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ABSTRACT

At a hearing in Honolulu (Hawaii), the Subcommittee on Labor, Health and Human Services, Education and Related Agencies of the U.S. Senate Committee on Appropriations received testimony on health, education, and employment and training programs serving the Native people of Hawaii. In July 1999, a federal government brief filed in a U.S. Supreme Court case established the official legal position of the United States that Native Hawaiians have the same status as other Native people of the United States and that there is a federal trust responsibility for Native Hawaiians. Testimony from state-level administrators outlined the current status of health, housing, education, and job training for Native Hawaiians and proposed recommendations for pending federal legislation: the Native American Housing Assistance and Self-Determination Amendments of 1999, the Native Hawaiian Health Care Improvement Act, and the Native Hawaiian Education Act. Other testimony described Native Hawaiian health care systems, the Native Hawaiian heart health initiative, the Native Hawaiian Cancer Awareness Research and Training Center, the Hawaii high schools health study, the Native Hawaiian Health Scholarship Program, the practice of naturopathic medicine with Native Hawaiians, the Native Hawaiian Higher Education Program and its outcomes and impacts, programs focused on Hawaiian language and cultural maintenance, family-based early childhood education programs, the Native Hawaiian Center of Excellence (to improve the health of indigenous Hawaiians), comprehensive school-based services, and the Native Hawaiian Special Education Project. (SV)

RC

FEDERALLY FUNDED NATIVE HAWAIIAN PROGRAMS

ED 440 815

HEARING
BEFORE A
SUBCOMMITTEE OF THE
COMMITTEE ON APPROPRIATIONS
UNITED STATES SENATE
ONE HUNDRED SIXTH CONGRESS
FIRST SESSION
SPECIAL HEARING

Printed for the use of the Committee on Appropriations



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FEDERALLY FUNDED NATIVE HAWAIIAN PROGRAMS

MONDAY, AUGUST 16, 1999

U.S. SENATE,
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN
SERVICES, AND EDUCATION, AND RELATED AGENCIES,
COMMITTEE ON APPROPRIATIONS,
Honolulu, HI.

The subcommittee met at 8:30 a.m., in the 4th floor courtroom, U.S. Courthouse, Aha Kupuono, 300 Ala Moana Boulevard, Honolulu, HI, Hon. Daniel K. Inouye presiding.

Present: Senator Inouye.

Also present: Senator Akaka and Representative Mink.

OPENING STATEMENT OF SENATOR DANIEL K. INOUE

Senator INOUE. Good morning. Pursuant to the authority granted by the chairman of the Subcommittee on Labor, Health and Human Services, Education and Related Agencies of the U.S. Senate Committee on Appropriations, the Hon. Arlen Specter, we gather this morning to receive testimony on health, education and employment and training programs serving the native people of Hawaii.

Chairman Specter will not be able to be with us today. However, he has called upon me to assume the responsibilities of the Chair of this hearing.

Joining me this morning will be other members of the Hawaii Congressional delegation, Senator Akaka and Representative Patsy Mink. I'm also privileged to have with me assisting me this morning is Dr. Jack Chow professional staff member of the subcommittee on Labor Health and Human Service and Dr. Patricia Zell the Minority Staff Director and Chief Counsel of the Senate Committee on Indian Affairs.

On July 28, 1999 the U.S. Government filed a friend of the court brief in the U.S. Supreme Court case of *Rice v. Cayetano*. The brief establishes the official legal position of the United States, namely that Native Hawaiians are the same status as other native people of the United States and that there is a Federal trust responsibility for Native Hawaiians.

There are 166 Federal laws that have been enacted to address the conditions of the native people of Hawaii. Today this hearing will focus on the programs administered under the authority of the Native Hawaiian Health Care Improvement Act, the Native Hawaiian Education Act as well as employment and training programs serving Native Hawaiians.

(1)

We have a full witness list today. And accordingly, the committee has called upon all witnesses to limit their oral testimony to 5 minutes so that there might be time for questions and answers. We do this reluctantly, but most respectfully, because there are 27 witnesses. And we have to conclude that this morning.

If you have not received an invitation from the committee to present testimony today, please submit a written testimony to the committee and I can assure you that it will be included in the hearing record in full.

The hearing record will remain kept open to receive written testimony for 2 additional weeks. And may I assure all witnesses appearing today that their full statement will be made part of the record in full.

Our first panel consists of the superintendent of the Department of Education of the State of Hawaii, Dr. Paul LeMahieu; the director of the Department of Health of the State of Hawaii, Dr. Bruce S. Anderson; the director of the Department of Labor and Industrial Relations of the State of Hawaii, Ms. Lorraine Akiba. Later we will add to the panel the chair of the board of trustees of the Office of Hawaiian Affairs of the State of Hawaii, Ms. Rowena Akana.

Will the panel take their places. May I now call upon the superintendent of education.

**STATEMENT OF PAUL LEMAHIEU, SUPERINTENDENT OF EDUCATION,
HAWAII DEPARTMENT OF EDUCATION**

Dr. LEMAHIEU. Thank you, sir. Aloha and good morning, Senator Inouye. And aloha also to the members and staff of the Senate Committee on Appropriations, Subcommittee on Labor Health and Human Services, Education and Related Agencies, as well as colleagues and guests.

I am Paul LeMahieu, superintendent of education for the Hawaii Department of Education. I welcome this opportunity to present testimony before your subcommittee on matters relating to Native Hawaiian education.

I'm honored to speak to you on behalf of the Hawaii Department of Education whose legacies and responsibilities in the education of Native Hawaiians are extensive, and both distinguished as well as challenged.

As the superintendent of education I govern Lahainaluna School, founded in 1831 to educate Native Hawaiians. It is regarded by some as the oldest west of the Rockies and by other sources as the oldest school west of the Mississippi.

On its grounds stands historical Hale Pa'i, the old printing house where many of Hawaii's first school textbooks were translated and published in Hawaiian.

It is the school that educated notable Hawaiian scholars such as David Malo and Samuel Kamakau. Historical reports from that era comment on the boundless potential and the high literacy among Native Hawaiian peoples.

The successes experienced by these early schools in the education of Native Hawaiians had a profound impact upon General Samuel Chapman Armstrong, founder and first principal of the Hampton Institute in Hampton, VA.

Born and raised in Hawaii, he was the son of Dr. Richard Armstrong, minister of public instruction under King Kamehameha IV. General Armstrong's convictions to provide educational opportunities for youngsters of African American and Native American backgrounds were shaped by his Hawaii experiences and the accomplishments of Hawaiian youth.

Upon his death in 1893 Samuel Armstrong was laid to rest in the grounds of Hampton Institute. At the head of his grave is a large lava rock from his beloved island home.

That a tiny kingdom in one of the most geographically isolated spot in the world would contribute so greatly to American educational history and to the advancement of education of African-American and Native American peoples at a time where such practices were questioned and controversial is a heritage that both humble and inspire us all.

The Hawaii Department of Education is the largest provider of educational services to Hawaiian and part-Hawaiian children and youth. We currently serve 46,141 students of Hawaiian ancestry.

As a group, our students of Hawaiian and part-Hawaiian ancestry comprise 25.7 percent of our school population, the largest ethnic group within the Department.

The 1993 Native Hawaiian Education Assessment correctly stated that in order for the State to positively influence the educational status of the whole of Hawaii's students, we would need to positively impact the educational status of its Hawaiian students in particular. To do otherwise would not just be statistically impossible but would be morally repugnant.

The challenges faced by Hawaii Department of Education in serving our students of Hawaiian ancestry are many. While our Hawaiian students comprise 25.7 percent of the overall student population, they comprise 35 percent of our students in special education programming.

In the area of specific learning disabilities 3,885 of the 9,872 students, or nearly 40 percent, are students of Hawaiian and part-Hawaiian ancestry. For the past 9 years the Hawaii Department of Education has been the recipient of funds from Native Hawaiian Special Education Initiative, Pihana Na Mamo, or the Native Hawaiian Special Education project.

It has implemented three major initiatives to meet the needs of its special education Hawaiian students and their families. These include programs in the areas of beginning reading, behavioral support and family and community partnerships.

We have initiated an intensive beginning reading program called Heluhelu. The U.S. Department of Education estimates that 80 percent of students labeled as having a learning disability are those experiencing reading difficulties first and foremost.

We have found this to be the case in Hawaii with large numbers of our Hawaiian special education students being those with problems in the areas of reading.

Additionally, our schools serve larger percentages of part-Hawaiian and Hawaiian students have experienced significant challenges and demonstrating acceptable reading achievement. Heluhelu is being implemented in 21 school sites with the project supporting intensive in-service training, ongoing observation and consultations

of children's reading and data-keeping on reading skills and the development of students.

Pihana Na Mamo also has 16 project sites implementing Hi'ilani, a positive behavior support program that assists schools in implementing schoolwide proactive behavioral support initiatives.

For the past 4 years these schools have sustained a school team comprising of teachers, administrators, parents and other support staff who regularly address and implement solutions to the behavioral concerns in a preventive and proactive manner.

This initiative is maintained in partnership with a strong research team. The results are strong and positive in terms of improvements on observable behavioral indicators.

At over 18 school sites, Pihana Na Mamo supports 18 parent involvers who assist schools in fostering parent, school and community partnerships. Among their numerous tasks these parent involvers have assisted our parents at IEP meetings, arranging for workshops on child development and learning and developing community partnerships as well.

While Hawaii Department of Education receives a relatively low proportion of the Federal funding for Native Hawaiian education programs, our students benefit from strong partnerships with other agencies serving Hawaiian youth as well.

I've had an opportunity since my arrival last September to inspect almost all of them. I find them to be strong, effective contributors to the educational program offered to our youth.

For over a decade the Department has operated Hawaiian Language Immersion programs. We currently serve 1560 students at 16 school sites in grades K through 12. The Department employs 90 language immersion teachers.

Since my arrival I found these programs to be woefully under-supported even as the interest in and demand for them increases. As an educator I find them to be of considerable potential for two reasons.

First, there is a moral imperative to promote the well-being of the culture of this place. That is the case for any education system anywhere, though it may be discharged in more subtle ways elsewhere.

Second, as an educator, we must also be opportunists. Whatever builds a bridge between us and our students, whatever can be used to good effect to engage them in the learning that we all advocate should be seized upon and used to do so.

I've seen time and again that the culture and history of this place are sources of pride and interest for our young people. We should use them to engage students in the learning that we all seek.

At present a majority of the language immersion teachers are now certified, though we face shortages precipitated by program expansion. There are also continuing needs for pre-service and in-service teacher training for a cadre of relatively new and young teachers.

In addition, the necessity for ongoing curriculum development and materials for our immersion programs remains a constant and critical need.

In very few other areas would we ask a few educators in a school to invent or develop all of what the education enterprise requires, and to do so alone and in isolation. Yet we do this to our HILP staffs.

I strongly support such program providing that it is in addition to our standards and, therefore, increases not diminishes our aspirations and expectations for our children and the system that serves them.

My remarks here are intended to identify four critical needs that I think increased support is required for Native Hawaiian children.

First, reading and literacy development especially at the earliest grades.

Second, family literacy, involvement and support.

Third, positive behavioral development.

Fourth, language development including immersion programs.

I personally would add more extensive education for all in the traditional culture and history of Hawaii, though it falls outside the purpose of the funding that we discuss here today.

We must face the fact that despite many good efforts about which you will hear today, the academic performance of our Native Hawaiian students lags behind their counterparts in essentially all areas.

There's no necessary or acceptable reason for this. Its causes are based in the debilitating impacts of diminished opportunity. Those impacts can be remediated through effective programing and adequate support.

As we embark upon our journey to implement standards-based education and the realization of the achievement of high standards by all students, the Department of Education urges continued support of Native Hawaiian students from the Federal Government.

The challenges in meeting their needs are many. I've often stated that one of the reasons for my accepting the position of Superintendent of Education in Hawaii has been that this is a place that has the right values.

PREPARED STATEMENT

In the face of myriad competing economic, political and social needs it is the absolute and high value that our Native Hawaiian people have placed on and continue to place on education that promises a hopeful future. Thank you.

Senator INOUE. I thank you very much, Dr. LeMahieu.

[The statement follows:]

PREPARED STATEMENT OF PAUL LEMAHIEU

Good morning, Senator Inouye, Senator Akaka, Representative Mink, Representative Abercrombie, members and staff of the Senate Committee on Appropriations' Subcommittee on Labor, Health, and Human Services, Education and Related Agencies, colleagues and guests.

I am Paul LeMahieu, Ph.D., Superintendent of the Hawaii Department of Education. I welcome this opportunity to present testimony before your Subcommittee on matters relating to Native Hawaiian education. I am honored to speak on behalf of the Hawaii Department of Education whose legacy and responsibilities in the education of Native Hawaiians are extensive, and both distinguished and challenged.

As the Superintendent of Education, I govern Lahainaluna School, founded in 1831 to educate Native Hawaiians. It is regarded by some as the oldest school west

of the Rockies, and by other sources, the oldest school west of the Mississippi. On its grounds stands historical Hale Pa'i, the old printing house where many of Hawaii's first school textbooks were translated and published in Hawaiian. It is the school that educated notable Hawaiian scholars such as David Malo and Samuel Kamakau. Historical reports from that era comment on the high literacy among the Native Hawaiian people.

The successes experienced by these early schools in the education of Native Hawaiians had a profound impact upon General Samuel Chapman Armstrong, the founder and first principal of Hampton Institute, in Hampton, Virginia. Born and raised in Hawaii, he was the son of Dr. Richard Armstrong, the Minister of Public Instruction under King Kamehameha IV. General Armstrong's convictions to provide educational opportunities for youngsters of African-American and Native American backgrounds were shaped by his Hawaii experiences and the accomplishments of Hawaiian youth. Upon his death in 1893, Samuel Armstrong was laid to rest on the grounds of Hampton Institute, at the head of his grave a large lava rock from his beloved island home.

That a tiny kingdom in possibly the most isolated spot in the world would contribute so greatly to American education history and to the advancement of education for African-American and Native American people at a time where such practices were questioned and controversial is a heritage that both humbles and inspires me.

The Hawaii Department of Education is the largest provider of educational services to Hawaiian and part-Hawaiian children and youth. We currently serve 46,141 students of Hawaiian ancestry. As a group, our students of Hawaiian and part-Hawaiian ancestry comprise 25.7 percent of our school population, the largest ethnic group within our Department of Education. The 1993 Native Hawaiian Education Assessment correctly stated that in order for the State to positively influence the educational status of Hawaii's students, we would need to positively impact the educational status of its Hawaiian students.

The challenges faced by the Hawaii Department of Education in serving our students of Hawaiian ancestry are many. While our Hawaiian students comprise 25.7 percent of our overall student population, they comprise 35.3 percent of our students in special education programs. In the area of specific learning disabilities, 3,885 of the 9,872 students or 39.4 percent are students of Hawaiian and part-Hawaiian ancestry. For the past nine years, the Hawaii Department of Education has been the recipient of funds from the Native Hawaiian Special Education initiative. Pihana Na Mamo, or the Native Hawaiian Special Education Project, has implemented three major initiatives to meet the needs of its special education Hawaiian students and their families. These include programs in the areas of: beginning reading, behavior support, and family/community partnerships.

We have initiated an intensive beginning reading program called Heluhelu. The U.S. Department of Education estimates that 80 percent of students labeled as having a learning disability are those that are experiencing reading difficulties. We have found this to be the case in Hawaii with large numbers of our Hawaiian special education students being those with problems in the area of reading. Additionally, our schools serving large percentages of part-Hawaiian and Hawaiian students have experienced significant challenges in demonstrating acceptable reading achievement. Heluhelu is being implemented in 21 school sites with the project supporting intensive in-service training, ongoing observations and consultations, and data-keeping on reading skills development of students.

Pihana Na Mamo also has 16 project sites implementing Hi'ilani, a positive behavior support program that assists schools in implementing school-wide, pro-active behavior support initiatives. For the past four years, these schools have sustained a school team of teachers, administrators, parents, and other support staff who regularly address and implement solutions to behavior concerns in a preventive and pro-active manner.

At over 18 school sites, Pihana Na Mamo supports 18 parent involvers who assist schools in fostering parent, school, and community partnerships. Among their numerous tasks, these parent involvers have assisted our parents in IEP meetings, arranging for workshops on child development and learning, and developing community partnerships.

For over a decade, the Department has operated Hawaiian Language Immersion programs. We currently serve 1,560 students at 16 school sites in grades K-12. The Department employs 90 language immersion teachers. At present, a majority of the language immersion teachers are now certified, though we face a continuing need for pre-service and in-service teacher training of a cadre of relatively new and young teachers. The necessity for ongoing curricula development and materials for our immersion programs remains a constant and critical need.

As we embark on our journey to implement standards-based education and the realization of the achievement of high standards by all students, the Department of Education welcomes continued support of Native Hawaiian students from the federal government. The challenges in meeting their needs are many. I have often stated that one of the reasons for my accepting the position of Superintendent of Education in Hawaii has been that this is a place that has the right values. In the face of myriad competing economic, political, and social needs, it is the absolute high value that our Native Hawaiian people have placed and continue to place on education that promises for a hopeful future.

Thank you.

STATEMENT OF DR. BRUCE S. ANDERSON, DIRECTOR, DEPARTMENT OF HEALTH, STATE OF HAWAII

Senator INOUE. Now may I call upon Dr. Anderson.

Dr. ANDERSON. Good morning, Senator Inouye, Senator Akaka, staff and representatives of the subcommittee. I want to thank you for allowing me to testify this morning and to participate in this hearing. It's good to see you again.

My name is Bruce Anderson. I'm the director of the State of Hawaii Department of Health. The mission of my department is to provide leadership to monitor, protect and enhance the health and well-being of all the people of Hawaii.

This began back in 1863 when kuhina nui Kina'u directed pilots in Honolulu Harbor to screen arriving vessels for small pox and other diseases. In fact the Kingdom of Hawaii established the first Board of Health in 1853, before any State in the United States, to address public health problems.

The focus of the Department on preventing illness and injuries, promoting good health practices, and keeping our environment clean and safe, has resulted in continuous improvements in the health status of our community at large.

For the second year in a row Hawaii has been ranked by independent national research groups as the healthiest State in the nation.

Nevertheless, today serious health problems exist. Segments of our population, primarily Native Hawaiians, have some of the worst health statistics in the United States. The poor health status of Native Hawaiians is a major concern for us.

Today, one of our major goals is to reduce the health disparities in Hawaii's population. A recent profile of Native Hawaiian mortality between 1910 and 1990 shows alarmingly high death rates for both full and part-Hawaiians in comparison to other ethnic groups.

In fact, the death rate from all causes for full and part-Hawaiians actually increased from 1980 to 1990, while rates for others in the State continued to improve.

Hawaiian mortality rates for heart disease, cancer, and stroke also increased within the last decade, that is between 1980 and 1990, with the highest rates of increase among full-blooded Native Hawaiians.

Of particular concern are the extremely high breast cancer death rates for full-blooded Native Hawaiian women and high death rate for part-Hawaiian women compared to other women in the State, and the realization that these rates continue to rise and far exceed those of others in the State.

Overall, reviews of cancer incidence, mortality and survival data over time show a disproportionate burden of cancer in Native Ha-

waiians when compared with other populations in the United States. Only African Americans and Alaska Natives have cancer incidences that are greater.

The Department's Behavioral Risk Factor Surveillance Study and Hawaii Household Survey indicate that chronic disease factors affecting Hawaiians are obesity, sedentary lifestyles, low fruit and vegetable consumption, and cigarette smoking and alcohol consumption. These lifestyle behaviors are major targets to improve the health of Native Hawaiians and other populations.

The disparate chronic disease burden of Native Hawaiians is a serious dilemma in the face of dwindling resources. Indeed, it is ironic that the Federal Government is reducing Federal support for Medicaid and other health services at a time when they're so desperately needed by many including those in the Native Hawaiian community.

In my short tenure as director I have pondered the unequal health burden that Native Hawaiians bear, and realize that a quick fix solution is not practical nor is it the answer.

My administration team and I are aware that significant and lasting change can come from the concerted efforts in preventive health. I'm grateful that an opportunity is developing on the horizon to develop creative and innovative prevention health strategies.

The recent Tobacco Settlement is expected to provide \$1.3 billion for Hawaii over the next 25 years. As provided for in legislation passed this year, 35 percent of these funds will be allocated to wellness programs to improve nutrition and physical activity.

Of this, 10 percent will be used to support the Children's Health Insurance Program. Twenty-five percent will be allocated to comprehensive tobacco control efforts.

We intend that all prevention activities, including tobacco control, will be integrated with other activities to assure a comprehensive approach to wellness.

Incidentally, the remaining 40 percent of the settlement will go to a rainy day fund to help to assure our State's fiscal integrity.

In summary, the Department of Health is committed to improving the health of Native Hawaiians. We know that utilizing tobacco settlement funds is one step in reaching our goal of eliminating the disparity in their health status.

We plan to do our part. However, it is clear that continued Federal support will be necessary. We cannot do this alone. It's unconscionable that Federal funding for programs such as Medicaid is being reduced at a time when there's so much need.

PREPARED STATEMENT

The State and Federal governments in partnership with all the other agencies present at this hearing, including those from education and the employment sectors, must continue to work collaboratively to improve the health and overall quality of life of Native Hawaiians. We're all responsible stakeholders and will benefit from our collective efforts.

I thank you for the opportunity to testify.

Senator INOUE. Thank you very much, Dr. Anderson.

[The statement follows:]

PREPARED STATEMENT OF DR. BRUCE S. ANDERSON

Mr. Chairman and Subcommittee Members: My name is Bruce Anderson and I am the Director of the Hawaii State Department of Health. I am pleased to participate in this congressional hearing on the Native Hawaiian Health, Education, Employment and Training, and to commit to [providing consultation and guidance on health issues and services in Hawaii, to the degree that we are able, to the Committee, Native Hawaiian Health Care Systems, Papa Ola Lokahi and other Hawaiian health agencies.]

As the official health agency of the State, the goal of our Department is to protect the health and environmental well-being of all of Hawaii's people. The Department's programs provide leadership within the community in efforts to monitor, protect and enhance health and to address many health and environmental challenges which affect the well-being of our citizens and visitors to our state. The Department is the oldest statewide health department in the nation. The initial Board of Health was appointed by Kamehameha III in 1850 and its jurisdiction was extended to all islands in 1853. Our history began with efforts to resist the introduction and spread of communicable diseases, such as small pox and cholera, in the early 19th century. Though the historical accomplishments of the Department have been many, we realize considerable challenges lie ahead for all who share in the responsibilities of healthcare in Hawaii.

The poor health status of the Native Hawaiian population is a major concern for us. We are all aware that a recent profile of Native Hawaiian mortality between 1910 and 1990 shows alarming high death rates for both full and part Hawaiians, while the rates for all others in the state improved. Hawaiian mortality rates for heart disease, cancer and stroke increased within the decade between 1980 to 1990, with highest rates of increase among full-blooded Native Hawaiians. Of particular concern are the extremely high breast cancer death rate for full-blooded Native Hawaiian women and high death rate for part-Hawaiian women compared to other women in the State, and the realization that these rates continue to rise and far exceed those of others in this state. An epidemiological review of cancer incidence, mortality and survival data over time shows the continued disproportionate burden of cancer in Native Hawaiians when compared with other populations in the United States. Only African Americans and Alaska Natives have cancer incidences that are greater than Native Hawaiians. The Department's Behavioral Risk Factor Surveillance Study and Hawaii Household Survey indicate the chronic disease risk factors affecting Hawaiians, are obesity, sedentary lifestyle, low fruit and vegetable consumption, cigarette smoking and alcohol consumption. These lifestyle behaviors are major targets to improve health of Native Hawaiians and other populations. The disparate chronic disease burden of Native Hawaiians is a serious dilemma in the face of dwindling health resources in the state (or, during the economic crisis in the State).

In my short tenure as Director of Health, I have pondered the unequal health burden that Native Hawaiians bear and realize that a "quick fix" solution is not the answer. My administrative team and I are aware that significant and lasting change can only come from concerted efforts in preventive health. I am grateful that an opportunity is developing on the horizon, to develop creative and innovative preventive health strategies.

The Tobacco Settlement is expected to provide \$1.3 billion for Hawaii over 25 years. Thirty-five percent of the funds will be allocated to wellness, nutrition and physical activity programs. Up to 10 percent of the total settlement will be used to support the Children's Health Insurance Program. Twenty-five percent will be allocated to comprehensive tobacco control efforts. We intend that all prevention activities, including tobacco control, will be integrated with other activities to assure a comprehensive approach to wellness. The remaining 40 percent of the Settlement will go to a "rainy day" fund for the State of Hawaii.

The Department of Hawaii is committed to improving the health of Native Hawaiians. We know that utilizing Tobacco Settlement funds is one step in assisting us toward this goal. It is clear that continued federal appropriations will be essential to restoring the health of the Native Hawaiian population. We cannot do this alone.

The state and federal governments, in partnership with all the agencies present at this hearing, including those from the education and employment sectors, must continue to work collaboratively to improve the health and overall quality of life of Native Hawaiians. We are all stakeholders in this collective responsibility.

Thank you for this opportunity to testify.

STATEMENT OF LORRAINE AKIBA, DIRECTOR, DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS, STATE OF HAWAII

Senator INOUE. May I now call on Ms. Akiba.

Ms. AKIBA. Aloha. Good morning, Senator Inouye, Senator Akaka, Representative Mink, members and staff of Hawaii's Congressional delegation.

I'm Lorraine Akiba, director for the State of Hawaii Department of Labor and Industrial Relations. I'm honored to be here today to brief you on various programs including Hawaii's Samoan and Pacific Islander project, the Rural Community development program, the Women in High Technology project and to offer some brief comments for your consideration regarding Hawaii's Job Corps program.

However, before I speak on these projects I would like to introduce two very special people today. Dr. Tin Myaing Thein of the Immigrant Center who sits behind me and Mr. Bill Emmsley of the Samoan Service Providers Association.

Dr. Myaing and Mr. Emmsley have graciously offered to provide a tour of their facilities for the benefit of the committee staff this afternoon. As well tomorrow morning our Department of Labor staff will travel with your committee staff to the Big Island where they will visit a rural community development project in Puna and our One-Stop Workforce Assistance Center in Hilo.

Because of your support we were fortunate enough to receive an increase in funding of \$1 million last year from \$2 million to \$3 million to serve economically disadvantaged people of Samoan and Pacific Islander origins.

The significance of this funding increase is that it gives the State of Hawaii an important opportunity to serve a growing population of people in need during economically challenging times.

From the very beginning we were encouraged by your office's advice to think outside of the box and to find innovative and creative ways to help Hawaii's people. This is a refreshing and welcome approach and exactly the method that our department has been using in developing and employing its strategic management and continuous improvements efforts.

It is good then to hear your respective reminders that these additional monies should not be used to expand the State's bureaucracy but should be used to creatively and directly improve and strengthen the communities' social and economic infrastructure.

It is also clear that the purpose of your support is to promote the important objective of empowering communities to better help themselves attain sustainable self-sufficiency.

Today I am proud to say the Department of Labor and Industrial Relations has been in sync with the advice of your office. Further, this approach is very well received by the communities which we serve.

They often remind us of their appreciation for allowing them to participate in developing and implementing innovative approaches to delivering services.

The immigrant center, which is headed by Dr. Myaing, was selected recently as the primary service provider for nearly 8,000 new immigrants arriving in Hawaii each year. The immigrant center provides services such as outreach screening, assessment, support-

ive counseling, acculturation assistance, advocacy, English language training, interpretation, translation, form assistance and other related services designed to enhance employability.

Qualified Pacific Islanders and immigrants from countries including the Cook Islands, The Federated States of Micronesia, Fiji, Vietnam, Korea, the Philippines, Cambodia, and Thailand are all eligible for these types of services.

In previous years when public funds were more readily available it was normal for agencies to offer similar services, oftentimes to the same population within a small geographic area of only a few miles.

Hawaii's economy has dramatically changed in the last few years, such that we long can no longer do business in the same way as we have in the past.

The manner in which the immigrant center has chosen to serve its immigrant community is indicative of what is needed to meet the challenges of the new economy and the new millennium.

Rather than compete for the shrinking dollars the immigrant center lead an effort to join forces with other community-based organizations by exploiting each other's strengths to form a seamless system whereby clients would have access to services from a variety of entry points, and their progress towards economic self-sufficiency would be better tracked.

This collaborative team approach to community development is operating within the immigrant community with the immigrant center serving as team leader.

Other team members include Catholic Charities, Child and Family Services, and the Susannah Wesley Community Center. The team has been functioning for about a year now.

Although there are still some improvements we are working on, we are confident that we have a sound system which incorporates the values of increased leveraging of resources and maximizing collaboration and cooperation which benefits all.

Another positive best practice model is the Samoan Service Providers. Under the leadership of Mr. Emmsley it has demonstrated its effectiveness at meeting the training needs of the Samoan community for the past 11 years.

The goal of the Samoan Training and Employment Program is to develop, nurture and support individuals of Samoan ancestry through job training, job counseling and job placement. More than 2000 Samoan clients have been served under the STEP program.

As you know, the State of Hawaii is usually the first stop for American Samoans migrating to the United States. Thus Hawaii has the highest concentration of recently-arrived American Samoan immigrants of any U.S. location. For many, the transition is more than just geographical. It represents a rural to urban movement, often to inner city public housing projects.

Moreover, it also marks a substantial economic shift from a subsistence way of living to a highly competitive free-market system.

Samoans tend to bring with them many aspects of their culture, including the matai system. Although matais and ministers are repositories of the Samoan culture, they can also be inhibiting factors in facilitating social integration, even more so with the economic development of Samoans in Hawaii's economic mainstream.

These factors have directly attributed to the Samoan community's statistics of highest unemployment among adults, lowest per capita among families and highest incarceration rate among youth.

Similar to other ethnic groups like Native Hawaiians and Native Americans, Samoan youth on a per capita basis, have one of the highest high school drop out rates among teenagers in the State of Hawaii.

The Samoan Training and Employment Program offered by SSPA is specifically designed to meet the needs of Samoans, who are unemployed, underemployed or economically disadvantaged.

By providing job training, job counseling and job placement and other needed services, SSPA clients are able to decrease their reliance on public assistance by increasing their ability to support themselves and again reach self-sufficiency.

The third program that I have been asked to share information with you about is the Rural Community Development Project spearheaded by Dr. Clyde Sakamoto, Provost for Maui Community College.

Dr. Sakamoto was unable to attend today's hearing, so I have been asked to comment on his program because the Department of Labor is one of the program's major partners.

As you know the Rural Community Development project was started on the island of Lana'i 2 years ago with a grant from the U.S. Department of Labor of \$200,000. That funding has since increased to a million dollars, and the activities expanded to the islands of Maui, Moloka'i, Hawaii and Kauai.

The primary purpose of this program is to provide employment activities leading to a job. It is gratifying that the success of this project has leveraged these limited resources through a growing partnership of community service supporters and other initiatives and contributions to our overall efforts.

We have leveraged resources from other existing Federal resources such as the Job Training Partnership Act, our apprenticeship programs and others.

As you know the neighbor islands are distinct and different from urban O'ahu. They have their own beauty and uniqueness. They also have their own strengths and ideas for addressing their respective economic issues.

Maui County, for example, with the exception of Moloka'i, has a distinct high technology edge with its existing advanced computerized infrastructure located at Haleakala and the Maui High Tech Center in Kihei.

The Big Island still has an edge in agriculture and tourism as its mainstays for economic viability, while Kauai is developing an edge with employment opportunities in forestry and coffee.

Moloka'i remains a model of self-sustaining breadbasket with industries like truck farming and aquaculture leading the way to economic self-sufficiency.

