S. HRG. 106–462, PT 4

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 20, 2000
HILO, HI

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CONTENTS

	Page
S. 1929, text of	4
Statements:	
Akaka, Hon. Daniel K., U.S. Senator from Hawaii	82
Akaka, Moanaikeala, board of directors, Bay Clinic	85
Beck, Luana, president, State Council of Hawaiian Homestead Association, Ahapua'a of the Big Island	110
Dombrigues, Leina'ala, lomilomi practitioner, Ho'ola o Lomilomi Lapa'au Clinic	98
Goodoy, Lorraine	111
Inouye, Hon. Daniel K., U.S. Senator from Hawaii, chairman, Committee on Indian Affairs	1
Kinney, Genevieve, former director of Baccalaureate Nursing, University of Hawaii, Hilo	88
Kunimoto, June, administrator, State Department of Health, Hawaii District Office	89
Launiu, Stephanie, executive director, Bay Clinic	86
McCormick, Jamie, diabetes educator, East Hawaii Diabetes Support Group	103
Miles, Scott, retired cardiologist and medical adviser	105
Mink, Hon. Patsy T., U.S. Representative from Hawaii	83
Napeahi, Abbie, ho'oponopono practitioner	100
Shibuya, June, director, Malama Na Whine Hapai	101
Sing, David, director, Na Pua No'eau	84

APPENDIX

Prepared statements:	
Kinney, Genevieve	117
Kunimoto, June	119
Launiu, Stephanie	114
McCormick, Jamie	126
Napeahi, Abbie	122
Sing, David	113

NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT

THURSDAY, JANUARY 20, 2000

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Hilo, HI

The committee met, pursuant to notice, at 9:30 a.m. at the University of Hawaii—Hilo, Campus Center Rooms 306/307, Hon. Daniel K. Inouye (vice chairman of the committee) presiding.

Present: Senators Campbell and Akaka

Also present: Representative Mink.

Senator INOUYE. The Hearing of the Senate Committee on Indian Affairs will come to order.

May I now recognize Mrs. Sonny Kinney.

Ms. KINNEY. Mahalo. On behalf of the committee, the people who are here, may we extend our sincere welcome to you here this morning. It is a great privilege for us to have you, because of the problems occurring. This is important, and we need your support. But it is especially a little bit of an additional pleasure for me because there is a man here that he and I were school mates at Kamehameha Schools. Senator Akaka graduated two years ahead of me, but he looks just as good as when he graduated. [Laughter.]

Now, let me introduce and not take any more time—introduce Auntie Abbre, who will say pule.

[Prayer and remarks in Native tongue.]

Senator INOUYE. Thank you, Auntie Abbre.

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

Senator INOUYE. This morning the Senate committee meets to receive testimony on S. 1929, the Native Hawaiian Health Care Improvement Act.

In 1984 discussions were started expressing concern over the health care needs of Native Hawaiians, but at that time there was no statistics, there were no data. And so, as a result of these discussions and meetings throughout the island chain, we decided to call upon the Congress, and the Congress responded by directing the Department of Health and Human Services to conduct a study of the health needs of Native Hawaiians.

That study took about 2 years, and in Hawaii it was led by Alu Like, together with a consortium of professionals, and in July 1986 the report was made public.

To say that it was significant and alarming and appalling would be an understatement. It was horrendous because it showed for the first time that Native Hawaiians had higher mortality rates for certain kinds of cancer, heart disease, diabetes, than any other group of Americans—the worst in our Nation. Furthermore, in some categories it was shown that Native Hawaiians had the highest mortality rates in the world.

These statistics prompted the Congress to take action, and in 1988 the Native Hawaiian Health Care Improvement Act became law. The act was reauthorized in 1992, and today we are gathered here reauthorize it once again for the next 10 years.

The bill has several features, and I think that a brief discussion may be appropriate at this time.

In addition to authorizing appropriation this bill extends the authority and activities and responsibilities of Papa Ola Lokahi, the umbrella group that Papa has been administering these programs for the past decade. In addition to reauthorizing the five Native Hawaiian health care systems, it provides new authority for the establishment of up to three additional health care systems.

Under the provisions of the bill, the Papa Ola Lokahi Board would be expanded to include the existing Native Hawaiian health care systems, the Hawaii State Primary Health Care Association. Kamehameha Schools would be also part of the designated members of the Papa Board.

The bill would also provide for the establishment of a national bipartisan commission to look into the health care of Native Hawaiians and make recommendations as to whether Native Hawaiians should receive health care services as an entitlement.

This is a very, very important provision.

I do not know how long the commission will take to make this study, but I hope it does not take too long. And if the recommendation comes out as I think it should, it would be a great, great step forward for health care for Native Hawaiians.

By "entitlement," for those of you who are not familiar with the legalistic legislative word, when you receive Social Security payments when you reach a certain age, that is an entitlement. You are entitled by law to receive that. The same is true for Medicare. You are entitled by law. If the commission comes out and recommends it and it becomes law, then those who qualify as Native Hawaiians would be receiving health care services, not just adults, but babies, men, women, young people, old people will receive health care as an entitlement. This would be an extraordinary, major step forward.

The committee is also pleased to report, in case you have not heard, that the boards of Papa Ola Lokahi and the Office of Hawaiian Affairs [OHA] have recently reached agreement on amendments to this bill that will provide a role for OHA in the further development of a comprehensive health care master plan.

There are many amendments here. I would just like to point out a few.

The bill will provide authority for the establishment of a Native Hawaiian Center of Excellence for Nursing at the University of Hawaii, Hilo, and I think an appropriate name for this center would be Dr. Genevieve Kinney.

[Applause.]

Senator INOUYE. From the applause, I would gather that no one opposes that—because she is the pioneer in this field on this island. She began the baccalaureate nursing program. Under her guidance and leadership, we have on this island and throughout the State hundreds upon hundreds of new nurses, so it is only appropriate that we call this the Kinney Center.

We will also have a Native Hawaiian Center of Excellence for Mental Health at the University of Hawaii at Manoa; a Native Hawaiian Center of Excellence for Maternal Health and Nutrition at Waimanalo and a Native Hawaiian Center of Excellence for Research, Training, and Integrated Medicine at the Molokai General Hospital.

You may be wondering why the term "integrated medicine" is used. The bill that we passed in 1988 has been described by my colleagues as being revolutionary. It is revolutionary because, one, it was conceived and drafted in Hawaii by Hawaiians for Hawaiians. As a result, one of the provisions in this bill is the first in our Nation, the recognition of Native healers. You would not find this in any other measure.

The law recognizes Native healers. The law acknowledged the important contribution they make. And today western-trained doctors are working with Native healers, and the results are inspiring. So Molokai, where much of this started, would be the center of excellence for this program.

We have other provisions, such as education of health professionals. We have been told that, in addition to doctors, you should have more nurses, you should have more technicians, x-ray specialists, all these other specialists that are necessary in the full practice of medicine.

We should also have an integration, as I indicated, of western medicine with the traditional health practices of Native Hawaiians. This area is being very carefully watched and followed by American Indians and Alaska Natives because they are very pleased to note that, by law, Native Hawaiian healers are recognized, and for good reason they want their Native healers to be included, too. So Hawaii has taken the lead. Although we got started a little later, I think it has been doing a good thing.

There are many other provisions, but I would suggest to those of you who have copies of the bill—if you do not, let us know and we will send you a copy—read them, because this is an important measure.

[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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Native Hawaiian Health Care Improvement Act Reauthorization of 1999".

SEC. 2. AMENDMENT TO THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT.

The Native Hawaiian Health Care Improvement Act (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.

"(3) Native Hawaiians have never directly relinquished to the United States their claims to their inherent sovereignty as a people or over their national lands, either through their monarchy or through a plebiscite or referendum.

"(4) The health and well-being of Native Hawaiians are intrinsically tied to their deep feelings and attachment to their lands and seas.

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

"(6) The Native Hawaiian people are determined to preserve, develop and transmit to future generations their ancestral territory, and their cultural identity in accordance with their own spiritual and traditional beliefs, customs, practices, language, and social institutions. In referring to themselves, Native Hawaiians use the term "Kanaka Maoli", a term frequently used in the 19th century to describe the native people of Hawaii.

"(7) The constitution and statutes of the State 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 deprivation
19 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. The time is limited.

We hope that you will consider the other witnesses. If you speak too long, we may have to limit the time of the other witnesses. So I hope you will stay within the 5 minutes, but I can assure you that your statement, your written statement, will be included in the record of this hearing in its complete form.

So with that I would like to, on behalf of the committee, welcome all of you here and thank you for your participation. We are so happy to have Dr. Kinney here with us, because you are the pioneer here and you have seen this measure come of age.

At this time, I would like to call upon the classmate of Sonny Kinney, The Honorable Daniel Akaka.

Senator AKAKA. Mahalo. Thank you very much, Mr. Chairman. [Native words]. Aloha.

Voices. Aloha.

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

Senator AKAKA. It is great to be here with you in Hilo, and especially to hear from you about such an important bill as this one, because it's going to make a difference in the future of the Hawaiians and the people of Hawaii.

I want to thank all of you for coming today and for participating in this hearing, and look forward to your comments on the critical issue of Native Hawaiian health care.

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

We have made significant progress since the Native Hawaiian Health Care Act was initially passed—and I hope you can count back this far—in 1988. I am confident that the modifications we are considering in S. 1929 will continue to improve the health of Native Hawaiians.

As reflected by the hearings we held in November 1999 on the reauthorization of the Hawaiian Education Act and the public consultations that began the reconciliation process in December 1999, I am very pleased to see the interest and participation of Native Hawaiians in policies that have a significant and direct impact not only on the Hawaiian community but the community as a whole.

I look forward to hearing from each of you who have come to provide your mana'o on S. 1929. I welcome you and wish you well. If we haven't said it, since this is still January, Hauoli Makahiki Hou.

Senator INOUYE. Thank you very much, Senator Akaka.

Now, I am going to call upon a great lady, the Congresslady from the State of Hawaii. When I saw her yesterday, I admonished her and I suggested she stay at home, but she is here above and beyond the call of duty. And if you look at her, you know that she should be in bed right now. [Laughter.]

She has got the flu.

Patsy, you are not going to pass it on to us, are you?

Mrs. MINK. No, no. I'm going to stay away. Besides, you've had it already.

Senator INOUYE. I was laid up for 2 weeks.

It is my pleasure to call upon a Member of the House of Representatives, a very distinguished person, Patsy Mink.

STATEMENT OF HON. PATSY T. MINK, U.S. REPRESENTATIVE FROM HAWAII

Mrs. MINK. Thank you, Mr. Chairman, great Senator Inouye. I'm pleased to be here somewhat today. [Laughter.]

I missed the other 2 days of hearings. I hoped to be able to connect with you on the Oahu hearings.

This is a very important measure that the Congress has provided the Native Hawaiian population, and it was not out of largesse or any such modest considerations; it was done because of a tremendous need demonstrated by studies made about the health and the condition of health care for the Native Hawaiian population.

However, you might think of all the efforts that Congress has put forth in the innumerable pieces of legislation, including those having to do with education. Probably none are more comprehensive and extensive than the Native Hawaiian health program that has been put together. It was enacted in 1988, when I was not a Member of Congress, under the leadership of the two Senators. They ought to certainly be commended for their tremendous effort.

It is not without resistance in the Congress that these special programs are enacted. It is difficult, because everybody wants something for their special needs, and you are competing with a tremendous volume of legislation.

So I came today to pay tribute to the two Senators who put this program in place. I was not there at the time of the enactment, and I'm happy to join them in their efforts to reauthorize, continue, expand, and, as the Senator explained, make it an entitlement, which is an ambitious undertaking.

Medicare, as he explained, is an entitlement. You reach 65—bingo—you have health care assurances. Sure, you go through a lot of rigmarole as you know. You've got to file this and file that, but basically it is an entitlement, and if you have needs and hospitalization, the Medicare program provides for it. It would be tremendous breakthrough if we are able to accomplish this as an entitlement for all Native Hawaiians, regardless of age. Obviously, Native Hawaiians get Medicare at age 65, but this is to include all the rest below age 65.

So I am here today to hear the testimony that has been prepared. I shall look forward to your words and your comments, and be assured that whatever you say for the record is important and will be part of the deliberations, and we appreciate your participation here today.

I want to thank the two Senators for inviting me to be part of this important hearing. Thank you very much, Senator.

Senator INOUYE. Thank you very much, Mrs. Mink.

And now may I call upon the members of the first panel: President Joseph Borges of Kanaka Mahi'ai, Hui Malama Ola Na Oiwi; Dr. David Sing, director of Na Pua No'eau; member of the board of directors of the Bay Clinic, Moanaikeala Akaka; executive direc-

tor of the Bay Clinic, Stephanie Launiu; and our favorite lady, Dr. Genevieve Kinney; and the administrator of the State Department of Health, Hawaii district office, June Kunimoto.

Mr. Borges is not here, so I believe we will start with Dr. Sing.

STATEMENT OF DAVID SING, DIRECTOR, NA PUA NO'EAU

Mr. SING. Aloha, Senator Inouye, Senator Akaka, Representative Mink. Aloha and mahalo.

I am testifying on S. 1929, the bill to reauthorize the Native Hawaiian Health Care Improvement Act.

Through the efforts of the services provided through this act, Hawaiians, in general, have been provided more information, care, and education resulting in greater awareness of the health issues they face, ways to prevent health problems, and more alternatives to healing and health.

The youth that we work with in education are provided more information about traditional Hawaiian health and healing practices, which impacts their lifestyle and, for some, their education and career goals.

In Hilo, we are privileged to have Hui Malama Ola Na Oiwi, a health center funded through the act.

