S. HRG. 106–462, PT 3

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

JANUARY 19, 2000
KAHULI, MAUI, HI

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NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT

WEDNESDAY, JANUARY 19, 2000

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Kahului, Maui, HI.

The committee met, pursuant to notice, at 1:30 p.m. in the Maui Economic Opportunity Building, Rooms 1 and 2, Maui, Hawaii, Hon. Daniel K. Inouye (vice chairman of the committee) presiding.

Present: Senators Inouye and Akaka.

Senator INOUYE. The Senate Committee on Indian Affairs is called to order.

SPEAKER. We welcome you and we welcome the opportunity to show you how important this meeting is to us that you have brought to us, the people of—the kupuna, rather. And I speak for our kupuna of Hana that we came to this meeting. This is good for we, the kupunas, and to take with us deep down in our hearts how much we meant to you, Honorable, to come and have this special visit with our kupuna here on Maui, including Hana. So we thank you. It is a real occasion that we always met with you, Honorable Senator Daniel Inouye.

So I thank you and praise God for having you come to share with us the [Native word] that we can share with one another.

So thank you, again.

Let us unite our hearts and minds.

[Prayer in Native Tongue.]

Senator INOUYE. Thank you very much for the pule.

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

Senator INOUYE. About 17 years ago, discussions began throughout the Native Hawaiian community as a result of statistics on the health conditions of Native Hawaiians. In order to address these conditions, we called upon the Congress in 1984 to authorize the study of the health needs of Native Hawaiians, because we wanted something that was definitive and something that could be reliably used as a basis for legislation.

That study took about 1½ years to conduct. It was conducted by professionals, many of them from the Native Hawaiian community, and it was coordinated by Alu Like.

This study was submitted to the Congress in 1986, and the findings were simply alarming. We knew that the health conditions and data that became available indicated that the health needs

were grave and the conditions were terrible, but we didn't realize that Native Hawaiians had higher rates of mortality from certain kinds of cancer, heart disease, and diabetes than any other group in the United States.

Furthermore, in certain other disease categories Native Hawaiians had the highest mortality rates in the world.

This prompted the Congress to take action, and in 1988 the Native Hawaiian Health Care Improvement Act became the law of the land.

The bill was conceived and drafted in Hawaii. It is a creature of Hawaii made by Native Hawaiians for Native Hawaiians. It is not a bill that was drafted in Washington by the good people of Washington, but people here who knew what the problems were and how these resolutions could come about.

It has been described by many of my colleagues as being a revolutionary bill, because, as I indicated, for the first time a health measure of this nature was conceived in the Native land, not in the capital of the United States. In fact, for the first time, you will find in an American law a recognition and support for Native healers. You will not find that in any other law. This is the only law that recognizes traditional healers, the kahuna, the herb doctors.

This bill that we are receiving testimony on today is also revolutionary. Among the many provisions in here, there is one of which I hope all of you will take note. I should tell you at the outset that it will not be easy to convince the Government of the United States to accept it, but I am hopeful that by sharing your testimony with my colleagues and by explaining to our membership in the Senate one-on-one, it will be possible.

That provision states very simply that those who are qualified to be beneficiaries under this act—people like you who have been clients, people like you who have been participants, people like you who have been patients—will receive these services as an entitlement.

That is a legal term, but a very important legal term. Today, for example, when you reach a certain age you receive Social Security payments as a matter of entitlement. The law says you will be entitled to it when you reach a certain age. The law also says that you are qualified to receive Medicare when you reach a certain age because it is an entitlement.

We are now going to attempt to make health services to Native Hawaiians as an entitlement. This will address many of the funding problems that we have had with all of our programs.

So the measure we have before us has many provisions, but I wanted to point this one out to you because that this, to me, is the most important one.

We have also involved all of the islands. For example, the Island of Kauai will be involved through the community college. The Hilo campus of the University of Hawaii will be working with the Native Hawaiian community. Maui will also be involved.

Before I call upon my distinguished colleague, I am certain, if you have not heard, Papa Ola Lokahi and the Office of Hawaiian Affairs [OHA] as a result of long and sustained discussions, have now agreed to support this measure and support the amendments.

It will now be, I would say, smooth sailing, which makes all of us very happy.

They will work upon the development of a comprehensive health care master plan, and I am certain that, with the involvement of OHA, together with Papa Ola Lokahi, together with Kamehameha schools and all of the other health care systems, this will be a successful endeavor on our part.

We will establish a Native Hawaiian Center of Excellence for Nursing in the Hilo campus of the University of Hawaii. As you know, nurses are very important in what we are doing.

And we note that we do have at this moment, as a result of the work of Dr. Kinney, a nursing school that is fully operational, and we will expand that.

We will have a Native Hawaiian Center of Excellence for Mental Health at the University of Hawaii at Manoa.

When one looks at health, you cannot just look at physical health. You have to look at mental health, also. And this will be a major development on the part of this bill.

There will be a Center of Excellence for Maternal Health and Nutrition at the Waimanalo Health Center. There is an over abundance of young teenagers who become pregnant and who are not quite prepared for parenthood and motherhood. Waimanalo will make certain that these problems at this stage will be cared for.

Then Molokai will be involved in research, training, and integrated medicine. That sounds fancy, "integrated medicine." That means of Native healers and western physicians working together. We have found, for example, that in many communities, because of past experience or otherwise, Native Hawaiians have some feeling of distrust when it comes to western physicians, so if we can have a combined partnership of western doctors and Native healers calling upon the client, communication becomes easier, and so this measure before us is not just a reauthorization. It involves new programs—very important ones that Senator Akaka and the Members of the House delegation have been working on for a very long time.

[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

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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-

1 tension (3.5 out of every 100,000 resi-
2 dents) is 84 percent higher than that for
3 the entire State (1.9 out of every 100,000
4 residents).
5 "(iii) STROKE.—The death rate for
6 Native Hawaiians from stroke (58.3 out of
7 every 100,000 residents) is 13 percent
8 higher than that for the entire State (51.8
9 out of every 100,000 residents).
10 "(2) INFECTIOUS DISEASE AND ILLNESS.—The
11 incidence of AIDS for Native Hawaiians is at least
12 twice as high per 100,000 residents (10.5 percent)
13 than that for any other non-Caucasian group in the
14 State of Hawaii.
15 "(3) ACCIDENTS.—With respect to accidents—
16 "(A) the death rate for Native Hawaiians
17 from accidents (38.8 out of every 100,000 resi-
18 dents) is 45 percent higher than that for the
19 entire State (26.8 out of every 100,000 resi-
20 dents);
21 "(B) Native Hawaiian males lose an aver-
22 age of 14 years of productive life lost from acci-
23 dents as compared to 9.8 years for all other
24 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

1 age) births (8.1 percent) compared to the
2 rate for all other races in the State of Ha-
3 waii (3.6 percent);
4 "(ii) in 1996, nearly 53 percent of all
5 mothers in Hawaii under 18 years of age
6 were Native Hawaiian;
7 "(iii) lower rates of abortion (a third
8 lower than for the statewide population)
9 among Hawaiian women may account in
10 part, for the higher percentage of live
11 births;
12 "(iv) in 1995, of the births to mothers
13 age 14 years and younger in Hawaii, 66
14 percent were Native Hawaiian; and
15 "(v) in 1996, of the births in this
16 same group, 48 percent were Native Ha-
17 waiian.
18 "(D) FETAL MORTALITY.—In 1996, Na-
19 tive Hawaiian fetal mortality rates comprised
20 15 percent of all fetal deaths for the State of
21 Hawaii. However, for fetal deaths occurring in
22 mothers under the age of 18 years, 32 percent
23 were Native Hawaiian, and for mothers 18
24 through 24 years of age, 28 percent were Na-
25 tive 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

1 to the Native Hawaiian health care systems,
2 and an action plan for carrying out those goals
3 and objectives.
4 "(7) PRIMARY HEALTH SERVICES.—The term
5 'primary health services' means—
6 "(A) services of physicians, physicians' as-
7 sistants, nurse practitioners, and other health
8 professionals;
9 "(B) diagnostic laboratory and radiologic
10 services;
11 "(C) preventive health services including
12 perinatal services, well child services, family
13 planning services, nutrition services, home
14 health services, and, generally, all those services
15 associated with enhanced health and wellness.
16 "(D) emergency medical services;
17 "(E) transportation services as required
18 for adequate patient care;
19 "(F) preventive dental services; and
20 "(G) pharmaceutical and nutraceutical
21 services.
22 "(8) SECRETARY.—The term 'Secretary' means
23 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.

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

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

8 "(a) DEVELOPMENT.—

9 "(1) IN GENERAL.—The Secretary may make a
10 grant to, or enter into a contract with, Papa Ola
11 Lokahi for the purpose of coordinating, implement-
12 ing and updating a Native Hawaiian comprehensive
13 health care master plan designed to promote com-
14 prehensive health promotion and disease prevention
15 services and to maintain and improve the health sta-
16 tus of Native Hawaiians, and to support community-
17 based initiatives that are reflective of holistic ap-
18 proaches to health.

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

22 "(b) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated such sums as may be
24 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 complemen-
2 tary healing practices, including Native Hawaiian
3 healing practices;
4 "(2) the integration of Western medicine with
5 complementary healing practices including tradi-
6 tional Native Hawaiian healing practices;
7 "(3) the use of tele-wellness and telecommuni-
8 cations in chronic disease management and health
9 promotion and disease prevention;
10 "(4) the development of appropriate models of
11 health care for Native Hawaiians and other indige-
12 nous people including the provision of culturally
13 competent health services, related activities focusing
14 on wellness concepts, the development of appropriate
15 kupuna care programs, and the development of fi-
16 nancial mechanisms and collaborative relationships
17 leading to universal access to health care;
18 "(5) the development of a centralized database
19 and information system relating to the health care
20 status, health care needs, and wellness of Native
21 Hawaiians; and
22 "(6) the establishment of a Native Hawaiian
23 Center of Excellence for Nursing at the University
24 of Hawaii at Hilo, a Native Hawaiian Center of Ex-
25 cellence 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—

"(i) not less than 4 of such members shall be appointees under subsection (b)(1)l;

"(ii) not less than 7 of such members shall be appointees under subsection (b)(2); and

"(iii) not less than 1 of such members shall be an appointee under subsection (b)(3).

"(3) DIRECTOR AND STAFF.—

"(A) EXECUTIVE DIRECTOR.—The members of the Commission shall appoint an executive director of the Commission. The executive director shall be paid the rate of basic pay equal to that under level V of the Executive Schedule under section 5316 of title 5, United States Code.

"(B) STAFF.—With the approval of the Commission, the executive director may appoint such personnel as the executive director deems appropriate.

"(C) APPLICABILITY OF CIVIL SERVICE LAWS.—The staff of the Commission shall be appointed without regard to the provisions of 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.".

O

Senator INOUYE. May I call upon my colleague, Dan Akaka. But before I do, I would like to convey to you the regrets of Mrs. Mink. She wanted to be here, but if you saw her this moment you would say, "Go home and sleep." She has got the flu. I saw her this morning, and I said, "Patsy, go home," because she is not helping herself. In fact, we are very sad to note that three who were scheduled to be witnesses today will not be with us because they are at home. They too have the flu.

And so, my dear friends, may I now call upon Senator Akaka.

[Applause.]

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

Senator AKAKA. Mahalo, Mr. Chairman.

Aloha to all of you. [Native words] Maui, and also from Hana. I want to welcome you to these hearings.

I want to thank the chairman, Senator Inouye, for holding these hearings, for presenting a bill to reauthorize health care improvement for Hawaiians. This is something that will really help the Hawaiians in the future and bring their health back to normal. And I'm looking forward to this hearing, to hearing from this community on the critical issue of the Native Hawaiian health.

This measure is significant because it has been created by you, as was mentioned by the chairman, the Native Hawaiian community. And it is special because it embraces the Hawaiian culture in addressing the health needs of Native Hawaiians.

Nowhere else before this has been any legislative document that permits Native healers, and this is going to permit that.

We have made significant progress since the Native Hawaiian Health Care Act was initially passed in 1988. I am confident that the modifications that have been made will continue to improve the health of Native Hawaiians.

As reflected by the hearings we 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, very pleased to see the interest that has come forward from the Native Hawaiian community and have felt the significant impact from the community.

Therefore, with this hearing today, I look forward to hearing from each of you to hear your mana'o on what you feel about this bill. And when I say that, I mean that you can suggest changes. You can even criticize part of it if you want. But we want to hear from you and this will help us make it better.

Aloha.

[Applause.]

Senator INOUYE. Thank you very much.

Today we are pleased to have four panels of witnesses.

May I now call upon the first panel: The medical director of the Hui No Ke Ola Pono, Dr. Daniel Garcia; member of Alu Like, Celeste Makua and Alu Like client, Valei Aina; and Hale Mahaolu Ekalu, Makapuno o Mali, Kupuna, Sara Camacho; and the Queen Lili'uokalani Children's Center, Momi Awo.