What makes the Rural Community Economic Development Project so different is its intended objective of having each island determine what is best for itself.

Similar to the philosophy being encouraged within the immigrant program I talked to you about earlier, the Rural Development Pro-

gram insists on empowering communities to determine their own economic future.

Community advisory boards are established on each island to lead the development and implementation of projects that are identified by the residents themselves.

Led by Dr. Sakamoto, Maui Community College administers the program. Together with them the department of labor serves as an additional resource to assist the community, when and if they need our assistance.

What we bring at department of labor to the table is a leveraging of our many other State and Federal resources and our ability to serve as a broker, facilitator, and a technical assistant.

As I mentioned earlier, funds from the Job Training Partnership Act, our State apprenticeship program and other programs administered by the department of labor are leveraged with rural development monies to help us get, basically, more bang for our buck.

DLIR is also involved in the Hawaii Forestry Communities Initiative which receives about \$250,000 in Federal funds directed to the State through the U.S. Forest Service through the Department of Land and Natural Resources.

In our capacity as partners to both HFCI and the Rural Development project, we have a role of merging the various interest, should islands like Hawaii and Kauai decide that jobs in forestry are a priority.

Similarly, because we are actively involved with the local Seafarer's Union and American Hawaii Cruises, our familiarity with the leadership for the passenger cruise line industry is helpful when the different islands decide that preparing their residents for work in this industry is good for them.

Another asset that the department of labor brings to the table for the Rural Community Development Project is the big picture view as it relates to the State administration's vision of where economic development needs to go.

Governor Cayetano has expressed his strong desire to see industries like telecommunications, healthcare, biotechnology, environmental science and technology and information technology be supported because he, like all of you, believe that these industries have much promise for providing Hawaii's residents jobs today, and in the future.

This past legislative session the Governor introduced and had passed legislation calling for many incentives to support these industries, including the Millennium Workforce Development Initiative, which is a new program for job training.

Our department has been directed by the Legislature and the Governor to assist with developing a plan for training in these growth industry cluster areas. We are actively incorporating some of what is being proposed for a statewide training program into plans being generated in the rural communities through the Rural Community Development program.

The Women in High Technology Project is funded with a \$500,000 appropriation through the U.S. Department of Labor. A proposal is currently being reviewed by U.S. Department of Labor.

Upon that agency's approval, the program will provide training to women in Maui County for jobs in high technology where they are presently underrepresented.

The projects I have shared information with you today are progressing well. And we believe that the goals set forth by both Congress and the communities are being realized.

On behalf of the hundreds of people involved in these programs, I wish to express our sincere appreciation to you and your staff. And we would encourage your continued support of these very worthy projects.

My final comments are really one of constructive critique. All of you are aware of the Workforce Investment Act which was passed by Congress last fall after many years of debate.

One of the most significant strengths and also difficulties of the Workforce Investment Act is the mandate that State and local governments shall have to assume more, if not most, of the leadership and responsibilities in running many of our Federal programs covered under the act.

Now, one of the programs touched by this Workforce Investment Act is Job Corps. Hawaii has a great Job Corps Program. Its facilities at Waimanalo are first class and its local leadership is an active partnership with some of our programs such as One-Stop centers for workforce assistance.

For the past few years, however, Hawaii's Job Corps Program has been administered by an organization located out-of-State. One of the reasons for this, I understand, is due to the fact that the State of Hawaii, which at one time administered and ran the program, could not continue to administer it because it wasn't economically feasible.

Perhaps the time has come for us to reassess where we should go with the Hawaii Job Corps Program given the Workforce Investment Act and Hawaii's present economy. I believe this is a good time to revisit the issue of having the Job Corps locally administered again. Local empowerment and best practice call out for such a reassessment.

PREPARED STATEMENT

Thank you, again, for this opportunity to present our information and views on programs and issues which are very important to us and to the communities here in Hawaii to which you have not only shown your continuous support over the years, and also to which you have given great leadership to as well. Thank you very much.

Senator INOUYE. Thank you, Ms. Akiba.

[The statement follows:]

PREPARED STATEMENT OF LORRAINE AKIBA

Aloha, Mr. Chairman and members of Hawaii's congressional delegation. I am Lorraine Akiba, Director for the State of Hawaii Department of Labor and Industrial Relations (DLIR). I am honored to be here today to brief you on various programs including Hawaii's Samoan and Pacific Islander project, the Rural development program, the Women in High Technology project and to offer some brief comments for your consideration regarding Hawaii's Job Corp program.

However, before I speak on these projects, may I please introduce: Dr. Tin Myaing Thein of the Immigrant Center and Mr. Bill Emmsley of the Samoan Service Providers Association.

Dr. Myaing and Mr. Emmsley have graciously offered to provide a tour of their facilities for the benefit of committee staff after your lunch today. Tomorrow morning, DLIR's staff will travel with your committee staff to the Big Island where they will visit a rural development project in Puna and our One-Stop Workforce Assistance Center in Hilo.

Because of your support, we were fortunate to receive an increase in funding of a million dollars last year, from \$2 million to \$3 million, to serve economically disadvantaged people of Samoan and Pacific Islander origins. The significance of this funding increase is that it gives the State of Hawaii an important opportunity to serve a growing population of people in need during economically challenging times.

From the very beginning, we were encouraged by your office, Mr. Chairman, to "think outside of the box" and to find innovative and creative ways to help Hawaii's people. This is a very refreshing and welcome approach and exactly the method that DLIR has been using in developing and deploying its strategic management and continuous improvement efforts. It is good, then to hear your reminders that these additional monies should not be used to expand the State's bureaucracy but should be used to creatively and directly improve and strengthen the communities social and economic infrastructure. It is also clear that the purpose of your support is to promote the important objective of empowering communities to better help themselves attain sustainable self-sufficiency.

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The Immigrant Center (IC), headed by Dr. Myaing, was selected as the primary service provider for the nearly 8,000 new immigrants arriving in Hawaii each year. IC provides services such as outreach screening, assessment, supportive counseling, acculturation assistance, advocacy, English language training, interpretation, translation, form assistance and other related services designed to enhance employability. Qualified Pacific Islanders and immigrants from countries including the Cook Islands, The Federated States of Micronesia, Fiji, Vietnam, Korea, Philippines, Cambodia and Thailand are all eligible for these types of services.

In previous years, when public funds were more readily available, it was normal for agencies to offer similar services, often times to the same population, within a small geographic area of only a few square miles. Hawaii's economy has changed dramatically in the last few years, such that we can no longer afford to do business as we have in the past.

The manner in which the Immigrant Center has chosen to service its immigrant community is indicative of what was needed to meet the challenges of a struggling economy. Rather than compete for the shrinking dollar, IC lead an effort to join forces with other community-based organization by exploiting each other's strengths to form a seamless system whereby a client would have access to services from a variety of entry points and their progress towards economic self-sufficiency would be better tracked.

This collaborative team approach to community development is operating within the immigrant community with the Immigrant Center serving as team leader. Other team members include Catholic Charities, Child and Family Services and Susannah Wesley Community Center. The team has been functioning for about a year. Although there are still some improvements we are working on, we are confident that we have a sound system which incorporates the values of increased leveraging of resources and maximizing collaboration and cooperation which benefit all.

Under the leadership of Mr. Emmsley, the Samoan Service Providers has demonstrated its effectiveness at meeting the training needs of the Samoan community for the past 11 years. The goal of the Samoan Training and Employment Program (STEP) is to develop, nurture and support individuals of Samoan ancestry through job training, job counseling and job placement. More than 2,000 Samoan clients have been served under the STEP program.

The State of Hawaii is usually the first stop for American Samoans migrating to the United States. Thus, Hawaii has the highest concentration of recently arrived American Samoan immigrants of any U.S. location. For many, the transition is more than geographical, it represents a rural to urban movement, often to inner city public housing projects. Moreover, it also marks a substantial economic shift from a subsistence way of living to a highly competitive free-market system.

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The Samoan Training and Employment Program offered by SSPA is specifically designed to meet the needs of Samoans, who are unemployed, under-employed or economically disadvantaged. By providing job training, job counseling, job placement and other needed services, SSPA assists clients to decrease their reliance on public assistance by increasing their abilities to support themselves.

The third program that I wish to share information with you about is the Rural Development Project spearheaded by Dr. Clyde Sakamoto, Provost for Maui Community College. Dr. Sakamoto was unable to attend today's hearing, so I have been asked to comment on this program because DLIR is one of the program's major partners.

As you know, the Rural Development Project was started on the island of Lanai two years ago with a grant from the USDOL of \$200,000. The funding has since increased to a million dollars and the activities expanded to the islands of Maui, Moloka'i, Hawaii and Kauai. The primary purpose of this program is to provide employment activities leading to a job. It is gratifying that the success of this project has leveraged these limited resources through a growing partnership of community service supporters and other initiatives and contributions to our overall effort (e.g., JTPA, Apprenticeship, et al).

The neighbor islands are distinct and different from urban Oahu. They have their own beauty and uniqueness. They also have their own strengths and ideas for addressing their respective economic issues. Maui County for example, with the exception of Moloka'i, has a distinct high technology edge with its existing advanced computerized infrastructure located at Haleakala and the Maui High Tech Center in Kihei. The Big Island still has an edge in agriculture and tourism as its mainstays for economic viability while Kauai is developing an edge with employment opportunities in forestry and coffee. Moloka'i, it seems, remains a model of a self-sustaining breadbasket with industries like truck farming and aquaculture leading the way to economic self-sufficiency.

What makes the Rural Development project so different is its intended objective of having each island determine what is best for itself. Similar to the philosophy being encouraged with the immigrant program I talked to you about earlier, the rural development program insists on empowering communities to determine their own economic future. Community advisory boards are established on each island to lead the development and implementation of projects that are identified by the residents themselves. Led by Dr. Sakamoto, Maui Community College administers the program. Together with them DLIR serves as an additional resource to assist the community, when and if they need our assistance.

What DLIR brings to the table is a leveraging of our many other state and federal resources and our ability to serve as a broker, facilitator and technical assistant. Funds from the Job Training Partnership Act (JTPA), our State Apprenticeship program and other programs administered by DLIR are leveraged with rural development monies to help us get more bang for our buck. DLIR is also actively involved in the Hawaii Forestry Communities Initiative (HFCI) which receives about \$250,000 in federal funds directed through the US Forest service to the State Department of Land and Natural Resources. In our capacity as partners to both HFCI and the Rural Development project, we have a role of merging the various interests, should islands like Hawaii and Kauai decide that jobs in forestry are a priority. Similarly, because we are actively involved with the local Seafarer's Union and American Hawaii Cruises, our familiarity with the leadership for the passenger cruise line industry is helpful when the different islands decide that preparing their residents for work in this industry is good for them.

Another asset DLIR brings to the table for the Rural Development project is the big picture view as it relates to the State administration's vision of where economic development needs to go. Governor Cayetano has expressed his strong desire to see industries like telecommunications, healthcare, biotechnology, environmental science and technology and information technology be supported because he, like all of you, believes that these industries have much promise for providing Hawaii's residents jobs today, and in the future. This past legislative session, the Governor introduced and had passed legislation calling for many incentives to support these industries, including the Millennium Workforce Development Initiative, a new program for job training. DLIR is directed by the legislature and Governor to assist with developing a plan for training in these industry cluster areas. We are actively incorporat-

ing some of what is being proposed for a statewide training program into plans being generated in the rural communities through the Rural Development program.

The women in high technology project is funded with a \$500,000 appropriation through USDOL. A proposal is being reviewed by USDOL. Upon the agency's approval, the program will provide training to women in Maui County for jobs in high technology where they are presently underrepresented.

The projects I have shared information with you today are progressing well. We believe that the goals set forth by both Congress and the communities are being realized. On behalf of the hundreds of people involved in these programs, I wish to express our appreciation to you and your staff. We encourage your continued support of these very worthy projects.

My final comment is one that provides constructive critique.

The Workforce Investment Act (WIA) was passed by Congress last Fall after many years of debate. One of the most significant strengths and difficulties of the WIA is the mandate that State and local governments shall have to assume more, if not most, of the leadership and responsibilities in running many of our federal programs covered under the act. One of the programs touched by WIA is Jobs Corps.

Hawaii has a good Job Corps Program. Its facilities at Waimanalo are first class and its local leadership is an active partner with some of our programs, such as One-Stop. For the past few years, however, Hawaii's Job Corp Program has been administered by an organization located out of state. One of the reasons for this, I understand, is due to the fact that the State of Hawaii, which at one time administered and ran the program, could not continue administering it because it wasn't economically feasible. Perhaps the time has come for us to reassess where we should go with the Hawaii Job Corp program given the WIA and Hawaii's present economy. I believe this is a good time to revisit the issue of having the Job Corp locally administered again. Local empowerment and best practice call out for such a re-assessment.

Thank you again for this opportunity to present our information and views on programs and issues which are very important to us and which you have not only shown continuous support over the years, but which you have given great leadership to as well. Mahalo and aloha.

STATEMENT OF ROWENA AKANA, CHAIR, BOARD OF TRUSTEES, OFFICE OF HAWAIIAN AFFAIRS, STATE OF HAWAII

Senator INOUE. Now may I call on the chair of OHA, Ms. Rowena Akana.

Ms. AKANA. Thank you. Aloha, kakahiaka. Good morning Senator Inouye, Senator Akaka, Representative Mink, all of the congressional workforce that has come here to hear us today.

As you know, my name is Rowena Akana. I'm the chairman of the board of trustees for the Office of Hawaiian Affairs. I'm especially pleased to appear before the members of our own congressional delegation and their friends and colleagues in the fight to better the conditions of Native Hawaiian people of Hawaii.

For your past efforts and leadership I want to take this opportunity to thank you very much.

As you know, the Office of Hawaiian Affairs is the lead agency in the State of Hawaii with the constitutional and statutory responsibility to protect and preserve the rights and interests of the Hawaiian community.

Consistent with that responsibility to work for the Hawaiian people, the Office of Hawaiian Affairs is the only governmental entity at any level of government whose leaders are chosen exclusively by the Hawaiian people.

Over much of the last century the story of the Federal Government's relationship to the Hawaiian people has been a tale of institutionalized neglect. For many, the legacy of that past neglect is a present life of despair, frustration and increasing burdens of social and physical disease.

Based on statistics reported by the State's Healthy Start Program, of every 100 Hawaiian children born today, 65 begin life at risk. That risk continues beyond infancy.

Compared to other groups within the State, Hawaiians are more likely to die of cancer, diabetes, heart disease, hypertension, and stroke.

They are more likely to suffer the disastrous effects of alcohol and drug abuse and are more prone to respiratory illnesses and thyroid disease. Not surprisingly then, they have the lowest life expectancy in the State.

Hawaiians are more likely to be arrested and imprisoned, to be unemployed and to live below the poverty level.

Hawaiian housing needs rank among the most critical in the United States. And their communities, usually located on state-managed trust lands, all are too often defined by substandard roads, inadequate or nonexistent utility services and substandard and overcrowded housing.

Contrary to the high literacy rate among the Hawaiian people under the school system established in 1840 by Kamehameha the III, our children now begin their educational experience lagging behind their counterparts, and continue to be under-represented in institutions of higher education. This list of ills suffered by the Hawaiian people is merely illustrative and not exhaustive.

In the last years of this century the Federal Government's policy of neglect began to change. It is now the position of the Federal executive branch that a heightened trust and political relationship has existed between the United States and the Hawaiian people since at least 1898.

With this change it is our hope that meaningful and constructive actions are possible to reverse the legacy of their past neglect and to begin the process of reconciliation Congress contemplated in 1993, the Apology Resolution.

It is against there backdrop that we approach Federal legislation seeking to better the conditions of our Hawaiian people.

Today I will highlight our concerns with respect to proposed legislation in three different but related areas: Housing, health, and education.

In the area of housing the Native American Housing Assistance and Self-determination Amendments of 1999, S. 225, seeks to extend Federal low-income housing assistance to Native Hawaiians.

In the areas of health and education, Federal legislation focusing on the needs of the Hawaiian people already exist: The Native Hawaiian Health Care Improvement Act and the Native Hawaiian Education Act.

On the housing bill the Senate is currently considering the Native Hawaiian Housing Assistance and Self-determination Amendments of 1999, S. 225.

That bill seeks to extend Federal low-income housing assistance to Native Hawaiians living on land controlled by the State's Department of Hawaiian Homelands or DHHL. OHA has proffered amendments to S. 225 to clarify the historical basis for the United States' special trust obligation to the Hawaiian people to broaden the beneficiary class to include all Hawaiians in need regardless of blood quantum, to expand the eligible housing area to include all

Hawaiian trust lands, and to allow OHA to participate equally with the DHHL in addressing the housing needs for all Hawaiian people.

We have been advised that recent Senate committee action has taken steps to expand the bill's findings and to broaden the definition of the beneficiary class. These are steps in the right direction. But after a century of neglect, strides, not steps are required.

Broadening the beneficiary class to include all Hawaiians has no real impact if, as the case with respect to DHHL-controlled lands, the eligible housing area is restricted to only a portion of that class.

Many Hawaiians living in poverty and substandard housing are ineligible for DHHL housing. And many who are eligible do not want their housing options restricted to DHHL-controlled lands.

The housing needs of non-DHHL Hawaiian communities such as Maunaloa, Miloli'i, Kahana Valley, and Kikala-Keokea, which are the Kalapana relocatees, are just as compelling as those other communities located on the Department of Hawaiian Home Lands-controlled land.

Moreover, expanding the eligible housing area to include all Hawaiian trust lands is consistent with the trust obligations owed to all Hawaiians now acknowledged by the United States.

Finally, continuing the OHA/DHHL housing partnership will permit the development of coordinated housing plans serving all Hawaiians in need and not just those eligible for the Department of Hawaiian Homelands leases.

OHA has a long-standing commitment and has demonstrated a track record of financing housing for its beneficiaries on the Department of Hawaiian Homelands-controlled lands.

For example, we have provided \$30 million in loans to DHHL beneficiaries and made available more than \$4 million for the proposed Waimanalo Kupana housing project.

We are currently contemplating the allocation of additional millions to support other critical Hawaiian housing needs. Clearly OHA has been, and will continue to be, prepared to put its money where the need is. We simply ask that the Federal Government do no less.

I have appended to my testimony today communications received by OHA from members of non-DHHL Hawaiian communities seeking our help in broadening S. 225.

I will also provide to the committee our detailed amendments to this important housing bill under separate cover. I urge each member of this committee to listen to the voices of all the Hawaiian people, as has OHA, and support the efforts to broaden S. 225.

Under the health bill. The Native Hawaiian Health Care Improvement Act has been the law for approximately 10 years. It is now time for reauthorization of that legislative program.

We have been working with representatives of the Hawaiian health care community including representatives of the Queen's Hospital, and E Ola Mau to develop joint amendments.

Those efforts have identified numerous issues involving scope of services, allocation of responsibilities for implementation and coordination of services and the proper role of OHA and Papa Ola Lokahi for developing health policies and programs affecting the Hawaiian people.

It is this position of the Office of Hawaiian Affairs that any reauthorization of the Native Hawaiian Health Care Improvement Act must reflect the current legal, community, and political landscape in order to better address the dire health statistics of our Hawaiian people.

Among the new realities is the United States' explicit acknowledgement of its trust and political obligations to Hawaiians. Furthermore, the health care delivery system contemplated under the Act must begin to focus on the primary and acute care health needs of the Hawaiian community.

It is our understanding that a series of community meetings on the proposed health bill are scheduled to take place throughout the State in the month of September.

We plan to have representatives at each of these meetings and to refine our views based on our community concerns raised at those meetings.

We ask that the record of this hearing be held open for at least 30 days following the completion of those meetings to permit the filing of written and final comments to aid the subcommittee in its deliberations.

On the education bill. As in the case of health, Federal legislation focusing on special education needs of the Hawaiian community currently exists in the form of the Native Hawaiian Education Act, 20 U.S.C. 7901 et seq.

This legislation is also subject to reauthorization, and we have been working closely with representatives of Hawaiian educational programs to develop joint amendments.

That work has identified four areas that must be addressed in any reauthorization of the Native Hawaiian Education Act.

First, the Native Hawaiian Education Act should be amended to require an Early Childhood Education Council to specifically focus on the special needs of this group.

Second, early childhood education demonstration projects are necessary because it is time to translate the studies into meaningful educational programs.

Third, we also believe that any reauthorization must include programs for youth at risk.

Fourth, the Educational Council and authorized under the Act to develop an educational policy and coordinate the delivery of educational services must broadly represent the interests of the entire Hawaiian community.

Because of the obvious conflicts and problems in awarding educational assistance funds, it cannot, as some have suggested, be limited to past and present grant recipients.

Rather, grant recipients should comprise a separate advisory body to the decisionmaking council. In this same vein, any reauthorization must recognize the mission of OHA and its mandate under State law.

For example, some of the present council have suggest that an organization sometimes referred to as PREL assume the fiscal oversight responsibility now performed by OHA.

However, representatives of the U.S. Department of Education have voiced some preliminary concerns with respect to this proposal.

Final joint amendments to the reauthorization of the Native Hawaiian Education Act are now in their final stage. Once completed we will forward to the subcommittee for inclusion in the record our detailed comments on jointly proposed language reauthorizing the act.

PREPARED STATEMENT

I thank you for the opportunity to testify on these important bills and look forward to answering any questions that you may have on these bills or any other matter addressing the education, health or housing needs of our Hawaiian community. Thank you.

Senator INOUE. Thank you very much, Ms. Akana.

[The statement follows:]

PREPARED STATEMENT OF ROWENA AKANA

Aloha. kakahiaka: My name is Rowena Akana. I testify today as the Chair of the Board of Trustees of the Office of Hawaiian Affairs. I am especially pleased to appear before the members of our own congressional delegation—friends and colleagues in the fight to better the conditions of the native people of Hawaii. For your past efforts and leadership, I want to take this opportunity to thank you.

As you know, the Office of Hawaiian Affairs is the lead agency in the State of Hawaii with the constitutional and statutory responsibility to protect and preserve the rights and interests of the Hawaiian community. Consistent with that responsibility to work for the Hawaiian People, the Office of Hawaiian Affairs is the only governmental entity at any level of government whose leaders are chosen exclusively by the Hawaiian People.

Over much of the last century, the story of the Federal Government's relationship to the Hawaiian People has been a tale of institutionalized neglect. For many, the legacy of that past neglect is a present life of despair, frustration and increasing burdens of social and physical disease.

Based on statistics reported by the State's Healthy Start Program, of every 100 Hawaiian children born today, 65 begin life "at risk". That risk continues beyond infancy. Compared to other groups within the State, Hawaiians are more likely to die of cancer, diabetes, heart disease, hypertension and stroke. They are more likely to suffer the disastrous effects of alcohol and drug abuse and are more prone to respiratory illnesses and thyroid disease. Not surprisingly then, they have the lowest life expectancy in the State. Hawaiians are more likely to be arrested and imprisoned, to be unemployed and to live below the poverty level. Hawaiian housing needs rank among the most critical in the United States and their communities, usually located on State-managed trust lands, are all too often defined by substandard roads, inadequate or non-existent utility services and substandard and over-crowded housing. Contrary to the high literacy rate among the Hawaiian People under the school system established in 1840 by Kamehameha III, our children now begin their educational experience lagging behind their counterparts and continue to be under-represented in institutions of higher education. And this list of the ills suffered by the Hawaiian People is merely illustrative, not exhaustive.

In the last years of this century, the Federal Government's policy of neglect began to change. It is now the position of the Federal Executive Branch that a heightened trust and political relationship has existed between the United States and the Hawaiian People since at least 1898. With this change, it is our hope that meaningful and constructive actions are possible to reverse the legacy of past neglect and to begin the process of reconciliation Congress contemplated in the 1993 Apology Resolution. It is against this backdrop that we approach federal legislation seeking to better the conditions of the Hawaiian People.

Today, I will highlight our concerns with respect to proposed legislation in three different but related areas: housing, health and education. In the area of housing, the Native American Housing Assistance and Self-Determination Amendments of 1999, S. 225, seeks to extend federal low-income housing assistance to native Hawaiians. In the areas of health and education, federal legislation focusing on the needs of the Hawaiian People already exist: the Native Hawaiian Health Care Improvement Act and the Native Hawaiian Education Act.

HOUSING BILL

The Senate is currently considering the Native Hawaiian Housing Assistance and Self-Determination Amendments of 1999, S. 225. That bill seeks to extend federal low-income housing assistance to native Hawaiians living on land controlled by the State's Department of Hawaiian Homelands (DHHL). OHA has proffered amendments to S. 225 to clarify the historical basis for United States' special trust obligation to the Hawaiian people, to broaden the beneficiary class to include all Hawaiians in need regardless of blood quantum, to expand the eligible housing area to include all Hawaiian trust lands, and to allow OHA to participate equally with the DHHL in addressing the housing needs of the Hawaiian People.

We have been advised that recent Senate committee action has taken steps to expand the bill's findings and to broaden the definition of the beneficiary class. These are steps in the right direction, but after a century of neglect, strides, not steps, are required.

Broadening the beneficiary class to include all Hawaiians has no real impact if, as is the case with respect to DHHL-controlled lands, the eligible housing area is restricted to only a portion of that class. Many Hawaiians living in poverty and substandard housing are ineligible for DHHL housing. And many who are eligible do not want their housing options restricted to DHHL-controlled lands. The housing needs of non-DHHL Hawaiian communities such as Maunalaha, Milolii, Kahana Valley and Kikala-Keokea (Kalapana relocatees) are just as compelling as those communities located on DHHL-controlled land. Moreover, expanding the eligible housing area to include all Hawaiian trust lands is consistent with the trust obligations owed to all Hawaiians now acknowledged by the United States. Finally, continuing the OHA/DHHL housing partnership will permit the development of coordinated housing plans serving all Hawaiians in need and not just those eligible for DHHL leases.

OHA has a long-standing commitment and demonstrated track record of financing housing for its beneficiaries on DHHL-controlled lands. For example, we have provided \$30 million in loans to DHHL beneficiaries and made available more than \$4 million for the proposed Waimanalo kupana housing project. We are currently contemplating the allocation of additional millions to support other critical Hawaiian housing needs. Clearly, OHA has been and will continue to be prepared to put its money where the need is. We simply ask that the Federal Government do no less.

I have appended to my testimony today communications received by OHA from members of non-DHHL Hawaiian communities seeking our help in broadening S. 225. I will also provide to the Committee our detailed amendments to this important housing bill under separate cover. I urge each member of this Committee to listen to the voices of all the Hawaiian People, as has OHA, and support efforts to broaden S. 225.

HEALTH BILL

The Native Hawaiian Health Care Improvement Act has been the law for approximately ten years. It is now time for reauthorization of that legislative program. We have been working with representatives of the Hawaiian health care community, including representatives of the Queen's Hospital and E ola Mau, to develop joint amendments. Those efforts have identified numerous issues involving scope of services, allocation of responsibilities for implementation and coordination of services, and the proper role of OHA and Papa Ola Lokahi for developing health policies and programs affecting the Hawaiian people.

It is the position of the Office of Hawaiian Affairs that any re-authorization of the Native Hawaiian Health Care Improvement Act must reflect the current legal, community and political landscape in order to better address the dire health statistics of our Hawaiian People. Among the new realities is the United States' explicit acknowledgment of its trust and political obligations to Hawaiians. Furthermore, the health care delivery system contemplated under the Act must begin to focus on the primary and acute care health needs of the Hawaiian community.

It is our understanding that a series of community meetings on the proposed health bill are scheduled to take place throughout the State in the month of September. We plan to have representatives at each of these meetings and to refine our views based on the community concerns raised at those meetings. We ask that the record of this hearing be held open for at least 30 days following the completion of those meetings to permit the filing of written final comments to aid the Subcommittee in its deliberations.

EDUCATION BILL

As in the case of health, federal legislation focusing on the special educational needs of the Hawaiian community currently exists in the form of the Native Hawaiian Education Act, 20 U.S.C. 7901 et seq. This legislation is also subject to reauthorization and we have been working closely with representatives of Hawaiian educational programs to develop joint amendments. That work has identified four areas that must be addressed in any reauthorization of the Native Hawaiian Education Act.

First, the Native Hawaiian Education Act should be amended to require an Early Childhood Education Council to specifically focus on the special needs of this group. Second, early childhood education demonstration projects are necessary because it is time to translate the studies into meaningful educational programs. Third, we also believe that any reauthorization must include programs for youths at risk. Fourth, the Educational Council authorized under the Act to develop educational policy and coordinate the delivery of educational services must broadly represent the interests of the entire Hawaiian community. Because of the obvious conflict problems in awarding educational assistance funds, it cannot, as some have suggested, be limited to past and present grant recipients. Rather, grant recipients should comprise a separate advisory body to the decision-making Council. In this same vein, any reauthorization must recognize the mission of OHA mandated under State law. For example, some on the present Council have suggested that an organization sometimes referred to as PREL assume the fiscal oversight responsibility now performed by OHA. However, representatives of the U.S. Department of Education have voiced some preliminary concerns with respect to this proposal.

Final joint amendments for reauthorization of the Native Hawaiian Education Act are now in their final stage. Once completed, we will forward to the Subcommittee for inclusion in the record our detailed comments on jointly proposed language.

I thank you for the opportunity to testify on these important bills and look forward to answering any questions you might have on these bills or any other matter addressing the education, health or housing needs of our Hawaiian community.

Senator INOUE. Before proceeding with questioning may I call upon my distinguished colleague, Senator Akaka. Do you have an opening statement you'd like to make?

OPENING STATEMENT OF SENATOR DANIEL K. AKAKA

Senator AKAKA. Thank you very much, Mr. Chairman. I want to thank you for holding this hearing and also welcome the Appropriations subcommittee staff to Hawaii. And also to welcome all of the witnesses and to hear the testimony.

Mr. Chairman, this is an important, important time for Native Hawaiians. On June 7, 1999 President Clinton issued Executive Order 13125 to improve the quality of life of Asian Americans and Pacific Islanders through increased participation in Federal programs where they may be underserved.

This includes the areas of health, human services, education, housing, labor, transportation and economic and community development.

The executive order defines the term Pacific Islander to include the aboriginal, indigenous native peoples of Hawaii. I welcome this initiative by President Clinton as it acknowledges the United States' special responsibility for the welfare of Native Hawaiians.

For far too long congressional initiatives lead by the senior Senator and the Hawaiian delegation have represented the main efforts on behalf of the Federal Government to improve the quality of life for Native Hawaiians. Initiatives like this offer us new opportunities and resources to help the people of Hawaii.

Mr. Chairman, I'm also looking forward to the implementation of a reconciliation process between Native Hawaiians and the Federal Government. Reconciliation efforts between the United States and

Native Hawaiians were called for in Public Law 103-150 the Apology Resolution.

Just last month the Department of Interior designated an official to work on implementing a reconciliation process. The Department of Justice has also designated an official to assist with the implementation of Public Law 103-150. Although the process is still in its infancy it is another step towards improving the future of Native Hawaiians.

As such, I look forward to this hearing and to hear the witnesses discuss the reauthorization of Native Hawaiian Education Act, the Native Hawaiian Health Act, and in addition, Native Hawaiian employment and training programs.

I am confident that this information will be of great interest and will benefit all of us. Mahalo nui, Mr. Chairman.

Senator INOUE. I thank you very much, Senator Akaka.

May I now call upon Representative Mink.

OPENING STATEMENT OF REPRESENTATIVE PATSY MINK

Mrs. MINK. Thank you very much, Senator Inouye. I apologize for coming in late and missing your opening statement, but I thank you for this opportunity to be present here today.