Being in close proximity and networked through our Hawaiian agency organization group, families are able to access Hui Malama through our partnership. I have found that the families we work with have become so much more aware of the health issues and how they can address them.

We recognize that education issues do not stand alone and that Hawaiian families are challenged with other problems that must be resolved before their children can begin to raise educational and career aspirations.

In non-threatening venues, Hui Malama is able to provide education, immunizations, and treatment at our annual family affair, as well as during other events held throughout the island of various organizations. Either the staff or referrals from this office will work with our families at events or on an individual basis.

Many of our students have a greater sense of awareness about the health care fields. Some are in our medical professional pathway, learning from the medical school the conventional medical practices, as well as learning traditional Hawaiian health and healing practices.

The information base of knowing both conventional and traditional Hawaiian health and healing has an effect on students in a number of ways.

First, is the sense that they can be successful in a professional area that recognizes the credibility of their Hawaiian traditions.

Second, is another important facet of education which Na Pua No'eau has attempted to address is to have our Hawaiian students aspire in areas which they don't feel in order to excel they need to leave their culture at home.

Third, the recognition of the history of Hawaiian people in the health and healing profession allows students and their families to recognize the wealth of knowledge and history in science-related fields.

Fourth, for most Hawaiians, career aspirations are linked back to serving his or her family and community. The awareness of high incidences of health-related diseases and ill health for Hawaiians becomes a motivator for young students to see the profession of medicine as being a way that they may serve their family in community.

In summary, the Native Hawaiian Health Care Improvement Act has made a significant impact, not only in the health of Hawaiians, but broadly impacts all facets of a Hawaiian's life.

There are many other issues that still need to be addressed. There are still many families and communities that are not able to access health care because of remote geographic location or not being connected to availability of resources. The need for reauthorization is critical to continue to resolve the health issues of Hawaiians.

Mahalo.

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

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

Senator INOUYE. We will call upon the witnesses to deliver their testimony before we ask questions.

Now may I recognize Moanaikeala Akaka.

STATEMENT OF MOANAIKEALA AKAKA, BOARD OF DIRECTORS, BAY CLINIC

Ms. AKAKA. Aloha, Senators, Representative Mink, and staff. Thank you for allowing me to say a few words and share my thinking relating to the situation.

I don't have any prepared testimony, but I did want to ask you to do whatever you can to reauthorize this bill.

To be honest with you, from the very beginning there were great promises to our people. We expected and we were told that we would have facilities all over the State with medical doctors in them, but, unfortunately, that never came to be. And, from what I gather, never has this entity been adequately subsidized so it can do the work that it must do to help our people.

I appreciate your now saying that it should be an entitlement, as many Native American groups—Patricia Zell, I'm sure you're very well aware of this—have that ability to obtain medical services, whether it be in Alaska or different parts of the continental United States.

There's no question about the fact that it should be an entitlement, and we must not constantly beg for help for our people—our people who have many, many health problems, in many instances worse than the Native Americans on the mainland, yet these problems go unaddressed. Our elders don't have the medical prescriptions that they need, much less adequate health care, nor do many of our people from children all the way up.

Our people are strangers in their own homeland. They deserve to have the entitlement of adequate health coverage. That is a small price to pay for our beautiful islands that are now a part of the United States.

So, from the bottom of my heart, I ask you to do whatever you can do to reauthorize this bill, to make Hawaiian health care an entitlement and not services we have to continue to beg for.

Mahalo for the opportunity to speak to you, and I would like to be available for any kind of help necessary.

I try to look at things from a holistic standpoint. Not only am I fortunate enough to work with Stephanie as a part of the health clinic, but I am on the board of legal aid. For several years I've had a food bank pantry in order to help people that need food from a sustenance standpoint. And I'm also on the board of directors of Habitat for Humanity.

We have many, many problems in the Hawaiian community. The Hawaiians suffer much more than the immigrants that are fresh off the boats in many instances.

We ask you to do whatever it is that you can do to help make our people's situation better.

Mahalo.

Senator INOUYE. You can be assured that the delegation will do its utmost.

Ms. AKAKA. Thank you.

Senator INOUYE. And now may I call upon Ms. Launiu.

STATEMENT OF STEPHANIE LAUNIU, EXECUTIVE DIRECTOR, BAY CLINIC

Ms. LAUNIU. Good morning. Senators, Representative Mink, I thank you for the opportunity to testify before you on behalf of the reauthorization of the Native Hawaiian Health Care Improvement Act.

Moanai is a hard one to follow. I don't know who made this list. Moanai is difficult to follow, but I have submitted my written testimony and I'd just like to use the next few minutes to elaborate on some of the comments that I made in writing.

This act I think is an important first step. I don't think, I know. It is an important first step for our people, and it was a necessary first step for our people. I think that the reauthorization of the act has been an absolute an I appreciate your advocacy on behalf of the Native Hawaiian people. But I think over the past 14 years or over the past 12 years—I think it was 14 before it becomes reauthorized again—as the picture has unfolded, we are treating symptoms one by one as they pop up. We're finding out that well, you know, gee, maybe we need to do mental health, maybe we need to look at integrated health.

I think we're treating the symptoms and not the root cause. To treat a root cause, we need to ask the tough questions of why. Why are Native Hawaiians more ill than others? Why are Native Americans sicker than others? Why are Native people around the world sicker than other people? I think that's the tough question we need to ask, and when we can begin asking that question and begin looking at the answers that maybe a lot of us don't want to hear, then we can begin to really cure the problem.

I think the colonization of Native people is part of the root cause, and I think, for Hawaiians, acculturation is part of the root cause.

In my written testimony, I said that, while colonization was complete, acculturation will never be complete. And I think for Native people acculturation will never be complete. And so we need to address the health care of Native people, looking at that as an important part of it.

I think the act should look at not only improving the health of Native Hawaiians but restoring the health of Native Hawaiians.

Improving the health of Native Hawaiians at the point where they are now is not adequate. It's not good enough.

The Native Hawaiian health care system, the relationship between Bay Clinic and Hui Malama—and I can't say enough [Native word] things about Hui Malama. They are wonderful. Their staff is wonderful. They do great things and they could do greater things if given greater opportunities.

The Native Hawaiian health care system is a misnomer. It is not a health care system. It is part of a larger health care system that Native Hawaiians have very little, if any, control over. They refer into the mainstream health care system. Native Hawaiians as a people do not have an impact on how primary care, acute care, emergent care is delivered, and I think that that is also something that should be looked at.

I'm not positive whether I'm seeing the latest amendments to the act, but in the copy that I reviewed it referred to Healthy People 2010 and how the Native Hawaiian health care system would help to bring the Native Hawaiian people over the next decade up to Healthy People 2010 standards. If that is still in there, I believe that that's highly unrealistic, and if those standards are going to be used as evaluation a decade from now and if the system is going to be looked at, well, okay, we're in the year 2010 now and where are the Native Hawaiian health—if the system is going to be used, is going to be evaluated against Healthy People 2010, I think that's unfair.

If we are truly the unhealthiest people in the State, I don't think that we should be expected to come up to Healthy People 2010 within this act.

And the final thing that I'd like to say is that there should be a comprehensive effort on the part—this is a Statewide problem. It's a public health problem. It's a public health problem, and as a public health problem it should be treated like a public health problem, and every medical provider who provides care to Native Hawaiians should be involved in the solution.

There has to be a comprehensive effort. Native Hawaiian health affects 20,000 Native Hawaiians, or however many Native Hawaiians there are. I don't know what the numbers are, but they are a good portion of our population in our State, and the impact, just the dollar cost to the State of Hawaii because Native Hawaiians are unhealthy, runs the gamut. It runs through the veins of this State. It affects not only the entire health care system, hospital care, inpatient care, emergency rooms—every provider across the State who provides care for Native Hawaiians. It affects employers, it affects insurance rates. It affects the entire State of Hawaii and it needs to be dealt with as a public health problem.

I think putting some teeth behind an act, not only offering incentives to those who work with the Native Hawaiian health system, but also penalties for those who treat Native Hawaiians and refuse to work with Native Hawaiian health system I think is something that should be looked at—not only those who are publicly funded, like community health centers, because I think it should be written into our Federal grants that if you're getting Federal dollars to

treat Native Hawaiians, you work with Native Hawaiian health system, period.

And one point I forgot to mention. The Native Hawaiian health scholars has been an important, invaluable tool for those of us who provide care, especially those in rural areas, for recruiting health care professionals into our health centers, but I believe that health administration should also be encouraged, because health administration is part of the health care field that can directly impact on how a system works, how it is financed, and how it delivers its care, and so I think that health administration should be strongly looked at.

Native Hawaiians should be encouraged and supported to get into the career of health care, if not as medical providers, then as [Native word], because they can definitely lend an important hand.

Mahalo.

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

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

Senator INOUYE. May I now call on Dr. Kinney.

STATEMENT OF GENEVIEVE KINNEY, FORMER DIRECTOR OF BACCALAUREATE NURSING, UNIVERSITY OF HAWAII, HILO

Ms. KINNEY. Representative Patsy Mink, Honorable Senators Akaka and Inouye and staff, my name is Genevieve Lehuanani Okilauea Kinney, recently-retired director of the baccalaureate nursing program at the University of Hawaii at Hilo. I currently teach nursing 358, nursing research, and am pleased to accept your invitation to testify before the U.S. Senate Committee on Indian Affairs on the reauthorization of the Native Hawaiian Health Care Improvement Act.

The Hawaii Nurses Association sponsored my going to Washington, DC, to testify for the first authorization of the Native Hawaiian Health Care Improvement Act in 1988. That gesture clearly showed nursing's commitment to the health needs of Native Hawaiians and their families.

I met Molokai's Dr. Emmett Aluli and a Native Hawaiian nutritionist, Claire Hughes, in Washington, DC. We were all there for the same purpose—to bring attention to the health needs of Native Hawaiians, one group of 5,000 indigenous peoples in the world.

The nursing faculty and I take this opportunity to formally thank you for your continued advocacy and support of the NLN-accredited baccalaureate nursing program at UH Hilo. The curriculum design advances the holistic approach to health care across the life span and promotes trans-cultural care and knowledge to nursing students who can be formally prepared to care for well and sick people of diverse cultures.

Hui Malama Ola Na Oiwi, the Hawaii Island health system for Native Hawaiians, continues to be an active partner in assisting us in the education of baccalaureate nursing students. They do this in the following ways:

One, the executive director comes to the university and provides lectures on Ho'oponopono and Native Hawaiian health statistics.

Two, Hui Malama Ola Na 'Oiwi accepts the placement of our BSN students in the agency under the supervision of case managers and preceptors. Our students participated in island-wide car-

diovascular, diabetes, and early cancer detection screening for breast, cervical, and prostate cancer.

Hui Malama Ola Na 'Oiwi sponsored faculty-student research externships on the following topics: Traditional healing, hypertension, attitudes regarding HIV, in [Native word] and [Native word] high schools, and suicide prevention. The HIV research paper was presented at the first statewide Native Hawaiian research conference held at Kamehameha Schools.

The Hui Malama Ola Na 'Oiwi Native Hawaiian nutritionist was contracted to do lectures in nursing 475, human nutrition. Hui Malama also referred Lomi Lomi Clinic, Hawaiian Native Hawaiian [Native word] Educational Health Center of Hawaii, State of Hawaii board-certified Native Hawaiian healers to the nursing program, and currently Hui Malama is supporting a BSN faculty member's doctoral research on breast cancer in Native Hawaiian women, a qualitative study.

Some remarks for the Center for Excellence in Nursing at UHH—in requesting funding for a Center for Excellence in Nursing under the reauthorization act, a major emphasis would include continued collaboration, partnerships of Hui Malama, [Native word], as well as educational partnerships with the Hawaiian studies program here, public health nursing systems, Na Pua No'eau, and Hawaii board-certified Lomilomi Clinic and also Bay Clinic.

These relationships have a definite impact on the education of baccalaureate nursing students. The current philosophy of the nursing program, which promotes cultural care theory and the use of research findings to provide meaningful and culture congruent care to people will have three sections designated to address nursing research, nursing education, and nursing practice.

In conclusion, it is my belief in the 10 years since the implementation of the first authorization act great strides have been made by Hui Malama Ola Na Oiwi under the Native Hawaiian health care system to meet the health care needs of Native Hawaiians.

The use of traditional ways and the organization of the six island-wide offices with a staff of 16 employees and an enrollment of 8,000 participants in Hawaii islands is an incredible fact. The credibility of the Native Hawaiian health care system has proven itself and is recognized by the citizens of the State of Hawaii.

Thank you for all your efforts toward helping us.

Senator INOUYE. Thank you, Dr. Kinney.

[Prepared statement of Kinney appears in appendix.]

Senator INOUYE. Now may I call upon June Kunimoto, Administrator of the State Department of Health, Hawaii district office.

STATEMENT OF JUNE KUNIMOTO, ADMINISTRATOR, STATE DEPARTMENT OF HEALTH, HAWAII DISTRICT HEALTH OFFICE

Ms. KUNIMOTO. Good morning, Senator Inouye, Akaka, Representative Mink, and staff. Due to the time constraint, highlights of my written testimony will be presented today.

I am June Kunimoto, Hawaii district health administrator for the State of Hawaii Department of Health. I am here today to support S. 1929. We have worked in partnership with Hui Malama Ola Na Oiwi for over 10 years. Basically, in looking at the 10 years, I strongly feel that 10 years is not long enough to impact the health

status of Native Hawaiians. Since the poor health indicators took generations to develop, we would need at least two generations to see major impact improving these health indicators. I certainly agree with Stephanie Launiu when she said the Healthy People 2010 objectives are ideal. Looking at the health status of Native Hawaiians, this would be very difficult to achieve.