Seems like we have got more people with the flu. We started off with three. Well, Dr. Garcia, we are very happy to have you with us.

STATEMENT OF DANIEL GARCIA, MEDICAL DIRECTOR, HUI NO KE OLA PONO

Dr. GARCIA. Thank you.

I'd like to first start off by saying thank you very much. I'd like to extend my thanks for all the work that you have done, and pretty much wanted to stand here before you and just look, as I am a direct result, essentially, of all the work that you folks have put in in the Senate.

I am a graduate of the [Native word] program, and a scholarship recipient of the Native Hawaiian Health Association, currently fulfilling that obligation by serving as the medical director at the Hui.

I can go on. It's the Hawaiian Portuguese in me. I can go on for days telling you about all the wonderful things I have seen since being at the University of Hawaii, just noticing how the air at the university has changed since being a freshmen on campus to finishing my medical school training, and that the pride instilled not only by this health initiative act has been doing, but just by the focus and the improvement of trying not only to bring up the health of the Native Hawaiians, but sort of using that as a bridge for us to obtain other social and economic goals in the community, which will directly relate on the health care, also, of this Native Hawaiian community.

As the director—and I've only been the director here for 3 months—I am very proud to serve as director at the Hui, a wonderful, dedicated organization full of extremely enthusiastic people with one goal in mind, and that is to change those statistics that you were talking about.

The statistics about Hawaiians having the worst health care in the Nation was a direct motivator for me to start my career in health care, to actually try to do something to turn this around.

Being that started some time in 1984, now as the director I can see how much change has occurred, how people are now more interested in their health, they're more interested and more knowledgeable about the diet and the foods that they eat, more culturally sensitive, which I think is a wonderful thing, going back to having the kupunas take care of the health care, because you are 100 percent correct—not only Native Hawaiians, but if you look at any other ethnic groups through the United States that have lived abroad, whether it's Hispanic, African American, they respond well to physicians sort of of their own culture, almost like family member. You see results that are much more positive if you're looking at trends to see if what you're doing is of any benefit.

I believe you'll see those numbers to reflect that, if you look at the numbers in Hawaii, also.

And so my presence here is to say thank you.

I am not alone, as being a scholarship recipient on the islands. There are others here who are also serving their commitment to your scholarship programs.

Again, being only here for 3 months, I've come to notice and would like to focus some attention on a situation that I have gath-

ered, through my own brief encounters here, that is going on in Hana.

I have patients that I am seeing now in Kahului who will drive that road. I'm sure you've been on that road from Hana to Kahului. They are not making use of the Hana Clinic. I have to ask myself why. The clinic is there.

The community, for some reason or another, is not feeling an attachment with that clinic, and, in essence, they are having to drive in cars with chest pain to come to the hospital here or to get most of their services, rather than go to the clinic, which is set up 5 minutes away from their homes. They are driving all the way to Kahului to come to the Hui. I need to know why is that. I think that's an inefficient means of resources.

I have just been gathering hearsay type of information. I have yet to go out there, myself, but I have talked to some physicians who are out there and some residents who are out there. I don't know if it is a distrust or if it is a—I really can't say, to be honest, at this time, but I think it is a situation that needs to be addressed or looked at closer. Being that the Federal Government is spending money, I want to make sure that it is put to its best use, so I would invite any kind of discussion or help that I can be in trying to resolve this, being that Hana and the [Native word] peninsula are the highest population of Native Hawaiians here on Maui, it would make sense to me that those two areas be the ones targeted the most.

Thank you.

Senator INOUYE. Dr. Garcia, I thank you very much.

I am glad you brought up the Hana situation. Senator Akaka and I were there last November and we were made aware of the clinic situation, and we learned about the lack of funding in certain areas, and I am pleased to tell you that we have gotten authorization to get additional funding from the appropriate agencies. So maybe with this funding services will become much more accessible and it might lessen your load, but we will have to see what happens.

I can understand, when certain services are just not available, they would have to come to see you.

May I ask a few questions?

Dr. GARCIA. Sure.

Senator INOUYE. As you know, the act that we have before us, unlike other laws affecting medical care, emphasizes education, outreach, and prevention, and we have received testimony that in all of the areas, as you have indicated, there has been a change in the community. More people are responding, more people are being made aware of the services, more people are answering questions.

As a result, it has been suggested that the statistics that we confronted 10 years ago were bad, but, as a result of the increased involvement of the Native Hawaiian population in study and outreach, we might find the statistics may get worse because new cases will begin to appear.

I'm not concerned about that. I think it is a good sign, so now we can provide services for these people, but I just wanted to tell you that if statistics get worse it doesn't mean that the program

is not working. Actually, the statistics are going to get worse because it is working.

Dr. GARCIA. Right.

Senator INOUYE. And it is working because of the dedication of people like you, Dr. Garcia, and we are very grateful for that.

Now, in your mind, this program is working?

Dr. GARCIA. In my everyday dealing with the patients, and also just going back into my own past through medical school training and working through the [Native word] program, you can see the outreach is working because it is—I could almost say "commonsense." When the people are more educated—and that's why your statistics may worsen, because a more-educated population will know what to look for, and so they're going to report. If you didn't educate them, they wouldn't even bother to look, so you won't have the numbers to back it up.

So now that we have an educated population, it may look on paper—on paper only—that the numbers may worsen, but I can tell you, in dealing with day-to-day, story after story of how I can take somebody who didn't know that diabetes was bad, didn't know that the Spam five times a day, in addition to their regular meals, was bad. But when you sit and listen, you present them with the information, "If you don't change, *x* will happen, but if we make the intervention now you can stop."

Over time you see that one person get better, and then you'll see that one person bring in their husband, bring in their aunt, so the numbers will grow.

Of course, your statistics will grow also, but you will reach. And it is my opinion that we are making a difference.

Senator INOUYE. There is one area, Doctor, that the committee is concerned about, and that is dental care, dental hygiene, oral hygiene. We find that in many of the health system centers and in your Hui, for example, there is no dentist. The statistics indicate to us that, among the peoples of the United States, the worst dental conditions can be found among Native Hawaiians.

I am certain Dr. Garcia will agree that the mouth is very important. That is where all the food comes through. And if you don't have teeth to chew, how can you begin the digestive system and the progress?

And so we will try our very best to strengthen that portion. We are trying to convince physicians, and we were successful. At one time, very few doctors participated. Today, doctors call upon you to give you help, give them help on diabetic monitoring and such. That was not the case 5, 6 years ago.

We are now going to work upon dentists to get into the act, also, because they are very important.

Senator Akaka.

Senator AKAKA. Mr. Chairman, I do want to thank Dr. Garcia for your work. I'm very impressed to hear that you came into this business because of the need and wanted to help the Native Hawaiians, and because of that you studied and now you are at a point where you are contributing from your studies and helping the Hawaiians as a regular doctor, and I'm very impressed with that.

I'm so glad that you were selected to be the administrator of the Hui No Ke Ola Pono, which is for Maui, and part of the whole [Na-

tive word] system. We're looking at this whole system to work throughout the State of Hawaii.

My question to you—I know you haven't been at this that long, but you've seen so many things happen. My question to you is whether you have any advice to us about what's in this bill that can be improved. Maybe you can do better later on, but for now if you have any suggestions we certainly would like to hear that.

And also, I wanted you to make some comment about what you think about the healers being a part of the process of making people better.

Dr. GARCIA. First, to your first question, I would have to review in detail the whole act to give you an accurate opinion of that, but, just off the top, the organization of the Native Hawaiian health system—again, this is coming from someone who is, again, very new to this, but it would seem that there needs to be slightly more centralization or organization between the different groups, yet allowing each individual island as it is laid out to still have the power to govern its own activities and control.

There is a little bit of mish-mash, and what I see is some sort of confusion about where this is going, who is in charge, what sort of things to do. And where there is confusion, again, it just turns out to be inefficient. And this, again, is coming from someone who has just been in the game for 3 months. I think I would defer that sort of thing to someone that is much more experienced.

To your second question, part of a research project that I did in medical school was to go to each island and talk to Native healers on Molokai, on the Big Island, on Kauai, and to see their impact. Like Native healers in other cultures, there is a huge spiritual aspect to Native Hawaiian health, as opposed to not just simple herbs and other types of healing methods, whether it is massage or the herbs, themselves. There is a huge spiritual component.

What I have seen is I'm very open minded to any type of health care, whether it is Chinese acupuncture, Hawaiian herbs, or whatever, as long as there is a good relationship between the physician and the Native healer.

I have worked with them in the past and have had wonderful results, and I will continue to work with them. I think it is a very, very strong positive for this Health Act that it is going forth with it, because the people, the Hawaiian people who make use of what we're trying to address, they believe in it, they use it, and I would not take that away or ridicule that in any sense of the word, being that I am a western-trained physician. I embrace it, as well as I think a lot of the younger physicians do, also.

Senator AKAKA. Thank you.

Senator INOUYE. I am pleased to tell you, Doctor, that in a few days 29 young men and women on Molokai will receive their certificates to become Native healers. Under this program, we conduct schools and classes so that this tradition can be continued, because the kahunas are disappearing. But now, with a program such as this, I think we can look forward to having their services for many years to come.

You brought up something that was heavily discussed at the time we were drafting the measure. Usually, when a law of this nature is discussed in Washington and drafted, they will set up a

model, and that model will apply all over. A community health care center will have a director, it will have this, and it will have this, and will provide services for that and for this, and it is the same thing in every community.

In the discussions with Native leaders, it was decided that the problems differ in different communities, and so we set up Native Hawaiian health care systems with authority to set up their own programs and use the money the way they think will be best.

As a result, you may have, if you look at the picture from the top, a little mish-mash. Kauai, for example, has a dentist. You don't have a dentist. Kauai decided to have a dentist because it just happens that the dental problems on Kauai are the worst in the State. In other areas, it is not as bad, so they use their money for something else.

It sounds a little, as you said, mish-mash and looks disorganized, but when looked at from the vantage point of the whole system the results are beginning to show some significant progress, so we are looking upon this reauthorization as the next step, and if we can get that entitlement then you can get more money. You do not have to beg to Congress, because you will be entitled to the services because you are a Native Hawaiian.

I thank you very much, Dr. Garcia. I am glad that the moneys that taxpayers have set aside for this program have developed someone like you. I think the people of Maui are very, very fortunate to have you.

Dr. GARCIA. I would like to say thank you for all of your work, and aloha. If I can be of any service at all, please let me know.

Senator INOUYE. I will take care of the witnesses who are not here. [Laughter.]

Ms. Awo.

STATEMENT OF MOMI AWO, MSW, QUEEN LILI'UOKALANI CHILDREN'S CENTER

Ms. AWO. Hi. I apologize for being late. True story—my car broke down. [Laughter.]

Aloha to all the kupuna who are here.

Mr. Chairman and members of the committee, aloha. I am pleased to appear before you today to discuss S. 1929, the bill to reauthorize the Native Hawaiian Health Care Improvement Act.

On Maui, Hui No Ke Ola Pono is the Hawaiian health organization that works tirelessly at its mission to expand and improve the array of benefits and services available to assist the Hawaiian community. My experience with the Hui No Ke Ola Pono has been both on a professional and personal level.

As a social worker that works close with Hawaiian families, I am aware of the many collaborative partnerships that Hui No Ke Ola Pono has engaged in in order to promote health-related programs and activities. Their outreach efforts to the Hawaiian community provide tremendously for those who are often challenged by socioeconomic conditions that limit their access to community resources.

Support for improved health of our Hawaiian community is greatly needed. A growing need rests in ensuring the health and well-being of our kupuna and children.

Many kupuna living on fixed incomes are raising their grandchildren. This 'ohana care, with its many benefits, can easily strain the already tender health of kupuna. Likewise, the health needs of Hawaiian children are also affected, as many are without medical coverage—and I'd also add dental coverage, too. That's also lacking. I see that quite often.

Hui No Ke Ola Pono has made tremendous progress identifying the specific health needs of Hawaiians and developing initiatives to meet those needs. By offering health monitoring, lomi lomi, exercise and wellness programs, traditional Native services, healthy eating and lifestyle information, and now the superb Healthy Cafe, Hui No Ke Ola Pono is an invaluable wellspring of service and aloha.

Native Hawaiians have a great tradition of responding best to relationship-based and family-centered approaches. Hawaiian families deal with people on a personal level, often seeking links that will connect them through mutual relationships, friends, or similar experiences.

The entire staff at Hui No Ke Ola Pono seems hand-picked to provide an array of services to its clientele. They exemplify professionalism and practice the Hawaiian values of aloha, ho'okipa, and kokua.

