of this bill will unquestionably demonstrate your ideals on quality health care delivery in the rural areas to the Native Hawaiian and to the community at large.

Mahalo.

Senator INOUYE. Ms. Fabro-Wong, you brought up matters that not too many people are aware of, the health scholarship program. That is part of this bill. If it were not for the health scholarship program, we would not have as many Native Hawaiian nurses, Native Hawaiian doctors, psychologists, social workers. This is all part of the program.

Then you brought up the matter of health care providers instead of caring and healing as an art, they do it as a business. So budget becomes important. When we began this process, it was not with the blessings of the Government of the United States. They have

their programs. This was a new one coming in from people that they did not know.

But now they have seen the results of this program and they are impressed and now they are all for it. So I can assure you, we are going to do our very best. This is not our program, this is your program. One thing Senator Akaka and I will never do, we do not say that this is our bill. We did not develop this bill. It was developed by the Native Hawaiian community at meetings like this, somebody gives us a little idea, and we incorporate that. So it pays off.

At one of the hearings when we were talking about the bill, somebody spoke up about scholarships. That is how it became part of the act. They said,

> What is the use having Hawaiian health programs if the people who are providing the health are not Native Hawaiians?

That made good sense. So it is in the act.

So these hearings are very important. Senator Akaka, do you want to say something?

Senator AKAKA. Mr. Chairman, I just want to tell you that we've heard some good ideas here from our witnesses, ideas that come because you work in this field. And you know the people and you know the problems. That's what we're looking for.

So I want to say thanks, mahalo nui loa, for your expressions and no question, this is going to help us even improve the bill as we go along. Thank you.

Ms. FABRO-WONG. Thank you.

Senator INOUYE. Thank you very much.

And now our next panel, Sol Kaopuiki, member, Advisory Board of Hui Malama; Nani Watanabe, outreach worker, of the Queen Lili'uokalani Children's Center; and Pastor Sharian Kuhia.

May I first call on Mr. Kaopuiki.

STATEMENT OF SOL KAOPUIKI, ADVISORY BOARD MEMBER, HUI MALAMA OLA NA 'OIWI

Mr. KAOPUIKI. Senator Inouye, Senator Akaka, and staff, aloha. You know, I was supposed to be representing the kupuna, but there are some other kupunas who probably should be up here. Anyway, I believe strongly in this Native Hawaiian health program that is going on.

I have attended a lot of meetings in Honolulu, and the opportunity to make a sneak attack on some of the members there, I usually go and see the old people. They are all by themselves, and the younger ones are always getting together, discussing everything.

And I ask these older people, why are our Native Hawaiians, we have the most people going to jail, the most people that are sick. Can some of you tell me why? And of course, there are humorous remarks made. But they feel that diet has a lot to do with it. This particular lady, quite a rascal lady, she said the diet they had did not have any fancy dressing, but as the years go by, some Chinese man came down and he added a fancy dressing, and then she said, oh, the chili pepper water, if you eat poi with the chili pepper water, it's a must. But I told them, isn't that supposed to be a no-no? She said, you don't say no-no, you eat.

So in talking with these people, they believe that as there are changes, and we all agree there are changes, in so many things there are changes, there is the food and everybody getting now the fancy diet. You go back up in the hills, you eat koi or something, you come back, you mix it with the mayonnaise and something else and you got a dressing. And all these things contribute to the diet and naturally the health of the Hawaiian.

I believe that Dr. Shintani, I think most of the kupunas or their grandchildren should read that book and explain to the kupunas what it is doing. A lot of them, I know they don't know. They don't know who Dr. Shintani is. I told them that to eliminate, maybe if I talk to them, say eliminate so many people from doing the wrong diet, eating the wrong diet. I said, that way, probably a lot of other things may fall in place where, instead of being negative, we approach it from being fine.

Some of them agree with me, but some of them say that it's hard for them to understand why the younger people are not picking up religion, too. I said, what part does religion have to do with diet? They say, plenty. Again, I say, the way I was born, we were not faced with all this corned beef and sardines. We strictly had fish, fish eating people. I was born on the other side of the island. We're not kidding, my sisters are here, you walk out, you see moi stretched from here to the wall. You take what you got and you go home, and leave all the rest.

But that's the kind of life we had. And we're pretty good, at least we're eating all right. But when it comes to current diet, today, it's very, it really is. I hope personally that a lot of Hawaiians take a good look at what they eat, take a good look at exercises, walking, all these things. It's going to help a lot of them go on in the life of an individual. And for myself, I do that. I get up in the morning, 5 o'clock, and I run on the road 2 miles and 2 miles back. Then I go to the coffee shop and join the other senior citizens there and B.S. each other every day. [Laughter.]

It's therapy, you know. Instead of sitting at home, and looking at the blank wall, they are there. The next day, you go, we find each time we're increasing. Now we got the mainland haoles joining us.

It's a serious thing, too. It's not only Hawaiians, but non-Hawaiians. The need to exercise and mentally, you've got to make your brain work, too. I don't know how you do it.

A long time ago, these elderly haole doctors looked at me, and he said, you know, in a couple of years you're going to be this guy that is on that 65 bracket, and you went downhill. He said, to prevent from going downhill, while you're driving your car, you multiply and you add in your brain, get that brain working. And I've done that. I've done that, and I find it helps.

Again, I'm a new guy on the kupuna project. I have learned a lot of things the hard way. But it gives me great satisfaction to go on a program of my own. I haven't gone to the Shintani diet, because it was quite expensive for me. But a commonsense type of diet, I stayed away from meat as much as possible, mostly vegetables and stuff like that. But it's up to the individual, how you want to upkeep yourself.

So when I last December, December 1, I was in Honolulu. This guy saw me, and he said, oh, what is it you come here for now? I said, remember the last time we got together, we were coming down here to get my ignition, you know, check my injectors, this time the spark plug, it's not firing right. So I ended up in the hospital for 14 days.

But getting back to this health care, us on Lana'i, we must take a good look at our community problem and we have to, instead of sitting behind a table, we have to get up and walk in a community, believe that person to the hospital, and let them be aware that all these things are possible if they only would follow. It's a hard thing to do, but we've got to do it. We've got to change our own picture of this community. We can't do it if those of you here who see people that are not going to the hospital, that wait until the last minute.

It's a good thing that we have the senior citizen bus driver here. He's quite a guy. He goes out there and picks guys up and takes them to the hospital.

Senator INOUYE. Mr. Kaopuiki, we have seven more witnesses, and we want to hear all of them.

I am glad you brought up diet. It is very important. The Shintani Waianae diet is a very good diet. But I do not know if you are aware that, Dr. Emmett Aluli of Molokai came up with the Molokai diet, a diet that is primarily focused on Native Hawaiians. Sometimes it is not easy to get taro and poi and fish. But the Emmett Aluli Molokai diet is something that you should study. Maybe you should invite him here to this kupuna center and have him give you a little talk on his diet. It works.

So I thank you very much, Mr. Kaopuiki.

Now may I call on Ms. Nani Watanabe.

STATEMENT OF NANI WATANABE, OUTREACH WORKER, QUEEN LILI'UOKALANI CHILDREN'S CENTER

Ms. WATANABE. Aloha Senator Inouye, Senator Akaka, Mr. Spoehr and members of the U.S. Senate Committee on Indian Affairs.

My name is Nani Watanabe. I was born and raised on the island of Lana'i and am a proud graduate of Lana'i High and Elementary School. I have just recently returned to Lana'i as a community development coordinator for Queen Lili'uokalani Children's Center. I am here today advocating for the needs of services for Hawaiian people of Lana'i. I am also a part-time resident of Maui, where my immediate family resides.

Many of the services that Lana'i receives come from Maui or Molokai. Lana'i needs are great. If services are available on-island, this allows the residents of Lana'i to access direct help as needed. I have had a great ongoing opportunity to work with Ke Ola Hou O'Lana'i, collaboration with Ke Ola Hou O'Lana'i and Queen Lili'uokalani Children's we Center have successfully worked hand in hand. Our Ai Pono program was a great success, which included adults and their children as participants. Education toward nutrition and proper diet helped our people learn to care for themselves.

One of the barriers we face here on Lana'i is not having a place to gather, a certified kitchen to continue such a program. This is

a need, and it is a concern. We are now working on our teen parent project. This program encourages our teen mothers to stay in school and complete high school and to continue to further their education. With no women's health care center, this makes accessibility for women and teens here on Lana'i with little or no service.

Recently, teen pregnancy has been a major concern. Having no place that allows privacy when a group meets makes it very difficult. We have provided support, such as childbirth classes, and we contract a nurse from Maui. We have invited guest speakers and educators from the medical sector and community resources to come and speak to our teen parents.

We have also helped with air transportation for one teen mother and one parent to go to Oahu when it was time for delivery. We were also able to provide temporary housing for the family with the help of our agency. Their medical insurance does not cover transportation or housing.

We meet twice a month, and it is mandatory that our teen parents attend and bring their progress report and report cards from school. We also encourage them to bring their babies. Our first meeting is on prevention, and our second meeting is on education. This group of teen parents is also working toward becoming panelists, so that they will be able to go back to their school and community and talk about prevention.

It is very important that education towards a healthy lifestyle is provided for our Native Hawaiian children from grade school to high school. It should be a priority, especially on Lana'i. We need Ke Ola Hou O'Lana'i Na Pu'uwai to continue, and possibly extend services to our children and our teens. Without their continued support and programs, it would be very detrimental to Lana'i's Hawaiian community.

Mahalo for your time in allowing Lana'i to be on your agenda, and I appreciate this opportunity.

[Prepared statement of Ms. Watanabe appears in appendix.]

Senator INOUYE. I thank you very much for your testimony. Because what you have described is a problem that has plagued the whole country, teenage pregnancy. I would welcome anything that you can send us on your experiences and how you have these panel programs on prevention and education. I would like to share that with my colleagues.

If you will send it to me in Washington, I will see that it is distributed. Thank you very much.

Now may I call upon Pastor Sharian Kuhia.

STATEMENT OF PASTOR SHARIAN KUHIA

Pastor KUHIA. Aloha, Senator Inouye and Senator Akaka. I am Pastor Sharian Kuhia of the Lana'i Missions Church of God. I have been privileged to be on this island when they started the Native Hawaiian health care. I learned of many avenues that we as Hawaiians could use. Through Na Puavi and Darrilyn and her organization here, we have been able to access many things that I never knew about, being a Native Hawaiian and not understanding what avenues of health were there for me.

By coming to Lana'i, and becoming a pastor here on this island, I became aware of the many programs that were here for us Hawaiians. Again, just to quote a scripture from the word of God, Hosea says, "My people are destroyed for lack of knowledge." Because of that, that's why a lot of us are destroyed.

I have direct benefits from this program. When I first came here, I am a diabetic, I have gone through some complications. Because my wife was in the State of Hawaii, I had a chance to get my medications. Without the program and the use of using them, they were able to tell me, if you don't have any medical, we can provide for you to get these medications that you need.

This is an avenue that I never knew about. So because Hawaiians are proud people, we don't like to go out and ask for handouts. We don't go out there and tell them, I'm sick today, I need help. But by having somebody in this field that will be here, our nursing staff and many of them that are knowledgeable of all the things that we go through as Hawaiians.

But there is a greater need that is needed, I believe, in our community, as far as our children. I see a lot of things going on in mental health. Our kids are being destroyed in their own home land. They are being destroyed because nobody wants to sit down and listen to them. We need to have people, they said, hoa poma poma. That's true. We need healing through forgiveness. We need healing and we need qualified people to sit down, not with doctorates, not with big certifications on the wall. But we need people with a tender heart that can listen, and sit down and talk to our kids and share with them all what they can do.

Again, I say, the word that says, my people are destroyed for lack of knowledge, lack of knowledge in medical things, not only that, lack of knowledge of knowing who they can go to talk to. We confide in many people, our kupuna who can go back and talk with them. But we need to have this place of central area where the people can go, where the children can come and meet, where you can have a resource center for them to come. Because if they trust you, they will share everything with you.

Truly I believe this is a great need that we have. Please recertify our health program here, because it is much needed for many of the Hawaiian people, as well as many of our, whether they're Hawaiians or not, they're still people. And we hurt.

Thank you for your time. I appreciate you.

Senator INOUYE. Pastor Kuhia, I thank you very much for your warm words. I can assure you that Senator Akaka and I will continue our crusade, because it is a crusade. We know that no matter how good this measure is, it is just the beginning. The road ahead of us is a rocky one. It is a long one. And I do not know when we will have all the solutions. But we will not give up.

With that, I thank you very much.

We have to leave here in no later than 20 minutes. And we have 7 witnesses here, and that means 3 minutes apiece. So will Brady Magaoay, Blaine Kaaikala, Guy Wong, and Winifred Basques come up right away.

We will start with Brady.

STATEMENT OF BRADY IKAIKA MAGAOAY

Mr. MAGAOAY. Aloha kakua, Vice Chairman Inouye, Senator Akaka, and members of the U.S. Senate Committee on Indian Affairs. My name is Brady Ikaika Magaoay, and I was born in Honolulu, and I attend Lana'i High and Elementary School. I am 8 years old and I am in the third grade.

Mahalo for allowing me to share my mana'o about our Native Hawaiian health. I am here today to speak on behalf of the other Hawaiian children of Lana'i. Our Hawaiian community might be small, but we need a lot of help and service. As a keiki of this island, we are important and we need to be included in all programs that provides health care to Hawaiians.

To prevent poor health and nutrition from being in our Hawaiian community, there are programs toward healthy lifestyles. Education starts with us children and our ohana. Activities and programs that are provided in school have been good, but we need more. We need to have more programs available after school to help us reach our goal toward good health and wellness.

Please consider my testimony by reauthorizing the Native Hawaiian health care system, and remember, we are children of Hawaii. Remember: Malama [caring], laulima [cooperation], kuleana [responsibility], and kupa'a [loyalty]. We need lokahi [unity].

[Prepared statement of Mr. Magaoay appears in appendix.]

[Applause.]

Senator INOUYE. Brady, how old are you?

Mr. MAGAOAY. I am 8 years old.

Senator INOUYE. What grade are you in?

Mr. MAGAOAY. Third.

Senator INOUYE. As long as we have young men like Brady who can speak like that, we have no problems. [Laughter.]

The future is in good hands. Thank you very much, Brady.

And now may I call on Blaine.

STATEMENT OF BLAINE KAAIKALA

Mr. KAAIKALA. Aloha, Vice Chairman Inouye, Senator Akaka, and members of the U.S. Senate Committee on Indian Affairs.

My name is Blaine Kaaikala. I was born on Lana'i. I am 13 years old. I am in the eighth grade and attend Lana'i High and Elementary School.

I am here today as an opio of this island. I come to ask for your support in helping us reach our goal toward a healthy lifestyle. When I become as old as all of you, I want to be an example of a healthy adult.

We need to bring our culture back to Lana'i and the education of our culture starts from us, the children of Lana'i. I enjoy learning to gather food from the ocean, harvesting taro and making poi. I want to see programs on Lana'i that help and allow us to reap the land and harvest our own food, by allowing us to work and learn hand in hand with our kupunas. It will help us to gain our self-esteem, become an ohana, and our future toward good health and wellness, education will be one of success in life.

My grandma was a person that knew how to gather her food when she needed. She taught me many of her skills and ways to survive when she took me fishing and gathering. We were a team

and I needed her and she needed me. Our tutu, our mentors and educators, please accept my testimony by reauthorizing the Native Hawaiian health care system.

I too believe in malama, lolema, kuliana, and kopa'a, our Hawaiian values. Thank you.

[Prepared statement of Mr. Kaaikala appears in appendix.]

[Applause.]

Senator INOUYE. Thank you very much, Blaine.

I think you people should watch these two young fellows. Because some day one of them might be sitting right here. One of them may be the next Senator from the State of Hawaii.

Mr. Wong, I would hate to be in your shoes, you have to follow these two experts here. [Laughter.]

STATEMENT OF GUY WONG

Mr. WONG. Aloha, Senator Inouye, Senator Akaka and to the members of the committee. Thank you for allowing me to offer testimony in support of reauthorizing the Native Hawaiian Health Care Improvement Act.

My name is Guy Wong, and I'm a member of Alcoholics Anonymous and Narcotics Anonymous. I'm part Native Hawaiian. I was involved with drugs and alcohol at an early age. I believe there's a lot of Native Hawaiians and Hawaiians at heart who deal with a similar problem. I won't bore you with some of the issues or how the islands were taken away from the Native Hawaiians, but I will tell you that there is a drug and alcohol problem.

I believe that the Native Hawaiians that are out there suffering from drugs and alcohol can get well. It's not that they don't want to get well, but maybe they don't know how to get well.

I believe that the Native Hawaiian Health Care Improvement Act can help with counseling and other programs. We can also train our own people to help with counseling, so that they can help the Native Hawaiians as well as the foreigners.

The Native Hawaiians need to be healed physically, but they also need to be healed in the heart, in the mind and in the spirit. Please reauthorize the Native Hawaiian Health Care Improvement Act so that we can have hope to get better, to get well and become that strong nation that we once were. Help some of us to get strong again so that we can help our Native Hawaiian community, not only the community here, but the community that includes the entire world.

Mahalo for your time, and God bless you.

[Prepared statement of Mr. Wong appears in appendix.]

Senator INOUYE. Thank you very much. Of all the witnesses we have had since we began in January, you are the first one who brought up the matter of alcoholism. I am glad you brought it up, because we cannot hide these things. These are part of the problems of Hawaii, and we should not close our eyes to them.

I can assure you that man sitting there, Hardy Spoehr, is well aware of this. So I thank you very much, Mr. Wong.

And now may I call upon Ms. Winifred Basques.

STATEMENT OF WINIFRED BASQUES

Ms. BASQUES. Good afternoon, Senator Daniel Akaka and Senator Daniel Inouye.

My name is Winifred Basques. I reside at 256 Caldwell Avenue, married to a Lana'i boy, have four children. And of course, I work for the Lana'i Community Hospital as a paramedic.