Hui Malama has impacted two major areas in our community health on our island. The first is acceptance of Hawaiian values in health care and health care access by medical and health professionals, and the second is partnership with other agencies, organizations, to maximize the limited resources we have on the island.

Hui Malama is recognized in our community as the Native Hawaiian organization that is the health resource for Hawaiians that private and public agencies turn to for assistance and health information in working with their own Native Hawaiian clientele. Through the experiences with Hui Malama, we have found that there are cultural aspects that all health professionals need to integrate into their practice to allow for greater access to health care services for minority populations, as well as maintenance and retention of individuals and groups for preventive health services. Treatment services, alone, is not enough. We need to keep people within the health care system.

Hui Malama has played a pivotal role in this. The recognition of Hui Malama as the vital Native Hawaiian health care organization has brought credibility to their health teachings and values for the Hawaiians. Many Hawaiians have utilized traditional healing practices but did not share this information with the western value health care professionals. At the present time, we are utilizing both practices—traditional and western—and continuously seek consultation with Hui Malama and others in the community to assist in keeping the access open.

From the inception of Hui Malama, their philosophy has been to develop partnerships to expand limited resources on our island. This partnership varies from working together on initiatives important to our island to actual submission and funding of grants. When Hui Malama was being organized in the late 1980's, Everett Kinney, the present executive director of Hui Malama, asked the local health department to participate in this organizational effort to represent health in the community. Since then, we have had a number of joint proposals submitted for funding with other organizations. The listing of the grant and funding is described in my written testimony on page 2.

I would like to share the latest funding that we did receive. It's a healthy start initiative to eliminate racial disparities, and Hui Malama—not only Mr. Kinney, but his entire staff have been involved in the planning and implementation of this grant, so it is really grassroots effort.

There are other significant contributions that Hui Malama is providing to our Native Hawaiian community, such as healthy lifestyle education, outreach to assist individuals to access needed health care services, and other supportive counseling and educational services.

The presence of Hui Malama has demonstrated a commitment to the improvement of health in the Native Hawaiian population on

the Island of Hawaii. As a consequence, a large number of Hawaiians have graduated from the University of Hawaii at Hilo in health care professions.

The other islands in the State of Hawaii can be placed within the Island of Hawaii. This large geographic area, which lacks a mass transit system, requires Hui Malama staff to be placed in seven districts on our island. I would like to suggest the reauthorization to include adequate funding to reinstate Hui Malama's programs and positions lost through previous fiscal years' budget cuts and to also expand services to ensure improved and ongoing community-based services.

The hallmark of Hui Malama's programs are community-based decisionmaking processes and assisting families to be responsible for their own health care status.

The culturally-based program Hui Malama Ola Na Oiwi strengthens the ohana of family.

Thank you.

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

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

Senator INOUYE. I would like to point out before we proceed with questions, the bill before us is a result of 2 years of study, consultation, and discussions among the Native Hawaiian community the Native Hawaiian health care system directors and the umbrella organization, Papa Ola Lokahi.

When the matter of the Surgeon General's Healthy 2010 came up, the Native Hawaiian health care directors met to adapt those objectives to the health care objectives and needs of Native Hawaiians. In fact, this bill contains about 23 pages setting forth the health needs of Native Hawaiians.

I am certain you realize that none of us here have the sufficient expertise to draft a bill of this nature. This is a product of the Native Hawaiian community, and the consultation and discussions were carried out on every island—not just on Oahu, but on every island.

Therefore, the bill before us cannot be said to be an Akaka bill or Inouye bill or Mink bill or Abercrombie bill. If anything, it should be a bill that was drafted by kanaka maoli, together with the consortium of all of the Native Hawaiian directors of the health care systems.

In fact, in a presentation, to make certain that the appropriate words are used, you will find throughout this measure reference to kanaka maoli instead of just Native Hawaiians. So I thought I would provide this explanation. It is a 2-year product, and I can assure you it was not developed by Dan Akaka, Patsy Mink, Neil Abercrombie, or me. It was developed by many of you sitting here.

Dr. Sing, you have been involved in education and health from about day one. I know that, as Ms. Kunimoto stated, 10 years would be woefully insufficient to determine whether a program is going to work or not, but, as not only an observer but a participant, do you believe that this measure has affected the community in apositive way?

Mr. SING. Absolutely. I think, just based on prior to the measure and where we are now, just the accessibility to the Native practices and information about that, more awareness with our families

about the ways that they may be able to seek treatment and their effort to try to improve their conditions is just a lot more than 10 years before.

It is a combination of the health information and treatment provided, but also it is a combination of the networking that the health profession has been doing with education, as well, and that has really doubled the impact that it has made. So I truly believe so.

Senator INOUYE. Ms. Akaka, your suggestions are really worthy of serious consideration, but I am certain you realize that the amendments that you may propose would not be accepted or rejected by this panel here. So, if I may most respectfully suggest, give us a list of the recommendations you make and we will transmit that to Papa Ola Lokahi to have them discuss this with all of the executive directors of the health care systems and see what they think about it, because I would not want to put an amendment to this measure without consultation. If they say it should be amended, we will amend it.

Would that be satisfactory?

Ms. AKAKA. Yes; I would certainly be open to that.

Senator INOUYE. As you know, this bill, with its amendments, were approved by Papa Ola Lokahi and the Office of Hawaiian Affairs [OHA], and naturally, if we are going to make any changes to this, we will most certainly discuss this matter with the two entities there. So I can assure you that, upon receipt of your recommendations, we will pass them on.

Ms. Launiu, I agree with you thoroughly that it is important that we look for the root causes, and, having been involved in this for many years, I realize that just looking at symptoms and treating certain problems may not be the way to do it.

This congressional delegation of ours has sought to, in our limited fashion, address the challenges of Native Hawaiians not just from health, not just from the vantage point education—as you know, we have an education bill, a health bill—not just from culture. We have been appropriating funds ranging anywhere from studies and grants to the building of a canoe. We have also been involved in Native Hawaiian scholarships. We know that what we have done is not adequate, but I can assure you that we are trying to do what we can to undo the damage and ravages colonialism has wrought, not only to American Indians, but to Hawaiians and other Native peoples of the world. So we take your concerns very seriously.

I realize that your statement may not have been a full discourse on the affects of colonialism. If you wish, the committee would be very pleased to receive from you a paper, if you wish to submit it, on how you believe this matter can be properly addressed.

Ms. LAUNIU. Thank you.

Senator INOUYE. I hope that we can do that. So if you will send it to us, we will most certainly give it our very best.

Ms. LAUNIU. Mahalo.

Senator INOUYE. Dr. Kinney, I need not tell you how pleased we are with your work, but we are also saddened that you are going to be retiring, but I am glad that you will continue to be involved in the activities here. And we will expect you to be monitoring the

Center of Excellence for Nursing, because this is your initiative and if it does not work I will be calling you.

Thank you very much.

Ms. KINNEY. Thank you.

Senator INOUYE. And I want to thank you, Ms. Kunimoto, for actively working with the Native Hawaiian community. It is very important.

Before I call upon my colleague, Senator Akaka, may I observe that this bill is revolutionary in another sense. It is not a bill that applies to all communities. We have made it sufficiently flexible so that communities can determine what their priorities are, what their needs are, because the needs of Oahu and Manoa may differ from the needs of the Native Hawaiian community in Hana. Therefore, the bill provides that flexibility.

As a result, you may, as you compare the health care systems on the different islands, you might say, "How come we do not have a van for a dentist?" Well, those decisions were made by the health care systems there. We think that, even if it is not the same on each island it will work.

The other concern that all of us should be made aware of is that, as Dr. Sing pointed out, because of the education priority of this measure, the outreach priority of this measure, and the fact that we are making health care more accessible, more people are now coming into the system.

It was 10 years ago, when we began this, there were many Native Hawaiians who did not want to participate because they did not trust this. There was no credibility, and they stayed away. But now they are coming in.

So one thing will happen which could be frightening if you did not know the background—the statistics that we found in 1986 may get worse, because at that time many Native Hawaiians did not respond to our studies. Now they are coming forth, and for the first time finding out that they have got diabetes. They are not coming in when their legs are ready to be cut off; they're coming in because a neighbor said, "Why don't you have yourself checked out? Why do not you have your prostate checked out," and they are doing that now. So the statistics that were available to us in 1986 that brought about the passage of this measure I believe may become worse, because more people are going to be participating and you are going to find that as more people participate you will find the statistics on cancer and diabetes going up.

I think it is a good sign. We will have a clearer picture of the health care needs of the Native Hawaiian community. But I just wanted to bring this forward because if you see the results the next time we do a survey and say, "My god, with all this effort it has gotten worse," actually it hasn't gotten worse.

Senator Akaka.

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

I thank you for your testimony. My kind of question goes to each one of you. In your statement you've made remarks on that, and that is, as we look at what has happened already since 1988, and we look at what is being proposed in this measure, you may have some suggestions and even advice as to what needs to be added or

even taken out of the bill, and I would certainly want you to make those recommendations or advice that you have for us.

Dr. Sing, you mentioned families who are not able to access health care due to—there are families who are in remote geographic locations, or not be connected to the availability of resources. Do you have any recommendations as to maybe what we can do about that?

Mr. SING. Actually, we were just discussing that this morning. The same issue also exists for education in remote areas where Hawaiian families or students may not try to access the special opportunities provided to them in areas such as Hilo, and this might be in Lana'i or other places.

What we've done in places like Lana'i, where they don't have any Hawaiian educational program or other kind of Hawaiian program, what we've done is have a family fair and we bring all the resources on the island to start to make them aware of what's available for them on a particular day and then to have a contact to followup.

My sense is that there are remote communities in which individuals may not be as assertive as people that are from more city-type environments, and the more that we can put those kinds of programs—we may not be able to have it based there, but to have an activity out there.

In fact, this morning we were talking about we're having a super Saturday out in Na'alehu, and we were talking about the possibility of having Hui Malama come with us as we work with the kids to do some treatment or some assessment in the health field for the parents and activities. So some of those kinds of activities where we are not based in a particular remote area, but if we take out the activity there, and, as we're doing it in an educational one, we may also bring in some of the health area practitioners to help work with the communities who would feel more comfortable in their own community being served.

So I think the big issue is taking things to communities and presenting it in a non-threatening kind of environment, so that pretty much would be what my thought would be.

Senator AKAKA. Well, thank you for that, because in isolated areas sometimes mobile teams can go out on schedule or even once a month or twice a month into those particular areas, and if the people of the community knew that they can prepare themselves for it.

Ms. AKAKA. Especially on an island of our size. We're a third larger than all the other islands put together, and it is very, very difficult for families in rural areas, from Ka'u district or Kahala to be able to get adequate health services, you know, whether it be more vans that you make available for these communities or, as has been mentioned, going there at a certain time several times every few weeks so that people will know that they are able to get these services at a specific place.

Senator AKAKA. All right.

Stephanie, I looked at your recommendations and the additional comments. You mentioned penalties for those who refuse to treat Native Hawaiians. Can you please expand on this suggestion?

Ms. LAUNIU. Okay. Perhaps I didn't make myself clear enough. When I mentioned penalties, it wasn't for not treating Native Hawaiians, it was for not working with the Native Hawaiian health care system.

Right now, it is voluntary. The Native Hawaiian health care system has to find their way into different avenues.

If you look at the population of Hawaii and the population of Native Hawaiians, the majority of Native Hawaiians are not being seen by the system or by community health centers. The greater population of Native Hawaiians are in the mainstream health care system.

And so if we are really looking at impact on the health of Hawaiians, we have to see that as part of the solution.

I don't know what the answers are, but I was just at the point in my thinking that if the majority of Native Hawaiians are actually being seen by private providers, then how do you solve the problem of Native Hawaiian health if our resources are going into community health centers, federally-funded programs.

That was where I was—the incentives, rewards, and perhaps penalties.

Senator AKAKA. As you know, the beauty of this measure is that there is room for flexibility on each island, because we feel each island is different and they have different health problems, but you have the liberty of even restructuring or reorganizing to meet special needs that you may have, so that's a beauty of this, and we certainly would want to make use of that.

Are there any other comments Dr. Kinney or Dr. Kunimoto want to make?

[No response.]

Senator AKAKA. Otherwise, thank you very much, Mr. Chairman.

Senator INOUYE. Thank you.

Representative Mink.

Mrs. MINK. Thank you very much.

I just have one question, Ms. Launiu. Your comment is very thought-provoking about the vast majority of Native Hawaiians being treated by private doctors and private hospitals and systems that are not part of the Native Hawaiian health system.

So the question you raise is: How do we deal with the statistics part of this whole effort, which is the degree to which Native Hawaiians fall victim to cancer, mental health problems, diabetes, high blood pressure, and so forth and so on, if the vast majority are not in the system created and managed by this program but go to other places? We don't know how well they are being dealt with or whether the information transmitted to them is going to adequately take care of the problem within that family, because many of these illnesses are hereditary or within family units, and so if they're not dealt with as a whole family—you may be only treating one person, but a whole number of others could also benefit.

That's kind of a very tough question, because we are going to look at the overall statistics, obviously, in 10 years, or whatever. As the Senator is suggesting, it might even be worse than what it was when we started.

So how do we integrate the information from the private sector, or even the public hospitals, the State hospital system, if we don't create a mechanism?

I think you raise a very, very important point.

I thought maybe you might have some suggestions.

Ms. LAUNIU. No; I'm just good at raising points.

Mrs. MINK. Well, you raise a good question, anyway.

Ms. LAUNIU. No; I don't have the answer, but when I was writing my testimony that question came up, because we're not only talking about the act, we're talking about the health of the Hawaiian people.

Mrs. MINK. Right.