On a personal note, my family and I have much aloha for Hui No Ke Ola Pono. Reflecting on our own families, my husband and I know first-hand the importance of maintaining good health. My husband and I both have long family histories of diabetes, insulin-dependent diabetes, heart disease, stroke, and hypertension. My father died suddenly of a heart attack at age 50. My husband's parents died in their 60's of heart disease and stroke.

We first came to know the Hui in 1993 when we completed the 21-day traditional Hawaiian diet program. Since then, we continue to utilize the services of Hui No Ke Ola Pono on a regular basis. It was during one of my health monitoring sessions at the Hui that they detected my elevated blood pressure. They insisted I see my doctor immediately, and now, at the age of 43, I am on daily medication to control my blood pressure and receive regular health monitoring for a condition that was also detected a year ago.

Thanks to the Hui and my physician, I have the information and tools to lead a healthy and productive life. My husband and I are committed to offering our children healthful lifestyle choices, as well.

Mr. Chairman, these efforts have brought improved health to Hawaiians and us closer to accessing health benefits and services. There is still much work to be done, and I believe Hui No Ke Ola Pono is committed to ensuring that the pathways to improved and sustained health of Hawaiians be continued.

This concludes my testimony, Mr. Chairman, and I am prepared to answer any questions at this time.

Senator INOUYE. I thank you very much, Ms. Awo, because your testimony has just demonstrated the importance of local autonomy in determining what the program should be.

For example, I should tell you that the committee is very impressed with the work that you have started, the health care system here on Maui, on the Simply Healthy Cafe, where you serve,

I believe, an average of about 200 lunches a day. That is what I have been told. And I have been told that other islands are beginning to look at this and see how you people operate.

I think it is a good thing, instead of Honolulu deciding this is good for Molokai and this is good for Hana, Hana decides what is good for Hana, Maui decides what is good for Maui. Then, if other communities see your Simply Healthy Cafe and see that it works, they will copy you. So congratulations. I want to commend you for the work you are doing for Maui.

I know that you work for Queen Lili'uokalani Children's Center.

Ms. AWO. Yes.

Senator INOUYE. I bring you greeting from Dave Peters.

Ms. AWO. Oh, Mahalo.

Senator INOUYE. Dave Peters used to be on the staff here.

Senator Akaka.

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

I, too, want to say mahalo for your part in this. As this program progresses, we are learning, as well, from people who have been in the program, have been helped by the program. We are trying to reach out to everybody, to all the Hawaiians, and what Dr. Garcia mentioned was true, that many Hawaiians didn't know what was not good, you know, and they—I don't tell you the area, but there are some areas where Hawaiians live and you cannot find soda in the store.

These are the kind of things that, as they learn more about health, they find that they can do better without some. Some of that cost money, also. And so, with plenty of food, they can be more healthy.

Dr. Garcia was correct that many Hawaiians were not aware of diabetes and how they got it, but by knowing what the problem is and taking care of that it's going to certainly improve the health of the Hawaiians, but we want to work as quickly as we can.

Chairman Inouye did mention correctly, as you see how this thing is set up, it was set up by the people of Hawaii, and it was set up so that it is autonomous—and I'm repeating myself—autonomous so that each group can do it for whatever ailment they have. And so take advantage of this and try your best, and as you learn from it pass it on to us because we certainly want to improve this as we go along. As we improve it, it will help the people of Hawaii.

So mahalo [Native word] for your part in this.

Ms. AWO. I'd just add that, through my work at Queen Lili'uokalani Children's Center, a lot of the families we are finding now are surviving. Many cases are women who are now single parents to their children because of the death of their husbands or partner, and those families are often ineligible for public assistance or Quest medical because their Social Security incomes are above the limits to qualify for Quest, so we are seeing and referring many families whose children have gone without dental care for—just one this week for 6 years the children have not had any kind of dental care. They've not been immunized for the last 6 years because they have no medical.

And so when we've referred them to either our community clinics or Hui No Ke Ola Pono, they're very grateful, very relieved, and not so embarrassed any more to access that kind of care.

I know there are many families out there who still don't know the full scope of the kind of services that are available in our own community, so this Health Care Act would continue to help our community and our families.

Senator INOUYE. I know I speak for Senator Akaka. He and I will do our utmost in making certain that this measure becomes law.

Ms. AWO. Thank you. Thank you very much.

Senator INOUYE. Thank you very much.

[Applause.]

Senator INOUYE. For the next panel may I call upon the principal of Paia School, Ione Isobe; representing Aha Punana Leo, Kanani Baz; and a Ho'oponopono client of Hui No Ke Ola Pono; and a Po'okela director of Maui Community College, Lui Khokona; and Marilee Watanabe, a client of the Simply Healthy Cafe.

Madam Principal, welcome to the committee.

STATEMENT OF IONE ISOBE, PRINCIPAL, PAIA SCHOOL

Ms. ISOBE. Thank you, Senator Inouye and Akaka. Thank you for the opportunity to address this committee regarding S. 1929, a bill to reauthorize the Native Hawaiian Health Care Improvement Act.

When you arrive at Maui airport, rent your car, and exit the complex, a right turn will take you into the heart of an urban community—banks and law offices, shopping malls, furniture stores, a community college, and the civic center. Continuing on this road will ultimately carry you to resort destinations.

If you turn left after exiting the airport, you begin your drive through miles of sugarcane, once the heartbeat of this island but now going through major restructuring and downsizing.

A 15-minute drive will bring you to the doorstep of Paia, a small rural community where place names echo Hawaii's sugar industry.

You can go to what was once Honeymoon Camp; Hawaiian Camp; Nashua Village, named for Paia's former bakery; Spanish Camp; Skill Village; and Store Camp.

Entering the town of Paia is a visitation to the past. Wooden-framed shops with corrugated tin roofing, a one-story concrete structure, no facades, but truly utilitarian—a front and back door and square windows.

The road slips by the town two blocks and the visitor continues through cane fields until suddenly a large church looms on the right. Your attention is drawn by this edifice, and if you do not turn quickly you will have missed Paia School, which sits directly across the street.

Paia's community extends from the foothills of [Native word] to the white sand beaches about [Native word]. The population of the small town includes the well-to-do who send their children to private schools such as Seabury Hall, the lower middle income who generally request geographic exceptions to the larger schools in [Native word], and the rest, who stay to live and learn with us.

Even our name, Paia School, conjures visions of the past when this elementary school and many others on the island were schools for children in K–8. When the district restructured and incorporated middle, intermediate levels, the children in grades 6–8 left, but this school remained, Paia School, with children in grades K–5.

Included in the numbers of children that Paia serves are a large group of students in the Hawaiian language immersion program. Of the total enrollment of 238 students, 127 are those who are immersed in the language and culture of the Hawaiians. The majority of the immersion students commute to Paia from [Native words].

We are a multi-cultural school with approximately 58.3 percent of our students receiving free or reduced lunch. Of our total enrollment, 19.8 percent of our children are of Hawaiian ethnicity, 41.3 percent are part Hawaiian.

It is with great honor and privilege that I am here today to share with you our very positive experiences with Hui No Ke Ola Pono, a private, nonprofit, community-based Native Hawaiian health care organization.

I speak as the principal of Paia School, and my voice is that of our school community.

The introduction was presented to give you a vivid picture of our unique school and its even more unique community. In the spirit of ohana, Paia School and its community encourage life-long learning in a caring and safe environment. In our commitment to excellence, we provide optimum learning opportunities for all students in a positive, nurturing, and safe climate. Working collaboratively, we enhance self-esteem, promote independence, and motivate life-long learning. Critical thinking and problem-solving skills are fostered, thereby empowering our students to become caring, responsible, and contributing members of society.

We have been most fortunate to partner with Hui No Ke Ola Pono to bring two most noteworthy programs to our school community. The first is [Native word] program, which is a modified Hawaiian diet. It was our desire to provide this program for our community members. We are aware of the alarming statistics related to illnesses among Native Hawaiians—highest cancer mortality rates in the State of Hawaii, highest mortality rates in the State from diabetes, heart disease, and those related to hypertension.

We modified the program to include Native Hawaiian families to reach a multi-generational group. A 3-week program was brought to the community in December 1998, specifically at Paia School, where even members of the staff supported the program by providing in-kind services.

We are confident that the long-term results will be visible in healthier community members.

We would also like to add that the Queen Lili'uokalani Children's Center also played a large role in funding of the program.

In order for us to further realize the goals for our children, it is necessary for them to be their own health advocates. This is especially important in light of our large Hawaiian and part-Hawaiian student population, for they are at risk. Therefore, we again ask Hui No Ke Ola Pono to provide our children in grades K–5 with a supplemental health program.

[Native word], a nutritional education program developed by the Department of Health, was implemented during the spring of 1999. The program consists of six modules: history, meal planning, fat, sodium, label reading, and recipe modification. These modules are synonymous with those included in the [Native word] diet; therefore, the continuity was maintained.

Our children and parents appreciated the supplemental program. Most of the children were excited about what they learned. the lessons were developmentally appropriate and included lots of hands-on and interactive learning.

Discussions moved from nutrition to specific health-related concerns. We saw our children totally engaged in learning. Even our teachers said they learned from the lessons. Moreover, the applications continued. Questions such as, "Do you know how many grams of fat are in one candy bar," can be heard on campus, especially around Halloween.

Then, after the Thanksgiving and Christmas holidays, we heard children talking about the number of calories consumed. A few teachers report that even now the children have become health sentinels by shaking a finger and saying, "[Native word], you know how much sugar is in that can of soda?"

These indications tell us that our children have become more conscious about their health and nutrition. Furthermore, you have become our conscience, whether we ask this of them or not.

We continue to learn each day and to incorporate the teachings from the Hui No Ke Ola Pono programs into our curriculum. We believe that we are making a difference and that we are addressing the health and care issues that are embedded in the community. Therefore, it is with a resounding voice that we ask you to support the Native Hawaiian Health Care Improvement Act so that organizations such as Hui No Ke Ola Pono can continue to support the health needs of the community through the services.

We, the Paia School community, are one of the grateful beneficiaries. We are confident that our children will be the health leaders in the millennium.

I thank you for this opportunity to share our wonderful experiences.

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

As a result of being involved in this type of activity over the years, one cannot help but become a bit more conscious about health. You are talking about it all the time to your colleagues and to your staff, and so after a while you become a client.

I should tell you what my results were in the last physical 5 weeks ago. My blood pressure, 132 over 70. It used to be about 190 over 100, but I must say Spam musube is ono. [Laughter.]

But I have kind of cut that out, too. Once a month.

And my cholesterol is 170. And the doctors will tell you that is pretty good.

And, because of my age, I had my prostate checked also, and it is slightly below one. The doctors will tell you that if you have got up to five you are safe. Mine is almost nonexistent, so I am safe.

So there are many ways that this measure has helped people. In my case, I am not a Native Hawaiian, but, since I have been reading up on all these things, I get a little conscious about it, so I follow the diet a little.

So I thank you very much, Ms. Isobe.

Senator Akaka.

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

I, too, want to commend you for what you're doing. As the principal of a school, you affect many, many children and their families,

and your commitment to this kind of program will certainly help a wide community of people in your area.

My question to you, again, because we want to try to improve whatever we're doing, if you have any suggestions on improvements, even at this early time, stage of the program, as to how we can improve it, please let us know.

We think it is set up pretty well. We like to have set it up kind of loosely so that it's not too tight and give people more freedom. I thought maybe some people would say that there is too much freedom, but we'll see how it goes along.

But we hope that this will bring to bear all of the kind of expertise we have that pertains to health, whether it's traditional health or western health, together to help the people of Hawaii.

And so we want to change the statistics so that we'll be on top of the ladder rather than on the bottom, and thanks for helping us out.

Ms. ISOBE. Thank you. And I guess my last comment would just simply be I think that your ideas about the flexibility are well received. In our case, we proceeded to work with Hui No Ke Ola Pono to bring a program that we felt would benefit and would meet the needs of our community, and we looked at the multi-generational approach because, as was mentioned, I think, by Ms. Awo, many of the kupuna are now the care-givers after school, and so part of the Hawaii diet was to teach the kupuna how to prepare some healthy snacks. Because we included the children in the program, it was also the children listening to what was being taught to the grandparents and parents that we were all together in this, and therefore the snacks that you'll be getting will be more focused on its nutritional guidance.

So I think the ability or the freedom to be flexible and create programs or whatever implementation plan that they have is a welcoming point.

Senator INOUYE. Thank you very much.

[Applause.]

Senator INOUYE. Now may I call upon Ms. Baz.

STATEMENT OF KANANI BAZ, HEAD TEACHER, AHA PUNANA LEO

Ms. BAZ. [Native words]. It is [Native word] to see all our [Native word] filling up the room. [Native word] for coming.

[Native words]. I am the head teacher of Punana Leo on Maui, and I will be representing Punana Leo Maui, not necessarily the aha today.

