S. HRG. 106–462, PT 2

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
LIHUE, KAUAI, HI

PART 2

U.S. GOVERNMENT PRINTING OFFICE

62–419 CC WASHINGTON : 2000

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402

ISBN 0-16-060529-6

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NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT

TUESDAY, JANUARY 18, 1999

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Lihue, Kauai, HI.

The committee met, pursuant to notice, at 3:30 p.m. at the Kauai Community College Dining Hall, Kauai, HI, Hon. Daniel K. Inouye (vice chairman of the committee) presiding.

Present: Senator Inouye.

Senator INOUYE. [inaudible]

FEMALE VOICE. [Prayer and remarks in Native tongue.]

Senator INOUYE. I thank you very much. Before we proceed, I would like to present to you the staff. We have with us the committee staff director and chief counsel, Patricia Zell; Janet Erickson, committee counsel; Noe Kalipi, who is counsel to Senator Akaka; Jennifer Chock, who is committee counsel; and Beverly Russell, representing the Kaiser Family Foundation.

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

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

We began our hearings on the island of Molokai and received testimony there, and we just arrived from there to the island of Kauai.

As it was indicated at that time, the measure that we have before us has been described by some of my colleagues as being revolutionary because it is not a measure that was conceived in Washington. Most laws are conceived in Washington by Washingtonian politicians with their limited background.

This was conceived in Hawaii by Hawaiians primarily for Hawaiians. And, as a result, it involves activities that you would not see in a usual health bill.

For example, this bill has a major emphasis on education and prevention, which is usually not found in other health programs.

Second, it recognizes, for the first time in the history of the United States, Native healers, kahuna. You will not find any other bill in the law books of the United States that recognizes and calls upon the assistance of Native healers such as those who are experts on herbs and traditional Native healing methods.

The measure before us is a result of a study that was conducted in the State of Hawaii about 15 years ago. It was conducted under the auspices of Alu Like.

The study was submitted to Congress in 1986, and it would be an understatement to say that the findings were alarming.

For example, Native Hawaiians have higher rates of mortality from certain kinds of cancer, heart disease, and diabetes, than any other group of Americans, the worst in our Nation. In some disease categories, Native Hawaiians have the highest mortality rates in the world—in the world, not just the United States.

And so these statistics prompted the Congress to take action, and in 1988 this became law, and so we are here to reauthorize that law.

This act was reauthorized in 1992, and we are back again to reauthorize it for 10 years now. Amendments were made on the Hawaiian health scholarship program in 1998.

This bill has several new features, including authority for the appropriations and the use of Federal funds to address the health care needs of Native Hawaiians through fiscal year 2010, 10 years.

It extends the authority for activities or responsibilities that Papa Ola Lokahi has been administering for the past 12 years, and, in addition, reauthorizes the Native Hawaiian health care systems, and provides new authority for the establishment of up to three additional health care systems.

Under the provisions of the bill, the Papa Ola Lokahi board would be expanded to include the existing Native Hawaiian health care systems and the Hawaii State Primary Health Care Association. The Kamehameha Schools would also become a designated member of the board.

It also provides for the establishment of a national bipartisan Native Hawaiian health care entitlement commission—this is, to me, the most important provision in this bill—which would be charged with the responsibility of determining whether Native Hawaiians should receive health care services as an entitlement, just like when you reach a certain age you receive Social Security as an entitlement. You are entitled to it by law, or Medicare.

But if this becomes what we think it should, that means it will cover all health care services covered by this bill for all Native Hawaiians who qualify, whether they be prenatal, post-natal, children, adults, chronic care, name it. They would be covered.

So it is not just a simple reauthorization bill. It does have provisions that are new.

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

These amendments would also authorize the Office of Hawaiian Affairs to enter into joint agreements for the collection of data and to enter into memoranda of understanding with the Health Care Financing Administration.

This bill would also provide authority for the establishment of a Native Hawaiian center of excellence for nursing at the University of Hawaii in Hilo, which is something new; a Native Hawaiian cen-

ter of excellence for mental health at the University of Hawaii at Manoa; a Native Hawaiian center of excellence for maternal health and nutrition at the Waimanalo Health Care Center; and a Native Hawaiian center for excellence in research training and integrated medicine at Molokai General Hospital.

By "integrated medicine," this is where physicians trained in western medicine will work with Native healers.

The bill also provides authorization for Papa Ola Lokahi to carry-out Native Hawaiian demonstration projects of national significance in such areas as their education of health professionals, the integration of western medicine with complementary health practices, including traditional Hawaiian healing practices, the use of tele-wellness and telecommunications in chronic disease management and health promotion, and 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.

This is something new, also, and I am so pleased that Papa Ola Lokahi will be authorized to do this. I believe that the Congress will approve this because in the 12 years Hawaii has developed certain expertise in this area, especially in dealing with Native healers.

One large group of people is watching to see the outcome of this, and they are the American Indians. This bill recognizes a role for Native healers, but American Indian traditional medicine people are not recognized by law, so they are waiting to see what happens to this measure.

[Text of S. 1929 follows:]

II

106TH CONGRESS
1ST SESSION

S. 1929

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

IN THE SENATE OF THE UNITED STATES

NOVEMBER 16, 1999

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

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A BILL

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

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

SECTION 1. SHORT TITLE.

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

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

The Native Hawaiian Health Care Improvement Act (42 U.S.C. 11701 et seq.) is amended to read as follows:

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

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

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

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

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

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

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

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

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 deprivа-
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

"(C) Native Hawaiian females lose and average of 4 years of productive life lost from accidents but this rate is the highest rate among all females in the State of Hawaii.

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

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

"(B) the average number of decayed or filled primary teeth for Native Hawaiian children ages 5 through 9 years was 4.3 as compared with 3.7 for the entire State of Hawaii and 1.9 for the United States; and

"(C) the proportion of Native Hawaiian children ages 5 through 12 years with unmet treatment needs (defined as having active dental caries requiring treatment) is 40 percent as compared with 33 percent for all other races in the State of Hawaii.

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

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

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

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

1 "(7) MENTAL HEALTH.—

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

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

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

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

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

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

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

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

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

1 "(J) provision of mental health care.

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

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

6 "(B) cessation of tobacco smoking;

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

9 "(D) improvement of nutrition;

10 "(E) improvement in physical fitness;

11 "(F) family planning;

12 "(G) control of stress;

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

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

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

1 "(A) genealogical records,

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

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

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

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

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

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

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

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

24 "(F) which is—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 "(a) DEVELOPMENT.—

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

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

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

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

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

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

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

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

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

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

22 "(c) CLEARINGHOUSE.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 "(f) REPORT.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"(3) DIRECTOR AND STAFF.—

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

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

"(C) APPLICABILITY OF CIVIL SERVICE LAWS.—The staff of the Commission shall be appointed without regard to the provisions of title 5, United States Code, governing appoint-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

○

Senator INOUYE. In order that all witnesses may be able to present their testimony, we would have to limit the testimony to no more than 5 minutes.

But I can assure all of you that the written testimony will be included in full in the record of the committee, and the record will remain open until February 21, if you do have additional statements that you would like to include.

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

As I was telling one of you, at Molokai, in addition to the professional panel such as this, we were most privileged to have participants, clients, and patients who are the beneficiaries of this program, and they were able to tell the committee what this Native Hawaiian Health Care Improvement Act has meant to them personally and to their families.

With that, for the first panel we have the president of Ho'ola Lahui Hawaii Board of Directors, Wilma Holi; the executive director of the Ho'ola Lahui Hawaii, David Peters; nursing instructor at Ho'ola Lahui Hawaii, Cashmire Lopez; and the treasurer of the board of directors, Scott Sagum.

I do not suppose Mr. Sagum is here.

May I first call upon President Holi.

STATEMENT OF WILMA HOLI, PRESIDENT, HO'OLA LAHUI HAWAII BOARD OF DIRECTORS

Ms. HOLI. Thank you, Senator, for this opportunity of presenting testimony and comments on S. 1929.

[Inaudible] that we are involved with over the past few months. And also, in meeting with the trustees for the Office of Hawaiian Affairs, they were able to [inaudible].

I'm very optimistic about the bill and the concept of the bill and the movements [inaudible].

We've made some changes in the past few years, although [inaudible] funding, but we still managed to provide an optimum level of service to our clientele on this island, and we still continue to provide that level of service for our clientele.

[Inaudible] opportunity to expand on the concept that created this [Native word] unit. I believe our work [inaudible]. During my tenure, we have made great strides in providing services. The only period of time when the program, itself, was not [inaudible]. Now things are pretty much stabilized. The communities that we service are happy with the kind of activities that the staff has provided. Some of these activities are fun stuff. And it also addresses our concern for wellness.

I suppose some of the staff members who are here today will expand upon that, also.

I am very optimistic about certain things in this bill, and I'd like to see more opportunities to be provided for scholarship programs for students who would like to pursue the technical areas in health care—for example, people who want [inaudible], physical therapists, X-ray technicians, these kinds of opportunities.