I have taken care of numbers of patients, a diabetic, ladies with cancer in the breast, diabetic people, you name it, we get it, cancer, everything. We get it all. And of course, I have been a first reach at the Lana'i Community Hospital. In 1979, I did not know how to drive an ambulance. We were supposed to pick up everybody and anybody. We had to learn how to do everything. And of course, at that time we were only ladies working up at the hospital.

You name it, we did it all, pick up patients down on the road, car accidents, we didn't care what condition they were in, as long as we got them up to the hospital to be taken care of.

In 1984, we were sent to Honolulu for the Native Hawaiian seminar at the Sheraton Waikiki. For about 4 days we were there, we were sent by the State to learn how to do all of the hoapunopuno, the lapa'au, and all the herbs that nowadays you cannot find here in the island. All they can say is, go to the old folks, they know where to pick it up, what it is for, how to use it. And of course, before you can do anything, remember this one person up there is watching everybody.

And you know, to do that, you have to have your heart cleaned out first, before you do these things. Because if you don't do it, it won't help you, no matter how much you try. The thing is, when we learned down there, when we came back to the hospital, then saw what was going on, and we're here to help all the people, especially, well, I can't say the Hawaiian people are very, very—I can't say the word. But they are scared. Because they don't know how to say I need help.

There are a lot of services here on the island now. And of course, I have a big game I am going to now. I am the director of the Hui Kako'o Aina Ho'opuhapula of the Island of Lana'i, and trying to get all the Hawaiian people to be recognized and say, come on, people, let's go. Now we have this thing going on, let's get together and start doing something about it. It looks like we don't do anything about it, because there's no work there.

But if you, a person who has gumption, as well as guts, maybe sometimes more guts than brains, the thing is, if you do something about it, then I am for the S. 1929.

Thank you very much. Go for it. We need it. And of course, the back of that is the money.

Senator INOUYE. Thank you very much.

We have 3 witnesses and 4 minutes.

May I call on Alison Kalaleiki, Sheila Black, and Roselyn Kayatani.

STATEMENT OF SHEILA BLACK

Ms. BLACK. Good afternoon, Senator Inouye, Senator Akaka and members of the committee. My name is Sheila Black, and I am here to speak in support of S. 1929, a bill to reauthorize the Native Hawaiian Health Care Improvement Act. I am a retired public

school teacher. I taught regular education, grades preschool through grade six for 13 years and special education for 13 years on Lana'i. During the past 3 years, I have been involved in the Lana'i City Lions Club's collaboration with Ke Ala Hou O'Lana'i to conduct hearing tests of elementary students in our school.

When I first started teaching, and in fact when I was a child growing up on the big island, hearing tests were conducted at school. But because of budget cutbacks, the State of Hawaii's Department of Health and Department of Education no longer conduct hearing or vision screening of any students. Children are required to have a physical examination prior to enrollment in school, but for some that may only be once at age 4 or 5.

After a child starts school, his or her classroom teachers are expected to detect any hearing difficulties the child may have. When you have as many as 26 students in a class, that is no easy task even if you are aware of all of the symptoms of possible hearing impairment.

Furthermore, a young child will not realize that there may be a problem with his or her hearing, and will not be able to inform the parent or teacher. Because of our combined efforts, we have been able to conduct hearing screening tests for all students in the primary grades, a total of 190 in November and December of 1999. Of these students, 18 were retested 1 month later, and recommendations for follow-up visits by family physicians were made for 10 students.

If our efforts detected a hearing impairment in even one child, it is worth our efforts, because early detection can make such a huge difference in that child's educational experience. If Ke Ala Hou O'Lana'i ceases to exist because of a lack of funding, the Lana'i City Lions Club may or may not continue its hearing screening program. It is difficult to find a volunteer who is willing to be trained to do the hearing tests, and willing to commit to conducting the hearing tests every year. Ke Ala Hou O'Lana'i assures the community that the screening program will continue with or without additional volunteers.

This is only one of Ke Ala Hou O'Lana'i's projects in this community. For the health and safety of all the children on Lana'i, I strongly support the passage of S. 1929, a bill to reauthorize the Native Hawaiian Health Care Improvement Act.

Thank you for coming.

[Prepared statement of Ms. Black appears in appendix.]

Senator INOUYE. I assure you, for the sake of your children, we will make certain that this becomes law.

And now may I call on Roselyn Kayatani.

STATEMENT OF ROSELYN MOKIHANA KAYATANI

Ms. KAYATANI. Aloha. It's nice to see so many familiar faces on this board, some of whom I remember as a child going to Kamehameha. And my music teacher over there, Senator Akaka, Senator Inouye, and Harvey Spoehr, welcome to all of you and to all of the members of the community.

I will not belabor the point, because I know you need to go. I have submitted my testimony. I work at the school. We have 700 plus students. Of the 700 plus students, and the statistics are here,

one-sixth of the children are Hawaiian children. That's approximately 120 students.

Of the 120, close to 100 are special ed 504 students. That's quite a few students. And we're looking at services here on the island of Lana'i that are sorely needed. We need medical professionals who will be here, psychiatrists and psychologists, because we definitely have a drug problem. Some of the adults have children with drug problems, also fetal alcohol syndrome problems with newborn babies.

And we desperately need to support the kids. You know, on this island, when we have a crisis or an emergency, we have to call to Maui. Sometimes there's nobody to answer. The crisis or emergency doesn't happen at 10 o'clock in the morning on Wednesdays or Thursdays. It's usually in the middle of the night.

So your working for the Hawaiian community is absolutely imperative. We're here to see that the spirit of the Hawaiian child and the soul of the people continue to merge with what is positive and good and needs to continue on this island of Lana'i.

You need to know that the school is working toward an option two program, which is not finished being designed. We want to train Lana'i people to be their own medical para-professional people, to give help. We want to use the kupuna and their wonderful expertise here on the island, so that we can administer that, and we don't have to keep running off someplace else to find somebody who will come over for a day or two.

So I ask kindly on behalf of the students at Lana'i and for the members of the team that I work with at the school, for your consideration of this. And I thank you very much.

Mahalo.

[Prepared statement of Ms. Kayatani appears in appendix.]

Senator INOUYE. Thank you very much, Ms. Kayatani. You have touched upon the essence of the bill before us. That is the future of Hawaii, and the future of Hawaii are the children. So we are going to do our very, very best.

This closes this this series of hearing in the State of Hawaii. We will return to Washington and we will proceed to convince our colleagues to adopt this measure. But as we do this, I hope all of you will try to remember that there was a great king, Kamehameha. He was over 6 feet tall. He was very healthy. He was very strong. He was mentally alert. He is considered one of the great military strategists of all times. If you go to West Point, they study his tactics.

King Kamehameha never ate Vienna sausage or corned beef or spam. He never touched cocaine, heroin or marijuana. He ate poi, he drank good clean water, he ate vegetables, he listened to his kupunas, he listened to his spiritual leaders.

Keep in mind that 700 years before Columbus, your ancestors sailed the long distance from Bora Bora or Tahiti or from Samoa and they did not get lost. They found Havai'iki. They went back and forth for 200 years, long before Columbus sailed the Atlantic Ocean, long before Magellan sailed the ocean, long before Admiral Cabalso sailed the ocean, long before Vasco DaGama.

Your ancestors are great people. There is nothing wrong with Native Hawaiians. Your sons and daughters have demonstrated,

with the new ships, Hawaii Loa and Hokul'a, that they can sail themselves, they can navigate by watching the stars, watching the waves, listening to the birds and watching the fish. With this measure, maybe we can restore Native Hawaiians to better health. With this measure, we can bring about better mental health.

But the big job is in your hands. You have to be convinced that this is important.

I like spam. It is not easy for me to push it away. But I push it away now. I like Vienna sausage. But I push it away. I think all of you should do the same.

On behalf of the committee, I thank you very, very sincerely. Your testimonies, especially of Blaine and Brady, were extraordinary. We have heard their message and we are going to do everything possible.

Senator Akaka.

Senator AKAKA. Thank you very much, Mr. Chairman. I would like to again thank all of you for coming and for your manao. This has been extraordinarily helpful for us. And I think this is the youngest we've heard, the witnesses, and the smartest. [Laughter.]

This is an exciting time, a critical time, an important time for Native Hawaiians. We must continue to work together. We must work together to share our thoughts and ideas, in order to provide a better future for Native Hawaiians and the people of Hawaii. This is in your hands, in our hands, and we are on our way. So let's do it, let's go for it. And let's support it.

I want to tell you thank you. Because every person did say that they want to see this bill passed, and they would support it. So mahalo nui loa.

[Applause.]

Senator INOUYE. And now may I call upon the distinguished Sol Kaho'ohalahala to give us the closing pule.

Mr. KAHO'OHALAHALA. Thank you, Senators, for being here. We hope that you have been touched by all the words of our people.

Our Father in Heaven, we come before you this beautiful day. We thank you, Father, for your many blessings you bestow upon us. We thank you, Father, especially that Senator Inouye and Senator Akaka and their staff have come from the Congress of the United States to hear our cause and to hear our plea for help and assistance, so that we may enrich the lives of our people, bring them health and education, so that we can truly become the great people that we are.

So Father, for all the things that have been said today and shared, we ask, Father, that you guide their words and guide our hearts, so that together they may combine to make the things possible that we all seek.

And we pray to you always in the name of your Son, Jesus Christ, our Lord and our Savior. Amen.

[Whereupon, at 4:45 p.m., the committee was adjourned, to reconvene at the call of the Chair.]

APPENDIX

Additional Material Submitted for the Record

Prepared Statement of Alison Kaleleiki

My name is Alison Kaleleiki and I am here today to speak in support of S. 1929 a bill to reauthorize the Native Hawaiian Health Care Improvement Act.

In November I was diagnosed with several lumps in my breast and I was worried because I am presently unemployed and did not have any medical insurance. I didn't know what to do. After repeated nagging from my husband, we decided to seek help at Ke Ola Hou O Lana'i to see what the Native Hawaiian Health Care system had to offer. The community health care worker helped me with all the procedures of getting insurance and explained it all to me. She also answered all my questions and calmed a lot of my fears. Arrangements were made for my appointment to have a mammogram and ultra sound, travel to Maui were arranged including ground transportation, and through the Native Hawaiian Health Care system the cost were minimal to me.

If it wasn't for this program I don't know what I would have done. I can't say enough about how great Daryl is and how much she and the program has helped me. Please continue this program in the upcoming years. So many people are being helped through this program.

Thank you for your time.

Mona Kahele
Native Hawaiian Health Care
Improvement Act-Testimony
March 16, 2000

Aloha Senators Daniel Inouye, Daniel Akaka, and Aides,

My name is Mona Kahele and I am a client, advisory board member, volunteer and Ho'oponopono (couseling) and La'au Lapa'au (Native Hawaiian Medicine) Specialist for Hui Malama Ola Na 'Oiwi, the Native Hawaiian Health Care System of Hawaii.

I would like to give testimony to support Senate Bill 1929 to reauthorize the Native Hawaiian Health Care Improvement Act. My involvement with Hui Malama has opened my eyes to wide gaps in health care coverage and education to Native Hawaiians who suffer from Chronic Diseases such as Diabetes and Hypertension.

Hui Malama is helping their clients to purchase prescribed medications, insulin and Diabetic supplies for those who could not afford to with limited emergency funding.

Another concern is Hawaiian people need adequate medical coverage for their families; it should include comprehensive dental plan as well. The focus should be in providing services especially for the needy and the sensitive Hawaiian people. Often, when applying for Medical health care with the State System, Med Quest, people are denied and turned away from help. Because of this, there become hilahila (shame), ashame to talk about what is really wrong with them, and there is a sense of fear and abandonment. The elderly with a small Medicare pension cannot afford to purchase their medications.

The Hawaiian people need continuing support and education in regards to healthy diet. For more than a century, Hawaiians have been eating a Western diet which has contributed to Obesity,

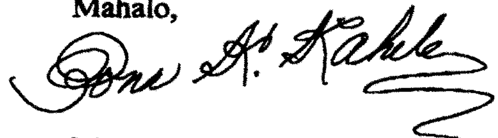
Heart Disease, Cancer, High Blood Pressure, Diabetes and other Chronic Diseases.

It is my utmost desire to help people with La'au Lapa'au (Native Hawaiian medicines) and Ho'oponopono (counseling) which was taught to me by my Grandparents. I was taught to take care of the needy, as if I was the one in need. La'au and Ho'oponopono is used to relieve stress and lower Blood Pressure. La'au and use of Native Hawaiian herbs are also used to treat and prevent illnesses. Now days, our lands are being poisoned by herbicide and bulldozed for buildings and homes so access to Native Hawaiian medicinal plants are scarce.

Transportation is another factor in caring for Hawaiians and their families. Hui Malama provides transportation service for their clients to medical visits from North Kona to Ka'u with one van. There are no public bus transportation to service Ka'u district. So efforts can be directed in improving transportation is important.

In conclusion, it is vital to reauthorize the Native Hawaiian Health Care Act to service the Native Hawaiians and to support and assist Native Hawaiian Health Care in Hawaii. In the 50th State of Hawaii, Hawaiians are a minority group which suffered greatly from it's past. Priority should be directed to preserving Hawaiian Health and Hawaiian Culture.

Mahalo,



Mona Kahele

Committee on Indigenous People
Chairperson U.S. Senator Daniel K. Inouye
Reference to: Senate Bill 1929

I would like to thank you in appreciation for the time to testify on my behalf, as a participant of Hui Malama Ola Na 'Oiwi and other clients.

I would like to refer back to the hearing about a month ago at the Blasdell, hearing the testimonies from every other agency. There were several clients who were for and against Senate Bill 1929. The Director of Papa Ola Lokahi, given testimony, which I feel, was not sufficient enough, not showing the full extent of the needs of all Native Hawaiians. Because Oahu have the convenience of transportation through the outskirts and city. I imagine that the neighbor island don't have the services that of Oahu. Recognizing that Oahu has a larger number of Hawaiians, but there should not be less funding to the neighbor islands for that fact. For example, the Island of Hawaii, many of our Outreach Works has to spend many hours travel North, South, East and west, just to provide their services. I'm saying, to you in the real sense of the word, Papa Ola Lokahi has never given consideration to increasing their services to the clients of the Big Island. Many time I have spoken to Sonny Kinney, executive director of Hui Malama Ola Na 'Oiwi here on the Big Island, asking to increase the neighbor island budget for transportation, education, and outreach services. By increasing the budget, services can reach the rural areas of this island. I hope that Senate bill 1929 has consideration to increase the budget for neighbor island agencies for the soul purpose of increasing services.

I remember the Kona meeting, you, Mr. Chairperson, said that you will beat the drum with us, and now are the time. There is a part of this bill I do not concur. The idea of establishing another bureaucracy. There is a greater need confronting us with the problems of the future. I do not support another commission as a bureaucracy. For the fact, it's a lot of time and funds wasted in creating such an office. With that money, it could be used to increase the neighbor islands budgets to provide the necessary service to the Hawaiian people in the rural areas.

Furthermore, there is language in this bill supporting reconciliation, which you have in front of you, and written by you Senator Inouye, along with the Secretary of the Interior, and Senator Akaka. If I recall, Senator Akaka had made a proposal that was set up with the Department of the Interior, which entailed the concerns and needs of the Hawaiian People. I feel that by you adding this proposal to this bill, it will allow Congress to say to us (the Hawaiian people) that you have answers about reconciliation, and shown that Congress have taken care of the Hawaiian people needs. My answer is NO, the needs of the Hawaiian people is far from being met. By not allowing the Hawaiian people being govern by their own rules through sovereignty, which they have been striving for. Another point to this, you, Mr. Chairman, want to use the Hawaiian sovereignty like the Native American Indians, I would like to inform you, not to degrade the Hawaiian people like the Native American Indians, for I believe, the Hawaiian people have the capability of governing their own destiny.

Let's not compound further insult on insult to the Hawaiian people.

Thank you very much Senator Inouye and panel for your time.

Respectfully Submitted,

Mr. Albert Sing

March 16, 2000
Testimony by Michael Sullivan
before the U.S. Senate Committee on Indian Affairs
in Support of S. 1929

Senator Inouye and Members of the Committee:

Thank you for the opportunity to testify today in support of reauthorization of the Native Hawaiian Health Care Improvement Act. Because The Salvation Army, the organization for which I work, has not taken a position on this bill, I am testifying on my own behalf. I would like to take this opportunity, however, to tell you that in May of this year, The Salvation Army will establish a primary health care clinic in Kailua-Kona, which will have a full-time, mid-level medical practitioner.

This clinic will provide primary health care services for people of Kona who have poor access to health care. It will serve anyone who requires its services, regardless of their ability to pay. This project represents a significant expansion of The Salvation Army's volunteer health clinic, which has provided free primary health care one night a week for almost six years, with the support of medical providers in the Kona community.

We very much look forward to working in close partnership with Hui Malama Ola Na `Oiwi to serve Native Hawaiians in Kona. We will look to Hui Malama for help in bridging cultural gaps and building relationships of trust and mutual support with Native Hawaiians who use our clinic. We also look forward to working with Hui Malama to plan and carry out community projects aimed at improving the health status of Native Hawaiians.

In summary, I support reauthorization of the Native Hawaiian Health Improvement Act, and look forward to working closely with Hui Malama Ola Na `Oiwi to serve Native Hawaiians.

Thank you for the opportunity to testify today.

Michael Sullivan
P.O. Box 1358
Kailua-Kona HI 96745
Phone: 808 961-2409

Hawaiian Lomi Lomi

Certified Hawaii Board of Massage ~ License No. MAT-303 and MAE 194
Margaret K. Machado
P.O. Box 221 • Capt. Cook, Hawaii 96704
(808) 323-2416 or (808) 328-2472

March 16, 2000

Hawaiian Lomilomi Massage "A Native Hawaiian Art and Culture"

Hawaiian lomilomi to and from the heart massage.
Aloha "Alo meaning "before the divine creator," "Ha meaning the breath of life." Hawaiian lomilomi is a praying work the loving touch, and Ho'oponopono.