Ms. LAUNIU. And so I just had the question, but I'd like to see it develop into discussion statewide, because I think that it should be, and involve everyone in the solution. Sometimes when you involve people they—it can't be an "us against them," you know, publicly-funded programs versus private. It shouldn't be, because we're all in the same business.

Mrs. MINK. What percentage of Native Hawaiians in your system, in the Native Hawaiian health system, not in the private systems, who come to you for primary care or to other centers for primary care under this concept of Native Hawaiians are eligible for such things as Medicare? Do you find that, being eligible for Medicare, they refrain from taking advantage of Medicare because they don't want to go into the western system, but now that they have a culturally- sensitive system they're more willing to come in for diagnosis and suggested treatments that are actually culturally sensitive, and therefore you have this outreach, access, diverse treatment, culturally-oriented sort of approach being achieved? Can you give us an idea roughly about what percentage you've been able to reach because of this act?

Ms. LAUNIU. Okay. Bay Clinic is a community health center, and it is not part of the Native Hawaiian health care system, but we work closely with the Native Hawaiian health care system, so our mandate is broader. Our mandate is to serve all people, regardless of their ability to pay.

So within that mandate, for instance, in our Bay Clinic health centers—we have one in Hilo, one in [Native word], one in [Native word]—about one-third of our patients are Native Hawaiian. I think, of the population of Hawaiians in our service districts, which are three districts—Hilo, [Native word], and the [Native word] district—I think the Bay Clinic sees maybe a third of the Hawaiians in the general population. So that means that there is two-thirds that are seeing outside of the community health center system.

I'm not sure what Hui Malama's statistics are regarding how many of the Native Hawaiians in our district they serve, but there is a significant number that are not served by the community health center system or the Native Hawaiian health care system.

Now, those Hawaiians that are privately insured, whether they are insured with Medicare or any other, they have a free choice of where to receive their care, and I think what the act tries to address is how the care is delivered to Native Hawaiians.

Mrs. MINK. That was really the question I was leaning toward. In your center, since they are covered by Medicare, covered by

other kinds of insurance, they have access to the private hospitals and so forth, they've chosen your center to come to for a lot of good reasons, and I just wanted to know if you had any sort of relationship with people that have come to you because of this act.

I'm trying to measure the value of this act in creating this idea among Native Hawaiians. They don't like the other system, they don't like the western way, so they've sort of rejected it and never went there to get a blood test or an annual test or whatever, even though they were covered by Medicare and other kinds of things.

Ms. LAUNIU. Yes.

Mrs. MINK. But after the sensitivity and access and more culturally-related health services you provided, they said, "Okay, I'm going to test it out," and they came to your center.

Ms. LAUNIU. I see. Because of the act?

Mrs. MINK. Yes; Is there any sort of statistic that we could rely on to show the impact of the legislation on the Native Hawaiian community in getting access, not because they didn't have insurance, but because this system was more readily accepted.

Ms. LAUNIU. Okay. I don't have any statistics, but my [Native word] on this is that the act has been terribly important because it has brought health care to the table for Hawaiians, because they know that the system exists.

As Senator Inouye was saying, Hawaiians today—and I'm thinking about how I grew up—nobody was talking about cancer or diabetes. You know, Hawaiians today, they know their sugar levels, they know what's a good blood pressure. I think a lot of that came out of the act, just the simple fact that health care for Native Hawaiians was an issue that was worthy of discussion, that was worthy of funding, that was worthy of attention.

I think that that has brought many more Hawaiians in for health care. Whether they've come into the system or whether they've gone elsewhere, they're seeking help.

How they receive their care, though, I think is very important, because as a Native people I think that there is a way to provide health care to them that can have a better outcome for them.

When I mention the word "acculturation," I think many of our Hawaiians have been acculturated to the western medical system, and many don't even realize that they can receive better outcomes through the Native Hawaiian health care system. I don't even think we've gotten to that point yet. They're still finding out about general health issues. I don't think they've gotten to the point of realizing that the system—that they have a better chance of a better outcome with the system.

Mrs. MINK. Thank you very much. They are very, very important answers.

Thank you.

Senator INOUYE. I might be able to add something to this. I hope it is not confusion.

If my recollection is correct, approximately 20 percent of Native Hawaiians who would qualify to receive services have received services under this measure, but the statistics would differ with each area. For example, a lower percentage of Native Hawaiians on Oahu have sought out the services, greater percentage on places like Molokai, where you have greater unemployment and lower in-

come and you will find that most of those who receive services are those who have no coverage, insurance or otherwise. But if you go to places like Honolulu, as you pointed out, most of them would not even consider going to Waimanalo or to Waianae. They go to their Medicare doctors or what have you. So the statistics differ on every island. That is why we made this very flexible.

As a closing thought here, at Maui we learned, for example, that one of the most popular projects supported by the health care system and established by them is the Simply Healthy Cafe. Have you heard of that? Today they are serving about 200 lunches per day, very inexpensive. All of the meals have been checked out and approved by a nutritionist. No fat. No salt. In fact, we tasted yesterday the specialty of the day, stuffed cabbage with turkey. You know, I would rather have something else, but it tasted good. But Maui decided that nutrition was very important, so they set up this restaurant.

I think they are thinking about expanding it. If they had the facilities, they would like to serve about 1,000 a day, but right now in its limited capacity they can serve about 200 a day.

People, believe it or not, drive in from places like Hana to have lunch in Wailuku at this restaurant, so maybe you can consider that, also.

I would like to thank all of you for participating. Our next panel is a lomilomi practitioner of the Ho'ola O Lomilomi Lapa'au Clinic, Leina'ala Dombrigues; a practitioner of Ho'oponopono, Auntie Abbie Napeahi; director of the Malama Na Wahina Hapai, June Shibuya; a diabetes educator of the East Hawaii Diabetes Support Group, Jaime McCormick; and a retired cardiologist and medical advisor, Dr. Scott Miles.

May I first call on Ms. Dombrigues.

STATEMENT OF LEINA'ALA DOMBRIGUES, LOMILOMI PRACTITIONER, HO'OLA O LOMILOMI LAPA'AU CLINIC

Ms. DOMBRIGUES. [Native words].

I don't have anything prepared except a spiritual connection. I am working with the Ho'ola O Lomilomi Lapa'au Clinic, and since the 1970's, actually mid 1970's. From that time to 1988, the manao of the Native healers at that time was to organize for the purposes of integration into the Native Hawaiian system which was to come about and which has come to pass today.

With this in mind, I ask, on behalf of the [Native word] of Hawaii that you support the reenactment of this bill of our Native Hawaiian people for the health purposes of integration of Native lapa'au practices of Hawaii, which has been put on the back burner, way back from the 1970s and in the last 25, 30 years. It has come to a time where today in Hawaii at Lomilomi Lapa'au we are recognized by doctors. It has been many years, and it has been through the Hawaiian lomilomi under the State of Hawaii that we have had the opportunity to integrate Lapa'au with the Hawaiian herbs, ho'oponopono conflict and resolution, [Native word] spiritual healing. All of this today is very necessary for a cultural base, a reconnection with our people.

The western part plays a very important role, but culturally our people come to us today wanting their own medicine, wanting their

own lapa'au. How do we reach our people? How do we make a difference?

Since that time to present, many of the [Native word] have passed away and they are gone. We are very grateful for Hui Malama Ola Na Oiwi for the integration of western and Native indigenous lapa'au practices of Hawaii, and we only ask that we continue to move in-depth, working very closely with a handful—and I repeat, a handful—known in the State of Hawaii.

I am very grateful also to Dr. Genie Kinney, who has integrated Ho'ola O Lomilomi Lapa'au for education. It means a great deal to our people, but understanding the cultural base. Today, Ho'ola O Lomilomi Lapa'au embraces the work that Dr. Genie Kinney has done in the [Native word] of education under the nursing program for excellence.

We need this entitlement for our people. The sad part about all of this is that till today our Native Hawaiian people come to us and ask to be educated in their own lapa'au practices, but even Hawaiian lomilomi lapa'au and do not have the funding for it.

If we do not really take a look at the truth of traditional Native Hawaiian practices' integration into western and vice versa, we will lose it forever, and we are at a critical point in time. In fact, we are past the critical point in time.

The kupuna [Native word] are gone—as I said earlier, you may count them on your hands—that possess the wisdom and the knowledge to pass on the traditional, inherent, indigenous right of our people of Hawaii.

I pray and ask that even Hui Malama embrace the [Native word] lapa'au with the knowledge of the lapa'au skills of Hawaii, and that we have the opportunity to continue to work with Genie Kinney to educate our people not only in the practices of lapa'au and Hawaii lomilomi, because when you think of lomilomi you only think of massage. However, we have the history and the background of the wisdom and knowledge of lapa'au in cleanse, in the process of cleanse to help, in the lapa'au prevention to health, in the [Native word] of Hawaiian lomilomi lapa'au medical. We have now achieved even medical status working with our physicians here in the State of Hawaii.

And the [Native word] is very important, indeed, where people come till today, our own Native people thinking their own [Native word].

We need to work with education to empower the ohana system to be able to take care of their entire family and give them the simple manao of lapa'au skills to Native Hawaiian healing.

Mo.

Senator INOUYE. Thank you very much.

We began our hearings on Molokai, and at that time one of the witnesses testified that this year there will be 29 graduates of a program to teach Native healing practices involving the use of herbs, so Molokai will have 29 men and women who will be knowledgeable in the use of herbs. So I hope that in your area more than five will be available.

Auntie Abbie.

STATEMENT OF ABBIE NAPEAHI, HO'OPONOPONO PRACTITIONER

Ms. NAPEAHI. Honorable Patsy Mink, Daniel Akaka, and Senator Inouye, I feel very honored to have been asked to be with you today to be able to speak about the program that I am responsible for.

I teach ho'oponopono. That's to take care of you first. Before you can give out to others, you have got to look at you, first. What is there inside of you that God gave you to be able to help others? This is what my kupuna and my parents taught me. [Native words]. Before you criticize, you better think about you first.

As we were discussing all of this today, if you can talk to the person and the person realizes how important an issue is for him, he will do it. But when you talk to him or her and she feels it's not her concern, you're not going to get no response. This is what ho'oponopono is all about. It is to make you understand who you are, what you are, and what you can become, and help you with all of the attributes that God gave you—love, sharing, caring. This is what you give and this is what you get back.

[Native word] ho'oponopono. This is the ho'oponopono program.

Before I go any further, I would like to pay honor to Mr. and Mrs. Sonny Kinney and Genevieve Kinney. He introduced the ho'oponopono in Alu Like. We were asked by [Native word] what could we do for our people, and ho'oponopono was introduced because [Native word] found so many of our people were coming to [Native word]. He wanted us to help before they were sentenced. What can we do for them. This is how slowly Uncle Sonny Kinney introduced to us the program of ho'oponopono.

I already had learned this from my family. This is what we do in the morning and in the evening, is getting the family together and having prayers to protect them, to protect us as a family to be together. And this was what was in the Native Hawaiian process at the very beginning.

Many thousand years ago, our people came. They were isolated from the world. They had to find some way, some [Native word] to help them, and this is what they did—pray. Prayer always—they prayed to the land, they prayed to the ocean so that they could get what was in the ocean edible, what was on the land that is edible. They began to know. The [Native word], they began to know the fish and all that is edible.

Have any of you heard about [Native word]? This was part of the food. In the mountains, they had [Native word]. How many of you know what is [Native word]? Japanese are very famous for that, you know. They put cod fish and onion and mix it up as salad, and this was part of our lifestyle.

Then, later on, as I heard some of you say, you know, they were living, as people say, primitively, but when the people invaded, imposed upon the land, what came into the land? Canned stuff. All different types of food. Now, can you blame us for participating in all of this? You don't have to go down the beach, you don't have to go up the mountain, you just go to the store and buy one can, you open, and you eat. You don't have to work hard.

So we talk about our people now, why they this, why they that. Because life changes and this is what happened.

This is my work with Alu Like is to give them back who they are and help them to go out into the world and be the person that they should be and be successful, because this is what God gave all of us, to be successful but not to be failures.

Mahalo.

Senator INOUYE. Thank you very much, Auntie Abbie.

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

Senator INOUYE. May I call upon Ms. Shibuya.

STATEMENT OF JUNE SHIBUYA, DIRECTOR, MALAMA NA WAHINE HAPAI

Ms. SHIBUYA. Mahalo.

What Auntie Abbie did here is really describe what we are seeking for, which is called "cultural competence," and she described it to the core.

My name is June Shibuya, and I am the project coordinator of the Malama Na Wahine Hapai project, which was funded. And I'm here to thank you, Representative Mink, Senator Akaka, Senator Inouye, thank you very much. Back in 1990 to 1996, National Institute of Health granted us a project, [Native word], and I thank Genevieve Kinney, Dr. Kinney, for giving us that name. I have to thank [Native word] for giving us our logo. All of these things are very meaningful, because it captures the whole spirit of what our vision and mission would be.

This was a research demonstration model that had to answer the question: why are Hawaiian babies dying? That was the whole Healthy People 2000 agenda—that infant mortality was a big problem in America. When we went to our own Hilo Hospital, we found similar statistics, that it wasn't only a national picture, it was a Hawaiian Island picture, where 7.0 percent Hawaiian babies were born premature. But we also found that the Filipino families and the Japanese families were also included in these statistics.

So the question is: Why is such a high-tech, state-of-the-art medical system not working?

Then there was this other part called "psycho-social." We had to pay attention to the psycho-social psyche of the women, of the family, of the ohana. We discovered that health in Hawaii is family. Health is the ohana, and the ohana is culture.

How do women and families adapt and cope to situations of unmet expectation? That is our quest for cultural competence.