It was just last month that our director of Punana Leo Maui—she was one who cried a lot, [Native word]—she testified before you, this committee, in regards to the reauthorizing of the Native Hawaiian Education Act that you referred to previously. For the past 7 years of working at an emerging preschool, it has only proven to myself and many of other families the importance of perpetuating one's language and culture. However, I am not here to talk about language and culture.

I would like to share about a unique relationship that the [Native word] parents and the kiki of Punana Leo Maui have experi-

enced with the wonderful and talented staff of Hui No Ke Ola Pono, which you have been hearing about this morning.

For the past 2 years, staff members from the Hui No Ke Ola Pono have been consistently visiting our school to administer weekly ear checks and annual weight and height, blood pressure checks. The parents of our program are very appreciative for the services provided because they get frequent updates as to their child's health status.

Ear infections are usually detected very early; therefore, they save money on doctor bills and pharmaceutical bills and so on.

The [Native word] enjoy it because when we find out that the [Native word] are [Native word], we know that they are using selective hearing, so we work on that a little more. [Laughter.]

But being physically healthy is very crucial for the proper development of young kiki cognitive and gross motor development, and the Hui No Ke Ola Pono certainly fulfills their [Native word] in striving to make this generation of young Hawaiians as healthy and robust as our ancestors before us.

Although the mission of the Hui No Ke Ola Pono is to improve the health status of Native Hawaiians on the Island of Maui, their presence of aloha and feeling of ohana nurtures the social/emotional development—you guys do this, you know—in both the kiki and in the [Native word]. I wasn't going to cry, but they're sitting right there.

My kiki get so thrilled when they walk through the gate, whether it is [Native word] or [Native word] or [Native word]. They're just so happy to know that there are other adults that come just to [Native word] with them.

I want to just share one experience, and that's when [Native word] comes to do ear checks, she can probably tell you a bunch of stories that the kikis come up with and all kinds of off-the-wall topics, but the greatest joy, I think, is just having the kikis sit there and they're trying to intently listen to the so-called "frog" she says lives in the little otitis—the little detector that she uses. That's how she gets them to come around. They just want to listen to the frog, and that's how she checks their ears.

But the weekly visits to Punana Leo is just a very tiny portion of the work done by the staff members of the Hui. They also serve as a resource for the teachers and parents, and we never have to call them with questions regarding health and nutrition like, "How many Spam [Native word] should the children be eating per day," and so on. They're always there to answer our questions.

And they are very open to coming and talking with the kiki and do workshops with the parents. They'll be visiting our school next week to inform the kiki on what they should be eating and should not.

Other services offered by Hui No Ke Ola Pono include one-on-one counseling, on health and disease prevention, diabetes and hypertension screenings, as Momi had said previously, providing programs on exercise, and my personal favorite is the "hulacise." In addition, cancer research, diabetes stage management, prenatal, and the screening that we are a part of also.

Also, a very big part that I think you guys do is the traditional Hawaiian healing, such as lomi lomi and [Native word], which we see now.

[Native word] is a Hawaiian [Native word], which means that the body of the child can be solidly built when nurtured properly from the time of conception through childhood, and vision of Hui No Ke Ola Pono is to educate, develop, and promote good health for the people of Maui. They're integrating modern medicinal care with traditional values, beliefs, and practices, like you have said before, Senator Inouye, yet their nurturing not only fosters the physical well-being.

[Native word] means "love gives life within," and it is very important to one's mental and physical welfare to have that aloha.

This feeling of aloha is received by many Hawaiians and non–Hawaiians who have had the privilege of working with Hui No Ke Ola Pono, and if there are any questions on health-related issues, or when the next session of modified Hawaiian diet will start, or even help in obtaining finances and referrals for a hearing aid, the Hui will never turn anyone away.

I was going to add in a couple other points in my testimony about how, as Hawaiians, it is our right, according to the Declaration of Indigenous Peoples, which we didn't sign, anyway, or Bill of Human Rights, but bottom line is Hui is doing their job and they are getting out there in the community, and we just mahalo them for all they're doing.

So, on behalf of the [Native words] of Punana Leo Maui, I just want to give sincere mahalo to you, all of you, for coming in and giving us the opportunity to voice our manaho, and also a sincere mahalo for the Hui for giving me the time to show my appreciation to you.

Mahalo.

Senator INOUYE. Thank you very much.

[Applause.]

Ms. BAZ. I did have one concern, and that was when you had brought up the entitlement. Maybe it's just a misunderstanding, but I'm hoping that there is no age requirement or anything, because right now it is from conception to kupuna that they are administering services.

Senator INOUYE. You get services now and you will have them if you are 2 years old and they continue.

Ms. BAZ. Very good.

Senator INOUYE. How is your building project coming along?

Ms. BAZ. How is our building? It's coming along a lot slower than we want it to be, but we are still striving forward. But any [Native word] you can give us will be much appreciated.

Actually, I should say something. We have been—you saw our preschool before. We've been there for 10 years, and we just heard last week that we're going to have to move. They're giving us till September, so we're looking for a new home.

Senator INOUYE. Well, I will do what I can.

Ms. BAZ. Okay. Mahalo.

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

Senator INOUYE. I am glad that a representative of Punana Leo is here, because in our work to address some of the problems of Na-

tive Hawaiians, Senator Akaka and I decided many, many years ago that you cannot just isolate it and say, "Let's go after education," or "Let's go after health." It has to be broad-based. It has to be culturally appropriate and sensitive, because, for example, you know, we got involved in the Hokule'a and Hiawaii Loa. A few weeks ago, the Hokule'a was on the Island of Kauai at one of these drug abuse programs, projects. Now, you wonder and you ask yourself, "What is a Hokule'a doing there on drug abuse? Is it not supposed to be for sailing?"

Well, the Hokule'a has excited so many young people, most of them Native Hawaiians, their self-esteem has risen monumentally. Their pride in themselves has grown to know that their ancestors, 700 or 800 years before Columbus, sailed the Pacific and they did not get lost. They were seeking Hawaii and they found it. And for 200 years they were going back and forth.

And so the Hokule'a exists, attracted thousands of people on this small island of Kauai, and they began talking stories among themselves. They had a little gathering there where no one smokes, no one takes drugs, no liquor. They just talk among the young people. And it has already shown results, even in a brief period of 1 month.

So all these programs have had to be put together to work. You play a role in instilling in our young people the importance of culture, language, which is very important. And if they become sufficiently proud of themselves, they are going to be proud of their body, also. They are going to take better care of themselves. So it all works hand in glove.

So we are very pleased that, although in the early days it didn't look too good, now it is beginning to come of age.

As we indicated at our first hearing on Molokai, this program has now achieved credibility. People are beginning to believe in it. People are coming to these centers, which they weren't doing in the beginning. So I think we are on the right track, and we want to thank you very much for the work you are doing.

Thank you.

And now may I call upon Ms. Watanabe.

STATEMENT OF MARILEE WATANABE, CLIENT, SIMPLY HEALTHY CAFE

Ms. WATANABE. Good afternoon, Senator Inouye and Senator Akaka.

My name is Marilee Watanabe, and I am pleased to be here to speak on behalf of the Simply Healthy Cafe and Hui No Ke Ola Pono.

About 1½ years ago, I made a pledge to myself that I was going to live a healthier life by modifying my diet, weight training, and doing cardiovascular workouts. My family has a history of high cholesterol, high blood pressure, and diabetes. In fact, I lost my Dad and my Mom when I was 19 years old. My Dad died at the age of 50, my Mom died at the age of 49. So my goal was to reduce my body fat and lower my cholesterol level.

About 4 months ago, I learned about the Simply Healthy Cafe from an article in the Maui News. It was a perfect place for me to enjoy a lunch that was low in fat, sugar, and sodium. I'm a regular

customer. I eat there just about every day now, and I appreciate the variety and the quality of the food that's served.

I can personally attest to the benefits of eating healthy and getting proper exercise. I have decreased my body fat from an unhealthy 36 percent—which at that time was roughly about 50-plus pounds of fat—to a healthy 19 percent, so right now I'm carrying maybe about 23 to 24 pounds of fat on my body. My cholesterol level decreased from 230 points to 180 points. And I need to thank the Simply Healthy Cafe for helping me achieve and maintain my goal of living a healthier lifestyle.

Under the direction of Mae Ling Cheng, Chef Elaine Rothermel and the staff of the Simply Healthy Cafe have successfully met the challenge of preparing nutritious meals. They also assist in the education of people requiring diet modification and provide encouragement and support for clients with health concerns.

Because diabetes and heart disease are such prevalent health conditions among Maui residents, I believe the services of the Simply Healthy Cafe plays a vital role to increase public awareness that eating healthy foods can be delicious and the long-term physical benefits are beneficial to everyone.

I believe many Maui residents utilize the services provided by the Cafe and Hui No Ke Ola Pono. Their target population could encompass virtually all Maui residents, because most families are affected by members with physical conditions which can be improved by dietary modification.

I have been blessed with being touched by the services of the Cafe and the warmth and aloha shared by the staff of Hui No Ke Ola Pono. I believe there are many Maui residents who are benefiting from this program, and I hope that funding for the operation of the Cafe will continue.

With time and consistent outreach programs, I know that there are many other Maui residents like myself who will become aware of and utilize the services of the Cafe and the Hui.

Thank you for allowing me to share my thoughts.

[Prepared statement of Ms. Watanabe appears appendix.]

Senator INOUYE. We have heard the good message of the Simply Healthy Cafe, but who is the chef?

Ms. WATANABE. The chef is Elaine Rothermel.

[Applause.]

Senator INOUYE. Would you please come forward. Congratulations.

Ms. ROTHERMEL. Thank you, sir.

Senator INOUYE. They are all saying nice things about you.

Ms. ROTHERMEL. It's very nice.

Senator INOUYE. How many meals do you serve each day?

Ms. ROTHERMEL. About 200 a day.

Senator INOUYE. For the record, what is your name?

Ms. WATANABE. Elaine Rothermel. It's about 200 a day, and now we have started to interact with Meals on Wheels and the senior citizen's [Native word] center, and we've started doing demonstrations with Kaiser. I'm doing a demonstration tomorrow at Alu Like for the kupunas. I just go out and demonstrate to them how to cook more healthy.

Senator INOUYE. You know, this program has become successful. Even businesses are taking note of this.

A few days ago, when I first arrived, I went to this fancy restaurant called Zippy's. [Laughter.]

And now they have got the Shintani diet. So if you want to stay healthy, you know, you can stay away from the heavy stuff and stay with the Shintani diet. So congratulations.

Ms. ROTHERMEL. Thank you very much. I've actually gotten the chance to talk to Dr. Shintani. He has actually helped me quite a bit in developing my recipes for the cafe.

Senator INOUYE. Well, congratulations.

Ms. ROTHERMEL. Thank you very much.

Senator INOUYE. Where is your cafe?

Ms. ROTHERMEL. Right across the street.

Senator INOUYE. Next time I will go there.

Ms. ROTHERMEL. In fact, we had your assistants eat lunch there today.

Senator INOUYE. Really?

Ms. ROTHERMEL. Yes.

Senator INOUYE. I hope they paid for it. [Laughter.]

Ms. ROTHERMEL. We charged them double. [Laughter.]

Senator INOUYE. Thank you very much.

Ms. ROTHERMEL. You're welcome.

[Applause.]

Senator INOUYE. Senator Akaka.

Senator AKAKA. It's great to hear this story. Where are you from? Have you been trained here at all?

Ms. ROTHERMEL. I'm from Pennsylvania.

Senator INOUYE. There must be a lot of Native Hawaiians.

Ms. ROTHERMEL. No; I went to culinary school in Vermont, and I was given an opportunity to come out and work at the Ritz Carlton, and so I did some hotel work, and I wanted to be able to create things on my own, and that's why Mae Ling Cheng gave me the wonderful opportunity to be able to give back to the community and to develop my skills that I'd learned in culinary school and to show people how to cook. It's really not that hard. And so I wanted a chance and she gave me the chance, and now it has just blossomed into a wonderful cafe that people are really enjoying.

Hopefully, I'll get my cook book finished so everybody can get a copy of that and they can learn to eat healthier.

Senator AKAKA. What kind of food do you serve? Japanese? Chinese?

Ms. ROTHERMEL. All kinds. People will give me ideas and I go home and I——

Senator AKAKA. So what kind of [Native word] do you serve?

Ms. ROTHERMEL. Chicken lau lau and fish lau lau. We get fresh poi every week. Our [Native word] comes from [Native word] every week.

Senator INOUYE. There is no Spam lau lau

Ms. ROTHERMEL. No Spam lau lau. [Laughter.]

We get our sweet potatoes from Molokai and they come over and we try to use the local produce, because they know we're nonprofit, so they try——

Senator AKAKA. Let me ask, when you serve the food, do you give an idea about the calories?

