S. HRG. 106–462, PT 1

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 18, 2000
KALAMAULA, MOLOKAI, HI

PART 1

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NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT

TUESDAY, JANUARY 18, 2000

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Kalamaula, Molokai, HI.

The committee met, pursuant to notice, at 9:45 a.m. at Kulana Oiwi Halau, Molokai, HI, Hon. Daniel K. Inouye (vice chairman of the committee) presiding.

Present: Senator Inouye.

Senator INOUYE. Ladies and gentlemen, can we proceed?

Before doing so, I would like to apologize on behalf of the committee and staff. We were delayed because the flight was delayed twice.

In order that we may have the blessings from our God, may I call upon the Reverend [Native name] to lead us in a pule.

[Prayer in native tongue.]

Senator INOUYE. Thank you very much, Reverend.

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

Senator INOUYE. The Senate Committee on Indian Affairs meets this morning to receive testimony on S. 1929, a bill to reauthorize the Native Hawaiian Health Care Improvement Act.

In 1984, an act of Congress directed the Department of Health and Human Services to conduct a study of the health care needs of Native Hawaiians. That study was submitted to the Congress in July 1986, and the data on Native Hawaiian health status was then compared to the health status data of other segments of the American population. The findings were significant, and to say that it was alarming would be an understatement.

Native Hawaiians have higher rates of mortality from certain kinds of cancer, from heart disease and diabetes than any other group of Americans. In some disease categories, Native Hawaiians have the highest mortality rates in the world.

This prompted the Congress to take action, and in 1988 the Native Hawaiian Health Care Improvement Act was enacted into law.

This act was reauthorized in 1992 and further amendments to the health scholarship programs were enacted in 1998.

The bill before us would reauthorize the act to provide authority for the appropriation of Federal funds to address the health care needs of Native Hawaiians through fiscal year 2010, for the next 10 years.

The bill extends the authority for activities and responsibilities that Papa Ola Lokahi and the Native Hawaiian health care systems have been administering for the past decade, and, in addition, this bill would provide new authority for establishing 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, and the Kamehameha schools would also become designated members of the Papa Ola Lokahi Board.

The bill also provides for the establishment of a national bipartisan Native Hawaiian health care entitlement commission which would be charged with determining whether Native Hawaiians should receive health care services as an entitlement. This is one of the more important provisions of this law, whether the services should be an entitlement in the same fashion that those who are eligible for Social Security or Medicare participate in those programs as an entitlement.

The committee is most pleased that the boards of Papa Ola Lokahi and the Office of Hawaiian Affairs [OHA] have recently reached agreement on amendments to S. 1929 that would provide for a role for the Office of Hawaiian Affairs in further development of the comprehensive health care master plan.

These amendments would also authorize OHA to enter into joint agreements for the collection of data and to enter into a memorandum of understanding with the United States Health Care Financing Administration.

This bill, S. 1929, would provide authority for the establishment of a Native Hawaiian Center of Excellence for Nursing at the University of Hawaii at Hilo; a Native Hawaiian Center of Excellence for Mental Health at the University of Hawaii at Manoa; a Native Hawaiian Center of Excellence for Maternal Health and Nutrition at Waimanalo Health care Center; and a Native Hawaiian Health Care Center of Excellence for Research, Training, and Integrated Medicine at Molokai General Hospital.

The bill also provides authorization for Papa Ola Lokahi to carry out Native Hawaiian demonstration projects of national significance in areas such as education of health professionals, the integration of western medicine with the complementary health practices, including traditional Native Hawaiian nutrition and dietary practices, the use of wellness and telecommunications in chronic disease management and health promotion and disease prevention, the development of an appropriate model of health care for Native Hawaiians and other indigenous people, and the development of a centralized database and information system relating to health care status and wellness of Native Hawaiians.

[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.

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

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

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

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

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

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

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

1 ful and friendly people was overthrown, and the
2 President concluded that a "substantial wrong has
3 thus been done which a due regard for our national
4 character as well as the rights of the injured people
5 required that we should endeavor to repair".

6 "(14) Queen Lili'uokalani, the lawful monarch
7 of Hawaii, and the Hawaiian Patriotic League, rep-
8 resenting the aboriginal citizens of Hawaii, promptly
9 petitioned the United States for redress of these
10 wrongs and for restoration of the indigenous govern-
11 ment of the Hawaiian nation, but this petition was
12 not acted upon.

13 "(15) Further, the United States has acknowl-
14 edged the significance of these events and has apolo-
15 gized to Native Hawaiians on behalf of the people of
16 the United States for the overthrow of the Kingdom
17 of Hawaii with the participation of agents and citi-
18 zens of the United States, and the resulting depriva-
19 tion of the rights of Native Hawaiians to self-deter-
20 mination in legislation in 1993 (Public Law 103–
21 150; 107 Stat. 1510).

22 "(16) In 1898, the United States annexed Ha-
23 waii through the Newlands Resolution without the
24 consent of or compensation to the indigenous people
25 of Hawaii or their sovereign government who were

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

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

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

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

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

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

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

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

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

1 motion and disease prevention services to maintain
2 and improve the health status of the Hawaiian peo-
3 ple. This program is conducted by the Native Ha-
4 waiian Health Care Systems, the Native Hawaiian
5 Health Scholarship Program and Papa Ola Lokahi.
6 Health initiatives from these and other health insti-
7 tutions and agencies using Federal assistance have
8 begun to lower the century-old morbidity and mor-
9 tality rates of Native Hawaiian people by providing
10 comprehensive disease prevention, health promotion
11 activities and increasing the number of Native Ha-
12 waiians in the health and allied health professions.
13 This has been accomplished through the Native Ha-
14 waiian Health Care Act of 1988 (Public Law 100–
15 579) and its reauthorization in section 9168 of Pub-
16 lic Law 102–396 (106 Stat. 1948).
17 "(25) This historical and unique legal relation-
18 ship has been consistently recognized and affirmed
19 by Congress through the enactment of Federal laws
20 which extend to the Native Hawaiian people the
21 same rights and privileges accorded to American In-
22 dian, Alaska Native, Eskimo, and Aleut commu-
23 nities, including the Native American Programs Act
24 of 1974 (42 U.S.C. 2991 et seq.), the American In-
25 dian Religious Freedom Act (42 U.S.C. 1996), the

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

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

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

1 cohol and drug abuse under the Anti-Drug Abuse
2 Act of 1986 (Public Law 99–570).
3 "(28) Further, the United States has recog-
4 nized that Native Hawaiians, as aboriginal, indige-
5 nous, native peoples of Hawaii, are a unique popu-
6 lation group in Hawaii and in the continental United
7 States and has so declared in Office of Management
8 and Budget Circular 15 in 1997 and Presidential
9 Executive Order No. 13125, dated June 7, 1999.
10 "(29) Despite the United States having ex-
11 pressed its commitment to a policy of reconciliation
12 with the Native Hawaiian people for past grievances
13 in Public Law 103–150 (107 Stat. 1510) the unmet
14 health needs of the Native Hawaiian people remain
15 severe and their health status continues to be far
16 below that of the general population of the United
17 States.
18 "(b) UNMET NEEDS AND HEALTH DISPARITIES.—
19 Congress finds that the unmet needs and serious health
20 disparities that adversely affect the Native Hawaiian peo-
21 ple include the following:
22 "(1) CHRONIC DISEASE AND ILLNESS.—
23 "(A) CANCER.—
24 "(i) IN GENERAL.—With respect to all
25 cancer—

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

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

1 rates from cancer of the cervix in the State
2 of Hawaii (3.82 out of every 100,000 resi-
3 dents) followed by Filipino Americans
4 (3.33 out of every 100,000 residents) and
5 Caucasian Americans (2.61 out of every
6 100,000 residents).
7 "(iv) LUNG CANCER.—Native Hawai-
8 ians have the highest mortality rates from
9 lung cancer in the State of Hawaii (90.70
10 out of every 100,000 residents), which is
11 61 percent higher than Caucasian Ameri-
12 cans, who rank second and 161 percent
13 higher than Japanese Americans, who rank
14 third.
15 "(v) PROSTATE CANCER.—Native Ha-
16 waiian males have the second highest mor-
17 tality rates due to prostate cancer in the
18 State of Hawaii (25.86 out of every
19 100,000 residents) with Caucasian Ameri-
20 cans having the highest mortality rate
21 from prostate cancer (30.55 out of every
22 100,000 residents).
23 "(B) DIABETES.—With respect to diabe-
24 tes, for the years 1989 through 1991—

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

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

"(D) CIRCULATORY DISEASES.—

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

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

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

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

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

1 "(C) Native Hawaiian females lose and av-
2 erage of 4 years of productive life lost from ac-
3 cidents but this rate is the highest rate among
4 all females in the State of Hawaii.
5 "(4) DENTAL HEALTH.—With respect to dental
6 health—
7 "(A) Native Hawaiian children exhibit
8 among the highest rates of dental caries in the
9 nation, and the highest in the State of Hawaii
10 as compared to the 5 other major ethnic groups
11 in the State;
12 "(B) the average number of decayed or
13 filled primary teeth for Native Hawaiian chil-
14 dren ages 5 through 9 years was 4.3 as com-
15 pared with 3.7 for the entire State of Hawaii
16 and 1.9 for the United States; and
17 "(C) the proportion of Native Hawaiian
18 children ages 5 through 12 years with unmet
19 treatment needs (defined as having active den-
20 tal caries requiring treatment) is 40 percent as
21 compared with 33 percent for all other races in
22 the State of Hawaii.
23 "(5) LIFE EXPECTANCY.—With respect to life
24 expectancy—

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

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

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

1 "(7) MENTAL HEALTH.—

2 "(A) ALCOHOL AND DRUG ABUSE.—With
3 respect to alcohol and drug abuse—

4 "(i) Native Hawaiians represent 38
5 percent of the total admissions to Depart-
6 ment of Health, Alcohol, Drugs and Other
7 Drugs, funded substance abuse treatment
8 programs;

9 "(ii) in 1997, the prevalence of smok-
10 ing by Native Hawaiians was 28.5 percent,
11 a rate that is 53 percent higher than that
12 for all other races in the State of Hawaii
13 which is 18.6 percent;

14 "(iii) Native Hawaiians have the high-
15 est prevalence rates of acute drinking (31
16 percent), a rate that is 79 percent higher
17 than that for all other races in the State
18 of Hawaii;

19 "(iv) the chronic drinking rate among
20 Native Hawaiians is 54 percent higher
21 than that for all other races in the State
22 of Hawaii;

23 "(v) in 1991, 40 percent of the Native
24 Hawaiian adults surveyed reported having
25 used marijuana compared with 30 percent

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

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

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

1 "(J) provision of mental health care.

2 "(2) HEALTH PROMOTION.—The term 'health
3 promotion' includes—

4 "(A) pregnancy and infant care, including
5 prevention of fetal alcohol syndrome;

6 "(B) cessation of tobacco smoking;

7 "(C) reduction in the misuse of alcohol and
8 drugs;

9 "(D) improvement of nutrition;

10 "(E) improvement in physical fitness;

11 "(F) family planning;

12 "(G) control of stress;

13 "(H) reduction of major behavioral risk
14 factors and promotion of healthy lifestyle prac-
15 tices; and

16 "(I) integration of cultural approaches to
17 health and well-being, including traditional
18 practices relating to the land ('aina), water
19 (wai), and ocean (kai).

20 "(3) NATIVE HAWAIIAN.—The term 'Native
21 Hawaiian' means any individual who is Kanaka
22 Maoli (a descendant of the aboriginal people who,
23 prior to 1778, occupied and exercised sovereignty in
24 the area that now constitutes the State of Hawaii)
25 as evidenced by—

1 "(A) genealogical records,

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

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

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

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

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

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

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

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

24 "(F) which is—

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

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

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

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

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

1 "(9) TRADITIONAL NATIVE HAWAIIAN HEAL-
2 ER.—The term 'traditional Native Hawaiian healer'
3 means a practitioner—
4 "(A) who—
5 "(i) is of Native Hawaiian ancestry;
6 and
7 "(ii) has the knowledge, skills, and ex-
8 perience in direct personal health care of
9 individuals; and
10 "(B) whose knowledge, skills, and experi-
11 ence are based on demonstrated learning of Na-
12 tive Hawaiian healing practices acquired by—
13 "(i) direct practical association with
14 Native Hawaiian elders; and
15 "(ii) oral traditions transmitted from
16 generation to generation.
17 **"SEC. 4. DECLARATION OF POLICY.**
18 "(a) CONGRESS.—Congress hereby declares that it is
19 the policy of the United States in fulfillment of its special
20 responsibilities and legal obligations to the indigenous peo-
21 ple of Hawaii resulting from the unique and historical re-
22 lationship between the United States and the indigenous
23 people of Hawaii—
24 "(1) to raise the health status of Native Hawai-
25 ians to the highest possible health level; and

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

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

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

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

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

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

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

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

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

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

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

8 "(a) DEVELOPMENT.—

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

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

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

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

2 "(a) RESPONSIBILITY.—Papa Ola Lokahi shall be re-
3 sponsible for the—

4 "(1) coordination, implementation, and updat-
5 ing, as appropriate, of the comprehensive health care
6 master plan developed pursuant to section 5;

7 "(2) training for the persons described in sub-
8 paragraphs (B) and (C) of section 7(c)(1);

9 "(3) identification of and research into the dis-
10 eases that are most prevalent among Native Hawai-
11 ians, including behavioral, biomedical, epidemiolog-
12 ical, and health services; and

13 "(4) the development of an action plan outlin-
14 ing the contributions that each member organization
15 of Papa Ola Lokahi will make in carrying out the
16 policy of this Act.

17 "(b) SPECIAL PROJECT FUNDS.—Papa Ola Lokahi
18 may receive special project funds that may be appro-
19 priated for the purpose of research on the health status
20 of Native Hawaiians or for the purpose of addressing the
21 health care needs of Native Hawaiians.

22 "(c) CLEARINGHOUSE.—

23 "(1) IN GENERAL.—Papa Ola Lokahi shall
24 serve as a clearinghouse for—

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

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

1 ing Administration or the agency of the State
2 which administers or supervises the administra-
3 tion of a State plan or waiver approved under
4 title XVIII, XIX or title XXI of the Social Se-
5 curity Act for payment of all or a part of the
6 health care services to persons who are eligible
7 for medical assistance under such a State plan
8 or waiver; and
9 "(B) assist in the collection of appropriate
10 reimbursement for health care services to per-
11 sons who are entitled to insurance under title
12 XVIII of the Social Security Act.

13 **"SEC. 7. NATIVE HAWAIIAN HEALTH CARE SYSTEMS.**

14 "(a) COMPREHENSIVE HEALTH PROMOTION, DIS-
15 EASE PREVENTION, AND PRIMARY HEALTH SERVICES.—
16 "(1) GRANTS AND CONTRACTS.—The Secretary,
17 in consultation with Papa Ola Lokahi, may make
18 grants to, or enter into contracts with, any qualified
19 entity for the purpose of providing comprehensive
20 health promotion and disease prevention services, as
21 well as primary health services, to Native Hawaiians
22 who desire and are committed to bettering their own
23 health.
24 "(2) PREFERENCE.—In making grants and en-
25 tering into contracts under this subsection, the Sec-

1 retary shall give preference to Native Hawaiian
2 health care systems and Native Hawaiian organiza-
3 tions and, to the extent feasible, health promotion
4 and disease prevention services shall be performed
5 through Native Hawaiian health care systems.
6 "(3) QUALIFIED ENTITY.—An entity is a quali-
7 fied entity for purposes of paragraph (1) if the en-
8 tity is a Native Hawaiian health care system.
9 "(4) LIMITATION ON NUMBER OF ENTITIES.—
10 The Secretary may make a grant to, or enter into
11 a contract with, not more than 8 Native Hawaiian
12 health care systems under this subsection during
13 any fiscal year.
14 "(b) PLANNING GRANT OR CONTRACT.—In addition
15 to grants and contracts under subsection (a), the Sec-
16 retary may make a grant to, or enter into a contract with,
17 Papa Ola Lokahi for the purpose of planning Native Ha-
18 waiian health care systems to serve the health needs of
19 Native Hawaiian communities on each of the islands of
20 O'ahu, Moloka'i, Maui, Hawai'i, Lana'i, Kaua'i, and
21 Ni'ihau in the State of Hawaii.
22 "(c) SERVICES TO BE PROVIDED.—
23 "(1) IN GENERAL.—Each recipient of funds
24 under subsection (a) shall ensure that the following
25 services either are provided or arranged for:

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

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

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

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

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

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

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

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

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

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

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

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

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

1 "(5) agrees to submit to the Secretary and to
2 Papa Ola Lokahi an annual report that describes
3 the use and costs of health services provided under
4 the grant or contract (including the average cost of
5 health services per user) and that provides such
6 other information as the Secretary determines to be
7 appropriate.
8 "(d) CONTRACT EVALUATION.—
9 "(1) DETERMINATION OF NONCOMPLIANCE.—
10 If, as a result of evaluations conducted by the Sec-
11 retary, the Secretary determines that an entity has
12 not complied with or satisfactorily performed a con-
13 tract entered into under section 7, the Secretary
14 shall, prior to renewing such contract, attempt to re-
15 solve the areas of noncompliance or unsatisfactory
16 performance and modify such contract to prevent fu-
17 ture occurrences of such noncompliance or unsatis-
18 factory performance.
19 "(2) NONRENEWAL.—If the Secretary deter-
20 mines that the noncompliance or unsatisfactory per-
21 formance described in paragraph (1) with respect to
22 an entity cannot be resolved and prevented in the fu-
23 ture, the Secretary shall not renew the contract with
24 such entity and may enter into a contract under sec-
25 tion 7 with another entity referred to in subsection

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

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

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

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

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

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

7 "(f) REPORT.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 "(3) Establish a study committee to be com-
2 posed of at least 10 members from the Commission,
3 including 4 members of the members appointed
4 under subsection (b)(1), 5 of the members appointed
5 under subsection (b)(2), and 1 of the members ap-
6 pointed by the Secretary under subsection (b)(3),
7 which shall—
8 "(A) to the extent necessary to carry out
9 its duties, collect and compile data necessary to
10 understand the extent of Native Hawaiian
11 needs with regards to the provision of health
12 services, including holding hearings and solicit-
13 ing the views of Native Hawaiians and Native
14 Hawaiian organizations, and which may include
15 authorizing and funding feasibility studies of
16 various models for all Native Hawaiian bene-
17 ficiaries and their families, including those that
18 live on the United States continent;
19 "(B) make recommendations to the Com-
20 mission for legislation that will provide for the
21 culturally-competent and appropriate provision
22 of health services for Native Hawaiians as an
23 entitlement, which shall, at a minimum, address
24 issues of eligibility and benefits to be provided,
25 including recommendations regarding from

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

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

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

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

1 ments in the competitive service, and shall be
2 paid without regard to the provisions of chapter
3 51 and subchapter III of chapter 53 of such
4 title (relating to classification and General
5 Schedule pay rates).
6 "(D) EXPERTS AND CONSULTANTS.—With
7 the approval of the Commission, the executive
8 director may procure temporary and intermit-
9 tent services under section 3109(b) of title 5,
10 United States Code.
11 "(E) FACILITIES.—The Administrator of
12 the General Services Administration shall locate
13 suitable office space for the operations of the
14 Commission in the State of Hawaii. The facili-
15 ties shall serve as the headquarters of the Com-
16 mission and shall include all necessary equip-
17 ment and incidentals required for the proper
18 functioning of the Commission.
19 "(f) POWERS.—
20 "(1) HEARINGS AND OTHER ACTIVITIES.—For
21 purposes of carrying out its duties, the Commission
22 may hold such hearings and undertake such other
23 activities as the Commission determines to be nec-
24 essary to carry out its duties, except that at least 8
25 hearings shall be held on each of the Hawaiian Is-

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

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

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

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

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

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

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

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

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

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

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

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

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

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Senator INOUYE. So that we may afford all witnesses opportunity to present testimony to the committee, we have reluctantly asked that each witness limit his or her testimony to no more than 5 minutes. If necessary, when the time has expired we will have to advise you of such.