And for now the health bill provides opportunities for those who wish to pursue higher levels of education, and we [inaudible]. But

I could see something needs to be provided to go to training to go into the technical areas.

[Inaudible] Papa Ola Lokahi board as they continue to work through the process, and I also look forward to [inaudible].

I thank you for this opportunity.

Senator INOUYE. I thank you very much, Madam President.

I thank you for your invitation to visit the van. I was very impressed. David Peters took me around and showed me your dental side and your medical side.

I was quite concerned that funds were inadequate to use the van for medical purposes more than once a month. When this bill becomes law, and if the entitlement provision is included, then I think some of your problems would be addressed in a very positive manner.

So I look forward to a successful legislative session. At least I can assure you that we are going to do our very best.

And now may I call upon Mr. Peters.

STATEMENT OF DAVID PETERS, EXECUTIVE DIRECTOR, HO'OLA LAHUI HAWAII

Mr. PETERS. Thank you, Senator. And I'd also like to thank your staff for the wonderful professional way in which they helped us get this hearing going, so thanks to them.

I'd also like to thank the community in which we serve, because it is truly them that continues to support us and inspires us to want to do more.

The community that we serve is a very broad-based community, all the way from the north shore to the west side of Kauai, and it is a very diverse population. Even though we're all in the same island, there are different needs in the different communities that we serve.

The mobile van attempts to reach out to those communities where they're at in the community. Rather than trying to make people come to us, we go to them. I'm very proud of that fact.

I'm in very much support of the reauthorization of this Health Care Act. It is very difficult to turn around the appalling health statistics of Native Hawaiians in a short span of time. It takes a long time to overturn many of the barriers and health access problems that many Hawaiians face. So I think it is going to take us a lot longer than the previous 12 years that we have been working at this. I think it is going to take us probably longer than the 12 years that we've set out.

But I'm very encouraged by the entitlement piece. I think that is—an incredible and innovative process that I think would be great if we could undertake that. I think it would eliminate some of the financial issues.

As you mentioned, we are only able to go out about twice a month to the community, and that's primarily due to funding limitations for primary medical care, but we are out every week on the mobile clinic for dental care, sometimes as much as three days, but normally about two days a week. And if we had additional funding, we'd be able to take care of more people.

But the van is just a small part of what we'd like to see happen. I think that the van, given its limitations of only one dental chair,

makes it difficult for us to take care of more patients. So if we could have more permanent sites on the island with multiple dental equipment chairs, then we could probably see more people and be able to speed up the process of getting more people under care, but Dr. Kanna will tell you more about the dental issues.

I'd also just like to say that I think that one of the greatest things about this bill and the process that we've undertaken is that it has truly been a community process. It has taken the community's needs and desires into account, rather than some bureaucrats just sitting around deciding what people needed, and I think that that's a very positive step, and I wish that more legislation was written like that in that manner.

I'd also like to say that I think that one of the other issues—and I think it is addressed in this bill more adequately—is the fact that we are not able to utilize as many of the scholarship recipients that come out of the program in the Native Hawaiian health care system. They end up going to the community health centers, which is a good place for them to be, as well, but we would like to be able to utilize them more, and that's partly a piece of funding, which I think the entitlement part would help us solve that issue.

So I am in full support of S. 1929, and I am also very pleased that the Office of Hawaiian Affairs is also now in support of the legislation. I think that that adds a lot of credibility to us, and I'm very glad that we were able to resolve those differences.

That's all I have to say.

Senator INOUYE. Well, I thank you very much, Mr. Peters.

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

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

STATEMENT OF CASHMIRE LOPEZ, NURSING INSTRUCTOR, HO'OLA LAHUI HAWAII, NHHC HEALTH SCHOLARSHIP RECIPIENT

Ms. LOPEZ. [Remarks in Native tongue.]

I am here to talk about S. 1929 for authorization.

I was very fortunate to be a recipient of the Native Hawaiian health care scholarship program, and I received that scholarship in 1993 and graduated in 1994 from the University of Hawaii with my baccalaureate degree in nursing. After that I left, and came back to Hawaii here to Kauai as a registered nurse.

It was there at that time that I learned about my Hawaiian culture and my Hawaiian people that I never learned at the university.

I learned that Hawaiians have so many diseases, such as diabetes, hypertension, heart disease, cancer, and that the western medical community does not meet the cultural needs of Hawaiians. They offered some medical for their health and to promote their healthy lifestyle, but I feel that with the Native Hawaiian health care system they provide a [inaudible] accepting Hawaiian.

We talked about the mobile van and how it accesses the community. One of the hardest things they found in working with Hawaiians was how to access Hawaiians. You know, they couldn't find a way to get to the doctor's office, they couldn't find a way to get to the medical center, get to the hospital. But how do you get to access Hawaiians [inaudible].

What I found is the Native Hawaiian health care system, through the Native Hawaiian Health Care Improvement Act, allowed the opportunity for the Hawaiian health care system to actually access Hawaiians and provide them the opportunity to obtain health care.

I believe that the Native Hawaiian Health Care Improvement Act, through the funding to the Native Hawaiian health care system [inaudible] in the State of Hawaii provides opportunities for disease prevention and health maintenance to Native Hawaiians, people on the islands.

For example, when I worked at the Ho'ola Lahui Hawaii, they had an exercise program called Hele Waiwae, which I think is still here, that provided incentives to Hawaiian people to come out and access services like exercise—you know, even if they walked for 20 minutes or they walked for one-half mile, they earned something. They recognized they got benefits from the exercise.

That's only one of the many, many, many programs that are needed to attract and reach the Hawaiian people, to be given an opportunity to better their health and improve the health of their families.

However, my [inaudible] and most memorable moment comes from taking care, a Native Hawaiian who lived in Haena. My story is called A Prideful Kanaka.

He stood 6 foot tall, this 62-year-old, well-built Hawaiian man with newly-diagnosed diabetes of 4 months.

He stood 6 foot tall as he refused medical services because he had no medical insurance because, although he could qualify for Medicare, no one filled out the form, not even his primary physician.

He stood 6 foot tall being a veteran of the Armed Forces, and yet the VA clinic here on Kauai would not service him because he didn't have the proper medical insurance and identification card.

He stood 6 foot tall when he went into renal failure and had to be admitted into Wilcox Hospital and was flown to Oahu to obtain benefits for dialysis treatment because he has gone into renal failure.

He stood 6 foot tall waiting at the Kilauea bus stop three times a week, waiting for the van to pick him up to get him to St. Francis Dialysis Clinic in Lihue.

He stood 6 foot tall when finally all of his Medicare decided to cover him for his medical coverage an sent him to PMRF to get his proper identification so that he could qualify for military coverage and really get an opportunity to be serviced at the Kauai VA clinic and [inaudible].

He stood 6 foot tall when he received a hospital bill that he could not afford to pay.

He stood 6 foot tall when his children and his wife laid him to rest 4 months later.

If there is any question that the Native Hawaiian Health Care Improvement Act is needed, it is needed for the families and many other Hawaiians who need to access.

Thank you.

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

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

Senator INOUYE. I think you have stated the case in a very succinct manner, and we are grateful for that.

The question that I think all of us would be asking would be, realizing that 10 years is not a sufficient time to determine success or improvement, but yet my colleagues just want to know, do you believe that the intent of the law that we passed 10 years ago has been carried out? And, second, do you think it was worth it?

Ms. HOLI. The intent of the law and the intent of the bill that was passed 10 years ago to address the health concerns of Native Hawaiians was well-founded and well-grounded.

I would like to believe that, by providing a community-based health care service, we have reached out to the community and made our services known.

[Inaudible] The question is, How do you get Hawaiians to access these services? [inaudible] That's the way they are. And then there are some Hawaiians who are responsible and they will take responsibility for their wellness and for the wellness of their families.

So, to answer your question, Senator, I'd like to figure, you know, we have made a difference—maybe not a very big difference, but we have made a difference. And I think we can see some of the differences, not so much in the adults, the older adults, but in the younger generation.

Mr. PETERS. Well, in looking at the overall health statistics, I think that the Native Hawaiian health care system hasn't significantly impacted them in the way that we wanted to. I think that we have impacted them, though, and I think that if it weren't for us I think they would be worse. I think we have to look at that.

I also think that for the people that we serve I think we can demonstrate that we've significantly impacted on their lives and improved their health statistics.

I think it is very difficult, when you're looking at 200,000 people and we're only serving 10 percent of them because of the amount of money that we're allotted, it's very difficult to say that we can improve if we're only serving 10 percent, or 20,000-some people a year, and [inaudible], we can't majorly impact the statistics in the way that we want to. But we can certainly impact those statistics for those 20,000 people that we do serve, and I think that's very definite.

And I think that if we were to look at this becoming an entitlement program and having funding available, I think we could significantly turn this around in a shorter period of time.

I do think that we have made a difference.