These are Senate hearings. So I feel highly privileged to sit in and to participate and to offer a few questions along the way.

These hearings are very, very important. They will be recorded. They will constitute a major compendium of current thoughts and considerations that the Congress must take.

Too often the efforts of the Federal Government are neglected in the discussions of State-related issues in State forums.

So the Senator's initiative in convening this session gives us this marvelous opportunity to focus strictly upon the Federal attention that these matters have had in the past and must take in the future.

So I look forward to all witnesses that have been called to testify today. And I'm sure that the Congress, my body included, will learn a great deal. Thank you very much, Senator.

Senator INOUE. Thank you very much, Representative Mink. I'd like to advise the first panel that the committee will be submitting questions of a technical nature because of statistical information.

However, I have just a few questions I'd like to ask. Dr. LeMahieu, the Heluhelu program, this is a new initiative, isn't it? Have you had enough experience to give us some reading on it?

Dr. LEMAHIEU. No. As a matter of fact in preparing my statements, one of the things that I tried to push my staff was to provide any evaluation and statistical data that might speak to that. And, unfortunately, given its newness and the time that we've had to look at it it just doesn't exist yet.

Senator INOUE. If I may ask, Dr. Anderson. About 20 years ago after meeting with teachers and the organization of teachers I was told that large numbers of Native Hawaiian children were either inattentive in classes or not participating in school activities.

I called upon the infant Alu Like organization, at that time, to conduct a study. And the study showed that an extremely high percentage of young children in Nanakuli, for example, had otitis. And in some cases they were totally deaf.

But the educational system had no way of determining the degree of deafness. As a result they weren't listening to anything and they were sitting in the back.

Do you have any information on the statistics of otitis at this time?

Dr. ANDERSON. What was that you said? [Laughter.]

No, I apologize I don't. We have some representatives from the Department, though, in the audience here. Maybe I could ask anyone who does know anything about that. Not seeing anyone.

Senator INOUE. Well, we will be submitting that question to you.

Dr. ANDERSON. I will be happy to get back to you any statistics we have on that. I did have a chance to go to a training program in Harvard just 2 weeks ago with my fellow health directors.

This problem of hearing in the schools is apparently a national program unrecognized. But now proposals being made across the country to screen children over the country to see if they are, in fact, deprived of any hearing that might affect their education.

I think that might be something we would want to look into here. But I do have the statistics for you. I will try to get you some.

Senator INOUE. Ms. Akiba, at the present time the national unemployment rate is 4.3 percent. What is the unemployment rate in the State of Hawaii?

Ms. AKIBA. Last month's total was about 6.2 percent statewide but there are pockets, of course, on the other islands, particularly in areas of Moloka'i, the Big Island and Kaua'i that are much higher. But the statewide average was 6.2 percent.

Senator INOUE. Do you have this statistic broken down in ethnic groups? If so, what is the Native Hawaiian unemployment?

Ms. AKIBA. I think if we were to look through our, actually combining our sources of data through some of our welfare-to-work databases we would find the unemployment rate is much higher among Native Hawaiians as well as other Pacific Islanders who are currently either unemployed or underemployed at a statistically significant rate in comparison to other groups in Hawaii.

Senator INOUE. Would you be able to provide us with those numbers?

Ms. AKIBA. Yes, I think we would be able to provide you with the specific numbers.

[The information follows:]

LETTER FROM LORRAINE AKIBA

STATE OF HAWAII,
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS,
Honolulu, Hawaii, August 24, 1999.

The Honorable ARLEN SPECTER,
Chairperson, Senate Appropriations Committee, Subcommittee on Labor, Health, Education and Human Services, Dirksen Senate Office Building, Washington, DC.

DEAR SENATOR SPECTER: I am responding to questions raised at a Senate Appropriations Committee hearing held in Hawaii on August 16, 1999, which was presided by Senator Daniel K. Inouye.

In answer to Senator Inouye's question regarding the employment statistics for people of Hawaiian ancestry, I am enclosing a copy of our most recent Labor Force Information for the period ending June, 1999. The information includes employment data about various ethnic groups residing in Hawaii, including Hawaiians.

With respect to Representative Mink's question about the selection process for Hawaii's Job Corp program, according to information received from USDOL regional staff, the selection is determined through a Request for Proposal (RFP) process. Hawaii's present Job Corp contract was awarded in February of 1997 and runs through February, 2002.

We appreciate the opportunity to present information about federal programs which are very important to the Department of Labor and Industrial Relations and the State of Hawaii. If I can be of any further assistance, please call me at (808) 586-8844.

Very truly yours,

LORRAINE H. AKIBA,
Director.

LABOR FORCE INFORMATION BY SEX AND RACE

State of Hawaii, January - June 1999 Average

SEX AND RACE	CIVILIAN LABOR FORCE			PERCENT DISTRIBUTION			UNEMPLOYMENT RATE
	EMPLOYED	UNEMPLOYED	CIVILIAN LABOR FORCE	EMPLOYED	UNEMPLOYED	100.0%	
BOTH SEXES (incl. Hispanic)	598,700	34,700	100.0%	100.0%	100.0%	5.8%	
WHITE	185,300	11,900	32.6	32.5	34.2	6.1	
ASIAN/PACIFIC ISLANDER	384,300	21,150	64.2	64.4	61.0	5.5	
Japanese	148,750	4,100	24.8	25.7	11.8	2.7	
Filipino	98,400	9,150	16.4	16.3	18.4	6.5	
Hawaiian	68,100	6,500	11.4	10.9	19.0	9.7	
Chinese	39,350	3,700	6.6	6.7	4.6	4.0	
Korean	13,000	1,250	2.2	2.2	2.2	5.8	
Other A/P Islander	16,650	1,700	2.8	2.6	5.0	10.3	
BLACK	7,600	6,900	1.3	1.2	1.9	8.7	
AMER. INDIAN/ESKIMO/ALEUT	2,900	2,600	0.5	0.5	0.8	9.7	
OTHER RACE	8,650	7,950	1.4	1.4	2.0	8.2	
MINORITY GROUP	403,400	380,600	67.4	67.5	65.8	5.7	
HISPANIC (all races)	36,500	32,950	6.1	5.8	10.3	9.8	
FEMALES (incl. Hisp.)	283,250	15,750	100.0%	100.0%	100.0%	5.6%	
WHITE	89,950	8,900	31.8	31.4	38.5	6.7	
ASIAN/PACIFIC ISLANDER	184,400	175,500	65.1	65.6	56.3	4.8	
Japanese	71,000	69,550	25.1	26.0	9.1	2.0	
Filipino	48,500	46,800	17.1	17.1	17.1	5.5	
Hawaiian	32,050	29,150	11.3	10.9	18.3	9.0	
Chinese	18,500	17,800	6.5	6.7	4.4	3.8	
Korean	7,050	6,600	2.5	2.5	2.6	5.9	
Other A/P Islander	7,300	6,550	2.6	2.4	4.7	10.3	
BLACK	3,750	3,450	1.3	1.3	2.1	8.7	
AMER. INDIAN/ESKIMO/ALEUT	1,450	1,300	0.5	0.5	1.0	10.7	
OTHER RACE	3,750	3,400	1.3	1.3	2.1	8.8	
MINORITY GROUP	193,300	183,650	68.2	68.6	61.5	5.0	
HISPANIC (all races)	17,100	15,500	6.0	5.8	10.2	9.4	
Percent of both sexes	47.3%	47.4%	45.4%	45.4%	45.4%	8.8	

NOTE: Employed and unemployed based on 1990 Census ratios. Totals may not add due to rounding. Percent Distribution and Unemployment Rates were based on raw data.
 SOURCE: Research and Statistics Office, Hawaii State Dept. of Labor and Industrial Relations.
 8/17/98

LABOR FORCE INFORMATION BY SEX AND RACE
 Honolulu MSA, January - June 1999 Average

SEX AND RACE	CIVILIAN LABOR FORCE				PERCENT DISTRIBUTION			UNEMPLOYMENT RATE
	EMPLOYED	UNEMPLOYED	LABOR FORCE	PERCENT	EMPLOYED	UNEMPLOYED	PERCENT	
BOTH SEXES (Incl. Hispanic)	430,050	21,800	100.0%	100.0%	100.0%	100.0%	5.1%	
WHITE	126,000	6,950	29.3	29.3	31.8	31.8	5.5	
ASIAN/PACIFIC ISLANDER	289,300	13,600	67.3	67.3	62.4	62.4	4.7	
Japanese	117,100	2,950	27.2	27.2	28.0	28.0	2.5	
Filipino	66,850	3,900	15.5	15.5	19.4	17.8	5.8	
Hawaiian	43,350	3,450	10.1	9.8	15.8	15.8	7.3	
Chinese	35,700	1,250	8.3	8.4	5.8	3.6	3.6	
Korean	12,100	11,400	2.8	2.8	3.2	3.2	5.8	
Other A/P Islander	14,200	12,850	3.3	3.1	6.2	3.1	9.5	
BLACK	7,100	6,500	1.6	1.6	2.8	2.8	8.5	
AMER. INDIAN/ESKIMO/ALEUT	1,850	1,750	0.4	0.4	0.7	0.7	7.8	
OTHER RACE	5,800	5,300	1.4	1.3	2.3	2.3	8.7	
MINORITY GROUP	304,050	14,850	70.7	70.8	68.2	68.2	4.9	
HISPANIC (all races)	23,450	2,100	5.5	5.2	9.5	9.5	8.9	
FEMALES (Incl. Hisp.)	206,700	10,100	100.0%	100.0%	100.0%	100.0%	4.9%	
WHITE	59,300	3,600	28.7	28.3	35.4	35.4	6.0	
ASIAN/PACIFIC ISLANDER	140,150	5,900	67.8	68.3	56.2	56.2	4.2	
Japanese	56,400	1,050	27.3	26.2	10.4	10.4	1.9	
Filipino	33,450	1,700	16.1	16.1	17.0	17.0	5.1	
Hawaiian	20,600	1,550	10.0	9.7	15.5	15.5	7.8	
Chinese	16,800	600	8.1	8.2	5.7	3.4	3.4	
Korean	6,500	400	3.2	3.1	3.8	3.8	5.9	
Other A/P Islander	6,350	600	3.1	2.9	5.8	5.8	9.3	
BLACK	3,650	3,300	1.8	1.7	3.2	3.2	9.0	
AMER. INDIAN/ESKIMO/ALEUT	850	800	0.4	0.4	0.5	0.5	6.2	
OTHER RACE	2,800	2,550	1.3	1.3	2.6	2.6	9.3	
MINORITY GROUP	147,400	140,900	71.3	71.7	64.6	64.6	4.4	
HISPANIC (all races)	11,450	1,000	5.5	5.3	10.0	10.0	8.8	
Percent of both sexes	48.1%	48.2%	46.3%	46.3%	.....	.....	.....

NOTE: Employed and unemployed based on 1990 Census ratios. Totals may not add due to rounding. Percent Distribution and Unemployment Rates were based on raw data.
 SOURCE: Research and Statistics Office, Hawaii State Dept. of Labor and Industrial Relations.
 8/17/99

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LABOR FORCE INFORMATION BY SEX AND RACE
Hawaii County, January - June 1999 Average

SEX AND RACE	CIVILIAN LABOR FORCE			PERCENT DISTRIBUTION			UNEMPLOYMENT RATE
	EMPLOYED	UNEMPLOYED	LABOR FORCE	EMPLOYED	UNEMPLOYED	100.0%	
BOTH SEXES (incl. Hispanic)	88,150	8,250	100.0%	100.0%	100.0%	100.0%	9.2%
WHITE	28,200	2,450	41.8	41.8	39.1	39.1	8.7
ASIAN/PACIFIC ISLANDER	38,200	3,600	56.0	55.8	57.7	57.7	9.4
Japanese	14,950	1,450	21.9	23.2	9.4	9.4	3.9
Filipino	8,850	7,800	13.0	12.8	17.1	17.1	12.1
Hawaiian	11,400	9,800	16.7	16.0	23.7	23.7	13.0
Chinese	1,550	1,350	2.3	2.2	3.1	3.1	12.6
Korean	450	400	0.7	0.7	0.6	0.6	8.8
Other A/P Islander	950	750	1.4	1.2	3.7	3.7	24.1
BLACK	150	150	0.2	0.2	0.3	0.3	12.0
AMER. INDIAN/ESKIMO/ALEUT	350	50	0.5	0.5	0.8	0.8	13.4
OTHER RACE	1,250	150	1.9	1.8	2.1	2.1	10.4
MINORITY GROUP	40,000	38,150	58.8	58.4	60.9	60.9	9.5
HISPANIC (all races)	5,300	4,450	7.8	7.2	13.5	13.5	16.9
FEMALES (incl. Hisp.)	31,100	2,800	100.0%	100.0%	100.0%	100.0%	9.0%
WHITE	12,560	1,200	40.3	40.1	42.5	42.5	9.5
ASIAN/PACIFIC ISLANDER	17,850	1,550	57.4	57.6	55.8	55.8	8.7
Japanese	7,050	200	22.8	24.1	7.2	7.2	2.9
Filipino	4,200	3,750	13.5	13.2	16.4	16.4	10.9
Hawaiian	5,350	4,700	17.2	16.8	22.8	22.8	11.9
Chinese	850	550	2.1	1.9	3.5	3.5	16.0
Korean	300	250	0.9	0.9	0.8	0.8	9.4
Other A/P Islander	350	250	1.2	1.2	0.8	0.8	36.7
BLACK	50	50	0.1	0.1	0.0	0.0	0.0
AMER. INDIAN/ESKIMO/ALEUT	200	200	0.7	0.7	0.5	0.5	6.8
OTHER RACE	450	400	1.5	1.5	1.3	1.3	7.9
MINORITY GROUP	18,550	1,600	59.7	59.8	67.5	67.5	8.7
HISPANIC (all races)	2,300	2,000	7.4	7.0	11.8	11.8	14.2
Percent of both sexes	45.8%	45.7%	44.7%	44.7%	44.7%	44.7%	44.7%

* Less than 25.
NOTE: Employed and unemployed based on 1990 Census ratios. Totals may not add due to rounding. Percent Distribution and Unemployment Rates were based on raw data.
SOURCE: Research and Statistics Office, Hawaii State Dept. of Labor and Industrial Relations.
8/17/99

LABOR FORCE INFORMATION BY SEX AND RACE
Maui County, January - June 1995 Average

SEX AND RACE	PERCENT DISTRIBUTION						UNEMPLOYMENT RATE
	CIVILIAN LABOR FORCE	EMPLOYED	UNEMPLOYED	CIVILIAN LABOR FORCE	EMPLOYED	UNEMPLOYED	
BOTH SEXES (incl. Hispanic)	70,860	66,550	4,350	100.0%	100.0%	100.0%	6.1%
WHITE	30,050	28,350	1,700	42.4	42.6	39.4	5.7
ASIAN/PACIFIC ISLANDER	39,050	36,590	2,500	55.1	54.9	57.4	6.4
Japanese	11,200	10,950	250	15.8	16.5	6.1	2.4
Filipino	14,950	14,100	900	21.1	21.2	20.3	5.9
Hawaiian	9,750	6,850	1,100	13.8	13.0	25.7	11.4
Chinese	1,500	1,400	100	2.1	2.1	2.2	6.3
Korean	350	350	*	0.5	0.5	0.4	4.9
Other A/P Islander	1,250	1,150	100	1.8	1.7	2.6	9.0
BLACK	250	250	0	0.4	0.4	0.0	0.0
AMER. INDIAN/ESKIMO/ALEUT	500	450	100	0.7	0.6	2.0	16.8
OTHER RACE	1,000	950	50	1.4	1.4	1.3	5.5
MINORITY GROUP	40,800	38,200	2,600	57.6	57.4	60.6	8.4
HISPANIC (all races)	4,950	4,650	300	7.0	7.0	8.8	5.9
FEMALES (incl. Hsp.)	31,750	29,950	1,800	100.0%	100.0%	100.0%	5.6%
WHITE	12,950	12,100	800	40.7	40.5	45.4	8.3
ASIAN/PACIFIC ISLANDER	16,150	17,300	650	57.3	57.8	48.8	4.8
Japanese	5,150	5,000	100	16.1	16.7	6.3	2.2
Filipino	7,150	6,850	300	22.5	22.9	16.2	4.1
Hawaiian	4,550	4,100	450	14.3	13.6	25.0	9.9
Chinese	750	750	0	2.3	2.4	0.0	0.0
Korean	200	200	0	0.6	0.6	0.0	0.0
Other A/P Islander	450	450	0	1.5	1.5	1.3	4.9
BLACK	50	50	0	0.2	0.2	0.0	0.0
AMER. INDIAN/ESKIMO/ALEUT	300	200	100	0.9	0.7	4.8	29.6
OTHER RACE	300	300	*	0.9	0.9	1.0	5.9
MINORITY GROUP	19,800	17,850	1,000	59.3	59.5	54.6	5.2
HISPANIC (all races)	2,150	2,000	150	6.7	6.7	7.3	6.1
Percent of both sexes	44.8%	45.0%	41.4%	.....	.....	.....	.....

* Less than 25.
 No. of Employed and unemployed based on 1990 Census ratios. Totals may not add due to rounding. Percent Distribution and Unemployment Rates were based on raw data.
 SOURCE: Research and Statistics Office, Hawaii State Dept. of Labor and Industrial Relations.
 8/17/98

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LABOR FORCE INFORMATION BY SEX AND RACE
Kauai County, January - June 1999 Average

SEX AND RACE	CIVILIAN LABOR FORCE	PERCENT DISTRIBUTION				UNEMPLOYMENT RATE
		EMPLOYED	UNEMPLOYED	EMPLOYED	UNEMPLOYED	
BOTH SEXES (incl. Hispanic)	29,600	27,250	2,350	100.0%	100.0%	7.9%
WHITE	11,050	10,250	800	37.3	37.6	34.3
ASIAN/PACIFIC ISLANDER	17,750	16,300	1,500	60.0	58.8	63.3
Japanese	5,500	5,250	300	16.6	19.2	12.1
Filipino	7,750	7,150	600	26.2	26.2	7.9
Hawaiian	3,500	3,050	550	11.1	11.1	23.3
Chinese	600	550	0	2.0	2.1	3.7
Korean	100	100	0	0.3	0.3	0.0
Other A/P Islander	250	250	0	0.9	0.9	0.8
BLACK	100	50	50	0.3	0.2	1.7
AMER. INDIAN/ESKIMO/ALEUT	150	150	0	0.5	0.5	0.0
OTHER RACE	550	550	*	1.9	2.0	0.6
MINORITY GROUP	18,550	17,000	1,550	62.7	62.4	65.7
HISPANIC (all races)	2,800	2,450	350	9.5	8.9	16.0
FEMALES (incl. Hisp.)	13,700	12,650	1,050	100.0%	100.0%	7.7%
WHITE	5,150	4,700	500	37.8	37.1	45.9
ASIAN/PACIFIC ISLANDER	6,200	7,850	550	59.9	60.5	52.7
Japanese	2,450	2,350	50	17.7	18.6	7.0
Filipino	3,700	3,500	200	27.1	27.6	21.0
Hawaiian	1,600	1,350	250	11.5	10.6	22.6
Chinese	350	300	0	2.4	2.4	2.1
Korean	50	50	0	0.4	0.4	0.0
Other A/P Islander	100	100	0	0.8	0.9	0.0
BLACK	50	50	0	0.3	0.3	0.0
AMER. INDIAN/ESKIMO/ALEUT	100	100	0	0.8	0.6	0.0
OTHER RACE	200	200	*	1.5	1.5	1.4
MINORITY GROUP	8,550	7,950	550	62.2	62.9	54.1
HISPANIC (all races)	1,200	1,050	150	8.8	8.5	13.1
Percent of both sexes	46.3%	46.4%	45.4%	.....	.....	.....

* Less than 25.
NOTE: Employed and unemployed based on 1990 Census ratios. Totals may not add due to rounding. Percent Distribution and Unemployment Rates were based on raw data.
SOURCE: Research and Statistics Office, Hawaii State Dept. of Labor and Industrial Relations.
8/17/99

UNEMPLOYED WELFARE RECIPIENTS

Contact: Edward Nishimura, Hawaii State Department of Human Services (DHS),
Research Office.

Date: August 16, 1999

Comments:

There is no unemployment rate of welfare recipients.

Based on income data, an assumption can be made as to those recipients who are unemployed. Data is not readily available by ethnicity and areas. A memorandum must be initiated by our Department's Director to the DHS' Director requesting such data. (Process may take two weeks before we can meet with DHS research staff to discuss request).

DHS is not able to determine if welfare unemployed are in the labor force and are available for work. DHS determination of unemployed differs from the Bureau of Labor Statistics definition of the unemployed.

Senator INOUE. Ms. Akana, do you have the document you can share with us on your statement that 65 percent of the children born today to Native Hawaiian parents are at risk?

Ms. AKIBA. Yes, Senator. Not with my testimony but I will be more than happy to have it to you this afternoon. It was information that is gathered to put together my speech.

[The information follows:]

LETTER FROM ROWENA AKANA

STATE OF HAWAII,
OFFICE OF HAWAIIAN AFFAIRS,
Honolulu, Hawai'i, August 16, 1999.

BETILOU TAYLOR,

Clerk, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, Committee on Appropriations, C/O Office of Senator Inouye, Prince Kuhio Federal Building, Room 7-212, 300 Ala Moana Boulevard, Honolulu, Hawaii.

DEAR MS. TAYLOR: In my testimony before the Subcommittee Hearing held August 16, 1999 in Honolulu, Hawaii, I included the following: "Based on statistics reported by the State's Healthy Start Program, of every 100 Hawaiian children born today, 65 begin life 'at risk'". Following my testimony, Senator Inouye asked that I provide to the Subcommittee the underlying documentation for that statement.

In reviewing the statement in question, it appears that the emphasis was changed in the editorial process. Based on the supporting documentation, the statement was to read: "Based on statistics reported by the State's Healthy Start Program, of every 100 children identified as 'at risk', 65 are Native Hawaiian."

The source of this statement, as corrected, is data reported by the Hawaii Department of Health as reported in the Native Hawaiian Data Book (1998), p. 296. A copy of that page and other relevant pages from the Data Book are attached.

While the implication of my original statement (that 65 percent of all Hawaiian children are born "at risk") is incorrect, the ratio of Hawaiian children identified as "at risk" relative to other children is equally shocking. As documented in the attachments, the rate of "at risk" identification for Hawaiian children is 6.5 times higher than children of Filipino ancestry, almost 16 times higher than children of Caucasian ancestry, 54 times higher than children of Japanese ancestry and 325 times higher than children of Chinese ancestry. This dramatic over-representation of Hawaiian children among the ranks of "at risk" infants cries out for attention at all levels of government.

In sum, I apologize for the error of emphasis in my August 16 testimony. However, I believe that the information provided above points in the same direction I urged in my original testimony—the health needs of our Hawaiian community, with particular reference to our Hawaiian children, demand the immediate and meaningful attention of the Federal Government. The Office of Hawaiian Affairs stands ready to work with the Congress and the Federal Executive Branch to address the needs of the Hawaiian community.

For your convenience, I have enclosed a corrected copy of my testimony and electronic copies in both Word 97 and WordPerfect 8.0. Should you require any addi-

tional information or documentation, please contact Mr. Kina Akana, my Chief-of-Staff, at (808) 594-0202.

Sincerely,

ROWENA AKANA,
Chair, Board of Trustees.

CHILD ABUSE AND NEGLECT

TABLE 5.14.—NEWBORNS AND THEIR FAMILIES SERVED BY THE HEALTHY START PROGRAM, DOH, FISCAL YEAR 1992-93 TO FISCAL YEAR 1996-97

Families	Fiscal year—				
	1992-93	1993-94	1994-95	1995-96	1996-97
Screened	7,732	9,655	9,082	9,090	9,220
Screened Positive	3,847	4,994	4,847	5,044	5,370
Assessed	3,170	3,800	3,816	3,764	4,094
Estimated High Risk ¹	2,360	3,002	3,045	2,777	2,101
Documented High Risk	1,945	2,284	2,397	2,072	2,874
Accepted Services	881	1,011	1,165	762	1,217

¹ Estimated High Risk (Screened Positive/Assessed) × Documented High Risk. This includes a projection of High Risk Children among missed Assessment attempts as well as Documented High Risk Children.

Source: Hawai'i State, Department of Health, Healthy Start Program. Special Tabulation.

Approximately half of all births throughout the state receive hospital based screening for factors associated with family dysfunction. Of the 9,220 families screened during fiscal year 1996-97, 4,094 families (44.4 percent) were found to have risk factors that could lead to child abuse or neglect. These families were interviewed using a Family Stress Checklist to determine if the family is at risk for child abuse and neglect. A total of 2,101 families (22.8 percent) were assessed to be at risk and were offered home intervention services. Of this number, 1,217 families were admitted to a program for intervention services.

TABLE 5.15.—GEOGRAPHIC DISTRIBUTION OF FAMILIES IDENTIFIED AT ESTIMATED HIGH RISK BY THE HEALTHY START PROGRAM, DOH, FISCAL YEAR 1993-93 TO FISCAL YEAR 1996-97

(In percent)

Island/Program Site	Percent Estimated High Risk				
	Fiscal year—				
	1992-93	1993-94	1994-95	1995-96	1996-97
O'ahu:					
Central O'ahu CFS	20.1	22.9	24.8	27.0	28.4
Diamond Head HFSC	26.8	30.1	29.3	28.3	26.3
'Ewa HFSC	27.4	25.5	29.3	28.8	25.1
Kalihi Pālana	42.9	43.1	47.7	40.2	42.1
North Shore C.C.			30.0	37.1	97.7
Wai'anae CFS	47.0	53.6	57.3	52.8	27.6
Windward PACT	27.6	29.8	36.4	33.3	51.4
Ko'olauloa					32.9
Hawai'i:					
Hilo FSS	44.2	36.2	37.3	36.5	32.5
Puna FSS	55.5	46.2	47.6	35.5	40.7
West Hawai'i FSS	27.1	28.1	31.0	20.5	35.9
Kauai'i: Kauai'i CFS	34.6	32.6	27.9	20.4	22.9
Lāna'i: Lāna'i			38.1	38.1	17.0
Mau: Maui FSS	19.4	23.4	25.7	24.6	23.8
Moloka'i: Moloka'i FSS	(¹)	(¹)	(¹)	(¹)	73.0
Statewide	30.5	31.1	33.5	30.5	

¹ Pending.

Source: Hawai'i State, Department of Health, Healthy Start Program. Special Tabulation.

The percentage of high risk families out of the total screened population was highest in the North Shore area of O'ahu.

TABLE 5.16.—SERVICES AVAILABLE TO FAMILIES IDENTIFIED AT HIGH RISK BY THE HEALTHY START PROGRAM, DOH, FISCAL YEAR 1996–97

Service	At Admission		Direct Service		Refer Affected		Unduplicated Families Affected	
		Percent		Percent		Percent		Percent
Dental	203	14.8	34	2.5	116	8.5	279	20.4
Child Care	95	6.9	41	3.0	172	12.6	247	18.0
Respite Care	145	10.6	131	9.6	146	10.7	272	19.9
Financial	941	68.7	56	4.1	332	24.3	1,047	76.5
Emp/Adult School	128	9.4	46	3.4	175	12.8	273	19.9
Housing	278	20.3	69	5.0	146	10.7	388	28.0
Nutrition	902	65.9	87	6.4	420	30.7	1,067	77.9
Mental Health/Family Counsel	82	6.0	21	1.5	104	7.6	164	12.0
Support Group	166	12.1	330	24.1	346	25.3	503	36.7
PHN	234	17.1	36	2.6	170	12.4	346	25.3
Substance Abuse Treatment	56	4.1	8	.6	38	2.8	84	6.1
Women's Shelter	33	2.4	14	1.0	44	3.2	69	5.0
Legal	68	5.0	15	1.1	110	8.0	152	11.1
Material Assistance	294	21.5	609	44.5	658	48.1	817	59.7
Family Planning	511	37.3	846	61.8	682	49.8	1,177	86.0

Families active between 7/1/96 and 6/30/97 = 2,350; and served 12 or more months before 6/30/97 = 1,369.

Source: Hawai'i State, Department of Health, Healthy Start Program. Special Tabulation.

The Healthy Start Program assists parents to enhance child development and parent-child interaction and promotes positive parenting through home intervention services. The Healthy Start Program helps them to use community resources. The largest referrals were made for financial services to the Medicaid Program or the State Health Insurance Program (SHIP), other referrals directed parents to health care services, respite care services, Women, Infant and Children (WIC) and Expanded Food and Nutrition Education Program (EFNEP) nutrition services.

TABLE 5.17.—PERCENT DISTRIBUTION OF NEW BIRTHS IDENTIFIED AND ACCEPTED SERVICES FROM HEALTHY START PROGRAMS: FISCAL YEAR 1996–97

Child's Race	Island					Statewide	
	O'ahu	Maui	Hawai'i	Kana'i	Moloka'i		Percent
Black	13	4	4	1	.....	22	1.8
Caucasian	8	19	18	4	1	50	4.1
Chinese	1	.....	.....	1	.....	2	.2
Filipino	44	29	28	17	4	122	10.0
Hawaiian	386	124	233	41	7	791	65.0
Japanese	3	6	2	4	.....	15	1.2
Korean	1	.....	.....	.....	.....	1	.1
Mexican .....	.....	5	2	.....	.....	7	.6
Portuguese .....	.....	2	.....	2	.....	4	.3
Puerto/Hispanic	7	6	2	2	1	18	1.5
Samoa	42	2	3	.....	.....	47	3.9
Other Asian	8	.....	.....	.....	.....	8	.7
Other Pacific Isle	22	7	9	1	.....	39	3.2
Native American .....	.....	2	3	2	.....	7	.6
Other Mixed	66	2	9	.....	5	82	6.7

TABLE 5.17.—PERCENT DISTRIBUTION OF NEW BIRTHS IDENTIFIED AND ACCEPTED SERVICES FROM HEALTHY START PROGRAMS: FISCAL YEAR 1996–97—Continued

Child's Race	Island					Statewide	
	O'ahu	Maui	Hawai'i	Kana'i	Moloka'i		Percent
Vietnamese		1				1	.1
Unknown	1					1	.1
Total	602	209	313	75	18	1,217	.....

Source: Hawai'i State, Department of Health, Healthy Start Program, Special Tabulation.
 Early identification of families at risk is key to the Healthy Start Program. Eligible births throughout the state receive hospital-based screening for factors associated with family dysfunction. Over 65 percent of referrals to Healthy Start in fiscal year 1996–97 were Native Hawaiian newborns. In every region of Hawai'i, many Native Hawaiian newborns begin life in a potentially hazardous predicament, far higher than any other racial group. Fortunately, measures are being taken to identify high risk situations and offer support services.

Senator INOUE. Dr. Anderson, does that jive with your numbers? That 65 percent of Native Hawaiian children are born at risk?

Dr. ANDERSON. Let me ask, Claire, do you have any information that might be helpful in confirming that? Certainly that's not out of line when you look at the numbers that we see in high risk categories later on in life. But we will get the numbers to you.

Senator INOUE. Obviously I have many, many other questions I'd like to ask but because of the time factor may I now call upon Senator Akaka.

Senator AKAKA. Thank you very much, Mr. Chairman. But because of the time factor I'll follow your questions. I just want to ask Ms. Akiba, the information you will be providing the committee would include a breakdown of Native Hawaiians unemployed on each island?

Ms. AKIBA. We'll try to provide that to you per island. I'm not sure if we will be able to provide it per island but we will at least have Native Hawaiian data for the State.

Senator AKAKA. Thank you.

Senator INOUE. Representative Mink.