Ms. ROTHERMEL. There's absolutely no fat or sugar or salt in any of the food that we serve, so a lot of the people that are diabetic feel friendly enough that they can come in and they don't have to come out and say, "I'm diabetic," or "I have high blood pressure." They can have anything on the menu without letting people know that they have a problem or a disease that they're trying to take care of.

Marilee has come in. She has lost so much weight. She is a walking person that you can just tell. When everybody comes in, we see regulars, and we can tell that they've lost weight just by eating at the restaurant.

Senator AKAKA. How much have you lost?

Ms. WATANABE. Well, I got my body fat down, but what I did, I actually lost only about 15 pounds, but by decreasing my body fat and doing weight training I've increased my muscle mass, so actually it has only been about 15 pounds. But the difference in the clothing is, like, two sizes less.

Ms. ROTHERMEL. And we do the [Native word] diet, which we have several people. Opu'ulani has been on the diet, and several other people in this room are on the diet that are losing incredible amounts of weight, and their blood pressure is better.

Senator INOUYE. I thank you very much.

Ms. ROTHERMEL. You're welcome.

Senator INOUYE. You know, these hearings are so friendly and so interesting that sometimes I forget to look at my wristwatch. In one-half hour we have got to get back to the airport.

So, if I may, I just want to call on the witnesses now.

Ms. ROTHERMEL. Thank you.

[Applause.]

Senator INOUYE. Ms. Carvalho.

STATEMENT OF OPU'ULANI CARVALHO, HO'OPONOPONO CLIENT, HUI NO KE OLA PONO

Ms. CARVALHO. Thank you. Aloha, Senator Akaka, Senator Inouye. My name is Opu'ulani Carvalho, and I'm of Hawaiian ancestry. I'm 30 years old and I have three children.

I'm here today to let everyone know how I got involved with Hui No Ke Ola Pono. My children were referred to a specialist to be counseled and needed further therapy sessions. At the time, Hui No Ke Ola Pono was offering Hawaiian therapy, also known as [Native word], and my children are involved in that program.

I have been in their program for the past two years now, and I can proudly say that I have learned so much during these sessions, and it has shown me a better outlook on how to handle different situations.

Being that I am a single parent and that I am trying to keep my life as normal as possible for my children, I can honestly say that Hui No Ke Ola Pono has done big changes in my life and my children's lives.

For closure, I want to thank the wonderful staff for their dedication and understanding, for without their input into my life I would not know where I would be today.

Also, knowing what they have to offer me, I would strongly refer any one of my friends who might be in the same situation as I am to Hui No Ke Ola Pono.

Mahalo. I thank you.

[Applause.]

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

Senator INOUYE. We should say mahalo to you. I am glad that the program works and I hope that your message is heard by other people on this island and they will take advantage of the programs that are available here.

So I would suggest that, in addition to talking to us, tell your friends.

Ms. CARVALHO. Oh, I do.

Senator INOUYE. Thank you very much.

Ms. CARVALHO. Mahalo.

[Applause.]

Senator INOUYE. Now may I call upon Lui Hokoana.

STATEMENT OF LUI HOKOANA, PO'OKELA DIRECTOR, MAUI COMMUNITY COLLEGE

Mr. HOKOANA. Aloha. On behalf of my kupuna from the Island of Maui, we welcome you and thank you for once again taking time out of your schedules to come hear about the mana'o that people here in Maui have to share with you.

I am a counselor at Maui Community College. I wanted to talk real briefly about the support that the Native Hawaiian Health scholarship has supported four of our students that are at Maui Community College. Three of them are nursing students. Every year that we have applied, we've been very fortunate to have one of our students qualify.

It's very interesting that, out of the four recipients that I know from Maui Community College, three of them are from the Hana community, and they hope to one day return to that locality to provide service, to empower, to care for the health needs of their people. Two of them are nurses, and one of them is a medical student in his second year of medical school.

It's wonderful. I think the grant is a wonderful opportunity to support Native Hawaiians in pursuing health-related kinds of careers, especially in these kinds of rural areas like Hana, because I know when I speak to the nurses and the medical student they tell us that they wouldn't have been afforded this opportunity had the scholarship not been available to them.

I'm happy to report that there of the two nurses have graduated. One of them is in Hana working, being employed as a registered nurse and actually being compensated as a registered nurse. The second student is in Waimanalo, also employed as an R.N. and being compensated as an R.N.

It's really important that when they decided to choose their jobs they actually moved their families, because they were so grateful for the support from the grant that they felt that, in the spirit of the grant, that they would provide service in a community that was saturated with Hawaiians, where their services could be best utilized.

So I'm happy to report that they are gainfully employed. They enjoy what they're doing. They tell great stories of how they are serving Hawaiian communities and so forth.

The second thing I wanted to talk about was the relationship Maui Community College and our Native Hawaiian higher education programs have with Hui No Ke Ola Pono. Hui No Ke Ola Pono provides a fabulous cooperative education site where we can send our students who are in nursing or training to be health unit coordinators to get hands-on experience, to learn about the needs of the Hawaiian community, to learn about the kind of work ethic or the kinds of services that are successful with Native Hawaiians.

Whether or not they are employed in a career that services primarily Native Hawaiians, I believe that they will be better health care providers by having had that opportunity.

And then, last, to share about Hui No Ke Ola Pono a very valuable employer of some of our graduates. I'm happy to report that one of the utility kitchen helpers is a graduate of MCC's program. Their nurse is a graduate of our R.N. program from Maui Community College.

The faculty continues to have this relationship where some of the employees of Hui No Ke Ola Pono are pursuing higher education degrees to better themselves to better serve the Native Hawaiian population.

And then, just last, as a board members of Hui No Ke Ola Pono, I wanted to speak very briefly about some Hui programs—you've seen the wonders of the Simply Healthy Cafe. I wanted to really quickly mention about the services that they're providing in Native Hawaiian health, providing lomi lomi training, providing Ho'oponopono training.

I remember one of my students, after being at the site, came back and asked me, "Why Hui No Ke Ola Pono?" I told the student, "Well, why don't you answer the question why Hui No Ke Ola Pono." And the student did a lot of research, and she came back and she quotes Dr. Noreen Mokuau, who is a social worker. Maureen Mokuau, who is a social worker at U.H. Manoa, says that, "While western practices to heal Hawaiians are successful, it is foolish to believe that all Native Hawaiians will be successful in western kinds of approaches to mental health. It is important to provide that opportunity for [Native word] for those Hawaiians who will be more successful with a traditional Hawaiian-based model." And they think Hui No Ke Ola Pono and the Native Hawaiian health care systems are a good example of providing something that is from our people, of our people, and something that we know will work well with them.

So, on behalf of myself and the Hui board, I know we thank the Senators for coming and being with us.

It is also a great public forum to thank the employees and the staff of Hui No Ke Ola Pono for their great work and the good job that they do with the Native Hawaiian community.

Thank you.

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

Senator INOUYE. All those involved with the Hui, would you stand so we can recognize you.

[Applause.]

Senator INOUYE. And now, for our final panel, may I call upon Dr. Richard Conti, JoAnn Carreira, Malia Hokoana, and my dear friend, Kahu, Charlie Maxwell.

Dr. Conti, it is good to have you with us.

STATEMENT OF RICHARD CONTI

Mr. CONTI. Thank you, Senator Inouye. Mr. Chairman, Senator Akaka, I thank you very much for allowing me to testify before you again. I have testified before the Senate here approximately three times in Washington for Native American health care. My background has been as an administrator and financial officer for Native American hospitals within Alaska, California, and Oregon. I was part of the 1984 Pubic Law 638 committee for funding and compacting, so I went through the entire process of how the Native American population in the lower 48 and Alaska received all their fundings and some of the turmoils that they went through.

I wanted to say that the efforts that you have made to change some of the errors that had occurred in the original compacting are in place, especially your Native healing aspect to the bill.

As an administrator, I found that it was extremely necessary to have Native healing; however, statistically reporting to the Indian Health Service caused you to reduce your funding, so you had to always work with a competent medical director to make sure that you could do a work-around, as we might say, and provide the Native healing at a cost that did not reduce costs to other populations and clinics. That was always a difficult thing to do, and many times physicians would work extra hours out in the bush in rural areas in clinics.

I found that it was very necessary to get your health aids involved with the people, and just seeing the effort that you've gone through with the Hawaiian Native and how the new Health Care Act is being set up, I wanted to thank you personally and say that you have done a wonderful job as a support for the Native American population, and especially the Hawaiian Native.

Senator INOUYE. Thank you very much, Dr. Conti.

I was just trying to recall your involvement in Public Law 638, and on behalf of the committee I want to thank you for the work you have done for us.

Mr. CONTI. Thank you.

Senator INOUYE. We really appreciate it.

Thank you, sir.

Senator Akaka

Senator AKAKA. Thank you, again.

I want to echo what the chairman states to you, and again want to ask you if you have any suggestions to make to improve the bill.

Mr. CONTI. I would say one suggestion—this may not improve the bill, but you are going to have significant push-back from the differences between compacting and entitlement, and I would just say keep forward with it.

Senator INOUYE. We have got a big battle ahead.

Mr. CONTI. I know that.

Senator INOUYE. It is not going to be easy.

Mr. CONTI. Thank you.

Senator INOUYE. But we are going to do our best. Thank you very much.

Now may I call upon Ms. Carreira.

STATEMENT OF JOANN CARREIRA

Ms. CARREIRA. Good morning. This is a more formal setting than I expected, so I'll just read what I have.

When it comes to health and prevention, Hui No Ke Ola Pono has been affecting individuals, families, schools, peers, businesses, and the community of Hana Maui in an incontestable way. I speak as a benefactor of Hui No Ke Ola Pono. My family and I have a new awareness of health issues and how prevention can make a difference.

I have benefited by being a part of the following classes: [Native word], nutrition, diabetes, blood pressure, cholesterol, blood sugar, fat, salt, exercise, and the sacredness of [Native word].

The office of Hui No Ke Ola Pono has also walked through social and economic issues with my family. Terry goes that extra mile to assure you that all will be okay. She offers that personal touch that is hard to find in today's world.

Terry [Native word] plays a crucial part in Hui No Ke Ola Pono's success in Hana. She reaches out in to the community and is able to relate to the needs of our kupuna without a spoken word. She treats everyone professionally and with respect and is respected by the community.

The makeup of the Hawaiian community in Hana has risk factors that include economic and social deprivation, poor family management practices, academic failure, low commitment to school. Hui No Ke Ola Pono has played a very important role connecting the families and individuals to other resources. They have bonded with the community and earned much respect to the nature of their services.

It is an added comfort that you could get your blood sugar count or cholesterol count without being charged. You could walk into their office without an appointment to chat about health concerns or issues.

I find that organizations such as Hui No Ke Ola Pono who provides assistance for Native Hawaiian health with much integrity is an asset for the Hana community.

When Hana experienced the closure of Hui No Ke Ola Pono, the community wrote letters, signed petitions, made phone calls, and did all they could to have Hui No Ke Ola Pono open their doors again to service Hana.

There is one thing that Hui No Ke Ola Pono may not have control of, but perhaps you do, and that is to see that our Native Hawaiian families have medical and drug coverage. I believe that medical coverage is the next key to prevention of health issues.

Please support Hui No Ke Ola Pono in all that they do to serve the Hawaiian communities and especially Hana. We need them, and we need your support to do so.

I also wanted to add about the Simply Healthy Cafe. We were able to have lunch there today. That was the first time we did that. I've participated in the [Native word] in Hana, and I've also asked Mae Leng, "How can we get that in Hana?" And we told her that

we have a county kitchen, a certified kitchen. But as we were eating, we also came up with, what if they just cooked all their food there and just brought it to us already cooked?

So, you know, those are—for myself, the Hui has helped me, but when the Hui was shut for 1 year I experienced and also saw some of the community experience, when you're out of sight you're out of mind, and then your blood sugar—that ten teaspoons of sugar from each soda was—you know, everybody was buying then the Big Gulps and things. So when you're out of sight, they kind of just tend to go back to the Spam [Native word] and sodas and things like that.

The success, everybody was walking, everybody was trying to eat properly. The store tried to put more healthier foods on the shelves.

I saw that as a big change in the community.

I also noticed that the awareness—more numbers are coming out, not because it's not working but because the awareness of prevention. One at a time, it's making people more aware that there is something different; that your lifestyle, because you're not exposed to anything else, becomes a norm, and so when they are introduced or exposed to something that is not normal and you make yourselves more aware of that, the need will be greater.

Thank you.

Senator INOUYE. Thank you.

Is Terry here? We want to recognize you for the good work you are doing.

[Applause.]

Senator INOUYE. She says that you are an angel. [Laughter.]

Ms. CARREIRA. She is.

Can I also add one small thing——

Senator INOUYE. Sure.

Ms. CARREIRA [continuing]. About the medical center versus Hui No Ke Ola Pono in Hana. The difference is you don't have to pay anything when you walk into the Hui's office, which is a big difference.

