

see a city, and a state, and a nation where fear has waned and hope abides. They would witness the progress of our democracy, nod their heads and recognize that there is still much to be done.

And most importantly, they would urge us to continue down the path of reconciliation.

Thank you for granting me the honor of standing here today.

INTRODUCTION OF A BILL TO AMEND THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT TO REVISE AND EXTEND SUCH ACT

**HON. NEIL ABERCROMBIE**

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 13, 2001*

Mr. ABERCROMBIE. Mr. Speaker, I rise today with my colleague, Representative Patsy Mink, to introduce a bill to reauthorize the Native Hawaiian Health Care Improvement Act. The purpose of this legislation is to improve the health status of Native Hawaiians through the continuation of comprehensive health promotion and disease prevention. IT is intended to provide health education in Native Hawaiian communities and primary care health care services using traditional Native Hawaiian healers and health care providers trained in Western medicine. In areas where there is an underutilization of existing health care delivery systems that can provide culturally relevant health care services, this bill authorizes the Secretary of the Department of Health and Human Services to contract with Native Hawaiian health care systems to provide care referral services to Native Hawaiian patients. This reauthorization is intended to assure the continuity of health care programs for Native Hawaiians under the authority of Public Law 100-579.

As enacted in 1988, the Native Hawaiian Health Care Improvement Act is premised upon the findings and recommendations of the Native Hawaiian Health Research Consortium report of December 1985 to the Secretary of the Department of Health and Human Services. The report clearly indicates that the underutilization of existing health care services by Native Hawaiian can be traced to the absence of culturally-relevant services. Additionally, the report reveals a general perception in the Native Hawaiian community that health care services based on concepts of Western medicine will not cure diseases afflicting Native Hawaiian people.

The bill contains extensive findings on the current health status of Native Hawaiians including the incidence and mortality rates associated with various forms of cancer, diabetes, asthma, circulatory diseases, infectious disease and illness, and injuries. It also includes statistics on life expectancy, maternal and child health, births, teen pregnancies, fetal mortality, mental health, and education and training in the health professions.

The Native Hawaiian population living in Hawaii consists of two groups: Hawaiians and part-Hawaiians, which are distinct in both age distributions and mortality rates. Hawaiians comprise less than 5 percent of the total Na-

tive Hawaiian population and are much older than the growing part-Hawaiian population.

Overall, the Native Hawaiian death rate is 34 percent higher than the death rate for all races in the United States, but this composite masks great differences that exist between Hawaiians and part-Hawaiians. Hawaiians have a death rate 146 percent higher than the U.S. all-races rate. Part-Hawaiians also have a higher death rate, but only 17 percent greater than the U.S. as a whole. A comparison of age-adjusted death rates for Hawaiians and part-Hawaiians reveals that Hawaiians die at a rate 110 percent higher than part-Hawaiians, and this pattern is found in all but one of the 13 leading causes of deaths common to both groups.

The health status of Native Hawaiians is far below that of other U.S. population groups. In a number of areas, the evidence is compelling that Native Hawaiians constitute a population group for which the morality rates associated with certain disease exceed that for other U.S. populations in alarming proportions.

Native Hawaiians premise their high morality rates and incidence of disease upon the breakdown of the Hawaiian culture and belief systems, including traditional healing practices. That breakdown resulted from western settlement and the influx of western diseases to which the native people of the Hawaiian Islands lacked immunity. Further, Native Hawaiians perceive the high incidence of mental illness and emotional disorders in the Native Hawaiians population as evidence of the cultural isolation and alienation of the native peoples in a statewide population of which they now constitute only 20 percent. Settlement from both the east and the west brought new diseases which decimated the Native Hawaiian population, and it devalued their customs and traditions to the point of prohibiting their native tongue in schools and other public venues.

The concepts embodied in this bill are the result of extensive work of Native Hawaiian health care professionals and others dedicated to improving the health of Native Hawaiians. Its purpose is to enable Native Hawaiians to achieve the healthful harmony of the self, or *lokahi*, with others and all of nature. For Native Hawaiians to function effectively as citizens and leaders in their own homeland, there must be a restoration of cultural traditions, integration of traditional healing methods in the health care delivery system, and a collective effort to restore to Native Hawaiians a sense of self esteem and self worth. The ultimate goal is to have this Native Hawaiian way of dealing with health eventually become an integral part of the State's health policy for both Native Hawaiian and Non-Hawaiians.

HONORING GENERAL MOTORS  
FLINT TRUCK ASSEMBLY PLANT

**HON. DALE E. KILDEE**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 13, 2001*

Mr. KILDEE. Mr. Speaker, today I speak on behalf of a group of men and women who proudly represent the best of working America.

On Tuesday, February 13, business and community leaders in my hometown of Flint, MI, will gather to honor the 3,051 auto workers of the Flint Truck Assembly Plant. On that day they will celebrate the Chevy Silverado HD, selected by Motor Trend Magazine as 2001's "Truck of the Year."

The Flint Truck Assembly Plant which is located on Van Slyke Road has been assembling automobiles since 1947. In addition to producing the Silverado 1500, 2500, 3500 HD, the plant also produces GMC Sierra 1500, 2500, and 3500.

General Motors continues to support the plant by investing \$500 million in new equipment, and there are plans to add a new line. With continued support not only from General Motors but also from the community, the plant will no doubt see many more successes and accolades in the future.

Mr. Speaker, the Chevy Silverado HD was built with quality labor and parts. The employees of the Flint Truck Assembly Plant have worked diligently to improve their facility's productivity and quality. This group is one example of what hard work, determination and a passionate desire to be No. 1 can accomplish. I am grateful for the men and women who day-in and day-out work to provide safe quality vehicles for our Nation and the world. I ask my colleagues in the 107th Congress to join me in recognizing their achievement.

TRIBUTE TO JUDY ROCCIANO

**HON. DIANA DeGETTE**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 13, 2001*

Ms. DeGETTE. Mr. Speaker, I would like to recognize the notable accomplishments and the extraordinary life of a woman in the 1st Congressional District of Colorado. It is both fitting and proper that we recognize this community leader for her exceptional record of civic leadership and invaluable service. It is to commend this outstanding citizen that I rise to honor Ms. Judy Rocciano.

Judy Rocciano is a remarkable woman who has touched the lives of many people and made a tremendous impact on our community. Her indomitable spirit has sustained her through many challenges and molded a life of notable accomplishment. Those who know Judy understand her passion for fairness, community service and political activism. She is well known in the Denver area for being outspoken and for her immeasurable contribution to the life of our community.

Judy Rocciano began her life in Findlay, Ohio and in 1971, she came to Colorado on vacation and subsequently moved to Denver three months later. Judy is a paralegal and has been a successful businesswoman. She has distinguished herself in the non-profit sector as the Southwest Director of the Concord Coalition where she worked on revisions to Social Security and Medicare in six states. She also served as a powerful advocate for Choice as Executive Director of Colorado NARAL. It comes as no surprise that she was honored by Colorado NARAL as a "Local Hero."