However, may I, as chairman of this hearing, assure you that the written testimony of each witness will be included in full in the committee's hearing record, and the record will remain open for the submission of additional testimony until the 21st of February.

With that, may I welcome all of the witnesses who have come to present testimony to the committee today.

May I now call on our witnesses, first The Honorable Colette Machado, trustee of the Office of Hawaiian Affairs; the executive director of Na Pu'uwai, Bill Akutagawa; member of the board of directors of Na Pu'Uwai, Russell Azuma; the medical director of Molokai General Hospital, Doctor N. Emmett Aluli; member of Molokai General Hospital, Dr. Phillip Reyes; and the director of women's health at Molokai General Hospital, Janice Kalanihuia.

It is now my pleasure to call upon The Honorable Colette Machado, trustee of OHA.

STATEMENT OF HON. COLETTE MACHADO, TRUSTEE, OFFICE OF HAWAIIAN AFFAIRS

Ms. MACHADO. Aloha and thank you, Senator Inouye, and your staff.

I'm very pleased to present to you testimony, as you indicated in your opening remarks, that the Office of Hawaiian Affairs, its board of directors, board of trustees by a majority vote approved these amendments, as you so ably identified, and I'm very pleased to offer them, because previous to this position of OHA, OHA took a position previously that opposed certain stronger amendments to the reauthorization bill.

For the record, because of that—and there was no general consensus from our board and the [Native word] Board, we were unable to successfully conduct these hearings at the close of the previous Congressional session.

So I stand before you this morning acknowledging that we have moved hurdles, barriers, and we have moved the board by majority vote to support the Senate bill as it has been amended.

The key area also has been that we've had several thousand hours of discussions between our board, our staff, the [Native word] staff, along with the various key people.

In the discussion, we've agreed to remain as a board member under the [Native word] structure. We have also agreed to provide consultation with the master plan development and to allow [Native word] to take the lead with the Hawaiian health care program.

We've also agreed that, in the efforts to serve the broad-based communities, to include the island of [Native word], [Native word]—I forget the last area, but we've endorsed that aspect, also.

In addition to those areas, we will be participating in the bipartisan commission, along with members of [Native word].

The biggest move for OHA's participation at the Federal level is the HCFA responsibility. This bill will authorize OHA to be the lead to work with the Federal Government and the State Depart-

ment of Health to identify a much broader approach and a commitment of funding on a ratio of four-to-one — four dollars to every dollar that we are able to level with the Federal Government.

So I stand here as one of the stalwart supporters and warriors of this reauthorization bill to offer that into the record.

You will be hearing from the new chair of OHA on your Oahu hearing, and he will have more of the final detail.

Another area of support I want to offer is the fact that Molokai General Hospital is named in the bill as part of the excellence approach, and this would certainly help us as a Native Hawaiian community, that so often it is statistics, our negative statistics, along with the potential remedy outcomes.

So, in closing, I would like to offer a mahalo to Representative Mink, along with your staff, Senator Inouye, and Senator Akaka's staff for being very patient in this situation. It was victorious, and the outcome has been beneficial to all beneficiaries of Native Hawaiian ancestry.

Mahalo.

Senator INOUYE. I thank you very much, Trustee Machado.

[Applause.]

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

Senator INOUYE. May I just ask one question? There is a provision in the bill that would authorize Native Hawaiian beneficiaries under this act to receive health care services as a matter of entitlement. I would presume OHA supports this?

Ms. MACHADO. Definitely. There needs to be a match of the Federal as well as a contribution made from that agency, and we stand behind that.

Senator INOUYE. I thank you very much.

And now may I call upon Mr. Akutagawa?

STATEMENT OF WILLIAM AKUTAGAWA, EXECUTIVE DIRECTOR, NA PU'UWAI

Mr. AKUTAGAWA. Honorable Senator Daniel K. Inouye, vice chairman, and members of the Committee on Indian Affairs, thank you for this opportunity this morning to present testimony on S. 1929.

My name is William Akutagawa, and I am the executive director of Na Pu'uwai, the Native Hawaiian health care system serving the islands of Molokai, including [Native word] and the island of [Native word].

Since 1991, Na Pu'uwai has served the health needs of 1,330 Native Hawaiians and their [Native word]. This represents approximately 30 percent of the Native Hawaiian health needs in our area of service on [Native word] and Molokai.

Also, 1,136 have participated in our cardiovascular risk clinic. Baseline data collected included vitals relating to hypertension and obesity, blood chemistry relating to elevated cholesterol and triglycerides, glucose tolerance reading for diabetes, urinalysis concerning urinary tract infections and elevated glucose, nutrition assessment and education, which is a 24-hour program, and family medical history.

Participants were then case managed for a series of referrals back to their personal care physician for follow-up services.

The results of our cardiovascular risk clinic confirm our theories that our Native population are prone to heart disease and diabetes and generally have poor lifestyles and eating habits that contribute significantly to their health problems.

The cardiovascular risk clinic established what the health picture is like for the Native Hawaiian population in our area. It has also given us the ability to track individual participants from the cardiovascular risk clinic as they enter health programs, and if there is an ability to prevent, delay, or decrease the incidence and mortality associated with chronic disease for which they are at risk of.

However, the tracking requires monitoring over a prolonged period of time, much longer than the present life of the Native Hawaiian Health Care Improvement Act can provide.

Another community health service provided by Na Pu'uwai are screening clinics for breast, cervical, prostate cancer, diseases for which the Native Hawaiian is particularly at high risk.

Working closely with the Women's Health Center at Molokai General Hospital, our Native Hawaiian women are referred for pelvic exams. We are also responsible for initially bringing those services to all the women on [Native word].

Our cancer screening clinics make good use of in-kind services of physicians, both here and on [Native word].

Grant moneys through the act are used to purchase air coupons for travel of the examining physicians.

The Native Hawaiian Health Care Improvement Act is a vehicle that makes these kinds of projects possible.

Since 1991, a total of 429 women have gone through our breast exams; 75 were found to have abnormalities. Pelvic exams were done on 271 women from 1995, and 16 were found to have abnormalities; 131 native women have been referred for mammographies since 1995 and 20 were found to have abnormalities.

After initiating the first prostate screening clinic for men in 1994, a total of 470 have since been tested. Many asked to return for yearly screening clinics when they become available.

This contradicts the negative belief that Native Hawaiian men do not take a preventive approach to their health and reinforces the concept that, if given the chance, they will take advantage of programs benefiting their health.

One of our disease prevention programs includes screening for otitis media, identified as a chronic condition afflicting Native Hawaiian youth. The screening tests were conducted in public and private schools on Molokai and [Native word]. Working closely with school principals and health aids, the screenings were performed by a community health worker certified in audiology testing and conducted on students grade K–6 from 1994–99. A total of 1,959 students were screened on Molokai and [Native word]. Students with two or more frequency loss were referred to a State Department of Health public health nursing branch for follow-up testing and referral to their primary care physician.

Working closely with the American Lung Association, our programs in asthma management were offered to clients in our system with asthmatic children. Classes on open airways were given to asthmatic students in the school.

Diabetes and end-stage renal disease constitutes or continues to be a major health risk for Native Hawaiians on Molokai and [Native word]. However, since the formation of the Native Hawaiian health care system, services have improved on Molokai, with many monthly visits by endocrinologists, a dietitian, and RN certified diabetes educator from the St. Francis Center on Oahu.

Diabetics in our system that have a need for clinical management of their disease have access to this service. Molokai also will soon have a dialysis facility on Molokai. That will decrease the present rate of renal patients traveling to Oahu three times a week for treatment.

The yearly average of 2,000-plus contacts by community health workers is for the purpose of monitoring glucose in our referred diabetics.

Our programs in nutrition and weight management incorporate the use of traditional foods in the Molokai diet consisting of low-fat, high-fiber foods of our ancestors.

The friendly environment of shared stories and communal eating has played an tremendous role in weight loss of obese clients. There is a group with significant weight loss that has success stories. The average weight loss has been 22 pounds per individual. The cost of healthy foods has been a barrier to more weight management cycles.

The act has provided some of the basis for these activities, but more needs to be pulled into the project in terms of producing low-cost, traditional food resources and ability to access those resources.

The Native Hawaiian health care system is proud of our attempt to provide continual care of health services to the Native Hawaiian community on Molokai and [Native word], but has great implications for serving all of its population.

Our niche in recent years have been what we do best — health promotion and disease prevention. This falls in line with the plan of the other major health providers. Their role is clinical in nature and speaks for a treatment in secondary and tertiary care.

Our involvement looks at preventing or delaying the greater population from moving toward specialized care and perhaps reducing the associated costs, something that Hawaiians can ill afford.

As a rule, communities still need to keep families together. The health of our Native Hawaiians are tied to dynamics of the extended family. We must provide every opportunity to keep them together, and that means living longer and being healthy.

In summary, I urge Congress and the Federal Government to reauthorize the passage of the Native Hawaiian Health Care Improvement Act. Not to do so will jeopardize all our efforts since its authorization and the work of many to improve the health conditions of the indigenous people of Hawaii.

[Native word] and his consort, [Native word], more than 200 years ago went out to solicit moneys to build Queen's Hospital. Their concern then is still the concern of all today—that it could stay the wasting hand of [Native word].

Mahalo.

[Applause.]

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

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

Senator INOUYE. Now may I call upon Mr. Azuma?

STATEMENT OF RUSSELL AZUMA, BOARD OF DIRECTORS, NA PU'UWAI

Mr. AZUMA. Thank you, Senator. Aloha.

My name is Russell Azuma, and I have been involved in the health care profession on Molokai for the last 12 years as a paramedic, a basic life support CPR instructor, and recently as a member of the board of directors of Na Pu'uwai.

My interest in the health of the people of this island began from the first day I started here as a paramedic. In those early days, people were eating what they had and could afford. Their exercise consisted of playing baseball, hunting, and fishing. Most people thought that exercise was running to first base, fishing off a boat, or hunting off the back of a pickup truck. The nutrition consisted of Kalua pig, Spam, hamburgers, and greasy French fries.

We were seeing people die of strokes and heart attacks, and we were treating people for complications from diabetes, and slowly watched those people die from cancer.

I've had to treat the heaviest people in our community, some as heavy as 650 pounds, and had to treat the sickest. I have seen first-hand what happens to people who do not control their diabetes, from unconsciousness, to reviving them, only to see them have their extremities amputated and eventually dying from the disease.

I've worked on community members who have suffered strokes, heart attacks, and cancer. I have sat, talked to, and prayed with the families of the patients that we lost.

I became involved with Na Pu'uwai when they began the cardiovascular risk clinics. We started to gain data on the population. At some of those clinics, we're finding 30 to 40 percent of the participants had undiagnosed diabetes, who, without the clinic, would have never known that they had the disease.

We began to educate those participants during those clinics on the risk of cardiovascular disease, diabetes, nutrition, and we began monitoring these patients and also tried to establish a rapport with the rest of the medical community.

Na Pu'uwai slowly started to become a source for the Native Hawaiians to get information on the diseases that were affecting their lives.

In addition to the cardiovascular risk clinics, we are involved in cancer screening, diabetes education, hypertension monitoring, nutrition, and case management.

When looking back at the statistics to determine if there has been any change in the morbidity and mortality rates, I began to take a harder look at how much has this organization done and whether or not we've made a difference. When comparing to what we had available 10 years ago, we now have Na Pu'uwai, which is providing services in cancer screening, prostate and breast; diabetes education and monitoring; nutrition; weight management; compassionate care of hospice; and cardiovascular risk education and screening.

Our clients have a central location they can come to and feel comfortable in and to get the education and health monitoring that they need.

We also do home visits of the clients that are unable to come to us.

We work together with Molokai General Hospital, the State Department of Health, interim health care, and other agencies on Molokai to deliver services and education to the Native Hawaiian population.

There are many factors of why Hawaiians are dying, and even more reasons on what we need to do to improve the health of Native Hawaiians and the general population on Molokai.

Over the last few years, we have seen changes in the health care industry, from Medicare reform to changes in the State Quest program and the cut-back that comes with economic downturn in Hawaii. It has posed a serious threat to the ability of the health care community to provide outreach and preventive education services to this very rural and isolated community.

For years, the health care experts have concluded that the key to minimizing hospitalizations and to improve the health of our community is to have a definitive illness prevention program and to have early access to primary and secondary care services.

We are trying to undo years and years of socioeconomic problems that have caused the present lifestyle and behavior, these are the areas that we are addressing with prevention and education. We need your continued support in Congress to continue the work that we have done. We may not see changes in my lifetime, but as long as we continue to educate the community and progress to undo the present lifestyle, the next generation will learn what it takes to combat the diseases and illness that are afflicting the Native Hawaiian community and the people of Molokai.

So when I go back to the question have we made a difference, to the people that are out walking at five a.m. because of the education that they got from the Na Pu'uwai, for the person that comes in to have their weight checked or to check on their blood sugar, and for the person who finally has the heart attack and finally began to realize what we've been saying all these years, I'd say yes.

If this organization were not in operation, where would they go? Who will care for them?

The difference we are making is not in decreasing the numbers of people that have died; the difference is in that the people I'm not seeing any more as a paramedic. The ones that are alive because they took that education to heart and made a lifestyle change to stay healthy is the one statistic that we won't see.

Areas we need to concentrate on in the future will be built on the foundation that we have established. The Na Pu'uwai has been a small piece of the health care pie. We have continued to work together with other agencies on the Island of Molokai and will continue to do so. We have focused on health and education and screening, and we will be focusing more and more on establishing lifestyle and behavioral changes for the well-being of our island people.

As we speak, Molokai General Hospital is working on a comprehensive 5-year strategic plan that we plan to be a part of, providing that the funding on S. 1929 becomes available.

We need the help of Congress to continue the work that was established in the Native Hawaiian Health Care Improvement Act, and I would like to thank you for the work that you are doing in S. 1929.

[Applause.]

Senator INOUYE. Thank you very much.

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

Senator INOUYE. I am especially pleased to present and to welcome our next witness, because Dr. Aluli has been with us from day one, from the moment we launched the process that leads us to this day. That was over 15 years ago, when we began gathering data on what was happening to Native Hawaiians, and we are now at a very crucial point where we may have an entitlement program. I think this is a big and happy day.

Dr. Aluli, welcome, sir.

STATEMENT OF NOA EMMETT ALULI, MOLOKAI GENERAL HOSPITAL, ACCOMPANIED BY PHILLIP W. REYES, MOLOKAI GENERAL HOSPITAL

Mr. ALULI. Thank you, Senator.

First of all, this testimony is a joint testimony, myself and Dr. Phillip Reyes, and we are proud to have this opportunity to testify in support of the reauthorization of the Native Hawaiian Health Care Improvement Act.

We are extremely supportive of the process that you and your staffs and the staff of the Senate Committee on Indian Affairs have advocated for on our behalf and have involved the communities. To us, this is what makes the Health Care Improvement Act very successful.

We want you to know that our oral testimony is just a summary of our written testimony. The main thing to point out is that, in conjunction with Na Pu'uwai, we are developing a Molokai community health system for Molokai and Kaulapapa. We want to talk about the creation of a Native Hawaiian learning center for research, education, and training, and also to report back on the Native Hawaiian Heart Health Initiative which you and Senator Akaka have been much a part of.

So our Powerpoint presentation continues with Dr. Phillip Reyes, and I'll end up with another report.

Senator INOUYE. Mr. Reyes, welcome.

Mr. REYES. Thank you.

Back in 1995, we began our development of our community health system. This started out with Mr. Aluli and myself when we became part of Molokai General Hospital. Along with that, we have been integral participants with Na Pu'uwai since Emmett has been a founding member and past president, and myself as medical director for Na Pu'uwai.

So back in 1995 we began this process of developing a Molokai health system, which over the next 2 years would develop new which programming, getting the community here on Molokai iden-

tified. Included were kidney health, home care hospice, mental health, and, of course, a new information system.

Integral to this planning was the integration of our communities input from had a number of meetings with Native Hawaiians, pure-blooded Hawaiians, community members, past hospital employees, as well as one session with high school students. Numbering approximately 80 of them. We needed their input as to what they saw the future of Molokai and the health care services that needed to be developed here.

We wanted the move from acute care to what we call "self care." Integral in this project was the development of Hawaiian health, since the majority of our Molokai population is of Hawaiian ancestry.

Included were some wishes that the community had identified, such as the healing complex for Molokai, keeping our island rural, enhancing Molokai General's capabilities to provide better care, as well as maintaining our Hawaiianess.

Additionally, one which was identified was complementary medicine. We wanted to see Molokai begin to incorporate cultural medicine and techniques that they felt was working, and also development of career training, because we saw Molokai as the site for higher education and teaching other people of rural medicine.

So back in 1992 we began our cardiovascular risk clinics with Na Pu'uwai, and this is the data that has come out. The background is that they looked a number of factors, including demographic data, clinical data, and included 911 participants. On demographics, over half was female and 60 percent were employed. When we look at their ages, over half were over 40 years old. Hawaiian ancestry—the big majority of the participants was at least of one-half Hawaiian ancestry.