Senator INOUYE. Well, if Dr. Conti is going to help us to make this an entitlement, you won't have to worry. [Laughter.]

Ms. CARREIRA. Our new friend.

Senator INOUYE. Yes; you be good to him. He knows how to go through the valleys out there.

Ms. CARREIRA. Thank you.

[Applause.]

Senator INOUYE. May I now call upon Ms. Hokoana.

STATEMENT OF JUANITA MALIA HOKOANA

Ms. HOKOANA. Aloha, Senator Inouye and Senator Akaka. My name is Juanita Malia Hokoana. I was fortunate to be a participant of Hui No Ke Ola Pono [Native word] program. It is a 3-week nutritional/exercise/wellness program. The curriculum teaches about how to prepare a balanced and healthy meal, "hulacise" as an enjoyable way to exercise, and incorporates the support of my peers and their staff.

The program provides an entire year of health monitoring to encourage me to sustain what was learned in the [Native word] program.

I entered the program because of high cholesterol. My doctor would give me quarterly physicals to monitor my cholesterol. I'm happy to report that my doctor has told me that my cholesterol is under control and I no longer need to see her so often.

I contribute this to the success of Hui No Ke Ola Pono's [Native word] program.

I am happy to learn that the Hui has begun to extend the scope of this program by setting up the Simply Healthy Cafe. Now everybody on Maui can reap the benefits of this program by purchasing a meal from the Hui's Simply Healthy Cafe. I compliment the Hui staff in the sensitive and professional way that they are providing health care services to our community.

Thank you very much for allowing me to speak today.

I would like to add, I am a retired school food service manager. I had experience of eating at the cafe. I must say Mae Leng is doing a great job in finding a good cook and doing all of this. It is so helpful.

Senator INOUYE. Is it tasty?

Ms. HOKOANA. Very. I can't believe it. You know, that's why she uses her spices and herbs real well. In order to make good food, you need to know how to use and what.

Talking about JoAnn, when you first started at Baldwin High School and we initiated the senior citizen program, would you believe that we did take food to Hana every day. Well, maybe twice a week, you know, we transported food to Hana for the senior citizen. So, you know, Mae Leng, maybe that's something to think about.

I thank you very much.

Senator INOUYE. Thank you very much.

[Applause.]

Senator INOUYE. I think it is most appropriate, spiritually and culturally, to close this hearing with the testimony of our favorite Kahu, Charlie Maxwell.

STATEMENT OF KAHU CHARLIE MAXWELL

Mr. MAXWELL. Thank you, Senator, and thank you, Senator Akaka for giving me this privilege to address you. I know I'll be brief so you can catch your flight.

I was involved with the first [Native words] diet here in Maui, and I went through it for 21 days. I was almost 400 pounds, and I lost, in 21 days, 50 pounds. But at that time, we had a hard time finding poi. But since then, I have lost—I'm down to 335, but I am so watchful on everything that I cook. Even though [Native word] cooks a 50-pound lau lau, when I go home I make it out of chicken without skin and, you know, like how they do at Simply Healthy.

I have eaten there. I have brought Mae Leng on my show. I totally promote that.

But something very interesting you said here, Senator, and it has come out here. For Hawaiians, [Native word]. The food is the medicine. I experienced this two weeks ago. I have been going in the prison since I have been a Kahu, but for the 5 months now I have been going and I have been going to see [Native word], who spent 23 years in prison, maximum security. He has 23 hours of the day that he spends in his cell, and 1 hour he comes out to visit me.

Every week I go there. And I have a group that I meet with every month.

What I did, I finally broke—because of the Civil Rights Commission, I told them that the Indians in the mainland have the right to sample their food and their cultural things in the prison, so they gave an allowance, and two weeks ago I took [Native word] to [Native word] that he has never eaten in 23 years. And I even cried to see that, because he was like a new person. First time in 23 years he has eaten food that I relate directly to [Native word], to the first Hawaiian [Native word], to all of the foods that were present culturally and spiritually for him.

So I really want to see this bill include something to include the prison population, which is—you know, 75 percent of the prisoners in the prisons in Hawaii are Hawaiian, and they are not having the right diet. They are not having the right counseling for them in prison. It's really important.

Like you say, [Native word]. [Native word] is to heal with herbs, but also [Native word] and the soul and the mind of the person is really important.

I really wish that somewhere—and I do [Native word] a lot and I pray for these people a lot and they have a lot of problems. This is the population that we're not addressing, and I hope this bill would address that, Senators.

Senator INOUYE. I will visit with the State director of institutions. I am surprised by your testimony. I thought we are sensitive——

Mr. MAXWELL. No.

Senator INOUYE [continuing]. To the dietary needs there.

Mr. MAXWELL. Senator, it is really sad; 4 weeks ago a young 26-year-old boy hung himself, a Hawaiian boy, [Native word], adopted brother. I had the duty of being called to the shower where he hung himself.

You know, there were drugs involved. He was there because of ice. You know, they are so misguided spiritually that it is a sin, because they come out of jail. It's like a revolving door. They come out of jail, they go right back because they don't have the pride and the will and the power to turn on to the culture and turn on something like this, like the whole body—you said the mind, the body, and the spirit. That's what this act is all about.

It is really important that this act, this law reflects the people in prison. They really need it.

Senator INOUYE. We have a program at this time involving kupunas, and they are primarily the kupuna on the Big Island. As you may know, before Hawaii became a State we had a territorial legislature. As a legislator, I volunteered to work in Oahu prison. At that time, the rate of recidivism among Native Hawaiians was less than 10 percent. It was about the lowest in the whole Nation. Today the rate of recidivism among Native Hawaiians exceeds 65 percent. In other words, 65 out of 100 Native Hawaiians who go to prison come out and go back again.

So, in discussing this matter with some of the kupuna on the Big Island, I said, "Now, what can we do?" And they said, "Well, one of the big problems has been the breakdown of the family, the ohana."

In the old days, when a young man went to prison it was made known to him that you are forgiven. You come home. You live with us. And so he didn't go out on the street. Today, the ohana doesn't do that. They turn their backs, so they go back again.

And so they began a whole kupunai counseling program. We have appropriated each year $50,000 for this purpose. They have been dealing with, over the years, an average of about 20 prisoners a year. Of the prisoners that they have been working with over the last 6 years, the rate of recidivism, so help me, is less than 5 percent—less than 5 percent.

When you consider that it costs the State of Hawaii over $35,000 per year to put one person in the prison, imagine how much the kupuna are saving our taxpayers each year.

I am now trying to convince the national government to make this into a national program, because of the cost savings and more involvement in a larger scale—now, if we can do that with 20 prisoners, why can't we do it with 40? Right?

I promise you, Kahu, we're going to do our best.

Mr. MAXWELL. Thank you.

Senator INOUYE. I am glad you brought it up, and I am going to talk to the State director.

Mr. MAXWELL. Then maybe we don't have to build a prison on the mainland, can stay here.

Senator INOUYE. It should be in Hawaii.

Mr. MAXWELL. That's right.

[Applause.]

Senator INOUYE. You go to the mainland, how can the family visit?

Mr. MAXWELL. That's it. That's the point. Thank you so much, Senator.

Senator INOUYE. Senator Akaka.

Senator AKAKA. Again, Kahu Charlie Maxwell, I want to say mahalo [Native word]—mahalo plenty for not only this but for others, for the other programs. You've become a great leader for the Hawaiians.

As we look at the future of Hawaiians, I think we are beginning to line up [Native word]. We just have to nurture this as we go along.

I think we are kind of on the right track. And, thanks to you and many others, and to hear you folks tell us how, in your personal lives, this has touched you, it is a good feeling.

What I like and would echo Chairman Inouye is that this is something that we've got to talk about. Talk to your family, your friends, everybody. "Get into this and try it." Out of your personal experience, pass this on. I think that's one of the fastest ways. We don't need to get to television and radio.

Senator AKAKA. They'll pass the word around.

Senator INOUYE. We understand.

Senator AKAKA. But you need to tell these stories. They're great stories.

Again, as I told Kahu here, you know, I think we have a good beginning point, not only for the Hawaiians but for Hawaii and for our Nation. So let's keep this up and nurture it in the right direction. It's going to be wonderful for all of us.

Mr. MAXWELL. Thank you, Senator.

Senator AKAKA. It's not only physically, but spiritually, too.

Mr. MAXWELL. Thank you.

Senator AKAKA. Mahalo.

Senator INOUYE. Before I adjourn the hearing, I want to thank all of you on behalf of the committee. I am certain you have noticed sitting here that I am very happy. These hearings and meetings are very inspirational. It inspires us to do more work, because we can see the results.

I can assure you that my dear friend Senator Akaka, together with the others in the delegation, are going to put every ounce of effort that we have to see that this measure becomes the law of the land, because it is a good thing, and if it is a good thing for Hawaii, for Native Hawaiians, then the least we can do is to make certain it becomes law.

Kahu, will you lead us in the closing pule?

Mr. MAXWELL. [Remarks in Native tongue, and closing prayer.]

Senator INOUYE. The hearing is adjourned.

[Whereupon, the hearing was adjourned.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF LUI K. HOKOANA, PO'OKELA DIRECTOR, MAUI COMMUNITY COLLEGE

Aloha Honorable Senators Daniel K. Inouye and Daniel Akaka, and members of the Senate Committee on Indian Affairs, It is with great enthusiasm that I provide testimony in support of the reauthorization of the Native Hawaiian Health Care Act.

I am Lui K. Hokoana, a counselor at Maui Community College. I would like to take this opportunity to testify about the employment and health education opportunities that this act provides, specifically as provided by Maui's Native Hawaiian Health Care system, Hui No Keola Pono.

Maui Community College is the only higher education institution in Maui County. We provide 26 associate and technical majors. Two majors, nursing and the health unit coordinator degrees are directly associated with the health care industry.

The act provides academic and financial support for students who are in health education programs. Since the inception of the health act, Maui Community College has had four students who are recipients of the Native Hawaiian Health Scholarship. Two of these nursing students have already graduated and are now returning their services in Hana and Waimanalo. These nurses applied to positions in these communities because they believed their work would benefit the Native Hawaiian Community. Both women are working and being compensated as Registered Nurses and are providing excellent care to their patients. A third student is still pursuing her degree and the fourth student is in his second year of medical school. Three of these recipients are from the Hana community and hope to return to their locality to enhance the health care of their community.

This leads to my next point. Native Hawaiian students are under-represented in health fields. At Maui Community College Hawaiians represent only 12 percent of the 1999 nursing class; during the same period Native Hawaiians represented 25 percent of the total student population, These numbers have improved over the last 5 years in part due to the Native Hawaiian Health Care act, but there are still improvements to be made.

My last item I would like to talk about is the partnership between Hui No Keola Pono and Maui Community College. Hui No Keola Pono provides a valuable opportunity for students to work with the Native Hawaiian Community on pertinent health issues. Our students have done cooperative education training at Hui No Keola Pono. They learn about work ethic, the needs of the Hawaiian community, and strategies that work best with the Native Hawaiian community. In my opinion no matter where these students end up working they will be better students because of this experience.

Last, Hui No Ke Ola Pono has provided work opportunities for Maui Community College graduates. The Hui's nurse, one of their caseworkers, and one of the utility kitchen employees are graduates of one of Maui Community College's educational programs. Also, all of the employees continue to update their training through our non-credit program; and still other Hui employees are working toward advance de-

grees. This is a wonderful example of how the Native Hawaiian Education Act and the Native Hawaiian Health act are in sync to improve the educational and health of the Native Hawaiian Community.

For these reasons I strongly support the reauthorization of this act and thank you for your support of this program and the many other programs that benefit the Native Hawaiian Community.

PREPARED STATEMENT OF OPU'ULANI CARVALHO

Aloha everyone. My name is Opu'ulani Carvalho I am of Hawaiian ancestry and was born here on Maui. I am 30 years old and bear 3 beautiful children, my first born is a girl who I named Malianani, she is 10 years old, my next child is Kauakea, who is a boy is 7 years old and my youngest is Mark who is 6 years old.

I am here today to let everyone know how I got involved with Hui No Ke Ola Pono. My child was referred to a specialist to be counseled and needed further therapy sessions, at that time the Hui was giving Hawaiian therapy which is so called Ho'oponopono. At that time I wasn't to familiar with that sort of therapy but, decided to try it out anyway.

I have been in their program for the past 2 years now and I can proudly say that I have learned so much on life during these session, and it had showed me a better outlook on how to handle different situations.

Being that I am a single parent and trying to keep my life as normal as possible for my children, I can honestly say that the Hui No ke Ola Pono have done big changes in my life and my children's lives.

For closure I want to thank Meiling and her wonderful staff for their dedication and understanding, for with out their input into my life I would not know where I would be today.