Ho"oponopono is forgiveness of self and others,emptying of the heart and mind. Before the sun sets.......Ho'oponopono it is a daily practice.

"If your hands are gentle and loving, your patient will feel the sincerity of your heart. His soul will reach out to yours, and the Lord"s healing well flow through both of you"

Your counteanance reveals your inner feelings The muscle tone respond to emotions of happiness or anger. The blood vessels, muscles, and nerves will tighten and it will show up on your face and affect your entire body.

All her lomilomi classes begin with a Hawaiian greeting, prayer, and a song and end with a song and a prayer.
The students live together as a family. They learn to share with each other the beauty of the spectacular sunsets, the simple life stlye of living near the ocean, and changing to a more healthful way of living. Their hearts and lives and touch by the creator and they are healed and are able to leave Keei Beach many times a changed individual. A few have said this is the first time I have been the happiest in my life.

Certified - Hawaii Board Of Massage
Margaret K. Machado
Post Office Box 221
Captain Cook, Hawaii 96704
Telephone Number: 808/323-2416 or 808/328-2472

PAPA ILI 'ILI - THE TABLE OF PEBBLES

The Diagnosing Of Diseases By Means Of Studying the Table of Pebbles

The diagnosing of diseases by means of "the Papa Ili' Ili, the "table of pebbles", was an arrangement of pebbles in the form of a man, from head to foot, until there was an outline of an entire man. The study of the pebbles began at the feet. There began the showing of the basic causes of the diseases that mean get from the balls of the feet to the crown of the head. There are 100 to 1,000 diseases that snuff the life out the life of man, and a *kahuna haha* must know everything about the body of man, from the soles of the feet to the crown of the head, when he is in "full leaf" (lau nui) and the blood is circulating freely (in the prime of life). Those who had studied until they wre well grounded in knowledge and skill could predict when a man would die, and a death so forecast could be averted if the man listened to advice.

While the teacher taught, the pupils sat alert and remembered carefully everything that was taught them. When the teacher came to the torso (kino) of a man, he began with the disorders (ma'i) from the mons pubis (pu'ukole) to the navel (piko). These were: pou (a ridge, lumb or hard, long substance lying perpendicularly above the umbilicus); pou pa'a (an immovable ridge or lump); pou lewa (a movable ridge or lump); wai'opua (cloudy secretions); papaku (a disease attended with entire costiveness and always fatal); haikala (severe cramps); iki'alamea (ulcers); ponaha (a round swelling with a soft middle); Kaukihi (a swelling on the side); ane (tiony pustules); honokoi (a hard lump beside the mons pubis); and hu'ilele (darting pains). From these beginnings of diseases develop pu'uholo (moving protuberance); ohao (bloating of the abdomen); pehu (swelling), pehu kumu niu (swelling of the lower lumbs); pehu kalae (swelling of the body as far as the head); pehu holoku (swelling of the entire body); pehu pauku (swelling of the part of the body, or on one side of the body). In these, the back turns dark, pi'i ke kuawehi: the skin turns a purplish color and panting and hiccoughing follow.

Kumulena (jaundice) was a disease looked for in man. Its origin is back of the navel, by the liver. The source of it is the gall bladder, which secretes a fluid and mixes with the liquid food of the stomach and turns it yellow, like the yellow of the bile. It is not a serious disease, according to the po'e kahiko. It is a disease that comes when a man is in his prime, when his body is strong and takes in large quantities of food. When the man becomes feverish and ill, the bile flows freely and cleans out the blood and remnants of food in the stomach. That is what the yellow bile in a man's stomach is for, to clean out the body. However, in the opinion of some people, the bile is a cause of disease.

By the time the instruction with the ili'ili, the pebbles, was finished the pupils knew thoroughly the symptoms and the "rules" (na kulana ma'i a me na loina) for treatment of the diseases from the crown of the head to the soles of the feet. Then the teacher would bring in a man who had many disorders and would call the pupils one by one to go and "feel", "haha" for the diseases. If the diagnosis (ike haha) was the same as that of the teacher, then the teacher knew that the pupil had knowledge of haha.

Hawaiian Lomilomi Massage

"A Native Hawaiian Art and Culture"

Aunty Margaret Machado's definition of Hawaiian Lomilomi is: ***"The Loving Touch*** ***- a connection between heart, hand and soul with the source of all life, it's a praying work."***

The written history of Lomilomi massage and its proper uses are very scant. Throughout the Polynesian Island and Hawaii, this highly revered art was kept primarily a family occupation. Because of the spiritual knowledge necessary to be a truly successful practitioner, it was believed that only a chosen few were capable of understanding the reasons behind the healings. Frequently, the village priests or kahuna would train the successor to the family knowledge over a period of years to be sure of his or her abilities and sincerity in becoming a healer. There are also stories of a method of the "Laying on of Hands" from the kahuna to the trainees, where the kahuna chanted ancient prayers that would infuse the student with the ability to feel the healing energies that he or she would be working with the help of others during massage treatment.

there are actually many facets involved in an authentic Lomilomi massage, both spiritual and physical. Aunty Margaret teaches: *"Hawaiian Lomilomi is a loving touch.* Love that body as if it were your own." This is the secret of her technique. Success is guaranteed by the loving touch. "If your hands are gentle and loving, your patient will feel the sincerity of your heart. His soul will reach out to yours, and the Lord's healing will flow through both of you.

this is a universal formula for healing. It is our love flowing from the heart through the hands, a touch from soul to soul. This is the secret of Aunty Margaret's *loving* touch, which she shares with all those who come to her willing to learn how to love and help others.

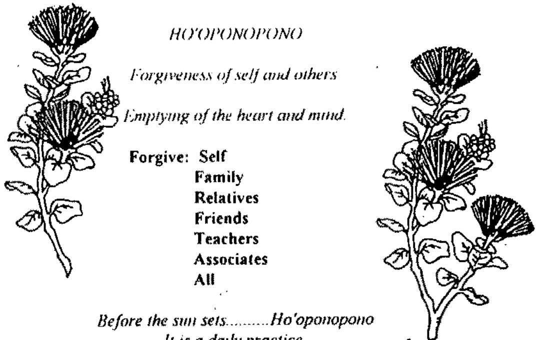
HO'OPONOPONO

Forgiveness of self and others

Emptying of the heart and mind.

Forgive: Self
Family
Relatives
Friends
Teachers
Associates
All

Before the sun sets.........Ho'oponopono
It is a daily practice.



"A" *Is for "Aloha", meaning greetings and welcome with love;*
"L" *Is for "Launa", meaning friendly, a feeling from the heart;*
"O" *Is for "Oli'oil", meaning pleasure of being helpful and kind;*
"H" *Is for "Hau'oli", meaning happy, the happiness of sharing;*
"A" *Is for "Akahi", meaning humble, giving and serving.*

"ALO" meaning **"before the divine creator."**
"HA" meaning **"the breath of life."**

"Touching The Body With A Loving Touch"

If your hands are gentle and loving,
your patient will feel the sincerity of
your heart.

His soul will reach out to yours,
and the Lord's healing will flow
through you both.

by Margaret Machado

Kalehuamakanoeluluuonapali
Remember Hawaiian Lomilomi
is a praying work!

HAWAIIAN LOMI LOMI

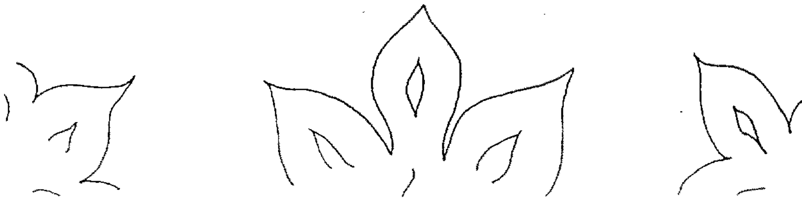
Hawaiian Lomi Lomi is an ancient healing art that was taught and handed down within the same family.

Amongst the many techniques involved is the masseur/masseuse's comforting and soothing hands on the patient's body. It relieves tension; helps circulation and stimulates good health.

Lomi Lomi has a profound effect not only on the development of muscles, but also on the activity of the blood and nerves associated with the muscles of the body. It relaxes muscle spasms as well as stimulates sensory nerves which help relieve headaches.

Hawaiian Lomi Lomi improves circulation by dilating blood vessels which is a step in preventing heartattacks and strokes. It also restores the body vigor. Lomi Lomi improves nutrition of tissues and heightens metabolism. It acts as a cleanser to eliminate water and toxins.

Hawaiian Massage increases the blood supply which brings more nutrients to the muscles. It improves muscle tone and helps eliminate edema and lessens pain and facilitates movement. Light Lomi lomi applied to the face, neck or arms help to keep the skin youthful and is an aid in preventing wrinkles and blemishes. This healing art has healed many of my patients with Bell's Palsy.



Jane Kunitomo
Native Hawaiian Health Improvement Act
Hearing for S. 1929
March 16, 2000

Aloha Senators Daniel Inouye & Daniel Akaka, and Aides,

I have worked with Hui Malama Ola Na ‘Oiwi as a Registered Nurse and Case Manager from 1991-1999. Though I have lived here all my life, my work with Hui Malama was a journey and constant discovery which took me to all parts of Hawaii while working with Native Hawaiians who were trapped between two worlds.

I have discovered with Native Hawaiians, hilahila or shame is the reason for their oppression that often leads to poor judgement. This includes the large numbers of Native Hawaiians incarcerated; large numbers involved in criminal acts; early pregnancy; child abuse, elderly abuse; promiscuity, and substance Abuse.

The integration of the Western world slowly eroded everything they had including laws, religion, family values, and especially health. We all know how measles wiped out 60% of the Hawaiian people. But how many of you know these devastating statistics still remain today. A Hawaiian person born today can expect to live 5 years less (42-60 yrs) than any other American (72-78 yr.), through no fault of his own.

Sadly many of the Kupunas have accepted this along with everything else that was taken from them.

The west impact on the health of Hawaiian people should be something read in history books. The United States has a responsibility to see the Hawaiians health are brought into the standards of this century. The entire people of this land are depending on you.

Because of these trends, I would like efforts to focus more toward educating the family on their ancestral background regarding spiritual, religion and customs to perpetuate and preserve Hawaiian life for future generations where man and nature can live in harmony.

To quote Pamela Radosevich (WHT 3/8/00) " I believe that it is the ancient voice of the Hawaiians that these islands are now calling for. I believe they buried their voice along with their belief system when they buried their precious ancestors so many years ago."

Mahalo,

Jane Kunitomo

Jackie Pung
Hearing on the
Native Hawaiian Health Care
Improvement Act
March 16, 2000

Aloha Senators Daniel Inouye and Akaka,

Thank you this opportunity give testimony in behalf of Native Hawaiian Health Care and health care for Hawaiian people.

The subject of health care especially with Hawaiian people sends an arrow through my heart. Both of my parents died of Diabetes, and two years ago I lost my daughter because of Diabetes. She was on Dialysis. After returning home from the golf tour in the 1980's, I was also diagnosed as a Diabetic.

It was hard for me to see my love ones dying from such a disease that could be managed with proper medication, diet and education. Because of this, I became a strong proponent for the American/Hawaiian Diabetes Associations during the 1980's and the Joslin Diabetes Center. I knew I had to learn all I could about

Diabetes to save my family, myself and to inform the public.

I love to help whereever I can. I volunteer time in November during Diabetes month. I also talk to people at the super markets and hand out pamphlets.

As a client of Hui Malama Ola Na 'Oiwi I have participated in a Focus Group survey study in 1999 for Papa Ola Lokahi to develop a diabetes curriculum to educate the public on the subject. However more can be done to save lives, especially with Hawaiian people whose knowledge of the subject is so baffling to them.

The problems I see regarding Diabetes care is in the following areas: no medical insurance or underinsured Hawaiians, not enough education for the families on diet and exercise, no local chapter on American Diabetes Association, the lack of public transportation to attend Diabetes training and education for the public, the lack of adequate prescriptive coverage for the elderly and no comprehensive dental care the non-insured or underinsured for Diabetics.

At this time I would like to close with this last thought, this Senate Bill 1929 is important to the Health Care of all Hawaii, not just Native Hawaiians. Without proper health care, the State, our communities and families suffer not only in the cost but also in loss precious lives.

Mahalo,

Jackie Pung

Testimony of Myra Mitchell for the
Native Hawaiian Health Care Initiative to
Reauthorize the Native Hawaiian Health Care
Improvement Act
March 16, 2000

Aloha Senators Inouye, Akaka, and Aides,

My name is Myra Maile Mitchell, I am a client and a supporter of Hui Malama Ola Na 'Oiwi. Hui Malama is one the 5 Native Hawaiian Health Care Systems in the State of Hawaii. I am here to testify how Hui Malama has helped me in the past.

In 1993, I was asked to be a participant in the Waianae Diet program a 21 day diet program sponsored by Hui Malama. I was chosen because I was Obese, had High Blood Pressure, Hyperlipidemia and at High risk for stroke and heart disease. I also had Breast Cancer. 22 others were chosen to participate because of similar risk factors.

According to the latest Dept. of Health statistics on Mortality Conditions, Native Hawaiians are likely to die of Heart Disease, Hypertension, Cerebrovascular Disease, Artherosclerosis, Malignant Neoplasm, Diabetes, Influenza etc. in comparison to all other population. See page 4.

I feel it was because of the Waianae Diet and support of Hui Malama I am here today to give testimony. At that time my Blood Pressure and Cholesterol was very high. I tipped the scales at almost 300 pounds and I was on multiple medications. My doctor was very concerned about my diet and health because I didn't know enough and have the support to help myself until the Waianae diet was held in Kona sponsored by Hui Malama.

Hui Malama was instrumental in organizing a support crew which consist of a Nutritionist, a Hawaiian Doctor, a Nurse, Outreach Workers, Native Hawaiian specialists in La'au and Ho'oponopono, a Restaurant Owner who prepared all meals and

donated supplies and other key individuals who were interested in helping all participants in the Waianae Diet program to get healthier and lead a healthy life.

Each day we began with a pule, and ended with a pule to help sustain our will for the next day. For us it was reaching back in time and getting in touch with who we are. It was not easy for me to change the way I ate from the Western Diet to a more natural Native Hawaiian Diet. To give up the salt and fats was very hard for me. But slowly I learned. 3 Meals were prepared daily for us. Measurements of Blood Pressure, Weight and Blood Sugar were taken daily to monitor progress as well as Cholesterol testing.

Education sessions on Native Hawaiian herbs were taught as alternative medicine to treat chronic illness. Special speakers came to talk about building self-esteem.

Many of us who were overweight did not go out in public because of the looks we got from people. You just know what they are thinking.

The Waianae Diet program was a vehicle to talk about us. Each evening after dinner, we all would sit and talk about what the program meant to us. It was Ho'oponopono, and a time for sharing. Many (before this program) had a fatalist attitude toward health and health care because of families who had died from illnesses that we have had. Some suffered from Depression, lacked self-esteem and self-respect which prevented many to seek help. But these sessions was good for all of us, made us comfortable to come out and talk story with others with similar problems and share our feelings. As we ended each day, I felt fulfilled in that each part of my self was addressed: the medical, social and spiritual aspect.

Hui Malama was able to lease a small parcel of land next to the Capt. Cook office to grow Taro, Ulu, Kukui Nut, and Native Hawaiian herbs. It was successfully terraced and tended by Volunteers and participants who learned to cultivate this land taught by Native Hawaiians. Because of lack of funding this land is now over growned by California grass and weeds.

However, the Ulu, Kukui, Papaya, and other herbs continue to grow underneath the bush.

At the end of the 21-day Waianae Diet program, nearly all of us reached our goals and reduced Blood Pressure, Blood Sugar, Weight, and Cholesterol levels. More important, we have relearned our Cultural, have gained self-esteem, and self-respect for ourselves.

The Hawaiian Race is heading for extinction if Hawaiian Health is not addressed. Programs like the Hui Malama that support Hawaiian Diet and Healthy Hawaiian Lifestyle is needed here and throughout Hawaii Nei, but so is the funding to support it.

In closing, Hui Malama Ola Na 'Oiwi continue to identify many Hawaiians and Non-Hawaiians with risk factors through periodic screenings on Heart Disease, Cancer and Diabetes. Native Hawaiian healers and cultivators were able to teach Hawaiians alternative ways of health care. I feel many Hawaiians and Non-Hawaiians will benefit from programs like this if reauthorization of the Native Hawaiian Health Care Improvement Act were to pass. I give my support to S.1929

Mahalo Nui Loa,

Myra Maile Mitchell

TOP FIVE MORTALITY CONDITIONS AMONG NATIVE HAWAIIANS

(Age-adjusted rates per 100,000)

Cause of Death	Native Hawaiians	Total State Population
Circulatory Disease	414.7	266.2
- Heart Disease	333.4	201.1
- Hypertension	3.5	1.9
- Cerebrovascular (Stroke)	58.3	51.8
- Artherosclerosis	4.3	2.6
- Other Circulatory	15.2	8.8
Malignant Neoplasm (Cancer)	231.0	159.7
Accidents	38.8	26.8
Diabetes	34.7	15.1
Influenza/Pneumonia	25.3	28.3

(Source: Vital Statistics Office, Department of Health)

Behavior Ricsk Factors Among Native Hawaiians (DOH BRFS 1999)

RISK FACTORS		
Cigarette Smoking	28.5	18.6
Acute Drinking	30.5	17.0
Overweight	48.6	30.8
Hypertension	26.3	23.9
High Cholesterol	24.2	31.3

Native Hawaiian Health Plan

Submitted by Kale Gumapac

Kale K. Gumapac

General Agent
Plan Architect

Kale is the principal architect of the Native Hawaiian Health Plan and President of Kalama Enterprises, Inc., a Native Hawaiian corporation, established in 1989. Doing business as Gumapac & Associates, his company is the only Native Hawaiian brokerage in the state, specializing in employee benefit programs.