Senator INOUYE. It has been suggested that, because of the success this program has had in the education area and the outreach program, that the statistics in the years to come—for example, the next decade—may statistically appear worse than today because, as a result of your credibility and accessibility, more people are coming forward, and we are finding out that there are more people with diabetes, for example, more patients with prostate cancer and ovarian cancer and such, and so statistically for the next 10 years we may see in certain areas a rise, not because you have done a bad job, but because you have done a good job.

But whatever it is, I am glad to hear that you believe that it has served a good purpose.

Ms. Lopez, do you have anything to add?

Ms. LOPEZ. Yes; I think that for the last 10 years this has done an excellent job. Just looking at the Native Hawaiian health care recipient of the scholarship, I have been able to go into the community and [inaudible].

Overall, if the funding is [inaudible]. I think, as David said, that in the future we'll see more of an improvement, although there will be more numbers, high numbers of diseases that are brought about, but I think there will be a very significant amount of improvement.

Senator INOUYE. Thank you very much. I appreciate it.

Our next panel is Stan Kanna, a dentist with Ho'ola Lahui Hawaii; the executive director of Habitat for Humanity, LaFrance Kapaka-Arboleda; certified diabetic educator of Ho'ola Lahui Hawaii, Sheryl Keliipio; recipient of the services of Ho'ola Lahui Hawaii, Peter Kuahiwinui; and Joy Canute; and, representing the Hawaii Medical Services Association, Kaui Rosa.

I thank all of you for responding to our call for witnesses and for participating in today's hearing.

May I begin this panel by calling our dentist, Dr. Kanna.

STATEMENT OF STAN KANNA, DENTIST, HO'OLA LAHUI HAWAII

Mr. KANNA. Thank you very much, Senator Inouye, and staff of the Committee on Indian Affairs.

My name is Stan Kanna. I am a general practice dentist with Ho'ola Lahui Hawaii. We have been doing dentistry on the west side of Kauai for four generations, and our family has been around since the turn of the century.

I am currently the dental director for Ho'ola Lahui Hawaii. I have been the dental director now since 1996.

I am strongly in support of S. 1929 to reauthorize the Native Hawaiian Health Care Improvement Act. We cannot talk about improving Native Hawaiian health and overall Native Hawaiian health, without talking about improving oral health, as well.

It is very well known that Native Hawaiians have here in the State of Hawaii one of the worst oral health conditions in the Nation. As an ethnic group in Hawaii, Native Hawaiians have the worst incidence of decay and decay rates, decayed, missing, filled, and untreated dental needs of any local ethnic group in the State.

In 1989, the Department of Health did a dental assessment of some 60,000-plus children in the State. Native Hawaiian children had the highest rate of decayed, missing, and filled teeth, untreated dental needs, and incidence of decay in the State.

In 1999 they did a similar assessment of 60,000-plus children throughout the State. The data hasn't been published yet, but from the people that I talked with at dental division, Department of Health there does not seem to be any significant improvement in the oral health of Native Hawaiians.

Through the Native Hawaiian Health Care Improvement Act and Papa Ola Lokahi, we have been able to make tremendous strides to improve the dental health of Native Hawaiians here on Kauai. We're pretty innovative, I think, and, given the limited resources

that we had, we came up with a dental program based on a mobile dental/medical van.

Having a dental/medical van that is mobile and we can go to the community, as Mr. Peters had mentioned, treating disability, [inaudible]. The staff on the van are comprised of Native Hawaiians. They are culturally sensitive, very loyal, very dedicated, very understanding individuals and we do outreach, we do case management, we do counseling, we do speech and education, fully based on prevention and getting the people to understand not only the dental part but the overall health part.

As you know, we are finding out now in dentistry that oral health is now becoming directly related to heart disease and things like that, and they are significantly directly related.

So it is very important to educate these people on the preventive points.

We were the first mobile dental van in the State. We are the only dental van that provides comprehensive dental care in the State. There are now two vans on the Big Island, one on Maui, but they only do emergency care.

Since the inception of the van in 1996, we have seen well over 2,500 patients. Well over 7,000 encounters.

In Kauai County, alone, based on the statistics that we had in the 1989 assessment, Kauai County had the worst dental health of any of the counties in the State. In 1999, Kauai County Native Hawaiians, according to the statistics—now, this is just on the children—we're the only county that has improved.

Now, it is not significant, but it has improved more so than the other counties have on dental health. I think that it directly related to the inception of the van and the program that we have. I'd like to believe that.

Kauai County has put an emphasis on dental health, as a whole. [inaudible] and other measures. But the concept of the van and the dental van and the program that was initiated through the Native Hawaiian Health Care Improvement Act [inaudible] and the funding really has created a significant change in the dental health of Native Hawaiians.

So, you know, again, the van [inaudible]. But the Native Hawaiian Health Care Improvement Act has created an avenue for programs such as Ho'ola Lahui Hawaii, programs that can become — can make reality to make a difference in improving Native Hawaiian health overall.

Thank you.

Senator INOUYE. I thank you very much.

[Prepared statement of Dr. Kanna appears in appendix.]

Senator INOUYE. Recently, I read an article on dental hygiene, and I was astounded to learn that less than 15 percent of the people of the United States brush their teeth properly, although 80 percent believe that they are doing a good job. [Laughter.]

And ever since I read the report I have been very conscious. They said you should brush your teeth for at least 2 minutes. Is that correct?

Mr. KANNA. At least.

Senator INOUYE. And most Americans do not do it for 2 minutes. Is it because of these hygiene practices or is it diet?

Mr. KANNA. Poor oral hygiene is probably the biggest reason that we have the dental health conditions. Poor oral hygiene has been the primary problem. I think the dental education part is a big part that leads to the poor oral hygiene. I think that families are not dentally educated—most Native Hawaiian families that I see in my practice or that I see on the van result in—decay and periodontal gum disease and those kinds of things are the result of poor oral hygiene, and [inaudible] result of not having the dental education to realize that it is very important to do the oral hygiene.

Accessibility to dental care among Native Hawaiians—I think the accessibility part is there. We have the highest dentists to population ratio in the Nation. We are number 2, next to upper New York. So, you know, the dentists are around. It's getting Native Hawaiians to go, and I think that's dental education.

Senator INOUYE. Do not give up. Hang on.

And may I now call upon LaFrance Kapaka-Arboleda?

STATEMENT OF LAFRANCE KAPAKA-ARBOLEDA, EXECUTIVE DIRECTOR, HABITAT FOR HUMANITY

Ms. KAPAKA-ARBOLEDA. Aloha.

I had already written my testimony, but something has come up.

Senator INOUYE. I should tell you that all of your written statements are already part of the record.

Ms. KAPAKA-ARBOLEDA. Okay. I'd like to take the opportunity now that I know I have your attention.

First of all, I have said many times on my way to work, as long as the Ho ola van is seen. I have no fear. But should we need gas to keep it going, please let our community know early so that we can sell laulaus and bread and put gas back in the van.

I'm very confident that there will be a reauthorization and that we'll continue to make points with the van that was a challenge to the original bill, actually, when it was programmed for.

We thought we were not going to be authorized again at that point in time, and we had enough in the budget where we already had checked out the cost of a van, and we felt that if at that point it was not going to be the next 5 years, that we would at least have left in the community equipment that we could then just look for other funds to keep it going, because our main goal was to have the service accessible. So I'm glad it still has gas and I'm glad it still runs to make Dr. Kanna a little bit happier.

Last, Senator, [Native word], a very vibrant, young Hawaiian woman was a pillar of volunteerism in the social needs of our community. She had been coined "Auntie Aloha" by the many lives that she touched by fund raising, delivery of food to the hungry, clothes to the needy, and temporary shelter for those who live on the beaches. She was age 40, a divorced mother of five, and two grandchildren. [Native word] saw an island community was her family. They were left in shock as she died on January 6 of an overdose of cocaine shot into her neck in a bathroom.

An admitted drug user and a growing pilikia, she openly spoke of her past habits and drug abuse. Those close to her spoke of her daily fight with it, and that is spreading within our Hawaiian community. [inaudible]

I think it affects everyone. Unfortunately, I think that the Hawaiian community has become an easy way out for situations beyond their control, or just an added way of kicking back. But it is a real silent killer—a silent killer to the point that not many people will acknowledge it occurs within our families.

What I see is a successful preventive treatment [inaudible] that are culturally appropriate, and if it [inaudible].

We can prevent all the diabetes and all of the dental needs and high blood pressure, cancer, but if we are going to be quiet and not acknowledge what our young people are into, we will forever need you to stay there and reauthorize everything.

We need to address this drug situation in our communities now. We cannot wait for this part of authorization to be in another [inaudible].

So I ask for your consideration as you re-look at your bill.

The reason I say that it needs to be culturally appropriate is because I am an advocate of what the cultural part of it is. That's really what [inaudible], because I felt for the first time that, unless you are able to access the people in their own hiding place, then it wouldn't have been as successful.