After a while, we found that it wasn't the doctors, it wasn't the social workers, it wasn't the nurses that knew how to do this care, or else our statistics would be much better. We had to call upon our ethnic scholars and our healers. Uncle Sonny did our ho'oponopono, and even during the session while he talked about the process you could tell that even the couples who were having interpersonal relationships were beginning to do this as he talked about it. This concept of talk story was so dynamic because nobody needed to be ashamed any more. You could put very personal things onto the table and it was okay. There was no judgment upon people.

We had to learn from our neighborhood women health watch. These are ethnic, child-bearing women who have been in child-

bearing who know the values and the beliefs of the culture so strongly that they became our advisors.

The pregnant women, the pregnant teens became our consultants, so our system of medicine or even nursing—I have to say nursing, too—is arrogant to think that we can teach you rather than you teach us. And so this community-wide assessment, cultural assessment, behavioral risk assessment had to be culturally sensitive, but at that time we still didn't know what that meant, but we needed the people to help us carve what would be defined as good care.

As a result of this, I am pleased to say that a publication of the study, the 5-year study, it was published in the "Asian-American Pacific Islander Journal of Health," and it is called,

How did [Native word] Use of Care Impact Good Outcome in this Particular Study Group, Cost-Effective, Using Culturally-Based Perinatal Program for Native Hawaiian and Asian American Pacific Islander Women in Hawaii.

I have a copy of this. It is already hot off the press.

This is the 14th journal article in medical journals that [Native word] has produced, so I thank you very much.

Principal investigator is Dr. Diana Fonso. Dr. Genevieve Kinney is the founder. She sat on the original committee that put all of this together.

I'm proud to say that we have expanded Malama Na Wahine Hapai. I am working with [Native word], Alu Like, as their trainer/consultant on the early HeadStart program, sharing all of what we learned. [Native word] is funded from the [Native word] Foundation, and I am working on that island also.

As Ms. Kunimoto stated, a grant awarded to the Department of Health, maternal child health branch about five months ago, is the healthy start initiative, eliminating ethnic and racial disparity, and we are now going to take [Native word] to the whole Island of Hawaii.

I'd also like to add here that, because of Malama, the women and the mothers told us, now that our oldest Malama baby is 8 years old, we want to assure the safety of these babies in the schools. So, in conjunction with Sonny Kinney, Dr. Alfonso, we did go to [Native word] Elementary School, and we were funded a grant from the Hawaii Community Foundation, [Native word] Foundation, stating that we will now prevent violence in the elementary school involving families. That was the key.

When we said we would work with intermediate, the teacher said, "No, no, no. You can see these symptoms from the time the children are in kindergarten, so you work with the younger children." This is the information I shared with you and your staff in September when I did meet with you in your office.

Again, thank you very much. Yes, this act has made a difference, but it has to be not only service, it has to be research based done in a very systematic evaluation manner and cultural competence we are in search of. I really believe that we have to pay attention to the psyche of the psycho-social factors of the family on how they make better lifestyle choices and so forth.

Integrating everything what Auntie Abbie said, Uncle Sonny, and Auntie Genie Kinney is the core, and we have to know how to put it all together, so community partnership then becomes core.

Mahalo.

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

Ms. McCormick.

STATEMENT OF JAIME McCORMICK, DIABETES EDUCATOR, EAST HAWAII DIABETES SUPPORT GROUP

Ms. McCORMICK. Thank you, Senator, and thank you all for being here today.

My name is Jaime McCormick, and I am a soccer mom. My sons are here with me. I wanted them to experience this exciting and important event. They are one-quarter Native Hawaiian. We are an adopted family and don't know any specifics about the health of their birth family, so when we look at the health data about Native Hawaiians to try and look into their future, things look pretty grim.

Incarceration and suicide rates for young Native Hawaiian men are shocking. Alcohol and substance abuse rates are, too. With cancer, the incident rate for Native Hawaiians may not be higher than other groups, but the care received is too little too late, so the results for care are radically different. This is true for other diseases.

But you probably know the statistics better than I do. That's why you are here. And I am here to beg you to continue the support to Native Hawaiian health programs, in general, and, more specifically, to Hui Malama Ola Na Oiwi.

I also suspect I was invited here today because when my soccer players are in school I resort to my former life of being a public health planner and administrator. Right now, I am involved with a pretty special project. We believe we are creating a new model for service delivery, one that merits your attention.

I have been in public health for over 25 years, and I have been on a lot of teams and a lot of committees, and I have never seen a service delivery model like this before.

What makes this unique is it is truly grassroots, community-based, and collaborative, and Hui Malama has been a major player in this effort, and our collective effort is focused on diabetes.

The "we" I'm talking about is a group of people called the "Diabetes Network of East Hawaii." Although now we have over 50 individuals involved, we started with only 16 people at a brown bag meeting in August 1998. At that lunch table was a staff member from Hui Malama. And the reason people came to that lunch meeting is that they were all deeply concerned about the diabetes statistics and the lack of diabetes education and counseling in Hilo area.

The original group was comprised of health and human service professionals, individual and agency representative, family members, and people with diabetes. The profile of the group remains the same, it just continues to grow. As a matter of fact, I'd just like to ask everybody who has been involved or touched by the network to raise their hand.

[Show of hands.]

Ms. McCORMICK. There's an awful lot of people in here with their hands up. These are the people in our community that have come together and said, "We have a serious problem. It's not being solved, so we're going to do it ourselves."

I'm going to jump off my script here a little bit, because it is so exciting and it brings chicken skin. The 14 people continued to meet at brown bag lunches. One year to the day after their first meeting, they opened the Diabetes Education and Counseling Center at the Hilo Shopping Center—all volunteer, no staff, no money, with just the deep concern that diabetes is a problem and we're going to get it out of the doctor's office and into the community. So last September they opened the Diabetes Center.

Just a little caveat. We do get Native Hawaiian males into the center, and one reason is we're right next to the GTE and they're coming in to get their telephones hooked up. It's like, "Whoa, the Diabetes Center." Honestly, that's how we're getting them in there. We don't care, as long as they come in.

Since September, we have given classes—either large group information sessions, small group classes, or individual counseling to over 300 people. That's in 4 months of operation. Diabetes touches an awful lot of people here.

I've included some more statistics for you about diabetes and how you already know that it hits an awful lot of people.

But the model that I want to hit on and why we are unique and, again, that Hui has been involved in it from the start is that it is a collaborative effort. It's a multi-disciplinary team that we, again, want to get more professionals involved than doctors.

Right now, doctors and pharmacists are—are where people with diabetes are in contact, if you know about it. Of the people with diabetes, 50 percent don't know they have it. But if they are in touch with doctors and pharmacists, they are now starting to refer people in to us. It is a community effort to solve a community problem.

Here's a specific example. The staff members of Hui Malama, two of them now come into the center and work, so their salary is being paid by Hui but they work at the center. The Veterans Administration is sending in. Kaiser not only is sending people in, they gave us some money to help pay our rent.

So the staff members, the faculty to date are all people that are working at other agencies or are volunteering their time. We even have an exercise teacher that is coming in as a volunteer.

Another example of collaboration and community effort is that network members worked with Hui Malama to write a proposal for men's health. We know that the Native Hawaiian men are not accessing the system like others. They are not getting preventive care. They are not getting routine screening. So we put together a package of what we thought would be a good program, and although other people worked on it, Hui owns that. Our names aren't on it, but we know that if they get the funding to do that, we will be involved for the diabetes piece of it.

We also believe that this model—we've given ourselves three years to fully develop it—we believe firmly it can be replicated in other areas, particularly here in the State. We are also looking at the Pima Indians in Arizona, because we have been reading about their trouble, so we went to our CDC contact and said, "Get us a contact with the Pima Indians. We want to tell them about our model. We think it will work for them," and we're working with that.

We think we've started something wonderful here. Our community is beginning to feel empowered with respect to solving its diabetes problems. We are learning about and harvesting the benefits of working together in this new, unique way.

Please don't misunderstand me that we haven't been working together for other problems, but this is sort of a unique way that we're trying it, and this is part in result of your efforts for bringing us Native Hawaiian moneys, and we really request that you continue to do that.

In closing, I'd like to note that Native Hawaiian health issues touch more than a select or discrete group. Many in Hawaii are part Hawaiian. There are numerous cross-cultural families like mine. Basically, we're all concerned about the health of Native Hawaiians.

As I said earlier, it's not an "us versus them" situation. It's a "we" situation.

I'd like to leave you with one heads-up. As a result of the concern and support you are giving our community today, in a very few years guys like these, my sons Ikaika and Keoni, are going to be healthy young adults, strong in every way. They are going to be leaders like you. Heads up. They just might be going after your jobs. [Laughter.]

And Keoni—who has left because he knew I was going to say this—wanted me to let you know that they are also going to have a lot of chicks. [Laughter.]

And, in conclusion, I'd like to leave you as a soccer mom. In case you didn't already know by seeing our fields along bay front, soccer is a very popular sport in Hilo. From my view at the side of the field, I see many Hawaiian and part-Hawaiian faces.

I know I speak for other soccer moms and dads who couldn't be here today when I say thank you for blessing us, our island, with your presence. We are truly flattered and grateful for your attention, time, and talents.

[Native word].

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

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

Senator INOUYE. And now may I call upon Dr. Miles.

STATEMENT OF SCOTT MILES, RETIRED CARDIOLOGIST AND MEDICAL ADVISOR

Dr. MILES. Thank you for including me in the agenda today. I would like to thank particularly our Representative Patsy Mink for showing up today. It's not easy. And also the chairman, Senator Daniel Inouye, showing up, and Senator Daniel Akaka for being here. We appreciate you all being here.

Without further ado, maybe we could take a little break now. It would be on my time. Maybe we'll want to get up and stretch a little bit and just relax. Maybe a little lomilomi. I don't know. But I do, anyway.

[Recess.]

Dr. MILES. Well, I had a written testimony for this morning, and, in all due respect, last night, before going to sleep, I just kind of reviewed briefly Hawaiian history, a time when Captain Cook came to the islands, to our present time. People kind of wonder why Ha-

waiians are in the sad state of disrepair in all aspects of life, not only concerning their health, but many other ways. I just kind of go through this briefly.

Myself, I am a [Native word], myself. I was brought upon the Hawaiian homestead. I'm not a [Native word]. I know I don't look Hawaiian, but I have 13 size feet with a width of E. That's the only part of me that looks Hawaiian. I know what discrimination is about, racial discrimination, being so white. I didn't look like I was a person of color growing up on the Hawaiian homestead. I come from a broken home. I was brought up by my grandmother. Thanks to God, my Grandma, and God, who is the King of all Kings who came to serve and not be served, as all of you are doing—I really appreciate that, and I feel that type of mana coming from you.

I, myself, am on the faculty. I'm a professor at the John Burse Medical School and have been on the faculty for 25 years. I'm a member of the America College of Physicians and a fellow of American College of Physicians. I'm a fellow of American College of Cardiology, as well as practicing in this community for 26 years as a cardiologist. I practiced also on the Wainae cost for about 3 years before coming here.

You're wondering why a Native boy like myself was able to achieve what I did. Only through the Holy Spirit and God. And I thank my Grandma for giving my faith, my [Native word], on the Hawaiian homestead.

Going back to our Hawaiian history, you know that there were about 1 million Hawaiians at the time Captain Cook discovered our islands. By 1849, there were only 40,000 Hawaiians that were still living on our shores. They were devastated by leprosy, tuberculosis, small pox, chicken pox—you name it. There weren't very much of us around.

We were devastated in so many ways—socially, politically. The great mahali of 1848, we're never included in that. In 1858, when the islands were annexed, my ancestors, my kupuna, were against being annexed. We were never given any thought about what we wanted to do; it was just taken away from us.

I actually cried when I went over this history last night. I know none of you had anything to do with it and you want to make it right, and that's because it's the right thing to do, and you have been doing that for 15 years.

It's not that I praise Mililani Trask, but I understand where she's coming from. She does not attack you personally, Senator Daniel Inouye. It's just in her frustration—I know you have a big enough heart to understand that—but in her frustration over what has occurred before.

I think part of our healing has to be people like Mililani bringing these things up. It's just part of our healing. I think we have to go through that.

You know, Queen Lili'uokalani went up before 1858 to Washington, DC. Nobody listened to her. Nobody has ever listened to us. Even today in this community, where do they put the estuary? They put it on Hawaiian homestead land. When they're talking about a reactor to get the papayas so that they are free of the fruit fly that they can send up to the mainland, Hawaiian homes land.

Did they ever ask us what we wanted on [Native word]? Nobody ever asks us things like that, how we feel about the land. I mean, we are children of the land. This is our land, and a lot of it is ceded to us, but we're the last ones anybody asks about any of these factors.

Did they ever ask us about putting the airport next to [Native word] on Hawaiian homestead? They just put the airport there. Did they ever pay for it? That was on Hawaiian homestead land. Did they ever give us anything for it? No. We had to risk our lives by lining up on the runways, risking our lives before we even were heard.

So this manao I wanted to bring up to you, and it's not to you, personally, it's just the frustration us Hawaiians feel.

I know you are all trying to do a great thing. I know you are either Hawaiian or Hawaiian at heart. I know, Senator Inouye, where your mother was raised by Hawaiians for part of her early childhood, which was very impressionable for her.

We have our Hawaiian aloha, and we kind of let things go, you know, so to speak. If we were like the blacks, we would have a riot like Watts, you know, with everything that has gone on before us.

I just want to terminate that part of our talk. We're kind of running out of time. But it's a no-brainer in regard to Hui Malama Ola Na Oiwi. They've done so much in our community. I mean, thumbs up for them. Yes. We deserve to have Hui Malama Ola Na Oiwi involved further in the health care of Native [Native word].

Thank you.

Senator INOUYE. I thank you. Thank you very much, Dr. Miles, for your very profound statement. I must confess that I thought you were haole. [Laughter.]