Gumapac & Associates represents University Health Alliance, Queens Health Care Plans and Kaiser Permanente Health Systems. It is the only contracted broker as a third party administrator for Express Scripts/Value Rx in the state of Hawaii. As the agent for Colonial Life & Accident, Kale is the first Hawaiian to be awarded the contracts for administrating the Flexible Spending Plans for the County of Hawaii and the County of Maui. As an agent for LifeUSA, CNA and UNUM, he has extensive expertise in long-term care plans for individuals and companies.

Kale has been instrumental in the development and success on the Island of Hawaii for HMAA, Kapiolani Health/Hawaii and, now, UHA. He has earned the respect and admiration of the insurance community as well as the healthcare providers who offer services under these plans. Fundamental to the success of the plans, Kale has forged the relationship between the physicians and the insurers. Kale is a frequent consultant to organizations and businesses seeking solutions to cost and administration of employee benefits.

Awards to Kale include two time Broker of the Year and the only charter member of the President's Club for Kapiolani Health/Hawaii; two time member of the national Top Ten Agents list and President's Club for Colonial Life & Accident, the first and only from the state of Hawaii, Hawaiian and non-Hawaiian alike. He is a graduate of Kamehameha School for Boys and of University of Portland. He is a licensed General Agent in Hawaii for life, health and accident and a former licensed General Agent in Oregon for life, property and casualty.

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Keaau, Hawaii 96749
(808) 966-5486

Native Hawaiian Health Plan

Mission Statement

To provide all Native Hawaiians with access to quality health care including but not limited to: Medical, Dental, Visual, Prescription Drugs, Mental Health, Nutritional, Physical Fitness, Substance Abuse and Traditional methods of Healing.

Primary Goals & Objectives

I. To develop, implement and maintain a managed care program.

II. To develop, implement and maintain a dental program.

III. To develop, implement and maintain a prescription drug and vision program.

IV. To develop, implement and maintain a mental health and substance abuse program.

V. To develop, implement and maintain a nutritional and physical fitness program.

VI. To develop, implement and maintain traditional methods of healing.

VII. To develop, implement and maintain programs that will provide continuous funding for the Native Hawaiian Health Plan to be self-sustaining.

VIII. To develop, implement and maintain an educational program for those in the health care fields.

IX. To develop, implement and maintain a program of long term care.

I. To develop, implement and maintain a managed care program.

A. To develop and maintain a Board of Directors of which each board position will have a medical doctor counterpart.

B. To develop an actuarial base by which costs and outcomes can be determined to make the NHHP economically feasible.

   1. Contract with CPA firm and/or Actuarial that specializes in health insurance data.

C. To develop and implement qualified medical plans that are equal to or exceeds existing medical plans.

   1. Develop and implement a managed care plan using the best parts of existing plans from other insurers as a model.

      a. Require baseline exams for all those entering the Native Hawaiian Health Plan.

      b. Identify risk individuals and implement a wellness and/or treatment strategy.

   2. Establish a Medicare supplement program for those more than 65.

   3. Provide coverage for life insurance and long term care as part of the benefits.

   4. Provide coverage for eye laser surgery.

D. To develop and maintain a provider network throughout the State of Hawaii with a Native Hawaiian Physician Group setting the standards.

   1. Contract with Native Hawaiian doctors.

   2. Contract with individual doctors.

   3. Contract with Independent Physician Associations (IPA).

   4. Contract with commercial insurers (i.e., University Health Alliance, Queen's Health Systems) to utilize their provider network.

   5. Develop and maintain NHHP clinics on each island staffed by employee doctors.

6. Contract with Queen's Health Systems for free and discounted services.

7. Contract with hospitals, labs and radiology providers.

8. Establish NHHP outpatient surgical and urgent care centers in strategic areas.

9. Establish NHHP labs and radiological facilities.

10. Establish a network of Physician Assistants and Nurse Practitioners.

E. To develop, implement and maintain a marketing plan.

F. To utilize existing community facilities (i.e., Waimanalo Community Health Center, Waianae Coast Comprehensive Center, etc.) as part of the network.

II. To develop, implement and maintain a dental program.

A. To develop and maintain a Board of Directors of which each board position will have a doctor counterpart.

B. To develop actuarial base by which costs and outcomes can be determined to make the NHHP economically feasible.

1. Contract with CPA firm and/or Actuarial that specializes in health insurance data.

C. To develop and implement qualified direct reimbursement dental plans that are equal to or exceeds existing dental plans.

1. Contract with Island Benefit Services to administer the Dental Plan.

D. To develop and maintain a provider network throughout the State of Hawaii.

1. Contract with Native Hawaiian dentists.

2. Contract with individual dentists.

3. Contract with Independent Dental Networks (IDN).

4. Contract with commercial insurers (Hawaii Dental Service) to utilize its provider network.

5. **Develop and maintain NHHP clinics on each island staffed by employee dentists.**

E. **To develop, implement and maintain a marketing plan.**

III. To develop, implement and maintain a prescription drug and vision program.

A. **To develop an actuarial base by which costs and outcomes can be determined to make the NHHP economically feasible.**

B. **To develop and implement qualified prescription drug and vision plans that are equal to or exceeds existing plans.**

1. **Contract with Express Scripts prescription drug plan.**

2. **Self Insure the vision plan.**

3. **Establish drug coverage for all those 65 and older.**

C. **To develop and maintain a provider network throughout the State of Hawaii.**

1. **Contract with Express Scripts to utilize its provider network.**

2. **Contract with VSP to utilize its provider network.**

D. **To develop, implement and maintain a marketing plan.**

IV. To develop, implement and maintain a mental health and substance abuse program.

A. **To develop an actuarial base by which costs and outcomes can be determined to make the NHHP economically feasible.**

B. **To establish and maintain a working relationship with Hawaiian organizations providing existing services and programs.**

1. **Contract with Alu Like for Counseling and Ho'oponopono Programs.**

2. **Contract with mental health services for the Mental Health Program.**

3. **Contract with other organizations as needed.**

V. To develop, implement and maintain a nutritional and physical fitness program.

A. To develop and maintain working relationships with established organizations within the community.

1. **Contract with Hui Malama Ola Na Oiwi.**

2. **Contract with other organizations.**

B. To establish and maintain nutritional diets for participants utilizing certified cafeterias.

1. **Contract with nutritionists to oversee programs.**

2. **Establish and maintain cafeterias throughout the State.**

C. To establish and maintain physical fitness programs for participants utilizing certified gyms and physical therapy facilities.

1. **Membership to gym will be provided.**

2. **Physical therapists and/or personal trainers will provide instruction and workout programs.**

3. **Develop, implement and maintain a wellness program for youth starting at ages 5 through 8 years of age.**

   a. **Provide physical education programs.**

   b. **Provide exercise programs that can be incorporated into "A+" after school activities.**

   c. **Provide nutritional classes for all children.**

D. To coordinate nutritional and physical fitness programs for participants.

1. **Primary care physicians will provide overall care.**

Native Hawaiian Health Plan

Our Mission is to provide all Hawaiians access to quality health care including, but not limited to, medical, dental, vision, prescription drugs, mental health care, nutrition, physical fitness, substance abuse treatment, and Hawaiian traditional methods of healing.

This plan shall be a managed care program that is physician driven with doctors making all final decisions regarding treatment and patient care. Physicians shall be a parallel counterpart in the corporate hierarchy and have equal say in determining the direction and management of the plan. The integrity and strength of the management team will determine the success of this plan.

Every Hawaiian in the state will be eligible for benefits regardless of their employment status and income. The plan shall contract with OHA to use the Ohana Project to verify eligibility for qualified individuals and families. A birth certificate and picture identification would be required when enrolling in the plan.

The primary funding source shall be the Office of Hawaiian Affairs. The monies shall be a one-time request, as NHHP will have built into its program a self-sustaining mechanism. Hawaiians who are currently on the Quest program will automatically be enrolled in the NHHP and the State of Hawaii will pay their premiums to NHHP rather than various other insurers. Funding will be solicited from the federal government through the Native Hawaiian Healthcare Act.

All Hawaiians receiving individual benefits paid by their employers will be eligible for The Native Hawaiian Health Plan's Plan A. The employers will pay these premiums to NHHP rather than their current carriers. (This may necessitate a change in the Hawaii state prepaid health laws.) The employers will be able to receive competitive rates from the commercial side of the plan, (Plan B), for their Non Hawaiian employees. Employers can offer NHHP commercial plan just as they have with other health plans.

The commercial plan will not be restricted to only Hawaiians. NHHP will offer two types of plans to employers that will provide superior benefits as compared to their existing plans. All Hawaiians will be eligible for Plan A and all others will be eligible for benefits under Plan B. Premiums for this plan shall be competitive and cost effective for employers.

NHHP intends to provide benefits to all Hawaiians who have "fallen through the cracks". For example, single income families who are not eligible for benefits through Quest nor afford to pay nearly $450 per month for premiums would have access to health care benefits. For those people, NHHP will pay the premiums for them from the projected annual profits that will be produce through the commercial side of the program.

This plan shall contract with existing agencies and programs offering services consistent with the mission statement. Integrating and coordinating services with these

organizations shall be a priority. Preventing duplication of services will minimize unnecessary costs and help to fund other critical benefits.

The economics of this program will have a vital impact in the community. New jobs and businesses will be created. Existing related businesses would experience a positive economic benefit. The plan shall contract with fitness clubs; nutritional centers and counselors will provide access to the Waianae Diet; farmers will provide the necessary produce for healthy eating. Countless community resources will be incorporated by the NHHP.

Under normal circumstances, medical plans have provided only a reactive approach towards the care of the patient. On the other side of the coin, NHHP is taking a preventive as well as a proactive position in the care of our Hawaiian people. We cannot afford to do any less as Hawaiians have the highest rate of heart disease and diabetes in the country. Hawaiians are at the top of every risk category for diseases and mortality in the State of Hawaii. Land, cultural and sovereign rights issues have been at the forefront for most of our Hawaiian people. Many organizations have stepped up to champion these Hawaiian issues. But when a Hawaiian dies of a preventable or controllable disease, or Kupuna struggle to retain their dignity in their twilight years, no one is stepping forward to advocate their rights to life.

Every dollar of profit realized by the plan shall be used to provide additional benefits to all Hawaiians. With an expected net profit of $10 million within the first 5 years in business, funds will be used to expand such benefits as nutritional and fitness programs, group term life, long term care, cancer insurance, critical illness benefits and other supplemental coverage.

The Medical Plan

NHHP will provide medical coverage as a Preferred Provider/Managed Care Organization, teaming with the Native Hawaiian Physicians group as a catalyst to promote the program. NHHP will offer physicians a reimbursement rate competitive to that of the current industry. A covered subscriber who is Hawaiian will be categorized as a member of the Group A Plan. Non-Hawaiians will be categorized as members of the Group B Plan. A negotiated "usual and customary fees" schedule will be contracted with the providers.

Medical Plan Beneifts Outline

Physician Services	Copayments
Office Visits	$7 Copay
Routine Physicals	$7 Copay
Second Opinions	$7 Copay
Well Baby Care Visits	No Charge
Well Baby Immunizations	No Charge
Emergency Room Visits	$7 Copay
Immunizations (Non Well Baby)	No Charge
Inpatient Hospital Visits	No Charge
Outpatient Hospital Visits	No Charge
Intensive Care Visits	No Charge
Skilled Nursing Facility Visits	No Charge
Specialty Facility visits	No Charge
Consultation Visits	No Charge
Surgery	No Charge
Anesthesiology Services	No charge

Hospital Services	Copayments
Room & Care - Semiprivate	No Charge
Isolation (Based on Need)	No Charge
Immediate Care Units	No Charge
Ancillary Inpatient Services	No Charge

Laboratory and X-Ray Services	Copayments
Inpatient	No Charge
Outpatient	No Charge

Skilled Nursing Facility Services	Copayments
Room & Care	No Charge
Inpatient Services	No Charge

Outpatient Surgical Services	Copayments
Operating Room, Supplies & Services (Including Medications & Blood)	No Charge

Home Health Care Services	Copayments
Up to 150 Visits per Year (Part-Time Skilled Medical Services)	No Charge

Hospice Care Services	Copayments
Up to 210 Days of Care	No Charge

Emergency Care Services	Copayments
Emergency Room Use	$25 Copay
Auto or Air Ambulance (within state)	$25 Copay

Maternity Services	Copayments
Physician Services	$7 Copay
Elective Termination of Pregnancy	$25 Copay
In-Vitro Fertilizations (Limit 1 per lifetime)	No Charge
Hospital Services	No Charge
Nurse Midwife Services	$7 Copay
Birthing Room	No Charge

Mental Illness Services	Copayments
Inpatient (Up to 30 Days per Year)	No Charge
Psychiatrist & Psychologist Services	No Charge
(30 Visits per Year)	
Outpatient (Up to 24 Visits per Year)	$7 Copay
Psychological Testing	$7 Copay
(Counts as part of 30/24 Visits per Year)	
Alcohol & Drug Treatment	No Charge
(Counts as part of 30/24 Visits per Year)	

Other Medical Services	Copayments
Allergy Testing (1 per Year)	$7 Copay
Appliances & Equipment	20% of EC
Blood & Blood Products	No Charge
Chemotherapy	No Charge
Dialysis & Supplies	No Charge
Evaluation for Hearing Aids	$7 Copay
Organ Donor Services	No Charge
Outpatient Injections	$7 Copay
Physical Therapy	$7 Copay
Occupational Therapy	$7 Copay
Speech Therapy Services	$7 Copay

The Dental Plan

Results of studies done by the American Dental Association (ADA) indicate The dental portion of the NHHP projects to be the most profitable. 70% of Americans do not use their dental coverage. Insurance carriers often find dental coverage to be the more profitable portion of premium revenue. The intent of NHHP is to provide dental coverage on a par to Hawaii Dental Service (HDS).

Dental Plan Benefits Outline

Diagnostic Dental Services	Copayments
Examinations - 1 per Year	No Charge
Bitewing X-Rays - 2 per Year	No Charge
Full Mouth X-Rays - 1 per 36 Months	No Charge
Preventive Dental Services	**Copayments**
Prophylaxes (Cleaning) - 2 per Year	No Charge
Stannous Fluoride - 1 per Year (to age 17)	No Charge
Space Maintainers (to age 17)	70% of EC
Sealants - 1 per Lifetime (to age 17)	70% of EC
Restorative	**Copayments**
Amalgam Fillings	70% of EC
Composite Fillings	70% of EC
Crowns & Gold Restorations (Once every 5 Years - Necessity Only)	50% of EC
Endodontics	**Copayments**
Pulpal Therapy	70% of EC
Root Canal Filling	70% of EC
Periodontics	**Copayments**
Gingival Flap Procedure	70% of EC
Prosthodontics	**Copayments**
Fixed Bridges - Once every 5 Years (Age 16 and Older)	50% of EC
Dentures - Once every 5 Years (Age 16 and Older)	50% of EC
Repairs, Adjustments, Relines & Rebase	50% of EC
Oral Surgery	**Copayments**
Extractions & Oral Surgery Procedures	70% of EC
Orthdontics	**Copayments**
Corrective Orthodontic Procedures & Appliances (Once per Lifetime)	Charges over $3,000 Allowance

The Prescription Drug Plan

NHHP will provide prescription medication to subscribers of all ages. One of the drawbacks of the Medicare system is the omission of prescription drug benefits for senior citizens. At a time in their lives when most needed, the majority of seniors on a fixed income can not afford to pay retail prices for prescription medications. As a result, such health problems as high blood pressure and diabetes often go untreated.

By contracting with the Express Scripts/Value RX, the nation's largest prescription system, NHHP is charged the manufacturer's average wholesale price less 10%, plus a negotiated dispensing and administrative fee. Members are charged a "co-pay" fee, established by NHHP, for the prescription. The majority of the pharmacies in the state participate with the Express Scripts/Value Rx program.

Drug Plan Benefits Outline

Pharmacy Services	Copayments
Generic Prescription Drugs	$5 Copay
Preferred Brand Prescription Drugs	$15 Copay
Non-Preferred Brand Prescription Drugs	$25 Copay

Mail-In Prescription Services	Copayments
Generic Prescription Drugs - 90 Day Supply	$3 Copay
Preferred Brand Prescription Drugs - 90 Day Supply	$15 Copay
Non-Preferred Brand Prescription Drugs - 90 Day Supply	$35 Copay

Other Covered Services	Copayments
Injectable Insulin & Syringes	$5 Copay
Diabetic Supplies	No Charge
Oral Contraceptives	$5 Copay
Smoking Cessation Patches (2 treatments per Year)	$5 Copay
Vitamins, by Prescriptions	$5 Copay

The Vision Plan

NHHP will contract with individual doctors, clinics and dispensers (i.e., Lens Crafters, WalMart Pearle Vision) to provide discounted rates for eyecare needs including examinations, frame and lenses.

Vision Plan Benefits Outline

Doctor Services	Copayments
Comprehensive Eye Examination (1 every 12 Months)	$7 Copay

Frames & Lenses	Copayments
Corrective Lenses for Visual Welfare (1 Pair every 12 Months)	No Charge
Frames - up to $100 Retail (1 every 12 Months)	No Charge
Contact Lenses - Medically Necessary	No Charge
Contact Lenses - Patient Option	Charges over $125
Cosmetic Lens Options	Doctor's Surcharge
Designer Frames	Doctor's Surcharge

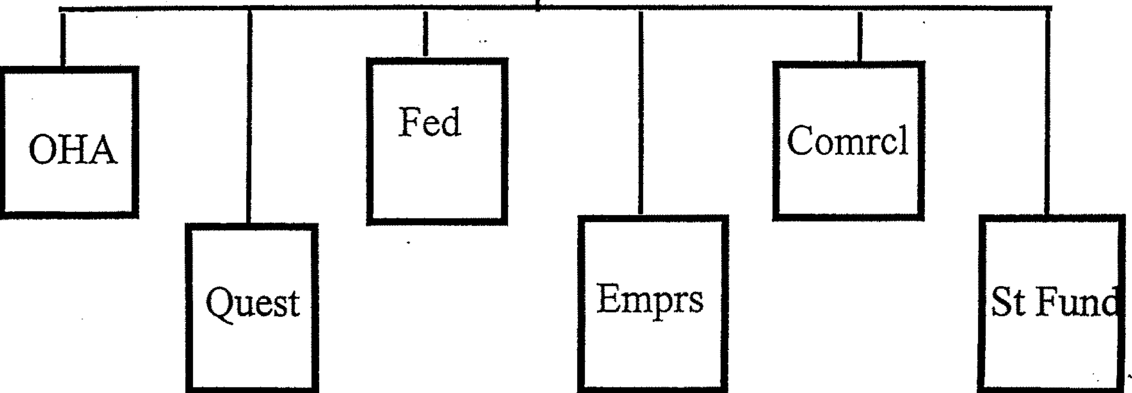
The Long Term Care Plan

The biggest threat to financial security is the catastrophic cost of long term nursing home care. The typical nursing home stay exceeds $100,000 in cost. The average annual cost is $40,000. Custodial care (the type of care most persons in nursing homes require) is not covered by Medicare.