I think the staff on Kauai have been able to do that, and that's part of the success. [inaudible], whether they realize it or not, be able to provide the service under terms of the act.

About 30 years ago, I had a very unique opportunity to adopt a child. She was 2 weeks old, and the adoption was a single adoption. I was not married at the time. It was quite a challenge to get that. I couldn't believe that parents were willing to give up a baby.

My grandmother at the time, who had raised me, was living with me, and when I asked her counsel whether I should take this child in—I was only 24 years old—she said, "God would not have picked you if it wasn't meant to be." I said, "Something must be wrong with this child. Why would they give such a beautiful child up at 2 weeks old after having it in their home?" And she said, "No matter what's wrong with it, we're going to go with it. We might as well take it," and so we did, both she and I.

It didn't take us long to recognize that what she suffered from was a drug withdrawal. I, even with a limited nursing background, didn't realize fully because it wasn't apparent. She wasn't disfigured. She didn't show any apparent outward signs. But what she did have was small tremors that got increasingly worse through the first month.

It was my grandmother, though, and her faith in the healing arts that provided the massage, the [Native word], and instructions for me to take her each morning and afternoon after work to the ocean and roll her in the sand and the pounding surf that would relax the muscles of her body and be able not to leave her twisted.

She grew up to be a fine young woman, became Ms. Kauai for her year, walked as beautifully as she could through the halls of successful modeling, and is gainfully employed now.

I am serious about a culturally appropriate manner of reaching things.

It is hard. Kupuna that are here today, and they're looking for wellness, for health. It's not to get wealth. It's not really on their agenda. If something happens in their family, they really some-

times feel that it's a call for them to go on to the next world. Would a western doctor understand that?

What we need to do with these families is to teach them, while they may feel that way, unfortunately, it's still their responsibility kuleana. But it takes people with that kind of mentality, with that kind of upbringing, with that kind of belief system to change that.

Yes, we're all going to go home one day, but while we are here we set an example for the yet unborn and the ones in front of us.

Please consider the drug abuse as part of this act because it is definitely a cultural thing.

Senator INOUYE. I really thank you.

[Prepared statement of Ms. Kapaka-Arboleda appears in appendix.]

Senator INOUYE. When this matter was first addressed, the two important words were "culturally appropriate." That is why the members of the Hawaii congressional delegation insisted that this measure be drafted by Hawaiians in Hawaii for Hawaiian problems. I think, as a result, it is beginning to work.

The two words "culturally appropriate" are extremely important, and we hope that the programs that we have participated in have met the test of being culturally appropriate.

Tomorrow, I will be participating in a reception to honor the Polynesian Voyaging Society, the Hokule'a and the Hawaii Loa. They are just canoes to the western world, but to the people of Hawaii, especially Native Hawaiians, they have been special. They have provided an impetus, an injection that we needed of self-pride and self-esteem.

Second, it has given our young people, Native Hawaiians, a feeling of optimism.

So a canoe may be unimportant to most people, but in our case I think it is meaning a lot, and your statement is very important by insisting upon cultural appropriateness in our health care programs.

I thank you very much.

May I now call upon Ms. Keliipio.

STATEMENT OF SHERYL KELIIPIO, CERTIFIED DIABETIC EDUCATOR, HO'OLA LAHUI HAWAII

Ms. KELIIPIO. Thank you.

Senator INOUYE. What is a certified diabetic educator?

Ms. KELIIPIO. We're certified nationally to be a diabetes educator.

I started working with Ho'ola. I am one of two original employees of Ho'ola from the very beginning. When we first started, the needs were identified by a group of concerned people on the west side, and through their assessment and comparison with other communities, Native Hawaiian communities in the State of Hawaii, they became really concerned that something had to be done outside the norm of the western traditional model.

When Ho'ola first started, we started by doing just health assessments on our people, and during the first year we provided approximately 300 health assessments for our people, with not much more to offer them—as far as the community went, there wasn't resources in the community, once we identified health issues, where to refer these people to.

Since that time and through working with the people and the community, and the clients themselves, telling us what they need, as of last year we've provided approximately 1,200 people with medical and dental services and serviced over 3,000 participants in one community program, providing health screenings—things like blood pressure, blood sugar, dental screens, and body fat analysis.

As a diabetic educator, when I first started providing diabetes education to our Native Hawaiian people, I'd worked with the doctors, the medical community, and the client who came to us asking for help in trying to control their diabetes. They are watching their family members lose legs, go blind, and die very early and they didn't want to be part of that, but the people I saw in those early years had had diabetes for 20, 30 years already, and most of them had complications beyond making an impact.

When I would talk to the doctors and tell them that we were going to be working with their clients, trying to teach them how to monitor blood sugars, provide them with education. The comments I received were things like, "Oh, well, good luck, but I don't think he's going to do it," or "I don't really think that's necessary."

We are now getting newly-diagnosed diabetics, meaning they just got diagnosed by the medical community, referred to us. And I work with several doctors now who now call us and say, "I've got an uninsured patient. What can you help me with? Can you help me get some lab work? Can you help monitor? Can you provide this education?"

So from 1992 till now, I see a change in the medical community on this island and how they view us. [Hoola Lahui Hawaii and the Hawaiian Community]

Our Hawaiian community at that point in time, had little trust for us, because they had had so many programs that came into the community, who would stay 1 year, and then were gone and just as they were beginning to trust that a State program would offer some resource to them, it was gone. Money was gone. They were gone.

Many researchers have come and studied Hawaiians on our west side—studied them, use their data, explain to the world what the problems were, told them what the poor statistics were, and then left the community with nothing but the knowledge that they were very sick.

We come, Ho'ola Lahui Hawaiian comes, and, of course, even our Hawaiian community viewed us very suspiciously. What did they want and what were they going to offer and what would they give?

It has taken us years—and I literally say "years"—to have our own community people trust us, realizing and believing that we are in it for the long haul.

Some of our Hawaiian communities, who have been in our system receiving small amounts of services for years are only this year coming to us and saying, "Oh, I want to sign up my family for other services."

This may not seem like much to you, but to us it means that behaviors in our communities are starting to change. They're beginning to see that we are here for the long haul. This is something they want. They want the services now.

My point of bringing these up to you is, besides the regular access problems of financial and insurance, we've had to change the mind set of our medical community to have the doctors and the health organizations see us as something important, and we work here to make a difference, and to stop viewing working with our Native people as, "It's a waste of time. They're not—you can't change that behavior," to where now they work with us. They seek us out for those services. Also, with our Native peoples, they are now believing that we are here to stay, we're here for them, and we will help make a difference.

Because our people have not had medical and dental health care regularly, the needs are greater than we can impact in a few years. As you mentioned, the statistics will go up. We have seen that in our dental needs.

In 1996, when we started seeing our dental clients, we were overwhelmed. The needs were so great. We could only see them for the first initial visit, make the dental assessment of what the needs were, and it took us 2 years to get back to complete the treatment plan to now take care of those dental needs first identified.

It has taken us until last year to actually make an impact, where we now have people who only need biannual checkups because the needs were so great.

We're still seeing some of that, but, because we are there consistently, people are coming back. As Dr. Kanna said, we see the changes in dental behavior. Many of our west side children didn't even know what dental floss was. It was, "What is this thing for? To wrap a gift or something?"

So it really requires starting at step one and moving on, but I know we are making an impact. It's not much, but it has taken us 2 years to just work down the list of people with dental needs.

We're seeing more chronic disease, people that are seeking us out, doctors that need our services to help manage their clients, and we work, collaborating to find accessible, low-cost lab tests to help monitor these people, plus providing the monitoring ourselves, and being out in the community where the needs are.

Cash shared a story about her Hawaiian man. The story doesn't end with his death. I still manage the wife and helping them try to pay off those bills and trying to help them see that they need to access health services so they don't just end up dead early. I mean, the story still goes on even after one has passed away.

LaFrance shared the story of one of our Hawaiian mothers. Just since Thanksgiving, we have lost three Hawaiian mothers—two to cancer and one to substance abuse—all from the age of 35 to 40. They leave 12 children without a parent. And these are young mothers.

So we're seeing more of it now, but I think it is because they know we're here, and so they are coming and seeking us, but, unfortunately, it's still a little too late. So we're still working on trying to change some of those mind-sets and provide education to the community.

I ask you to please support the reauthorization of S. 1929. I do believe it makes a difference, and I do believe we can make a difference a little at a time. It has taken a few hundred years to get

in the situation that we are; it will take a little bit longer than 10 years to make a bigger impact.

I thank you for allowing me to share my manao.

Senator INOUYE. I thank you very much.

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

Senator INOUYE. These hearings are very important, not only to receive an update or an oversight or statistics, but it also helps those of us who will now have the responsibility of channeling this measure through the proper route—I can tell you your statement inspires us.