Included with their diet, questionnaires we were looking at how much of a diet they were trying to change. Of our population, 42 percent was advised to change their diet, so that goes to show you what Russell had said earlier, that a great majority of our population is not eating healthy. And 38 percent admitted to using alcohol.

If you just look at their family history alone, over half had a history of hypertension, half had at least some family history of diabetes, and 46 percent have family history of cancer.

When you look at themselves, personally, a third already had a diagnosis of hypertension, 60 percent already were diagnosed with diabetes, and 5 percent had stroke, and 3 percent had heart attack.

When we look at the dates with the activities, you can see by this chart that most of them have been fairly healthy, that over half were able to carryout routine activities without having to take any time off.

When we look at hypertension, 73 percent were normal, so that's a good factor for participants in the CRC.

However, when you look at body mass index—this is a measurement of obesity. And, as you can see, the great majority was 20 percent or higher, with 15 percent being 41 plus, with obesity being diagnosed right now at BMI of 25, so the great majority of our participants is considered obese or massively obese.

But in summary, you look at the CRC, Na Pu'uwai has been very active on Molokai. We're looking at summarizing the data. Now, of course, our next step is to look at individuals over the next few years.

Mr. ALULI. And so, with these results, Dr. Reyes and I have approached the National Heart and Blood Institute for some additional fundings to carry on the work of Na Pu'uwai throughout the State, working especially with two organizations, the first are in the Native Hawaiian health care systems on all the islands, and the second is a new organization which would help establish the kauka into a hui, the Association of Native Hawaiian Physicians.

Our theme for these Heart Health Initiatives, with funding from the National Heart and Blood, was taken from the stories about Pele and Hiiaka, when she was sent to Hawaii to revive Lohiau, who had been mourning because he missed Pele. She had to call Pele and said, "What should I do?" So Pele sent the youngest brother, who was the God of Lightening, and he kind of came to Hawaii and went over to Hanalei and infused the Hiiaka's skirt, her pa'u which was laid on top of [Native word], and he was defibrillated. He was shocked back to life.

And so, for Dr. Reyes and I, that's the theme. I mean, we need to go around and shock the hearts of the Hawaiians so that we're back in rhythm.

So, with this theme in mind, we know for sure that, given all the adversity that Native Hawaiians have been through, that we are as strong as the kauila tree, which stands tall and withstands all.

This is kind of like the positive point in a cultural sense that we have been doing.

Dr. Reyes will take the Native Hawaiian Heart Health Initiative.

Mr. REYES. Just real quickly, the reason for the cardiovascular risk clinics was, as you look at this slide, to find causes of death among Hawaiians. If you look at circulatory disease of Hawaiians versus the rest of the State population, you can see we are tremendously higher than the rest of the State; 414 Native Hawaiians died from heart disease, compared to 266 when you adjust it per 100,000 population.

When you look at cancer, Hawaiians are higher.

Look at accidents—Hawaiians are higher.

Diabetes—Hawaiians are higher.

When you look at mortality rates amongst Hawaiians compared to non-Hawaiians, you can see, adjusted again per 100,000 population, pure Hawaiians, 340 died from heart disease, non-Hawaiians, 125. Look at non-Hawaiians. So you can see our pure Hawaiians are dying at a much faster rate compared to the rest of the State.

When you look at prevalence of cardiovascular risk factors among Native Hawaiians, you can see Native Hawaiians are much higher than the rest of the State. We smoke more. We drink more. We are much more overweight than everybody else. We have high blood pressures that are higher than everybody else. The only factor that differs is to why our cholesterol measure has been less than non-Hawaiians.

When we look at the impact of heart disease on mortality, Native Hawaiian males, we die about 15 years younger compared to non-Hawaiians.

Look at our females. We also die sooner compared to non-Hawaiians.

So these are the facts and the statistics that you've heard before, but you will see it again about heart disease.

Mr. ALULI. So, just to overview the work that we've been doing with Na Pu'uwai, you know that in 1985 Na Pu'uwai conducted one study. It is still the only time that risk factors for the Hawaiian community—it was done on Homestead lands with the cooperation of about 271 individuals.

We incorporated ourselves as an advisory group in 1985. In 1987 we conducted the Molokai diet study, the precursor of the [Native word] diet, and the results have made its impact throughout communities.

Then in 1988 was the Native Hawaiian Health Care Improvement Act. We became Na Pu'uwai, the Native Hawaiian health care system for Molokai and [Native word].

In 1992 came the cardiovascular risk clinics that have continued yearly since.

And then in 1998 we had the National Heart and Blood Institute cardiovascular strategic workshop up at [Native word].

And through 1999 we are going to visit every island, including a session in San Francisco with the Asian American Pacific Islands Health Board.

This slide shows just a quick summary of the Molokai heart study. Statistics are still coming in, reconfirm the other surveys—65 percent were overweight, 42 were smokers. We may be—and we have proven that—at very high risks of premature coronary heart disease.

Because of the study, we found that most individuals were also unaware of their problems, were under-treated, and even if they were treated they were not under adequate control, indicating deficiencies in the health care systems just here on Molokai. And so we set out to do the work.

The [Native word], which is the Molokai diet study, as you know, demonstrated the lipid blurring effects of the traditional what we call [Native word] Hawaiian diet that have demonstrated significant reductions in blood lipids, and that the subsequent 21-day traditional Hawaiian diet program was replicated throughout the State.

Our risk factor clinics—a thousand Native Hawaiian adults have been screened. This has become a community outreach model that has taken throughout the Native Hawaiian health care systems.

Early intervention and appropriation follow-up has been very important, of course, in culturally competent intervention model.

Our short-term goals of our Hawaiian heart health initiative has been to identify Native Hawaiian health care providers interested in implementing cardiovascular risk screening programs in their respective communities. There has been increased awareness of community-based interventions of heart disease, and we have actually been able to involve more Native Hawaiian physicians.

Of course, our long-term goals are to establish the CRC screening programs in other Native Hawaiian communities, to create a repository program data to track the prevalence risks and adherence to recommended treatment.

Our neighbor island meetings have been very successful. On Molokai, as you can see, there were kind of, like, 51 Hawaiian physicians attended the weekend, with 70 community resources. On Maui there were 17 Hawaiian physicians and 51 community resources. Our meetings in Hawaii and [Native word] and Oahu have been fantastic turnout and support, and sitting down and strategically trying to figure out how we can improve the heart health conditions, our overweight, and even our [Native word] meeting was quite successful.

Briefly, going to the recurring themes, we know that every island and every community is different, so one shoe doesn't fit all. We learn from each other. We build upon each other's knowledge and efforts. Traditional healing and spirituality are integral components. Research has got to be respectful of Hawaiian ways. And emphasis has got to be placed on youth.

Other recurring themes, briefly, involve more Native Hawaiian physicians. We need to do a multi-family generational approach.

Other recurring themes actually include a community clearinghouse, working with the likes of The Queen Emma Foundation and now Office of Hawaiian Affairs.

The need for Hawaiians to strive to shape common vision of health, I think that has been the most important thing.

Last, I just want to briefly state that so far we have optimized our partnerships, funding partnerships. We note Bayer Pharmaceuticals has just elected to hook us up with strong heart study researchers in Washington, DC. That's the Native American research project that is occurring, like the heart study in Indian country.

Of course, the Office of Hawaiian Affairs has been supportive in funding this program, Queen's Health Systems, the Wilcox Health Systems, the Area Health Education Center for both Hawaii and [Native word] counties, all the Native Hawaiian Health Care Systems, and even groups like the HMSA foundation.

So we are on the move, thanks to the letters that both you and Senator Akaka had co-signed with us in inviting physicians to get involved and to make impact.

Thank you.

I just wanted to thank our program manager, [Native word].

[Applause.]

Senator INOUYE. Thank you, Dr. Aluli. Thank you, Dr. Reyes.

[Prepared statements of Mr. Aluli and Mr. Reyes appear in appendix.]

Senator INOUYE. When we began this, we decided to adopt a resolution and rule. In fact, when my colleagues in the Senate studied the measure, the first measure that we passed, they thought that it was too revolutionary. It is a program that was conceived in Hawaii by Hawaiians for Hawaiians. As a result, there were provisions in there that one would not find in most health programs.

For example, this measure places great importance on prevention. Most health programs place emphasis upon care. This pro-

gram tries to prevent so that we may not have to undergo expensive care.

Second, it uses the professional assistance of Native doctors, which has always been opposed by the Government in the past. So this is the first measure that recognizes and uses the services of Native doctors, men and women who are experts on the Native practices, men and women who are experts on the use of herbs and other medicine. So all of us who have been involved are very proud of this.

But I would like to ask a question, sir, since you have been with us from day one. Has the program worked?

Mr. ALULI. Fortunately, for us on Molokai and other areas, the program certainly is working. We started using the resources of Na Pu'uwai here on Molokai, but then we got working with Papa Henry Auwae and he has been coming for the past 2½ years, thanks to funding from the Queen's Health Systems and Queen Emma Foundation and has trained almost 29 people who are ready to graduate in 2 weeks.

He will continue to come here and continue to work with them so that they will move on as Native healers when they are ready, when our kupuna here, having worked with them, are ready. So we will have another generation of practitioners.

So, fortunately, this program is going to continue on Molokai, and graduation—when the students are graduating, also include 13 from our hospital. We're very proud of that integration with the traditional practitioners and us western health providers.

Senator INOUYE. You mean 13 have gone through this program from this hospital?

Mr. ALULI. I'm sorry, 29 have gone through the program, but 13 are employees of Molokai General Hospital, so we'll have the dual role, we'll have the dual community, and they can kind of continue to integrate those kinds of systems.

This is why we were talking about the need to have the so-called learning center for Native Hawaiian, both in the traditional and the so-called allopathic, kind of like training western and traditional training. There needs to be a place to integrate the practices. That's why we look forward to the bill passing where Molokai General Hospital will be a center of excellence for such training.

Senator INOUYE. Thank you very much.

I now call upon Ms. Kalanihuia.

STATEMENT OF JANICE KALANIHUIA, DIRECTOR OF WOMEN'S HEALTH, MOLOKAI GENERAL HOSPITAL

Ms. KALANIHUIA. Mr. Vice Chairman and members of the Senate Committee on Indian Affairs, my name is Janice Kalanihuia. I am director of Women's Health at Molokai General Hospital. Thank you for allowing me to present my views on the Native Hawaiian health system and Molokai.

Molokai General Hospital provides the only prenatal maternity services on Molokai. They also provide almost all of the well women gynecological care. Our program is unique in that it will certify nurse midwives exclusively to provide care. The nurse midwives use practice guidelines developed with an OB/GYN. This OB/GYN visits Molokai regularly. He also cares for all the transfers

from Molokai and is available for consult 24 hours a day, seven days a week. There are no surgeons to do C-sections on the island, nor is anesthesia available.

This information is significant for you to understand why prevention is so important in clinical settings. Without high-tech interventions available on Oahu, it is absolutely necessary that our patient be as well as possible and have problems identified as early as possible.

Prevention on Molokai is more than preventing disease. It means preventing a family from having to bear the monetary and emotional costs for treatment.

I'm sure you are familiar with the health statistics of Hawaii. I'm sure you know them well—highest mortality in the State for breast and cervical cancer, high in risk for babies, highest risk infant mortality, highest in teen pregnancy, especially teens under the age of 14.

These statistics are especially interesting to the Women's Health Center because our client base is heavily Hawaiian.

The continuation of the Native Hawaiian health system in Molokai will assure that any headway that has been made in prevention and education will not be lost. It is difficult to change health behavior and requires continued efforts to keep our population well. We need to be continuously being the voice of the prevention and wellness message and continue to make an effort to bring in the very hard to reach.

Convincing a woman to have one mammogram is not enough. A woman over 50 needs to have one every year, and she also needs several messages to motivate her to come in.

If we are not able to continue our work here, any wellness and prevention habits we have begun to teach our children will be lost. That would be a shame. Our greatest chance for wellness in the community is having prevention as entrenched in our children's lives as possible.

The Women's Health Center has been working with Na Pu'uwai for more than eight years. We work together in the breast clinics, cardiovascular risk clinics, and identification of women who need preventive care on Molokai and [Native word] island.

In terms of women's health, Na Pu'uwai has been a partner — and we don't use that term lightly—in the fight against breast and cervical cancer. Their clinics have brought to the forefront the importance of Hawaiians becoming active participants in their health destiny. Na Pu'uwai screenings in the community were quite effective in planting the seed of prevention on Molokai.

There are many projects from Na Pu'uwai that work from start to finish. We have a mostly Hawaiian population who are most likely to be uninsured. Often, care is put off or refused because of cost—not really the cost of care, but the cost of a flight to Oahu to receive care.

Molokai needs a clearinghouse of clinical and service providers who would be willing to provide free or reduced rate care to uninsured and under-insured.

We have a lot of health care services taken for granted in other places. Molokai General Hospital needs continued support to create an integrated health system environment.

We've got a population that desires to be well but needs continuous support and guidance. There is no other agency on Molokai with the community connection and program substance to motivate and monitor Native Hawaiians on Molokai.

We have a community trying to return to Native foods to remain healthy, only to find that those foods are far less plentiful and far more expensive than Spam. We need intensive nutrition support, not only for the women I deal with, but for the entire population.

Again, thank you for this opportunity to speak. I hope we have conveyed to you a message in support in order to provide us what Hawaiians need to become healthy.

Thank you.

Senator INOUYE. Thank you very, very much.

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

Senator INOUYE. From the testimony we have received this morning, it would appear that without Na Pu'uwai, Molokai is in great danger.

Can someone tell the committee what the annual budget of Na Pu'uwai was, for last year or the last fiscal year.

Mr. AKUTAGAWA. The annual budget is $420,000.

Senator INOUYE. With that you carryout all the programs that have been discussed this morning?

Mr. AKUTAGAWA. All the programs we carryout, but there is around $90,000 that come in through in-kind services. On Molokai we have a medical profession here, and also on Oahu, that provide in-kind services. We pay for them to come over, but they give their services for free.

Senator INOUYE. I am very much impressed—$420,000, and you are able to provide all those services.

Mr. AKUTAGAWA. Yes, Senator.

Senator INOUYE. I do not think we should tell that to the Appropriations Committee.

I would like to congratulate all of you for not only helping us to carryout this important program but to and make certain that the measure before us that was developed in Hawaii, by Hawaiians, for Hawaiians can suceed. But, more importantly than that, on behalf of the committee, I would like to thank you all for providing the service to the people on this island. Yours is a work of angels. Thank you very, very much.

[Applause.]

Senator INOUYE. Before proceeding, I am certain all of you know that the work before us is done by someone else. I present it, but the staff does all the work. They have to do the drafting of measures, they have to arrange for hearings, so the staff director and chief counsel, Patricia Zell, is sitting at my left here; counsel to the minority, Ms. Janet Erickson; counsel to Senator Akaka, Ms. Noe Kalipi; and we have another counsel, Jenny Chock; and a representative of the Kaiser Family Foundation, Beverly Russell.

These are the ladies who make certain that the research that we had today would be incorporated in the proper places when we reauthorize the Native Hawaiian Health Care Improvement Act.

May I now call upon the next panel: Ms. Jane Lee, a community worker at the Queen Lili'uokalani Children's Center; Mr. Alexander Bishaw, former project manager of the Department of Hawai-

ian Home Lands; and a registered nurse, director of Home Health Agency, Donna Carvalho.

Senator INOUYE. Ms. Lee, welcome.

STATEMENT OF JANE LEE, COMMUNITY WORKER, QUEEN LILI'UOKALANI CHILDREN'S CENTER

Ms. LEE. Thank you. I would be pretty much echoing what was already said here, so, if I may, I'd like to expand on some areas, if you don't mind.

My name is Jane Pahula Lee. I have been a resident of Molokai for almost 40 years, and I am a descendent of Kupuna, who walked this land more than a century ago.

I have worked for 23 years as a community worker with the Queen Lili'uokalani Children's Center on Molokai, and in this capacity I have participated in designing and building Na Pu'uwai, the Native Hawaiian health care system.

If I can skip—because they did it so well, I don't want to say any more to that—I read the question, "Is the program working?" And I wrote this, not even thinking about that. I think it is working.

We have not found the cure for diabetes, but we have been successful in identifying the diabetic, and at all stages of the disease, and we have walked together hand-in-hand through the maze and haze of medical terminology and procedure.

We have not found a cure for obesity, but we have successfully identified and educated our people on the benefits of returning to the diet of our ancestors consisting of the many foods that brought us joy and comfort in our growing up years.

We have not established an integrated health care system. It's not in place today. But we have identified the gaps and defined circles of growth and responsibility that fill that capacity in our community.

The statistics on Native Hawaiians, however, are worse before it can bet better. I believe that the numbers are increased because more and more of our people think it is okay to talk about their health, and then they are the major forces in building a healthier future for their children.

I am emphasizing the need, the importance of approaching health holistically. That's the way Hawaiian is. We strive to be in harmony with ourselves, with our God, and with our environment.

The concept of 'ohana gives the basis for understanding holistic health, which I will attempt to describe.

The 'ohana is a circle embracing many small circles, each representing roles and responsibilities of the members of the 'ohana. Each circle apart is responsible for the well-being of each other. Collectively, they are responsible for the wellbeing of the whole. This, I envision, is the health care on Molokai.

This is another try where I put in—I thought it was important to put in the fact that every child and the elderly in our community will be covered by adequate health insurance that insures ongoing preventive care and maintenance care.

Na Pu'uwai attempts to offer in these services by seeing if they apply for Medicare or to help them, but this is still a problem.

In all of the schools, there are 715 students who are not covered by insurance. I think that's major. Very difficult.

The next thing will be just as challenging for our health care community as we put into practice the successes of our past. Prevention will be a daily practice in our community of families, for our children in the school, and wherever we work and play.

This is a generation of children who are becoming the parents and grandparents that will raise their children in a healthier world.

I thank you again for the opportunity and wish you well in the future.

Mahalo.

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

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

Senator INOUYE. As I indicated in my opening remarks, this measure is important because of its educational provision, its prevention provision, and there is a new provision here that would address the problem that you cited — the people who are not covered by insurance.

If we are successful in passing this measure, as it is written today, beneficiaries under this act, or people who qualify as Native Hawaiians, would receive their services as a matter of entitlement.

That means every man, woman, and child of Native Hawaiian ancestry would be qualified under this program. So this is a very important provision.

Now Mr. Bishaw.