NHHP will contract with a private insurance provider to offer coverage to all Hawaiians. Beginning with at the attained eligible age, premiums will be paid to insure coverage for Nursing Home care, assisted living care, adult day care, hospice care or home health care for all Kapuna.

Long Term Care Plan Benefits Outline

Policy Coverages	Copayments
Nursing Home Facility Care - $200 per Day (Bed Reservation Guaranteed)	No Charge
Assisted Living Care	No Charge
Adult Day Care	No Charge
Hospice Care	No Charge
Home Health Care	No Charge


Native Hawaiian Beneficiaries
Native Hawaiian Health Plan
OHA
Quest
Fed
Emprs
Comrcl
St Fund

MILLIMAN & ROBERTSON, INC.
Actuaries & Consultants

Internationally WOODROW MILLIMAN

Suite 3800, 1301 Fifth Avenue, Seattle, Washington 98101-2605
Telephone: 206/624-7940
Fax: 206/340-1380

October 28, 1998

Kale Gumapac
Native Hawaiian Health Plan
c/o Gumapac & Associates
16-643 Kipimana St., Suite 15
Keaau, HI 96749

Re: New Health Plan

Dear Kale:

Thank you for your recent call to Milliman & Robertson, Inc. (M&R). Based upon our conversation, it is the intent of your organization to create a new Native Hawaiian Health Plan in the state of Hawaii. The purpose of this new health plan would be to provide health-care coverage for the native Hawaiians. Additionally, the health plan would provide medical coverage to cover the general commercial population in the state of Hawaii.

It is my understanding that the intent of the new health plan would be to provide free or greatly subsidized health-care coverage to the native Hawaiian population. There would be various funding sources, including potentially the state through the Quest program and from the profits generated from the commercial benefit plan design.

You have asked that we provide you a brief discussion of the actuarial services that might be required in order to create such a health plan. Following is a list of the potential services as well as tentative budgets to assist your organization in this process. The following actuarial tasks are generally in the order that would be necessary in order to complete the various steps. As an example, it is necessary to understand reimbursement levels in order to complete pricing assumptions and develop premium rates.

Following are the tasks and the suggested budget for each task:

<u>Feasibility Analysis</u>

The required budget would be $8,000-$12,000.

This proposed task would assist your organization in the feasibility of creating a health plan to provide free medical care for the native Hawaiian population. We would create various

scenarios that would model the health-care costs for the commercial population as well as the native Hawaiian population. A series of models would examine a typical commercial premium rate, various profit levels for the commercial premium rates, reimbursement and morbidity assumptions relative to the native Hawaiian population, how many native Hawaiians could be subsidized from the commercial population, membership-growth scenarios, maintenance of a surplus level for risk-based capital or other necessary reserve requirements for an insurance company, and other such inputs such as paid in capital through foundations or grants or other sources.

While this step is not necessary, we believe it would be useful for your organization in order to obtain a "feeling" of the true feasibility of covering the native Hawaiians' medical costs through the subsidization from the commercial population and/or reimbursement from the state through the Quest program.

Provider Reimbursement Analysis

The required budget would be $4,000-$6,000.

This phase of the analysis would analyze provider fee levels. It is important that we understand the provider fee levels and/or other arrangements that your organization might have. These would be direct inputs into our various pricing models. At a global level, it is important that we understand per diem rates or discounted fee-for-service arrangements for inpatient care, fee schedules for providers, pharmacy arrangements, RBRVS or St. Anthony conversion factor reimbursement methods for professional services, and/or capitation arrangements.

This budget does not assume that we would analyze professional fee schedules on a physician-by-physician basis or a provider clinic-by-clinic basis. It is our assumption that your organization would negotiate some type of global conversion factor arrangement.

If your organization does not negotiate a global conversion factor arrangement, we would require a higher budget based upon the number of such fee-schedule analyses that we would have to prepare.

Benefit Plan Pricing

The required budget would be $4,000-$6,000.

The benefit plan pricing would utilize the provider fee levels. We would discuss with you and/or other staff the generalized level of managed care that you would anticipate for this new organization. We also can compare premium rates developed from this part of the process with the commercial competing plans in order to indicate to you the levels of utilization and/or reimbursements that are necessary to compete effectively in the Hawaiian marketplace.

Kale Gumapac
October 28, 1998
Page 3

In addition to the utilization and provider fee levels, we would need to understand the anticipated administration and profit load to build into the pricing models. This would also require assistance from your organization in obtaining market rates for particular benefit plans in the marketplace.

It is my understanding that Hawaii has certain mandatory plans that are required of all employers. We would price these mandatory plans and optional plans as necessary. We anticipate in the pricing model development that we would receive benefit plan descriptions from your organization and that we would be pricing two to four benefit plan designs and a limited number of riders (i.e., another four to eight riders).

Native Hawaiian Cost

The required budget would be $8,000-$10,000.

The required budget to determine the native Hawaiian medical costs could be substantially below this estimate. At this point we are unaware of any data sources with costs for the native Hawaiian population. We would have to research the costs for the population.

Based upon our conversation, it was indicated that it was anticipated that this population has worse morbidity characteristics relative to the typical Hawaiian commercial population. As a result, it is anticipated that the cost levels, given the same reimbursement levels for the native Hawaiian population, would be higher than for the rest of the Hawaiian commercial population. On the other hand, it was anticipated that your organization would be able to achieve fairly significant discounts from certain provider groups as a result of their mandates from the Queen's Foundation. The combination of the health costs as well as the reimbursement levels available for the native Hawaiian population would provide us the basis of developing cost models similar to the benefit plan pricing models proposed earlier. These would be specifically for the native Hawaiians.

Quest Bid Assistance

The required budget would be $5,000-$20,000.

It is my understanding that your organization anticipates entering into a contract with the state of Hawaii Quest program specifically to cover native Hawaiians. Assistance in preparing the actuarial portions of the bid could be substantial or relatively minor, depending upon what data we may be called on to analyze. These Medicaid bids often are complex and require a very deep understanding of the health-care costs for the Medicaid population. Our firm does have experience in preparing and assisting organizations in their bids for Medicaid coverage in numerous states, including the Hawaiian program. Once we better understand the amount of data analysis required, we can refine the above budget estimate.

Rate Filings

The required budget would be $4,000-$5,000.

Rate filings can be prepared quickly once we have analyzed the provider reimbursement levels and completed the benefit pricing analysis phase. We would use these earlier studies in order to prepare rate filings as required by the state of Hawaii for your new organization.

Pro Forma Projections

The required budget would be $10,000-$25,000.

Pro forma projections are often required by states for new HMO organizations. Without researching the Hawaiian requirements, we do not know the level that might be required (if any). The integration of the accounting processes, including premium projections, claim cost projections and membership projections, all enter into this process.

The reason the proposed budget range is so wide is that each state's requirements differ widely. This process could include a very limited review of pro forma projections prepared by you or your staff, up to us completing the pro formas once we have a thorough understanding of your cost basis.

Unpaid Claim Liability

Eventually, as the plan is organized, you will need a method of developing an unpaid claim liability for your balance sheets. We can either prepare estimates for you or provide you a system and train your organization in the appropriate use of this claim liability estimation system (commonly called "IBNR estimations"). This process is necessary once the plan becomes operational. At that point we can further discuss your needs and desires in order to meet the plan's requirements.

Rate Manuals

The required budget would be $8,000-$10,000.

We would prepare rate manuals providing formulas to price small group and large group business. This includes creation of a manual rating system and experience rating formulas for the larger groups.

For your reference, I have included a list of actuarial health insurance services available from our practice. This gives you an idea of the types of analysis that we can and have assisted organizations with concerning health insurance. This is not an all-encompassing list of the

types of services we can provide, but will give you a general idea of the types of tasks we can and have assisted organizations with.

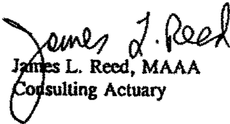
I have included for your reference several copies of descriptive materials concerning our firm. This includes a copy of my résumé and the other senior staff members in our practice. As discussed earlier, several of these staff members, such as Gary Massingill, will be conflicted out because they already work with competing health plans in your area.

Milliman & Robertson, Inc. is compensated on a time-and-expense basis. Our time charges are calculated by multiplying our hourly billing rates by the number of hours worked on an assignment. Expense charges relate to actual expenses for travel, hotel, etc. Billing rates for senior actuarial staff vary from $225-$370, $150-$200 for associate actuaries, $80-$130 for actuarial entry-level assistants, and $60-$90 for support staff. We can provide budget ranges for specific tasks or we can provide a specific not-to-exceed budget once we fully understand the scope of a particular project.

We normally bill for services several weeks after the close of the month and ask for payment shortly after receipt of our bill. For new clients we request prepayment at the lower end of the budget range prior to our proceeding with the project. After that first project is completed, prepayment is no longer necessary.

After you receive this letter, I would be most pleased to discuss with you any or all aspects of the letter and any other questions that you might have. I look forward to working with you and your organization in this very exciting opportunity to provide medical coverage to the native Hawaiians.

Sincerely,



James L. Reed, MAAA
Consulting Actuary

/bps
Enclosures

R. Missy Yomes
Native Hawaiian Health Care Act
Reauthorization Hearing
March 16, 2000

Aloha and greetings to Senators Daniel Inouye and Daniel Akaka. Welcome to Hui Malama Ola Na 'Oiwi district in Kona. I am not present here today because I am at a mandatory conference in Hilo and regret not being present. I have asked my half sister to read my testimony to the both of you and hope that you will consider it. For the last six years, I have worked for Hui Malama Na 'Oiwi in Kona. I started out as a secretary and worked my way up to become an Outreach Worker. I am proud of what I do. I'm like you both, I work for my people, and with my people to better their lives.

HMONO has serviced our community and others. During the early years, the Kona office had conducted Diabetes Screening, the Waianae Diet and Nutrition, Cancer screening, Blood Pressure Screening, Cholestrol Screening, Hele Mai Ai, and Healthy Hawaiian Styles. Also, it included walking and water therapy to concentrate on weight loss. Healthy Hawaiian Lifestyle was a prevention and intervention program to help our clients understand "Chronic Disease." Focusing on the importance of exercise and nutrition. We also included the Hawaiian Practioners.

Research information that was gathered at our Kona of Hui Malama indicated that Kona's population within the island wide accounts for one-third of the general population. Of the 3, 580 registered clients, 235 clients are at risk for Heart Disease, 223 clients are at risk for Cancer, 340 clients are at risk for Diabetes, 383 clients are at risk Hypertension and 715 clients are at risk for immunization.

Statewide 15.6% at risk of HIV/AIDs. 60% of States population (1,193,000) are Hawaiian in prison. (Census 1998)

Due to limited funding and lack of medical coverage we were not able to adequately services the rest of our clients. The clients who don't qualify for medical insurance have a hard time with accessing health care in regards to purchasing medication, making follow-up doctor appointment, and paying medical bills. On the social level many clients don't qualify for low income housing, those with felony records

don't qualify at all. Many of our clients have no food, no electricity, no water, and no phone. Many men and women have a hard time getting jobs. Men are charged for child support payment, refusing to work legally.

The problems go on, stress, medical problems, health problems, mental health problems, social problems etc., they all come in to Hui Malama for help!!

First theres "Talking Story" with our clients to understand the behavior of yesterday and today. Second, Ho'oponopono the art of making things right. Third, Laau Lapaau the use of Hawaiian herbs for healing. Last, LomiLomi the healing touch. Many of our Practioners volunteered and were happy to give of their time and knowledge. Our Native Hawaiian Health programs has become successful because of these services.

We have gone out into the community to look for clients and many were referred to us. Our success comes in the follow-ups. The services include, picking up clients and taking them to see their doctor, and getting medication. This is very important to the success of a healthier client. As an Outreach Worker, with the permission of the client, I often sit in on the discussion between client and physician to help case manage their medical problems. My most successful case was with an elderly client who had been charged for medical services rendered at Queen's Medical Center.

According to his medical coverage, as reported by his wife, his financial obligation had reached the stop payment plateau and Queen's demanded they make payment on the day of his discharge. After two months of follow-up, and with the assistance of Linda from HMSA, we were able to get back the $2,500.00 payment. Thanks to Linda, my clients are managing with their small income.

Senators, with the growth of our agency, the follow-ups, and workshops conducted, many of our clients needs are still not being met. Medical coverage is a daily struggle. Many can't afford medication for their sickness, don't have any food, clothing, car seats, legal cars, housing, and the list goes on. My dream was to have our own medical card, our own medical facility, low rates and affordable housing.

The Native brother and sisters have their "Reservations" and their fathers who fought, died. Our Queen surrendered, our Alii's setup trusts, the Kings and Queens of the Hawaiian people made sure they would be taken cared of. For instance, Queen Liliuokalani took care of the children., Bernice Pauahi Bishop was for education, Queen

Emma for the sick, and King Lunalilo for the elderly. Lands were set aside to take care of the future generations of the Hawaiian people. People that we trusted managed the trust and misused it.

Today, our people continue to struggle with health care and social issues. Now it's time for us to take matters in our own hands. We can manage better care with our future provider that reauthorization is passed. Our monies, and most of our lands are gone. But thank you to Mr. Rice for putting the Hawaiians back in the White House. Our people were fighting for their rights but, not together and there was no unity. Today, we will be stronger and will stand together because, he has brought the Hawaiians together. Many people tried and yet it took a white man to open our eyes, and heart. Now the pot begins to mix again.

Our people and those with Aloha must stand together. HMONO-Kona, has always serviced our community, whether they're Hawaiians, or have other ethnic backgrounds. I am proud that HMONO is here to service it's people. But afraid of what the future holds. After tomorrow where will you be, where will I be, and where will the health of the all the Hawaiian people be. I thank you for giving me this opportunity and am sorry I've missed you Senator Inouye. Perhaps I'll see you in Washington someday. Mahalo ke akua. Mahalo to my kupunas for trusting me and allowing me into your homes and hearts. Mahalo to my parents, for giving me this gift of Aloha. Mahalo to Uncle Sonny, for the trust he has in me to care for our people in the right way. Mahalo to my sister for facing the firing line. Aloha especially to my grams and dad who said, "Don't give up, fight for your people."Last of all, mahalo to Tutu-Man kahu Sterling who said, "If you feel it in your heart, then say it, and do it."