What you have provided in your assessment of the situation here is something very important to many of us. We are constantly involved in formulating programs, whether it is an educational program, whether it is a cultural program, medical program, social program. And the important thing we look for is whether this program will achieve credibility. It may take 1 year. It may take 10 years. Sometimes it may take 20 or 50 years before a program achieves the credibility.

As you described to us, the potential clients and patients will believe in you and have faith in you and approach you, where the doctors, as you have indicated, who used to be aloof and disregard your activities, are now coming to you for assistance. You have achieved credibility. Congratulations.

May I now call upon Peter Kuahiwinui.

STATEMENT OF PETER KUAHIWINUI, RECIPIENT, HO'OLA LAHUI HAWAII

Mr. KUAHIWINUI. Aloha. Thank you, Senator Inouye, for taking the opportunity to come and talk with us about this bill. I am so thankful for the opportunity that, as a client, as a patient, as a recipient through Ho'ola Lahui Hawaii, I [Native word].

Before I came into the program, I was like President Holi mentioned, full of [Native word], hot head. As Lopez mentioned, [Native word]. But I follow with a lot of pride in self, also.

But in my family we did not see anyone yet who had been a diabetic in the family, but I am one.

I'm so thankful for the opportunity which we have with this group that provides assistance that we need, for I cannot afford the outside world's insurance, as the medical term, because it is too much money to pay as an individual taking care of the need of my family.

So they have been there, and I didn't hear about the program until just recently, maybe a little over a year, through some friends who gave me the opportunity by talking to me and saying, "Hey, go check out these guys. They might be people that really can help you out with your problems."

I didn't know that I was diabetic. That may have gone years, as my doctor checked on my blood and everything else and found that I was diabetic.

It is a struggle. It is a very painful struggle for me. I hate it, but I've got to deal with it, and it's everyday life.

My ears are delighted in what you mention about the bill. I'm sure 10 years is not much, but it's something actual that we can have [inaudible]. My ears are delighted to hear the entitlement.

That's what gave me the strength to speak now. If we can get that entitlement—the Native Hawaiians have been pushed back in the field many years. They came and took away the ocean and put them in the mountains. When they saw the beauty of the mountains, they took them out of the mountains. Where else would we go?

So where are the Native Hawaiians? Where are they? They are all over the place now and do not much know about this program.

We, as recipients, should encourage our Native Hawaiians to look into the program. I have been doing that on my own, and with the help of Ho'ola Lahui Hawaii also being visible.

The van is fantastic. [Inaudible] for many years on my right side, and I'm grateful for that, because I have no insurance. I couldn't afford to go to the dentist. Through the program, they took it out. It had a big crack in the middle. They fixed it so I can smile at you.

I'm very appreciative.

I hope that the bill passes. LaFrance mentioned about a bill. A lot of our children [inaudible] great mortality rate. Yes; we have a lot of unwed mothers whose children need help, who need the caring hands of the people who care for these children. I hope that your committee will look into it, because we do need the services, as well as the health program for Hawaiian people.

Thank you.

Senator INOUYE. I thank you very, very much.

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

Senator INOUYE. And now may I call upon Ms. Joy Canute.

STATEMENT OF JOY CANUTE

Ms. CANUTE. Aloha, Senator Inouye, staff, and members of the audience.

Mahalo first of all for affording me this opportunity to share my manao regarding the Native Hawaiian Health Care Improvement Act.

When I was asked to speak, I had no hesitation whatsoever, because I fully support this bill. I fully support the work of Ho'ola Lahui and the other Hawaiian health systems that have been doing this for the last 10 years.

My current involvement as a community worker, I've had many experiences, both positive and negative, of the health care of our people, especially the Hawaiian people.

What I want to share with you today are stories of how this bill not only exposed me to different opportunities, but how families and especially children in our community have gained different experiences and knowledge. Through Ho'oponopono, a cultural method that was shared with community members. We were brought in and were trained to go back into the community to work with our families. I thought that was one of the best methods of a wellness approach to our wellbeing.

The Voyaging Society brought Hokule'a and spent 1 week on the west side of Kauai, from which I come from. They spent 1 whole week at Port Allen, and the people and families in the community that supported the Hokule'a in our community, it was tremendous. They brought food for the workers that stayed on the Hokule'a.

There were games. It was a drug-free event, da braddahs they would actually come over and find out what we were doing and what was the purpose of the Hokule'a being there. What does that have to do with health? What does that got to do with wellness?

We explained, first of all, that this was a drug-free event. No drugs, no alcohol. If you needed to smoke, you had to go way over to the other side. But that was all part of promoting wellness.

Families came in and dropped lots of foods, healthy foods, community supported came not only the Hawaiian community but the community at large.

And so the significance of the Hokule'a being at this particular site for this part of the time has had a lot of good things, positive things that came out of it.

There are many other stories that have been provided and that I hope you continue, such as the educational information that has been disseminated for our kanaka maoli.

But I am concerned of several things. The holistic approach is vital and crucial to us Hawaiians. We, as a race, have been faced with and dealt with the blows of injustices. History cannot and must not be repeated.

As we move forward in our daily lives, our Native Hawaiians struggle and have difficult health-related issues. Without the necessary funding this bill provides, it would be even more of a dilemma.

I was glad to hear the word "entitlement," because there are many families who need this entitlement.

I read in the news several weeks ago there was a—I think it was HMSA had come up with some kind of medical plan for families who could not afford health care. But even the amount of $64 per person is still a large amount for families who do not have the $64. So this entitlement will at least afford our families opportunity to receive the necessary health care for a healthy lifestyle and living.

I would celebrate the idea, knowing that I shouldn't be here today pleading for this kind of support, but it just tells you what is happening to us Hawaiians today and why it is necessary for us to come forward.

I am here today because this is a sad reality, and this is where we are at in our health and wellness in our communities.

But it says even more sad that a government entity holds the future for us Hawaiians.

So I strongly plead with you, Senator Inouye and members of the Committee on Indian Affairs, to really strongly support this bill and to help promote wellness for the Hawaiian community.

I'd just like to add that my presence today here is truly because I feel that this is an important issue and concern, and the health and wellness of our whole culture should be given the highest consideration, because without kanaka maoli, where will we be?

Mahalo.

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

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

Senator INOUYE. I can assure you that your congressional delegation will do its utmost, because this measure is the highest of our priority list.

I believe I can almost assure you that this measure will pass the committee, but the road ahead of us is not an easy one. But certainly you know from our experience that we do not mind if the path is difficult.

There are those in Congress who see things differently. It will be our responsibility to convince them otherwise, and we will do that.

And to all of you, once again, thank you for inspiring us to carry on our work. You have done your work, and I want to commend you, and I believe I can say, on behalf of the people of Hawaii and especially on behalf of the Native Hawaiian community of Kauai, thank you very much for your work.

And now may I call upon TrudiLynn Wood and Isabella Iida.

I thank you very much for your participation in today's hearing. May I first call upon Ms. Wood.

STATEMENT OF TRUDILYNN WOOD

Ms. WOOD. To The Honorable Daniel Inouye: Dear Senator Inouye, the health of the Hawaiian people is one of major concern to our island communities. We are especially alarmed at the high rates of diabetes, hypertension, asthma, dental carries, and other poor health statistics so widely reported in our local media.

The severe health problems, coupled with the lack of access to quality health care for uninsured and with continuing cultural barriers, we feel that there is a continuing need for comprehensive services targeted toward Hawaiians.

This is why we believe that the Native Hawaiian Health Care Improvement Act is an important piece of legislation that has a direct impact on the health and welfare of all Hawaiians and their families.

Reauthorization of this act is important to the wellness of the Hawaiian people and to improving their health status. This legislation provides for needed services to our island communities, such as dental care, case management, chronic disease management, health education, nutrition services, exercise classes, and currently some limited primary care services.

Without the benefit of this legislation and its resources, there would be a further decline in the health of our Hawaiian population.

The services currently provided by Ho'ola Lahui Hawaii would cease to exist if this act is not reauthorized. We know that you will give your best effort to ensure the passage of this important piece of legislation.

In effort to further this important bill, we, the undersigned, stand in full support of the reauthorization of the Native Hawaiian Health Care Improvement Act and are satisfied with the current version of S. 1929 and its commitment for quality health services for Hawaiians and their families.

Sincerely, members of the Kauai Ni'ihau Community.

Thank you very much for your time.

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

Will you thank the people of Ni'ihau for this statement? Their statement of support is very important to our committee, because if you are looking for Native Hawaiians, that is the island. So will you give them our mahalo.

May I now call upon Ms. Iida.

STATEMENT OF ISABELLA IIDA, RECIPIENT, HO'OLA LAHUI HAWAII

Ms. IIDA. Aloha, Senator Inouye and your staff and the members that are here and friends.

Mine is going to be a very short one, because I just walked in the office to be checked on Friday, just before closing time, and I was approached to give a testimony. I said, "Wow, this is such a short notice," but, anyway, I was sort of shook up because I wasn't prepared, but what few comments I have are from the bottom of my heart.