STATEMENT OF ALEXANDER K. BISHAW, FORMER PROJECT MANAGER, DEPARTMENT OF HAWAIIAN HOME LANDS, PARTICIPANT OF PROGRAM

Mr. BISHAW. Aloha Mr. Honorable Daniel Inouye and members of the committee. My name is Alexander [Native word] Bishaw, Senior, and I am here to speak in support of S. 1929, a bill to reauthorize the Native Hawaiian Health Care Improvement Act.

I retired as the project manager for Molokai from the Department of Hawaiian Home Lands and currently live on an awarded lease. During my time as project manager, I have seen many adolescents leaving this world before their time. My own parents both had heart problems, were given medication, but had very little follow-up. They turned to the herbal medicine, but eventually got worse and left us.

I am saying this because during those times, and even in my younger days, there were no programs like the Native Hawaiian health care system in existence.

Today we have a Native Hawaiian health care system, Na Pu'uwai, that supports our [Native word] program for the elderly, as well as our Native Hawaiian community, in a broader sense.

As a member of the [Native word] program, I have experienced the staff from the Native Hawaiian health care system come and provide education and nutrition, diabetes, and cardiovascular problems that affect us Hawaiians and present information to consider.

I have participated in the cardiovascular risk screening. That helped me to understand what's going on with me physically.

Not just myself, but many others have been tested and educated and have had the—continue to have follow-up services from this program.

Our Hawaiian physicians and other volunteers from the testing program have caring and responsive attitudes toward our health problems.

I participated in the system's prostate screening, the results of which indicated that I had a problem with my prostate gland. If I had not been invited and encouraged to take part with such dignity, I would have not known of the chronic disease that the male gender was at risk for prostate cancer.

Since then, I have learned more and more of the condition and, working close in relationship with my primary care physician and specialist, I found the options to treatment.

Yes, I made my decision and underwent surgery. Today, I have extended check-ups because of those findings, and no longer can be left unaware of the many diseases men are prone to.

To my knowledge, no prostate screens were done on Molokai prior to the work of the Native Hawaiian health care system.

I have also been diagnosed as having high blood pressure, and my doctor referred me to the Native Hawaiian health care system. I am presently being monitored as I continue to find solutions to control my condition of high blood pressure.

The Native Hawaiian health care system works in close relationship with my doctor and provides results that may help me with these practices to treating my condition with medication. Now I don't have to wait for a long period at the doctor's office, but can go in with results of my monitoring, and I have more time for consultation.

I have seen others go to the system for monitoring for diabetes and heart and blood pressure problems. The system provides a place for our Hawaiian people to seek health assistance without the sterile environment of a formal medical facility.

I know there are many others who will follow after me, and I want them to have the same opportunity I have had.

The Native Hawaiian health care system must continue to provide health services to our people. We must learn to take care of ourselves, but, more importantly, as we get older, that there will be Native health workers from Molokai helping monitor myself and others who cannot do it ourselves.

As older people, we like to be independent, but still need occasional help to tend to our health from the community health workers.

A comfortable and family environment sitting, the health system provides this for our people.

In closing, I strongly urge passage of the reauthorizing bill, S. 1929, to continue the good work that began with the original act.

Mahalo [Native word].

[Applause.]

Senator INOUYE. Thank you very much.

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

Senator INOUYE. This morning we had a panel of professionals and experts who gave us a report on what has transpired in the last 12 years, statistics. But I believe, Mr. Bishaw, that, from the standpoint of the committee, you are the most important witness we have had today, because you are a participant in the program, itself, and you are one of the beneficiaries. You were the only one

who could tell us how you, as a Native Hawaiian in this community, have benefitted from the Health Care Improvement Act. That is very important to us. That is why I have asked that question several times—have you seen improvements since the passage of this measure.

You are the one that has come forth to tell us what services you have received and what your neighbors have done, what education has meant to you, and what the whole program will mean to generations to follow.

So, on behalf of the committee, I really thank you. Thank you. Mahalo.

[Applause.]

Senator INOUYE. Our final panel: Vanda Hanakahi, Milton K. Pa, and Bill Aki.

Now I will call upon Milton K. Pa.

STATEMENT OF MILTON K. PA

Mr. PA. Good morning.

You just mentioned that Mr. Bishaw is perhaps the most important speaker to testify this morning. And I think that you will find that Mr. Aki and I are also two of your most important witnesses. [Laughter.]

Senator INOUYE. I am glad to hear that. I was hoping some of the witnesses would be participants and beneficiaries so the committee can know whether the program is really reaching the people.

Mr. PA. Good morning.

I would like to express my sincerest greetings to the members of the Senate Committee on Indian Affairs.

My name is Milton Pa, a native son of [Native word] Molokai, who returned to retire on Molokai in 1998, after being away for 42 years.

I thank you for the privilege of allowing me to present testimony in support of S. 1929, the bill to reauthorize the Native Hawaiian Health Care Improvement Act.

I do not feel that I need to bombard you with statistics comparing Native Hawaiians to other races in terms of the alarming rate of Native Hawaiians who suffer from heart disease, kidney disease, diabetes, obesity, cancer, and so on and so forth. I know you are well aware of the statistics. Instead, I would like to base my testimony on my own and my family's personal experiences as to the impact this bill has on me, my family, and I know other residents of Molokai.

In spite of my love for this island, I was reluctant to return here due to what I thought was the lack of availability of health services and medical care on this island. I am fortunate to be able to retire with full health and medical coverage provided for and paid in fully by my former employer. My dilemma was the fact that my health provider, Kaiser Permanente, does not have any facilities here on Molokai, and I was under my physician's care where my health condition required weekly monitoring.

Since my physician knew that I was planning to return to Molokai, he worked up a plan whereby I was to fly to Oahu once a month to be monitored. In the meantime, he instilled the impor-

tance that I make arrangements on Molokai to have my condition monitored weekly.

When I returned here, through an acquaintance, he suggested that I may be able to qualify for health services provided by Na Pu'uwai, a nonprofit health care center serving to meet the health needs of the Native Hawaiians on this island. I had never heard of this agency.

My first contact with Na Pu'uwai, I arrived unannounced. After explaining my situation to the community health worker, he immediately placed me on a temporary weekly monitoring schedule and explained the process necessary to qualify for continued services from Na Pu'uwai.

A necessary requirement was my personal physician's referral.

After contacting my personal physician and completing all of the necessary paperwork, I was placed on a regular monitoring schedule. I have been on this program since September 18, 1998. Dr. Vernon Ansdell, my personal physician at Kaiser Permanente on Oahu, is very impressed by the services provided by Na Pu'uwai. He has received several follow-up reports on my condition and praised Na Pu'uwai for a quality of service it provides.

Furthermore, the health service provided me by Na Pu'uwai stresses that prevention and wellness is just as important as diagnosis and treatment, which is in line with Kaiser Permanente's philosophy. I need not leave Molokai for such services.

My younger brother, his wife, his son, and daughter are also clients of Na Pu'uwai. They have taken advantage of Na Pu'uwai's health screening and education and workshop programs—in particular, it's "living a healthy lifestyle" project.

They have also taken advantage of Molokai General Hospital's community-based health programs that are available to all Molokai residents, regardless of ethnicity.

It should also be noted that the services provided by Na Pu'uwai include but are not limited to prostate cancer screening, breast cancer screening, diabetes screening, and assessment projects.

In addition, Na Pu'uwai works in conjunction with the Maui Aids Foundation, and, as you heard earlier by Dr. Aluli and others, are working in assessing our Hawaiian children for hearing abnormalities.

Again, resources are available to all residents, regardless of ethnicity.

It is without doubt that the services provided by Na Pu'uwai and other private, as well as public health care agencies here on Molokai cannot continue to be possible without the reauthorization of the Native Hawaiian Health Care Improvement Act, as amended. I personally endorse its reauthorization.

Thank you.

[Applause.]

Senator INOUYE. Thank you very, very much.

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

Senator INOUYE. You are also a very, very important witness.

I am glad to know that even those covered by Kaiser can get superior service here on Molokai.

Mr. PA. Exactly.

Senator INOUYE. Thank you very much.

Mr. Aki.

STATEMENT OF BILL AKI

Mr. AKI. Senator Inouye, members of the committee, I'd like to say aloha.

I'm here representing the [Native word] based on S. 1929 to authorize the Native Hawaiian program.

Several years ago I retired from being as a tour guide. I moved to Molokai right after I retired. My dream was to come back home, my original home, Molokai. When my family and I go back to the island, my wife and I were already incurring a health problem. As retirees, we had fixed incomes, and I was the only one who carried medical insurance because I could not afford to pay or include the wife.

We were hesitant at times to see the doctor because of fear of not being able to afford the expense.

My wife was not working at the time. I had to see the doctor to follow up. Because it was Na Pu'uwai, I had an old friend who told me about Na Pu'uwai, their service. I was referred to him, and he made referral and monitored me for my hypertension and weight problem.

Today, it has been almost two years now since I have been on this program, and for me there has been such a big change in my life. My whole attitude about keeping healthy—when I read the statistics on health standards of Native Hawaiians, I was shocked. I told myself at first, "What can be done?" For me and I know many others like me the answer is Na Pu'uwai.

How fortunate we are to have Na Pu'uwai. I was so happy about the good progress of my health that I encouraged my wife to come into this program and my children, too. Since then, we have been monitored for hypertension, blood sugar levels. Through a lot of work and encouragement of staff and, most of all, the community health workers, we could not have done it by ourselves. As [Native word], we need to be reminded sometimes and set back on track.

The community health workers are compassionate, caring, concerned, and very knowledgeable. Our only regret is that we cannot get one who could stay and to continue their education and pursue the medical field to improve themselves, as well as their program.

They deserve so much more for doing invaluable work, and especially on Molokai, where they are economically so always struggling and the health service would improve.

This community health service could pursue the medical field and come back and give back to the community. We've seen it happen here. We also hope that if this happens it could also elevate going to encourage, to help with preliminary testing, and it would otherwise be done at the hospital or private clinic and be so costly for people like us on fixed income.

I remember the community health worker when my wife, Vivian, had gotten sick and had a slight stroke. She walked her over to the nearby clinic. Vivian didn't want to go, because she had no medical. But, through the effort of the community health workers, she went. Then, my wife was asked to participate in a free breast clinic Na Pu'uwai had sponsored. I was so glad to see her go, because she

had not had a mammogram for many years prior to being on the program.

Through this clinic, they had found an abnormality. They made immediate follow-up, and then, again, she didn't want to go because the same problem. Once again, the community health worker did her best to encourage her and assure her not to worry about the payment. She did. She went on to take care of her health.

We are so very thankful for Na Pu'uwai and their staff of wonderful people, to this day. Our health has improved a lot, and its because of Na Pu'uwai that we both have become very health conscious. We've taken care of ourselves and our family. We share our experience and the knowledge we have gained from Na Pu'uwai with families, friends, and generations to come.

Someone once said, "Life is short," and to make it the best we can, but I believe how we make it is how long we will be.

If we can bring our professional people to teach and train our young farmers, they can produce and provide the community with abundance of nutritional foods and easy accessible and low-cost, more people will eat healthier. These are the kinds of concerns we need to develop by setting an example for young generations. They, too, will ask the same question—that is, why we need Na Pu'uwai in this ever- changing world we sometimes need to be reminded of.

Thank you for giving me this opportunity to express our view.

[Applause.]

Senator INOUYE. Thank you very much.

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

Senator INOUYE. I am certain that the members of Na Pu'uwai who are sitting in the audience must be very pleased to receive the testimony of Mr. Pa, Mr. Aki, and Mr. Bishaw, because if I were one of them I would feel that the work they have done is well worth it.

[Applause.]

Senator INOUYE. As most of you are aware, I have been involved in this from the very beginning, and when you are involved and in the middle of this, you cannot remain aloof and you cannot remain insensitive or unconcerned.

We have another witness, Ruth Poaipuni, who would like to provide testimony at this time.

Welcome, Ms. Poaipuni.

STATEMENT OF RUTH POAIPUNI

Ms. POAIPUNI. Aloha, Senator Inouye.

My name is Ruth Poaipuni, and I am a lifelong resident of Molokai. I am in support of S. 1929, the bill to reauthorize the Native Hawaiian Health Care Improvement Act.

As a past board of director of Na Pu'uwai Native Hawaiian health care system, I am fully aware of the tremendous work done by Na Pu'uwai for the improvement of the health status of the Native Hawaiian population.

One of Na Pu'uwai's strengths is its ability to identify and establish collaborative partnerships to coordinate its programs, as well as to identify partners to augment and maximize the existing services to better service the Native Hawaiian clients.

However, Na Pu'uwai's greatest strength is in its ability to reach out to and bring in those clients who heretofore have not had the medical care.

However, Senator, these are but steps up the rung of the ladder which leads to the changes of attitudes and behaviors.

It is, therefore, imperative that S. 1929 be reauthorized.

Thank you for the opportunity to allow our Molokai community to speak in support of continuation the Native Hawaiian Health Care Improvement Act.

[Applause.]

Senator INOUYE. Thank you.

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

Senator INOUYE. We began our hearings in the State of Hawaii on the Island of Molokai. This is the first hearing on the Native Hawaiian Health Care Improvement Act. After this, we go to Kauai, tomorrow, to Maui, and then to the big island, and from there the following day at Oahu.

We have come to this island first because this is where it all began, when people like Dr. Aluli started screaming at us and saying, "Something has to be done," and we got his message.

This is where we have the largest concentration of Native Hawaiians. So if you are looking for statistics, this is where you come.

And so we are most pleased that the program that was conceived in Hawaii by Hawaiians for Hawaiians is working. The last four witnesses have told us, from a personal standpoint, their experiences, that it works. And I can assure you, as one member of the delegation, that we will do our utmost to see that this measure continues to remain as the law of the land.

Before closing, I would like to extend to you the apologies of my colleague, Senator Akaka. He wanted to be here, but an emergency occurred which made it impossible for him to be here at this time, but he will join the hearing tomorrow when we go to Maui.

Representatives Patsy T. Mink and Neil Abercrombie wanted to be here, but they, too, were faced with other responsibilities of their work in the Congress, so they could not be here.

I would like to thank all of you for sitting here and participating and sharing your experiences with us. Your testimony has been extremely important, and in return, once again, we promise you we will do our best.

The hearing is adjourned.

[Applause.]

[Whereupon, the hearing was adjourned.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF COLETTE Y. MACHADO, TRUSTEE, OFFICE OF HAWAIIAN AFFAIRS

Aloha Senators Inouye, Akaka, Chairman Campbell, and members of the U.S. Senate Committee on Indian Affairs.

I am Colette Y. Machado, resident of Moloka'i and the elected Trustee for the Office of Hawaiian Affairs representing the islands of Moloka'i and Lana'i. I speak in support of the passage of S. 1929 as it represents, in many ways, a collaboration of over 1,000 hours of deliberation and fine tuning by the Hawaiian community, the Board members of Papa Ola Lokahi and the Office of Hawaiian Affairs. This broad based effort to develop consensus has brought forth the document you have before you.

Specifically, I speak in support of section 14(a)(6) entitled "Demonstration Projects of National Significance" relating to a Native Hawaiian Center for Excellence for Research, Training, and Integrated Medicine at Moloka'i General Hospital. Section 14(a)(6) provides Federal financial support to a hospital that has consistently served the needs of the Hawaiian community of Moloka'i.

Mahalo nui for your time and commitment to our people and the island of Moloka'i.

PREPARED STATEMENT OF RUSSELL AZUMA

Aloha, my name is Russell Azuma and I have been involved in the healthcare profession on Molokai for the last 12 years as a paramedic, a Basic Life Support Instructor [CPR] and recently as a member of the Board of Directors for Na Pu'uwai.

My interest in the health of the people of this island, began on the first day I started here as a paramedic. In those early days, people were eating what they had and could afford. Their exercise consisted of playing baseball, hunting and fishing. Most people thought that exercise was running to first base, fishing off a boat, or hunting off the back of a pick-up truck. The nutrition consisted of kalua pig, spam, hamburgers, and greasy French-fries. We were seeing people die of strokes and heart attacks, and we were treating people for complications from diabetes, and slowly watched some of these people die from cancer.

I have had to treat the heaviest people some as heavy as 650 pounds, and had to treat the sickest, I have seen first hand what happens to people who do not control their diabetes, from unconsciousness ' to reviving them only to see them have their extremities amputated, and eventually dying from the disease.

I have worked on community members who have suffered strokes, heart attacks, and cancer. I have sat, talked to, and prayed with the families of the patients that we lost, I became involved with Na Pu'uwai when they began the Cardiovascular Risk Clinics; we started to gain data on our Hawaiian population, At some of those clinics, we were finding that 30 to 40 percent of the participants had undiagnosed diabetes, who without the clinic would have never known that they had the disease.

We began to educate the participants during these clinics on the risks of cardiovascular disease, diabetes nutrition; we began monitoring some of these patients and also tried to establish a rapport with the rest of the medical community.

Na Pu'uwai slowly started to become a source for the Native Hawaiians to get information on the diseases that were affecting their lives, In addition to the cardiovascular risk clinics, we are involved in cancer screening, diabetes, hypertension monitoring, and nutrition and case management.

When looking back at the statistics to determine if there has been any change in the morbidity and mortality rates, I began to take a harder look at how much has this organization done and whether or not they have made a difference.

When we compare what was available 10 years ago to what we have now, Na Pu'uwai has provided services in Cancer Screening, [prostrate and breast]. Diabetes education and monitoring, nutrition, weight management, compassionate care/hospice, and cardiovascular risk education and screening.

Our clients have a central location that they can come to and feel comfortable in, to get the education and health monitoring that they need. We also do home visits to the clients that are unable to come to us.

We work together with Molokai General Hospital, SDOH, Interim healthcare and the other agencies on Molokai to deliver services and education to the native Hawaiian population.

There are many factors on why Hawaiians are dying, and there are even more reasons on what we need to do improve the health of the Native Hawaiians and the general population of Molokai.

Over the last few years we have seen changes in the healthcare industry. From Medicare reform, the changes in the State Quest program and the cutback that comes with the economic downturn in Hawaii has posed a serious threat in the ability of the healthcare community to provide, outreach and preventive education services to this very rural and isolated community.

For years the health care experts have concluded that the key minimizing hospitalizations and to improve the health of a community is to have an effective illness prevention program and to have early access to primary and secondary care services.

We are trying to undo years and years of social economic problems that caused the present lifestyle and behavior. These are the areas we are addressing with prevention and education. We need your continued support in Congress to continue the work that we have begun. We may not see the changes in my lifetime, but as we continue to educate the community and progress to undo the present lifestyle, the next generation will learn what it takes to combat the diseases and illness that are plaguing the native Hawaiian community and the people of Molokai.