Dr. MILES. Well, you're always looking up, Senator Daniel Inouye. If you look down by the floor, there are the shoes.

Incidentally, I got these shoes—I have so much respect for you. I have a hard time buying shoes. In fact, I went to many national meetings in cardiology or whatever and I usually wear Keds or gym shoes, and I looked all over and finally found a pair for $16 at Wal-Mart to wear, but for you I wanted to have high respect for you. [Laughter.]

Senator INOUYE. Well, I thank you very much. This may be the first time that people have worn appropriate shoes for the committee. [Laughter.]

I thank you very much.

Am I correct in assuming that the panel here favors the reauthorization of the Native Hawaiian Health Care Improvement Act?

Ms. DOMBRIGUES. Yes.

Ms. NAPEAHI. Yes.

Ms. SHIBUYA. Yes.

Ms. MCCORMICK. Yes.

Dr. MILES. Yes.

Senator INOUYE. And, as Senator Akaka has asked on several occasions, we would welcome any one of you, if you would like to communicate further with us, to do so because the record will be kept open, to send us suggestions. If you do have amendments or other recommendations, as I indicated, we would discuss that with Papa Ola Lokahi and OHA and other agencies, because this is their

product. It is not our product, and we want to make certain to keep the promise we made that this measure will continue to be made in Hawaii by Hawaiians for Hawaiians. So if you would do that, we would appreciate it very much.

Do you have lomilomi centers here where people can go?

Ms. DOMBRIGUES. In Hawaii, a Native Hawaiian Lomilomi Center, we just have one on the Hilo side. What we're trying to do, because we've organized Hawaii lomilomi throughout the State of Hawaii, is to have representation on each of the islands, but on the Hilo side we only have one.

Senator INOUYE. Is it open to just Native Hawaiians, or to the public?

Ms. DOMBRIGUES. To everyone. In fact, the most exciting part about the [Native word]—and I'm very grateful to Auntie Abbie Napeahi—is that we also organize on a global level, and we're getting ready to bring [Native word] in and the Native American Indian in and Australia, so we are branching out. But we are needing to take care of home base first.

Senator INOUYE. The committee would like to thank Auntie Abbie and the many other kupuna on this island because it was under their initiative and guidance that many years ago we decided that they should be in charge of a program applying aloha, ho'oponopono, and ohana in dealing with prisoners.

At one time—and I know because I worked as a volunteer at Oahu prison—the rate of recidivism at the prison was less than 10 percent for Native Hawaiians, one of the lowest in the whole United States. Less than 10 percent of the prisoners would come out and go back again. Today, it exceeds 60 percent.

And so the kupuna of this island decided that they are going to try something. It has been going on now for over 5 years, so they have got some record to look back to. The rate of recidivism with the people they have dealt with, about 20 per year, is less than 5 percent. Less than 5 percent go back to the prison.

And if you want to look at it from the cold monetary aspect of this as to whether you save money or not, this kupuna program has Federal assistance of a small amount, $50,000. For every prisoner who comes out and we keep that prisoner out with the family, taxpayers are saved $35,000 a year. That is how much it costs to keep a prisoner in our system.

So the work you are doing is recognized and appreciated very much. Auntie Abbie, thank you very much.

Ms. NAPEAHI. You're welcome. Thank you for the support. Without support, we would not have been that successful, because you need [Native word] for help and to know what responsibility they have when they come out. And we don't have the money. And when you folks allow us to have it, we can give it to them by way of purchase order and then they can take care of their ohana.

Senator INOUYE. We are going to expand this program.

Ms. Shibuya, how many clients do you have in your program?

Ms. SHIBUYA. During the study, we reached 1,000. We were able to reach—because this was research demonstration, we had the [Native word] cohort and the non-participant cohort. However, ethically, we had to service all of them, because after a while the word

of mouth was that we want to be part of Malama, so we impacted that many.

Our extension now comes with the [Native word] Alu Like programs, good beginning alliance partnerships and so forth.

Senator INOUYE. Ms. McCormick, could you have your two sons stand up? One of them went out.

Ms. MCCORMICK. The Pokemon brothers. [Laughter.]

Senator INOUYE. Well, we thank you very much for the work you are doing. We appreciate it.

Dr. Miles, as I said, I thank you for your profound statement. My mother would have been very pleased to have someone like you recognize that she was hanaied many, many years ago. She is no longer with us, but a long time ago, before I became a Member of Congress, I learned a few things about ohana and ho'oponopono. She never forgot.

Dr. MILES. Obviously.

Senator INOUYE. So thank you.

Senator Akaka.

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

I heard your testimoneys. I'm impressed by what you folks are doing, all the way from lomilomi to ho'oponopono and ohana and taking care of the [Native word], as well as diabetes and a bit of history and what Hawaiians went through for all these years. I'm very impressed.

I want to again urge you to continue to work on the problems of the Hawaiian health, and, as we move along, I hope we can add some of these things that are needed to help Hawaiian health.

Again, mahalo and [Native word]. Thanks very much.

Senator INOUYE. Thank you.

Mrs. Mink.

Mrs. MINK. Thank you very much, Senator Inouye. I certainly want to join you and Senator Akaka in expressing our appreciation for all of your testimony, but, more importantly, all that you do in your various work and activities and your commitment to the Native Hawaiian people. I was very, very moved by everything I've heard.

Auntie Abbie and I go back a long time, when I believe we worked together on Kaloko to make that into a national historic park, so I'm very, very pleased to know that you are still working and helping and being an inspiration to the community.

Ms. NAPEAHI. Thank you.

Mrs. MINK. One concern that I thought I might have some elaboration on is your statement, Leina'ala, that there are only five lapa'aus left. Can you elaborate on that? Why? And what can be done?

Ms. DOMBRIGUES. When we're looking—and I'd like to also share with Senator Inouye mahalo, Representative Mink — we have a protocol of kahuna order, and through the years this kahuna order, with the masters in their fields, were training their [Native word], their students, in [Native word].

Now, through the years, since the early 1970's into the 1980's and into the 1990's to the year 2000, they are beginning to diminish. I'm talking about the masters.

So if we were to learn under a western system, they would not be able to fully understand the [Native word], or traditional Native practices that should be handed down.

So when you're looking at masters across the State, it is on the hand at this time.

However—and I thank Senator Inouye for enlightening me of Molokai, because each island until today has the masters there teaching. Our concerns are to get those Native kahuna masters into the Native Hawaiian systems and to get them across the State to begin to teach and hand down the knowledge, not in a western concept but through traditional culture if we want to remain culturally sensitive and grounded to [Native word].

Mrs. MINK. Thank you very much.

Thank you.

Senator INOUYE. I join my colleagues in thanking all of you, and not just for testifying but for the work you do.

Dr. Miles.

Dr. MILES. Before we terminate, I just wanted to make this a part of the committee's record to recognize the brilliant and crucial work and research that have been done by Richard Hikudi Blazo, Emmett Aluli, Philip Reyes, Claire Hughes, and many others that I can't remember at this time also involved in conjunction with the National Institute of Health and the National Heart and Lung Institute that made it possible to have objective measures of the Hawaiian health so that we can go forward. I thought that was very crucial and should be part of the record of this committee.

Thank you.

Senator INOUYE. I thank you all very much.

Our final panel: President of the State Council of Hawaiian Homestead Association, Luana Beck; and Lorraine Goodoy.

STATEMENT OF LUANA BECK, PRESIDENT, STATE COUNCIL OF HAWAIIAN HOMESTEAD ASSOCIATION, AHAPUA'A OF THE BIG ISLAND

Ms. BECK. Good morning, Senators Inouye, Akaka, Representative Mink, and Patricia Zell.

It has been a long time, 10 years plus, and I was there when we had public hearings on the authorization of the act, and I have watched it grow. I've watched our communities grow. And I've seen our people become aware of their health needs, which is a plus.

As Ms. Launiu said earlier, many Hawaiians are not aware of their illnesses, and so we're very supportive of the reauthorization of the act.

Good morning. I'm Luana [Native word] Beck of the Hawaii Island Ahapua'a. Our organization is affiliated with the State Council of Hawaiian Homestead Associations, otherwise known as SCHHA. Our organization consists of 23 homeland associations throughout the State of Hawaii.

Collectively, we have been working together in affording our members the opportunity to actively participate in decisions affecting all beneficiaries of the homeland trust, of which health care is of utmost importance.

[Native word] has worked collectively and has supported SCHHA's Native Hawaiian health and wellness community advo-

cacy task force, which is community owned, community planned, community driven, and community implemented. Its primary mission is to create a Statewide Native Hawaiian grassroots community voice in health.

Our partnership has enabled SCHHA community leaders to identify four health and wellness initiatives important to a healthy Native Hawaiian community. These initiatives are: adult day care, prescription drug coverage for the elderly and disabled, dental care, and substance abuse.

These initiatives are just a portion of the list of health needs for our Native Hawaiian communities, which were identified, as you know, 10 years ago and continues to plague our people.

The reauthorization of the Native Hawaiian Health Care Act will enable [Native word] to continue to work autonomously with all of our Native Hawaiian communities here in Hawaii, as well as those communities in the continental United States.

SCHHA fully supports the reauthorization of the Native Hawaiian Health Care Act, Senate bill 1929, and also supports [Native word] in all of its endeavors to enforce the act.

Thank you.

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

Now may I call on Ms. Goodoy.

STATEMENT OF LORRAINE GOODOY

Ms. GOODOY. Senator Inouye, Senator Akaka, Representative Mink, I'm afraid that my name was misspelled on the agenda. My name is Lorraine Goodoy.

I come before you as a member of the community. My professional experience includes being OHA's health and human services officer for the years 1992 to 1995, and I am on the Governors Commission of the Alcohol and Drug Abuse Commission, and I'm also working with Ms. Beck on Native Hawaiian health issues.

I'm here before you to testify in support of the Native Hawaiian health care bill and the amendments, as proposed.

I'd like to see this built upon the trends and achievements of the Native Hawaiian health care system and [Native word]. I think we are all very much aware of the challenges and problems before us, and, as we heard today, all of the issues which encompass health in its fullest measure, the facets of education, mental health, as well as physical health, which combined into a holistic picture of this addressing our physical, our intellectual, our emotional, and spiritual health.

As we journey into the millennium, I look forward to continuing working with the different Native Hawaiian health issues which impact not only our community but the larger community, as a whole.

I thank you.

Senator INOUYE. Thank you very much.

There are those, I have been advised, who wanted to testify, but the time element in this hearing was determined by the number of witnesses who responded to the call. I wish I could stay here to continue this hearing, but I have another meeting.

If there are those here who want to submit statements, please do so, because the committee record will stay open until February

21, so until then, if you want to submit a written statement, please do.

With that, on behalf of the panel here, I thank you very much for offering your manao. Thank you very much for the work you are doing for the people of Hawaii. I am certain, although they are not all here to express themselves, they are most grateful for what you are doing.

Mahalo to all of you. The hearing is adjourned.

[Whereupon, the hearing was adjourned.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF DAVID K. SING, DIRECTOR, NA PUA NO'EAU, UNIVERSITY OF HAWAII AT HILO

Aloha Senator Inouye, and staff members, I am testifying on Senate Bill 1929, the bill to reauthorize the Native Hawaiian Health Care Improvement Act.

Through the efforts of thd services provided through this act, Hawaiians in general have been provided more information, care and education resulting in greater awareness of the health issues they face, ways to prevent health problems and more alternatives to healing and health. The youth that we work with in education are provided more information about traditional Hawaiian health and healing practices which impacts their lifestyle and for some their education and career goals. In Hilo we are privileged to have Hui Malama Ola Na Oiwi, a health center funded through the Act. Being in close proximity and networked through our Hawaiian Agency Organization group, families are able to access Hui Malama through our partnership. I have found that the families we work with have become so much more aware of the health issues and how they can address them. We recognize that education issues do not stand alone and that Hawaiian families are challenged with other problems that must be resolved before their children can begin to raise educational and career aspirations. In non-threatening venues, Hui Malama Ola Na Oiwi is able to provide education, immunizations and treatment at our Annual Family Fair as well as during other events held throughout the Island for various organizations. Either the staff or referrals from this office will work with our families at events or on an individual basis.

Many of our students have a greater sense of awareness about the health care fields, Some are in our medical professional pathway, learning from the Medical School the conventional medical practices as well as learning traditional Hawaiian health and healing practices. The information base of knowing both conventional and traditional Hawaiian health and healing has an effect on students in a number of ways. One, is the sense that they can be successful in a professional area that recognizes the credibility of their Hawaiian traditions. Another important facet of education which Na Pua No'eau has attempted to address is to have our Hawaiian students aspire in areas which they don't feel that in order to excel they need to leave their culture at home. Third, the recognition of the history of Hawaiian people in the health and healing profession allows students and their families to recognize the wealth of knowledge and history in science-related fields. Fourth, for most Hawaiians, career aspirations are linked back to serving his/her family and community. The awareness of high incidences of health related diseases and ill health for Hawaiian becomes a motivator for young students to see the profession of medicine as being a way that they may serve their family and community.

In summary, the Native Hawaiian Health Care Improvement Act has made a significant impact not only in the health of Hawaiians but broadly impacts all facets of a Hawaiians life. There are many other issues that still need to be addressed. There are still many families and communities that are not able to access health care because of remote geographic location or not being connected to the availability of resources. The need for reauthorization is critical to continue to resolve the health issues of Hawaiian. Mahalo.