Anyway, I say that Ho'ola Lahui Hawaii is very beneficial to every Hawaiian, and I would like to see more participants in the program.

I, myself, have relied on their services. I go there as often as I can. I am pleased with the results, so that makes me aware of what I should be doing properly.

Although my husband died in February 1999, at age of 93, we were attending Lahui Hawaii more frequently, and he, too, was very pleased with the care he received. He was not Hawaiian. He was a Japanese/Portuguese. And, by the way, the name is Iida and not Lida. [Laughter.]

Senator INOUYE. I do not think they could believe that your name was Iida.

Ms. IIDA. I would like this program to be continued and more participants to partake of its services. I would like the Federal Government to continue to provide this [Native word] to Ho'ola Lahui Hawaii.

Mahalo [Native word], which means thank you very much.

Isabella Iida, recipient.

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

Next time, I will make certain that the card is printed in the proper fashion.

I thank you all very much. And, as I have said to the other witnesses, your testimony inspires us to work harder and I give you not only my assurance but that of the Hawaii congressional delegation that we will do our absolutely utmost to make certain that this matter is not only recognized by our colleagues in Congress, but it is recognized positively and enacted into law.

I have been asked to convey to you the regrets of my colleague, Senator Akaka. He wanted to be here today, but a matter of urgency came up, and so he could not join us this day. He will join us on Maui tomorrow.

Mrs. Mink, Patsy Mink, wanted to be here, but, like many others in the United States, she became a victim of the Sydney flu, so she is in bed. And I suggested to her that she had better stay in bed until she is fully recovered, because I had the flu and I was laid up for 3 weeks.

So maybe the good lord says I should stick around for a little while longer, but as long as I am around I can assure you that every ounce of my energy will be around to see that this stays as the law of the land.

So to all of you I thank you very much for joining us today.
The hearing is adjourned.
[Applause.]
[Whereupon, the committee was adjourned.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF JOY M. CANUTE

Aloha! Mahalo for affording me this opportunity to share my mana'o (thoughts, ideas) regarding the Native Hawaiian Health Improvement Act. It has been my experience in the last 15 years working in our Hawaiian community that has prompted me to speak and strongly support the reauthorization of this bill. In my various capacities and as an active participant in my community and statewide, I feel I have first hand experiences both personally and professionally on the impact this Senate bill has had and why it should continue.

I would like to share with you my reasons as to why you should give this bill your highest consideration. The health and wellness in a holistic sense is vital and crucial to us Hawaiians. We, as a race of people have been faced with and dealt the blow of many injustices. History cannot and must not be repeated. As we move forward in our daily lives, there are many Hawaiians who struggle and have difficulty in health related issues. Without the necessary funding this bill provides it would be even more of a dilemma. The statistics and data support this tragedy. There is no easy formula or magic. Implementation in the improvement of one's health and wellness unfortunately come at a much slower pace, However, through on going education, direct services, working collaboratively and being innovative, is a step forward.

I would celebrate like idea knowing I shouldn't be here today, pleading support in this bill because it would have meant we as Hawaiians have surpassed this obstacle and challenge. However, as I stand here before you this is a reality of where we are at this very moment. This saddens me deeply but even more so, of the fact that a government entity holds the future of us Hawaiians.

As an outreach and community person in different sectors it has given me first hand experiences of the need for this continued support and funding. This is not to say nothing positive has come from these efforts. There have been many, however, the work needs to be continued. In addressing one's health which includes my own and my 'ohana, I view it with a holistic approach. At times it may even include the socio-economic, political and even educational factors.

I truly understand this bill will not be able to assist in all areas, but it the same time it cannot be separate issues, especially when it applies to us Hawaiians. It's that old adage: what came first, the chicken or the egg. I view lot of Hawaiian issues as such. For example, you can provide all the updated educational information listing reasons for healthier living, but if that person cannot read what good is that information? Or if that person cannot afford to eat healthier, how do you assist in this issue? Granted, you can rationalize all the pluses for a healthier life but given many external factors such as poverty, unemployment and educational deficiency negates the positive. Providing all the necessary work that goes into health care is one attempt, the life long changes are the reality. I see the Native Hawaiian Health Improvement Act as a piece in the efforts in striving for reality. The good work has just begun. Please support this bill.

My presence here today is because I truly feel this is an important issue and concern. The health and wellness of the host culture should be given the highest consideration. Without kanaka maoli, where will we be?

Again, mahalo for affording me this opportunity and I wish all of you the very best of health and wellness.

PREPARED STATEMENT OF STAN KANNA, D.D.S., HO'OLA LAHUI HAWAII

I am proud to be the fourth generation of my family to be practicing dentistry here on the Westside of Kauai. I grew up next to our dental office in Hanapepe. Gay and Robinson's sugar plantation surrounded the town. As a child, I remember hukilaus in Waimea, picking taro in Hanalei and fishing for oopu in the fall. You never considered how fragile your Native Hawaiian friend's health was. It is no mystery to know that Native Hawaiians have the highest rates of chronic debilitating diseases in the State. It is also, no mystery to know that Native Hawaiians have a shorter life expectancy than other ethnic groups in Hawaii. It is very true that Native Hawaiians have consistently had worst oral health of any ethnic group in Hawaii. The big question was and is, ": Why with all the great advances in modern medicine, dentistry and technology, does this population still have such poor health?" Is the problem accessibility? Is it an economy/financial problem or could it be cultural in origin?

In October 1988, the President signed Public Law 100–579. This monumental act sets the framework from which Native Hawaiian health programs are designed and strives to improve and promote health and preventive services for all Native Hawaiians. In 1994, the Department of Health's State Health Planning and Development Agency [SHPDA] completed a statewide Health Needs Assessment. SHPDA identified Kauai's children and adult dental health, as it's No. 1 priority.

Since 1993, I have been involved with Ho'ola Lahui Hawaii [HLH] a Native Hawaiian Health organization created by Papa Ola Lokahi through Public Law 100–579. HLH and myself helped design a dental program by which Native Hawaiians could access dental care via a mobile dental/medical van. The design was to go to the communities, which had large native Hawaiian populations, and are accessible. The staff is all Native Hawaiian and speak the Hawaiian language. Fees are based on income levels and a sliding fee scale down to $2. There is case presentation, case management, and outreach services both medical and dental. Dental services provided cover diagnostic, preventive, basic restorative, endodontic and surgical. Volunteer dentists from the community provide the dental services.

Since the dental van began operation in 1996, we have serviced over 2,500 patients with well over 7,000 encounters. The program's utilization from onset was tremendous. Innovative thinking has linked cultural and family bonds with educational and preventive health services, creating an environment that is both comfortable to be in and acceptable. We deliver services in three strategic locations on Kauai, Anahola, Kapaa, and Kekaha and the van is available all day, 3 days a week.

HLH and it's dental health services and program was the first of it's kind in Hawaii. With the support of Papa Ola Lokahi, the County of Kauai and the funding from the Native Hawaiian Health improvement act, we have created a niche in the Hawaiian community and they are now seeking dental care in greater numbers that ever before.

This is only the beginning. We are only beginning to understand some of the multitude of factors that underly the complicated decisionmaking thoughts that Native Hawaiians make when it comes to taking care of their own health.

Our resources are limited. One dental van with one dental chair to service a whole island. Even though we limit our services to those Native Hawaiians who qualify for assistance, we have a waiting list of 4 months because we cannot physically treat more patients. The dental van is just a "band aid" on the dental health problems of Native Hawaiians. In a statewide dental assessment done in 1989, non-immigrant "local" Native Hawaiians had a disproportional number of dental decay compared to other non-immigrant ethnic groups. There is reason to believe that these numbers are prevalent today as they were in 1989 due to the fact that no significant changes in dental disease prevention in Native Hawaiians occurred. I have reviewed every dental chart that HLH has. The dental needs are tremendous and however, our resources are limited. I cannot replace the teeth that are extracted because dentures are too costly and the limited funding must be prioritized. Even with our limitations this program is outstanding and recognized throughout the State as a model for creating a culturally acceptable health delivery system.

Today, in the year 2000, the island of Hawaii now has two dental vans and Maui has just purchased a van to bring to their communities the much needed availability

for dental care. The Native Hawaiian Health Scholarship program has generated two dentists and numerous dental hygienist who now work in communities integrating Native Hawaiian populations and cultures with the modem world of 21st century health. We are far from our goal but have made tremendous progress concerning Native Hawaiian dental health. S. 1929, the bill to reauthorize the Native Hawaiian Health Care Improvement Act is the key in continuing to allow Native Hawaiian Health organizations such as HLH to become the cornerstones for perpetually improving the health of all Hawaiians into the new millennium.