So when I go back to the question, "have we made a difference?" To the people that are out they're walking at 5 a.m. because of the education that they got from Na Pu'uwai. To the person that comes in to check their weight or check on their blood sugar. And to the person that got that heart attack and finally began to listen to what we have been saying all these years. I say yes. If this organization were not in operation, Where would they go? Who will care then?

The difference we are making is not in a decrease in the numbers of the people that are dying, The difference is in the people that I am not seeing anymore as a paramedic. The ones that are alive because they took the education to heart and made a lifestyle change to stay healthy, this is the one statistic we don't see.

Areas that we need to concentrate on in the future will be built on the foundation that we have established. Na Pu'uwai has been a small piece of the healthcare pie. We have worked together with the other agencies on the island of Molokai and will continue to do so. We have focused on health education and screening, and will be focusing more and more on establishing lifestyle and behavioral changes for the well being of our island people. As we speak, Molokai General Hospital is working on a comprehensive 5-year strategic plan that we plan to be, a part of, providing that the funding for S. 1929 becomes a reality.

We need your help in Congress to continue the work that was established in the Native Hawaiian Healthcare Improvement Act, and I would like to thank you for the work that you are doing in S. 1929.

PREPARED STATEMENT OF RUTH L. POAIPUNI

Aloha Senator Inouye and members of the Committee on Indian, Affairs:

My name is Ruth Poaipluni, and I am a life-long resident of Molokai. I am in support of S. 1929, the bill to reauthorize the Native Hawaiian Health Care Improvement Act. As a past director of Na Pu'uwai Native Hawaiian Health Care System,

I am fully aware of the tremendous work done by Na Pu'uwai for the improvement of the health status of the Hawaiian Native population.

One of Na Pu'uwai's strength is it's ability to identify and establish collaborative partnerships to coordinate it's programs and activities as well as to identify partners to augment and maximize existing services to better service Native Hawaiian clients, Na Pu'uwai's greatest strength is in its ability to reach out to and bring in those clients who heretofore have not accessed medical care.

However, these assets are but a step up the rungs of the ladder which leads to the change of attitudes and behaviors. It is therefore imperative that S. 1929 be reauthorized.

Thank you for the opportunity to allow the Molokai community to speak in support Native Hawaiian health.

TESTIMONY

S. 1929

A BILL TO REAUTHORIZE THE NATTIVE HAWAIIAN HEALTH CARE IMPROVMENT ACT

UNITED STATES COMMITTEE ON INDIAN AFFAIRS

The Honorable Daniel K. Inouye, Vice Chairman, and Members of the Committee on Indian Affairs. Aloha

My name is William Akutagawa and I am the Executive Director of Na Pu'uwai, the Native Hawaiian Health Care System serving the islands of Moloka'i (including Kalaupapa) and Lana'i.

Since 1991, Na Pu'uwai has served the health needs of 1332 Native Hawaiians and their 'ohana (family). This represents 30% of the Native Hawaiian population in our area of service on Moloka'i and Lana'i. Of this total, 1136 have participated in our Cardiovascular Risk Clinics (CRC). Baseline data collected include vitals (hypertension and obesity), blood chemistry (elevated cholesterol and triglycerides), glucose tolerance (diabetes mellitus) urinalysis (urinary track infection and elevated glucose), nutrition assessment and education (24 hour diet recall), and family medical history. Participants were then case managed through a series of referral levels back to their personal care physician for follow-up services.

The results from the CRC confirmed our fears that our native population is prone to heart disease and diabetes and generally have poor lifestyles and eating habits that contribute significantly to their health problems. The CRC established for our system what the health picture is like for the Native Hawaiian population. It has also given us the opportunity to track individual participants from the CRC as they enter health programs and if there is ability to prevent, delay, or decrease the incidence and mortality associated with the chronic disease for which they are at risk of. However, the tracking requires monitoring over a prolonged period of time, much longer than the present life of the Native Hawaiian Health Care Improvement Act can provide.

Another community health service provided by Na Pu'uwai are screening clinics for breast, cervical, and prostate cancer, diseases for which the Native Hawaiian are at particularly high risk. Working closely with the Women's Health Center at Molokai General Hospital, our Native Hawaiian women are referred for pelvic exams. We were also responsible for initially bringing those services to all the women on Lanai. Our cancer screening clinics makes good use of the inkind services of physicians both here and on Oahu. Grant monies through the Act are used to purchase air coupons for the travel of the examining physicians. The Native Hawaiian

Health Care Improvement Act is the vehicle that makes these kinds of projects possible.

Since 1991 a total of 429 women have gone through our breast exams. Seventy-five (75) were found to be abnormal. Pelvic exams were done on 271 women since 1995 and 16 were found to have abnormalities. 131 Native women have been referred for mammography since 1995 and 20 were found to have abnormalities.

After initiating the first prostate screening for men in 1994, a total of 270 have since been tested. Many ask to return for yearly screening when clinics become available through Na Pu'uwai. This contradicts the negative belief that Native Hawaiian men do not take a preventive approach to their health, but reinforces the concept that if given the chance, they will take advantage of programs benefiting their health.

One of our disease prevention programs include screening for Otitis Media, identified as a chronic condition affecting Native Hawaiian youth. The screening tests are conducted in the public and private schools on Molokai and Lanai. Working closely with school principals and health aides, the screenings were performed by our Community Health Workers certified in audiology testing and conducted on students' grade K-6 from 1994 to 1999. A total of 1959 students were screened on Molokai and Lanai. Students with two or more frequency loss were referred to the State Department of Health/Public Health Nurse Branch for follow-up testing and referral to their primary care physician.

Working with the American Lung Association, our programs in asthma management were offered to clients in our system having asthmatic children. Classes on "open airways" were given to the asthmatic students in the school

Diabetes and end stage renal disease continues to be a major health risk for Native Hawaiians on Molokai and Lanai. However, since the formation of the Native Health Care System services have improved on Molokai with monthly visits by endocrinologists, a dietitian, and RN/Certified Diabetes Educator from the St. Francis Diabetes Center on Oahu. Diabetics in our System that have a need for clinical management of their disease have access to this service. Molokai will also soon have a dialysis facility on island that will decrease the present burden of renal patients traveling to Oahu three times per week for treatment. A yearly average of 3000+ contacts by our health workers is for the purpose of monitoring glucose in our referred diabetics.

Our programs in nutrition and weight management incorporates use of traditional foods and modified diets consisting of low fat, high fiber foods of our ancestors. The family environment of shared stories and communal eating has played a tremendous role in weight loss for obese clients. Together with group exercises for body toning, significant weight loss have been the success stories. The average weight loss has been 22 pounds per individual. The cost of healthy foods has been the barrier to more weight management cycles. The Act has provided some of the basis for this activity, but more needs to be put into the project in terms of

producing low cost traditional food resources and the ability of the project to access those resources.

The Native Hawaiian Health Care System is part of a collaborative attempt to provide a continuum care cf health services to the Hawaiian community on Molokai and Lanai, but has greater implications for serving all of it's population. Our niche in recent years have been what we do best, health promotion and disease prevention. This falls in line with the plan of the other major health providers. Their role is clinical in nature and speaks toward treatment in secondary and tertiary care. Our involvement looks at preventing or delaying the greater population from moving toward specialized care and perhaps reducing the burden associated with cost, something that Hawaiians can ill afford. As a rural community struggling to keep families together, the health of our Native Hawaiians are intricately tied to the dynamics of the extended family. We must provide every opportunity to keep them together and that means living longer and being healthy.

In summary, I urge congress and the federal government to reauthorize passage of the Native Hawaiian Health Care Improvement Act. Not to do so would jeopardize all the efforts since it's authorization and the work of many to improve the health conditions of the indigenous people of Hawaii. Our monarch, Alexander Liholiho, King Kamehameha IV and his consort, Queen Emma more than 200 years ago went out to solicit monies to build the Queen's Hospital. Their concern then is still a concern of ours today, to "stay the wasting hand" of our Hawaiian race. Mahalo.

MOLOKA'I GENERAL HOSPITAL

P.O. Box 408 • Kaunakakai, Hawaii 96748 • Phone: (808) 553-5331 • FAX: (808) 553-3133

MEMO: January 18, 2000

TO: Honorable Senator Daniel K. Inouye
Honorable Senator Daniel K. Akaka
Members / Staff Senate Committee on Indian Affairs

FROM: Phillip Waiholo Reyes, MD
Noa Emmett Aluli, MD
Co-Medical Executive Directors

RE: Testimony in Support of the Reauthorization of the Native Hawaiian Health Care Improvement Act

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ALOHA:

We are proud to have this opportunity to testify in support of the reauthorization of the Native Hawaiian Health Improvement Act.

From the very inception of the Bill since the mid 1980's, and throughout the reauthorizion hearings and drafts, we have been extremely supportive of the commitments and community processes that both you, your staffs, and the Senate Committee on Indian Affairs, have advocated for the improvement of the health conditions of Native Hawaiians and their `ohana.

Please know that your work - supporters of Moloka`i and Native Hawaiians and a friend to rural Hawai`i - to better the conditions of Native Hawaiians, especially the health and wellness of our patients and clients, is respected and acknowledged as legacies in our community. You have helped us lay a foundation and network on Moloka`i to improve upon our own conditions, our own way. Your recognition of capable local community-based groups and agencies closest to the problem, bring the greatest success to these programs. When management is community-based, these programs do more than just spend money, they build leadership, they build networks, they build community capabilities

We take this occasion to discuss new health system, a vision conceived by Na Pu`uwai, one that will be community-based, primary care driven, and appropriately integrated with other health and allied health service providers both on and off-island.

Rather than limiting our focus to acute illness management and long-term care, the system envisioned will be comprehensive in scope and holistic in approach giving due attention to the dynamic balance between mind, body and spirit and between individual, family and community.

We serve as the Co-Medical Executive Directors of the Moloka`i General Hospital, the only hospital on the island, providing for a population of about 7000 residents, of which more than 46% are Native Hawaiians.

In addition, we maintain a 48-year private practice, the Moloka`i Family Health Center, and serve as primary care providers for approximately 3000 residents.

Dr. Reyes is currently the Medical Director of Na Pu`uwai, the Native Hawaiian Health Care System for the islands of Moloka`i and Lana`i; and Dr. Aluli was a founding member and past board president.

Our oral testimony will be a summary of the contents of this written testimony, mostly concentrating on the development of a health system for Moloka`i; the integration of services and programs of Moloka`i General Hospital and our Moloka`i Family Health Center with Na Pu`uwai; the creation of a Native Hawaiian Learning Center on Moloka`i; and the Native Hawaiian Heart Health Initiative. Enclosed are copies of a PowerPoint presentation we have prepared for the hearing.

Moloka`i is a rural island - not developed as a major tourist destination area, with a depressed economy since pineapple plantations have phased out, and is, as you know, geographically isolated from major trauma centers and medical specialists. Since 1992 our island has been federally designated as a Health Professional Shortage Area (HPSA site.)

**Moloka`i General Hospital's** (MGH) mission is to be a community-driven center of excellence, committed to fostering health, wellness, and service as steward's of the `aina and its people in the spirit of aloha.

MGH is a 30 - bed facility with 16 acute care beds and 14 long term care beds. Our hospital provides our community with twenty-four hour Emergency Care; Urgent Care from 10:00 AM to 6:00 PM - Mondays through Fridays and 10:00 to 2:00 PM - Saturdays, Sundays and Holidays; Acute Medical and Pediatric Inpatient Care; Pediatric and Specialty Outpatient Care; Clinical Radiology, Ultrasound, CT, and Laboratory; Respiratory Therapy; and Physical Therapy. In addition, MGH has the only hospital-sponsored midwifery program in the State of Hawai`i.

MGH is accredited by the Joint Commission on Accreditation of Health Care Organizations and is a certified participant in the MEDICARE and State MEDICAID programs. MGH is a subsidiary company of the Queen's Health Systems (QHS) and receives considerable financial and management support from QHS. As on any other rural island or area in Hawai`i, Moloka`i General depends upon the timely and competent ability to triage complicated patients to "off Island" hospitals.

Moloka`i General was established in 1963, when 2 % (for two years) of all wages earned by employees of the two pineapple plantation companies were donated toward construction of our current facility. In 1987, MGH was leased to the Queen's Health System to avoid closing because of the increasing financial burden required to continue operations as a community facility.

Creation of a Moloka`i Health Systems:

Imua: In 1993, the Moloka`i General Hospital Board of Trustees initiated a planning process which prepared for the establishment of a health delivery system more responsive to community physicians and island residents:

- Health care services model set the direction for health care service delivery
- Community alliances identifies Moloka`i organizations which would strengthen an integrated care delivery system
- Quality, Service, and Cost initiatives identify challenges and opportunities for MGH
- Information Systems formulates a foundation which would prepare MGH for a high technology future

"Managed Care" Model Program: In 1995, the Queens Health System was given this program proposal to discuss and to commit funding for the development and implementation of a unique "managed care" model:

- Compassionate Care / Hospice Services
- Dialysis
- Chemotherapy
- Centralized Record Keeping / Telemedicine Technology - linkage for centralized access of patient information through electronic medical records, lab information, cost effectiveness of care plans, and specialty clinic scheduling
- Primary Prevention Services (diet / nutrition)
- Secondary Prevention Services (interface with Hawaiian Health at Kalama`ula
- "best care" objective used to evaluate data collected on at-risk population through 12 years of CV risk assessment and breast cancer)
- Tertiary Prevention Services (case management)
- Mental Health Services - develops a long-range mental health plan to include contract for outpatient counseling services; establishes immediate plan for a 48-72 hour holding room/facility

Iluna: In 1995, MGH staff continued the Imua process with community and

staff meetings, involving more than two hundred individuals (including "old timers", students and *piha* Hawaiians) in an effort to launch MGH into collaborative partnerships to develop and implement a **Moloka`i Community Health System.** Wellness, education, and prevention programs would be the models, prototypes and pilot programs that would be portable to other Native Hawaiian / rural communities:

- Kidney Health Program
- Home Health Care - develops a foundation for home-based programs focusing on "gap group"
- begin building the long-range vision for servicing Kalaupapa so residents may remain in their homes
- Multi-Specialities Clinics - New Specialty Clinics (Pediatrics, Cardiology, Nephrology, Gastroenterology, Rheumatology, Endocrinology, Pulmonology and Industrial / Occupational Medicine)
- Research, Evaluation and Training
- Facilities Development

Memorandum of Understanding with Na Pu`uwai in 1996 formally acknowledged a collaborative relationship between the MGH and Na Pu'uwai and their respective missions for the betterment of health care for Native Hawaiians.

In recognition of the need for a health care system which is responsive to all the residents of Moloka'i, especially the Native Hawaiians; Na Pu'uwai and MGH have aligned themselves by this Memorandum of Understanding to lead the process of cooperation and collaboration that will provide for a continuum of care for improved health of the people of Moloka'i in establishing a Moloka'i Health System:

- **Women's Health** - since 1990, Na Pu'uwai has worked collaboratively with the Women's Health Center, to promote and increase breast cancer and cervical cancer screenings among Native Hawaiian women;
- **Early detection and control of prostate cancer** - through screening clinics;
- **Logistical support and medical resource personnel** - assisting with breast cancer screening (including mammography services), prostate cancer screening, weight management clinics, diabetes complications clinics, and cardiovascular risk factor clinics;
- **Cardiovascular risk factors among Native Hawaiians** - in all Na Pu'uwai's Cardiovascular Risk Clinics on Moloka`i and Lana`i, MGH has provided medical expertise and diagnostic laboratory services;
- **Community health systems planning** - Na Pu'uwai staff works with MGH and other community health providers to develop service plans to implement home health care, compassionate care, kidney health, and medical specialty clinics such as cardiology, pediatrics, asthma, dialysis, oncology, weight management, rheumatology. This will be augmented by a Moloka`i Community Health Informational Network, research and training, and mental health;
- **Health promotion and education outreach**;
- **Targeted health promotion and disease prevention outreach** - to Native Hawaiians through the office at the proposed Kalama`ula Multi-Service Center.
- **Targeted health promotion and disease prevention outreach to non-Hawaiian residents of Moloka'i**;
- **Research / Outcome evaluation** of MGH / Na Pu`uwai by analysis of outcome of medical information;
- **Traditional Medicine** through collaborative training of traditional practitioners of La`au Lapa`au, Lomi Lomi, Ho`oponopono, and others.

Lamalama: In 1997, the Queen's Health Systems Board approved partial supplemental funding for the the Lamalama Community Services.

**`Auinala / Robert Wood Johnson Foundation (RWJ):** In 1999, with the support of a four year grant from RWJ, MGH began collaborative efforts to share resources in establishing the Lamalama ka `Ili Center in Kaunakakai. The existence of the full cycle of life, from birth to death, reinforced the vital maintenance of the strength of our island community. Moving forward to the new millennium, MGH has dedicated our community services to the *`auinala* (twilight) years of life of our treasured *kupuna* (elders) and the end-of-life services needed to keep them with their families, in their homes, on Moloka`i.

With matching funds provided by the Queens Medical Center and supplemental funds provided by the Queens Health System, the support allowed the interface of the needed end-of-life services:

- Compassionate Care / Hospice Services - maintains life cycle and enables island residents to remain on Moloka`i to die; builds the program from totally volunteer; develops Moloka`i General's capacity to handle pain management cases (extensive physician training);
- Kidney Health / Diabetes Care Management - an aggressive preventive program starting with residents with renal insufficiency; defines a new "best care" based on technology supported by care management;
- Home Health Care
- Chronic Disease Management (Cancer, Cardiovascular Disease, and High Risk Weight) - program development and implementation will utilize a new system of "best care" focusing on four key areas of care management that will include a multidisciplinary team case management approach, led by a Medical Director and directed by Nurse Care Managers. The team will employ other identified disciplines: dietitian, social services/social worker, physical activity specialist, and a cultural specialist with expertise in dealing in psychosocial issues;

Facilities Development: The facilities development plan was initiated in December of 1995 as a space planning project. This project identified the need for "as-built" drawings of the facility; and infrastructure and facility expansions with immediate requirements of: an ER overflow room, a resident activities room, and an employee dining room. (All three were completed in 1996.) The "as-built" plans were compiled and created in the first part of 1996. A cost analysis to bring the existing facility up to current code was completed by January of 1997 and revealed that $3.3 million would be required to bring the existing facility into compliance.