Mrs. MINK. Thank you very much. Of course lots of questions. But one specific challenge that Ms. Akiba made to us in the Congress had to do with the Job Corps. And I wonder if you could elaborate on that specifically what the difficulties are in the transfer over to the State and if the State is willing to run the Job Corps?

Ms. AKIBA. I think at this point the procedure is basically one like a request for proposal, like an RFP process. Then an appropriate applicant for the RFP award would apply.

I think in the past there's been a problem in terms of capacity here for the State alone to run it. I don't know if there might be other appropriate private sector organizations, community-based organizations or other entities locally that have the same capabilities as the Utah-based organization which currently runs Hawaii Job Corps as well as other Job Corps across the country.

I'm posing the question to the delegation to perhaps re-look at this and maybe provide an opportunity for Hawaii's community-based organizations and others who might be in a position now to be able to take on the program and provide quality services, and

continue the quality direction of the Job Corps but also with a local emphasis.

Mrs. MINK. What is the Federal impediment right now that prevents the State from taking it over?

Ms. AKIBA. I'm not sure if it's totally funding. As I understand it it was funding limitations and just the economies of scale in the past. I think, perhaps, if the RFP process were to encourage more local people or local organizations to apply for the opportunity to be looked at as a potential organization that could manage the job, and run the Job Corps programs.

Mrs. MINK. Could you supply the specifics as to what changes are in order to make it possible for the State to run the program? I would certainly want to support that. Thank you.

Ms. AKIBA. I will.

Senator INOUE. Thank you very much. Before calling upon the next panel, I just want to advise those who may be interested that in 1959 when the Omnibus Statehood Act was passed and became law of the land, the Federal Government transferred title and administrative responsibilities of the homestead lands to the State of Hawaii.

However, in doing so it required that the State submit to the Federal Government all changes to that law, the Kuhio Law.

That has been the precedent and the custom where the State legislature would pass legislation and forward it to the Congress. The Congress in turn would either approve or disapprove.

Accordingly, if the State of Hawaii is desirous of changing the blood quantum requirements set forth in the Kuhio Law, I would suggest that you call upon your State legislature, after adequate debate, decide upon what quantum you wish and forward that to the Congress of the United States.

I think it would be wholly inappropriate for the Congress to initiate this change. It is a change that should be initiated in the State of Hawaii.

With that I'd like to thank the first panel and we will be submitting questions as I noted. Thank you.

Panel No. 2 consists of the following: The chairman of the board of directors of Papa Ola Lokahi, Mr. Myron Thompson; and Mr. Herb Campos and Ms. JoAnn Tsark of Papa Ola Lokahi; Dr. Naleen Andrade, department of psychiatry, John A. Burns School of Medicine, Dr. Chiyome Fukino, of E Ola Mau; Ms. Elizabeth Giesting, executive director of the Hawaii State Primary Care Association.

STATEMENT OF MYRON THOMPSON, CHAIRMAN, BOARD OF DIRECTORS, PAPA OLA LOKAHI

Senator INOUE. Now if I may proceed. May I call upon Mr. Myron Thompson, chairman of the board of Papa Ola Lokahi.

Mr. THOMPSON. Aloha, Senator Inouye, Senator Akaka, Congresswoman Mink, your very capable staff from your respective offices as well as the different departments of the United States.

I am Myron, "Pinky" Thompson. I'm actively involved with some of the governing boards of the Native Hawaiian organizations who will be presenting their testimonies to you today.

They will be describing the impact that federally funded Native Hawaiian programs have had on the indigenous people of Hawaii.

In brief, our history depicts how the Native Hawaiians went from being a self-sustaining society of over 800,000 people who are healthy safe and productive to 90,000 individuals who lost their form of government, land, culture, language, health and overall sense of self worth in a matter of just over 200 years.

The U.S. Government understands the demise of the Native Hawaiian people in their own homeland and recognizes Native Hawaiians as having a trust relationship with the U.S. Government similar to that of other Native American people by the passage of 166 laws.

Through various Native Hawaiian programs funded by the Federal Government many Native Hawaiians have changed their lives for the better.

Public school kindergarten entrance scores for children who participated in our family-based educational center programs increased from the 11 percentile to the 30 percentile. Non-Hawaiian children tested out at the 18 percentile.

Higher education enrollment of Native Hawaiian students at the University of Hawaii system grew over 50 percent over the past decade, now making up 13.6 percent of the student body, an all-time high.

Native Hawaiian job placement rate in 1998 was 73 percent compared to the U.S. Department of Labor's recommended performance standard of 52 percent.

Native Hawaiian's substance abuse prevention projects working with offenders and ex-offenders resulted in a recidivism rate of 5 percent compared to the State's 60 percent for the same target group.

Ninety-two Native Hawaiians received scholarships for advanced health professional education. Thirty Native Hawaiian physicians have now been trained through the Native Hawaiian Health Care Improvement Act.

Although Native Hawaiians still lead the statistics for social, health and education ills, today we also have more Native Hawaiians serving in leadership positions in government, education, business, military and so forth than we have ever had in the past. This trend has only recently started to make an impact.

Much, much more is needed to break free from the multigenerational cycle of interpsyche depression. We are now at a point where we must shift from treatment to prevention. And it is the Federal funds for Native Hawaiian programs that have given us this opportunity to make that shift.

Native Hawaiian programs that will be coming before you are actively pursuing their goals toward long-term productivity.

It is our desire that in time many of the Native Hawaiian programs as they exist today will not be necessary tomorrow as Native Hawaiians improve their quality of life and are once again healthy, safe and productive in their own special island home.

Your continued support to these Native Hawaiian programs at this time is needed to achieve our common vision of success.

We have a sense that much of the success in what these organizations have achieved for Native Hawaiians is transferable and adaptable to other communities and countries.

We seek your assistance in achieving this outcome, thus reaping greater and broader benefit from the financial investment by our Federal Government.

Collectively we have a vision and we need your assistance to bring it about. Our vision is that Native Hawaiians are once again healthy, safe, and productive. With the continued investment in Native Hawaiians by the Federal Government at this time we will be able to realize our vision and beliefs in what we are doing.

We believe that as individuals Native Hawaiians will be strong in body, mind and spirit, rooted in the values of Hawaii, achieve harmony and spiritual connection with their families and communities, be effective leaders and responsible citizens and attain self-reliance.

We believe Native Hawaiian families who perpetuate Hawaiian culture and values have strong, successful relationships, support their healthy development and well-being of each member and achieve financial and economic success.

We believe the Native Hawaiian communities will have healthy environments, social harmony with cultural respect, dynamic leadership, civic responsibility and economic opportunities.

PREPARED STATEMENT

We envision Hawaii, our special island home, guided by the shared values of all of its people to be healthy, safe and productive.

Thank you for your continued support and for this opportunity to testify before you.

Senator INOUE. I thank you, Mr. Thompson.

[The statement follows:]

PREPARED STATEMENT OF MYRON THOMPSON

Aloha Senators of the Subcommittee and the Hawaii Congressional Delegation.

I am Myron "Pinky" Thompson, a Native Hawaiian and very proud of it. I am actively involved with many of the governing boards of the Native Hawaiian organizations that will be presenting their testimonies to you today. They will be describing the impact that federally funded Native Hawaiian programs have had on the indigenous people of Hawaii.

To better understand why the United States government has a "trust relationship" with the Native Hawaiians similar to Native Americans, one must understand a little of the history. Prior to 1778, Hawaii was home to an estimated population of over 800,000 people in a well-balanced social-economic system where Native Hawaiians were, for the most part, healthy, safe, and productive. With the "discovery" of the Hawaiian Islands by Captain James Cook in 1778, Hawaii eventually became a strategic location in trade shipping routes. Trading attracted a variety of "outsiders" to the islands: first for the sandalwood, then whaling, then missionaries, then as sugar and pineapple plantation owners. Over the years Native Hawaiians lost massive amounts of land to these "outsiders." At the same time, the indigenous population dropped to an estimated 90,000 as their health deteriorated with the introduction of diseases from which the Native Hawaiians were not naturally immune such as small pox, cholera, measles, etc. During this time of growth, the United States entered into a number of treaties and conventions with the Hawaiian monarchy recognizing that the Hawaiian Kingdom was indeed a sovereign entity.

In January 1893, a committee of planters and businessmen from the United States, with the active help of the United States Minister in Honolulu and the United States Navy, imprisoned the reigning monarch and overthrew the Kingdom of Hawaii. In 1898, Congress annexed Hawaii to the United States without the two-thirds Senate vote required for annexation by treaty. With the annexation, 1.8 mil-

lion acres of land was taken by the government and later transferred to the new territorial government of Hawaii. Since then, 166 bills regarding Native Hawaiians became law. In a 1993 Joint Resolution, Congress acknowledged that the 1893 overthrow of the Kingdom of Hawaii was "illegal."

Our history depicts how the Native Hawaiians went from being a self-sustaining society who were healthy, safe, and productive, to a people who lost much of their form of governance, land, culture, language, health, and heritage in a matter of just over 200 years. The United States government understands the demise of the Native Hawaiian people in their own home land and now recognizes Native Hawaiians as having a "trust relationship" with the United States government similar to that of other Native American people.

Through various Native Hawaiian programs funded by the federal government, many Native Hawaiians have changed their lives for the better:

- School readiness for Native Hawaiian preschoolers improved. Raised average Kindergarten vocabulary scores for Family Based Education Center participants to 30th percentile compared to 18th percentile for all State Department of Education schools and 11th percentile for all Hawaiian students. (Source: Kamehameha Schools report, 1995)
- Higher education enrollment rate of Native Hawaiian students at the University of Hawaii system grew over 50 percent over the past decade, now making up 13.6 percent of the student body, an all-time high. (Source: University of Hawaii, Institutional Research Office, 1997 enrollment)
- Native Hawaiian job placement rate in 1998 was 73 percent compared to the U.S. Department of Labor's recommended performance standard of 52 percent. (Source: ALU LIKE, Inc. Employment and Training report, August 1999)
- Native Hawaiian Substance Abuse Prevention Project working with offenders/ex-offenders resulted in a recidivism rate of 5 percent compared to the state's 60 percent for the same target group. (Source: Hawaii Paroling Authority)
- 92 Native Hawaiians received scholarships for advanced health professional education. 30 Native Hawaiian physicians have now been trained through the Native Hawaiian Health Care Improvement Act. (Source: Papa Ola Lokahi report, 1999)

Although Native Hawaiians still overwhelmingly lead the statistics for social, health, and education ills, today we also have more Native Hawaiians serving in leadership positions in government, education, business, military, etc. than we have ever had in the past. Even with this trend, the various Native Hawaiian programs only recently started to make an impact. Much, much more is needed to break free from the multi-generational dependency cycle. We are now at a critical junction to shift from treatment to prevention. Federal funds for Native Hawaiian programs thus far have planted the seeds and set into motion the forces necessary to turn the tide around. Now is not the time to halt or reduce funding but to increase—double, even triple—the investment to reap long-term and lasting outcomes. The Native Hawaiian programs that will be coming before you are actively pursuing their goals toward long-term productivity. It is our desire that in time, many of the Native Hawaiian programs as they exist today, will not be necessary tomorrow as Native Hawaiians improve their quality of life and are once again healthy, safe, and productive in their own special island home. Your continued support to these Native Hawaiian programs at this time is desperately needed to achieve our common vision of success.

Much of the successes in what these organizations are achieving for the Native Hawaiians are also transferable and adaptable to other communities and countries; thus reaping greater and broader benefit from the financial investment by the federal government.

Collectively, we have a vision and we need your assistance in bringing this about:

- We envision Hawaii, our special island home, as healthy, safe, and productive, and guided by the shared values of all its people.
- We believe that as individuals, Native Hawaiians will be strong in body, mind and spirit, rooted in the values of Hawaii; achieve harmony and spiritual connection with their families and communities; be effective leaders and responsible citizens; and attain self-reliance.
- We believe that Native Hawaiian families will perpetuate Hawaiian culture and values; have strong successful relationships; support the healthy development and well being of each member; and achieve financial and economic success.
- We believe the Native Hawaiian communities will have healthy environments; social harmony with cultural respect; dynamic leadership; civic responsibility; and economic opportunities.

I strongly urge this subcommittee to understand our vision and help us get there through increased and continued funding of Native Hawaiian programs. Thank you for this opportunity to testify before you.

STATEMENT OF HERB CAMPOS, PAPA OLA LOKAHI

Senator INOUE. May I now call on Mr. Herb Campos.

Mr. CAMPOS. Thank you, Senator. Aloha to you, Senator, and to the members of your subcommittee. And a very special aloha nui loa to the rest of the Hawaii delegation, Senator Akaka and Representative Mink. And especially, Senator Akaka, it's good to see you again after being with you in the Oval Office to see that historic signing. I'm sure it will do our people a lot of good.

We are particularly pleased to welcome you back, Senator Inouye, home for his health portion of the health agenda for you have shared with us and participated in our Native Hawaiian Health, Wellness Summit Aha in 1998, and, recently, our Native Health Forum held in February of this year.

My name is Herb Campos and I am an officer of the Papa Ola Lokahi, the board and directors, and president of the Native Hawaiian Health Care System for Maui, Hui No Ke Ola Pono.

In the few minutes available I would like to share with you the vision of our five Native Hawaiian Health Care Systems and Papa Ola Lokahi.

I will now review with you our accomplishments since the reauthorization of our Act in 1992, and put forth the challenges we see for the Native Hawaiian health in the future.

First, you need to know that Hawaii, known as the "health care state" is for many that. But not for Hawaiians. For many Hawaiians it's just the opposite. Though estimates may vary, currently Native Hawaiians without health insurance in Hawaii are as high as 30,000.

Further, the State is jeopardy of losing up to \$9 million in Federal aid for not initiating any program to take advantage of CHIP, the Children's Health Program. An estimated 12,000 Hawaiian children would be eligible for this program under current Federal guidelines.

Finally, some specific chronic disease rates for Native Hawaiians remain highest in the nation. Native Hawaiians of full Hawaiian ancestry have diabetes, morbidity rate approaching 65 percent.

Additionally, Native Hawaiians account for almost half of the State's asthma cases. In dental health, access to services, particularly preventive services which are non-existent for those without private dental service.

Presently the State's much praised Medquest program does not provide dental coverage for adults. Thus, adult Native Hawaiians without insurance and those on the State's Medquest program have no dental coverage.

These are but some of the multitude of health issues currently affecting Native Hawaiians in our State.

Mr. Myron Thompson has shared with you a vision for Native Hawaiians and that vision is shared by all of us in the Native Hawaiian health arena. As these islands' first people, the kanaka maoli, and our islands' host culture we Native Hawaiians have seen extreme changes and endured many hurts and wrongful acts,

yet we maintain our pride in who we are and a resilience uncommon in many native peoples.

You see, our culture, which has evolved for over a thousand years with its values, provides a solid foundation for living on islands in a balanced, healthy manner.

Presently, the stated congressional policy for Native Hawaiian health in the Native Hawaiian Health Care Improvement Act, and that for American Indians and Alaskan Native Health Care Improvement Act is similar: To raise the health status to the highest possible level and to provide all resources necessary to make this policy effective.

Yet, there is an extreme disparity in Federal funding to achieve this policy among our native peoples. By the Indian Health Service data, the Federal expenditure on a per capita basis for American Indians and Alaskan Natives is about \$1,200. For Native Hawaiians per capita is about \$16.

We hope that beginning with this year appropriation and into reauthorization period for the Native Hawaiian Health Care Improvement Act, consideration will be given to the Native Hawaiians achieving some degree of funding parity with American Indians and Alaskan Natives.

Now, let's look into our five Native Hawaiian health care systems. Each system serves as entry points for many Native Hawaiians into the Native health care system or as a first step toward a personal search for better health.

At the systems' core are culturally-competent and dedicated staff determined to make their respective Native Hawaiian communities much healthier.

Each system has a community-based board of directors, all of whom are Native Hawaiian ancestry and from their respective system's service area.

Together the systems since 1992 have provided a statewide network for health service delivery, and today provide services to over 20,000 Native Hawaiians. These services include outreach and case management whereby systems work with patients and clients to support their compliance in regards to medicine, doctors' appointments and referrals to specialists.

Screenings whereby systems provide and facilitate initial assessments for chronic diseases in cancer, diabetes, and cardiovascular disease.

Whereby systems access provide assistance to clients in need of health services but unable to receive such services whether because of lack of insurance, lack of transportation or feeling of an alienation from health care providers.

Lifestyle modification. Whereby the systems provide special programs focusing on diet and nutrition.

Primary care. Whereby systems provide clients with such care either by contract or direct service as with the Kaua'i system with dentistry.

Last but not least, traditional Native Hawaiian healing. Whereby systems refer clients to practitioners of traditional Native Hawaiian healing practices including lomi-lomi, la'au lapa'au and ho'oponopono.

The Native Hawaiian Health Care Systems include the island of Kauai, Ho'ola Lahui Hawaii, which serves native populations of the island of Kaua'i and Ni'ihau. Its executive director is David Peters.

Ke Ola Mamo which serve the native population of O'ahu, executive director Dexter Soares.

No Pu'uwai which serves the Native Hawaiian population of the island of Moloka'i and Lana'i. The executive director, Billy Akutagawa.

The island of Maui which serves the island's native population Hui No Ke Ola Pono, executive director Mei-Ling Chang.

Last but not least, of course is Hui Malama Ola Na 'Oiwī serving our largest island of Hawaii and its native population. The executive director there is Sonny Kinney.

Together through their work along with that of the community health centers and other service providers, Native Hawaiian morbidity rates for some cancers and diabetes have been reduced.

Health is now on the Native Hawaiian personal agenda. Preventive health practices including screenings, nutrition-based programs and personal health care have all now gained considerable acceptance in our Native Hawaiian community.

Papa Ola Lokahi, the consortium of public agencies and private non-profit organizations concerned with improving Native Hawaiian status, is like the birth mother for our Native Hawaiian system.

Since its formation in 1988 Papa has moved ahead with its multiple mandates identified in the Native Hawaiian Health Care Improvement Act.

This has included formulating the system and providing them with ongoing training and technical assistance, advocating for Native Hawaiian health issues and concerns on the local, national and international scenes, supporting research efforts focused on Native Hawaiian health concerns and issues, providing support to the Native Hawaiian Health Scholarship Program, and undertaking special demonstration projects which have important significance including projects in HIV/AIDS, traditional healing, and diabetes and cancer.

Papa Henry Auwae will discuss some of his thoughts as it relates to traditional healing.

Ms. JoAnn Tsark, research director for Papa Ola Lokahi's will discuss Papa's diabetes initiative in greater detail in her testimony.

Attached to my testimony today is a brief summary of the accomplishments to date of Papa Ola Lokahi and the other components of the Native Hawaiian initiative including the Native Hawaiian Health Systems and the Native Hawaiian Health Scholarship Program, if you look at attachment 1.

I also have noted in attachment the ongoing health disparities in the Native Hawaiian health community. The U.S. Surgeon's efforts to eliminate these disparities through the new Healthy People 2010 initiative, if you check attachment 2.

Finally, we have attached for your review the chronology of Native Hawaiian Health Care Improvement Act in attachment 3.

Our future challenge in Native Hawaiian health is clear. We need to find the keys to wellness for our people.

The Native Hawaiian Health Care Improvement Act has allowed us to begin that process. We are well on our way. Yet the journey is not complete. It is our hope that with the reauthorization that journey can be completed.

We are offering recommendations for some amendments to the existing legislation which we feel will enable us not only to better serve our people but, more importantly, to enable and empower all Native Hawaiians to take hold of the responsibility for their own health and wellness.

We know our challenge as a people is much larger than simply addressing those Native Hawaiian issues that are health-related.

Education and economic stability through employment, home ownership, and access and utilization of our natural resources from the land and sea are essential parts of the Hawaiian wellness and pono to our people.

Our challenge is to prepare this and future generations of Native Hawaiians for living in the 21st century both as a native people proud of our heritage, strong in our culture and its values, and as positive healthy citizens of the world contributing to our island society, making it a healthy and safe place in which to live.

PREPARED STATEMENT

On the behalf of the Native Hawaiian health care systems and Papa Ola Lokahi, thank you for giving us the opportunity to appear before you this morning. Aloha to all of you.

Senator INOUE. Thank you very much, Mr. Campos.

[The statement follows:]

PREPARED STATEMENT OF HERB CAMPOS

The Honorable Arlen Specter, Chairman: Aloha Mr. Chairman, Members of your Subcommittee, and Members of our Congressional Delegation: We are particularly pleased to welcome Senator Inouye home for this health portion of the agenda as he has participated with us in our islands' 'aha and the Native Hawaiian Health and Wellness Summit in 1998, and, most recently, our Native Hawaiian Health Forum held in February of this year.

My name is Herb Campos and I am an officer of the Papa Ola Lokahi board and President of the Native Hawaiian Health Care System for Maui, Hui No Ke Ola Pono. In the few minutes available to me I would like to share with you the vision of our five Native Hawaiian Health Care Systems and Papa Ola Lokahi, review with you our accomplishments since the reauthorization of our Act in 1992, and put forth the challenges we see for Native Hawaiian health in the future as we begin the new millennium.

HAWAII NOT THE HEALTH STATE FOR NATIVE HAWAIIANS

First, you need to know that Hawaii is not the "Health State" for many Native Hawaiians. Though estimates vary, currently, Native Hawaiians without any form of health insurance are as high as 30,000 people. Further, the State is in jeopardy of losing up to \$9 million in federal aid for not initiating any program to take advantage of CHIP, the Children's Health Insurance Program. An estimated 12,000 Native Hawaiian children would be eligible for this program under current federal guidelines. Finally, some specific chronic disease rates for Native Hawaiians remain the highest in the nation. Native Hawaiians of full Hawaiian ancestry have a diabetes morbidity rate approaching 65 percent. Additionally, Native Hawaiians account for almost half of this state's asthma cases. In dental health, access to services, particularly preventive services, are non-existent for those without private dental insurance. Presently, the state's much touted MEDQUEST program does not provide dental coverage for adults. Thus, Native Hawaiians without insurance and those on the state's MEDQUEST program have no dental coverage. These are but some of a multitude of health issues currently effecting Native Hawaiian health in our state.

NATIVE HAWAIIANS SEARCH FOR HEALTH FUNDING PARITY WITH OTHER NATIVE AMERICANS

Mr. Myron Thompson has shared with you a vision for Native Hawaiians . . . that vision is shared by all of us in the Native Hawaiian health arena. As these islands' first people, as native peoples, and as the host culture, Native Hawaiians have seen extreme changes and endured many hurts and wrongful acts, yet retain a pride in who we are and a resilience uncommon in many native peoples. You see, our culture which has evolved for over a thousand years with its values provides a solid foundation for living on islands in a balanced and healthful manner.

Presently, the stated Congressional policy for Native Hawaiian health as stated in the Native Hawaiian Health Care Improvement Act and that for American Indians and Alaskan Natives as stated in the American Indian Health Care Improvement Act is similar . . . "to raise the health status . . . to the highest possible level" and "to provide . . . all resources necessary to effectuate this policy." Yet, there is an extreme disparity in federal funding to achieve this policy among our native peoples. By Indian Health Service data, the federal expenditure on a per capita basis through the American Indian Health Care Improvement Act is about \$1,200 per capital for American Indians/Alaskan Natives. For Native Hawaiians through the Native Hawaiian Health Care Improvement Act the per capita expenditure is about \$16. We would hope that beginning with this year's appropriation and into the reauthorization period for the Native Hawaiian Health Care Improvement Act consideration will be given to Native Hawaiians achieving some degree of health funding parity with that for American Indians and Alaskan Natives.

THE NATIVE HAWAIIAN HEALTH CARE SYSTEMS

Our five Native Hawaiian Health Care Systems serve as entry points for many Native Hawaiians into the state's health care system or as a first step towards a personal search for better health. At the Systems' core are culturally-competent and dedicated staff determined to make their respective Native Hawaiian communities healthier. Each System has a community-based board of directors, all of whom are of Native Hawaiian ancestry and from their respective System's service area.

Together, the Systems since 1992 have provided a statewide network for health service delivery and, today, provide services to over 20,000 Native Hawaiians annually. These services include:

- Outreach and case management whereby Systems' staff work with patients and clients to support their compliance in regards to medicines, doctors' appointments, and referrals to specialists;
- Screenings whereby Systems' staff provide and facilitate initial assessments for chronic diseases in cancers, diabetes, and cardiovascular disease;
- Access whereby Systems' staff provide assistance to clients in need of health services but unable to receive such services whether because of lack of insurance, lack of transportation, or feeling of alienation from health care providers;
- Lifestyle modification whereby Systems' staff provide special programs focusing on diet and nutrition;
- Primary care whereby the Systems' provide clients with such care either by contract or direct service as with dentistry on Kaua'i; and
- Traditional Native Hawaiian healing whereby Systems refer clients to practitioners of the traditional Native Hawaiian healing practices, including lomilomi, la'au lapa'au, and ho'oponopono.

The Native Hawaiian Health Care Systems include:

- Ho'ola Lahui Hawaii which serves of populations of Kaua'i and Ni'ihau (Executive Director David Peters);
- Ke Ola Mamo which serves the population on O'ahu (Executive Director Dexter Soares);
- Na Pu'uwai which serves the populations of Moloka'i and Lana'i (Executive Director Billy Akutagawa);
- Hui No Ke Ola Pono which serves the population on Maui (Executive Director Mei-Ling Chang); and
- Hui Malama Ola Na 'Oiwi which serves the population on Hawaii (Executive Director Everett Sonny Kinney).

Together through their work along with that of the community health centers and other service providers, Native Hawaiian morbidity rates for some cancers and diabetes have been reduced and health is now on the Native Hawaiian personal agenda. Preventive health practices including screenings, nutrition-based programs, and personal health care have all now gained considerable acceptance in our Native Hawaiian community.

PAPA OLA LOKAHI

Papa Ola Lokahi, the consortium of public agencies and private non profit organizations concerned with improving Native Hawaiian health status, is like the "birth mother" for our Systems.

Since its formation in 1988, Papa has moved ahead with its multiple mandates identified in the Native Hawaiian Health Care Improvement Act. This has included formulating the Systems and providing them with ongoing training and technical assistance, advocating for Native Hawaiian health issues and concerns on the local, national, and international scenes, supporting research efforts focused on Native Hawaiian health concerns and issues, providing support to the Native Hawaiian Health Scholarship Program, and undertaking special demonstration projects which have important significance including projects in HIV/AIDS, traditional healing, and diabetes and cancer. Papa Henry Auwae, with whom we work closely, will discuss with you some of his thoughts as it relates to traditional healing. Papa Ola Lokahi's Research Director, Ms. JoAnn Tsark, will discuss the organization's diabetes initiative in greater detail in her testimony.

REAUTHORIZATION OF THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT

Our future challenge in Native Hawaiian health is clear. We need to find the keys to wellness for our people. The Native Hawaiian Health Care Improvement Act has allowed us to begin that process and we are well on our way. Yet the journey is not complete. It is our hope that with reauthorization, that journey can be completed. We are offering recommendations for some amendments to the existing legislation which we feel will enable us not only to better serve our clients but, more importantly, to enable and empower all Native Hawaiians to take hold of the responsibility for their own health and wellness.

OUR FUTURE CHALLENGE

We know our challenge as a people is much larger than simply addressing those Native Hawaiian issues that are health-related.

Education and economic stability through employment, home ownership, and access to and utilization of natural resources from the land and ocean are all essential parts of the "wellness" equation.

Our challenge is to prepare this and future Native Hawaiian generations for living in the 21st century, both as a native peoples, proud of their heritage, strong in their culture and its values, and as positive participatory healthy citizens of the world contributing to our island society making it a healthy and safe place in which to live.

On behalf of the Native Hawaiian Health Care Systems and Papa Ola Lokahi, thank you for giving us the opportunity to appear before you this morning. ALOHA.

STATEMENT OF JO ANN TSARK, PAPA OLA LOKAHI

Senator INOUE. May I now call on Ms. Tsark.

Ms. TSARK. Aloha to you, Senator Inouye, Senator Akaka and Representative Mink. Thank you for giving me the opportunity to testify today. But before I start I'd really like to acknowledge in your audience we have Papa Henry Auwae, one of our revered Hawaiian healers. I'd like to just acknowledge him, Papa Auwae.

I'm here today to give you a brief overview on three of the research and training initiatives that Papa Ola Lokahi is currently involved in. They are the Diabetes Today Resource Center for the Pacific which is funded by the Centers for Disease Control and Prevention.

The second is the Native Hawaiian Heart Health Initiative which is being spearheaded by Moloka'i General Hospital with support from both national and local resources.

The third is the Native Hawaiian Cancer Awareness Research and Training Network, which is a proposal pending at the National Cancer Institute.

These initiatives address the leading causes of deaths among Native Hawaiians in areas where previous testimony has certainly

told you there are great disparities in health when compared both locally and nationally.

The first, the Pacific Diabetes Today Training Center addresses diabetes mortality, which for Native Hawaiians is more than two times higher than the four major ethnic groups combined in the State. In fact it is 130 percent higher than the State all races rate.

If we disaggregate the Native Hawaiian statistics we know that pure Hawaiians bear the biggest burden. Their rates are almost 600 percent higher than the State all races. For part Hawaiians it's 79 percent higher than the State all races.

In 1994 diabetes was the 7th leading cause of death in the United States. If we examine it by ethnicity it was seven for Caucasian, African Americans, Chinese and Filipinos. It was six for Japanese. Fifth for Hawaiians. And for Native Hawaiian women the fourth leading cause of death.

The Pacific Diabetes Today Resource Center is a result of a contract with the Centers for Disease Control that Papa Ola Lokahi successfully competed for. It started last October in 1998 and will run for five years through September the year 2003.

The center is currently located at Papa Ola Lokahi with a sister office in Ponape and the Federated States of Micronesia.

The Hawaii area office serves Hawaii, the neighbor islands and American Samoa. And office in Micronesia, which is a subcontract with Micronesian Human Development Center. And you'll know that center as the one that previously ran the medical office and training program at Ponape.

They're serving the Republic of the Marshall Islands, the Commonwealth of the Northern Marianas, the Federated States of Micronesia, the Republic of Palau and the Territory of Guam.

Diabetes Today is a curriculum that was developed by the Centers for Disease Control. They've had it for 7 years and operationalizing it in the continental United States. The opportunity that we have with our resource center is sensitize that curriculum for Pacific audiences and provide training in the community to develop diabetes prevention and control programs.

It's an interactive process. And we were currently completing focus groups both in Micronesia and the neighbor islands.

Over the course of the next 4 years we will conduct 16 training sites and provide technical assistance to community-based initiatives. We're working with the Diabetes Control Program both in Hawaii and Micronesia who are then poised to provide funds to support programs in the community.

We know that diabetes contributes to heart disease which is the leading cause of death in the nation and particularly among Native Hawaiians.

For pure Hawaiians the mortality rates for cardiovascular disease is 282 percent higher than non-Hawaiians in our State. For part-Hawaiians it's 41 percent higher.

The second initiative, the Native Hawaiian health initiative, is actually one I'm very proud to talk about. It was initiated on the island of Moloka'i.

As you know in 1985 the Na Pu'uwai heart study was done. It still remains the only heart study in cardiovascular disease risk factors among Native Hawaiians. That program, then, through the

Native Hawaiian Health Care Systems utilized direct service delivery to provide at cardiovascular risk clinics.

Today it's a model that Na Pu'uwai on Moloka'i is sharing with all the islands, to not just look at their model because we know it's not a one-size-fit-all, but to look at what other islands are doing in the area of cardiovascular disease.