PREPARED STATEMENT OF LAFRANCE KAPAKA-ARBOLEDA, EXECUTIVE DIRECTOR, HABITAT FOR HUMANITY

Aloha, Honorable Senator Daniel K. Inouye Committee Members of U.S. Senate on Indian Affairs. My name is La France Kapaka-Arboleda. I am a Native Hawaiian born and raised on the island of Kaua'i. I am the past president and board member of Ho'ola Lahui Hawaii, the recipient of previous allocations under the Native Hawaiian Health Care Act. Thank you for the opportunity to express my gratitude and input to the need to continue the program before you today. During my term and direct association with Ho'ola, I took great pride in the opportunity to expand access to preventive health care on our island by the purchase and operation of a "medical van". In joint efforts of local medical providers, the staff and management of Ho'ola, and community participants the program continues. I acknowledge the great accomplishments of the program, in the aspect of providing greater access and services to those individuals who lack medical insurance and direct access to services within our larger community. In the area of dental health, prevention and treatment is duly recorded. I commend the foresight and participation of each necessary component to continue the program of the "medical van." Please continue this service, and extension of the services Ho'ola is able to assess and provide to the Native Hawaiian community on Kaua'i.

Recently as last week, Kaua'i lost a vibrant young Hawaiian woman. She was a pillar of volunteerism in social needs of our island community. She had been coined, "Aunty Aloha" by the many lives she touched by fundraising, delivering of food to the hungry, clothes to the needy, and temporary shelter to those living on the beach. Age 40 years, divorced mother of 5 children and 2 grandchildren, and an island community were left in shock as she died on January 2, from an overdose of cocaine. An admitted drug user in her growing years in Oahu, she openly spoke of her past habits and drug abuse. Those close to her spoke of her daily fight with a disease that is spreading within our Hawaiian community. "A silent killer", not acknowledged within the Hawaiian community, by the lack of successful preventive and treatment services, that are culturally appropriate is a "call to arms", for everyone in our community. Please consider the extension of current health services provided by the original act to include a program of drug and alcohol abuse, in prevention and treatment. Inclusion of this known but not acknowledged disease, within the reauthorization process will have far reaching results. Thank you for your consideration.

PREPARED STATEMENT OF SHERYL KELIIPIO, CERTIFIED DIABETIC EDUCATOR, HO'OLA LAHUI HAWAII

Ho'ola Lahui Hawai'i history began back in 1985 when westside medical and community people became alarmed by the high incidence of death among the Native Hawaiians in that area. A committee was formed to research the health needs and compare their findings to that of other Native Hawaiians living in Hawaii. A growing concern was emerging, statewide, regarding the health patterns of the Native Hawaiian population.

Ho'ola Lahui Hawai'i began providing health assessment services in 1992 and served approximately 300 clients that fiscal year. We now provide medical and dental primary services, chronic disease management and education, and exercise and wellness programs to approximately 1,200 clients last year and through our community programs, we provided education and screening services to over 3,000 participants (2,000 education and 1,000 screenings [blood pressure, blood sugar, pap, dental, body fat analysis]).

When I first started providing diabetes education to the Hawaiian community, I had little support from the doctors. Clients came to our office requesting help in managing their diabetes and all the complications they have had for 15 to 20 years or more. Complications were already there and with the majority of them, we could only impact slowing the progression of the disease. When I would call the doctor

and explain that we would be giving the clients glucometers to learn how to monitor themselves, I received comments like "good luck, but I don't think he is going to do it" to " I don't think that is necessary." We now are getting newly diagnosed diabetics referred to us by these doctors, whom we can work with to prevent and/or reduce complications. We have several doctors who work with us to provide primary care to their uninsured patients. We provide the education, the monitoring, and the affordable laboratory tests necessary to evaluate their:disease and the effects of their medications.

As for our Hawaiian communities, they have had little trust for community programs that are there 1-year and gone the next. Researchers have studied them, used the data, and explained to the entire world all the problems and poor health statistics that were found, and then left the community with nothing but the knowledge that they were very sick. Everyone was telling them they were unhealthy, but offered no plan or solution. Even as a Hawaiian agency, we were viewed suspiciously. It has taken years for them to believe that we are there for the long haul. We are only now reaching some of the Niihau community who has in the past refused services. My point of speaking about the medical and the Hawaiian communities, is so you can see that besides the regular barriers of access, insurance, and financial issues, we have had to change the mind set of the doctors who work with our native peoples and patiently wait for our Hawaiian community to trust that we are here to stay.

Because our people have not accessed medical and dental health care regularly, the need is greater than we can impact in these few years. An example is the length of time it has taken us to get the majority of our dental clients seen in fiscal year 96–97, to complete their dental treatments [fillings, restorative care, et cetera]. It was only this past fiscal year that this has happened. As you can see, the longer health needs are neglected, the longer it takes to see improved outcomes.

We are making a difference and need your help to continue the services. Please support the reauthorization of bill S. 1929. I thank you for this opportunity to share my mana'o.

PREPARED STATEMENT OF PETER KUAHIWINUI, RECIPIENT, HO'OLA LAHUI HAWAII

Aloha Mr. Chairman, members of the committee and distinguished guests. I am Peter Kuahiwinui and I live in Anahola. I come here today to tell you of the importance of the Native Hawaiian Health Care Improvement Act and how important it is to me. I am truly grateful for the this opportunity to have this act and the programs that Ho'ola Lahui Hawai'i is able to provide as a result of this act. As a Hawaiian I feel it is important to have access to medical and dental care and this program helps me access these services.

We as Hawaiians are doing the best we can to take care of our health, but we need the help that Ho'ola provides to us. The cost of private health insurance and Quest is too expensive and I do not qualify for other State programs. So it is very important for me to have access to this kind of care.

I live with diabetes and struggle with it. I have learned from the staff at Ho'ola how to manage my diabetes by learning how to monitor my blood sugar. I am learning how to eat better to help in keeping my blood sugar more stable. Ho'ola also referred me to a physician who provides me with my care.

The one thing that Ho'ola has not been able to help me with is the cost of drugs as they are very expensive, Maybe one thing that this act could do is look at ways for Hawaiians to be able to get prescription medication at a cheaper cost.

I hope this program continues and I wanted to lend my support to this legislation. Mahalo.

PREPARED STATEMENT OF CASHMIRE LOPEZ, NURSING INSTRUCTOR, HO'OLA LAHUI HAWAII, NHHC HEALTH SCHOLARSHIP RECIPIENT

In 1993 I was fortunate to have been a recipient of the Native Hawaiian Health Scholarship Program [NHHSP] which afforded me the opportunity to obtain a Baccalaureate of Science Degree in Nursing at the University of Hawaii at Manoa. In 1995, I was employed at Ho'ola Lahui Hawaii [HLH], one of the five [5] health care systems funded under the Native Hawaiian Health Care Improvement Act. During my service at HLH, I learned that Hawaiians, by far, more than any other ethnic group in Hawaii have the highest mortality rates in cancer, heart disease, and diabetes related causes. In addition, Hawaiians have poor dental health, the highest among the State and the Nation. The list of diseases that place Hawaiians at high risk is endless. Therefore, Hawaiians are in dire need of disease prevention, health

maintenance and health promotion services that addresses areas of immunizations, diabetes, heart disease, cancer, mental health, smoking, alcohol, illegal drugs, nutrition, exercise, family planning, and health lifestyle practices.

The Native Hawaiian Health Care Improvement Act, through its funding of the Native Hawaiian Health Care Systems in Hawaii, have provided these services through integration and collaboration with other health care providers as well as with traditional Hawaiian healer practitioners. For example, HLH offers Hele Wa'e Wa'e an exercise program that provide incentives to participants. In addition, HLH offers nutritional education through a registered dietitian from the Wilcox Hospital Systems. HLH also offers disease prevention screening, and dental care in which physicians and dentists volunteer their time, HLH assists Hawaiians with access to health care through its outreach workers, including transportation and assistance in applying for health care insurance as well as referrals to medical practitioners. HLH has also provided lomi lomi and ho'oponopono to its Hawaiian clients which plays an integral role in meeting the social and spiritual needs of its Hawaiian clients. These are just examples of what one [1] Native Hawaiian Health Care System is able to provide, yet it does not begin to acknowledge the unmentioned programs. I am certain that the other four [4] Native Hawaiian Health Care Systems are also providing these services to meet the needs of its Hawaiian community.

However, my greatest and most memorable experience at HLH comes from my story called "A Prideful Kanaka". He stood 6 foot tall this 62 year old well built Hawaiian man with newly diagnosed diabetes mellitus of 6 months. He stood 6 foot tall as he refused to go to the doctor because he did not have any medical insurance. He stood 6 foot tall as a veteran of the armed forces who traveled from Hanalei to Mana to finally get his military medical insurance. He stood 6 foot tall when Medicare approved coverage as his heath insurance. He stood 6 foot tall when he was sent to St. Francis in Oahu because he had renal failure and required dialysis. He stood 6 foot tall waiting for the bus to pick him up in Kilauea to bring him to St. Francis Dialysis in Lihue 3 times a week. He stood 6 foot tall knowing that his medical insurance Would least the burden on his family. He stood 6 foot tall when he received a hospital bill and could not afford his co-pay. He stood 6 foot tall as he refused to continue with medical care because he could not afford it. He stood 6 foot tall as his wife and children laid him to final rest 4 months later.