Moloka`i residents and MGH staff and Board members were included in conceptual planning of future community needs to establish how much expansion may be required to fully serve the community into the next generation. Based upon the Service Plans, an architect / planner was hired to provide expansion options and costs. An asset building campaign is being planned for an estimated capital costs requirements of $16 - 18 million over a period of 3-5 years.

Partnerships: Funds secured for programs thus far includes:

- Robert Woods Johnson
- MGH Community solicitations / Golf Tournaments
- Office of Hawaiian Affairs
- Maui Community College / Rural Development grant
- Area Health Educational Centers / Ke Anuenue & Na Lei Wili
- Moloka`i Health Foundation
- Parke Davis Pharmaceutical Company
- Weinberg Foundation
- HMSA Foundation
- National Institutes of Health / National Heart Lung Blood Institute
- Papa Ola Lokahi
- State Legislature, Department of Hawaiian Home Lands, Department of Labor and Department of Business, Economic Development and Tourism

Center of Excellence: One focus of the Native Hawaiian Health Care Improvement Act will be establishing a Center for Hawaiian Health on Moloka`i. We propose that the Center would focus on research, education and training for rural and under-served Hawaiian communities. It would serve as a demonstration model and training site for health providers to Pacific Island and rural Hawaiian communities. Certain components of the Center would be on-site on Moloka`i, such as maintenance of a data repository and logistical staff for treaining programs, while other elements will be 'virtual' or transitory such as statistical and epidemiological staff.

Key elements have been established, including:

- rural rotations from JABSOM, UH Manoa, selected continental U.S. and international health professional training programs
- affiliations have been established with `Ahahui O Na Kuaka, Papa Ola Lokahi, JABSOM, Native Hawaiian Center of Excellence, Imi Ho`ola Program, the Area Health Education Centers
- research affiliations with National Heart Lung Blood Institute, the Strong Heart Study, the Honolulu Heart Study, the Framingham Heart Study, Queen's Medical Center Department of Research

Native Hawaiian Health Scholarship Program can be well supported by the establishment of a Center of Excellence. Many students who have been supported by the scholarship program have been hesitant in repaying their service obligations in rural areas. This has continued to reduce the provision of professional services in the areas of greatest need for many Hawaiians. By establishing this Center on Moloka`i, students from all the health disciplines, from community college to university curriculums can be introduced, trained, and educated to be leaders in our communities.

Research, Education and Training:

- High School students: Moloka`i High and Intermediate School HEALTH OPPORTUNITIES Summer Course - 18 ; Summer Program for the Enhancement of Basic Education in Medical Science - 110
- Premedical - 7
- Medical - 8
- Residents - 9
- Graduate Students - (Dentist - 1, MSW - 5, Psychologist - 2, Dental Hygienist - 3, Nurse Practitioners - 1, Physician Assistant - 1, Nurses - 4
- Haumana /
- La`au Lapa`au - 26

Na Pu'uWai
Native Hawaiian Heart Initiative
Questionnaire Summary

Phillip Reyes, MD

Background

- Each year Na Pu'uwai participants are asked to complete several questionnaires
- Issues addressed in the forms:
  - Demographic data
  - Personal and family medical history
  - Lifestyle and habits
  - Clinical data

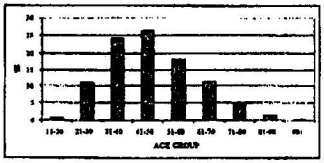
Data Summary

- 3 separate questionnaires
- Total respondents
  - 911 (1992-98)
  - 813 (1992-98)
  - 655 (1992-94)
- First look at the summary data for the years
- Next we will evaluate participants over time

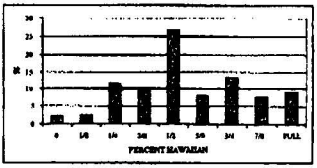
Demographics

- 57% female
- 43% male
- Median age
- Employment
  - 60% employed
  - 10% unemployed
  - 15% retired
  - 10% homemaker

Demographics - Age Distribution



Demographics - Hawaiian Ancestry



Diet and Alcohol Use

- 42% advised to change diet
- 38% reported eating less recently; 17% eating more
- 39% increased physical activity to lose weight
- Recent diet changes
  - More fruits/vegetables 12%
  - Less fried foods 19%
  - More steamed cooking 10%
  - Less salt in past 2 years 48%
- Losing weight 23%
- Alcohol use 38%

Family History

- Heart disease 25%
- Hypertension 58%
- Stroke 30%
- Heart Attack 39%
- Diabetes 53%
- Kidney Disease 17%
- Cancer 46%

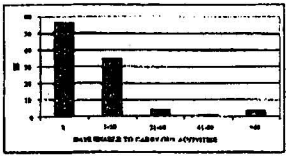
Personal Health

- Any type of health problem 54%
- Hypertension 34%
  - Current medication 17%
- Stroke 5%
- Heart Attack 3%
- Diabetes 16%

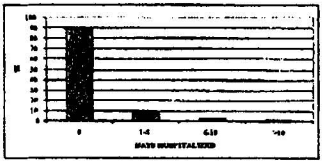
Shortness of Breath and Chest Pain

- Shortness of breath 23%
- Chest pain 24%
- Chest pressure 16%
- Up to 5 episodes of chest pain or pressure within past year

Days Unable to Carry Out Activities Over Previous Year



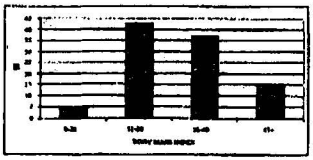
Days Hospital Over Previous Year



Hypertension

- Hypertension defined as ≥145/95
- Borderline defined as ≥140/90
- Hypertension 10%
- Borderline hypertension 8%
- Strictly diastolic hypertension 3%
- Strictly systolic hypertension 6%
- Normal 73%

Body Mass Index Distribution



Summary

- Na Pu'uwai is active in Molokai
- Participation is high and the program is well received in our community
- Our first look at summarizing the data has given us insight the status of our participants as a group
- Our next step is to look at individuals over this time period and evaluate changes

He anapa ana
na kauila iluna
a hoea a ola I ka moku

The lightning flashes brightly above.
It arrives with life to the body.

Ke ku no ia o ke kumu
kauila o Pu`ukapele,
a`oke makani nana i kulai.

Amid all adversity the kauila tree of
Pu`ukapele stands tall and withstands all.

Native
Hawaiian
Heart Health
Initiative

[illegible]

Five Leading Causes of Death

[illegible]

Cause of Death	Native Hawaiians	Total State Population
Circulatory Disease	416.7	206.2
- Heart Disease	393.4	201.1
- Hypertension	3.5	1.9
- Cerebrovascular	50.3	51.9
- Atherosclerosis	4.3	2.6
- Other Circulatory	15.2	8.8
Malignant Neoplasm	231.0	160.7
Accidents	30.8	26.8
Diabetes	34.7	19.1
Influenza /Pneumonia	25.3	20.3

[illegible]

Mortality Rates for Heart Disease Among Native Hawaiians

[illegible]

Pure Hawaiian	340.8
Part Hawaiian	125.8
Non Hawaiian	89.3

[illegible]

Prevalence of Cadiovascular Risk Factors Among Native Hawaiians (BRFS 1997)

Risk Factor	Native Hawaiians	Total State
Cigarette Smoking	28.5	18.6
Acute Drinking	30.5	17.0
Overweight	48.6	30.8
Hypertension	26.3	23.9
High Cholesterol	34.2	31.3

Impact of Heart Disease on Mortality

- Native Hawaiian males lose an average of 15.5 years compared to 7.5 years for total population males
- Native Hawaiian females lose an average of 8.2 years compared to 6.4 for total population females

Historical Overview

1985 Na Pu`uwai Moloka`i Heart Study
1985 Na Pu`uwai is incorporated
1987 Ho`oke `Ai Moloka`i Diet Study
1988 Native Hawaiian Health Care Improvement Act (PL 102-396)
1990 Na Pu`uwai Native Hawaiian Health Care System
1992 Na Pu`uwai Cardiovascular Risk Clinics
1998 NHLBI Cardiovascular Strategy Workshop
1999 Native Hawaiian Heart Health Island Workshops

Na Pu`uwai Moloka`i Heart Study 1985: Findings

- 65 percent were overweight, compared to 27 percent of US adults in the same age group;
- 42 percent were smokers
- Native Hawaiians may be at high risk of premature coronary heart disease and stroke due to obesity, hypertension, hypercholesterolemia, low levels of HDL, smoking, and diabetes mellitus;
- Individuals found to be at high risk were often unaware of them, not under treatment, or not under adequate control indicating deficiencies in the health care systems and/or the knowledge of this population about the associated disease processes.

Ho`oke `Ai Moloka`i Diet Study

- Demonstrated the lipid-lowering effects of the traditional (pre-Captain Cook) Hawaiian diet vs. the contemporary Western diet.
- The study demonstrated significant reductions in blood lipids.
- Subsequent 21-day Traditional Hawaiian Diet Programs have replicated reductions in blood lipids as well as weight.

Na Pu`uwai Cardiovascular Risk Clinics

- More than 1,000 Native Hawaiian adults screened
- Community outreach model
- Early intervention/appropriate follow up
- Culturally competent intervention model

Short Term Objectives

- identify Native Hawaiian healthcare providers interested in implementing cardiovascular risk screening programs in their respective communities
- increased awareness of community-based interventions addressing heart disease
- more involve Native Hawaiian physicians

Long Term Goals

- Establish CRC screening programs in other Native Hawaiian communities
- Create a repository of program data to track prevalence, risk and adherence to recommended treatment
- Identify and solicit research funds to support heart disease prevention, early detection and culturally acceptable interventions for Native Hawaiians

Neighbor Island Meetings

Island	Date	Physicians (%NH)	Community Resources
Moloka'i	12/98	51 (92%)	70
Maui	2/99	17 (59%)	51
Hawai'i	4/99	15 (60%)	50
Kaua'i	5/99	10 (40%)	33
O'ahu	7/99	26 (22%)	94
Lana'i	8/99		86
Hana	8/99		27

Recurring Themes

What we're learning from Native Hawaiian communities.

- There is no "one-size-fits-all" - each community has its own priorities and ways of doing things.
- Acknowledge and learn from the programs that "work" in each community. Build on them.
- Traditional healing and spirituality must be integral components.
- Research is to be respectful of Hawaiian ways.
- Prevention must be emphasized--with emphasis on youth

Recurring themes (continued):

- Involve the Native Hawaiian physicians.
- Prepare for data collection and analysis needs.
- Utilize strengths of families--multi-generational approach.
- Utilize mentors and role models to educate communities and professionals alike.
- Community members are the most effective outreach workers.

Recurring themes (continued):

- Communities want a clearinghouse for information.
- Coordinated services and patient advocacy needed to address barriers to healthcare.
- We have the talent and cultural strength to address cardiovascular diseases in our communities.
- We must strive to shape a common vision.
- We will affect change through consensus.

Optimized Through Partnerships

NATIONAL

- NHLBI National Heart, Lung and Blood Institute - OPRC

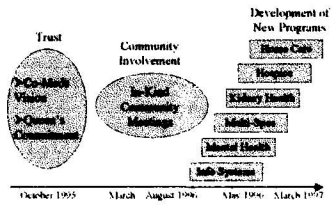
HAWAI'I STATE

- Moloka'i General Hospital
- 'Ahahui O Na Kauka – Native Hawaiian Physicians' Assn.
- Na Po'ono Native Hawaiian Health Care System
- Office of Hawaiian Affairs
- Papa Ola Lokahi
- The Queen's Health System
- Wilcox Health Systems
- Ke Ahonui - Area Health Education Center for Hawai'i & Maui Counties
- Na Lei Wai - Area Health Education Center for Kaua'i and O'ahu Counties
- Native Hawaiian Health Care Systems
- Pacific Islanders, and
- IMBA Foundation

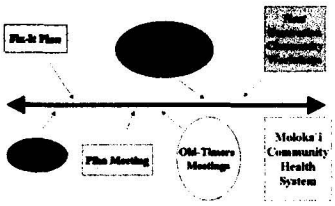
Moloka`i General Hospital

Community Health Systems Development

Building a Community Health System on Moloka`i

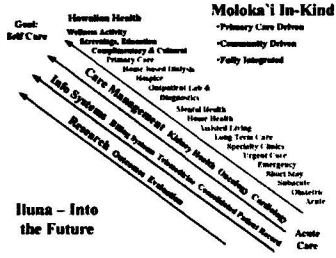


Developing the Moloka`i Community Health System: Iluna



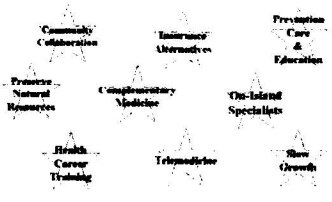
Moloka`i In-Kind

- Primary Care Driven
- Community Driven
- Fully Integrated



Wishes for Moloka`i Future

New Stars



MOLOKA'I GENERAL HOSPITAL

P.O. Box 408 • Kaunakakai, Hawaii 96748 • Phone: (808) 553-5331 • FAX: (808) 553-3133

Testimony on S. 1929 the bill to reauthorize the Native Hawaiian Health Care System.

Aloha Vice Chair Inouye and members of the Senate Committee on Indian Affairs,

My name is Janice Kalanihuia and I am the Director of Women's Health at Moloka'i General Hospital (MGH). Thank you for allowing me to present my views on the impact of the Native Hawaiian Heath System on Moloka'i.

Moloka'i General Hospital's Women's Health Center provides the only prenatal and delivery services on the Moloka'i. It also provides almost all of the well-woman gynecological care and family planning. Our program is unique in that we use Certified Nurse Midwives exclusively to provide care. The Nurse Midwives use practice guidelines developed with an OB /Gyn who lives and works on O'ahu. This OB/Gyn visits Moloka'i every other week to see high-risk patients. He also cares for all OB transfers from Moloka'i and is available for consult 24 hours a day 7 days a week. There are no surgeons to do C-Sections on the island, nor is anesthesia available.

This information is significant for you to understand why prevention is a so important in a clinical setting such as ours. Without the high-tech interventions available on O'ahu it is absolutely necessary our patients to be as well as possible and have problems identified as early as possible. Prevention on Moloka'i means more than preventing disease...it means preventing a family from having to bear the monetary and emotional cost of going off-island for treatment.

I won't bore you with the health statistics of Hawaiian women for I am sure you know them well. Highest mortality rate in the state for breast and cervical cancer, highest risk for babies of low birth weight, highest

risk for infant mortality and highest rate of teen pregnancy especially for teens under the age of 14.

Those statistics are especially interesting to The Women's Health Center because our client base is heavily Hawaiian, over 70% for both our birthing and family planning population since the inception of the program.

The continuation of the Native Hawaiian Health System, Na Pu`uwai on Moloka`i, will assure that any headway that has been made in the way of prevention and education will not be lost. It is difficult to change adult behavior and we need Na Pu`uwai's **continued** efforts to keep our population well. We need to be continuously reinforcing the prevention and wellness message *and* continue to make an effort to bring in the very hard to reach. Convincing a woman to have one mammogram is not enough, a woman over 50 needs to have one every year and she often needs several wellness messages to motivate her to make an appointment.

If Na Pu`uwai was not able to continue its work here any wellness and prevention habits they have begun to teach our children would be lost. That would be a shame, because our greatest chance for wellness in this community is having prevention as entrenched in our children's lives as television or video games.

The Women's Health Center has been working with Na Pu`uwai for more than 8 years. We are work together in their Breast Clinics, Cardiac Risk Clinics and in the identification of women whom need preventive Gyn care on Moloka`i and Lana`i. In terms of women's health, Na Pu`uwai has been a partner (and I don't use that word lightly) in the fight against breast and cervical cancer. Their clinics have brought to the forefront the importance of Hawaiians becoming active participants in their health destiny. Na Pu`uwai's screenings and community work have quite effectively planted the seed of prevention on Moloka`i.

Na Pu`uwai has developed a community-based health system on Moloka`i that has been able to incorporate what I call "talk story" medicine. First get to know the patient and family, and then gently begin to help facilitate change in lifestyle to promote better health.

There are many projects left for Na Pu`uwai ...their work is far from finished.

- We have a mostly Hawaiian population who are the most likely to be uninsured. Often care is put off or refused due to the cost, not only the cost of care but the cost of a flight to O`ahu receive the care. Moloka`i needs a clearinghouse of clinical and service providers who would be willing to provide free or reduced-rate care to the uninsured and under-insured.
- We have a lack of many of the health support services for taken for granted in other places. Moloka`i General Hospital needs Na Pu`uwai's continued support and partnership to create an integrated health system for the island.
- We have a population that desires to be well but needs continued support and guidance. There is no other agency on Moloka`i with the community connection and program substance to motivate, monitor and move Hawaiians here to optimal health.
- We have a community trying to return to native foods to remain healthy, only to find those foods are far less plentiful and far more expensive than SPAM. We need intensive nutrition support, not only for the women I work with, but for the entire population.

Again, thank you for this opportunity to speak. I hope I conveyed to you that
Na Pu`uwai offers the message; the support and the link to providers that Hawaiians need to become and remain healthy.

Thank you.

MOLOKAI
NATIVE HAWAIIAN HEALTH CARE
January , 2000

Aloha and welcome to our island!

My name is Jane Pahula Holck Lee, a resident of Molokai for almost 40 years and a descendant of kupuna who walked this land more than a century ago. (Please be patience if my speech slurs and I tend to lose my way in this story. Thank you.) I have worked for twenty-three years as a community worker with the Queen Lili`uokalani Children's Center here on Moloka`i, and in this capacity, participated in designing and building the Na Pu`uwai Native Hawaiian Health Care System of Moloka`i and Lana`i.

Almost twenty years ago, the founders of Na Pu`uwai envisioned a health system that would gradually, over time, change the way we traditionally delivered health services to native Hawaiians on this island. We would be moved to develop and implement our understanding of the cultural principals that guide and influence our people. We incorporate this understanding into the design of a system responsive to the beliefs, protocol and the importance of ritual, as practiced, celebrated and respected by our people in their daily lives and the lives of other families in our community. Our approach would be holistic, embracing families in all aspects of their lives. We would continue to strive for harmony within ourselves, with our God, and in our environment. The concept of `ohana gives us a basis for understanding holistic health, which I will attempt to describe. The `ohana is a circle, embracing many small circles or parts, each representing roles and responsibilities of the members of the 'ohana. Each circle or part is responsible for the wellbeing of each other. Collectively, they are responsible for the wellbeing of the whole. This is health care on Moloka`i.