This program that Moloka'i General is doing—and I know there is a site visit scheduled to Moloka'i, so you'll get more information in depth—but it's supported by the National Heart, Lung, and Blood Institute, the Native Hawaiian Physicians Associations, which is newly formed which comprises approximately 63 members of the 191 Native Hawaiian physicians that we know of today.

Also Na Pu'uwai, the Office of Hawaiian Affairs, Papa Ola Lokahi, the Queen's Health Systems, the area health education centers and the Hawaii Medical Services Association.

Native Hawaiian Heart health initiative's short-term goals are to increase awareness on community-based interventions addressing heart disease and to involve Native Hawaiian physicians in community-based efforts.

We know that there's a handful of Native Hawaiian doctors that have devoted their life to community health and Hawaiian health statistics. The whole issue and the purpose of the Ahahui O Na Kauka newly formed Native Hawaiian Physicians Association is to involve more Native Hawaiian doctors in community efforts. The Heart Health Initiative is one of the first that they have really gotten involved in.

The long-term goal for the Hawaiian heart initiative is to develop a conceptual framework so we too can have a longitudinal study looking at prevention and control of heart disease for Native Hawaiian by Native Hawaiians.

The last initiative is our recent submittal to National Cancer Institute to establish a Native Hawaiian cancer awareness research and training network. This application was built on a series of leadership initiatives that NCI launched in 1989.

It currently funds one African American leadership initiative, two Hispanic and one Appalachian white initiative. The last round went out to all minorities, including Native American Indians, Native Hawaiians and Pacific Islanders and Asian Americans.

The grant was submitted in July and we expect to hear in March. It's a capacity building grant. The purpose is to increase cancer awareness among Native Hawaiians, increase accrual to and retention of Native Hawaiians in cancer clinical trials. Like other minority groups we know they're underrepresented in clinical trials. So any positive results that come out of these are not reflective of our population of rural communities.

The other is to increase the number of Native Hawaiian researchers. In this initiative we are partnering with institutions like the university at the Native Hawaiian Center of Excellence, the Pacific Biomedical Research Center and other areas that support Native Hawaiian researchers.

It's also to increase the number of research grants addressing cancer in Native Hawaiians and to establish participatory research protocol to support rigorous research that respectful of cultural beliefs, practices and customs. It's not the first time you've heard it.

Hawaiian communities are really tired of being guinea pigs in research. They would like to control and conduct research that's relevant and has immediate benefits to the community.

PREPARED STATEMENT

These projects reflect the research and training priorities that Papa Ola Lokahi is emphasizing in the reauthorization. That's to provide a clearinghouse for research and training opportunities, to develop and maintain an infrastructure to support participatory research that is relevant and respectful of Native Hawaiian communities, and to identify and provide venues for the development of Native Hawaiian researchers. Thank you.

Senator INOUE. Thank you, very much, Ms. Tsark.

[The statement follows:]

PREPARED STATEMENT OF JOANN TSARK

Aloha Mr. Chairman, members of your Subcommittee and members of our Hawaii Congressional Delegation: My name is JoAnn Tsark and I am here on behalf of Papa Ola Lokahi, where I serve as the Research Director.

In addition to the testimony by Mr. Myron Thompson and Mr. Herb Campos, I would like to give you a brief overview of 3 research and training initiatives that Papa Ola Lokahi is currently involved in.

They address leading causes of death among Native Hawaiians—areas where there are great disparities in health when compared to both local and national populations.

The three initiatives are:

- Pacific Diabetes Today Resource Center, funded through a contract with the Centers for Disease Control and Prevention,
- Native Hawaiian Heart Health Initiative, spearheaded by Moloka'i General Hospital with support from the National Institutes of Health—National Heart Lung and Blood Institute, The Queens Medical Center, the Association of Native Hawaiian Physicians (A'ahui O Na Kauka), the Hawaii Medical Services Association, and others; and
- Native Hawaiian Cancer Awareness Research and Training Network, a proposal recently submitted for consideration to the National Cancer Institute.

The first initiative, the Pacific Diabetes Today Resource Center (PDTRC) addresses the disparate rates of diabetes among our population. For the years 1989–1991, Native Hawaiians had the highest mortality rate due to diabetes mellitus (34.7/100,000) in Hawaii—130 percent higher than the state all races rate of 15.1/100,000. The age-adjusted diabetes mortality rate for Native Hawaiians is more than two times higher than the other four major ethnic groups combined.

Disaggregating the Native Hawaiian population, it is clear that our pure Hawaiians have the largest burden with a diabetes mortality rate 518 percent higher than the state all races. Part-Hawaiians were 79 percent higher than the state all races (Johnson, Oyama, LeMarchand, 1998).

In 1994, diabetes was the 7th leading cause of death in the United States. When examined by race, it was 7th for Caucasians, African Americans, Chinese, and Filipinos; 6th for Japanese and 5th for Hawaiians and 4th for Native American Indians. For Hawaiian females, it's the 4th leading cause of death (U.S.—Diabetes Surveillance 1997).

Last year Papa Ola Lokahi successfully competed for a \$2.3 million contract with the Centers for Disease Control (CDC) for 5 years to establish and maintain the Pacific Diabetes Today Resource Center. The Center is currently located at Papa Ola Lokahi with an office in Pohnpei, the Federated States of Micronesia. The Hawaii Area Office serves the state of Hawaii and American Samoa. The Micronesian Area Office serves the Western Pacific region, including the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, the Commonwealth of the Northern Mariana Islands and Guam.

"Diabetes Today" is a course developed by CDC on how to build skills to plan and implement community-based programs for persons with diabetes. The course trains community leaders who in turn apply these skills with others in the community to plan and implement programs.

Our (Papa Ola Lokahi) charge is to adapt this curriculum for Pacific audiences and implement training. It is an interactive planning process and we are completing focus groups throughout the Western Pacific and neighbor islands and Oahu and will pilot test the revised curriculum next year. Over the course of the next 4 years we will conduct 16 training initiatives and provide technical assistance to community-based initiatives.

We are working with the CDC Diabetes Control Program staff in Hawaii and Micronesia, who are poised to provide program monies for implementation of community-based projects.

NATIVE HAWAIIAN HEART HEALTH INITIATIVE

The 2nd Initiative addresses heart disease, another area of great disparity, where Pure Hawaiians have a mortality rate due to heart disease that is nearly 300 percent higher than non-Hawaiians in the state and Part Hawaiians a rate 41 percent higher than others in the State. The only study of heart disease among Native Hawaiians was conducted in 1985 on the Island of Moloka'i, entitled the Na Pu'uwai Heart Study. Moloka'i continues to provide strong leadership in increasing awareness of heart disease and developing solutions to address this burden.

With broad based support both national and local, Dr. Emmett Aluli and Dr. Phillip Reyes Tom Moloka'i General Hospital on Moloka'i have launched the Native Hawaiian Heart Health Initiative. The program's short and long term goals to address heart disease in Native Hawaiians are:

Short Term Goals:

- To increase awareness of community-based interventions addressing heart disease among Native Hawaiians.
- To involve Native Hawaiian physicians in these community-based efforts.

Long Term Goal:

- To develop a conceptual framework for a longitudinal study addressing the prevention and control of heart disease for Native Hawaiians by Native Hawaiians.

This initiative is supported on the national as well as the local level with monetary support from:

National

- NIH: National Heart, Lung and Blood Institute

Hawaii State

- Moloka'i General Hospital
- 'Ahabui O Na Kauka—Native Hawaiian Physicians' Assn.
- Na Pu'uwai Native Hawaiian Health Care System
- Office of Hawaiian Affairs
- Papa Ola Lokahi
- The Queen's Health System
- Area Health Education Centers
- HMSA—Hawaii Medical Services Association

This initiative is a powerful example of solutions, which are generated from within the community, around a common vision.

NATIVE HAWAIIAN CANCER AWARENESS RESEARCH AND TRAINING CENTER

The last initiative is Papa Ola Lokahi's recent grant submission to the NCI to establish the Native Hawaiian Cancer Awareness Research and Training Center. This NCI initiative builds upon their past series of "Leadership Initiatives on Cancer" launched in 1989 as part of NCI's response to the disproportionate burden of cancer on minority and medically underserved populations.

The objectives of the Native Hawaiian Cancer Awareness Research and Training Center are:

1. To increase cancer awareness among Native Hawaiians,
2. To increase accrual to and retention of Native Hawaiians in clinical trials,
3. To increase the number of Native Hawaiian researchers,
4. To increase the number of research grants addressing cancer in Native Hawaiians, and
5. To establish participatory research protocol to support scientifically rigorous research that is respectful of cultural beliefs practices and customs.

The grant proposal was submitted to NCI in July 1999 and we anticipate word from NCI in March 2000.

These initiatives reflect the following priorities, which Papa Ola Lokahi plans to operationalize to support research and framing:

- Provide a clearinghouse for research and training opportunities and resources,

- Develop and maintain an infrastructure to support the participatory research which is relevant and respectful of Native Hawaiian communities, and
- Identify and provide venues for the development of Native Hawaiian researchers.

CONCLUSION

We recognize the disproportionate burden of diabetes and other chronic diseases among Native Hawaiians. We believe the solutions for addressing these disparities are emerging from within our own Native Hawaiian communities and ask for federal support—financial and philosophical—to enhance our work in reducing chronic diseases among our people.

Thank you for this opportunity to speak before you.

Senator INOUE. Before proceeding the Chair has been advised that people sitting in the back rows have difficulty hearing witnesses. Can you all hear us? Are we getting across to you? Thank you very much.

STATEMENT OF NALEEN N. ANDRADE, M.D. PROFESSOR AND CHAIR, DEPARTMENT OF PSYCHIATRY, JOHN A. BURNS SCHOOL OF MEDICINE

Senator INOUE. If not, may I call on Dr. Naleen Andrade.

Dr. ANDRADE. Aloha, Senator. I went to the wrong building. I'd like to—I've copies of my testimony but to give members of this distinguished panel an update on the status report of the Native Hawaiian Mental Health Research Development Program.

I'd be remiss not to at this point to recognize our two senior Senators from Hawaii, in particular Senator Inouye for his work and untiring efforts over the last 8 years in enabling our research group to really have a voice in the National Institutes of Health, and to get the required funding that we needed in order to get this job done.

Let me very briefly go through a history of events of this particular program. We were established in 1991 with our first grant from the National Institutes of Mental Health and we established a mission among the small group of Native Hawaiians in the Department of Psychiatry at the John A. Burns School of Medicine.

Our mission was simple: To create a cadre of mental health researchers whose scientific investigations result in effective culturally-appropriate prevention, intervention and clinical treatment strategies which improve the mental health status of Native Hawaiians to the highest level possible.

We had four overall research goals. First, to determine the rates of mental disorders among Native Hawaiians within the general population.

The second was to establish a comprehensive database from which researchers can identify and study the effects of psychological, social and cultural factors which underpin the genesis and alleviation of mental illness among Native Hawaiians.

The third was to determine the patterns of help-seeking behaviors by Native Hawaiians, to use traditional Western and alternative native healing practices and the effects of those healing practices on mental illness.

The fourth and final goal was to establish a Native Hawaiian Pacific Islander Minority Mental Health Research Center to support a cadre of experts within the University of Hawaii to study the

causes, prevention and treatment of mental illness among Native Hawaiians and Pacific Islanders.

The significance of this particular program cannot be overestimated. In the 1985 E Ola Mau report, which began our work, emphasis and efforts, showed that Native Hawaiians had the worst mental health statistics by all measures of all the ethnic groups in the State of Hawaii.

What we did, because at that time there was not a single Hawaiian researcher in the entire University of Hawaii system of Hawaiian ancestry doing mental health research.

So which had to start from ground zero to begin to build the skills needed in order for us to have within ten years a cadre of Native Hawaiians with the kind of skills and knowledge base to not only be scholars within the University of Hawaii, but to competitively go up against other scholars nationally and to be able to publish our work and to gain peer review grants from the National Institutes of Health.

In that effort, as you all know, without a cadre of Native Hawaiians we had to recruit a cadre of non-natives to help us and to give us the technical skills in order to teach us the quantitative analysis.

But with that we've had some amazing results which I'd like to briefly go over and highlight with you.

At the core of our Native Hawaiian Mental Health Research and Development Program is a huge longitudinal study of about 7,000 Native Hawaiian and non-Hawaiian adolescents located on three islands within the State. We have followed these kids for 5 years, at five high schools throughout the islands.

We are just publishing some of the more important findings. And I'd like to specify some of these outcomes that I think are most salient to this effort.

The first outcome is creating a cadre of Native Hawaiian mental health researchers and scholars. Establishing an undergraduate, graduate, student and psychiatry resident student researcher component was core to our task in doing this.

Through the program we have provided training opportunities to seven undergraduates, five graduate students in the schools of Social Work, Sociology and the Department of Psychology at the University of Hawaii.

We've trained eight psychiatry residents who have gone on to become physicians in the community. And we have also trained one junior faculty, myself.

Now, of these 21 individuals three are Asian, one is Samoan and 17 or 81 percent are Native Hawaiian. Of the 17 Hawaiians that we trained, one is a psychiatry technician and professional athlete. Two became Hawaiian language teachers, and are working on the neighbor islands.

Five are in graduate schools in the School of Medicine, Law, Pacific Studies, Clinical Psychology and Public Health. All on their way, by the way, to getting their doctoral degrees.

Two are triple board psychiatry residents, which means at the time they graduate, which will be within the next 2 years, one next year and the following after that, in 3 years, they will be boarded

in Pediatrics, General Psychiatry and Child and Adolescent Psychiatry.

Two are practicing child psychiatrists in rural O'ahu. Five became psychiatrists and professors of Psychiatry and are on the faculty.

Now, let me briefly go through some of the very significant findings of our work which we are publishing. We published 11 articles already in refereed scientific journals.

We have 14 articles submitted and are currently in journal peer review. We are working on an additional 19 manuscripts for submission and, hopefully acceptance by December of this year.

We are also working on a year 2001 update of the status of Native Hawaiian mental health which will be a comprehensive review that examines the E Ola Mau report updates it for this new century that we are entering.

Now, of these scientific publications that I mentioned, the most salient which we anticipate publishing in the spring of 2000 are three landmark articles that I would like to highlight for your information.

The first is entitled "Socialcultural Factors Influencing Adolescent Preference and Use of Native Healers."

The second is, "The Role of Culture and Ethnicity in Psychopathology and Psychosocial Adjustment Among Native Hawaiian Adolescents."

The third is, "Prevalence of Mental Disorders in Native Hawaiian Adolescents."

The first article presents our findings on a study of 4,182 Hawaiian and non-Hawaiian students in which we looked at the sociocultural factors which most influence who they seek help from, whether they be Native healer, an allopathic provider, which is a doctor or nurse or a school teacher or counselor.

Who do they seek for both physical and cultural needs? What our findings show is cultural identity and specifically Hawaiian cultural identity is the strongest predictor above all others for determining who will prefer a Native Hawaiian healer.

The higher the cultural identification the higher the student's preference for Native Hawaiian healer.

We also, surprisingly, found that Hawaiian males, not Hawaiian females, which all the other studies of this type have shown, but that Hawaiian males are more likely to use healers than females for their problems. Which is an astounding finding.

No other study anywhere that is published today has that same finding. This is ramifications for us in terms of treatment interventions and prevention strategies, which I will again reiterate in the second article.

If I could highlight the second article which is about the role of Native Hawaiian culture in examining the relationship of Native Hawaiian culture among these groups of adolescents that we studied.

Our thesis being that we needed to discern whether or not culture was a risk factor for mental health or a protective factor.

We have, in fact, found the role that culture plays for Native Hawaiian kids is neither. It is not a risk factor nor is it a protective factor. In fact, what our findings found is that psychosocial factors

such as major life events, in other words, an example would be a parent is put in jail, has a far more profound effect on determining whether or not a child will become mentally ill or be incapacitated with a conduct disorder.

We've found that far more significant in the area of family and friend support, socioeconomic status and interestingly enough, one of the most significant protective factors was optimism. In other words, a child's capacity to hope and see a new future.

Again it has tremendous implications for the other part of this hearing which is on education. The fact that young Hawaiians are demanding a free education at the University of Hawaii is, perhaps, one of the most significant social events for our people. It bodes well for their futures.

The role of culture is most pronounced not in how teenagers see it as a risk or protective but rather that it is most significant in how teenagers and, we feel adults as well, seek education about their health care and seek help for psychosocial problems.

In other words, culture appears to be most important in determining how people seek and understand help prevention strategies, how they choose providers of care, and how they engage and participate in these treatments.

This is a critical finding that really has not been published with hard data in the scientific journals. It's been something we sort of feel is intuitively sounds correct, but we have never had hard data to really test that hypothesis until now.

The third article presents for the first time in Hawaii prevalence data on Native Hawaiian mental health disorders in a community-based sample.

We based that on the DISC data of about a little over 600 adolescents using NIMH's Diagnostic Interview Schedule for Children, which you may know is the gold standard right now for epidemiological research in America.

I'd like to just summarize for you our prevalence rates which we will finalize within the next few weeks and publish. For any disorders, any mental disorder, for Hawaiian males 26.8 percent. For Hawaiian females 37.7. For non-Hawaiian males 19.6 percent. For non-Hawaiian females 27.9 percent. Now as a comparison the national comparison for these same, any disorder prevalence rate is 29.9.

What this tells us is that Hawaiian females are in trouble. We need to pay attention to what is going on in that particular population.

Among mood disorders, this is major depression, dysthymic disorder and bipolar illness. Hawaiian males 6.8 percent. Hawaiian females 9.5 percent. This is compared to the national average of 7.2. Again Hawaiian females are in trouble. They are higher than the national average.

Non-Hawaiian males 1.0. They're very healthy, at least in our sample which I must share this caveat, was not representative of non-Hawaiian kids in Hawaii.

That is primarily because our sampling occurred in predominantly Native Hawaiian communities. We wanted to make sure that we tested as many Native Hawaiian adolescents as possible. And, in deed, we succeeded in that effort. We got nearly 30 percent

of all Native Hawaiian teenagers in the State of Hawaii within our sample size.

The downside was that because we pre-selected for Native Hawaiian kids we were not able to get a representative, strong representative sample of non-Hawaiian kids.

Non-Hawaiian females 6.9, again below the national average. This shows us that basically our Hawaiian females have more significant problems with major depression and dysthymic disorders in particular.

This is major impact when we look at some of the more recent studies coming out that one of the major reasons for depression in adulthood is child rearing practices among young mothers and children. If we have depressed and stressed young mothers we can only participate with the high birth rates we will have, we will have problems with the next two generations of our children.

Among anxiety disorders I would like to highlight two things that are very surprising and quite shocking, actually. For any anxiety disorder Hawaiian males are 14.5 percent, which is actually below the national average of 20.5 percent.

But again Native Hawaiian females 26.1 percent, above the national average of 20.5 percent. Non-Hawaiian males 7.5 percent and non-Hawaiian females 17.6 percent.

Now, I wanted to highlight under anxiety disorders Obsessive-compulsive disorders. These are disorders in which we are beginning to find that previously under Freudian theory we thought that this was bad rearing practices basically, and that a child went through these very compulsive ritualistic behaviors to create magic to keep bad things from happening.

We now find from the Brown University's research over the last 8 years that in fact obsessive-compulsive disorders are brain dysfunction that's created, they think—they're still hypothesizing this—that may be related to Streptococcal infections particularly of the type from rheumatoid, rheumatic heart disease. Excuse me.

There may be similar toxins with otitis media. I mention this as a caveat because I know, again, the congressional delegation has worked very hard in championing, getting research dollars for otitis media.

What Hawaiian kids, grade school and young children have the highest rates, prevalence rates of otitis media in the nation. It makes us wonder as to whether or not it may explain the extraordinarily high obsessive-compulsive rates.

Let me give you an idea. The national prevalence rates for obsessive-compulsive disorders among adolescents is less than 2 percent.

In our sample Hawaiian males 9.2 percent. Hawaiian females 17.7 percent. This is an astounding figure. So much so that we have done additional research with the creators of this particular module to see whether or not the way the questions were framed might have been misunderstood.

However, in my random study of actually adolescents their of the DISC, the children understood the questions and had no problems answering the questions as they did, for example in psychosis where when you ask them, "Do you hear voices?" They say, "Sure. I hear yours."

We had no problems of understanding the actual diagnostic questions under this module. Yet we have this astoundingly high figures. Among the non-Hawaiian males 3.6 percent and non-Hawaiian females 9.2 percent. Again they're higher than the national average. Could it be a cultural pickup that we've missed on the instrument? We think not.

But certainly even if it were, the rates that the Native Hawaiian children are scoring are much too high to account simply for a structural question defect which we did not find on our focus group analysis.

Our disruptive disorders, these are attention deficit disorder and conduct disorders of children, we found that the national average is 11.5. In this area, interestingly enough, our Hawaiian adolescents do very well. The males are 5.7 and females 7.3, below the national average.

Non-Hawaiian males are 2.9 and females 6.7. Why is this significant? Significant because it defies the stereotypes. We've heard teachers, educators keep saying that Native Hawaiian kids are troublemakers in school and they end up in jail.

What our study finds is that they have actually rates, prevalence rates among the disruptive records that are below the national average. They are, in fact, healthy in this area.

So that the disruption we are seeing in schools are probably not due to attention deficit disorder, nor is it due to any conduct disorder. It probably is a depression or an anxiety disorder of some sort. This is a significant focus for us, again, with regard to prevention and intervention strategies.

Finally, I think the other very shocking result for us is in the area of substantial abuse and dependence disorders. This for us again was extraordinarily high.

The national average is 2.2 percent right now from most studies quoted. Now that rate is slowly climbing very quickly with newer research that's much more comprehensive that's going on throughout the nation.

But for Hawaiian males it's 26.8 percent. Off the wall. Alcohol was one of the largest contributors to this statistics, but also cannabis or marijuana and crystal methamphetamine, very disturbingly increasing in this population. Females 37.7 percent, again compare that to national average of 2.2 percent.

Now seems extraordinarily high. Indeed it is. But Native American populations fall very closely in parallel to us in these same statistics. That's why we have a very strong collaboration with the Native American Alaskan Native Center which Mr. Darryl Manson heads in Colorado to compare our findings.

Among non-Hawaiian males, again we should be concerned, 19.6 percent. Still very high compared to the national average and 27.9 percent for non-Hawaiian females. Now, one could say perhaps the mainland studies that have been sampled the kids were more conservative.

Yes, most of the studies that have been done have been done among white Anglo-Saxon middle class children with the exception of the Puerto Rico study which sampled Puerto Rican children.

This is some of the—as I mentioned this is preliminary data. We are doing a Met analysis. What that means we're taking all the

studies that were done with DISC, the DISC interview and we are comparing them to get a single statistic of all of those studies and then compare them to our study to see whether or not these findings still hold up.

That's exactly what we're doing right now as we finalize this paper that we will publish. We want to make absolutely sure that we are not overinflating these numbers.

But even if we factor in overinflation the trends are there. They are very worrisome. Our children do need help in some specific areas that are very treatable.

We have very treatable interventions for both anxiety and depression. We have some very successful interventions for substance abuse and alcohol use. And it behooves us to really address those.

The final thing I would say is in creating these prevention and treatment strategies we must look at culture. It is an essential component to the success of these programs.

What we have found so far is that too many of the existing interventions that exist in Hawaii are not culturally appropriate for Hawaiian kids.

Just as an example, in our school-based learning right now when a child has problems the idea is that the school sort of sequesters the child and creates the support for the child. The family is left outside of that cord loop.

PREPARED STATEMENT

We know by Hawaiian cultural practices that the family is essential to creating the structure for child. Yet we do not have culturally appropriate opportunities, really, to make that happen in our school system. I will stop with that. Thank you.

Senator INOUE. It was not only fascinating but most important. Thank you very much, Dr. Andrade.

[The statement follows:]

PREPARED STATEMENT OF NALEEN N. ANDRADE

A BRIEF HISTORY OF EVENTS

Led by a small group of Native Hawaiians within the UH Department of Psychiatry, the NHMHRDP was established in 1991 with federal funding from the National Institute of Mental Health (NIMH). Its mission: To create a cadre of mental health researchers, whose scientific investigations result in effective, culturally-appropriate prevention, intervention and clinical treatment strategies, which improve the mental health status of Native Hawaiians to the highest level possible.

Four overall research goals have been, and continue to be pursued by the research and staff members of the NHMHRDP:

Overall research goals

1. Determine the rates of mental disorders among Native Hawaiians within the general population of Hawaii.
2. Establish a comprehensive database from which researchers can identify and study the effects of psychological, social and cultural factors which underpin the genesis and alleviation of mental illness among Native Hawaiians.
3. Determine the patterns of help seeking behaviors by Native Hawaiians to use traditional western and alternative native healing practices and the effects of these healing practices on mental illness.
4. Establish a Native Hawaiian Pacific Islander Minority Mental Health Research Center to support a cadre of experts at UH to study the causes, prevention, and treatment of mental illness among Native Hawaiians and Pacific Islanders.

SIGNIFICANCE

UH Department of Psychiatry faculty began their work in 1987, in response to the seminal E Ola Mau Report: A Study of the Health Needs of Native Hawaiians (1985). The E Ola Mau Report showed that Native Hawaiians had the worst mental health statistics among all ethnic groups in Hawaii with higher rates of alcohol and substance abuse, depression, suicide, abuse, incarceration, and disruptive disorders. Further, Native Hawaiians were under-represented in the mental health professions. And, there were no Native Hawaiian mental health researchers at the UH. Major recommendations of the report included increasing the numbers of Native Hawaiians in mental health professions, training Native Hawaiian mental health researchers, conducting research on mental disorders among Native Hawaiians, and designing prevention and intervention strategies which addressed the unique cultural needs of Native Hawaiians.

Mentored by senior researchers, Drs. John McDermott Jr. and Ronald Johnson, Dr. Naleen Andrade (then an Assistant Professor) designed a ten-year Plan, to achieve the overall research goals outlined above. The Plan proposed that the NHMHRDP recruit and train promising Native Hawaiians from JABSOM, the UH Psychiatry Residency Training Program, as well as the School of Social Work and the UH Department of Psychology, in quantitative analysis, research design, conducting field studies, research manuscript publication, and grant proposal writing. A cadre of local and national technical experts (e.g., statisticians, behavioral researchers), most of who were not Hawaiian, were recruited to train and build the Native Hawaiian research team and establish a competitive research track record. Now in the eighth year of their ten-year plan to establish a Native Hawaiian Pacific Islander Minority Mental Health Research Center, this faculty group, led by Native Hawaiians, are actively publishing to establish the needed track record to successfully compete within the National Institutes of Health agencies.

THE HAWAII HIGH SCHOOLS HEALTH STUDY

To achieve the goals of the NHMHRDP, its researchers designed and implemented the Hawaii High Schools Health Study, a five-year, epidemiologic study of 7,000 adolescents in five Hawaii High Schools. This study remains the primary vehicle through which the Native Hawaiian researchers have been building the required track record to compete for federal research grants and to establish a Minority Mental Health Research Center. Funding for the Hawaii High Schools Health Study came from NIMH during its first five years (1991-96) and from private Foundations during the past two and a half years (1996-99).

SPECIFIC OUTCOMES

—*Creating a cadre of Native Hawaiian Mental Health Researchers & Scholars.*—

Establishing an undergraduate, graduate student, and psychiatry resident student researcher component, the NHMHRDP has provided research training opportunities to 7 undergraduates, 5 graduate students (in Psychology, Social Work, and Sociology), 8 psychiatry residents, who had been identified and recruited when they were medical students, and 1 junior faculty. Of these 21 individuals, 3 are Asian, 1 is Samoan, and 17 (81 percent) are Native Hawaiian.

Of the 17 Hawaiians trained: 1 is a psychiatry technician and professional athlete; 2 became Hawaiian language teachers; 5 are in graduate schools of Medicine, Law, Pacific Studies, Clinical Psychology; and Public Health; 2 are in Triple Board Residency training (Pediatrics, General Psychiatry, and Child and Adolescent Psychiatry); 2 are practicing Child Psychiatrists in rural Oahu; and 5 became psychiatrists and professors of Psychiatry.

—*Publishing Significant Findings on Native Hawaiian Adolescents.*—We have published 11 articles in refereed scientific journals; have 14 articles submitted and in journal peer review; and are working on 19 additional manuscripts in preparation for submission by December 1999. We are also working on a Year 2001 Update of the Status of Native Hawaiian Mental Health.

Of these scientific publications the most salient, which we anticipate publishing in the Spring of 2000, are three landmark articles entitled: "Sociocultural Factors Influencing Adolescent Preference and Use of Native Healers; "The role of culture and ethnicity in psychopathology and psychosocial adjustment among Native Hawaiian adolescents;" and, "Prevalence of mental disorders in Native Hawaiian Adolescents."

The first article presents our findings on a study of 4,182 Hawaiian (2,698) and Non-Hawaiian (1,438) Students what sociocultural factors most influence who—whether Native Healer vs. Allopathic providers (doctors and nurses) vs. School

teachers and counselors—adolescents seek for help with their physical and emotional needs. The findings show that identification with the Hawaiian culture is the strongest predictor for preference of Native Hawaiian healer use. Surprisingly, Hawaiian males were more likely to use healers than females.

The second article examines the relationship of Native Hawaiian culture and ethnicity among 1,805 Hawaiian and 942 Non-Hawaiian adolescents. The thesis of the article to discern what role, if any, does Native Hawaiian culture have in the cause or risk of psychopathology or in the protection from psychopathology. Our findings indicate that Hawaiian culture does NOT create risk, nor does it protect a teenager from psychopathology. Psychosocial factors such as, Major Life Events (when bad things happen such as a parent going to jail), Family and Friend Support, Socio-economic status, and Optimism, are the more important risk and protective factors influencing health and illness among teenagers. The role of culture is most pronounced NOT in how teenagers seek education and help for their psychosocial problems, i.e., culture appears to be most important in determining How people seek and understand health prevention strategies, how they choose providers of care, and how they engage and participate in their treatments.

The third article presents, for the first time in Hawaii, prevalence data on Native Hawaiian mental disorders in a community-based sample. Based on our DISC data of 615 adolescents (355 Hawaiian and 256 Non-Hawaiian), using the NIMH Diagnostic Interview Schedule for Children and Adolescents, the following significant findings were determined for Mood Disorder, Anxiety Disorder, Disruptive Behavioral Disorder, and Substance Abuse/Dependence:

	Percent
Any Disorder:	
Hawaiian male	26.8
Female	37.7
Non-Hawaiian male	19.6
Female	27.9
National Comparison of Prevalence rates: Preliminary	29.9
Mood Disorders:	
Hawaiian male	6.8
Female	9.5
Non-Hawaiian male	1.0
Female	6.9
National Comparison of Prevalence rates: Preliminary	7.2
Anxiety Disorder:	
Any anxiety disorder:	
Hawaiian male	14.5
Female	26.1
Non-Hawaiian male	7.5
Female	17.6
National Comparison of Prevalence rates: Preliminary	20.5
Obsessive-Compulsive disorder:	
Hawaiian male	9.2
Female	17.7
Non-Hawaiian male	3.6
Female	9.2
National Comparison of Prevalence rates: Preliminary	<2
Disruptive Disorders:	
Hawaiian male	5.7
Female	7.3
Non-Hawaiian male	2.9
Female	6.7
National Comparison of Prevalence rates: Preliminary	11.5
Substance Abuse/Dependence:	
Hawaiian male	26.8
Female	37.7
Non-Hawaiian male	19.6
Female	27.9
National Comparison of Prevalence rates: Preliminary	2.2

STATEMENT OF DR. CHIYOME L. FUKINO, E OLA MAU

Senator INOUE. Dr. Fukino.