Also, knowing what they had to offer me, I would surely refer any one of my friends who might be in the same situation to the HUI. Mahalo and thank you for letting me speak today.

PREPARED STATEMENT OF MARILEE WATANABE, CLIENT, SIMPLY HEALTHY CAFE

Good afternoon Honorable Dan Inouye. My name is Marilee Watanabe and I am pleased to be here to speak on behalf of the Simply Healthy Cafe and Hui No Ke Ola Pono.

About a year and a half ago, I made a pledge to myself that I was going to live a healthier life by modifying my diet, weight training and doing cardiovascular workouts. My family has a history of high cholesterol, high blood pressure and diabetes. My goal was to reduce my body fat and lower my cholesterol level.

About 4 months ago, I learned about the Simply Healthy Cafe from an article in the Maui News. It was the perfect place for me to enjoy a lunch that was low in fat, sugar and sodium. I am a regular customer and appreciate the variety and quality of the food served.

I can personally attest to the benefits of eating healthy and getting proper exercise. I have decreased my body fat from an unhealthy 36 percent to a healthy 19 percent. My cholesterol level decreased from 230 points to 180 points. I thank the Simply Healthy cafe for helping me achieve and maintain my goal of living a healthier lifestyle.

Under the direction of Mei-Ling Chang, Chef Elaine Rothermel and the staff of the Simply Healthy cafe, have successfully met the challenge of preparing nutritious meals. They also assist in the education of people requiring diet modification and provide encouragement and support for clients with health concerns.

Because diabetes and heart disease are such prevalent health conditions among Maui residents, I believe the services of the Simply Healthy cafe plays a vital role to increase public awareness that eating healthy foods can be delicious and the long-term physical benefits are beneficial to everyone.

I believe many Maui residents utilize the services provided by the cafe and Hui No Ke Ola Pono. Their target population could encompass virtually all Maui residents because most families are affected by members with physical conditions which can be improved by dietary modification.

I have been blessed with being touched by the services of the cafe and the warmth and aloha shared by the staff of Hui No Ke Ola Pono. I believe there are many Maui residents who are benefiting from this program and hope that funding for the operation of the cafe will continue. With time and consistent outreach programs, I know there are many other Maui residents, like myself, who will become aware of and utilize the services of the cafe and the Hui.

Thank you for allowing me to share my thoughts.

STATEMENT OF

MOMILANI AWO

BEFORE THE COMMITTEE ON INDIAN AFFAIRS

UNITED STATES SENATE

January 19, 2000

Mr. Chairman and Members of the Committee:

Aloha. I am pleased to appear before you today to discuss S. 1929, the bill to reauthorize the Native Hawaiian Health Care Improvement Act. On Maui, Hui No Ke Ola Pono is the Hawaiian health organization that works tirelessly at its mission to expand and improve the array of benefits and services available to assist the Hawaiian community. My experience with Hui No Ke Ola Pono has been on a professional and personal level.

As a social worker that works closely with Hawaiian families, I am aware of the many collaborative partnerships that Hui No Ke Ola Pono has engaged in in order to promote health-related programs and activities. Their outreach efforts to the Hawaiian community provide tremendously for those who are often challenged by socioeconomic conditions that limit their access to community resources. Support for improved health of our Hawaiian community is greatly needed. A growing need rests in ensuring the health and well being of our kupuna (elderly) and children. Many kupuna, living on fixed incomes are raising their grandchildren. This 'ohana (family) care, with its many benefits, can also easily strain the already tender health of kupuna. Likewise, the health needs of Hawaiian children are also affected, as many are without medical coverage.

Hui No Ke Ola Pono has made tremendous progress identifying the specific health needs of Hawaiians and developing initiatives to meet those needs. By offering health monitoring, lomilomi, exercise and wellness programs, traditional Native services, healthy eating and lifestyle information, and now the superb Healthy Café, Hui No Ke Ola Pono is an invaluable wellspring of service and aloha.

Native Hawaiians have a great tradition of responding best to relationship-based and family-centered approaches. Hawaiian families deal with people on a personal level, often seeking links that will connect them through mutual relationships, friends or similar experiences. The entire staff at Hui No Ke Ola Pono seems handpicked to provide an array of services to its clientele. They exemplify professionalism and practice the Hawaiian values of aloha (affection), ho`okipa (hospitality), and kokua (helpfulness).

On a personal note, my family and I have much aloha for Hui No Ke Ola Pono. Reflecting on our own families, we know first hand the importance of maintaining good health. My husband and I both have long family histories of diabetes (insulin-dependent), heart disease, stroke, and hypertension. My father died suddenly of a heart attack at age 50. My husband's parents died in their 60's of heart disease and stroke, respectively. We first came to know the "Hui" in 1993, when we completed the 21-day

traditional Hawaiian diet program. Since then, we continue to utilize the services of Hui No Ke Ola Pono on a regular basis. It was during one of my health monitoring sessions at the "Hui" that they detected my elevated blood pressure. They insisted I see my doctor immediately. At age 43, I am on daily medication to control my blood pressure and receive regular heart monitoring for a condition that was also detected a year ago.

Thanks to Hui No Ke Ola Pono and my physician, I have the information and tools to lead a healthy and productive life. My husband and I are committed to offering our children healthful lifestyle choices as well.

Mr. Chairman, these efforts have brought improved health to Hawaiians and us closer to accessing health benefits and services. There is still much work to be done and I believe Hui No Ke Ola Pono is committed to ensuring that the pathways to improved and sustained health of Hawaiians be continued.

This concludes my testimony, Mr. Chairman. I am prepared to answer any questions from you or members of the Committee.

Iā: The United States Senate Committee on Indian Affairs
The Honorable Senator Daniel K. Inouye
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300 Ala Moana Boulevard
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Maiā: Renee Kanani Baz
Head Teacher of Pūnana Leo O Maui
P.O.Box 337 High St.
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Ke Kumu: The reauthorization of the Native Hawaiian Health Care Improvement Act

To the Honorable Senator Inouye, the members of the United States Senate Committee on Indian Affairs, and to all those gathered here this afternoon, Aloha Pumehana Kākou. My name is Kanani Baz and I am the head teacher of Punana Leo O Maui Hawaiian Language Preschool.

It was just last month that the director of Pūnana Leo O Maui, testified before this committee in regards to the reauthorization of the Native Hawaiian Education Act. The past seven years of working at an immersion school has only proven to myself and many other families the importance of perpetuating ones language and culture through appropriate education. However, I am not here to talk about Hawaiian language or our immersion program. I am here to share with you about a very unique relationship that the kumu, parents and especially, the keiki of Pūnana Leo have been blessed to "have" with Hui NO ke Ola Pono, Maui's Native Hawaiian Health Care System.

For the past two years staff members from Hui No ke Ola Pono have been consistently visiting our school to administer weekly ear checks and annual weight, height and blood pressure checks. The parents of our program are very appreciative to the services provided because they get a frequent update as to their child's health status, ear infections are usually detected in very early stages hence, saving parents money from doctor and pharmaceutical bills and most importantly, these visits from Hui No Ke Ola Pono are absolutely free. Being physically healthy is very crucial for the proper development our young keikis cognitive and gross motor development and TheHui No Ke Ola Pono certainly fulfills their kuleana in striving to make this generation of young Hawaiians as healthy and robust as their ancestors.

Although the mission of Hui No Ke Ola Pono is to improve the health status of native Hawaiians on the island of Maui, their presence of aloha and feeling of "ohana"nurtures the social-emotional development in both keiki and kumu. My students are so thrilled to see Anakala Joey, Anake Suzette, Anake Lena or other "Hui" staff

members walk through the school gate. They excitedly wait for their name to be called. And when called upon something special happens. A brief yet fulfilling moment of genuine adult to child interaction, which is usually only seen between the children and adults that they see on a daily basis, like a parent or teacher. However the staff of Hui No Ke Ola Pono has managed to build a bridge friendship during their visits instead of doing just the "routine health checks". There has definitely been some interesting and at times "off-the-wall" topics that the students have shared while being examined but the highlight is watching their faces as they intently listen for the "mysterious frog" that supposedly lives in the "Otitis Media detector",a.k.a hearing instrument.

The weekly visits to Pūnana Leo is just a tiny portion of the work done by staff members of "The Hui". They also serve as a resource for teachers and parents. The kumus never hesitate to call when questions regarding health and nutrition arise. And the Hui is very open to come in and talk with the keiki and do workshops with parents. Other services offered by Hui No Ke Ola Pono include one on one counseling on health and disease prevention, diabetes and hypertension screenings, providing programs on exercise, such as my personal favorite, hulasize. In addition, cancer research, diabetes stage Management, prenatal, Otitis Media Screening and traditional Hawaiian healing practices of lomilomi and ho'oponopono are also provided.

I pa'a ke kino o ke keiki i ka La'au, is a Hawaiian olelo no'eau which means that the body of the child can be solidly built when nurtured properly from the time of conception through childhood. The vision of Hui No Ke Ola Pono is to educate, develop, and promote good health for the people of Maui through integrating modern medicinal care with traditional Hawaiian values, beliefs and practices. The Hui is very committed to perpetuating what our Hawaiian ancestors knew was so important, ola kino. Yet, their nurturing not only fosters the physical well being. *Ua ola loko i ke aloha*, means *Love gives life within*. It is imperative to one's mental and physical welfare. This feeling of aloha is received by many Hawaiians and non Hawaiians who have had the privilege of working with Hui No Ke Ola Pono. If there are any questions on health related issues, or when the next session of the modified Hawaiian diet will start, or help in obtaining finances and referrals for Tutu's hearing aid, the "hui" never turns anyone away.

On behalf of the kumu, keiki, and mākua of Pūnana Leo O Maui, I would like to give a very sincere mahalo to Senator Inouye, and the United States Senate Committee and especially to Hui No Ke Ola Pono for allowing me to share the many ways in which the program and staff has benefitted our school as well as the community.

STATE OF HAWAII
DEPARTMENT OF EDUCATION
PAIA SCHOOL
353 BALDWIN AVENUE
PAIA, HAWAII 96779-0505

Testimony of Ione Faye N. Isobe,
Principal
Pā'ia School

Hearing of the United States Senate Committee on Indian Affairs

January 19, 2000

Mr. Chairman and members of the committee, thank you for the opportunity to address this committee regarding **S.B. 1929**, a bill to reauthorize the **Native Hawaiian Health Care Improvement Act.**

When you arrive at Maui Airport, rent your car and exit the complex, a right turn will take you into the heart of an urban community: banks and law offices, shopping malls, furniture stores, a community college and the civic center. Continuing on this road will ultimately carry you to resort destinations.

If you turn left after exiting the airport, you begin your drive through miles of sugar cane, once the heartbeat of this island, but now going through major restructuring and downsizing. A fifteen-minute drive will bring you to the doorstep of Pā'ia, a small rural community where place names echo Hawai'i's sugar history. You can go to what was once Honeymoon Camp, Hawaiian Camp, Nashiwa Village (named for Pā'ia's former bakery), Spanish Camp, Skill Village, and Store Camp.

Entering the town of Pā'ia is a visitation to the past--wooden-framed shops with corrugated tin roofing, a one-story concrete structure--no facades, but truly utilitarian--a front and back door, and square windows. The road slips by the town--two blocks--and the visitor continues through cane fields until suddenly a large church looms on the right. Your attention is drawn by this edifice, and if you do not turn quickly, you will have missed Pā'ia School which sits directly across the street.

Pā'ia's community extends from the foothills of Haleakala to the white sand beaches at Ho'okipa. The population of this small town includes the well-to-do who send their children to private schools such as Seabury Hall, the lower middle-incomed, who generally request geographic exceptions to the larger schools in Kahului, and the "rest" who stay to live and learn with us.

Even our name, Pā'ia School, conjures visions of the past when this elementary school and many others on the island were schools for children in kindergarten through grade eight. When the district restructured and incorporated middle/intermediate levels, the children in grades 6-8 left, but this school remained--Pā'ia School, with children in grades K-5.

Included in the numbers of children that Pā'ia serves, are a large group of students in the Hawaiian Language Immersion Program. Of the total enrollment of 238 students, 127 are those who are immersed in the language and culture of the Hawaiians. The majority of the immersion students commute to Pā'ia from Kihei, Wailuku, Kahului, Kula, Makawao, Haiku and Pukalani.

We are a multicultural school with approximately 58.3% of students receiving free or reduced-cost lunch. Of our total enrollment, 19.8% of our children is of Hawaiian ethnicity; 41.3% is Part-Hawaiian.

It is with great honor and privilege that I am here today to share with you our very positive experiences with **Hui No Ke Ola Pono**, a private, non-profit community-based, Native Hawaiian Health Care Organization. I speak as the Principal of Pā'ia School and my voice is that of our school community.