TESTIMONY

TO THE

UNITED STATES SENATE
COMMITTEE ON INDIAN AFFAIRS

FOR THE REAUTHORIZATION OF THE
NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT

THURSDAY, JANUARY 20, 2000, 9:30 A.M.
UNIVERSITY OF HAWAII AT HILO
CAMPUS CENTER BUILDING, ROOMS 306 AND 307

Submitted by:
Stephanie Launiu, Executive Director
Bay Clinic, Inc.
311 Kalanianaole Ave.
Hilo, HI 96720
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Mahalo for the opportunity to testify before you on the subject of the reauthorization of the Native Hawaiian Health Care Improvement Act.

I am testifying, not only as the Executive Director of Bay Clinic, Inc., but as a Native Hawaiian woman who is deeply concerned with the health of her people today and in future generations.

Bay Clinic, Inc. is a community health center network serving the districts of Hilo, Puna and Ka'u on the Island of Hawaii. Our service area spans over 2,000 square miles inhabited by over 81,000 residents. More than 12,000 of those residents have chosen a Bay Clinic health center site as their primary care provider. We specialize in providing primary health care to rural, medically underserved communities.

In September 1999 we were designated a federally-funded Community Health Center under Section 330(e) of the Public Health Service Act, thanks in large part to the advocacy of Senator Daniel Inouye on behalf of community health in needy areas.

The statistics on the status of Native Hawaiians are well-researched and documented, and I will not elaborate on those statistical findings. I will suffice it to say that it is a well-known fact that Native Hawaiians are more likely to die of cancer, diabetes, heart disease, hypertension and stroke. They have the lowest life expectancy in the State, and suffer high proportional rates of socio-economic distress as evidenced by the numbers of Native Hawaiians who are arrested, imprisoned, living below the poverty level and abusing alcohol and drugs. The picture painted by these statistics is a grim portrait of a public health problem of great magnitude.

Ba· nic, Inc.

The Native Hawaiian Health Care Improvement Act allocated resources to the Native Hawaiian people to begin the long and arduous job of restoring the health of a nation. Fourteen (14) years, from its original inception in 1998 until 2002, is inadequate for longterm effect. *It must be reauthorized to continue the work that has begun.*

The Native Hawaiian Health Care Improvement Act has provided important resources that are needed to make a positive difference, and Bay Clinic has benefitted from a collaborative relationship with Hui Malama Ola Na Oiwi, the Native Hawaiian Health Care System for the Island of Hawaii. Their case managers and outreach workers are culturally competent and provide excellent care to our Hawaiian patients. We have collaborated on joint screenings for prostate cancer, breast cancer and cervical cancer. One such screening for prostate cancer brought in 102 Hawaiian men over the age of 50 on a Saturday morning! An incredible turnout that would not have been possible without their cultural expertise.

Bay Clinic also employs an Internal Medicine Physician who is a Native Hawaiian Health Scholar. The Native Hawaiian Health Scholarship Program is an important recruiting tool for those of us in rural areas who must compete on the open market for physicians and other healthcare professionals.

I support the reauthorization of the Native Hawaiian Health Care Improvement Act and offer several additional comments:

1) Colonization of the Kanaka Maoli is complete. Acculturation of the Kanaka Maoli will never be complete. The Act is a **first step** in helping to **restore** the health of a people.
2) The Native Hawaiian Health Care System is a misnomer. It is not a complete health care system; it is a minor part of the greater health care system that Native Hawaiians must receive their care in. The NHHCS has little, if any, control on how primary care is delivered to Kanaka Maoli. The Native Hawaiian Health Care System must be assisted in developing primary care capabilities that can impact on Native Hawaiians that have acute medical needs. By allowing them to diagnose and treat illness, they have a greater chance of getting families in for care and prevention as well as having a direct impact on the management of chronic disease.
3) It is unrealistic to expect that Native Hawaiians' health will improve to the status of the Healthy People 2010 levels, as stated in the Act. To set goals that are too high and unrealistic is to guarantee failure in future evaluations of the System. It would be unfair to expect that a people with such poor health status would, in 10 years, reach the optimum health status portrayed in Healthy People 2010.
4) The use of incentives or penalties should be used to encourage other health care providers (both private and publicly funded) to collaborate with the System, and for the System itself to be rewarded based on outcomes. Federal grantees who are funded to improve the health of Native Hawaiians, along with others, should be required to work closely

with the System on their island. Private providers who are caring for Native Hawaiians should also be incentivized for referring to and working with the System. **A comprehensive effort on the part of the entire healthcare system within our State will be needed to restore the health of the Kanaka Maoli.**

It will be a long time before significant improvement is seen in the health status of Native Hawaiians. Significant improvement may never be seen unless the Native Hawaiian Health Care Improvement Act is reauthorized, and long-range planning is done for a comprehensive approach to the problem.

Mahalo for the opportunity to testify on this important issue.

UNIVERSITY
OF HAWAI'I
HILO

January 20, 2000

Testimony: S. 1929
Native Hawaiian Health Care Improvement Act

Hilo, Hawai'i Nei

Honorable Daniel K. Inouye
Membership : U.S. Senate Committee on Indian Affairs

My name is Genevieve LehuananiOKilauea Kinney, recently retired Director of the Baccalaureate Nursing Program at the University of Hawai'i at Hilo. I currently teach Nurs 358, Nursing Research and am pleased to accept your invitation to testify before the United States Senate Committee on Indian Affairs on the reauthorization of the Native Hawaiian Health Care Improvement Act.
Introductory Narrative:

The Hawai'i Nurses' Association sponsored my going to Washington D.C. to testify for the first authorization of the Native Hawaiian Health Care Improvement Act (1988.) That gesture clearly showed nursing's commitment to the health needs of Native Hawaiians and their families. I met Molokai's Dr. Emmet Aluli and a Native Hawaiian nutritionist Claire Hughes in Washington D.C., we were all there for the same purpose. to bring attention to the health needs of Native Hawaiians, one group of 5,000 indigenous peoples in the world.

The nursing faculty and I take this opportunity to formally thank you for your continued advocacy and support of the National League of Nursing (NLN) accredited baccalaureate nursing program at UH Hilo. The curriculum design advances the holistic approach to healthcare across the life span and promotes transcultural care knowledge so nursing students can be formally prepared to care for well and sick people of diverse cultures.

Hui Malama Ola Na "Oiwi: Relationship with UHH BSN Program

Hui Malama Ola Na 'Oiwi, the Hawai'iIsland Health System for Native Hawaiians continues to be an active partner in assisting us in the education of baccalaureate nursing students in the following ways:

1. The Executive Director provides lectures on the traditional ho'oponopono process and Native Hawaiian health statistics

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2. The placement of BSN students in the agency under the supervision of of case managers and preceptors
3. Participation in island wide cardio-vascular, diabetes and early cancer detection screening for breast, cervical and prostate cancer,
4. Participation in faculty-student research externships (i.e. traditional healing; hypertension; attitudes re: HIV in Kona and Ka'u high schools; suicide prevention; The HIV research paper was presented at the first state wide Native Hawaiian research conference held at Kamehameha Schools.
5. The Hui Malama Native Hawaiian nutritionist was contracted to do lecturers in Nurs 475 Human Nutrition.
6. Hui Malama referred Ho'ola O Lomi Lomi Lapa'au Clinic :Hawaiian Native Hawaiian Lapa'au Educational Health Center of Hawai'i (State of Hawai'i Board Certified healers to the nursing program)
7. Supported BSN faculty member's doctoral research on Breast Cancer In Native Hawaiians: A Qualitative Study

Center for Excellence in Nursing at UHH

In requesting funding for a Center for Excellence in Nursing under the Reauthorization Act, a major emphasis would include continued collaborative partnerships with Hui Malama Ola Na 'Oiwi as well as educational partnerships with the Hawaiian Studies program, Public Health nursing systems, Na Pua No'eau, and Hawai'i Board certified Lomi Lomi Clinic. These relationships have a definite impact on the education of baccalaureate nursing students. The current philosophy of the nursing program which promotes cultural care theory and the use of research findings to provide meaningful and culturally congruent care to people, will have three sections, designated to address nursing research, nursing education and nursing practice.

In conclusion, it is my belief in the ten years since the implementation of the first authorization act, great strides have been made by Hui Malama Ola Na 'Oiwi under the Native Hawaiian Health Care system to meet the health care needs of Native Hawaiians. The use of traditional ways in the organization of the six island wide offices with a staff of 16 employees and an enrollment of 8, 000 participants in the Hawai'i Island system is an incredible fact. The credibility of the Native Hawaiian Health Care System has proven itself and is recognized by the citizens of the state of Hawai'i. Thank you for all your efforts towards helping us.

BENJAMIN J. CAYETANO
GOVERNOR

BRUCE S. ANDERSON, Ph.D., M.P.H.
DIRECTOR OF HEALTH

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January 14, 2000

Honorable Senator Daniel K. Inouye
Vice Chair, the U.S. Senate Committee on Indian Affairs
300 Ala Moana Boulevard, Room 7-212
Prince Kuhio Federal Building
Honolulu, Hawaii 96850-4975

Dear Senator Inouye:

I am June Kunimoto, Hawaii District Health Administrator for the State Department of Health. I am here today to support S1929, the bill to re-authorize the Native Hawaiian Health Care Improvement Act.

The Department of Health, Hawaii District Health Office (HDHO) has worked in partnership with Hui Malama Ola Na Oiwi, the Native Hawaiian health care organization on Hawaii for over ten years. Ten years is not long enough to impact the health status of Native Hawaiians since the poor health indicators took generations to develop. We would need at least two generations to see major impact in improving these health indicators.

There are two areas I would like to concentrate on for this presentation which I feel the Hui Malama Ola Na Oiwi (Hui Malama) has had the greatest impact in our Island's community health practices.

1. Acceptance of Hawaiian values in health care and health care access by medical and health professionals.
2. Partnership with other agencies/organizations to maximize the limited resources.

The Hui Malama is recognized in our community as the Native Hawaiian Organization that is the health resource that agencies working with the Native Hawaiian population utilize to obtain assistance for information and help. It has been extremely useful. An example of this is 10 years ago when only Western style health care was considered acceptable, for the Hawaiians (as well as other ethnic minorities), we are now using information from the Kupunas and others to integrate the western methods of health care with the traditional Hawaiian way. In the process, we have found that there are cultural aspects that all health professionals need to integrate into their practicum to allow for greater access to health care services for minority populations as well as maintenance and retention of individuals and groups for preventive health services.

Hui Malama has played a pivotal role in this. The recognition of Hui Malama as a vital Native Hawaiian health care organization has brought credibility to their health teachings and values for the Hawaiians. Many Hawaiians have utilized the traditional Hawaiian healers, laau lapaau, lomi lomi, etc., but did not share this information with the western value Health Care Profession. At this time, we are utilizing both practices, traditional and western, and continuously seek consultation with the community members to assist in keeping the access open.

From the inception of Hui Malama, their philosophy has been to develop partnerships to expand our limited resources in Hawaii. This partnership varies from working together on initiatives important to our Island to the actual submission of grant application. This consortium or group develops specific commitments on what each organization will contribute. When Hui Malama was being organized in the late 1980's, Mr. Everett Kinney, Executive Director, Hui Malama asked the Health Department to participate in this organizational effort to represent health in the community. In the early 1990's Bay Clinic in partnership with Hui Malama, HDHO and the University of Hawaii, Hilo, Nursing Program applied for and was awarded a Rural Health Outreach grant to provide health care services for the Pahoa community. This clinic is the only Health care resource for the vast Puna District in a very rural setting. The outreach worker for Hui Malama is co-located at the Pahoa Health Center. After the end of grant funding this staff continues to work in the clinic doing outreach with the Native Hawaiian population through Hui Malama's funding.

The Hui Malama registered nurse is working closely with the Hilo Diabetic Center in providing counseling, education and support to clients. The Malama Na Wahine Project, a nursing research and demonstration project was an excellent example of how the western style health care professional changed the standards and practices of nurses in the community. Hui Malama was represented at the Advisory Board level and provided leadership in bringing the Native Hawaiian healers to accept our project which allowed staff to call on them for assistance in difficult situations. Hui Malama also provided hooponopono sessions with pregnant couples. A significant change in the behavior of men was identified. On July 1, 1999, the State of Hawaii Department of Health, Maternal and Child Health Branch, received funding for Malama A Ho'opili Pono (Caring for People in the Right Way), a Federal Healthy Start Initiative to eliminate health disparities. The entire project is located on the Island of Hawaii and we will be integrating best practices from the Malama Na Wahine Program, the Hui Malama Outreach Program, the March of Dimes Mai Ka Poli Program and the present HDHO maternal child health program. Hui Malama's case managers and outreach workers are part of the current planning process and implementation of the project is planned for April 1, 2000.

Another partnership project with Hui Malama, Kau Rural Health Community Organization (501(c)3), Bay Clinic, Mobile ♥ Care, and the HDHO is the development and submission of a Rural Health Outreach grant for health/related services to the Kau residents. We are presently waiting for the approval of the application.

There are other significant contributions that Hui Malama is providing to our Native Hawaiian community such as healthy lifestyle education, outreach to assist individuals to access needed health care services, and other supportive counseling and educational services. The presence of Hui Malama has demonstrated a commitment to the improvement of health in the Native Hawaiian population on the island of Hawaii. As the consequence of this, a large number of Native Hawaiians have graduated from the University of Hawaii at Hilo in health care professions.

The other islands in the State of Hawaii can be placed within the island of Hawaii. This large geographic area which lacks a mass transit system requires Hui Malama staff to be placed in the seven districts.

I would like to support the reauthorization to include adequate funding to reinstate Hui Malama's programs and positions lost through previous fiscal year's budgets cuts and to also expand services to ensure improved and ongoing community based services. The hallmark of Hui Malama's programs are community based decision making processes and assisting families to be responsible for their health care status. The culturally based program, Hui Malama Ola Na Oiwi, will strengthen the "ohana" (family).

I thank the committee for allowing me to present this testimony.