Dr. FUKINO. Aloha, Senator Inouye, members of the Senate Appropriation Subcommittee. I'm Chiyome Leinaala Fukino, M.D.,

president of E Ola Mau, a nonprofit corporation of Native Hawaiian Health Care Providers dedicated to improving the health of Native Hawaiians.

We are testifying in support of authorization of appropriations for fiscal years 2000 through 2010 for the Native Hawaiian Health Care Improvement Act. Since our incorporation in 1986 E Ola Mau has consistently advocated for culturally appropriate delivery of health care services to Native Hawaiians.

The landmark study, from which our name is derived, documented for the first time the abysmal health status of Native Hawaiians in this our aina hanau, native land, birthplace.

As a member of the Board of Papa Ola Lokahi, we have watched the struggling emergence of the Native Hawaiian Health Care Systems. We continue to advocate for coordination of health care services between the Native Hawaiian Health Care Systems and other providers within Hawaii's health care community.

Native Hawaiian health statistics continue to be collected by multiple agencies using widely disparate parameters. Uniform statewide ethnicity tagging has not been established.

Current sources of data require one to three years for data compilation and publication, making timely health needs assessments and program outcomes reporting difficult.

Nevertheless, more readily available death statistics underscore the continuing poor health status of Native Hawaiians. Our participation for more than a decade in numerous matters pertaining to Native Hawaiian health has culminated in the development of the E Ola Mau Native Hawaiian Health Statistics Database.

E Ola Mau believes that a unified relational database that includes both static and real-time data is essential in the planning of cost-effective health related programs.

The E Ola Mau Native Hawaiian Health Statistics database introduces a standard data collection methodology. Our database currently contains information from State and private sector published reports.

We are working with some of the agencies that have published these reports to begin real-time data input and design customized output report layouts that facilitate rapid compilation, analysis and dissemination of collected data.

E Ola Mau has designed a preliminary research program based on information contained in the Native Hawaiian Health Statistics database to enter real-time data and longitudinally monitor critical outcomes data.

The program monitors hypertension, diabetes mellitus, coronary artery disease, congestive heart failure and hyperlipidemia, five chronic illnesses which account for the majority of health care costs in both in-patient and out-patient settings.

The E Ola Mau La'au Lapa'au Database contains information gathered by E Ola Mau over the past decade while working with Kupuna La'au Lapa'au throughout the State of Hawaii.

Published scientific research already done on identified la'au is included in the database which will serve as a resource for Western trained health care providers who treat Native Hawaiian patients who utilize traditional remedies.

E Ola Mau recommends adoption of statewide uniform ethnicity tagging to improve the monitoring and assessment of Native Hawaiian health status. Current methods of ethnicity identification include a mixture of self-identification, surname and "eyeball" recognition.

Of the approximately 17,000 records included in the E Ola Mau Native Hawaiian Health Statistics Database, less than 5 percent are identified as Native Hawaiian statistics.

While there is increasing awareness among academic and governmental agencies of the need for research and service allocation for Native Hawaiian health, there is still much more work to be done in order to improve the health of Native Hawaiians.

The Native Hawaiian Health Care Improvement Act is one critical component of this journey. E Ola Mau will continue to work with the Office of Hawaiian Affairs and Papa Ola Lokahi to draft appropriate language for the reauthorization of the Native Hawaiian Health Care Improvement Act.

PREPARED STATEMENT

It is imperative that the Native Hawaiian Health Care Improvement Act accurately reflects the evolution of Native Hawaiian agencies and their increasing capacities to participate in improving the health of Native Hawaiians thereby allowing Papa Ola Lokahi to focus more specifically on its area of expertise which is now available. Mahalo.

Senator INOUE. Thank you very much, Doctor.

[The statement follows:]

PREPARED STATEMENT OF DR. CHIYOME L. FUKINO

Honorable Daniel K. Inouye, Hearing Chair: I am Chiyome Leinaala Fukino, M.D., President of E Ola Mau, a nonprofit corporation of Native Hawaiian Health Care Providers dedicated to improving the health of Native Hawaiians. We are testifying in support of authorization of appropriations for fiscal years 2000 through 2010 for the Native Hawaiian Health Care Improvement Act.

Since our incorporation in 1986, E Ola Mau has consistently advocated for culturally appropriate delivery of health care services to Native Hawaiians. The landmark study, from which our name is derived, documented for the first time the abysmal health status of Native Hawaiians in this our aina hanau (native land, birthplace). As a member of the Board of Papa Ola Lokahi, we have watched the struggling emergence of the Native Hawaiian Health Care systems. We continue to advocate for coordination of health care services between the Native Hawaiian Health Care Systems and other providers within Hawaii's health care community.

Native Hawaiian health statistics continue to be collected by multiple agencies using widely disparate parameters. Uniform statewide ethnicity tagging has not been established. Current sources of data require 1 to 3 years for data compilation and publication, making timely health needs assessments and program outcomes reporting difficult. Nevertheless, more readily available death statistics underscore the continuing poor health status of Native Hawaiians.

Our participation for more than a decade in numerous matters pertaining to Native Hawaiian health has culminated in the development of the E Ola Mau Native Hawaiian Health Statistics Database (NHHS). E Ola Mau believes that a unified relational database that includes both static and real-time data is essential in the planning of cost-effective health related programs. The E Ola Mau NHHS Database introduces a standard data collection methodology. Our Database currently contains information from state and private sector published reports. We are working with some of the agencies that have published these reports to begin real-time data input and design customized output report layouts that facilitate rapid compilation, analysis and dissemination of collected data.

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critical outcomes data. The program monitors Hypertension, Diabetes Mellitus, Coronary Artery Disease, Congestive Heart Failure and Hyperlipidemia, five chronic illnesses which account for the majority of health care costs in both in-patient and out-patient settings.

The E Ola Mau Laau Lapaau Database contains information gathered by E Ola Mau over the past decade while working with Kupuna Laau Lapaau throughout the state of Hawaii. Published scientific research already done on identified laau is included in this Database which will serve as a resource for Western trained health care providers who treat Native Hawaiian patients who utilize traditional remedies.

E Ola Mau recommends adoption of statewide uniform ethnicity tagging to improve the monitoring and assessment of Native Hawaiian health status. Current methods of ethnicity identification include a mixture of self-identification, surname, and "eyeball" recognition. Of the approximately 17,000 records included in the E Ola Mau NHHS Database, less than 5 percent are identified as Native Hawaiian statistics.

While there is increasing awareness among academic and governmental agencies of the need for research, and service allocation for Native Hawaiian health, there is still much more work to be done in order to improve the health of Native Hawaiians. The Native Hawaiian Health Care Improvement Act is one critical component of this journey.

E Ola Mau will continue to work with the Office of Hawaiian Affairs and Papa Ola Lokahi to draft appropriate language for the reauthorization of the Native Hawaiian Health Care Improvement Act. It is imperative that the Native Hawaiian Health Care Improvement Act accurately reflects the evolution of Native Hawaiian agencies and their increasing capacities to participate in improving the health of Native Hawaiians thereby allowing Papa Ola Lokahi to focus more specifically on its area of expertise.

STATEMENT OF BETH GIESTING, EXECUTIVE DIRECTOR, HAWAII STATE PRIMARY CARE ASSOCIATION

Senator INOUE. May I now call upon the executive director of the Hawaii State Primary Care Association, Ms. Giesting.

Ms. GIESTING. Thank you very much, Senator Inouye, Senator Akaka, Representative Mink and congressional staff. My name is Beth Giesting, the executive director of the Hawaii State Primary Care Association. And it is my honor to be here to address you this morning.

As you have heard, ample data exist describing Native Hawaiian disproportionate rates in mortality and morbidity. Only Native Hawaiians themselves can change the status of their health and with the aid and support of select institutions they are eager to do so.

We believe programs that are already established are helping Native Hawaiians and with expansion can support even more Kanaka Maoli succeed to better health.

Authorities on Native Hawaiian health emphasize that health and healing among Kanaka Maoli are part of a culturally-centered process balancing spirituality, personal relationships and the natural environment.

Clearly then, the means to improve the health of Native Hawaiians is not via the Western medical system, although that system has tools that can be used, nor is the solution quick, easy, or inexpensive.

Improving diet and nutrition, increasing levels of exercise and reducing smoking, drinking and use of illicit drugs will greatly advance the health of Native Hawaiians. And such lifestyle changes can only be the result of culturally-based, integrative approaches.

The Native Hawaiian Health Care Act recognizes both the need to provide help and the fundamental difference in how to achieve the goal of better health status for Native Hawaiians.

The Native Hawaiian Health Care Systems and the Native Hawaiian Health Professions Scholarship Program established under the act are examples of two programs that, in collaboration with community health centers, can have a tremendous affect on the health status of Kanaka Maoli over time.

These programs are part of mid-and long-term strategies. The system's aim to inculcate healthy lifestyles in the context of Native Hawaiian culture, as well as meeting more immediate needs through outreach, case management, referral and enabling services.

The scholarship program seeks to encourage appropriate and timely use of health care services among Native Hawaiians by helping those who understand and are of the culture become the providers of health care.

A secondary benefit of the scholarship program is encouraging Kanaka Maoli to help themselves and their communities as health care professionals. Community Health Centers also play a key role in helping Native Hawaiians improve their health status. They already meet many of those health needs, having served 20,500 Native Hawaiians on three islands during fiscal year 1998.

Health centers' programs exist in areas where many Native Hawaiians live, notably, Waianae, Waimanalo, Windward and North Shore O'ahu, Hana, Hilo, Pahoia and Ka'u.

Health centers specialize in serving those who experience barriers to the mainstream health system. These barriers may include poverty and lack of insurance, lack of transportation, and cultural dissonance.

Centers provide a wide range of community-appropriate primary care that often includes dental, mental and behavioral health, urgent care and nutrition.

Health centers employ Native Hawaiian scholars and, with additional resources, would be able to hire more. What community health care centers want to do more of is help their patients, Native Hawaiians and others, get and stay healthier.

Although that is their goal, health and prevention programs are generally beyond the means of financially strapped health centers.

An example of a program that other health centers would like to emulate is Waimanalo Health Center's 'Ai Kupele, a culturally-centered approach to promoting healthy behaviors such a nutrition and exercise, and preventing substance abuse and domestic violence.

Programs such as 'Ai Kupele, supported by short-term grants, are in danger when funding cycles ends.

Three elements are critical to the success of the approaches that we must take to improve the health of Native Hawaiians. They include financial resources, policy support, and time.

Our Western health care system is centered on medical rather than health care and is funded almost exclusively by public and private health insurance.

A medical model supported by diminishing insurance dollars does not support the activities most likely to influence health lifestyles among Kanaka Maoli.

Traditional fee-for-service health insurance pays physicians for medical diagnoses and procedures performed on people with medi-

cal conditions. managed care should in theory support health promotion and a broader spectrum of practitioners.

In reality, however, it does not. There is no financial incentive for prevention as long as individuals are in and out of managed care programs with little or no long-term enrollment.

Moreover, many of the people who are most in need of health care interventions are uninsured. They can little afford to avail themselves of timely and preventive clinical care much less get health advice and counseling.

This committee can advance efforts to reduce health disparities among Native Hawaiians by providing the resources that are needed to help fund activities that promote healthy lifestyles.

Working with established community-based organizations, that is Community Health Centers and the Native Hawaiian Health Care Systems and the Health Professions Scholarship, these things are the most effective means to accomplish this goal.

These efforts may be expensive, although not as expensive as maintaining the health status of Native Hawaiians as it is.

The commitment also has to be for the long haul. It takes ample time and consistent work to help people improve their health habits. Even when more salubrious practices replace bad habits, it can take years before these changes result in measurable improvements. Training an adequate Native Hawaiian health professional workforce also takes decades.

PREPARED STATEMENT

Finally, I would say this committee might also take on the more far-reaching and visionary role and that would be considering a national health care program. Such a program would have the virtues of eliminating the barriers of poverty and lack of insurance while giving the health care system an incentive to support wellness activities. Thank you very much.

Senator INOUE. Thank you, very much.

[The statement follows:]

PREPARED STATEMENT OF BETH GIESTING

Mr. Chairman, Members of the Committee, and Members of our Congressional Delegation: Ample data exist describing Native Hawaiians' disproportionate rates of

- Asthma and other respiratory conditions
- Diabetes
- Hypertension and chronic heart disease
- Cancer
- Dental caries
- Substance abuse
- Teen pregnancy
- Late entry to and lack of prenatal care
- And other conditions

Only Native Hawaiians themselves can change the status of their health and, with the aid and support of select institutions, they are eager to do so. We believe established programs are helping Native Hawaiians, and, with expansion, can support even more Kanaka Maoli (the native people of Hawaii) succeed to better health.

The Approach to Health and the Native Hawaiian Health Care Act.—Authorities on Native Hawaiian health emphasize that health and healing among Kanaka Maoli are part of a culturally-centered process balancing spirituality, personal relationships and the natural environment. Clearly then, the means to improve the health of Native Hawaiians is not via the Western medical system (although that system has tools that can be used), nor is the solution quick, easy, or inexpensive. Improving diet and nutrition; increasing levels of exercise; and reducing smoking, drinking

and use of illicit drugs will greatly advance the health of Native Hawaiians, and such lifestyle changes can only be the result of culturally-based, integrative approaches.

The Native Hawaiian Health Care Act and its successor Native Hawaiian Health Care Improvement Act recognize both the need to provide help and the fundamental difference in how to achieve the goal of better health status for Native Hawaiians. The Native Hawaiian Health Care Systems and the Native Hawaiian Health Professions Scholarship Program, established under the Act, are examples of two programs that, in collaboration with community health centers, can have a tremendous affect on the health status of Kanaka Maoli over time. These programs are part of mid- and long-term strategies. The systems aim to inculcate healthy lifestyles in the context of Native Hawaiian culture, as well as meeting more immediate needs through outreach, case management, referral, and enabling services. The scholarship program seeks to encourage appropriate and timely use of health care services among Native Hawaiians by helping those who understand and are of the culture become the providers of health care. A secondary benefit of the scholarship program is encouraging Kanaka Maoli to help themselves and their communities as health care professionals.

The Critical Role of Community Health Centers.—Community Health Centers also play a key role in helping Native Hawaiians improve their health status. They already meet many of those health needs, having served 20,500 Native Hawaiians on three islands during fiscal year 1998.

- Health centers' programs exist in areas where many Native Hawaiians live, notably, Wai'anae, Waimānalo, Windward and North Shore O'ahu, Hāna, Hilo, Pāhoa, and Ka'ū.
- Health centers specialize in serving those who experience barriers to the "mainstream" health system. These barriers include poverty and lack of insurance, transportation, and cultural dissonance.
- Centers provide a wide range of community-appropriate primary care that often includes dental, mental and behavioral health, urgent care, and nutrition.
- Health Centers employ Native Hawaiian Scholars and, with additional resources, would be able to hire more.

What community health centers want to do more of is help their patients—Native Hawaiians and others—get and stay healthier. Although that is their goal, health and prevention programs are generally beyond the means of financially strapped health centers. An example of a program other health centers would like to emulate is Waimānalo Health Center's 'Ai Kupele, a culturally-centered approach to promoting healthy behaviors such as nutrition and exercise, and preventing substance abuse and domestic violence. Programs such as 'Ai Kupele, supported by short-term grants, are in danger when funding cycles ends.

What These Programs Need to Succeed.—Three elements are critical to the success of these approaches:

- Financial resources.
- Policy support.
- Time.

Our Western health care system is centered on "medical" rather than "health" care and is funded almost exclusively by public and private health insurance. A medical model supported by diminishing insurance dollars does not support the activities most likely to influence healthy lifestyles among Kanaka Maoli. Traditional fee-for-service health insurance pays physicians for medical diagnoses and procedures performed on people with medical conditions. In theory, managed care supports health promotion and a broader spectrum of practitioners. In reality, it does not—there is no financial incentive for prevention as long as individuals are in and out of managed care programs with little or no long-term enrollment. Moreover, many of the people who are most in need of health care interventions are uninsured. They can little afford to avail themselves of timely and preventive clinical care much less get health advice and counseling.

The Committee on Appropriations, Subcommittee on Labor, Health and Human Services, and Education can advance efforts to reduce health disparities among Native Hawaiians by providing the resources that are needed to fund activities that promote healthy lifestyles. Working with established community-based health organizations (i.e., Community Health Centers and the Native Hawaiian Health Care Systems) and the Health Professions Scholarship Program is the most effective means to accomplish this goal.

These efforts may be expensive: They must target all the approximately 220,000 Kanaka Maoli in Hawaii, not just those in selected communities or defined socio-economic groups. The scholarship program is a necessary tool to assure that Native Hawaiians can find competent professionals from whom they will be comfortable

seeking care. It is also important that Native Hawaiians be proportionately represented among the health professions and future health policy makers.

The commitment has to be for the long haul. It takes ample time and consistent work to help people improve their health habits. Even when more salubrious practices replace bad habits, it can take years before these changes result in measurable improvements. Training an adequate Native Hawaiian health professional workforce also takes decades.

This Committee might also take on the more far-reaching and visionary role of considering a national health care program. Such a program would have the virtues of eliminating the barriers of poverty and lack of insurance while giving the health care system an incentive to support wellness activities

Thank you for giving us this opportunity to testify.

Senator INOUE. Before proceeding I'd like to announce that 2 years ago, as some of you are aware, we began the consultation process with E Ola Mau and Papa Ola Lokahi to draft the appropriate measure for the Native Hawaiian Health Care Improvement Act reauthorization.

The consultation process will be completed this September, which is just about a month from now. And after the conclusion of that process the draft bill will be submitted to us. And we, in turn, will call upon the Senate legislative counsel for drafting it into a formal Senate format.

When that is completed we will introduce the measure. And after the introduction we will conduct hearings in Hawaii as a final step.

What I'm trying to point out is that as a result of this consultation process the Health Bill for Native Hawaiians will be the product not of Washington but of Hawaii.

As some of you may be aware the Native Hawaiian Health Improvement Act includes, among other things, recognition of native doctors. This is the first time that this nation has recognized native doctors or kahunas.

We also have the reauthorization of the Education Act. We will be conducting hearings on this measure together with that of the health measure beginning, hopefully, in November after the session is ended in the Congress.

So be ready for important hearings because this will be the hearing to determine the scope of the measure that we hope the Congress of the United States will approve.

Mr. Thompson, we have heard some statistics from you and your Papa Ola Lokahi team that substantiate the findings of many studies that have been conducted which show that the native peoples of the United States the Indians, the Aleuts, the Alaskan Natives, and Native Hawaiians, have conditions on health that are in many cases in some categories worse than Third World countries. It is a national disgrace.

One statistic interested me: \$1,200 per capita for Native Indians and Alaska Natives and \$16 for Native Hawaiians.

Looking at those numbers as presented would conjure up a horrendous picture. But it should be noted that as a result of treaty obligations, 100 percent of the cost of health care in Indian Reservations are paid for by the Federal Government. There are no funds from the State or the county.

In the case of Native Hawaiians there are many dollars that utilize to benefit Native Hawaiians which may not show up slow up on your \$16. For example, the funds that Dr. Andrade has spoken of.

So these statistics, unless you analyze, it may be distorted. I believe that dollar for dollar Native Hawaiians receive more per capita than other indigenous people of the United States, which doesn't say much.

I think all should be receiving much more so that our health status could be better than Third World countries.

Are you people agreeing to the 65 percent of children born today at risk? Is that the finding of Papa Ola Lokahi also?

Mr. THOMPSON. I'm not aware of it, Senator, at this point in time. I was surprised to hear it. We would like to pursue in talking to people about that.

Senator INOUE. Because I've never heard of any numbers worse than that even for Third World countries. Sixty-five percent. Can you check that out for us?

Mr. THOMPSON. We shall.

Senator INOUE. Of the programs that are now in progress in your organization are you satisfied with the results?

Mr. THOMPSON. Some of our programs have been very productive in terms of prevention. And I alluded to that in our—by referring to our early childhood development program in our family-based education centers where the pregnant mother is addressed and new fetus is also addressed in terms of its well-being. The results of that program have been quite impressive, I think.

It's those kinds of programs we need to look at and possibly improve and expand not only for our youngsters but for all the youngsters of Hawaii.

Senator INOUE. Is your team satisfied with the consultation process that has been conducted over the last 2 years in the drafting of the new bill?

Mr. THOMPSON. Oh, yes. We're very pleased with the opportunity to work with the Federal people in relation to the consultation.

Senator INOUE. Well, we're all set to introduce the measure as soon as the final process has ended. I am enthused about the new product that will be coming up.

Mr. THOMPSON. We are too, Senator.

Senator INOUE. The congressional delegation is prepared to jointly introduce this in the House and in the Senate. So we look forward to successful advocacy of Native Hawaiian health.

Mr. THOMPSON. This brings it right back to the community in determining the priorities and the programs. Thank you.

Senator INOUE. Dr. Andrade, you know, I could have sat here for hours listening to you. We will be submitting questions, statistical types, that we hope you will respond to.

In listening to your testimony it reminded me that in Indian Reservations at the present time 28 community colleges, there are no universities yet. They're all supported by the Federal Government, very miniscule support, but they're supported by the Federal Government. They receive no State funds or county funds.

In your case we do receive State funds to assist Native Hawaiians, don't we?

Dr. ANDRADE. That's minimal, Senator. It comes primarily from because I'm a tenured professor, the contribution I give my research is in kind. That's our primary contribution to our research

effort which is about 40 percent time which I give. That's really—and the facilities that we utilize.

Our major source of funding has been from the National Institutes of Mental Health. I have to say Dr. Patrick Deleon from your office has been our champion in terms of really getting to NIH and making them aware of how important our grant is.

We compete with everyone else. But without that extra voice in Washington bringing us to the forefront of NIMH administrators it would be very difficult for us to have a voice because we're geographically so isolated.

The other area where we have been very fortunate is private foundations. We've sought moneys from there as well. They have been most helpful in helping us fund our efforts.

We right now have a grant, a 5-year grant that we are hoping will get funded. It has been approved. We're waiting for the funding notice from NIHM.

Senator INOUE. I have been accused of maintaining an in-house mental health lobbyist. Now the secret's out. [Laughter.]

We'll admit to that. When will your paper be published?

Dr. ANDRADE. I'll make sure your committee gets copies of all, the especially those three papers, which are all in manuscript form. As soon as we just finish up on the MET analysis, especially for the prevalence rates, I will send copies to your committee to make sure you have them available.

Senator INOUE. Thank you very much. Dr. Fukino, what sort of collaboration or liaison do you maintain with the State Board of Health?

Dr. FUKINO. We have, as part of our membership, members of the Department of Health—wait the State Board of Health?

Senator INOUE. I mean State Department of Health, I'm sorry. Yes.

Dr. FUKINO. I know that we are supposed to be meeting with director Anderson probably in the next couple of weeks. I don't know if we have an appointment scheduled yet.

We have met with smaller branches within the Department of Health to look at their data and to assist them in aggregating in a faster way.

Actually this is a relatively new program that we have started within this past year in part because of grant money that we received from the Queen Emma Foundation.

We also were told recently that our grant proposal to NIH is in the stage where it goes to scientific merit review I think sometime in October of this year with regards to the database in particular, the cardiovascular risk assessment monitoring program that we have been monitoring.

Senator INOUE. Ms. Giesting, I was most pleased to learn of your assessment of the Waimanalo Health Center. How would you assess the other centers?

Ms. GIESTING. I believe that the other centers, to the extent they serve very high proportions of Native Hawaiians, also have special programs and make special efforts to meet those needs.

As you know not all of the health centers are providing services to very large numbers of Native Hawaiians. So they all do have a number of ways to overcome cultural language, income, other kinds

of barriers, but not necessarily special programs for Native Hawaiians.

Senator INOUE. Finally, if I may get back to you, Dr. Andrade. I was most interested in your statement that cultural values have a major impact upon the health conditions of native peoples.

This panel here, your congressional delegation, over the years have been involved in a lot of cultural programs. For that we have been receiving a lot of criticism. For example, funds for the construction of the Hawaii Loa or the Hokule'a headlines "A Million Dollars For A Canoe."

But we have been told that these canoes have done a lot to restore pride not only in navigation but in the Polynesian people and their history. Would those programs help?

Dr. ANDRADE. In a phrase, absolutely. What we believe from the findings that we see, and in particular the paper on the native healers, for those young Hawaiian boys soon to be men and how they seek native traditional methods for their problems, tell us that a forum like the Hokule'a opens the door for us to then introduce ideas about: Whether or not you should use drugs or alcohol.

How you communicate with your parents about problems you may have. How do you communicate with your siblings about problems that you have.

Also that we have to remember that our existing school systems, for the most part, are measures of conformity in terms of success. They are not measures of esteem, of optimism. That kids do best when they feel hopeful and when they feel cared for.

Really successful kids sort of turn things around when you ask them will usually focus in on a counselor or teacher that has personalized their experience, and made that translation for them of the existing Western school system into something that's personal, that's relevant, if you will, is cultural.

What the Hokule'a does and other initiatives like the Hokule'a within schools like alternative school base—and one that comes to my mind immediately that I know is affected by the Kamehameha Schools Bishop Estate pull back of funding was at Honaunau, the Hale Ho'oponopono project which was pulled back early on.

That was a superb project for keeping kids who would otherwise never stay in school and get into serious abuse problems, stay in school and become successful men and women.

Not many of them, perhaps, went on to college. The fact of the matter is they're productive citizens today. That's the difference.

I also believe, if I can just extrapolate, a lot of people have said 10 years later all the money from the Hawaiian Health Care Act why have we not seen more appreciable changes in the positive direction with the health status?

Because it's sort of chilling when you realize, Senator, we're sitting here 10 years later. We're hearing the same litany of statistics, if not worse, in some cases.

I believe the reason why the Native Hawaiian health care centers and that system has not been able to make the impact they need to is because we do not have individuals who are trained in both worlds.

In other words, they have the technical skills and the cultural skills. We don't have enough of them to make that transition with the population out there.

So what happens? It's easier when you have a grant to use a preformed set of protocols and say: This is how we treat substance abuse. Then impose that on this population. This is how we treat depression. This is how we treat this or that.

That just doesn't jive for Native Hawaiians in a cultural way. I believe our research is one of the first research studies to really look at that question from an objective standpoint and, indeed, show evidence that that's what we're missing. We need to put that component in.

One specific example I can give you of the success of that is the Hale Ko'o Pa—excuse me. It's the substance abuse program that I'm absolutely blocking on in Waianae for Native Hawaiians which Ho'oipo DeCambra oversees. Ho'o Mau Keola. Thank you. This is a marvelous program.

What they did is they got the package deal from the Feds. They realized this was not working. It was a great 12 step program, well established nationally. But it wasn't working for their clients who kept coming back in a revolving door, predominantly Native Hawaiian clients from every socio-economic background throughout the State.

What they did is they got cultural experts, and they reframed the 12 step program utilizing ho'oponopono stages and inputting through cultural experts traditional Native Hawaiian psycho-education, psycho-drama.

Incredibly creative but culturally so appropriate. Their recidivism rate went from, I think they had a recidivism rate of about 60 percent.

Within 2 years of implementing these changes and programs it went down to less than 1 percent. Those people are still out 5 years later. This is an incredible change.

This, I think, is an example of what can happen when you get qualified people. Because what the leaders did at Ho'o Mau is that they brought people with expertise on both sides, cultural experts and Western-trained doctors, experts, and then brainstormed together and produced the product that had both.

I believe this is what this next phase of the Hawaiian Health Care Act really needs to look at and put monies into that particular area of focus.

Senator INOUE. Your answers make me feel so good. Then you would say that your studies would support programs like language immersion?

Dr. ANDRADE. Again, absolutely.

Senator INOUE. What about the restoration of fishponds?

Dr. ANDRADE. Oh, God. I could go on: Yes, yes, yes. [Laughter.]

Senator INOUE. So we're on the right track?

Dr. ANDRADE. Absolutely. Absolutely.

Senator INOUE. So we're not wasting money?

Dr. ANDRADE. Every time in our people's environment whether it's in our homes, outside our homes, walking to school, going to work, you see a fishpond that's restored that brings mullet and moi into the supermarket.

When you have lunch wagons that serve Hawaiian plate lunches that are very healthful, what you're doing is you are reaffirming for that ethnic group that what they have is sound, it is nutritious, it is long lasting.

It brings to a group of people the reaffirmation which is what culture is. If you think about it, what is culture? Culture is a means by which we reaffirm our sense of morality.

It is that yardstick that a group has to measure what within itself makes it bigger than itself. And all of the physical and educational and social institutions that reinforce that concept only bring home again to the Hawaiian people that what you have is something very special, that we are not going to let go away.

Senator INOUE. Thank you. Senator Akaka.

Senator AKAKA. Thank you very much, Mr. Chairman. It's delightful to hear what we've heard about our Hawaiian people and also to hear the problems that the Hawaiian people have.

Coming back to the 64 percent, it's really unreal for me to think that any ethnic group would have that kind of statistic. I certainly want to have this confirmed, that may be in future hearings, to hear what has happened since all of these programs are in place.

Pinky, I want to congratulate you and Papa Ola Lokahi in particular for your vision and what you're trying to do in understanding the Hawaiians, their problems and their future. With that that helps us to determine what we need to support your vision and your programs.

I always felt that the Hokule'a was helping the Hawaiians. Because I believe that one of our problems that's deep-seated, Dr. Andrade, is that of self-esteem and pride. As you mentioned, even the plate lunch, it's self-esteem and pride when they feel, "That's our own. It's good for us. It helps us to be healthy." I think we need to do more of this as we can.

But first but what we're doing now is trying to understand what the Hawaiians are. Another part to this I'm interested in finding out—I think I'm certain that the surveys and statistics you have are—and maybe I'm wrong so correct me—are of the Hawaiians who live in Hawaii.

What I am interested in knowing also is how do these compare with Hawaiians who live on the mainland. Also to look at that and to see if there is a difference, what difference it makes living in a different environment.

From the Papa Ola Lokahi, Mr. Campos, I was interested in the CHIP program that you mentioned and especially mentioning how this was not used to its fullest.

I would ask you is there something that we can do about that at the present time or it's just too late?

Mr. CAMPOS. It's not too late. We're still going to lobby in the State Legislature next year to make sure this program passes and the State keeps it going. We will be working with Dr. Anderson and the Legislature to make sure that it doesn't fall through. Hopefully it doesn't. It means a lot to the Hawaiian people, especially our children.

Senator AKAKA. I was also intrigued with your lifestyle modification part about nutrition and diet. I think basically this is another part of the Hawaiians that can certainly help their health. A Ha-

waiian word that we sometimes live by is ono. As long as it's ono we eat it. Sometimes it doesn't help us healthwise.

Dr. Andrade, marvelous hearing from you always. And to hear the depths of your understanding of psychiatry and particularly your understanding of Hawaiians, and also telling us about the problems that Hawaiians have.

I wondered whether—and I feel that at the bottom of all this is self-esteem and pride—whether anything is being done with the Department of Education along these lines to try to reach the Hawaiians in Hawaii?

Dr. ANDRADE. I know from the high schools that we have worked on there is a profound dedication by top leadership in these schools to really perpetuate Hawaiian ethnic pride. They take it very seriously.

I don't know if I could make the same statement statewide but I venture to guess that because most educators I mean I think, refreshingly to me, I found cared very deeply about the students they cared for and they teach. I mean I think overwhelmingly so. They very much welcome any kind of input.

For example, one of the major things that our research group does for the school that we work in give annual workshops on dealing with Hawaiian issues, dealing with kids who may be threatening or just not in sync with the rest and how to get teachers who are recently recruited from the continent understanding and more fluent in the local culture. So I think that those things are happening as well.