The introduction was presented to give you a vivid picture of our unique school and its even more unique community. In the spirit of 'ohana, Pā'ia School and its community encourage life-long learning in a caring and safe environment. In our commitment to excellence, we provide optimum learning opportunities for all students in a positive, nurturing, and safe climate. Working collaboratively, we enhance self-esteem, promote independence, and motivate life-long learning. Critical thinking and problem-solving skills are fostered; thereby empowering students to become caring, responsible and contributing members of society.

We have been most fortunate to partner with **Hui No Ke Ola Pono** to bring two most noteworthy programs to our school community. The first is the **Mea'ai Pono** program which is a modified Hawaiian diet. It was our desire to provide this program for our community members. We are aware of the alarming statistics related to illnesses among Native Hawaiians--highest cancer mortality rates in the State of Hawaii, highest mortality rates in the state from diabetes, heart disease and those related to hypertension.

We modified the program to include Native Hawaiian families to reach a multi-generational group. A three-week program was brought to the community in December of 1998, specifically at Pā'ia School where even members of the staff supported the program by providing in-kind services. We are confident that the long-term results will be visible in healthier community members. We would also like to add that the **Queen Liliuokalani Children's Center** also played a large role in funding of the program.

In order for us to further realize the goals for our children, it is necessary for them to be their own health advocates. This is especially important in light of our large Hawaiian and Part-Hawaiian student population--for they are "at-risk." Therefore, we again asked **Hui No Ke Ola Pono** to provide our children in Grades K-5 with a supplemental health program. **Hele Mai'ai**, a nutritional education program developed by the Department of Health, was implemented during the Spring of 1999. The program consists of six modules--history, meal planning, fat, sodium, label reading, and recipe modification. These modules are synonymous to those included in the **Mea'ai Pono** diet; therefore, the continuity was maintained.

Our children and parents appreciated this supplemental program. Most of the children were excited about what they learned. The lessons were developmentally appropriate and included lots of hands-on and interactive learning. Discussions moved from nutrition to specific health-related concerns. We saw our children totally engaged in learning! Even our teachers said they learned from the lessons. Moreover, the applications continue. Questions such as, "Do you know how many grams of fat are in one candy bar?" can be heard on campus, especially around Halloween. Then after the Thanksgiving and Christmas holidays, we heard children talking about the number of calories consumed. A few teachers report that even now, the children have become "health sentinels" by shaking a finger and saying, "Kumu, you know how much sugar is in that can of soda." These indications tell us that our children have become more conscious about their health and nutrition. Furthermore, they have become our conscience, whether we ask this of them or not!

We continue to learn each day and to incorporate the teachings from the **Hui No Ke Ola** programs into our curriculum. We believe that we are making a difference and that we are addressing the health care issues that are embedded in our community. Therefore, it is with a resounding voice that we ask you to support the **Native Hawaiian Health Care Improvement Act** so that organizations such as **Hui No Ke Ola Pono** can continue to support the health needs of the community through their services. We, the Pā'ia School community, are one of the grateful beneficiaries. We are confident that our children will be the health leaders in the millennium.

I thank you for this opportunity to share our wonderful experiences.

January 19, 2000

TO WHOM IT MAY CONCERN:

I would like to thank you for this opportunity to give testimony in support of Maui's Hui No Ke Ola Pono organization. I feel quite fortunate because I have benefited from the Hui's services on both a personal and professional level.

My personal experiences have been my opportunities to take part in the "Hawaiian Diet" program. I was so impressed by the professionalism displayed by all parties involved. It was a totally comprehensive program because it dealt not only with diet and nutrition, but also exercise, stress management and actual cooking and food shopping experiences.

I am in the field of education and know that the best way to learn is by "hands on experiences" and that was exactly the format of the Hui. Additionally, resource speakers were brought in to talk to our group about most of the current health issues which plague Hawaiians. There was an atmosphere of 'ohana throughout the three week program, cultural values and traditions were discussed, and by the last evening I realized I had formed many new friendships which continue today.

On a professional level, the Hui is beginning its second year of providing an "Otitis Media" (INNER EAR INFECTION) screening program in the four Kamehameha Preschool classrooms that I manage here on Maui. This was a service which used to be conducted by the Department of Health, but was discontinued as funds were lessened. A child's ability to hear is ABSOLUTELY critical to his/her learning! This service that the Hui offers helps us identify those children in need of medical interventions. Once again the professionalism of the entire staff is always evident and greatly appreciated.

I sincerely believe it would be an absolute tragedy if the services of Maui's Hui No Ke Ola Pono organization were discontinued!

Mahalo.

Suzie Aki
Kamehameha Schools
Preschool Division
Maui Regional Manager
155 S. Wakea Avenue
Kahului, HI 96732

MAUI MEDICAL GROUP, INC.

Providing Quality Medical Care Since 1961

May 22, 2000

Dear Senator Inouye:

On behalf of the Native Hawaiian People, especially the community of Hana, I would like to extend my warmest and most heartfelt thanks for your hard work, dedication and Aloha.

Once again, you have come to the aid of the Hawaiian People, and have brought much needed assistance to meet the health needs of a slowly vanishing people.

As a product of the many federally funded projects you have supported, I take personal pride in participating in this joint venture. Once again, on behalf of the Hui No Ke Ola Pono, the community of Hana, and the Hawaiian People, mahalo nui loa.

Sincerely,

Daniel B. Garcia, M.D.

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LAHAINA: 130 Prison Street, Lahaina, Maui, Hawaii 96761 / Telephone: 661-0051 / Fax: 661-3975

To: Mel Ling
From: Tammy
5 Pages
Ph. 661-4527

Dear Honorable Senator Daniel K. Inouye,

Aloha once more from Lahaina. I am writing to express my mana'o (thoughts) concerning Health Care and the Native Hawaiians.

It seems there are federal funds to malama (take care) us and would like to suggest and see Queen's Hospital involved.

His Majesty King Alexander Liholiho (Kamehameha IV) intention of a medical institution was to help His people and that He didn't want to see them die out.

And, so, along with His wife, the Dowager Queen Emma, they solicited money/pledges by going door to door to build such an institution for His people.

Of course, back then, those in high places didn't like the way His Majesty was "begging" for the funds and that they were angry that the King solicited money/pledges from their wives at tea parties and the like.

Now, being that Queen's is a top-notch medical facility with extensive research credits and capabilities, it also provides a health care plan called Queen's Aloha Care. Thus, providing medical services to all peoples throughout the State - QUEST Health Program.

I am certain that it would be feasible to project or direct federal funds for Native Hawaiians into Queen's so that His Majesty King Alexander Liholiho's initial purpose is obliged by the United States.

This would not cause any conflict with the non-Hawaiian participants of Queen's and would quell the fear that many of those participants would not patronize Queen's, if only the Hawaiians were to receive free medical care.

We, the Hawaiian people, could access clinics in our neighborhoods which are currently participating in the Aloha Care health program.

I look upon this as being like the he'e (tako; octopus), with its tentacles established in our communities throughout Hawai'i. Queen's being its po'o (head) and these medical clinics its arms/legs.

Through this way, many of us Hawaiians would be allowed the medical care we sorely need and that medicine should be provided at no cost to our people.

Many Hawaiians, especially the "old folks" (na Kupuna) have made it a practice to stretch their medication by skipping a dose(s) or even taking half of it now and the other half later. The cost of medication and its refills are too dear. Their well-meant intention becomes an unfortunate disadvantage for themselves and eventually could put them at a greater risk of having physical complications which could lead to actual death.

So, by involving Queen's health care services to the Hawaiian people is to me the only way of allowing many of us to access the needed medical care we sorely need.

We also need dental care. "Rotten teeth" can create major health and physical problems if left untreated. Rotten teeth and other dental problems causes many to have low self esteem - "make shame to smile," etc., cannot eat properly because "no more teeth to chew with."

We know a fellow Hawaiian, in his 30's who had untreated gum disease. The plaque went into his bloodstream and clogged his artery. His foot turned a different color first and the doctors couldn't figure out what it was. He then had a stroke and an eventual heart attack. Fortunately, he survived, but has to undergo physical therapy because of the partial paralysis the stroke had caused.

Many of us have gone without medical/dental coverage for several years; cannot afford it. Those of us who chose a subsistance lifestyle wind-up with no coverage at all.

There are Hawaiians like ourselves who are not in the government sponsored welfare program. I continually hear people say, "... even the immigrants get better help and services...."

It is also frightening when children as well as adults get sick and are taken to the doctor only when they are gravely ill. This practice is dangerous and often times life-threatening.

Many of us, as parents, have lingering ailments that needs medical attention, medicine and or treatments to be much more productive. We need to be here longer - for the sake of our children and without access to medical/dental care and its medicines, treatments....

When I hear talk of health prevention; I cannot help but put my head down and think of my mother. You see, Sir, we lost our mom to metastatic colon cancer in 1995. She was only 58.

We didn't know she was malnourished and badly dehydrated and thanks to a sharp doctor sent her to the hospital in '94. Many times prior she was going in and out of the clinic for severe abdominal cramps. Days before she went into the hospital she and I saw another doctor who flatly told her she had "overactive bowels" and gave my mom some pills to calm them. It never helped.

She went in on a Monday and on Friday they removed a tumor the size of a grapefruit. She had a colostomy done. We were told that it takes about ten (10) years to get to that size and that it could be hereditary.

How can we prevent illnesses, if we are unaware we are carrying them in our bodies? How many Hawaiians have succumb to this kind of illness? How many descendants of these people are at risk of developing this type of illness and other hereditary illnesses?

Hospice care has been a big help to many peoples including our Hawaiians. Maui Hospice has helped many of us here on Maui. Through them, a non-profit agency, our mom as well as others have been able to stay with loved ones until the time comes for them to go. She left us one year to the day of her surgery.

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After our mom's passing, I recalled she had a hysterectomy done about ten (10) years prior. She told us there were three doctors working on her at the same time. She said her womb was like cement (fibroid?). One doctor took care of the female parts, another took care in cutting out the fibroid and the third doctor was sewing up where the fibroid was cut from.

I've often wondered if this operation had perhaps scarred her intestines and thus resulted in the eventual blockage.

There is a need to better the conditions of the Hawaiian people. It is a combination of things and not one bit at a time. We need besides just medical/dental care; we need a house with land; water to grow traditional foods and to allow some of that water to return into the sea to nourish the fish nurseries (estuary); education of Hawaiian and English for our Kamali'i; 'olelo Hawai'i (Hawaiian language) for all of us, etc.

We are tired of jumping through paper hoops. The practice of relocation in DHHL (Dept. of Hwn Homelands) should be stopped. It hampers those who have remained for many generations in one area and not qualify to have a lot awarded to them. Allowing the outside folks in just dampers the spirit of those old-timers (generational residents).

We are a highly-stressed-out community of people and medicines are not likely to help. You folks know - what we need.... Mahalo for your time... and in the mean time please continue your support of Papa Ola Lokahi and Maui's Hui No Ke Ola Pona.

Sincerely yours, Tammy A. Harp
Tammy A. Harp

Hana Community Health Center

September 1, 1999

Congressman Daniel Inouye
722 Hart Senate Office Building
Washington, D.C. 20510-2201

Dear Senator Inouye:

Thank you very much for taking the time to visit with the Hana Community Health Center a couple of weeks ago. Your support of HCHC and your understanding of the unique Hana community is genuinely appreciated.

I would like to take this opportunity to comment on the Native Hawaiian Health Care Improvement Act which is currently in the reauthorization process.

1) It is extremely important for those health care providers who currently serve a significant Hawaiian population to have access to federal resources to support our efforts.

2) Although the primary focus of the Native Hawaiian Health Care Improvement Act has been one of health promotion and disease prevention, many Hawaiians lack basic primary medical services or access to acute and/or emergency medical care. A greater emphasis must be given to providing basic health care to those who are currently in need, while at the same time creating opportunities which support the future health and wellness of the Hawaiian people.

3) With regards to providing primary health care to the Hawaiian population, it is critical to avoid creating a duplicate health care system. Instead the existing health care delivery system, when feasible, should be supported and enhanced to meet the specific needs of the Hawaiian population.

As you know, the Hana Community Health Center provides preventive care, primary and acute care, as well as urgent care services to the people of the Hana District. We are rapidly moving into the area of health and wellness in order to begin positively impacting Hana's future generations. More than half of all patient visits to our Health Center are comprised of Kanaka Maoli, most of whom mirror

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the negative health and social problems of the larger Hawaiian population. Yet, at this point in time, HCHC has not been eligible for funding under the Native Hawaiian Health Care Improvement Act.

We sincerely hope that consideration will be given to organizations like the Hana Community Health Center in the reauthorization of this important piece of legislation.

Thank you for the opportunity to comment on the reauthorization of the Native Hawaiian Health Care Improvement Act. Should you wish to discuss this matter further, or need additional information, please feel free to contact me.

Very truly yours,

Cheryl Vasconcellos

Cheryl Vasconcellos
Executive Director

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