We have not found a cure for diabetes, but we have successfully identified the diabetic at all stages of the disease and have walked together, hand in hand through the maze and haze of medical terminology and procedures. We have not found a cure for obesity, but we have successfully identified and educated our people on the benefits of returning to the healthy diet of our ancestors, consisting of the "memory" foods that brought us joy and comfort in our growing up years. We do not have an integrated health care

system in place today, but we have identified the gaps and defined the circles of roles and responsibilities that build that capacity in our rural island community. The statistics on native Hawaiian health will be worse before it can get better. I would like to believe that the numbers increase because more and more of our people feel that it's okay to talk about their health problems and because of that, they are a major force in building a healthier future for their children.

The next ten years will be just as challenging for our health care community, as we put into practice the successes of our past. Prevention will be a daily practice in our community of families, for our children in the schools, and wherever we work and play. This generation of children will become the parents and grandparents that will raise their children in a healthier world they helped build.

I thank you again for your attention and wish you well in your future journeys.

PAU

TESTIMONY

SENATE COMMITTEE ON INDIAN AFFAIRS
TUESDAY, JANUARY 18, 2000
9:45 A.M.
KULANA 'OIWI HALAU
KALAMAULA, MOLOKAI

THE HONORABLE DANIEL K. INOUYE, VICE CHAIRMAN

ALOHA MR. VICE CHAIRMAN AND MEMBERS OF THE COMMITTEE.

MY NAME IS ALEXANDER KAUHOLONUIMOKU BISHAW, SR.AND I AM HERE TO SPEAK IN SUPPORT OF S. 1929, A BILL TO REAUTHORIZE THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT.

I RETIRED AS THE PROJECT MANAGER FOR MOLOKAI FROM THE DEPARTMENT OF HAWAIIAN HOMELANDS AND CURRENTLY LIVE ON AN AWARDED LEASE. DURING MY TIME AS THE PROJECT MANAGER, I HAVE SEEN MANY OF THE LESSES LEAVE THIS WORLD BEFORE THEIR TIME. MY OWN PARENTS BOTH HAD HEART PROBLEMS, WERE GIVEN MEDICATION, BUT HAD VERY LITTLE FOLLOW-UP. THEY TURNED TOWARD HERBAL MEDICINE BUT EVENTUALLY GOT WORSE AND LEFT US. I AM SAYING THIS BECAUSE DURING THOSE TIMES AND EVEN IN MYYOUNGER DAYS THERE WERE NO PROGRAM LIKE THE NATIVE HAWAIIAN HEALTH CARE SYSTEM IN EXISTENCE.

TODAY, WE HAVE THE NATIVE HAWAIIAN HEALTH CARE SYSTEM, NA PU'UWAI, THAT SUPPORTS OUR KUPUNA PROGRAM FOR THE ELDERLYAS WELL AS OUR NATIVE HAWAIIAN COMMUNITY IN THE BROADER SENSE. AS A MEMBER OF THE KUPUNA PROGRAM, I HAVE EXPERIENCED THE STAFF FROM THE NATIVE HAWAIIAN HEALTH CARE SYSTEM COME AND PROVIDE EDUCATION ON NUTRITION, DIABETES, AND CARDIOVASCULAR PROBLEMS THAT AFFECT US HAWAIIANS AND PREVENTIVE MEASURES TO CONSIDER. I HAVE PARTICIPATED IN THEIR CARDIOVASCULAR RISK SCREENING CLINIC THAT HELP ME TO UNDERSTAND WHATS GOING ON WITH ME PHYSICALLY. NOT JUST MYSELF, BUT MANY OTHERS HAVE BEEN TESTED AND EDUCATED AND HAVE HAD AND CONTINUE TO HAVE FOLLOW-UP SERVICES FROM THIS PROGRAM. OUR HAWAIIAN PHYSICIANS AND OTHER VOLUNTEERS FROM THE TESTING PROGRAM HAS CARING AND RESPONSIVE ATTITUDES TOWARDS OUR HEALTH PROBLEMS.

I PARTICIPATED IN THE SYSTEMS PROSTATE SCREENING, THE RESULTS OF WHICH INDICATED THAT I HAD A PROBLEM WITH MY PROSTATE GLAND. IF I HAD NOT BEEN INVITED AND ENCOURAGED TO TAKE PART IN SUCH

AN ACTIVITY, I WOULD HAVE NOT KNOWN OF A CHRONIC DISEASE THAT THE MALE GENDER WAS AT RISK FOR (PROSTATE CANCER). SINCE THEN I'VE LEARNED MORE AND MORE OF THE CONDITION AND WORKING IN CLOSE RELATIONSHIP WITH MY PRIMARY CARE PHYSYCIAN AND SPECIALIST I'VE FOUND THE OPTIONS TO TREATMENT. YES, I MADE MY DECISION AND UNDERWENT SURGERY. TODAY I HAVE EXTENDED CHECKUPS BECAUSE OF THOSE FINDINGS AND NO LONGER WILL BE LEFT UNAWARE OF THE MANY DISEASES MEN ARE PRONE TOO. TO MY KNOWLEDGE, NO PROSTATE SCREENINGS WERE DONE ON MOLOKAI PRIOR TO THE WORK OF THE NATIVE HAWAIIAN HEALTH CARE SYSTEM.

I HAVE ALSO BEEN DIAGNOSED AS HAVING HIGH BLOOD PRESSURE AND MY DOCTOR REFERRED ME TO THE NATIVE HAWAIIAN HEALTH CARE SYSTEM. I AM PRESENTLY BEING MONITORED AS I CONTINUE TO FIND SOLUTIONS TO CONTROL MY CONDITION OF HIGH BLOOD PRESSURE. THE NATIVE HAWAIIAN HEALTH CARE SYSTEM WORKS IN CLOSE RELATIONSHIP WITH MY DOCTOR AND PROVIDES RESULTS THAT MAY HELP HIM WITH HIS PRACTICES IN TREATING MY CONDITION WITH MEDICATION. NOW I DON'T HAVE TO WAIT FOR A LONG PERIOD AT THE DOCTORS OFFICE, BUT CAN GO IN WITH THE RESULTS OF MY MONITORING AND HAVE MORE TIME FOR CONSULTATION. I HAVE SEEN OTHERS GO TO THE SYSTEMS FOR MONITORING FOR DIABETES, OBESITY, AND HEART AND BLOOD PRESSURE PROBLEMS. THE SYSTEMS PROVIDE A PLACE FOR OUR HAWAIIAN PEOPLE TO SEEK HEALTH ASSISTANCE WITHOUT THE STERILE ENVIRONMENT OF A FORMAL MEDICAL FACILITY.

I KNOW THERE ARE MANY OTHERS WHO WILL FOLLOW AFTER ME AND I WANT THEM TO HAVE THE SAME OPPORTUNITY I HAVE HAD. THE NATIVE HAWAIIAN HEALTH CARE SYSTEM MUST CONTINUE TO PROVIDE HEALTH SERVICES TO OUR PEOPLE. WE MUST LEARN TO TAKE CARE OF OURSELVES, BUT MORE IMPORTANTLY, AS WE GET OLDER THAT THERE WILL BE NATIVE HEALTH WORKERS FROM MOLOKAI HELPING TO MONITOR MY SELF AND OTHERS WHO CANNOT DO IT OURSELVES. AS OLDER PEOPLE WE LIKE TO BE INDEPENDENT BUT STILL NEED OCCASIONAL HELP TO TEND TO OUR HEALTH FROM COMMUNITY HEALTH WORKERS IN A COMFORTABLE AND FAMILY-LIKE SETTING. THE HEALTH SYSTEMS PROVIDE THIS FOR OUR PEOPLE.

IN CLOSING, I STRONGLY URGE PASSAGE OF THE REUTHORIZED BILL S. 1929 TO CONTINUE THE GOOD WORK THAT BEGAN WITH THE ORIGINAL ACT.

MAHALO FOR YOUR CONSIDERATION OF MY TESTIMONY.

HO'OLEHUA, MOLOKA'I TESTIMONY BY: MILTON K. PA
JANUARY 14, 2000

I WOULD LIKE TO EXPRESS MY SINCEREST GREETINGS TO THE MEMBERS OF THE U.S. SENATE COMMITTEE ON INDIAN AFFAIRS.

MY NAME IS MILTON PA, A NATIVE SON OF HO'OLEHUA, MOLOKA'I WHO RETURNED TO RETIRE ON MOLOKA'I IN 1998 AFTER BEING AWAY FOR 42 YEARS. I THANK YOU FOR THE PRIVILEGE OF ALLOWING ME TO PRESENT TESTIMONY IN SUPPORT OF S. 1929, THE BILL TO REAUTHORIZE THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT.

I DO NOT FEEL THAT I NEED TO BOMBARD YOU WITH STATISTICS COMPARING NATIVE HAWAIIANS TO OTHER RACES IN TERMS OF THE ALARMING RATE OF NATIVE HAWAIIANS WHO SUFFER FROM HEART DISEASE, KIDNEY DISEASE, DIABETES, OBESITY, CANCER, AND ETC., ETC., ETC, FOR I KNOW YOU ARE WELL AWARE OF THE STATISTICS. AND IF YOU ARE NOT, I AM SURE OTHERS WHO WILL BE TESTIFYING BEFORE YOU TODAY OR IN THE NEXT FEW DAYS WILL PROVIDE YOU WITH ALL STATISCAL DATA THAT YOU NEED TO CONSIDER THE REAUTHORIZATION OF THIS BILL.

INSTEAD, I WOULD LIKE TO BASE MY TESTIMONY ON MY OWN AND MY FAMILY'S PERSONAL EXPERIENCES AS TO THE IMPACT THIS BILL HAS ON ME, MY FAMILY, AND HOPEFULLY, OTHER RESIDENTS OF MOLOKA'I.

DESPITE OF MY LOVE FOR THIS ISLAND, I WAS RELUCTANT TO RETURN HERE DUE TO WHAT I THOUGHT WAS THE LACK OF THE AVAILABILITY OF HEALTH SERVICES AND MEDICAL CARE ON THIS ISLAND. I AM FORTUNATE TO BE ABLE TO RETIRE WITH FULL HEALTH AND MEDICAL COVERAGE PROVIDED FOR AND PAID IN FULL BY MY FORMER EMPLOYER. IT ALSO PROVIDES FULL COVERAGE FOR MY WIFE.

MY DILEMMA WAS THE FACT THAT MY HEALTH PROVIDER (KAISER PERMANENTE) DOES NOT HAVE ANY FACILITIES HERE ON MOLOKA'I, AND I WAS UNDER MY PHYSICIANS CARE WHERE MY HEALTH CONDITION REQUIRED WEEKLY MONITORING. SINCE MY PERSONAL

PHYSICIAN KNEW THAT I WAS PLANNING TO RETURN TO MOLOKA'I, HE WORKED OUT A PLAN WHEREBY I WAS TO FLY TO O'AHU ONCE A MONTH TO BE MONITORED. IN THE MEANTIME, HE SUGGESTED THAT I MAKE ARRANGEMENTS ON MOLOKA'I TO HAVE MY CONDITION MONITORED WEEKLY.

AN ACQUAINTANCE SUGGESTED THAT I MAY BE ABLE TO QUALIFY FOR HEALTH SERVICES PROVIDED BY NA PU'UWAI, A NON-PROFIT HEALTH CARE CENTER SERVING TO MEET THE HEALTH CARE NEEDS OF NATIVE HAWAIIANS ON THIS ISLAND. I'D NEVER HEARD OF THIS AGENCY.

MY FIRST CONTACT WITH NA PU'UWAI I ARRIVED UNANNOUNCED. AFTER EXPLAINING MY SITUATION TO THE COMMUNITY HEALTH WORKER, HE IMMEDIATELY PLACED ME ON A TEMPORARY WEEKLY MONITORING SCHEDULE AND EXPLAINED THE PROCESS NECESSARY TO QUALIFY FOR CONTINUED SERVICES FROM NA PU'UWAI. A NECESSARY REQUIREMENT WAS MY PERSONAL PHYSICIAN'S REFERRAL.

AFTER CONTACTING MY PERSONAL PHYSICIAN AND COMPLETING ALL OF THE NECESSARY PAPERWORK, I WAS PLACED ON A REGULAR MONITORING SCHEDULE. I HAVE BEEN ON THIS PROGRAM SINCE SEPTEMBER 18, 1998. DR. VERNON ANSDELL, MY PERSONAL PHYSICIAN AT KAISER PERMANENTE ON O'AHU IS VERY IMPRESSED BY THE SERVICES PROVIDED BY NA PU'UWAI. HE HAS RECEIVED SEVERAL FOLLOWUP REPORTS ON MY CONDITION AND CREDITS NA PU'UWAI FOR THE QUALITY OF SERVICE IT PROVIDES.

MY YOUNGER BROTHER, HIS WIFE, AND THEIR CHILDREN ARE ALSO CLIENTS OF NA PU'UWAI. THEY HAVE TAKEN ADVANTAGE OF NA PU'UWAI'S HEALTH SCREENING, AND EDUCATION AND WORKSHOP PROGRAMS. THEY HAVE ALSO TAKEN ADVANTAGE OF MOLOKA'I GENERAL HOSPITAL'S COMMUNITY-BASED HEALTH PROGRAMS.

IT IS WITHOUT DOUBT, THAT THE SERVICES PROVIDED BY THESE TWO AGENCIES AND OTHER PRIVATE AS WELL AS PUBLIC HEALTH CARE AGENCIES HERE ON MOLOKA'I CANNOT CONTINUE TO BE POSSIBLE WITHOUT THE REAUTHORIZATION OF THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT.

TESTIMONY

SENATE COMMITTEE ON INDIAN AFFAIRS
TUESDAY, JANUARY 18, 2000
9:45 A.M.
KULANA 'OIWI HALAU
KALAMAULA, MOLOKAI

THE HONORABLE DANIEL K. INOUYE, VICE CHAIRMAN

ALOHA MR. VICE CHAIRMAN AND MEMBERS OF THE COMMITTEE.

MY NAME IS WILLIAM K. AKI, AND I AM HERE TO SPEAK IN SUPPORT OF S. 1929, A BILL TO REAUTHORIZE THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT.

SEVERAL YEARS AGO I RETIRED FROM THE TOURIST INDUSTRY AS A TOUR DRIVER FOR GRAYLINE HAWAII. I MOVED TO MOLOKAI RIGHT AFTER BECAUSE I WANTED TO COME BACK AND START ALL OVER AGAIN. MY DREAM IN FACT WAS TO ALWAYS COME BACK TO MOLOKAI AND MY FAMILY. I LIVE IN THE KAUNAKAKAI DISTRICT, BUT I FARM ON A 1 ACRE PARTIAL IN HOOLEHUA.

WHEN MY FAMILY AND I MOVED HERE TO THE ISLAND, MY WIFE VIVIAN AND I HAD ALREADY INCURED HEALTH PROBLEMS. AS A RETIREE, WE HAD A FIXED INCOME AND I WAS THE ONLY ONE WHO CARRIED MEDICAL INSURANCE BECAUSE I COULD NOT AFFORD THE COST TO INCLUDE MY WIFE. WE WERE HESITANT AT TIMES TO SEE THE DOCTOR FOR HEALTH PROBLEMS BECAUSE OF THE FEAR OF NOT BEING ABLE TO AFFORD THE EXPENSES. MY WIFE WAS NOT WORKING AT THE TIME. ONE DAY, I HAD TO SEE THE DOCTOR TO FOLLOW-UP WITH MY HYPERTENSION BECAUSE IT WAS TOO HIGH. THERE I MET UP WITH AN OLD FRIEND WHO TOLD ME ABOUT NA PU'UWAI AND THEIR SERVICES. I ASKED MY DOCTOR IF I COULD BE REFERRED THERE AND HE MADE A REFERRAL FORM FOR ME TO BE MONITORED THERE FOR MY HYPERTENSION AND WEIGHT PROBLEM.

TODAY, IT HAS BEEN ALMOST TWO YEARS NOW SINCE I HAVE BEEN ON THEIR PROGRAM AND FOR ME, THEY HAVE MADE SUCH A BIG CHANGE IN MY LIFE AND MY WHOLE ATTITUDE ABOUT KEEPING HEALTHY. WHEN I READ ABOUT THE STATISTICS ON THE HEALTH STATUS OF NATIVE-HAWAIIANS, I WAS SHOCKED. I TOLD MYSELF AT FIRST "WHAT CAN BE DONE?" I NEVER KNEW THE ANSWER UNTIL I HAD TO LIVE THROUGH THE FACTS AND FOR ME, AND I KNOW MANY OTHERS LIKE ME, THE ANSWER IS NA PU'UWAI. HOW FORTUNATE WE ARE TO HAVE AN ORGANIZATION SUCH AS THIS. I WAS SO OVERWHELMED ABOUT THE GOOD PROGRESS ON

MY HEALTH, THAT I ENCOURAGED MY WIFE TO COME INTO THIS PROGRAM AND MY CHILDREN TOO.

SINCE THEN WE HAVE BEEN MONITORED FOR OUR HYPERTENSION AND MY WIFE FOR BLOOD SUGAR LEVELS. THROUGH THE HARD WORK, SUPPORT AND ENCOURAGEMENT OF THEIR STAFF AND MOST OF ALL THEIR COMMUNITY HEALTH WORKERS WE COULD NOT HAVE DONE IT BY OURSELVES. AS KUPUNAS WE NEED TO BE REMINDED SOMETIMES AND SET BACK ON TRACT. THE CHW'S ARE COMPASSIONATE, CARING, CONCERNED AND VERY KNOWLEDGEABLE. OUR ONLY REGRET IS THAT, WHY CAN'T THERE BE MONIES TO SEND THEM TO CONTINUE THEIR EDUCATION AND PURSUE THE MEDICAL FIELD TO IMPROVE THEMSELVES AS WELL AS THEIR PROGRAMS. THEY DESERVE SO MUCH MORE FOR DOING INVALUABLE WORK. ESPECIALLY ON MOLOKAI WERE THE ECONOMY IS ALWAYS STRUGGLING AND THE HEALTH SERVICES COULD IMPROVE. THESE CHW'S COULD PURSUE THE MEDICAL FIELD AND COME BACK AND GIVE BACK TO THE COMMUNITY. WE'VE SEEN IT HAPPEN HERE. WE ALSO HOPE THAT IF THIS HAPPENS, IT COULD ALLEVIATE GOING TO CLINICS TO PERHAPS DO PRELIMINARY TESTS THAT WOULD OTHERWISE BE DONE AT THE HOSPITAL OR PRIVATE CLINICS AND BE SO COSTLY FOR PEOPLE LIKE US ON FIXED INCOME.