Mahalo,

R. Missy Yomes,
Outreach Worker
Hui Malama Ola Na 'Oiwi

TOP FIVE MORTALITY CONDITIONS AMONG NATIVE HAWAIIANS

(Age-adjusted rates per 100,000)

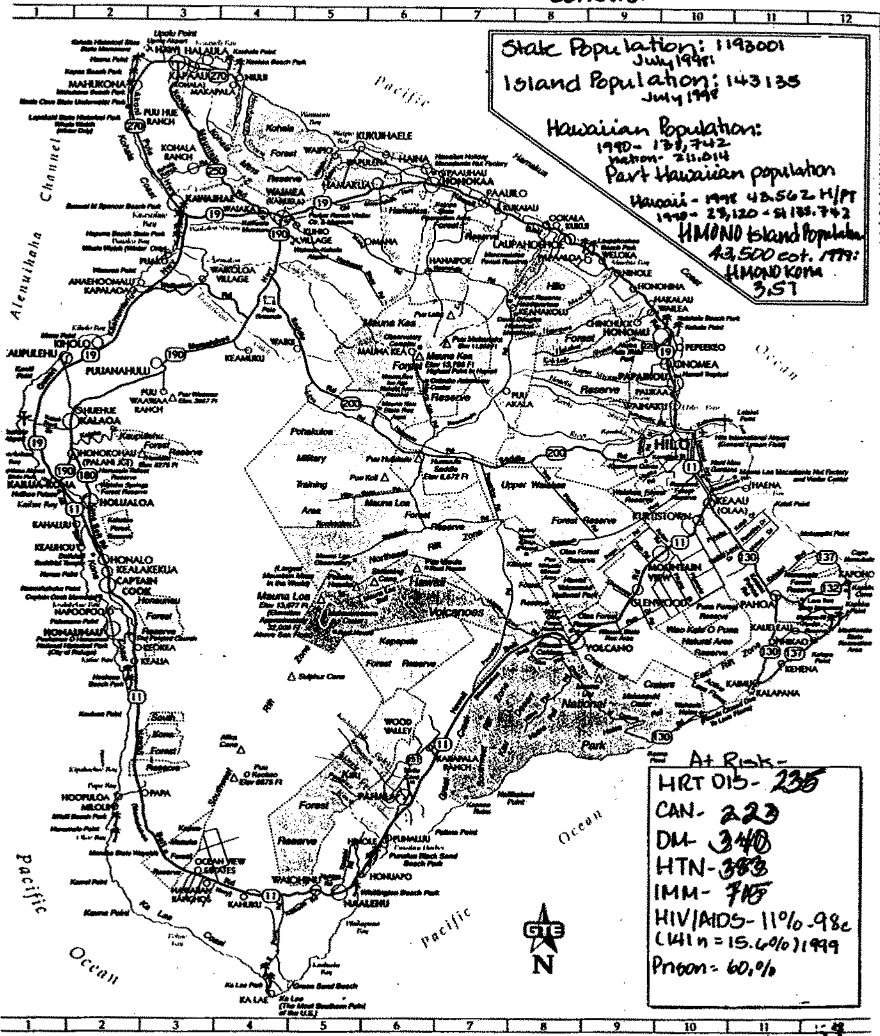
Cause of Death	Native Hawaiians	Total State Population
Circulatory Disease	414.7	266.2
- Heart Disease	333.4	201.1
- Hypertension	3.5	1.9
- Cerebrovascular (Stroke)	58.3	51.8
- Artherosclerosis	4.3	2.6
- Other Circulatory	15.2	8.8
Malignant Neoplasm (Cancer)	231.0	159.7
Accidents	38.8	26.8
Diabetes	34.7	15.1
Influenza/Pneumonia	25.3	28.3

(Source: Vital Statistics Office, Department of Health)

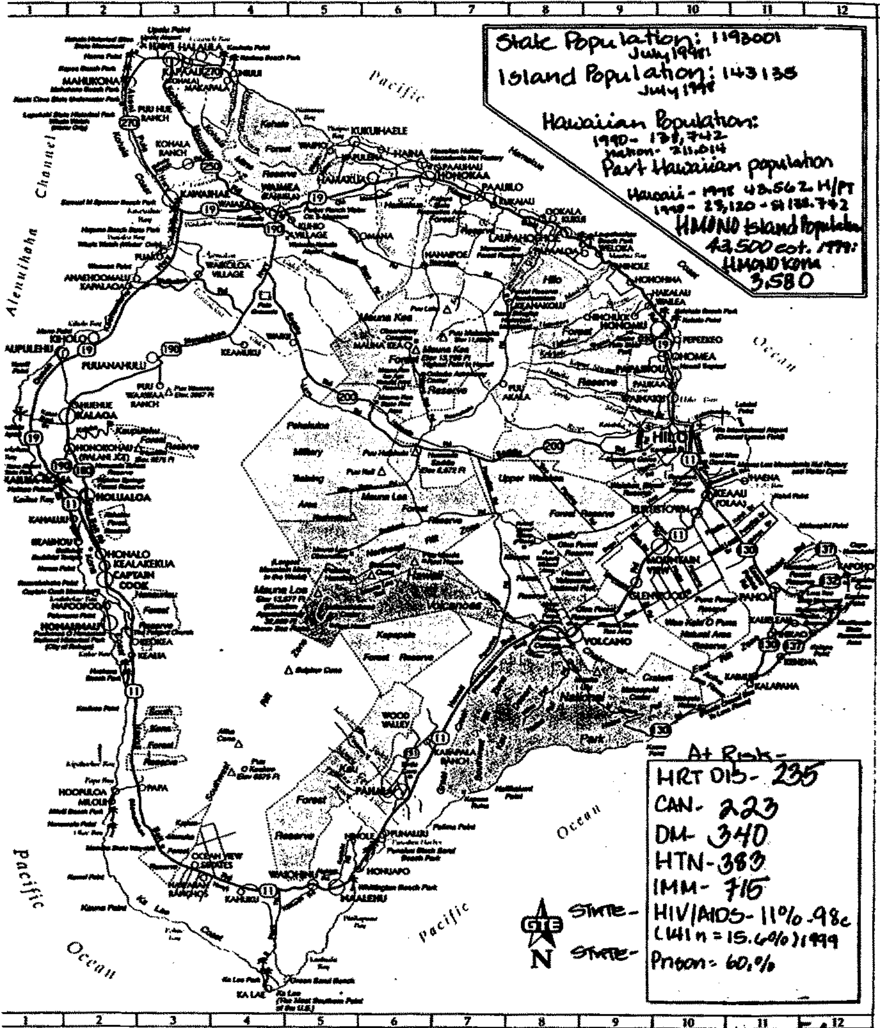
Behavior Ricsk Factors Among Native Hawaiians (DOH BRFS 1999)

RISK FACTORS		
Cigarette Smoking	28.5	18.6
Acute Drinking	30.5	17.0
Overweight	48.6	30.8
Hypertension	26.3	23.9
High Cholesterol	24.2	31.3

1990-general census
1998-est. after general census.



1990-general census
1998- est. after general census.



"Aloha Spirit" is the coordination of mind and heart... it's within the individual - it brings you down to yourself. You must think and emote good feelings to others

A - stands for AKAHAI, meaning kindness, to be expressed with tendeness.

L - stands for LOKAHI, meaning unity, to be expressed with harmony.

O - stands for OLU'OLU, meaning agreeable, to be expressed with pleasantness.

H - stands for HA'A HA'A, meaning humility, to be expressed with modesty.

A - stands for AHONUI, meaning patience, to be expressed with perseverance.

By: Pilahi Paki

AIDS Surveillance Quarterly Report

Hawai`i Department of Health — Cases to December 31, 1999

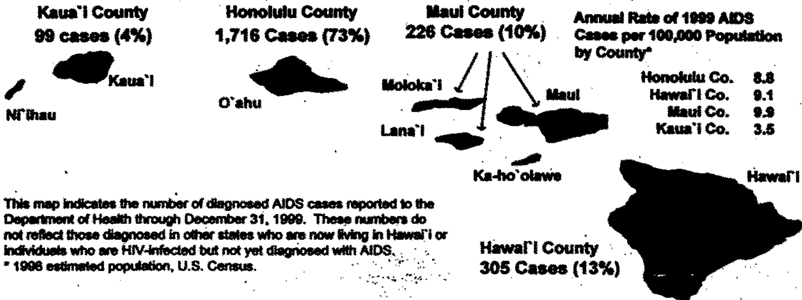
AIDS IN HAWAI'I		82-90	1991	1992	1993*	1994	1995	1996	1997	1998	1999	TOTAL	%
Cases by year of report		630	194	131	373	238	222	192	98	164	104	2,346	100%
SEX	Male	610	186	123	349	223	209	171	87	147	96	2,201	94%
	Female	20	8	8	24	15	13	21	11	17	8	145	6%
AGE	<13	2	5	0	4	2	0	1	0	1	0	15	<1%
	13-19	1	0	0	3	1	0	0	1	1	0	7	<1%
	20-29	115	32	20	44	26	19	27	5	13	6	307	13%
	30-39	281	83	54	165	116	95	81	44	80	45	1,044	45%
	40-49	172	55	36	118	61	80	69	30	48	39	708	30%
	>49	59	19	21	39	32	28	14	18	21	14	265	11%
RACE	Caucasian	459	133	85	225	140	143	103	47	98	65	1,498	64%
	Asian/Pacific Islander	121	46	37	108	75	50	70	42	41	27	617	26%
	African-American	21	7	5	17	10	13	9	3	9	7	101	4%
	Hispanic	25	8	4	21	11	16	10	6	13	5	119	5%
	American Indian/Alaskan	4	0	0	2	2	0	0	0	3	0	11	<1%
RISK	Male to Male Sex	508	157	102	294	185	165	132	66	113	71	1,793	77%
	Injection Drug Use	30	10	12	28	12	22	14	10	19	5	162	7%
	Male/Male Sex & IDU	60	15	9	17	15	15	16	5	4	5	161	7%
	Female Heterosexual	6	2	4	18	7	6	14	8	8	1	74	3%
	Male Heterosexual	4	1	2	7	5	4	3	3	4	4	37	1%
	Transfusion	10	2	1	1	3	0	2	2	3	1	25	1%
	Perinatal	1	5	0	2	2	0	1	0	1	0	12	<1%
	Hemophiliac	5	1	1	5	1	2	2	1	1	0	19	<1%
	Undetermined	6	1	0	1	8	8	8	3	11	17	63	2%
Year of report		82-90	1991	1992	1993*	1994	1995	1996	1997	1998	1999	TOTAL	%

*Note: 1993 and after reflect the expanded CDC case definition for AIDS, which includes HIV infection and low CD4 values (<200/µl or <14% of total lymphocytes) or three new clinical conditions — pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer in addition to the 23 original clinical conditions.

AIDS Surveillance Program. 3627 Kilauea Avenue Room 306, Honolulu Hawaii 96816. (808) 733-9010. 733-9015 (Fax)
Http [illegible] hawaii.gov/doh/resource/comm_dis/std_aids [illegible]

County Report

Cumulative Cases (1982 – December 31, 1999)



Cumulative Hawai'i AIDS cases reported 1982 to December 31, 1999	2,346	Known Deaths (%)	1,414 (60%)

AIDS Cases by County: Five-year (1995 - 1999) and Cumulative Total (1982 – December 1999)

County		Honolulu Co. 5-Year	Honolulu Co. Cum.Total	Hawai'i Co. 5-Year	Hawai'i Co. Cum.Total	Maui Co. 5-Year	Maui Co. Cum. Total	Kaua'i Co 5-Year	Kaua'i Co Cum. Total	Statewide 5-Year	Statewide Cum. Total
		No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
SEX	Male	504 (91)	1,616 (94)	86 (88)	277 (91)	91 (94)	215 (95)	29 (91)	93 (94)	710 (91)	2,201 (94)
	Female	49 (9)	100 (6)	12 (12)	28 (9)	6 (6)	11 (5)	3 (9)	6 (6)	70 (9)	145 (6)
RISK	Male to Male Sex	384 (69)	1,328 (77)	64 (65)	212 (70)	76 (78)	175 (77)	23 (72)	78 (79)	547 (70)	1,793 (76)
	Injection Drug Use	53 (10)	112 (7)	8 (8)	32 (10)	6 (6)	11 (5)	3 (9)	7 (7)	70 (9)	162 (7)
	Male/Male Sex & IDU	33 (6)	110 (6)	8 (8)	26 (9)	4 (4)	22 (10)	0 (0)	3 (3)	45 (6)	161 (7)
	Heterosexual Contact	41 (7)	78 (5)	8 (8)	19 (6)	4 (4)	8 (4)	2 (6)	6 (6)	55 (7)	111 (5)
	Transfusion	4 (1)	19 (1)	2 (2)	3 (1)	1 (1)	1 (0)	1 (3)	2 (2)	8 (1)	25 (1)
	Perinatal	2 (<1)	10 (1)	0 (0)	2 (1)	0 (0)	0 (0)	0 (0)	0 (0)	2 (<1)	12 (<1)
	Hemophiliac	4 (1)	13 (1)	1 (1)	4 (1)	1 (1)	2 (1)	0 (0)	0 (0)	6 (1)	19 (<1)
	Undetermined	32 (6)	46 (3)	7 (7)	7 (2)	5 (5)	7 (3)	3 (9)	3 (3)	47 (6)	63 (3)
Total Cases		553	1,716	98	305	97	226	32	99	780	2,346

	Honolulu Co.	Hawai'i Co.	Maui Co.	Kaua'i Co	Statewide
1/95 to 12/99 cases and (%)	553 (71)	98 (13)	97 (12)	32 (4)	780 (100)
Cumulative cases and (%)	1,716 (73)	305 (13)	226 (10)	99 (4)	2,346 (100)
% of population	(75)	(11)	(9)	(5)	(100)

AIDS Cases by Race/Ethnicity

Five -Year (1995 – 1999)

Race/Ethnicity		Caucasian No. (%)	African American No. (%)	Hispanic No. (%)	Amer.Indian /Alaskan No. (%)	Hawaiian/ Pt. Haw. No. (%)	Filipino No. (%)	Chinese No. (%)	Japanese No. (%)	Other A/PI No. (%)	Total Cases No. (%)
5 year average reporting rate per 100,000 [1]		24.7	30.2	12.5	11.8	11.1	6.0	5.8	3.1	14.3	14.1
5 Year Cases (%)		456 (58)	41 (5)	50 (6)	3 (<1)	77 (10)	51 (7)	20 (3)	38 (5)	44 (6)	780 (100)
Cumulative Cases (%)		1,498 (64)	101 (4)	119 (5)	11 (<1)	239 (10)	118 (5)	51 (2)	105 (4)	104 (4)	2,346 (100)
SEX	Male	428 (94)	37 (90)	45 (90)	3 (100)	61 (79)	44 (86)	18 (90)	37 (97)	37 (84)	710 (91)
	Female	28 (6)	4 (10)	5 (10)	0 (0)	16 (21)	7 (14)	2 (10)	1 (3)	7 (16)	70 (9)
RISK	Male to Male Sex	341 (75)	22 (54)	32 (64)	1 (33)	47 (61)	35 (69)	16 (80)	27 (71)	26 (59)	547 (70)
	Injection Drug Use	35 (8)	5 (12)	10 (20)	0 (0)	7 (9)	4 (8)	2 (10)	2 (5)	5 (11)	70 (9)
	Male/Male Sex & IDU	30 (7)	4 (10)	2 (4)	1 (33)	4 (5)	2 (4)	0 (0)	2 (5)	0 (0)	45 (6)
	Female Hetero-sexual	14 (3)	1 (2)	4 (8)	0 (0)	7 (9)	4 (8)	1 (5)	0 (0)	6 (14)	37 (5)
	Male Hetero-sexual	5 (1)	3 (7)	1 (0)	0 (0)	4 (5)	0 (0)	0 (0)	1 (3)	4 (9)	18 (2)
	Transfusion	4 (1)	1 (2)	0 (0)	0 (0)	2 (3)	1 (2)	0 (0)	0 (0)	0 (0)	8 (1)
	Perinatal	0 (0)	0 (0)	0 (0)	0 (0)	2 (3)	0 (0)	0 (0)	0 (0)	0 (0)	2 (<1)
	Hemophiliac	2 (<1)	1 (2)	0 (0)	0 (0)	1 (1)	0 (0)	0 (0)	2 (5)	0 (0)	6 (1)
	Undetermined	25 (5)	4 (10)	1 (2)	1 (33)	3 (4)	5 (10)	1 (5)	4 (11)	3 (7)	47 (6)
5 Year Total Cases		456	41	50	3	77	51	20	38	44	780

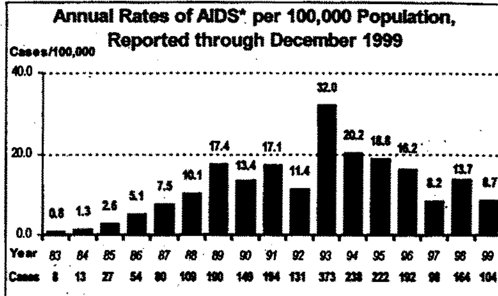
[1] 1990 U.S. Census figures were used to calculate race-specific reporting rates for this five year period (1995 – 1999).

Reporting Requirement. *AIDS case reporting is required by Hawai'i Revised Statutes (HRS) §325-2 and Hawaii new Administrative Rules §11-156-3 for low CD4 values (<200µl/ml or <14% of total lymphocytes). Reporting by name is required at the time a person is diagnosed with AIDS as defined by the Centers for Disease Control and Prevention (revised in January 1993).* Information is collected for the advancement of epidemiologi knowledge and handled in strictest confidence in accordance with HRS §325-101. Names and other identifiers are not released. Those required to report include physicians, nurses, infection control practitioners, medical directors, and hospitals. HIV infection in itself is not required to be reporte to the Department of Health.

Questions regarding forms, reporting requirements, or this report may be directed to the AIDS Surveillance Program at (808) 733-9010 or (808) 733-9015 (fax).

AIDS Incidence in Hawai'i

As of December 31,1999, 2,346 AIDS cases have been reported in Hawai'i. The figure below shows the numbers of AIDS cases and the annual rates per 100,000 population. From 1983 through 1989, the annual rates of AIDS increased gradually from 0.8 (8 cases) to 17.4 (190 cases). Between 1989 and 1992, it fluctuated from a high of 17.4 (190 cases) to a low of 11.4 (131 cases). In 1993, the high annual rate (32.0, 373 cases) was partially due to the change in CDC's case definition of AIDS. Since 1993, the annual rate decreased gradually to 8.2 (98 cases) in 1997. The decrease of the annual rate was partially the result of new successful treatment therapies. The annual rate of AIDS increased in 1998 (13.7, 164 cases) as a result of a change in Hawaii's Administrative Rules, which now requires the laboratory reporting of low CD4 results to the Department of Health. The annual rate declined again in 1999 with an annual rate at 8.7 per 100,000 population and 104 cases.



* Population estimates released on June 15, 1999 and September, 1995 are from U.S. Census Bureau, Washington, D.C. Http://www.census.gov/population/estimates/state

AIDS Prevalence in Hawai'i

The number of persons living with AIDS represents the prevalence of AIDS. As of September 30, 1999, the known prevalence of AIDS cases (reported with vital status "alive" and living with AIDS) in Hawai'i was 902 persons, of which were 826 male and 68 female. The prevalence rate per 100,000 population was 75.6 on September 30, 1999. Most of the known prevalent AIDS cases (412, 46%) were between age 30-39 at diagnosis. The table shows selected characteristics of the known prevalent AIDS cases through September 1999:

- Race/ethnicity: Caucasians have the highest number of cases (577, 64.0%). Hawaiians rank second with 73 cases (8.1%).
- Risk behaviors: The primary risk behavior is men who have sex with men: 651 (72.2%) of the cases. The second and third highest risk behaviors are injecting drug use (76, 8.4%) and men who have sex with men and inject drugs (71, 7.9%). Heterosexual contact accounts for 56 (6.2%) of the cases.
- County: Honolulu has the highest percentage (68.1%) of known prevalent cases. However, Hawaii County has the highest prevalence rate (98.5) per 100,000 population. The other prevalence rates are: Maui 92.0, Honolulu 70.4 and Kauai 63.6 per 100,000 population.