Senator AKAKA. One interesting thing about your testimony, particularly, was when you mentioned about males, Hawaiian males seeking treatment by native healers. You mentioned that, I wonder in particular, what significance does this have?

Dr. ANDRADE. The question is really a complex one. I'm not saying that by way of not answering you. But it's just that I think one of the major mistakes we can make when we try to shape public policy is to find the quick answer.

Because obviously just the data I showed on the cultural scale and the native healers really showed us the depth to the whole role of culture that we hadn't even anticipated as scientists. It's a totally different point of view.

Had we just kind of looked for, oh, great it's a risk factor or it's a protective factor, we really would have missed the entire boat which is the really major focus for culture is really on intervention and prevention strategies.

It's not worrying about risk or protective factors. Take that then with why do boys choose then to go to traditional healers?

I believe some highlight may be shown in one of the findings that we found in our Native Hawaiian culture scale. In that scale we have subscales of culture, cultural elements.

For example, we have elements of spiritual religious beliefs and practices, lifestyle practices, things that kids get together and do.

The example with lifestyles those are things like traditional opelu fishing, lohi farming, hunting, pig hunting, which is considered very much for Hawaiian young men and fathers very important part of the culture because it's food gathering practices, opihi,

limu all of the things that you really have to sort of learn the ritual to get and gather these things.

As opposed to the social activities subscale which is things like going to the Merry Monarch Hula Festival, listening to Da Kine radio station which is the most popular on O'ahu, at least, Hawaiian music station, and those kinds of activities that kids get together and a lot of kids do.

What we find is that among the Native Hawaiian males they tended to—that were in trouble, that get into trouble—they tended to score much higher on the lifestyles.

What that we think that indicates that developmentally they're at a stage that they're really, kids and adolescents are trying to sort of consolidate their behavior and their identity. That's where cultural identity becomes a major factor in that phase of development.

What we believe is that among the Native Hawaiians males who really resonate towards the food gathering practices, that an extension, traditional healers basically who follow those rituals in gathering because you gather food and you gather herbs, and going out into the forest and learning about the forest when you hunt. You learn about the native remedies that are in the forest in case you get injured.

How do you use fern, a fern poultice to stop the bleeding if you cut yourself from a boar.

So what we think for these Hawaiian males which traditionally practice food gathering practices that they in fact will tend to go to traditional healers just by virtue of the environment that they are comfortable in.

The traditional healers are comfortable in forests. They're comfortable in the ocean and sea where they gather a lot of their la'au.

We believe this is the connection. Dr. Cathy Bell who is one of the young triple board residents, she will graduate next year, she was an honor student at Yale. She has already won two national awards for the research work is the first author of that people on native healers.

Her plan is to go for a first time investigated grant to study this question more carefully so that we might be able to make some interventions for adolescents and families that are much more meaningful.

Senator AKAKA. Thank you so much for your response. Mr. Chairman, thank you.

Senator INOUYE. Representative Mink.

Mrs. MINK. Thank you, Senator. I have a million questions. I know there's no time for all of them. I merely want to say how much I learned from your testimony today, some startling statistics like the Native Alaskan comparison with the Native Hawaiian expenditure.

All of the questions having to do with Western medicine versus Hawaiian medicine, one that's more culturally relevant.

It raises a question that I think would be helpful if we had it in the record if not today perhaps supplied, that is in the nonparticipation in Western medicine, which can cause some very serious complications for people who reject it.

What is the ratio of participation in the Native Hawaiian community in Hawaii with respect to programs like Medicare? Do they participate? Do they not participate? Is the level of participation much lower in that program than the regular population? Are there some answers on that?

Because that would surely be indicative of a criterion of need with respect to the Native Hawaiian community.

Mr. THOMPSON. Congresswoman Mink, I'm not aware of any statistics at this point in time regarding the participation of Native Hawaiians in the Medicare program. But it's certainly a question that needs to be addressed, and we shall.

Mrs. MINK. I think that outreach is always a problem. That's certainly the finding of Congress with reference to Children's Health Insurance Initiative, the CHIP program.

It's really tragic that the State Legislature did not come up with the monies to match the \$9 million which was made available by Congress.

But there again, the level upon which the Native Hawaiian community would come forward and participate in even CHIP is something that I think bears watching.

Maybe we might find that additional funding would be necessary in order to level off the participation in these generally available health related funds for the Native Hawaiian community. Thank you very much, Senator.

Dr. FUKINO. If I could respond to Representative Mink for just a while. The question of participation with programs like Medicare or any kind of health insurance I think is important. But it's also important to look at not just whether or not you have access to the program but whether or not you use it.

One of the concerns that E Ola Mau has had is that there is I think a general feeling that the middle class Native Hawaiian is adequately cared for and looked after because they work and they carry health insurance.

As a private practitioner I can tell you the cultural bias of Native Hawaiians are present even if you do have health insurance and own a house.

E Ola Mau has looked at this data from a statistical standpoint. HHC data, Healthy Hawaiian Communities data that looked at where Native Hawaiians are socio-economically. We have identified what we call the Honolulu corridor which by ahupua'a definitions brought us east Hawaii all the way to the Ewa Plains.

Native Hawaiians in this area are viewed as being okay because they are employed and they have health insurance. Yet when you look at the health statistic, death statistics and incidence of disease these Native Hawaiians also participate in the poor health status.

So the concern that I think we as Native Hawaiian practitioners have is not just the accessibility but the use of these services.

Senator INOUE. I'd like to thank all—yes?

Dr. ANDRADE. Yes. I just want, Senator, to add onto my colleague's comments in terms of, for Representative Mink, the use of insurance and statistics.

I believe if we look at the blood quantum issue you will find that the higher the blood quantum the worse the problems. Now, people

might jump to the conclusion that there is something genetic because it's blood quantum.

That, in fact, is not the case at least from what we are finding in our studies. What we found is that blood quantum had very little to do in terms of creating variance. In other words what accounts for the difference or changes that we find between one group and another, in this case Native Hawaiians.

So it wasn't something genetic. In fact what we think has more to do with it is that most Hawaiians with higher blood quantum are in enclaves. And those enclaves like Nanakuli, Waianae, Keaukaha and so forth are in economically very depressed—Moloka'i is another predominantly Hawaiian community—very economically depressed communities.

So, in fact, the causes are really social and economic rather than racial. I really wanted to make that point really clear.

Because I think the economic trends which would presuppose somebody qualifying for Medicare, for example, really would show that trend as well.

Senator INOUE. I thank you very much. It appears at this stage we will not be able to conclude our hearings at 12:00. But fear not, I'll be around.

Our next panel consists of the director of the Native Hawaiian Health Scholarship Program, Dr. Sita Nissanka; Dr. Michelle Suber, Dr. Nanette Judd, Mr. Henry Auwae, Mr. Kawaikapuokalani Hewett, director of the Cultural Health Program, Waimanalo Health Center. I thank you all for attending.

May I call on Dr. Nissanka. Will the witnesses come forward. Is Mr. Henry Auwae here? Oh, here. Now we can start with you. Is Mr. Hewett here? If not, I thank all of you for attending. May I call upon Dr. Nissanka.

STATEMENT OF DR. SITA NISSANKA, DIRECTOR, NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM, KAMEHAMEHA SCHOOLS BISHOP ESTATE

Dr. NISSANKA. Senator Inouye, Senator Akaka, Representative Mink, and the staff. Can you hear me now?

My name is Sita Nissanka. I'm the director of the Native Hawaiian Health Scholarship Program at Kamehameha Schools Bishop Estate. And I'm honored to be provided this opportunity to testify.

The purpose of the Native Hawaiian Health Scholarship Program is to improve the health status of the Native Hawaiians by selecting Native Hawaiians for scholarships, to be trained in selected health professions, prepare scholarship recipients to deliver primary health care services to Native Hawaiians as well as disadvantaged and vulnerable populations in underserved communities.

The Native Hawaiian Health Scholarship Program was implemented October 1, 1990 and is currently authorized by the Native Hawaiians Health Care Improvement Act.

The program is funded through a cooperative agreement between the Public Health Service Division of Programs of Special Populations and Kamehameha Schools Bishop Estate.

The Kamehameha Schools Bishop Estate is responsible for recruiting, screening, retention counseling and preparing students to give their services in health professional shortage and medically underserved areas.

The program applicants must be Native Hawaiians, citizens of the United States and enrolled or accepted into accredited health professional training programs.

The eligibility requirements are judged based on work experience, academic record, demonstrative interest in providing primary health care services, experience or interest in working with the Native Hawaiian population and knowledge of Native Hawaiian culture and values.

The Hawaii State Primary Health Care Association is responsible for placing scholarship recipients after graduation and monitoring their services. The Federal Government directly awards and disburses the scholarship funds.

The scholarship assistance includes full tuition, related educational expenses such as books and supplies, and other reasonable educational expenses as well as a monthly stipend of approximately \$1,000. And this amount increases by 10 percent each year.

The scholarship recipients are committed to a service obligation of 1 year of service for each year of scholarship assistance with a minimum of 2 years and maximum of 4 years.

The obligated service requirement is fulfilled through services in order of priority in any one of the five health care, Native Hawaiian Health Care Systems, a health professional shortage area or medically underserved area located in the State of Hawaii or any geographic area or facility similarly designated by the U.S. Public Health Service in the State of Hawaii.

The scholarship recipients are required to engage in full time clinical or non-clinical practice of the profession for which the scholarships were awarded.

The total number of scholarship recipients to date is 92. Thirty-seven are currently in service. Sixteen of these health professionals have completed their services, service obligations and still remain in service in underserved areas.

A detailed status report on scholarship recipients is also attached with the testimony.

Scholarship recipients in training and in service are active participants in rural communities and in Native Hawaiian cultural activities, and have developed very innovative programs to get communities involved in their own health and disease prevention activities.

I want to add this. Dr. Andrade's testimony mentioned several doctors in her triple board particularly Dr. Bell. These are our students. They have been. They are scholarship recipients now in medical school and going into residency.

PREPARED STATEMENT

We have more and more Native Hawaiian medical students now interested in the mental health field because there is a great need and we do encourage that. Thank you very much.

Senator INOUYE. Thank you very much.

[The statement follows:]

PREPARED STATEMENT OF DR. SITA NISSANKA

Good morning, Mr. Chairman and distinguished committee members. My name is Sita Nissanka, Director of the Native Hawaiian Health Scholarship Program

(NHHSF) at Kamehameha Schools Bishop Estate (KSBE). I am honored to be provided this opportunity to testify.

The purpose of the Native Hawaiian Health Scholarship Program is to improve the health status of the Native Hawaiians by selecting Native Hawaiians for scholarships, to be trained in selected health professions, prepare scholarship recipients to deliver primary health care services to Native Hawaiians as well as disadvantaged and vulnerable populations in underserved rural communities.

PROGRAM DESCRIPTION

The Native Hawaiian Health Scholarship Program was implemented October 1, 1990 and is currently authorized by the Native Hawaiian Health Care Improvement Act of 1992 (Public Law 102-396).

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The obligated service requirement is fulfilled through service in order of priority, in (1) any one of the five Native Hawaiian Health Care Systems, (2) a health professional shortage area or medically underserved area, located in the State of Hawaii or any geographic area or facility similarly designated by the U.S. Public Health Service in the State of Hawaii. The scholarship recipients are required to engage in full time clinical or non-clinical practice of the profession for which the scholarships were awarded.

The total number of scholarship recipients to date is 92. Thirty-seven (37) are currently in service, sixteen (16) of these health professionals have completed their service obligations and still remain in service in underserved areas. A detailed status report on scholarship recipients is attached.

Scholarship recipients in training and in service are active participants in rural communities and in Native Hawaiian cultural activities and have developed very innovative programs to get communities involved in their own health and disease prevention activities.

STATEMENT OF DR. MICHELLE SUBER, RESIDENT, NORTH HAWAII COMMUNITY HOSPITAL

Senator INOUE. Doctor Suber.

Dr. SUBER. Senator Inouye, Senator Akaka and Representative Mink, it's a pleasure and an honor to present to you today the practice of Naturopathic medicine as it relates to Native Hawaiians.

I have had the opportunity to be a resident at North Hawaii Community Hospital on the Big Island doing a program in integrated medical care during the past year.

In the draft of the National Plan to Advance Integrated Health Care, three priorities have been identified: Fund the development of research infrastructure at the accredited naturopathic medical schools and programs.

Provide funding to identify and replicate models of integrated care in which naturopathic physicians and other credentialed complementary and alternative providers participate on a level playing field with conventional providers.

Eliminate the statutory and regulatory barriers to the participation of naturopathic doctors in the nation's Public Health Service.

My relationship to the health of Native Hawaiians in particular has been primarily through private practice in naturopathic family care, as well as through work with four medical doctors on staff at North Hawaii Community Hospital.

Based on my experience with caring for the Native Hawaiian population, it's essential that these national priorities set forth for safe, accountable and complete healthcare also be approached at a local level, participation in the nation's Public Health Service having the most immediate and profound effect for Native Hawaiians.

Sensible places to begin are Hawaii's six sites designated as Health Professional Shortage Areas for primary care. These are: Hana/Haiku; Lana'i Island, Moloka'i Island, Puna; Ka'u and Hamakua.

The people of Hawaii require competent care particularly in the treatment and very importantly, the prevention of certain chronic diseases. The application of the founding principles of naturopathic medicine, such as nutrition, exercise, and a healthy lifestyle, are critical. Native Hawaiians have impressive statistical rates of chronic degenerative diseases, such as cancer, hyperlipidemia, and diabetes mellitus.

According to the 1996 study entitled, "Creating a Surveillance System for Diabetes in Hawaii," approximately 52,000 people in Hawaii have some form of diabetes.

This is 48 percent higher than the national rate. The prevalence rate among residents of the Big Island is nearly 50 percent higher than the statewide prevalence rate which appears to be related to the higher number of people of Hawaiian and part-Hawaiian ancestry on the Big Island.

Obesity is also a major health issue in our State. The statewide average 21.8 percent for Native Hawaiian's and part-Hawaiians it is 46.2 percent. This is from the "Hawaii Health Performance Plan, Optimum Health for Hawaii's People."

Naturopathic physicians are licensed in twelve States to provide primary care medical services. The tenets of naturopathic medicine include the following: Treating the whole person, educating our patients in their own care, utilizing the healing power of nature and seeking and treating the cause of illness versus merely treating symptoms.

Using science-based tradition we focus not only on the prevention of disease but also on the wellness and vitality of our patients and our communities.

On our own accord we participate in all of the major models of accreditation and certification to certify our safety and accountability.

There is a natural affinity in both goals and values between the naturopathic profession and the Public Health Service.

The emphasis on prevention and training for self-care, the deep caring for the underserved and the systemic view of complex rela-

tionships among patient, family and society, these are aspects where the mutuality of goals and values become apparent.

Opening the Public Health Service to naturopathic physicians will serve Native Hawaiians by increasing the scope of primary care and preventive services offered to the underserved.

PREPARED STATEMENT

It will help the profession to be at the forefront of developing models of integrated service delivery. Thank you very much.

Senator INOUE. Thank you very much, Doctor.
[The statement follows:]

PREPARED STATEMENT OF DR. MICHELLE SUBER

THE PRACTICE OF NATUROPATHIC MEDICINE AS IT RELATES TO NATIVE HAWAIIANS

In the draft of the National Plan to Advance Integrated Health Care, three priorities have been identified:

1. Fund the development of research infrastructure at the accredited naturopathic medical schools and programs.
2. Provide funding to identify and replicate models of integrated care in which naturopathic physicians and other credentialed complementary and alternative (CAM) providers participate on a level playing field with conventional providers.
3. Eliminate the statutory and regulatory barriers to the participation of naturopathic doctors in the nation's Public Health Service.

During the past eleven months I have had the distinct honor of being the only naturopathic physician doing a residency program on the staff of a conventional hospital in the United States. My relationship to the health of Native Hawaiians in particular has been primarily through private practice in naturopathic family care, as well as through work with four medical doctors also on staff at North Hawaii Community Hospital on the Big Island. Based on my experience with caring for the Native Hawaiian population, it is essential that these national priorities set forth for safe, accountable, and complete healthcare also be approached at a local level, participation in the nation's Public Health Service having the most immediate and profound effect.

Sensible places to begin are Hawaii's six sites designated as Health Professional Shortage Areas (HPSA) for primary care: Hana/Haiku; Lana'i Island, Moloka'i Island; Puna; Ka'u; and Hamakua.

The people of Hawaii require competent care particularly in the treatment and very importantly, the prevention of certain chronic diseases. The application of the founding principles of naturopathic medicine, such as nutrition, exercise, and a healthy lifestyle, are critical. Native Hawaiians have impressive statistical rates of chronic degenerative diseases, such as cancer, hyperlipidemia, and diabetes mellitus.

For example, according to the 1996 study entitled "Creating a Surveillance System for Diabetes in Hawaii," approximately 52,000 people in Hawaii have some form of diabetes. This is 48 percent higher than the national rate; the prevalence rate among residents of the Big Island is nearly 50 percent higher than the statewide prevalence rate which appears to be related to the higher number of people of Hawaiian and Part-Hawaiian ancestry on the Big Island. Obesity is also a major health issue of our state, the statewide average 21.8 percent, for native Hawaiians/Part Hawaiians it is 46.2 percent. (Hawaii Health Performance Plan, Optimum Health for Hawaii's People, draft 11/09/98.)

Naturopathic physicians are licensed in twelve states to provide primary care medical services. The tenets of naturopathic medicine include the following: Treating the whole person, educating our patients in their own care, utilizing the healing power of nature, and seeking and treating the cause of illness (versus merely treating symptoms). Using science-based tradition, we focus not only on prevention of disease, but also on the wellness and vitality of our patients and our communities. On our own accord, we participate in all of the major models of accreditation and certification to assure our safety and accountability.

There is a natural affinity in both goals and values between the naturopathic profession and the Public Health Service. The emphasis on prevention and training for self-care, the deep caring for the underserved, the systemic view of the complex relationships among patient, family and society—these are aspects where the mutuality

of goals and values becomes apparent. Opening the Public Health Service to naturopathic physicians will serve Native Hawaiians by increasing the scope of primary care and preventive services offered to the underserved, and it will help the profession to be at the forefront of developing models of integrated service delivery.

STATEMENT OF HENRY AUWAE, KUPUNA LA'AU LAPA'AU O HAWAII

Senator INOUE. Now may I call on Mr. Auwae.

Mr. AUWAE. Aloha, Senator Inouye, Senator Akaka, Representative Mink and your staff. I'd like to introduce myself. My name is Papa Henry Auwae. I'm head of all the La'au Lapa'au kupuna in the State of Hawaii and also traditional healers for, and teacher and instructor for 100 students from Hawaii, Moloka'i, O'ahu and also teach people from Ni'ihau, Kaua'i or Maui.

I work with all ethnic group of people in treating and teaching the art of healing. I have, I was taught by my great great grandmother who was 114 years when she passed on. I started when I was 7 years old. I'm 93 years old now.

I also have 16 children, 7 boys and 9 daughters. As of today I have 300 grandchildren, great grandchildren, and great great grandchildren.

I come before this committee to support Papa Ola Lokahi for their endeavor in helping training and the group that I'm teaching for the last 5 years training people for la'au lapa'au healers.

I have worked with 2,500 different kind of medicine, different kind of herbs. But the main training I have I learned from my great great grandfather it's spiritual learning.

Spiritual learning is pule to help heal people. If you don't have a love for the people then it's not your business to heal people. You have to train, have compassion, have aloha, have all the making of learning and helping other people to get well.

This is the things that I support Papa Ola Lokahi for their effort of helping me help other people in the healing process. Not only Hawaiians. I learned from my great great grandmother that God put all herbs on earth. He didn't say not only for Hawaiians but for all mankind. This is what I learned. This is what I pass on to my students.

I have a lot of different type of people in my group. And we need more people to learn to teach, but people that have heart, that believe and a little bit head to think.

You know today a lot of people they only think about money. But my days when I learned until today money doesn't come first to me. Health comes first. Life come first. Not the cost. But in today's world we need the kala. We need the money to go ahead with all the different trainings we have.

I have also kupuna. I'm the head of all the kupuna la'au lapa'au in the State. But I have to work together with the Western doctors and make our kupunas realize that Western doctors' also a big help to our kupunas.

Because the Western doctors they went to school, they know all about the different medicine, the different ways to help us. Sure, we know about Hawaiian medicine but we don't know everything. This is the kind of thing that we have to build a bridge between each group of people so that we understand each other.

That's where the aloha come in. That's where we have to think for the life of the land and life of the people. We have to get a way for our Western doctors to help our kupunas.

The bill 1946 that we were studying, I looked over last year and it came to us as kupunas to work on the bill and we had seven of the utmost kupuna in the State of Hawaii. And we acted on the bill. Took us several days but we came to a conclusion. And we gave the report to Papa Ola Lokahi. They will let the legislature know what the bill calls for.

PREPARED STATEMENT

But, you know, for kupunas to make up and give license to any other people I don't think so it's right. The only person that give you license for any kind of healing is God. There's nobody that can tell us Hawaiians how to vote and how to tell us what medicine to use because these different people. We all have different directions, different way of healing. This is something that we have to really study hard to come to a conclusion of what that bill should be. Thank you very much.

Senator INOUE. Thank you very much, Mr. Auwae.

[The statement follows:]

PREPARED STATEMENT OF "PAPA" HENRY AUWAE

Aloha: My name is "Papa" Henry A. Auwae, master of laau lapaau, traditional herbal medicine. My genealogical line consist of healers and I am a seventh generation Hawaiian healer. I was trained by my great great grandmother at the age of seven and have been practicing la'au lapa'au for over 75 years. I am 93 years old and have been recognized, honored and acknowledged by the State of Hawaii as a master in la'au lapa'au. I am committed to maintaining the ways and methods of my ancestors and support efforts to perpetuate this Hawaiian traditional art. Presently, I am teaching 100 haumana (students) apprentice of different ethnicity in la'au lapa'au on the islands of O'ahu, Hawaii and Moloka'i. I am also Po'okela (master) of Kupuna Laau Lapaau O Hawaii, a non-profit organization of kupuna who are practicing this art statewide. I have intimate knowledge of over 2,500 herbs and in my lifetime have treated thousands of people from Hawaii and around the world with health problems such as cancer, diabetes, heart, HIV/AIDS, broken bones, skin problems, etc. I do not charge for my services or for the la au (herbs), have worked with other indigenous healers and Western doctors and have participated in many conferences and workshops. Presently, I have an active patient load of approximately 300 people and treat patients from all over the state on the islands of Hawaii, O'ahu and Moloka'i.

As Po'okela I come before you to testify in support of the Native Hawaiian Health Care Improvement Act and its traditional Native Hawaiian healing practices amendments as recommended by Papa Ola Lōkahi. I am very pleased with their continued support of my work and appreciate their efforts to help perpetuate all traditional Hawaiian healing practices. Within the last five years, we have lost many of our practitioners. It is imperative now that we must all work together unconditionally to make sure that our ancestors' knowledge is not lost.

My great great grandmother taught me that la'au (herbs) was placed on earth for ALL mankind and our healing powers are from God. As one of a small group of traditional healers left, I offer my services to help our people and to this organization to assist in their objectives and goals relating to health and healing with all the knowledge that I was taught by my great great grandmother.

In 1998, the 19th State Legislature passed Senate Bill 1946, Relating to the Practice of Medicine, and the Governor signed it into law as Act 162 on July 14, 1998. This act clarifies that those individuals of Hawaiian ancestry who are practicing traditional Hawaiian healing including, but not limited to, la'au lapa'au, la'au kahea, lomilomi and ho'oponopono and who have attained a high level of proficiency as determined by their respective Hawaiian teacher(s) are exempt from state licensure for practicing medicine. It further directed Papa Ola Lōkahi to convene a panel of traditional native Hawaiian healers to address issues and recommend legislation re-

lating to the permanent implementation of the purpose of this Act, specifically to discuss the question of "recognition" and "certification" of practitioners.

As culturally appropriate, seven respected master kahuna and their kako'o (assistants) were invited to discuss this issue at the King Kamehameha Hotel from October 29-31, 1998. I was elected chairman of this Council and after several kükäkükä sessions, we agreed that the Almighty, known as Akua, 'Io or God is the source of our healing gifts and that while we are grateful that the Legislature has passed this Bill, the blood quantum, licensure and certification issues raised in the legislation are inappropriate and culturally unacceptable for government to ascertain. These are the kuleana of the Hawaiian community itself through kupuna who are perpetuating these practices. It is important that we, as master practitioners, continue to protect and control our own traditional healing practices.

Mahalo for this opportunity to testify.

Senator INOUE. Dr. Nissanka, you've had 92 recipients of the scholarship grants. Are you satisfied with the quality of recipients?

Dr. NISSANKA. Yes, we are. We have to work really hard with some of the students who come from dysfunctional families and also disadvantaged backgrounds.

We work, we monitor them very closely and we have a ranking committee who rank the students once when they apply, and see that we take the appropriate students who are really committed to the profession as well as serving the Native Hawaiians.

So far we haven't had, we have had only one student who was asked to leave the medical school. One student passed away. One student through religious beliefs and family perhaps had to give up his studies after one summer. We haven't had any dropouts from the program.

We do counselling, extensive counselling as well as we give in-service training and seminars and workshops with students after school, in the evenings. And we bring the community leaders and health professionals and from the Department of Health, and from the university to speak to the students so that they get additional information to prepare them to go to areas that really needs their services.

We have four students with Papa Henry. This is their second year of training on herbal medicine, and none of them have dropped out. They have been diligently following his classes.

Most of the students that have been placed are doing and have developed very innovative programs in Hau'ula and in Kahuku. Also we have students in Hana and Lana'i and Moloka'i, all the islands at the moment.

Senator INOUE. Are there sufficient numbers of the students to justify an increase in funding for scholarship grants?

Dr. NISSANKA. We are, we hope we could give more scholarships to students this year. We only got eight students with this current year 1999-year 2000 scholarship grantees. We had over 30 and they selected eight students because, of course, the limitation of funding is concerned.

But I would very much like to add, other than primarily health care services fields, maybe some occupational therapist, physical therapists. We have an aging population, an aging Hawaiian, aging population needs to be taken care of. Those who will major in gerontology and also some speech therapists because we heard a number of students, school children who have otitis media tend to drop out of school.

We need to take care of the younger generation. So we wish we could have a few more health professionals added to the list that we have now. These are the ones that I mentioned most important.

Now there is a new program in Hawaii. It's accredited and licensed. It's a master's degree in family therapy. It's from the Professional School of Psychology. We hope to take some students if the Federal Government accept that field of study.

Senator INOUE. Thank you. Dr. Suber, about 28 years ago a national study indicated that Americans were spending on a per capita basis about \$1,500 per person man, woman and child for curative medicine, and at the same time 50 cents per capita for preventive medicine.

Are we spending enough for prevention here in Hawaii?

Dr. SUBER. Well, I think that prevention is the most, one of the most important areas that we can spend more. I don't have the figures with me right now but I can research those for you and present them to your committee on exactly how much Hawaii is spending on preventive care.

I believe that our priorities really should be funneled into preventive care because what you'll be able to—well, there are some studies that suggest that preventive care will save a great deal of money in the long run. More studies need to be done to determine that that indeed is so.

Then that would be in my opinion our first step to really take a good look at what is really working. Then put all that we can, not only into prevention but into what it will take for individuals to be vital, to take the next step beyond just the absence of illness and to take the next step what will it take to have vitality and total wellness that involves the physical body the spiritual body the mental and emotional body as well.

Senator INOUE. Thank you, very much. Mr. Auwae, you have given credibility to our effort in adding native doctors and native healers to the Native Hawaiian health bill. As you know you've made history by becoming the first participant in the native healing process.

We're extremely proud of the work you're doing. How many Native Hawaiian men and women are participating in your program at this time?

Mr. AUWAE. Right now I have 100 students. I have patients that I see from O'ahu here, 300, and 100 from the outer islands, Moloka'i and Hawaii. I have also all the kupunas in the State of Hawaii, that's in the group that I have with less, about 10 of them died from 1989 to this year. Ten of the top healers.

But as of today we have about 30 of them. The ages run from 70 to 90 years old. They are, they come from Ni'ihau, Kaua'i, Moloka'i, Lana'i, Maui, and Hawaii. Scattered all over.

As I said we need to train people now, people that want to learn, but the training is going to take at least 5 years so you can make sure that the person is qualified to work with people and not take their life.

People that can learn and study hard and make sure that the methods they use for a person is the right medicine. Because right now I'm treating a lot of cancer patients, a lot of heart, a lot of diabetic people. A lot of diabetic people in Moloka'i. A lot of people

that are under alcohol, a lot of people that have bad habits (drugs). People that are matured very matured. What I mean very matured people 70 years old on drugs and the young children about 6 or 7 years.

This is the kind of thing that we'd like to, I like to work with and treat the young people with herbs that can prevent them from taking any more drugs. But a lot of time I like to do the prevention work with a child but the parent don't want their children to go through that kind of involvement to detox them from drugs.

In Hawaii we have medicine to do that and they never want to take no more drugs anymore. We know how to do it. But, again, I don't have the authority to do it.

I have used certain herbs to make people stop smoking. One day from the first day they start smoking they don't want to smell no cigarette again. But it's something that we have to take care and watch what you're doing.

People that I can train and people that is willing to take a responsibility. Same with any other medicine, any other problem, cancer, treating cancer, heart problem. Diabetic. Diabetic is hard to take care, very hard.

But other type of problem, broken bones. I worked with a lot of people with broken bones. I work with people, thousands of people not only from Hawaii but from all over the world. People from Germany, the South Pacific. I have traveled. I traveled to Japan several times. I helped the elders that came here, medicine people. We exchange our views of different medicines.

They invited me to Japan. I went to Japan. I like their way. They have their medicines the way they believe, a lot of spiritual. This is the kind of people I want to work with. Spiritual.

Senator INOUE. Thank you very much, Mr. Auwae. Senator Akaka.

Senator AKAKA. Thank you very much, Mr. Chairman. Dr. Nissanka, I was particularly interested in the obligated service that has to be rendered by the recipients of the scholarships.

I see where they may spend 1 year, even up to 2 years doing this. One thing in this obligation service are they compensated?

Dr. NISSANKA. Yes. They get paid salaries like any other health care professional. Many in some areas, doctors in the community health clinics may not get as much as you'd get in Straub Clinic or Queen's Hospital.

The purpose of the program is to encourage students to work for less salaries if they can possibly do it because some of the clinics don't have that much money to pay.

But they do. They get paid substantially going rate most of the areas. Except maybe some of the doctors who have to go into remote clinics, their funding is not as good as in most hospitals where they do a lot of research. But so far they have been paid.

Senator AKAKA. Dr. Suber, you point out that prevention is of the highest priority for chronic diseases and in particular in areas of nutrition, disease, health style, lifestyles.

Is there any other area besides those that you deal with?

Dr. SUBER. Yes. The other modalities the naturopathic physicians are trained in are botanical medicine, homeopathy,

hydrotherapy, clinical nutrition, as I mentioned, lifestyle counseling and natural childbirth.

Senator AKAKA. Have you done any studies or completed any studies dealing with Native Hawaiians and naturopathic medicine?

Dr. SUBER. Well, this particular year that I'm doing in residency with the four medical doctors that I work with serves as quite a pilot program for just that.

So we are keeping detailed records at this point of all of the patients that I see. We're gathering as much data as we can about really what makes the difference and what level of integrated care really makes a difference in the areas that count. We're working on that right now. But no studies are complete at this time.

Senator AKAKA. Po'okela Auwae or Papa Auwae, we're certainly happy to have you here to testify before this committee. You are a giant, in my opinion, in Hawaiian health. You've helped thousands of people as you pointed out not only in Hawaii but elsewhere.