AUNTIE ABBIE ON HO'OPONOPONO IN KANEOHE, OAHU

Raw Footage for ALU LIKE Inc. June 9, 1999

Moderator: What is Ho'oponopono?

Auntie Abbie: Ho'oponopono is a healing process that helps an individual to know how important he is. In the process, you are given the opportunity to know who you really are because you are a child of God, God created you and gave you all the attributes to be a successful individual. He gave you the opportunity to make the choices and the decisions of what you would like your life to become. The only time that you are being told what to do is when upheld by your biological parents you come out to walk the face of this earth. Your parents are responsible in teaching you responsibility and what life is all about. In growing up with a family they give you many, many objectives that you can as an individual attain in making choices of what you'd like to become as you grow older. It is your decision and it is your choices that make you who you are.
The Ho'oponopono process helps you when you are in trouble; it is meant to give you back the recognition (forgotten about) that God created you to be a successful individual. You are involved in the material things of the world and you tend to forget that there is a rather important aspect of your life: that's the spiritual part of your life and when you do connect yourself with that part of your life, the person who has created you to help you to become a successful individual will come to help you to be the person that you should become in the way that he has created you to be.
Ho'oponopono helps you recognize how important you are as a child of God and helps you and gives you back your self worth, your self esteem and when you have the two working together and recognize how important they are in your life then it helps to build the confidence in you that whatever you feel it has to become then it helps you to get to work for whatever you feel you want to be. That's Ho'oponopono in each process helping you to receive back what you already have but have forgotten because of your involvement with all the material things of the world and you forgot how important it is for you to look at yourself and to feel that there are resolutions in you with all what God has given you: the sharing, the caring, the love. If you give good, good comes back to you and if you give bad, bad comes back to you. Don't expect that whatever attitude you have, good will be coming back to you, it won't: you have to recognize exactly how you would like your life to become in order to receive the blessings from the Mana. We call the power of God the Mana and this is what Ho'oponopono process helps to bring about in all those people that come to us needing help. They have had the opportunity to recognize and they tend to forget and when they get themselves into trouble they need help and when they come to us this is what we do for them: we do not speak about the past, what they have done wrong; we speak about the future and what they can do which is good for them because there is a good and there is a bad and if they were in the bad they can come to make the change in their life, that is what Ho'oponopono is all about.

Moderator: Let me ask you once again Auntie, give me a short definition of what is Ho'oponopono?

AUNTIE ABBIE ON HO'OPONOPONO IN KANEOHE, OAHU

Auntie Abbie: Ho'oponopono is a process that helps you to recognize what God has given you to be a successful individual. It shows you the attributes in all the creativity he has given you so that you can use the energy and the power that you have to become the person that you want to be. Ho'oponopono helps you to recognize that it is in you what helps you to become the person that you want to be. It also teaches you what you don't have that you can go out and seek to receive the help that you need to help you to accomplish the purpose that you have set forth. For instance as an example if you have been well educated as a native Hawaiian and come back and find you have a hard time finding a position that you think you qualify in, it teaches you to be humble in spirit and to begin first from the bottom and work yourself up to the top. Ho'oponopono helps you to recognize the spirit of humility, the spirit of loving oneself that you can look at that energy in the strength that you have plus the blessings that God gave you and the wisdom and the knowledge and the depth of intelligence that is in you to use so that you can accomplish whatever purposes you strive to accomplish and that's the process of Ho'oponopono.
There are many processes in Ho'oponopono but ours is the individual first, before we ever speak or explain anything other than the individual because the person that we work with is the most important, we have to make him or her recognize how important a person he or she is and the qualities that he or she has within himself or herself to be able to accomplish the purposes that they set forth and this is what the Ho'oponopono process is all about, it is to give you back the confidence and the purposes of your life.

Moderator: So... The answer lies inside all of us?

Auntie Abbie: Yes.

Moderator: How do you get that out of them?

Auntie Abbie: I don't get that out of them. They do it themselves. When they do believe what we express to them and go back and do what we have said to them, they themselves will find out that it's there; all of us have that and if we do want to, we have to work for it and this is the process that God has sent us upon this earth to learn to experience how beneficial it can become because you have to work for everything that you bring to yourself. It is not going to come to you on a silver platter. Work is the key to all things to make a person become an important individual. You cannot just be sitting and everything will come to you, it is not so and that is what we teach that you have to use the strength, the capabilities and the wisdom and the knowledge that you have to help yourself the way you want to go. Nobody will do that for you! You have to do that yourself. Ho'oponopono gives you the strength to make you recognize how important a person you are!

Moderator: Let's do it one more time. OK Auntie! so Ho'oponopono comes from within the person himself, right?

AUNTIE ABBIE ON HO'OPONOPONO IN KANEOHE, OAHU

Auntie Abbie: Right!

Moderator: So, what can you do to help a person find himself. What do you do?

Auntie Abbie: By having him come and explain, we explain to him how important he is; First we will let him know that he is a child of God and because he is a child of God I am also a child of God and even though we are not religious together we are all brothers and sisters because we are for our father in heaven all his children. Within him or her that part to help him understand that we are together with him or her and we are to help the person to feel that he/she can. If I can they can. Only the experience that they have gone through in their life has given them the disadvantage of not knowing that they can.

Ho'oponopono helps them to give them back the most important part of their life, it is their self worth. When they gain that self worth and feel good about themselves all what God has created and has given them to become successful, slowly they will feel it and then when they work with it they will gain that self esteem within themselves; when they gain that self esteem within themselves recognizing that they can and there is a way that they can solve their problem, that is giving them the self confidence within themselves and when they do that they will know that they are able to set their life into a proper way that they'll work towards and they'll walk easily through the problem with the energy and the strength, the understanding, the wisdom, the knowledge that they have, they will go forth and accomplish the purpose that they have set forth.

This is what Ho'oponopono causes them to recognize, we do not in any way do it for them, we have to make them understand that as a child of God they were already given everything to become a successful individual; the only thing that they must realize is that they have to reawaken the key within themselves which is to be able to communicate with the creator.

All they have to do in the process is go to him and thank him for all they receive and recognize that he is the father who has created him or her, and when they go to say thank you they can also go and tell him:

"I am, Father, in trouble and you know my misgivings, please help me to make it better."

He will put upon them the understanding of how they can wipe the mistakes that they have made and work to correct them and this is what Ho'oponopono is all about, it is to make them understand the self worth that they have, that God has given them to use.

All of us have it; it's just that we forget we are a child of God and have been given all that is necessary for us to be a successful individual as we walk the face of this earth, Ho'oponopono helps you understand.

Moderator: Before we go, let me ask you one more question, where does it come from? From here or here? (Pointing to the head and then to the heart)

Auntie Abbie: It comes from your heart, your mind and your spirit and then it gives you the energy to do it and then from doing it you realize that it is good and it does work. Then it encourages you to continue if you want the life, then you do it! If you don't then go back! It is your choice, I cannot make that choice for you. You have to make that

AUNTIE ABBIE ON HO'OPONOPONO IN KANEOHE, OAHU

choice to be a better person or still live in the life you have led prior to coming to us to have a better life. That's your choice!

Moderator: So, you are not a better person than me because you can...

Auntie Abbie: No!!

Moderator: You don't do it, I do it!

Auntie Abbie: Yeah!... But I have to put in practice what I tell you. I have to be the example! I cannot only preach and not do, that's the important part. You cannot tell anybody to do what you are not doing, that's why when you'll do Ho'oponopono you are going to be the example, OK?

Moderator: OK! Let's stop here. Thank you!

Auntie Abbie Napeahi

Auntie Abbie Napeahi,
Ho'oponopono Practitioner

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January 20, 2000

Senator Inouye: Mahalo for inviting me to speak about S. 1929, a bill to Amend the Native Hawaiian Health Care Improvement Act. Senator and Members of the Committee on Indian Affairs: Aloha.

My name is Jamie McCormick and I'm a Soccer Mom. My sons are here with me this morning -- I wanted them to experience this exciting and important event. They are one quarter Native Hawaiian. We are an adopted family and don't know any specifics about the health of their birth family. When we look at the health data about Native Hawaiians, to try and look into their future, things look pretty grim. Incarceration and suicide rates for young Hawaiian men are shocking. Alcohol and substance abuse rates are too. With cancer, the incidence rate for Native Hawaiians may not be higher than other groups, but the care received is "too little, too late" so the results of the care are radically different. This is true for other diseases.

But you probably know the statistics better than I – that's why you're here. I'm here to beg you to continue your support to Native Hawaiian health programs in general, and more specifically, to Hui Malama Ola Na O'iwi.

I'm also suspect that I was invited to present to you today because when my soccer players are in school I resort to my former life of being a public health planner and administrator. Right now I'm involved with a pretty special project. We believe we are creating a new model for service delivery, one that merits your attention. I've been in Public Health for over 25 years, and I've been on a lot of teams, and I've never seen a service delivery model like this before. What makes it unique is that it is truly grass roots, community based, and collaborative. Hui Malama Ola Na O'iwi has been a major player. Our collective focus is on diabetes.

The "we" I'm talking about is THE DIABETES NETWORK OF EAST HAWAI'I. Although the group now has over fifty individuals or agencies involved, we started with only 16 at a brown-bag meeting in August, 1998. At that lunch table was a staff member from Hui Malama. The reason people had come to the meeting was that they were all deeply concerned about our diabetes statistics and lack of diabetes education and counseling services in the Hilo area. The original group was comprised of health and human service professionals, individuals and agency representatives, family members and people with diabetes. The profile of the group remains the same, it just continues to grow.

A coalition was quickly formed and began meeting regularly to try to coordinate and improve education and care for people with diabetes who live in our community. We identified a Vision, Mission and Goal, then articulated 11 objectives to accomplish to achieve our goal. This was done without a staff or a budget, and at monthly brown-bag lunches.

Now here's the part that gives me "chicken skin".... The Network members decided that the best way to achieve our goal and objectives was to establish a diabetes library and education center, along with a multi-disciplinary team to provide programs and services at this center and in the community. And that is exactly what we did ... one year, to the day, after their first meeting ... the Diabetes Education and Counseling Center was opened in a empty store at the Hilo Shopping Center.

Now, you might be thinking what has this got to do with Native Hawaiian Health and why is opening a Center such a big deal? It DOES link to Native Hawaiian Health and it IS a big deal because we've developed a unique, collaborative model.

Native Hawaiian Health -- a few more facts.

- The age-adjusted mortality rate for diabetes, for Native Hawaiians is more than two times as high as the rate for Caucasians, Chinese, Filipinos, and Japanese.
- 50% of the people with kidney failure in Hawai'i have diabetes.

- The rate of newly diagnosed kidney failure cases in the state of Hawai'i in 1994 was more than *three times higher than the national average.*
- The island of Hawai'i has one of the highest rates of diabetes in the state.
- The age-adjusted prevalence rate for the island of Hawai'i is 50% greater than the state-wide rate.

Diabetes is a serious health problem in our area – for everyone, and especially Native Hawaiians.

Why are we a unique model? (PLEASE DON'T MISS THIS.) The multi-disciplinary team providing education and counseling services at the Center is, to date, staff members of other agencies or independent professionals in the community donating their time. Doctors, pharmacists, and other health care providers are all sending people to the Center for diabetes education and counseling. Again, it's a community effort to solve a community problem.

Here's a specific example: Staff members of Hui Malama Ola Na O'iwi have been involved with the Network from the very first meeting. Hui now sends a nurse and a nutritionist to the Center to do education and counseling for both Hui clients and others who come to the Center. Native Hawaiians who come to the Center, who are not already associated with Hui, are referred there or are seen at the Center. (Did I mention that in the first 4 months that the Center's doors have been open over 300 individuals have attended classes or received individual counseling.)

Here's another example of community collaboration. Both the Network and Hui are concerned specifically about the health of Native Hawaiian men and their extremely limited use of prevention and care services – so we collaborated on a plan, wrote a proposal and are now seeking funds for it. A Network Member worked on site at Hui Malama, and other Network members reviewed proposal drafts. And even though Hui now 'owns' the program, the Network knows that when the proposal gets funded, we will still be working together to help Native Hawaiian men get the diabetes care they need.

The Diabetes Network members firmly believe that our community coalition approach is a model that may well be replicated in other communities, particularly in Hawai'i. We also believe it might be a good model for the Pima Indians in Arizona.

We've started something wonderful here. Our community is beginning to feel empowered with respect to solving its diabetes problems. We are learning about, and harvesting, the benefits of working together in this new, unique way. In part this is a result of your support with Native Hawaiian Health moneys. Please, please continue to support us. By continuing to support Hui Malama Ola Na O'iwi you will give us the time and resources we need to fully develop and implement our collaborative model.

In closing, I'd like to note that Native Hawaiian health issues touch more than a select or discrete group. Many in Hawai'i are part-Hawaiian. There are numerous cross cultural families like mine. Basically, we're all concerned about the health of Native Hawaiians – it's not an "us vs them" situation, it's a "we" situation.

I'd like to leave you with a "Head's Up". As a result of the concern and support you are giving our community today, in a very few years, guys like these, my sons Ikaika and Keoni, are going to be healthy young adults ... strong in every way. They are going to be leaders ... like you .... Heads Up! they just might be going after your jobs. (Oh yes, Keoni wanted you to know, they are also going to have a lot of chicks.)

I'd would like to leave you as a Soccer Mom. In case you didn't already know, by seeing our fields along Bay Front, soccer is a very popular sport here in Hilo. From my view at the side of the field, I see many Hawaiian and part-Hawaiian faces. I know I speak for other Soccer Moms AND DADs, who aren't here today, when I say thank you for blessing our island with your presence. We are truly flattered, and grateful, for your attention, time and talents. A hui hou.