** 1998 estimated population, U.S. Census. Http://www.census.gov/population/estimates/county

Known Prevalent AIDS Cases by Selected Characteristic, Reported through September, 1999 Total = 902

Race/Ethnicity		*N*	*%*
Caucasian		577	64.0
Hispanic		64	5.5
African American		50	7.1
Asian and Pacific Islanders		206	22.8
	Hawaiian	*73*	*8.1*
	Filipino	*49*	*5.4*
	Japanese	*32*	*3.5*
	Chinese	*19*	*2.1*
	Other API	*33*	*3.7*
Other		5	0.6
Risk Behaviors		*N*	*%*
Men who have sex with men (MSM)		651	72.2
Injection Drug Use (IDU)		76	8.4
MSM & IDU		71	7.9
Heterosexual		56	6.2
Transfusion		10	1.1
Perinatal		5	0.6
Hemophilia		6	0.7
Undetermined		27	3.0
County		*N*	*%*
Honolulu		614	68.1
Hawaii		141	15.6
Maui		111	12.3
Kauai		36	4.0

03 - 802 59

HOUSE OF REPRESENTATIVES

STATE OF HAWAII
STATE CAPITOL
HONOLULU, HAWAII 96813

March 15, 2000

The Honorable Daniel Inouye
United States Senate
Committee on Indian Affairs
Washington, DC 20510-6450

Re: Reauthorization of the Native Hawaiian Health Care Improvement Act

Dear Vice-Chair Inouye:

Aloha and mahalo to the Senate Committee on Indian Affairs for allowing me an opportunity to testify on S. 1929, the reauthorization of the Native Hawaiian Health Care Improvement Act. This is an important bill to the Native Hawaiian people--one that provides us with a means of rectifying many dismal health concerns among our people.

I support the intent to be culturally appropriate in the services that are provided through this program, and am supportive of the effort to recognize the value of traditional healing in this bill. I am pleased to see such affirmative statements about the history of Native Hawaiian relations with the United States, and appreciate the effort to make very clear the Congress' position on the legal and political status of Native Hawaiians. I am happy to see a reaffirmed commitment to providing the Native Hawaiian peoples with a greater degree of self-governance and control in their future.

It is with this in mind that I respectfully submit the following questions or concerns:

1. The bill, as currently drafted, does not make a provision for primary care functions. Instead, all named activities center around outreach, education and prevention services. While prevention and outreach are beneficial elements of mitigating the dismal health statistics of the Native Hawaiian peoples, many are beyond the prevention stages of many of the illnesses that plague us. There needs to be some provision for primary care.

2. In defining a Native Hawaiian, the bill outlines three possible means of verifying aboriginal descendancy. I have concerns with the provision that allows kupuna (defined as "elders") and kama'aina (defined as "long-term community residents") to verify ancestry. Essentially, as the bill is currently written, non-Hawaiians could "verify" that other non-Hawaiians were "Native Hawaiian." The words kupuna and kama'aina are too broad in definition to insure that the resources identified in this bill

go to the target population. Additionally, I am concerned with the limitation of proof State of Hawaii birth certificates. Many of our people have been forced to move to the mainland, start and raise families because of financial constraints, and yet they are also Native Hawaiian. Please adjust the language to reflect that any state's birth certificate can be used to verify ancestry.

3. Section 14 of the bill creates a National Bipartisan Commission on Native Hawaiian Health Care Entitlement to make recommendations to Congress to provide health care services to Native Hawaiians as a matter of entitlement and part of self-determination and reconciliation. I would encourage the bill to include appointments to the commission from a wider spectrum of long-standing Hawaiian community-based initiatives.

I am honored to have been invited to participate in this hearing. I believe that if we work together, we can move the Native Hawaiian peoples forward and mitigate many of the dismal health concerns that plague the Native Hawaiian peoples.

Sincerely,

Representative Sol P. Kaho`ohalahala
Seventh District

Senate Committee on Indian Affairs
Tuesday, March 16, 2000
3:15p.m.
Hale Kupuna O' Lana'i
Lana'i City, Hawaii

Testimony on S.1929, A bill to reauthorize the Native Hawaiian Health Care Improvement Act

Aloha Vice Chair Inouye and Members of the Senate Committee on Indian Affairs.

I am Jackie Woolsey and I am the District Public Health Nurse for the Island of Lana'i. Mahalo for allowing me to share my prosepctive of our Native Hawaiian Health Care System on Lana'i.

Lana'i being a rural, isolated island of 3000 residents, lacks many health and social services which are available on the other islands of our State. Of the 3000 residents, 10 12% are Native Hawaiians who have been able to accesss the services provided by NaPuuwai to Lana'i. We appreciated having an office and a Community Outreach Worker on our island to coordinate health education and services for our Hawaiian Community.

NaPuuwai has supported our makua and kupuna through the Cardiovascular Risk Clinics, the Diabetes Complications Clinic, Prostate Screening for our kane and for our wahine breast screening and assistance to get to mammographies off-island and gynecological care by Molokai's certified nurse midwives.

One of the biggest areas of concern for Lanaians is Nutrition and getting familiarized with the Hawaiian diet and making the needed lifestyle changes which will ultimately improve our health status. I use the term our health status" because I am a Native Hawaiian and being a nurse I know how important this aspect of our lives can be. We have had one Ai Pono session for 30 Lanaians who greatly enjoyed the program. We are looking forward to other sessions soon.

Our keiki and opio have also benefitted from programs which were provided in the School. We have approximately 100 Hawaiian children in School with a total school population of 696 children. There was the Otitis Media, Nutrition, Asthma and Aids Education programs.

All of these programs have contributed to our Hwaiian Community becoming more aware of how they can better take care of themselves and their Ohana. However our needs donot stop here. We would appreciate having these programs continuo and expand

these scope of services. As a Community we have other needs like a Health Center with a certified kitchen to allow us to improve and expand our Ai Pono program, space to have more health education classes and well-child services where parent education, immunizations, and development screening can be conducted. Space to run our own Native Hawaiian Health Care System on Lana'i. We would like to become independent of Molokai but we will need help from NaPuuwai to accomplish this task. We already have a Lana'i Advisory Committee and our mini-system is known as Ke Ola Hou O Lana'i. Our office needs to be updated with a more current computer, modem, fax and Internet and E-mail capabilities.

Mahalo for spending your time on Lana'I this afternoon and I appreciate the opportunity to express my manao regarding our Native Hawaiian Health Care System and the most important need to have S.1929 reauthorized.

TESTIMONY
S.1929
MARCH 16, 2000
HALE KUPUNA
LANAI,HAWAII

Aloha Senator Inouye vice chair, Senator Akaka, and members of The United States Senate Committee on Indian Affairs,

My name is Ken Esclito and I am here today to encourage your support for S.1929, the bill to reauthorize the Native Hawaiian Health Care Improvement Act.

I am currently employed as a Registered Nurse at Lanai Community Hospital and have been a health care provider for over 20 years. During this time, I have had the opportunity to care for individuals with a wide spectrum of illnesses and disease processes, many of which have been shown to have the highest prevalence among Native Hawaiians. Among these are Hypertension,Diabetes, Cardiac disease and various cancers.

In this age of constant budgetary constraints and belt-tightening measures, I strongly feel that affordable health care is rapidly becoming a financial impossibility. This is especially true in rural areas where high-paying job opportunities are very few and far between.

I am also honored to serve on the board of directors of Na Puuwai as the Lanai representative. Through my association with Na Puuwai, I have been able to participate in a number of cardiac, diabetic and prostate screening clinics. During these screenings both on Lanai and Molokai, the continued impression that I encounter is that if not for the availability of these free clinics, many individuals would not participate due to fiduciary constraints. The recurring thought is that yes, health care is important, but basically financially not feasible. Another common occurrence is that many individuals will not seek out these services if not for the continued efforts of the Na Puuwai community health workers to reach out, contact and educate individuals in regards to the necessity and availability of these services. In other words, some need to be led by the hand to attend.

As strongly as I feel that such screenings are a necessity to a healthy and productive life, I also believe that prevention is the key. Various education programs such as Diabetic teaching, Nutrition and HIV informationset up through Na Puuwai are focused toward this goal. If we are able to intervene early enough in an individual's life, then lifestyle and behavior changes are very possible. We as adults in our society have a responsibility to our young to provide as much education and learning opportunities as possible to facilitate the chance for a healthier future.

I have seen great strides made toward education and prevention during my tenure with Na Puuwai, however, this is only the beginning. With the reauthorization of S.1929, it will be possible to expand and build upon the foundations that we have built in the last 10 years and therefore provide our Native Hawaiian population with the hope and possibility of a healthier and longer life.

Senator Inouye, Senator Akaka, and the members of the Senate Committee on Indian Affairs please give your support to S.1929 and by extension our indigenous people. Mahalo nui loa.

Testimony on S. 1929
Bill to Reauthorize the Native Hawaiian Health Care System

Aloha Chair Ben Nighthorse Campbell, Vice Chair Daniel Inouye and Members of the Senate Committee on Indian Affairs,

Thank you for allowing me to present my views on the impact of the Native Hawaiian Health Care System on Lana'i. My name is Shirley Samonte and I am the clinic manager for Lana'i Family Health Center.

Lanai Family Health Center is the only out-patient clinic that has a comprehensive dispensary on island. We provide quality medical care for the entire family. Our services include diagnosis and treatment of illness and injury for infants, children, adolescents and adults, periodic physical examinations and preventive health maintenance, pre-marital and gynecological examinations, minor surgical procedures, well-baby and well-child services, dispensary services, selected specialty consultations in cardiology, dermatology, obstetrics and gynecology, ophthalmology, orthopedics, pediatrics, and nephrology once a month or every other month and physical therapy twice a week.

The Native Hawaiian Health Care System has been in existence on Lana'i for over ten years. Through their sponsorships of the Cardiovascular Risk Clinics, Diabetes Complication Clinics, Prostate Screening Clinics, Pap & Pelvic Screening Clinic, people in our community have had the opportunity of having evaluations by specialists as well as laboratory testings with minimum or no cost to them. Through these clinics, we were able to identify several clients with significant medical problems. Also, with the assistance of the Native Hawaiian Health Care, we are able to work collaboratively to improve the timely delivery of primary health care services to Native Hawaiians on the island of Lana'i.

Without the Native Hawaiian Health Care System sponsoring these clinics, some of the participants would not have had the opportunity of seeing all of the specialists or have the laboratory screenings done.

Lanai Family Health Center needs the Hawaiian Health Care System's continued support and partnership to create an integrated health system for the people of Lana'i.

TESTIMONY
S. 1929
REAUTHORIZATION OF
THE NATIVE HAWAIIAN
HEALTH CARE SYSTEM

Aloha to the Honorable Ben Nighthorse Campbell, Chairman, Senator Daniel K. Inouye, Vice Chairman, Senator Daniel Akaka, and to the members of the United States Senate Committee on Indian Affairs. Thank you for coming to Lanai and allowing me to present testimony in support of the bill to reauthorize the Native Hawaiian Health Care Improvement Act.

My name is Len Fabrao-Wong and am presently employed as a nurse on staff at the Lanai Community Hospital. I had been awarded the Native Hawaiian Health Scholarship in 1993 while attending the University of Hawaii at Hilo. Prior to this, I had been a health care provider as a registered nurse since 1983. In 1995, I graduated from the University of Hawaii at Hilo with honors and a Bachelor of Science Degree in Nursing. I am now better equipped to understand and service my community, my Native Hawaiian community in a much broader sense than from a hospital staff perspective.

The Native Hawaiian Health Scholarship Program is a mechanism through which we are able to deliver rural health care in an effective manner as it allows for a "grassroots" approach. With this program, individuals are able to pursue studies, acquire education, and graduate with degrees in various health care areas including medicine, nursing, dentistry, and social work, to name a few. Upon successful completion of their studies, these individuals are placed in service, in federally designated high-risk areas with limited resources for health care. For the most part, they are placed back in the communities from which they came and undeniably, where they are needed. Presently, we have scholarship recipients in service who are doctors, nurses, clinical psychologists, social workers, nurse practitioners, dentists, and dental hygienists. These people are invaluable to the communities that they serve. The "grassroots" approach is also significant because of the cultural sensitivity that these individuals innately have. They don't have to go to workshops about the dynamics in the extended local family. We all know those dynamics – most of us have lived it.

As health care providers, we have digressed so very far from care and healing as an art, to care and healing as a business. You are familiar with the ramifications of budgetary constraints and the negative impact they have on programs of service to the public. Please do not let this be one of those situations. For centuries, indigenous and aboriginal healers fine tuned and integrated their skills, and along with the blessings of God and the Great Father Sky, were able to care for entire villages and communities – indeed, their own people. We, also, have to take care of our own. The Native Hawaiian Health Scholarship allows us to take care of our own. We have a great responsibility to provide every educational opportunity available in order to meet this goal of providing quality care in rural areas. We need to be advocates for Native Hawaiian Health at all levels including education. If we aren't advocates for ourselves, who will be? Health care is becoming increasingly difficult to access in the rural areas due to limited economic and human resources. Simply put, my people cannot afford to be sick anymore. The Native Hawaiian people are vanishing slowly from the face of this earth. We lose Native Hawaiians with every generation; we lose our kupuna and we lose our quantum. We are beleaguered by various diseases and illness, which have the highest prevalence among the Native Hawaiians. It is imperative that we do everything we can to preserve the Native Hawaiian. It is imperative that we provide for education for the Native Hawaiian to take care of the Native Hawaiian in the rural areas where the Native Hawaiian lives. It is imperative that we reauthorize the Native Hawaiian Health Care Improvement Act.

Reauthorization of this bill will unquestionably demonstrate your ideals on quality health care delivery in the rural areas to the Native Hawaiian and to the community at large.

Mahalo.

Senate Committee on Indian Affairs
Thursday, March 16, 2000
3:15 p.m.
Hale Kupuna O Lana`I

Testimony on S. 1929, A bill to reauthorize the Native Hawaiian Health Care Improvement Act.

Aloha: Vice Chair Inouye and members of the United States Committee on Indian Affairs.

My name is Nani Watanabe. I was born and raised on the island of Lanai and is a proud graduate of Lanai High & Elem. School. I have just recently returned to Lanai and is the Community Development Coordinator for Queen Lili'uokalani Children's Center of Lanai.

I am here today advocating for the needs of services for our Hawaiian people of Lanai.I am also a parttime resident of Maui where my immediate family resides. Many of the services that Lanai receives comes from Maui or Molokai. Lanai's needs are great and if services are available on island this allows the residents of Lanai to access direct help as needed.

I have had a great on going opportunity to work with Ke Ola Hou O Lanai. The collaboration with Ke Ola Hou O Lanai and Queen Lili'uokalani Children's Center have been successful as we work hand in hand. Our Ai-Pono program was a great success which included adults and their children as participants. Education towards nutrition and proper diet helped our people to learn to care for themselves. One of the barriers we face here on Lanai is not having a place to gather and a certified kitchen to continue such a program. This is a need and concern.

We are now working on our Teen-Parent Project. This program encourages our Teen Mothers to stay in school and complete High School and to continue to further their education. With no Women's Health Care Center this makes accessibility for the women and teens here on Lanai with little or no service. Recently, teen pregnancy has been a major concern, having no place that allows privacy when our group meets makes it very difficult. We have provided support such as child birth classes whom we contract a nurse from Maui, and invited guest speakers/educators from the medical sector and community resources to come and speak to our teen parents. We have also helped with air transportation for our teen mother and one parent to go to Oahu when it is time for delivery. We were also able to provide temporary housing for the family with the help of our agency. Their medical insurances does not cover transportation or housing.

We meet twice a month and it is mandatory that our teen parents attend and bring their progress report/report cards from school and we also encourage them to bring their babies. Our 1st meeting is on Prevention and our second meeting is on Education. This group of Teen-Parents is also working towards becoming Panelist so that they will be able to go back to their school and community and talk about prevention.

It is very important that Education towards a healthy life style is provided for our Native Hawaiian children from grade school to high school be a priority especially for Lanai. We need Ke Ola Hou O Lana'i/Na Pu'uwai to continue and possibly extend services to our children and teens. Without their continued support and programs would be very detrimental to our Lanai Hawaiian community.

Mahalo for your time and allowing Lanai to be on your agenda, and I appreciate the opportunity.

TESTIMONY
S. 1929
REAUTHORIZATION OF NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT

ALOHA TO SENATOR DANIEL INOUYE, VICE CHAIR, SENATOR DANIEL AKAKA, AND TO THE MEMBERS OF THE COMMITTEE. THANK YOU FOR ALLOWING ME TO OFFER TESTIMONY IN SUPPORT OF REAUTHORIZING THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT.

MY NAME IS GUY WONG AND I'M A MEMBER OF ALCOHOLICS ANONYMOUS AND NARCOTICS ANONYMOUS. I'M PART NATIVE HAWAIIAN AND WAS INVOLVED WITH DRUGS AND ALCOHOL AT AN EARLY AGE. I BELIEVE THERE'S A LOT OF NATIVE HAWAIIANS AND HAWAIIANS AT HEART WHO DEAL WITH THIS SIMILAR PROBLEM. I WON'T BORE YOU WITH SOVREIGNTY ISSUES OR HOW THE ISLANDS WERE TAKEN AWAY FROM THE NATIVE HAWAIIANS BUT I WILL TELL YOU THAT THERE IS A DRUG AND ALCOHOL PROBLEM. I BELIEVE THAT THE NATIVE HAWAIIANS THAT ARE OUT THERE SUFFERING FROM DRUGS AND ALCOHOL CAN GET WELL. IT'S NOT THAT THEY DON'T WANT TO GET WELL, BUT MAYBE THEY DON'T KNOW HOW TO GET WELL. I BELIEVE THAT THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT CAN HELP WITH COUNSELLING AND OTHER PROGRAMS. WE CAN ALSO TRAIN OUR OWN PEOPLE TO HELP WITH COUNSELLING SO THAT THEY CAN HELP THE NATIVE HAWAIIANS AS WELL AS THE FOREIGNERS. THE NATIVE HAWAIIANS NEED TO BE HEALED PHYSICALLY, BUT THEY ALSO NEED TO BE HEALED IN THE HEART, IN THE MIND, AND IN THE SPIRIT.