Hawaiians are in desperate need of Health Care Services that is accessible, affordable, and culturally sensitive. The Native Hawaiian Health Care Improvement Act is needed.

PREPARED STATEMENT OF DAVID PETERS, EXECUTIVE DIRECTOR, HO'OLA LAHUI HAWAII

Mr. Chairman and members of the committee and other honored visitors, I am pleased to testify here today on behalf of Ho'ola Lahui Hawai'i, one of five Native Hawaiian Health Care systems in Hawai'i, The Native Hawaiian Health Care Improvement Act [NHHCIA] has been most important in helping Hawaiians and their families to improve their lives through prevention and health services. Ho'ola Lahui Hawai'i a recipient of funding from the Act has been providing quality health and prevention services since 1992 with the Federal funding derived from the NHHCIA. This Federal act has been submitted to Congress as S. 1929. We at Ho'ola Lahui Hawai'i endorse the reauthorization of this Federal legislation.

Since 1992 Ho'ola Lahui Hawai'i has served over 8,000 individuals living on Kaua'i and coming from the island of Ni'ihau. Ho'ola has targeted Hawaiians and their families who either need support in their current health system or we have reached out to those without health insurance coverage linking them with health care services. Those services have been provided in some cases by direct service and others by referral. Referral in our system though is more than just a phone call. It is a system of supportive case management whereby individuals are assisted and continually monitored with appropriate follow-up services.

Currently the agency provides dental care with a full complement of services to meet the dental health needs of the uninsured or underinsured. In addition to the dental services on our mobile clinic, we do provide limited primary care services in Anahola with hopes of expanding to the west side of Kaua'i in the next fiscal year, We provide this primary care service since there is no community health center on Kaua'i and the desire for individuals living in those communities to access care outside of the emergency room is an identified need.

Given the high rates of diabetes, hypertension, cancer, asthma, and other chronic conditions the need for continued health education is essential. A major thrust of all our programs is nutrition, exercise, and prevention for these major health prob-

lems. Through prevention education we can reduce the high rates of these chronic conditions in the Hawaiian population and as a benefit cut future health care costs.

If, however through our extensive screening services or by referral to our program, persons are identified as having a chronic health condition, case management and monitoring become the focus. We teach individuals how to live with their chronic conditions and lessen the severity of potential harms as a result of their condition. We provide the ongoing case management to assist our clients in navigating the growing and complex health delivery system. While we have made significant progress in the past 8 years of service to the Hawaiian community there are still many obstacles and barriers that exist today. We must continue the struggle to achieve wellness for all Hawaiians, as the barriers to care still exist.

The two major barriers to care for our population are access and limited resources, As Kaua'i has a small island population the number of services available are limited for obvious economic reasons. Additionally many of our Hawaiians do not feel comfortable receiving care from western medical facilities. We attempt to provide an environment that is responsive to the culture of the people we service. Our continued effort to increase access in existing facilities and where that is not possible, providing those services ourselves remains a difficult task.

The growing demand for services far outweighs the available resources. We have a 4-month waiting list for our dental services. This wait list is without active recruitment and further outreach into the communities we serve. Of our dental clients 93 percent are Hawaiians and 69 percent of those live below 100 percent of the poverty level. Dental health statistics among Hawaiians are the worst in the Nation. Kaua'i has one of the highest incidences of Early Childhood Caries in the Nation. Approximately 14.7 percent of the island's population are uninsured and many Hawaiians also have no dental insurance. Out of the 1,197 users we serve at HLH 779 [65 percent] have no health insurance. Medicaid and the State's 1,115 Medicaid waiver program [QUEST] do not provide dental services to adults other than emergencies. The State's Medicaid programs are difficult to access and kuleana land [land owned by multiple individuals] inhibits many from qualifying.

Medications for those with chronic illness are a major expense for Hawaiians and their families. In order for any health service to affect change, medications and their management are essential to impacting the high morbidity rates of diseases. Laboratory services in order to provide appropriate monitoring is another expense that is essential for disease management services and too costly for most Hawaiian families to afford.

The island of Kaua'i has no community health center and charity care is limited by the island's providers many of whom are struggling to survive. Hawaiians often feel disenfranchised from accessing care at these clinics and hospitals due to cultural and monetary barriers. The purpose of HLH is to assist in linking individuals to appropriate services or to provide those services directly.

It is clear that the primary health care needs including dental services to Hawaiians is of the utmost importance. It is difficult to preserve a culture rich in history and tradition, if its people are not well. Mental illness including depression has a profound effect upon Hawaiians and is common among families without any means of support. Substance abuse problems are yet another staggering issue facing Hawaiian families.

In order to address these needs an expansion of Hawaiian programs assisting those families in need is the only solution to overcoming these problems. The current public health/social service system is not capable of delivering culturally centered care to Hawaiians. Agencies existing and centered to care for Hawaiians and their families are critical to restoring and resolving the health crisis Hawaiians are facing.

Therefore the need for extension of the Native Hawaiian Health Care Improvement Act is essential in assuring our ability to meet the needs of the Hawaiian people living on Kaua'i and Ni'ihau. We further hope that we can eventually change the current health statistics for all Hawaiians, but we know that it will take at least a generation to turn around what has taken so long to decline. We believe that without our efforts the current statistics would be far more devastating than they are today. We need the support of the Federal Government until such time as the Hawaiian race is preserved and is flourishing.

Thank you for taking your time and for your tireless efforts to assure the health of all Hawaiians. Together we can achieve Lokahi and be pono.

Mahalo.

January 18, 2000

The Honorable
Daniel Inouye
Prince Kuhio Building
300 Ala Moana Blvd. 7-212
Honolulu, HI 96850-4975

Dear Senator Inouye:

The health of the Hawaiian people is one of major concern to our island communities. We are especially alarmed at the high rates of diabetes, hypertension, asthma, dental carries, and other poor health statistics so widely reported in our local media. The severe health problems coupled with the lack of access to quality health care for uninsured and with continuing cultural barriers, we feel that there is a continuing need for comprehensive services targeted toward Hawaiians.

This is why we believe that The Native Hawaiian Health Care Improvement Act is an important piece of legislation that has a direct impact on the health and welfare of all Hawaiians and their families. Reauthorization of this act is important to the wellness of the Hawaiian people and to improving their health status. This legislation provides for needed services to our island communities such as dental care, case management, chronic disease management, health education, nutrition services, exercise classes, and currently some limited primary care services.

Without the benefit of this legislation and its resources there would be a further decline in the health of our Hawaiian population. The services currently provided by Ho`ola Lahui Hawai`i would cease to exist if this act is not reauthorized. We know that you will give your best effort to ensure the passage of this important piece of legislation.

In effort to further this important bill, we the undersigned stand in full support of the reauthorization of the Native Hawaiian Health Care Improvement Act and are satisfied with the current version of SB 1929 and its commitment for quality health services for Hawaiians and their families.

Sincerely,

Members of Kaua`i Ni`ihau Community

Signature	Printed Name
Kani Castillo	Kani Castillo
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Duke Taniguchi	DUKE TAniguchi
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Keala Kauanui	Keala Kauanui
Gwenetth Cardejon	Gwenetth Cardejon
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Annie Kanahele	Annie Kanahele
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Wilcox Health System

January 12, 2000

U.S. Senate Committee on Indian Affairs
RE: Reauthorization of the Native Hawaiian Health Care Improvement Act S.1929

Senator Daniel K. Inouye
Prince Kuhio Federal Building
Suite 7-212
300 Ala Moana Blvd.
Honolulu, HI 96850-4975

Dear Senator Inouye:

I strongly support the reauthorization of the Native Hawaiian Health Care Improvement Act S. 1929. For many years I have worked closely with the Ho`ola Lahui Hawai`i agency and its staff in various endeavors to improve the health of Kauai's Native Hawaiians. I have personally worked with Ho`ola when I was a Public Health Educator with the Kauai District Health Office and now in my capacity as Community Education Coordinator for Wilcox Health System.

The health needs of Native Hawaiians are great and it will take the collective effort of all of us to make lasting change. One of the initiatives I am presently involved in with Ho`ola staff is the Living Well with Chronic Conditions program that we are jointly implementing on Kauai. This program, designed by the Division of Family and Community Medicine in the Department of Medicine at Stanford University, will enable participants to more fully take charge of their own health – and help people better manage their chronic health conditions. It involves education, participation, group support, and changing some behaviors into positive health or lifestyle habits.

At any rate, I feel that the work of Ho`ola and all the agencies of the Native Hawaiian Health Care System is vital to the health needs of our Hawaiian population. Please do what you can to reauthorize the Native Hawaiian Health Care Improvement Act (S.1929). Mahalo.

Sincerely,

Art Tani

Art Tani, MPH
Community Ed. Coordinator