I REMEMBER A CHW, WHEN MY WIFE VIVIAN HAD GOTTEN SICK AND HAD A SLIGHT STROKE, SHE WALKED HER OVER TO THE NEARBY CLINIC. VIVIAN DIDN'T WANT TO GO BECAUSE SHE HAD NO MEDICAL, BUT THROUGH THE THE EFFORTS OF THAT CHW SHE WENT. THEN, MY WIFE WAS ASKED TO PARTICIPATE IN A FREE BREAST CLINIC THAT NA PU'UWAI HAD SPONSORED AND I WAS SO GLAD TO SEE HER GO, BECAUSE SHE HAD NOT HAD A MAMMOGRAM FOR MANY YEARS PRIOR TO BEING ON THIS PROGRAM AND THROUGH THIS CLINIC THEY HAD FOUND AN ABNORMALITY. IT NEEDED IMMEDIATE FOLLOW-UP, AND THEN AGAIN SHE DIDN'T WANT TO GO BECAUSE OF THE SAME PROBLEM NO MEDICAL INSURANCE. ONCE AGAIN THIS CHW, DID HER BEST TO ENCOURAGE HER AND ASSURED HER NOT TOWORRY ABOUT THE PAYMENT SHE WILL TRY TO HELP IN ANY WAY SHE CAN, BUT TAKE CARE OF HER HEALTH FIRST. MY WIFE COMPLETED HER SURGERY AND THE CHW DID A REFERRAL TO ANOTHER AGENCY THAT HELPED WITH SOME OF THE MEDICAL COST. WE ARE SO VERY THANKFUL FOR NA PU'UWAI AND THEIR STAFF OF WONDERFUL PEOPLE. TO THIS DAY, OUR HEALTH HAS IMPROVED A LOT. MY WIFE NOW HAS MEDICAL THROUGH HER COMPANY, AND BECAUSE OF NA PU'UWAI WE BOTH HAVE BECOME VERY HEALTH CONSCIOUS IN TAKING CARE OF OURSELVES AND OUR FAMILY. WE WILL SHARE OUR EXPERIENCE AND THE KNOWLEDGE WE HAVE GAINED FROM NA PU'UWAI WITH FAMILIES, FRIENDS AND THE GENERATIONS TO COME. SOMEONE ONCE SAID, "LIFE IS SHORT AND MAKE IT THE BEST YOU CAN," BUT I BELIEVE "HOW WE MAKE IT, IS HOW LONG WE'LL LIVE".

IF WE CAN BRING OVER PROFESSIONAL PEOPLE TO TEACH AND TRAIN OUR YOUNG FARMERS. THEY CAN PRODUCE AND PROVIDE THE COMMUNITY WITH AN ABUNDANCE OF NUTRITONAL PRODUCE WITH EASY ACCESSABILITY AND LOW TO NO COST MORE PEOPLE WILL EAT HEALTHIER. THESE ARE THE KINDS OF CONCERNS WE NEED TO DEVELOP. BY SETTING AN EXAMPLE FOR THE YOUNGER GENERATION, IN TIME, THEY TOO WILL BE ASKING THE SAME QUESTION. THAT IS WHY WE NEED NA PU'UWAI. IN THIS EVERCHANGING WORLD WE SOMETIMES NEED TO BE REMINDED OF OUR HEALTH.

THANK YOU FOR GIVING ME THIS OPPORTUNITY, TO SHARE MY EXPERIENCES, FEELINGS AND CONCERNS. I STRONGLY URGE YOU TO PASS THE REAUTHORIZATION OF BILL S. 1929 TO KEEP OUR NATIVE-HAWAIIAN HEALTH CARE SYSTEM HERE IN EXISTENCE. WE ARE THE ONLY INDIGENOUS PEOPLE LEFT HERE ON THIS ISLAND AND WITHOUT NA PU'UWAI WE WILL FAIL TO EXIST.

MAHALO FOR YOUR CONSIDERATION OF MY TESTIMONY.

United States Senate

Donna Carvalho, RN
P.O. Box 96
Kaunakakai, HI 96748

Re: Re-authorization of the Native Hawaiian Health Care Improvement Act

Dear Honorary Members,

I feel humbled by a request from my Molokai peers to speak on behalf of the Native Hawaiian Health Care Improvement Act. This bill that is to be presented to Congress for re-authorization has effected me on a personal level, for I am a Native Hawaiian and a health care professional.

As a Native Hawaiian, born and raised in a rural plantation town in North Kohala, Hawaii on the Big Island. I was not personally effected by the economic, social, and health care issues that my fellow Native Hawaiians. However, I did observe the prior issues through the media and the eyes of my Kupunas. As I grew, my surroundings became more apparent. I watched my relatives receiving insulin medication for Diabetes Mellitus. Confused by what the physicians told my Kupunas on changing what they eat. Then witnessing the end-of-life consequences of Cancer with my grandfather. My view of the Native Hawaiian changed from the vibrant King Kamehameha to the elder opening seven pill bottles for breakfast.

There has to be a change. Was this the path that I will come to as I grow older? Why couldn't my Kupunas manage their own health? Why do we need a medicine that we cannot understand? Those questions pondered, which led me chose a profession to help heal/care for my people.

As a registered nurse, and Director of a home health agency on Molokai, I was and still able to answer my questions. Throughout my career, I have worked with a majority of Native Hawaiians, 90%. I have witnessed the chronic diseases, the cancers, the substance abuse, the crime, the teenage pregnancies, etc. I have sat with a 30 year old Native Hawaiian male, who has a mental illness, home less, on a park bench watching the waves crash on the rocks. I have seen the public shun him. I dealt with a Kupuna, amputation, from uncontrolled Diabetes Mellitus, and his question "How can I go fishing now?" I have shed tears with a 14 year old girl, in her third trimester in pregnancy, with bruises on her face and track lines on her arms.

Now that I have grown and became a nurse, what changes have I seen? Can I help my people?

The Native Hawaiian Health Care Improvement Act has made a difference in the people that I have worked with and for myself. First, I was a recipient for the Native Hawaiian Health Care Scholar from 1994 to 1996. I did not need the financial resources, for I invested in my college education, but I felt honored to be able to work with Native Hawaiians in a rural population. For me it would be like working at home. Without this Scholarship, I wouldn't have the opportunity to meet with health care professionals in Native Hawaiian rural areas, understand their needs, meet the challenges, and have my questions answered.

As a student, then as a registered nurse, the Native Hawaiian Health Care Improvement Act has funded many Native Hawaiian community health care programs. To fully understand a Native Hawaiian, one has to be in touch with their culture. I can still see my mother giving my grandmother an insulin injection in her arm, and hearing my grandmother echo the words, "Oh, baby, be healthy this disease will control your life." As a Native Hawaiian, I understood her words, her expression, and her desire to change. As a Native Hawaiian, I knew her confusion when her physician prescribed the liquid medication, told her to change her diet, and watched her shop in the store for packaged goods that did not come from her Native land or ocean.

The Native Hawaiian Health Care programs has facilitated the education and comfort level needed by our people. When a Native Hawaiian walks into a health care facility, and sees the people as his/her own, the comfort level begins. The culture is open, they are more receptive to understanding their health care management. They ask questions, or answer with non verbal gestures. They are given back control of their health care lives. The Native Hawaiian Health Care Improvement Act works.

However, more needs to be done. We as Native Hawaiians continue to be the at the highest mortality rates, continue with the highest chronic disease rates, etc. Why is this? A question that I cannot answer. But we cannot give up, the United States of America, needs to honor the welfare of the Native Hawaiians. The United States of America, removed the culture of the Native Hawaiians our Kanaka Maoli, and brought upon a change in our health care and lifestyles. This Act, has proven in my eyes, that a Native Hawaiian can manage their health with a Native Hawaiian direction.

We, need the Native Hawaiian Health Care Improvement Act to support the Native Hawaiian Health Care programs, to fund grants to support research programs for the Native Hawaiians, and to support the continuing education for Native Hawaiians in their health care professions. Who knows, ten years from now I will sit with my Kupuna after picking limu (seaweed), and notice the twinkle in his eyes as he says "No need the pills, my diet o.k. by eating what I provide, I control my life."

Respectfully,

Donna Carvalho, RN

WRITTEN TESTIMONY TO THE U.S. SENATE COMMITTEE ON INDIAN AFFAIRS

In support of S. 1767 - REAUTHORIZATION OF THE
NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT

KULANA 'OIWI HALAU
KALAMAULA, MOLOKAI

Tuesday, January 18, 2000
9:45 a.m.

REPRESENTATIVES OF THE U.S. SENATE COMMITTEE ON INDIAN AFFAIRS AND THE OFFICE OF THE HONORABLE SENATOR DAN INOUYE, MAHALO NUI LOA FOR THE OPPORTUNITY TO SUBMIT THIS TESTIMONY IN WRITING. I EXTEND MY APOLOGIES FOR MY ABSENCE AS PREVIOUS BUSINESS OBLIGATION PREVENTS ME FROM BEING PRESENT. THANK YOU, HOWEVER, SENATOR INOUYE FOR YOUR LETTER OF JANUARY 5, 2000, INVITING ME TO TESTIFY AT THE HEARING.

MY NAME IS JEANETTE LEILANI KAHALEHOE. AS A WORKER IN A COMMUNITY PROGRAM THAT ADVOCATES AND PROVIDES ACCESS TO HEALTH SERVICES FOR THE PAST TEN YEARS AND AS A NATIVE HAWAIIAN WHO HAS GREAT ALOHA FOR HER NATIVE HAWAIIAN PEOPLE AND COMMUNITY, I AM HONORED TO SHARE MY MANA'O IN SUPPORT OF S. 1929, THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT.

AS NATIVE HAWAIIANS OF THE TWENTY FIRST CENTURY, WE ARE FORTUNATE TO LIVE WITHIN TIMES WHEN IT IS POSSIBLE TO RECEIVE AND SEND INFORMATION AND COMMUNICATE IN SECONDS AT THE TOUCH OF A KEY.

LIVING IN A GENERATION OF HIGH TECH MAKES IT POSSIBLE TO BRING AWARENESS AND EDUCATION INTO MORE HOMES IN LESS TIME. HISTORY AND TIME ARE REACHABLE WITHIN SECONDS ON A LOCAL AND GLOBAL LEVEL.

HOWEVER,YESTERDAY'S HISTORY CAN NO LONGER IGNORE OR CONCEAL THE FACT THAT HAWAII'S DISCOVERY BY CAPTAIN JAMES COOK IN 1778 AND THE ENSUING OVERTHROW OF HAWAII'S GOVERNMENT UNDER QUEEN LI'LIUOKALANI IN 1893 BROUGHT BOTH PHYSICAL AND ECONOMIC CONSEQUENCES TO THE INDIGENOUS PEOPLE OF HAWAII. NATIONS ARE BEGINNING TO ACKNOWLEDGE AND RECOGNIZE THE HARROWING DISPARITIES OF THESE HISTORICAL DATES.

GLOBAL AWARENESS ALSO RECOGNIZES THAT NATIVE HAWAIIANS HAVE THE HIGHEST ATTRITION IN CANCER. ALONG WITH OTHER INDIGENOUS RACES, NATIVE HAWAIIANS ARE ALSO KNOWN WITHIN THE MEDICAL FIELD TO HAVE GROWING PROBLEMS WITH DIABETES, HEART ATTACK, ASTHMA AND OTHER RESPIRATORY DISEASES. HORRIFYING DATA SUCH AS THESE IS DISPARAGING TO NATIVE HAWAIIANS WHO ARE UNABLE TO MEET PREVENTIVE AND MEDICAL TREATMENT COSTS.

IT IS NOT UNCOMMON TO HEAR OF NATIVE HAWAIIANS WHO LOSE THEIR HOMES AND LIFE POSSESSIONS OR CHOOSE TO GO WITHOUT TREATMENT AND DIE BECAUSE THEY ARE UNABLE TO PAY FOR MEDICAL ATTENTION OR SERVICES. NATIVE HAWAIIANS ARE KNOWN TO HAVE THE WORSE HEALTH PROBLEMS.

FORTUNATELY, NA PU'UWAI, A HEALTH SERVICE PROGRAM WHICH SERVICES MOLOKAI'S NATIVE HAWAIIANS , IS STAFFED BY WELL TRAINED, PERSONABLE AND PROFESSIONAL STAFF WITH WHOM NATIVE HAWAIIANS ARE ABLE TO RELATE. WE ARE SEEING AN IMPROVEMENT IN NATIVE HAWAIIAN HEALTH IN THE COMMUNITY.

IN ADDITION, HEALTH EDUCATION CLASSES, PHYSICIAN REFERRALS AND STRONG OUTREACH SERVICES ARE OFFERING NATIVE HAWAIIANS HEALTHIER OPTIONS TO GOOD LIVING. THROUGH HEALTH SCREENING, AWARENESS, PARTNERSHIPS AND COLLABORATIVE EFFORTS WITH OTHER HEALTH AND SOCIAL SERVICE COMPONENTS WHICH SERVICE NATIVES HAWAIIANS, NA PU'UWAI CONTINUES TO ALSO HAVE AN INTEGRAL ROLE IN NATIVE HAWAIIAN HEALTH IMPROVEMENT, LIFESTYLE AND LONGEVITY.

THE PASSAGE OF S. 1929 WILL CONTINUE TO PROVIDE, EXPAND AND EXTEND FINANCIALLY VIABLE HEALTH SERVICE PROGRAMS TO THE NATIVE HAWAIIAN COMMUNITIES AND OFFER NATIVE HAWAIIAN HEALTH PROGRAMS SUCH AS NA PU'UWAI THE OPPORTUNITY TO CONTINUE NEEDED PREVENTIVE AND SUPPORT SERVICES TO NATIVE HAWAIIAN CONSTITUENTS.

I ASK FOR YOUR CONTINUED SUPPORT TO PASS S. 1929 AS A MEANS OF BRIDGING THE PHYSICAL AND ECONOMIC GAPS FOUND IN NATIVE HAWAIIAN COMMUNITIES THROUGHOUT HAWAII NEI. HOPE FOR MOLOKAI AND OTHER NATIVE HAWAIIAN COMMUNITIES IS POSSIBLE THROUGH YOUR UNDAUNTED SUPPORT AND VISION. GOD BLESS. MAHALO NUI LOA.

Judith S. Mikami
P. O. Box 558
Kaunakakai, Molokai, Hawaii 96748

January 14, 2000

United States Senate
Committee on Indian Affairs
Washington, D.C. 20510-6450

Attention: The Honorable Daniel K. Inouye, Vice Chairman
Members of the Committee on Indian Affairs

Dear Senator Inouye and Members of the Committee on Indian Affairs:

My name is Judith Mikami, and I am a life-long resident of Molokai. Although I am now retired from my profession as a registered nurse, I remain actively involved in the health care service provision within the community of Molokai. I have been and am currently an independent contractor for both Na Pu`uwai, the Native Hawaiian Health Care System (NHHCS), and Molokai General Hospital's community-based health care initiatives focusing on the prevention of chronic disease.

I am writing to you and the members of the Committee on Indian Affairs to support S. 1929, the bill to reauthorize the Native Hawaiian Health Care Improvement Act. I believe that although tremendous strides have been made in the improvement of the health status of the Native Hawaiian population, it is important that support be continued and extended to the NHHCS so that the goals established to improve the health and welfare of these people may become a reality. Change is difficult; and it will take time to change attitudes and behaviors that have been perpetuated generation after generation.

You are well aware of the rural nature and remoteness of Molokai; it can serve to be both an advantage to preserving our unique lifestyle but can also be a detriment in the access to and delivery of health care services for our residents, who are mainly Native Hawaiian. However, with the inception of the Native Hawaiian Health Care Improvement Act in 1991 and the launching of Na Pu`uwai, NHHCS, the health care issues of the Hawaiian population on Molokai have been addressed in novel and creative ways to ensure access to appropriate and culturally sound health care.

Na Pu`uwai's strength lies in its ability to reach this population in a non-threatening and acceptable manner. Many residents who have refused to be treated in the "Western medicine" way have participated in Na Pu`uwai's many health education and disease

prevention efforts. They have undergone health screening and counseling and have gone to primary care physicians to receive medical care and treatment.

The health statistics of the Native Hawaiian continue to be dismal, and through Na Pu`uwai's efforts to focus on preventive health and to establish collaborative partnerships with other community-based health related entities as well as to identify clinical resources, there has been an increased awareness of the importance of taking responsibility for one's health.

My role with Na Pu`uwai has been to serve as a clinical health consultant to assist them in identifying appropriate screening and follow-up health programs; as a liaison between the clinician and their clients, such as hospital services, primary care referrals; and as an initiator of health care management when necessary.

The community health workers (CHW) at Na Pu`uwai each carry a caseload of physician-referred patients. They monitor these patients based on recommendations from the physician and follow-up with the physician if there are any abnormal results. The CHWs have the ability to case coordinate their patients and have the skills to assist them in referral to appropriate resources. They are truly patient advocates!

The health status of many of Na Pu`uwai's clients is severely comprised, and they suffer from those chronic diseases that impact their quality of life as well as their ability to contribute positively to this community. Based on the identification and implementation of different health screening programs and collection of data, Na Pu`uwai has begun to develop program interventions that have enhanced our medical community's master plan of a seamless continuum of health care for its residents. With continued support through the reauthorization of the Native Hawaiian Health Care Improvement Act, Na Pu`uwai will be able to reach more of Molokai's Native Hawaiian population through its model health care programs, and improvement in health status will be reflected through positive clinical outcomes.

Na Pu`uwai has been a leader in developing and implementing community-based health activities and has facilitated the unique "talk-story" style that only Molokai can achieve and realize. The continuance of this health care system is vital to preserving Molokai and its people. Na Pu`uwai's work is far from over, and there have been leaders in this system who have had a vision that strategically places Na Pu`uwai and its programs at the forefront of Molokai's health care arena. In addition to improving

access to appropriate health care service delivery, Na Pu`uwai has been able to integrate traditional medicine and health practices with Western medicine. This is essential to preservation of this often-comprised culture in the area of health and wellness.

Thank you for the opportunity to have the Molokai community speak in support of Native Hawaiian health and to reiterate the positive impact that Na Pu`uwai has had on not only the health of the Native Hawaiians, but on the entire island community of Molokai. I only wish that I could be present at the hearing on January 18, 2000, on Molokai, but prior obligations prevent my presenting my testimony in person.

Aloha,

Judith S. Mikami, BSN, RN, MPH, CDE
Community Health Consultant
Na Pu`uwai