PLEASE REAUTHORIZE THE NATIVE HAWAIIAN HEALTH IMPROVEMENT ACT SO THAT WE CAN HAVE HOPE TO GET BETTER, GET WELL, AND BECOME THAT STRONG NATION THAT WE ONCE WERE. HELP SOME OF US TO GET STRONG AGAIN SO THAT WE CAN HELP OUR NATIVE HAWAIIAN COMMUNITY, NOT ONLY THE COMMUNITY HERE, BUT THE COMMUNITY THAT INCLUDES THE ENTIRE WORLD.

MAHALO FOR YOUR TIME AND GOD BLESS YOU.

TESTIMONY

SENATE COMMITTEE ON INDIAN AFFAIRS
Thursday, March 16, 2000
Lana'i City, Hawaii

The Honorable Daniel K. Inouye, Vice Chair

Good afternoon, Senator Inouye and members of the committee.

My name is Sheila Black and I am here to speak in support of S. 1929, A BILL TO REAUTHORIZE THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT.

I am a retired public school teacher; I taught regular education, grades preschool through grade six, for thirteen years and special education for thirteen years. During the past three years, I have been involved in the Lanai City Lions Club's collaboration with Ke Ala Hou O Lanai to conduct hearing tests of elementary students at our school.

When I first started teaching and in fact, when I was a child growing up on the Big Island, hearing tests were conducted at school. Because of budget cut-backs, the State of Hawaii's Department of Health and Department of Education no longer conduct hearing or vision screening of any students. Children are required to have a physical examination prior to enrollment in school but for some, that may be only once at age four or five. After a child starts school, his or her classroom teachers are expected to detect any hearing difficulties the child may have. When you have as many as twenty-six students in a class that is no easy task, even if you are aware of all of the symptoms of possible hearing impairment. Furthermore, a young child will not realize that there may be a problem with his or her hearing and will not be able to inform his or her parent or teacher.

Because of our combined efforts we have been able to conduct hearing screening tests for all students in the primary grades, a total of 190 in 1999. Of these students, 18 were retested a month later and recommendations for follow-up visits by family physicians were made for ten students. If our efforts detected a hearing impairment in one child, it is worth our efforts because early detection can make such a huge difference it that child's educational experience.

If Ke Ala Hou O Lana'i ceases to exist because of a lack of funding, the Lana'i City Lions Club may or may not continue its hearing screening program. It is difficult to find a volunteer who is willing to be trained to do the hearing tests and willing to commit to conducting the hearing tests every year. Ke Ala Hou O Lana'i assures the community that the screening program will continue with or without additional volunteers.

This is only one of Ke Ala Hou O Lana'i's projects in this community.

For the health and safety of all of the children on Lana'i, I strongly support the passage of S. 1929, A BILL TO REAUTHORIZE THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT.

Thank you for coming to Lana'i and listening to us.

Submitted Testimony: March 15,2000
Roselyn Kayatani
Student Services Coordinator
Lana'i High and Elementary School

Aloha, Senator Inouye, Members of the Native Hawaiian Health Care-Ke Ola Hou O Lana'i Panel and members of the community and friends:

I am testifying as an educator, Student Services Coordinator, at Lana'i High and Elementary School, a parent, and Kanaka Maoli O Ka'Aina O Hawai'i. As a resource teacher , I have been handling most of the Requests for Assistance for our students who are in need of educational evaluations, Cognitive, speech and language, hearing, vision, occupational and physical therapy testing and mental Health assessments for Special Education and 504 services.

We have 700 + students at Lana'i High and Elementary School. Of this number, 1/6th of the population are Hawaiian. That is approximately 120 students. The services that these students avail themselves of, are: Drug free, after schoolprograms; per-teen and teen programs, Pregnancy testing and pre-natal services; medical services for allergies, asthma, other bronchial ailments; mental health services; psychological and psychaiatric needs; Tutoring programs; when these programs are funded and available.

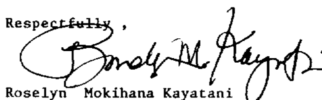
Some of the needed programs are emergency treatment, crisis intervention, this may involve attempted suicides, abuse, neglect, and early pregnancy. The emergency number is for Maui and there are no boats or planes coming over in the middle of the night to take care of these much needed services, some of which involve life and death crisis and allof them are medically related and need to be supported with mental health provisions.

We also have alarge number of special ed and 504 students that have needs that touch upon those previously mentioned. Of the 120 Hawaiian students at the school, nearly 100 of them are 504/Special ed. Some of them with severe impairments. We continue to have a very difficult time finding professional care porviders to come to Lana'i and be here to provide the sorely needed services. These would also benefit the entire community too.

I hope that this realistic picture has helped to demonstrate the on-going need for the Funding that this Native Hawaiian reauthorizations Act would definitely support the Native Hawaiians on Lana'i.

Mahalo for your time and CONSIDERATION of this letter.

Respectfully ,



Roselyn Mokihana Kayatani

TESTIMONY in support of SB 1929

SENATE COMMITTEE ON INDIAN AFFAIRS
THURSDAY, MARCH 16,2000
LANAI CITY, LANAI, HAWAII

Aloha to the Honorable Daniel K. Inouye, Vice Chairman, and members of the committee.

My name is Mary Catiel; I have worked as a registered nurse on Lanai for 25 years. Twenty years have been with Lanai Community Hospital, and four years were as the Public Health/ Home Health nurse on this island. This is more than sufficient time to speak out in support of a program which I feel is essential in this community, our Native Hawaiian Health Care System, Na Pu'u Wai and Ke Ola Hou O Lana'i.

Over two decades, I have watched the transition impact this island in many ways, changing the entire focus of the people from pineapple to visitors, from genuine country without effort, to a determined struggle to maintain just that unique uncomplicated country living style.

There were changes in the Health system as well, including the discontinuation of services for which the people of this island had become so accustomed and taken rightly for granted. Partly due to the rigid rules and regulations mandated by the Federal providers, such as Medicare and Medicaid, the cost of liability insurance, and due to the small population, it was no longer possible to plan to deliver babies at Lanai Community Hospital,nor have any type of surgery at LCH involving anesthesia. The present menu for services offered did not feature surgeries, pediatrics, nor OB and nursery. All of this evolved slowly between 1975 and 1985.

However, the community was to benefit from the improved emergency services available, with the efforts of the medics with the ambulance, the establishment of a fire department with personnel trained in CPR and AED operation. The hospital ER has intensified and trained staff to compete with the changing world of health care providers in rural areas.

We needed more, and about ten years ago, the Native Hawaiian Health System, Na Pu'u wai, was warmly welcomed on Lanai, and given the name Ke Ola Hou o Lana'I, as a supplemental provider of education,information and services to Hawaiians and non-Hawaiians as well. I can recall many screening clinics in which Ke Ola Hou O Lanai worked in wonderful unison with the Straub clinic MD,s and other staff, and made definite differences in the lives of those whose medical problems were detected early because of these clinics.

Hawaiian ladies on Lanai, especially older Hawaiian ladies, are reluctant to travel to other islands for Women's Health screening procedures. How wonderful to have this service brought quarterly to our Island by the Na Pu'u Wai and how many women had pap smears and were referred for mammograms who otherwise would have never 'bothered'. Women were made to feel that they were important and their health did matter. Maika'i.

Lanai women continue to faithfully use the service in a timely manner, and have encouraged the young women of the island to make use as well. Because this service is provided by a nurse practitioner and a mid-wife from Molokai, our young ladies as well as young men have benefited due to the sex education/ birth control knowledge presented at the school. We always need to continue that type of education. Once is never enough.

It is essential that the Native Hawaiian Health System, Ke Ola Hou O Lanai, continue the dependable presentations, screening clinics and other women's health programs which the people of Lanai have come to depend on. This is a service that is provided to our Hawaiian population and others as well. The people trust this service, and now, while so many of the other issues relative to Hawaiians appear to be uncertain, may this program which presents the opportunity to promote wellness through prevention and education, remain a stable force in the lives of our Hawaiians and all others who love this life.

HUI WA'A O LANA'I

P. O. BOX 1341 * LANAI CITY, HAWAII 96763 * (808) 565-3982 * Fax (808) 565-3984

TESTIMONY

Senate Committee on Indian Affairs
Thursday, March 16, 2000
3:15pm
Hale Kupuna
Lanai City, Lana`i

Aloha Vice Chair Inouye and members of the Senate Committee on Indian Affairs,

My name is Saul K Kahihikolo Jr. and I am currently the president for Hui Wa`a O Lana`i Cultural Canoe Club. Thankyou for allowing me to present my views and support on S. 1929, a bill to reauthorize the Native Hawaiian Health Care Improvement Act.

As a Hawaiian, I grew up with a great respect for Malama (the caring of). More so, the Malama of our Kupuna, as well as, the Malama of Ourselves. As a youngster, I was able to grow up with the guidance and knowledge of my grandmother. However, by the time I became a teenager, she was gone due to heart diease. I truly believe that had she had the opportunities that this Bill provides, she would iether still be alive to day or lived a somewhat prolonged life.

Today, we have a Native Hawaiian Health Care System, Na Pu`uwai, that supports and provides programs for our Kupuna, as well as, our Hawaiian Community as a whole. As a Hawaiian, I myself have participated in the health screenings that the Native Hawaiian Health Care System has provided and have experienced the overwhelming support that our Kupuna and the Community give to the Native Hawaiian Helth Care System staff members that come and provide educational programs on nutrition, diabetes and the number one problem that seems to plague the Hawaiian Community "Cardiovascular Prevention". These educational and preventive programs have been well received and utilizied by the Makua and Kupuna of our community.

I believe that educational and preventive measures are essential for the health problems that we as Makua's and Kupuna's sometimes face. However, I believe a change of lifestyle is important for the future of our Keiki and Opios. If we can provide positive and healthy lifestyles for our children, maybe the health problems that we Hawaiians have today will be gone tomorrow. I, as a canoe coach, have seen the positive affect that exercise and healthy eating habits have on myself and the Keiki and Opios that I coach. I truly believe that the reauthorization of the Native Hawaiian Health Care Improvement Act can and will provide the highest value for good physical and mental health that will inturn provide our children with the self-confidence they will need to face the future.

In closing, thankyou for time and consideration of the issue before you. Please, for the future of the HAWAIIANS, support the reauthorization of the Native Hawaiian Health Care Improvement Act.

Sincerely,

Saul K Kahihikolo Jr.
President – Hui Wa`a O Lana`i

Georgina Kawamura

P.O. Box 630416
LANAI CITY, HAWAII 96763

TESTIMONY ON S. 1929, THE BILL TO REAUTHORIZE THE NATIVE HAWAIIAN HEALTH CARE SYSTEM

Aloha Vice Chair Inouye and members of the United States Senate Committee on Indian Affairs. Welcome to Lanai. I am sorry that I'm not testifying personally, however, I appreciate this opportunity to speak in support of S. 1929, the bill to reauthorize the Native Hawaiian Health Care System.

My name is Georgina Kawamura. I was born and raised on Lanai and graduated from Kamehameha School and Maui Community College. I've lived away from Lanai for more than half of my lifetime and just returned in May of last year.

Since returning, my biggest impression of the native Hawaiian people from Lanai is that they are very patient and tolerant. They have been very patient and tolerant with a system that has forgotten about them. Lanai's small population base and remoteness has forced us into being the step-children to our neighbor islands. Our programs are almost all linked to Maui or Molokai. For administrative ease, this has been the history of all programs on Lanai. While there may be conveniences to setting us up in this manner, we need to be recognized for our own wants and needs.

Please don't look at our statistics and our numbers and determine that it's too small to be concerned about us. While our numbers may pale when compared to others in the state, we have important health issues. Our size has been a detriment to us for a long, long time. We don't get funds because we have small numbers of documented cases and we probably have small numbers of documented cases because we don't get any funds.

We need to have health programs that are accessible. We should have services that don't require us to get on a boat or a plane. If traveling is our only alternative, we need help with the transportation expenses. If it is necessary to be on Oahu or Maui for health services, we need lodging and ground transportation. The travel and lodging expenses have to extend to our ohana or immediate caregiver, as it is difficult to be alone when we are receiving health treatment. These are issues that often prevent our native Hawaiians from seeking help, they are afraid of the cost and of being a burden to others.

We need better program facilities. Na Pu'uwai should have improved office space and equipment. Our remote location should justify our need for the best computer and other technological equipment. On Oahu and Maui, the best services are close by and available. Here on Lanai, we have to rely on being connected by FAX or e-mail and the Internet. But, we usually have the slow connections and outdated equipment. And, as is the case with many, many things on Lanai, we usually end up with the remnants, the hand-me-downs.

Please help us. You can start by reauthorizing the Native Hawaiian Health Care System. Then, support us in our efforts to empower ourselves into healthy and prosperous lifestyles.

Fairfax A. Reilly
PO Box 630111
Lanai City, HI 96763

Honorable Daniel K. Inouye
Vice Chairman Committee on Indian Affairs
United States Senate
Washington, D. C. 20510-6450

March 16, 2000

Dear Senator Inouye:

Re:: S 1929 Native Hawaiian Healthcare Improvement Act

Aloha. Welcome to Lana'i. I cannot express how important your visit is to the residents of Lana'i. I apologize for needing to be on Oahu today.

I support the reauthorization of the Native Hawaiian Healthcare Improvement Act. My opinions are expressed as a resident of Lana'i. I have been employed as a school counselor at Lanai High & Elementary School for twenty years. Please accept my comments as an individual.

Young men and women of Hawaiian ancestry need access to the highest quality healthcare which can be reasonably provided in a small remote community. Specifically, young women and men need family planning services of the highest quality for themselves and their children. High school age girls are having babies. Please note that this is not a problem of the Hawaiian youth exclusively. I would envision the Native Hawaiian Healthcare Act demonstrating the standard of providing family planning services to youth and parents in the community in a style appropriate to their needs.

A second related area is a program related to nutrition, exercise and preventive medicine directed at children and youth to reduce the diseases experienced by adults. A combination of these two areas will demonstrate the pride the community has in their children and youth.

With appreciation and sincerity,

Fairfax A. Reilly

Senate Committee on Indian Affairs
Thursday, March 16, 2000
3:15 p.m.
Hale Kupuna O Lana`i

Testimony on S. 1929, A bill to reauthorize the Native Hawaiian Health Care Improvement Act

Aloha Kakou:
Vice Chair Inouye and members of the United States Committee on Indian Affairs.

My name is Brady Ikaika Magaoay I was born in Honolulu and I attend Lanai High & Elem. School I'm 8 years old and I'm in the 3rd grade. Mahalo for allowing me to share my mana'o about our Native Hawaiian Health Care for Lana'i.

I am here today to speak on behalf of the other Hawaiian children of Lanai. Our Hawaiian community might be small but we need a lot of help and services. As a Keiki of this Aina we are important and we need to be included in all programs that provides Health Care to Hawaiians.

To prevent poor Health & Nutrition concerns in our Hawaiian community your programs towards Healthy lifestyles education starts with us the children and our Ohana.

Activities and programs that were provided in school have been good but we need more. We need to have more programs available after school to help us reach our goal to good health and wellness.

Please consider my testimony by reauthorizing the Native Hawaiian Health Care System and remember: "We are the Children of Hawaii".

Remember: Malama,(caring) Laulima,(cooperation) Kuleana,(responsibility) & Kupa'a (loyalty) We need lokahi (Unity).

Senate Committee on Indian Affairs
Thursday, March 16, 2000
3:15 p.m.
Hale Kupuna O Lana`I

Testimony on S. 1929, A bill to reauthorize the Native Hawaiian Health Care Improvement Act.

Aloha: Vice Chair Inouye and members of the United States Committee on Indian Affairs.

My name is Blaine Haawinaokalani Kaaikala. I was born on Lanai I'm 13 years old, I'm in the 8th grade and attend Lanai High & Elem. School.

I am here today as an Opio of this aina. I come to ask for your support in helping us reach our goal towards a healthy lifestyle. When I become as old as all of you I want to be the example of a Healthy adult. We need to bring our culture back to Lanai and the education of our culture starts from us the children of Lanai.

I enjoyed learining to gather food from the ocean, harvesting taro, and making poi. I want to see programs on Lanai that help and allow us to work the land and harvest our own food.
By allowing us to work and learn hand in hand with our Makua's, and Kupuna's will help us to gain our self esteem, become an "Ohana" and our future towards good health and wellness education will be one of our success in life.

My grandma was a person that knew how to gather her food when she needed. She taught me many of her skills and ways to survive when she took me fishing and gathering. We were a team and I needed her and she needed me. Our Tutu's are our mentors and educators.

Please accept my testimony by reauthorizing the Native Hawaiian Care System.

I too believe in: Malama, Laulima, Kuleana & Kupa'a our Hawaiian Values.

Testimony

4:15pm
Hale Kupuna O' Lanai Community Center
March 16, 2000

The Honorable Daniel K. Inouye, Vice-chairperson

Aloha Mr. Vice Chairman and members of the Senate Committee on Indian Affairs,

My name is Felecia M. Shin and I am here to speak in the support of S.1929 A Bill to reauthorize the Native Hawaiian Healthcare Improvement Act.

Lanai being a rural isolated Island of 2500 to 3000 residents lack many health and social services which are available on the other Islands of our State. I am one of those residents who had access to the services provided by NaPuuwai on Lanai. I first used the services in 1995 when I signed up to be a participant in the Heart Study screening clinic (CRC) and presently for the last four (4) years the gynecological care that is given to me through NaPuuwai and the Molokai's certified nurses and midwives. Both services were very helpful in educating myself with Health care issues, in taking better care of myself as a mother and as a woman.

I appreciate having an office and a community outreach worker on our island to coordinate health education and services for our Hawaiian Community. All of these services that NaPuuwai has contributed to our Hawaiian Community brings an awareness of how we can take better care of ourselves and our families - however our needs do not stop here. I would appreciate having these programs continue and expand on Lanai.

Mahalo for letting me share with you and I appreciate the opportunity of having you the committee on Lanai so that we can voice our concern and support regarding our Native Hawaiian healthcare system and most importantly the need to have S.1929 reauthorized.