I just wish that, you know, more Hawaiians or young Hawaiians can also attain your kind of stature in healing.

As you point out it's very deep. It's very spiritual. You draw on the gods as well as nature in prescribing your kind of medicine to help people.

We heard from Dr. Andrade on the positive effect of culture on the health of Native Hawaiians. Have you had any opportunity to work with young Native Hawaiians in traditional practices?

Do you have any suggestions as a kupuna to incorporate culture into health care?

Mr. AUWAE. Yes. That's my main objective is to train young people. Right now, as I said, I have 100 students that we already assigning patients to them. You name it, what kind Japanese, Filipino, Hawaiians, Haoles I have those. Men, woman, we have all those. Young people up to older people.

They train. They use protocol. They use all the learning that they have from me. When I started the classes 5 years ago I wanted to make sure that this class is ready for the year 2000. So if anything happen during that time we have people that can help whatever disaster or whatever help can be brought forward to anyone that need help. That you don't have to spend your kala because these people will work and will do what they have trained to do.

Your heart and your pu'uwai have to be pono. If not, I won't allow these people to touch any patients. No. They're here to save life, not to destroy life. This is what we believe. This is what we practice. Not to destroy but to save, save life, pule, spiritually. This is very, very important.

Eighty percent of healing I believe is spiritually, 20 percent la'au, herbs. This is the way I train the people that it's also by direction. That's why I say we need people that can learn.

There's a lot of people that walking the streets they tell you they la'au lapa'au people, they make medicine. By God if you use those medicines you're gonna die. They don't know the difference from internal medicine and external medicines.

Hawaiians they have that. Hard to kahi you know where you eha. When you get hurt over here above the elbow you don't kahi

where the hurt is. You kahi below the, below the place that hurts you.

When a person have broken bones you can feel where the bone's cracked or broken. You put the la'au on top. But pule. Kapa practice the same thing. You put the la'au on top, you give chance. Five days the person can walk.

When I made compound fracture this is the kind thing we believe in. This is the kind of thing I teach.

Senator AKAKA. My last question, Mr. Auwae. Do you depend a lot of pule and also upon the natural resources and probably much on plants?

Mr. AUWAE. Yes.

Senator AKAKA. Trees?

Mr. AUWAE. Barks.

Senator AKAKA. How prevalent is that? Are we having trouble?

Mr. AUWAE. Yes, we having a lot of trouble in acquiring a lot of the medicines in our forests, in the areas that we like to get. Very scarce. Some of the medicine we have I go up Mauna Loa get. They grow around the Silver Sword Tree. That's the kind ihi kuahiwi. It's dark, got a dark purple. No leaves. No nothing. Just wiry. That kind of medicine that we use for cancer, certain cancer. It's sure cure.

Well, that, some other medicines in the ocean too you know, you have to dive. You have to go get it. Dive in the ocean, go in the caves. It's all over the place. But you have to go.

This kind things I like to teach by young people. You be surprised the kind of people we have. They are people that have a lot of faith, a lot aloha for humanity, not because they haole on Kepani or Filipino you're going to put them on the side and say no, no.

They one of the best students because they want to learn and they learn from the heart and they give you all the help. They go out of their way to have a lot of love.

Senator AKAKA. Mahalo nui loa. Thank you very much.

Mr. AUWAE. Mahalo kakou.

Senator INOUYE. Thank you, sir. Representative Mink.

Mrs. MINK. Thank you, Mr. Chair. Papa Auwae, you certainly have a remarkable power and you serve as the inspiration to many people for whom you're not only legendary but have a phenomenal reputation.

I know that your belief in faith and spirituality and culture and healing is the reason for your phenomenal power.

Now, how many others in Hawaii today have that same belief and capacity and are able to take on the training and inspiration of other people as you have or as you are doing today?

Mr. AUWAE. Right offhand I can tell you only one.

Mrs. MINK. Only one other?

Mr. AUWAE. Only one other? He come from Ni'ihau.

Mrs. MINK. He's on Ni'ihau now? How old is he?

Mr. AUWAE. In the eighties.

Mrs. MINK. Eighties?

Mr. AUWAE. Late eighties.

Mrs. MINK. My goodness. How many young people have you been able to successfully inspire in continuing on in your methodology?

Mr. AUWAE. I have, right now I have a 100 of them that I can pick for any island and assign anyone to them.

Mrs. MINK. Before the 100 did you have any before this 100?

Mr. AUWAE. I only had one. That's the one from Ni'ihau. The rest of them have died. They keep on dying because the medicines that they took to help themselves for prevention killed them, medicines that they shouldn't have taken, medicines I told them not to take.

They say, "No problem, Papa Auwae. I know how to do it." But it didn't take more than 3 years after they took that kind of medicine they died. One island. Ten of them died.

From the other islands two died but they died of old age. But 10 from one island they, the others that did not learn to listen, they died. For those people, the younger people they learn, they get afraid.

But we have people that after so many years working with me they like to try the other medicines that I don't want anyone to try. No. You only try it once and that's enough.

That type of herbs that you take will stay in your body. It makes your body calm. You can take, you can feel very calm, nothing happening. But it's eating up your body inside. It eats up your liver, it eats up your lungs and the heart. The heart is the last thing it starts eating. By the time you know, too late.

Every one of them when they died, they called me and told me, "Papa Auwae, I seek you can come pule for me?" I said, "Yes, I can come pule for you but I cannot help you."

But it's a waste when you have that kind. It broke my heart. My heart cry inside because you teach them, you share with them all these things, but they don't take heed, you know.

This is what I like to get the young people to train.

Mrs. MINK. Thank you very much, Mr. Chairman. Appreciate it.

Senator INOUE. Thank you. Thank you, doctors. Thank you, Henry.

Mr. AUWAE. Mahalo.

Senator INOUE. Now we'll begin with another panel. The chair of the Native Hawaiian Education Council, Mr. Stanley Kiope Raymond; director, University of Hawaii Community College, Mr. Thomas Kamuela Chun; director of the Native Hawaiian Higher Education Program, Ms. Nani Espinda; and director of the Na Pua Noeau Center for Gifted and Talented Hawaiian Children, University of Hawaii Hilo, Dr. David Sing.

Before I call upon Mr. Raymond, I thought you'd like to know what led me to sponsoring legislation on Hawaiian education.

About 30 years ago I was invited to address the student council of the Nanakuli High School. While there I learned that there wasn't a single Native Hawaiian teacher on the faculty. The closest was a basketball coach who was half Samoan.

There was no special education course in Native Hawaiian history. However, there was a class after school conducted by a very inspiring teacher, but of Filipino ancestry, who used as her textbook James Mitchner's "Hawaii" because no textbooks were available.

The only Native Hawaiians employed at the school were janitors and those who worked in the kitchen. I just hope that the situation has changed. Mr. Raymond.

STATEMENT OF STANLEY KIOPE RAYMOND, CHAIR, NATIVE HAWAIIAN EDUCATION COUNCIL

Mr. RAYMOND. Mahalo. Aloha mai, Senator Inouye, Senator Akaka, Representative Mink. I am pleased and honored to testify before you today in my capacity as Chair of the Native Hawaiian education council.

By way of introduction, the Native Hawaiian education council is a community-inspired, federally-established entity comprised of Native Hawaiian educators, administrators and community members.

The council was created by the U.S. Congress under the Native Hawaiian Education Act amendments of 1994 to: Coordinate the educational and related services and programs available to Native Hawaiians.

Assess the extent to which such services and programs meet the needs of Native Hawaiians.

Provide direction and guidance through the issuance of reports and recommendations to appropriate Federal, State, and local agencies in order to focus and improve the use of resources funding of Hawaiian education.

The act requires the council to be made up of not more than 25 members of Federal, State, and private educational organizations serving Native Hawaiians including Pihana Na Mano; Na Pua No'ea'u, 'Aha Pumana Leo; Queen Liliu'okalani Childrens Center, Kamehameha Schools Bishop Estate, the Office of Hawaiian Affairs, Alu Like and the State Department of Education.

In addition in order to ensure adequate island and community input, the law authorized the creation of island councils on Hawaii, Maui and Lana'i, Moloka'i, Kaua'i and Ni'ihau and O'ahu, guaranteeing each island council a seat on the council.

Over the course of the last 2 years the council has met on a bi-monthly basis and has held two annual retreats resulting, in part, in the development of three goals.

The first to empower and support communities in the development of successful Hawaiian educational programs.

Second, to improve the experiences of Native Hawaiians especially those within the public school system through institutional change.

Third, to establish a Native Hawaiian educational system. Native Hawaiian children and youth represent the largest single ethnic group in Hawaii's schools and their numbers are growing.

Although Native Hawaiians comprise 19.3 percent of the population of the State of Hawaii they comprise over 25 percent of the public school population.

Unfortunately, statistics have also repeatedly shown that Native Hawaiians do not fare well under the current public educational system. In achievement tests of basic skill, Native Hawaiians students perform below national norms than other groups in Hawaii.

For example, in 1991, on SAT scores for math, Hawaiian sixth graders scored at the 47th percentile, compared to Filipinos at the 57th percentile, Caucasians at the 71st percentile and Japanese students as the 85th percentile.

Native Hawaiian students rank highest in terms of alcohol and drug abuse in the State, and Native Hawaiians experience higher than normal dropout rates. Native Hawaiians represent 35 percent

of students with needs in special education, with representation in one district reaching 48 percent.

Low self-esteem is a major contributor to these statistics as we've heard from Dr. Naleen Andrade. How the educational system, their teachers, counselors and administrators view Native Hawaiian students, how other children view them, and ultimately how they view themselves.

However, programs funded under the Native Hawaiian Education Act have shown that when Hawaiian language, culture, and values are infused into the system, when programs are culturally relevant and community-based, then Native Hawaiian students can and do excel.

Unfortunately, while programs funded under the Native Hawaiian Education Act have had a substantial meaningful impact on the lives of thousands of Native Hawaiian children and families, much work needs still to be done.

Early education and care and beginning reading and literacy are two areas identified as needing more resources.

Once upon a time, Native Hawaiians were among the most literate people in the world, a reflection of the high value traditional Hawaiian society placed on education and learning.

In 1840, our ali'i Kamehameha III, had the foresight to establish a public school system which was taught entirely in Hawaiian.

Two weeks ago thousands of indigenous peoples from all across the globe converged in Hilo, HI for the 5th tri-annual World Indigenous Peoples' Conference on Education. The conference theme was "Aia Na Ha'ina i Loko o Kakou—the Answers Lie Within Us."

We know where we have been, what our kupuna have taught us. We have borne witness to what has not worked and what has inhibited the growth and success of our children.

Aia na Ha'ina i Loko o Kakou. We know what works and what we must do to effectuate change and create meaningful educational environments.

PREPARED STATEMENT

With your support we look forward to continuing this partnership with the Federal Government to improve and enrich the lives of our Hawaiian children.

Mahalo no for your commitment to the Hawaiiana community and especially to Native Hawaiian education.

Senator INOUE. Thank you very much, Mr. Raymond.
[The statement follows:]

PREPARED STATEMENT OF STANLEY KIOPE RAYMOND

Aloha mai, Senator Inouye, Senator Akaka, Representative Mink, and Representative Abercrombie. I am pleased and honored to testify before you today in my capacity as Chair of the Native Hawaiian Education Council.

By way of introduction, the Native Hawaiian Education Council is a community-inspired federally-established entity comprised of Native Hawaiian educators, administrators, and community members. The Council was created by the U. S. Congress under the Native Hawaiian Education Act Amendments of 1994 to:

- coordinate the educational and related services and programs available to Native Hawaiians,
- assess the extent to which such services and programs meet the needs of Native Hawaiians, and

—provide direction and guidance, through the issuance of reports and recommendations, to appropriate Federal, State and local agencies in order to focus and improve the use of resources on Native Hawaiian education.

The Act requires the Council to be made up of not more than 25 members of federal, state, and private educational organizations serving Native Hawaiians, including Pihana Na Mamo; Na Pua No'eau; 'Aha Punana Leo; Queen Liliu'okalani Childrens Center; Kamehameha Schools/Bishop Estate; the Office of Hawaiian Affairs; Alu Like; and the State Dept. of Education (DOE). In addition, in order to ensure adequate island and community input, the law authorized the creation of island councils on Hawaii, Maui/Lana'i, Moloka'i, Kaua'i/Ni'ihau, and O'ahu, guaranteeing each island council a seat on the Council.

Over the course of the last 2 years, the Council has met on a bi-monthly basis and held two annual retreats, resulting, in part, in the development of three goals: (1) to empower and support communities in the development of successful Hawaiian educational programs; (2) to improve the experiences of Native Hawaiians, especially those within the public school systems, through institutional change; and (3) to establish a Native Hawaiian Educational system.

Native Hawaiian children and youth represent the largest single ethnic group in Hawaii's schools and their numbers are growing. Although Native Hawaiians comprise 19.3 percent of the population of the State of Hawaii, they comprise at least 24 percent of the public school population.

Unfortunately, statistics have also repeatedly shown that Native Hawaiians do not fare well under the current public educational system. In achievement tests of basic skill, Native Hawaiian students perform below national norms and other groups in Hawaii. For example, in 1991, on, SAT scores for math, Hawaiian sixth graders scored at the 47th percentile, compared with Filipinos at the 57th percentile, Caucasians at the 71st percentile, and Japanese students at the 85th percentile. Native Hawaiian students rank highest in terms of alcohol and drug abuse in the state, and Native Hawaiians experience higher than normal drop out rates. Native Hawaiian are also over-represented in special education, with representation in some districts exceeding 36 percent.

Low self-esteem is a major contributor to these statistics—how the educational system, their teachers, counselors, and administrators view Native Hawaiian students, how their children view them, and ultimately, how they view themselves. However, programs funded under the Native Hawaiian Education Act have shown that when Hawaiian language, culture and values are infused into the system—when programs are culturally-relevant, and community-based, then Native Hawaiian students can and do excel.

Unfortunately, while programs funded under the Native Hawaiian Education Act have had a substantial meaningful impact on the lives of thousands of Native Hawaiian children and families, much work still needs to be done. Early education and care and beginning reading and literacy are two areas identified as needing more resources.

Once upon a time, Native Hawaiians were among the most literate people in the world—a reflection of the high value traditional Hawaiian society placed on education and learning. In 1840, our ali'i, Kamehameha III, had the foresight to establish a public school system which was taught in Hawaiian. Two weeks ago, thousands of indigenous peoples from all across the globe converged in Hilo, Hawaii for the fifth tri-annual World Indigenous Peoples' Conference on Education. The conference theme was "Aia Na Ha'ina i Loko—Kakou—the Answers Lie Within Us."

We know where we have been, what our kupuna have taught us. We have born witness to what has not worked, and what has inhibited the growth and success of our children. Aia na Ha'ina i Loko o Kakou—we know what works, and what we must do to effectuate change and create meaningful educational environments. With your support, we look forward to continuing this partnership with the federal government to improve and enrich the lives of our Hawaiian children. Mahalo no for your commitment to the Hawaiian community and especially to Native Hawaiian Education.

STATEMENT OF THOMAS KAMUELA CHUN, DIRECTOR, UNIVERSITY OF HAWAII COMMUNITY COLLEGE

Senator INOUE. Mr. Chun.

Mr. CHUN. Aloha, Senator Inouye, Senator Akaka, Representative Mink, and to your staff, aloha no kakou.

Thank you for the opportunity to testify today in support of the Native Hawaiian Community Based Educational Learning Centers.

I'm here on behalf of Joyce S. Tsunoda, Sr. Vice President for the University of Hawaii and Chancellor for the Community Colleges.

My role in this is as the director. I'm the statewide director within the community colleges for the Native Hawaiian Community Based Education Learning Centers.

With funds provided we have established centers at Hawaii, Kaua'i, Leeward, and Maui Community Colleges. These centers have the responsibility to coordinate and deliver islandwide services and activities. Administration is coordinated through the Office of the Chancellor for Community Colleges.

The need for community-based programs was identified and called for at both the 1993 and the 1997 Native Hawaiian Education Summits. As you've just heard, additionally in 1997 the statewide Native Hawaiian Education Council set forth those three goals that Kiope Raymond just mentioned.

They are to empower and support communities in the development of successful Hawaiian educational programs. To improve the experiences of Native Hawaiians especially those within the public school systems through institutional change. And to establish a Native Hawaiian educational system.

As the council itself is not charged with nor funded for direct implementation of programs and services, the Native Hawaiian Community Based Centers' goals, activities and services are designed to complement and support these goals of the Native Hawaiian Education Council.

Meeting these goals and the success of activities and services offered are in a large part due to the collaborations and partnerships developed by each center in their respective community and private organizations.

Each center solicits input from members of an islandwide community advisory group in the development of activities and services. And in this manner we see Native Hawaiian communities are becoming more active in controlling their educational destiny.

Additionally, with the centers housed within the community colleges, these centers have become an open door welcoming Native Hawaiians into higher education.

Significant progress has been made at each of the centers in the delivery of a wide variety of activities and services that increase the educational opportunities for Native Hawaiians.

This year alone over 4,500 Native Hawaiian participants engaged in activities and services provided through the four centers around the State of Hawaii. Participants vary in age, from youth to kupuna, at-risk youth, incarcerated Native Hawaiians, native speakers, non-native speakers and rural and urban Hawaiians.

Given the parameters of the program and the intent of the grant, a wide variety of educational activities and services are offered much of which are culturally-driven, community-based and family oriented.

These activities provide the foundation upon which Native Hawaiians can build upon in the movement towards self-determination.

Some of the activities and services include things like: computer literacy courses delivered in various communities. Language

courses delivered out in the communities. Financial assistance to overcoming barriers to higher education.

Summer bridge programs bringing students into higher education and continuing education. There are things like construction management programs.

The Native Hawaiian Community Based Educational Learning Centers was also involved in coordinating the Native Hawaiian Education Summit. We have activities for the recruitment of teachers especially on the island of Maui. Teacher training. There's a wide variety of activities, as I mentioned, that we have been involved in. And those activities, some of those activities—those activities are listed in an annual performance report that I've submitted as part of our testimony.

As I said most of these activities are conducted out in the community. And these activities have been well received. In fact there are a waiting list for some of these activities, in particular the language courses. That continues to be a great interest in the Hawaiian language learning Hawaiian.

The Native Hawaiian Community Based Educational Learning Centers have and will continue to have a great impact on Native Hawaiian community. The Centers' educational activities and services provide a broad foundation upon which Native Hawaiians are able to build, strengthen, and elevate their academic, spiritual, social, political and economic skills.

From activities that include the revival of ancient arts like canoe culture, hohua sledding, to participation in cutting edge technology, computer training, graphic designs, Native Hawaiian participants are acquiring skills and knowledge applicable in today's society.

With the integration of culture, there is also a renewed pride and esteem, not just in one's self but in one's community.

Participants continue to express their appreciation for what is offered through the Native Hawaiian Community Based Education Learning Centers. As I mentioned, I share with you the portion of our annual narrative report we submitted to the U.S. Department of Education. The report provides detailed progress made over this past year.

On behalf of Dr. Tsunoda, we ask for your continued support and approval of funds to continue the work of the Centers as we seek to increase the educational opportunities for Native Hawaiians to engage, develop, and enhance their economic and social status in the State of Hawaii.

I anticipate Native Hawaiians' participation in Center's activities will increase. Thank you very much. Aloha.

Senator INOUE. Thank you very much.

Ms. Espinda.

STATEMENT OF S. NANI ESPINDA, DIRECTOR, NATIVE HAWAIIAN HIGHER EDUCATION PROGRAM KSBE

Ms. ESPINDA. Good morning, Senator Inouye, and distinguished members. My name is Nani Espinda. I am the director of the Kamehameha Schools Bishop Estate Native Hawaiian Education Program.

I am honored to be provided this opportunity to testify this morning.

Kamehameha Schools Bishop Estate has administered this program from its inception in July 1989 until the present. The program continues to be successful in increasing the numbers of Hawaiian students enrolling in and completing college, developing innovative, proactive strategies which help fellowship recipients identify barriers to academic success and formulate solutions.

Developing culturally appropriate support strategies such as including the student's family and significant others in the decision making and problem solving process.

Incorporating culturally appropriate support strategies such as referring students attending mainland post-secondary institutions to a Kamehameha Schools college support member and Native Hawaiian organization such as the Hawaii Civic Clubs on the mainland.

Establishing and maintaining partnership with the various post-secondary institutions in the State of Hawaii and on the mainland.

Establishing and maintaining partnerships with the various Hawaiian communities and organizations in Hawaii and on the mainland.

The goals of the Native Hawaiian Higher Education Program are:

(1) To further the attainment of educational success among Native Hawaiians by providing fellowships and related services to post-secondary students at undergraduate and graduate levels.

(2) To provide assistance and support to recipients to develop a sense of commitment to the Native Hawaiian community as they complete their service project responsibilities in Native Hawaiian communities in Hawaii and/or on the mainland.

(3) To provide direction and guidance to secondary level Native Hawaiian students to focus on higher educational resources including access to post-secondary educational institutions, family and institutional support and financial aid resources.

Throughout the four grant periods the higher education program has provided fellowship assistance and counseling support services to 194 Native Hawaiians enrolled at two-or four-year degree granting institutions of higher education in Hawaii and on the mainland with awards based on academic excellence and financial need.

The program staff maintained a monthly contact with program recipients throughout the grant years focusing on retention and completion.

Our programs use a counselling technique known as intrusive or proactive counseling as opposed to reactive counseling. This technique, as applied to the special needs of Native Hawaiian students is a critical component in retention counseling.

The constant close monthly contacts with the program staff provide the students with support needed for success. The Native Hawaiian Higher Education Program has established and maintained a network of support services at post-secondary institutions and Hawaiian organizations in Hawaii and on the mainland.

The need to expand a network of support and identify Native Hawaiian organizations, programs and communities in States, districts, and counties where program recipients were enrolled outside the State of Hawaii were program goals.

To help program participants adjust at the mainland institutions, the Native Hawaiian Higher Education Program enlisted the assistance of the Kamehameha Schools Alumni Association during the 1995–1998 grant periods.

The alumni college support volunteers served as host families for program students enrolled at nearby institutions. This positive connection enhanced monitoring of the students' progress on an academic and personal level.

Introduction between the student and alumni member evolved in an 'ohana relationship. This relationship created a sense of belonging on the part of the student, facilitated associations with other Hawaiians living in the area, and helped the student adjust to his or her new living environment.

In regards to retention rates the program attributes much of its success to pre-enrollment interviews utilizing the use of proactive counseling. Reaching out early to assess the recipients' strengths, assets and liabilities and plan their academic, community service, and career goals have proven to be beneficial.

Rapport between student and program staff is extremely important to the success of each student. Reaching out early and providing continuous counseling support to program recipients on a monthly basis was a contributing factor to higher graduation rates, graduation and retention rates.

As the table that you see in front of you we are proud to say that our retention rates for each year was 90 percent and above.

Our fellowship recipients had given their services to a variety of organizations, institutions and Hawaiian communities within the State of Hawaii and/or on the mainland.

Some of the professional services performed by the program recipients include clerical assistance, tutorial, legal assistance, peer counseling, kumu' olelo Hawaii, kumu kokua, data processing, reforestation of indigenous Hawaiian plants, archival assistance, maintaining archeological sites, clinical health assistance, nursing curriculum development, technology consultant, project coordination and facilitation, congressional staff assistance, national/state park interpreter, preservation of Hawaiian habitat or ecosystems, and navigation assistance.

An important outcome of these professional services is that the Native Hawaiian Higher Education Program students and the Native Hawaiian communities have formed long-term partnerships and commitments with each other.

It is important to note the link in placement in Native Hawaiian communities, the needs of the community and the areas of interest and project site locations chosen by the students entail college retention, degree completion, community service awareness and involvement, development of professional community networks, personal growth, student persistence and success.

Programs which address the unique educational needs of Native Hawaiians, such as the Native Hawaiian Higher Education Programs, are beginning to have an impact on the educational needs identified in studies such as the Native Hawaiian Educational Assessment.

The Native Hawaiian Higher Education program has been successful in assisting a total of 194 college recipients throughout the four grant year periods.

Outcomes indicated that these students were focused academically and that they completed or continued to pursue their degree-seeking programs successfully and in a timely manner.

Tracking and monitoring of former Native Hawaiian Higher Education recipients indicated that these students gained a sense of value and importance of education for themselves, continued their community involvement within their communities, and increased awareness and appreciation for Hawaiian culture, values, language and traditional practices.

In contrast to this, the Kamehameha Schools Bishop Estate Financial Aide Department has conducted a determination of financial need and an assessment of academic need for all financial aid applicants.

For the academic year 1998–1999, the number of awards for the Native Hawaiian Higher Education Program was 99. Unfortunately, totals of 369 potential fellowship recipients were eligible for financial aid consideration but did not receive any fellowship award.

To add to that a total of 3,024 students were awarded for the Kamehameha Schools Post-high need-based aid; 459 for the State government and community/private-funded programs.

Unfortunately a total of 2,260 potential scholarship recipients were eligible for financial aid consideration but did not receive a KSBE scholarship award. The reason for this is that Federal and KSBE funds were depleted.

The Native Hawaiian Higher Education Program is committed to assisting current and potential Native Hawaiian Higher Education Program fellowship recipients. We at Kamehameha Schools Bishop Estate would like to see Native Hawaiians given the opportunity to enroll in and complete their educational goals in concert with their peers nationally.

We believe that continuing need still exist and much work remains to be done to accomplish the program's goal of educational parity for Native Hawaiians.

The community, State, Federal, and private institutions must join together once again to invest for the benefit, betterment and increasingly important, promising and successful future of Native Hawaiians in higher education.

PREPARED STATEMENT

Senator Inouye, mahalo to you and your committee for the support of Native Hawaiians in Hawaii and on the mainland and for investing, nurturing and caring so much about their educational aspirations and success. Mahalo.

Senator INOUE. Thank you, Ms. Espinda.

[The statement follows:]

PREPARED STATEMENT OF S. NANI ESPINDA

Good morning, Mr. Chairman and distinguished committee members. My name is Nani Espinda, Director of the Native Hawaiian Higher Education (NHHEP) Program at Kamehameha Schools Bishop Estate (KSBE). I am honored to be provided

this opportunity to testify on behalf of reauthorizing the Native Hawaiian Education Act.

In 1994, the Native Hawaiian Higher Education Program was reauthorized by Title IX of Public Law 103-382, Native Hawaiian Education Act. The applicant, KSBE has administered this Program, from its inception in July 1989 until the present. The Program continues to be successful in:

1. increasing the numbers of Hawaiian students enrolling in and completing college;
2. developing innovative proactive strategies which help fellowship recipients identify barriers to academic success and formulate solutions;
3. developing culturally-appropriate support strategies, such as including the student's family and significant others in the decision-making and problem-solving process;
4. incorporating culturally-appropriate support strategies, such as referring students attending mainland post-secondary institutions to a Kamehameha Schools college support member and Hawaiian organization (i.e. Hawaiian Civic Club);
5. establishing and maintaining partnerships with the various post-secondary institutions in the State of Hawaii and on the mainland; and
6. establishing and maintaining partnerships with the various Hawaiian communities and organizations in Hawaii and on the mainland.

The goals of the Native Hawaiian Higher Education are: (1) to further the attainment of educational success among Native Hawaiians by providing fellowships and related services to post-secondary students at undergraduate and graduate levels; (2) to provide assistance and support to the recipients to develop a sense of commitment to the Native Hawaiian communities as they complete their service project responsibilities in Native Hawaiian communities in Hawaii and/or on the mainland; and (3) to provide direction and guidance to secondary-level Native Hawaiian students to focus on higher educational resources, including access to post-secondary educational institutions, family and institutional support, and financial aid resources.

PROGRAM ACCOMPLISHMENT

Throughout the four grant periods, NHHEP has provided fellowship assistance and counseling support services to 194 Native Hawaiians enrolled at two- or four-year degree granting institutions of higher education in Hawaii and on the mainland with awards based on academic excellence and financial need.

TABLE 1.—NUMBER OF PROGRAM PARTICIPANTS SERVED GRANT—YEARS 1995—1998

Grant year	Hawaii		Mainland		Total awards
	Undergrads	Graduates	Undergrads	Graduates	
1995—1996	20	11	29	4	64
1996—1997	13	7	29	7	56
1997—1998	44	12	48	15	119
1998—1999	14	11	63	11	99

Note.—The number of participants served for the second, third and fourth grant years include a mix of carry-over and new participants. Thus, these figures do not represent an unduplicated count of the number of participants served.

COUNSELING SUPPORT SERVICES

The Program staff maintained a monthly contact with Program recipients throughout the grant years, focusing on retention and completion. NHHEP uses a counseling technique known as "intrusive" or proactive counseling (as opposed to reactive counseling). This technique, as applied to the special needs of Native Hawaiian students, is a critical component in retention counseling. The constant close monthly contacts with the Program staff provide the students with support needed for success.

The NHHEP has established and maintained a network of support services at post-secondary institutions and Hawaiian organizations in Hawaii and on the mainland. The need to expand a network of support and identify Native Hawaiian organizations, programs and communities in states, districts, and counties where Program recipients were enrolled outside the State of Hawaii were Program goals.

To help Program participants adjust at mainland institutions, NHHEP enlisted the assistance of the Kamehameha Schools Alumni Association during the 1995—1998 grant periods. The alumni college support volunteers served as host families

for Program students enrolled at nearby institutions. This positive connection enhanced monitoring of the students' progress on an academic and personal level. Introduction between the student and alumni member evolved into an 'ohana (family) relationship. This relationship created a sense of belonging on the part of the student, facilitated associations with other Hawaiians living in the area, and helped the student adjust to his or her new living environment.

PROGRAM IMPACT/OUTCOMES: STUDENT ACHIEVEMENT

In regards to retention rates, the Program attributes much of its success to pre-enrollment interviews utilizing the use of proactive counseling. Reaching out early to assess the recipients' strengths, assets and liabilities and plan their academic, community service, and career goals have proven to be beneficial. Rapport between student and NHHEP staff is extremely important to the success of each student. Reaching out early and providing continuous counseling support to Program recipients on a monthly basis was a contributing factor to higher graduation and retention rates.

TABLE 2.—GRADUATION AND RETENTION RATES—GRANT YEARS 1995–1998

Grant year	1995–1996		1996–1997		1997–1998		1998–1999	
	Hawaii	Main-land	Hawaii	Main-land	Hawaii	Main-land	Hawaii	Main-land
Undergrad	20	29	13	29	43	47	14	63
Graduates	11	4	7	7	13	16	11	11
Total	31	33	20	36	56	63	25	74
A.S./A.A	4		2		1		2	
B.A./B.S.	1	5	2	6	5	3	1	11
M.A./M.S.	2	2	2	1	3	4		2
Ph.D.								1
Total	7	7	6	7	9	7	1	16
Grad (percent)	22.6	21.2	30.0	19.4	16.1	11.1	4.0	21.6
Non-Graduates	24	26	14	29	47	56	24	60
Continuing Graduates	6	2	2	3	6	1	1	3
Total	30	28	16	32	53	57	25	63
Fall Non-Enrollment		1			1	3		
Fall Enrollment	30	27	16	32	5	54	25	63
Retention Rates (per- cent)	100.0	96.4	100.0	100.0	98.1	94.7	100.0	100.0

¹ Projected Fall 1999 enrollment.

COMMUNITY SERVICE

In accordance with the 1994 enabling legislation, fellowship recipients have given their services to a variety of organizations, institutions and Hawaiian communities within the State of Hawaii and/or on the mainland. Some of the professional services performed by Program recipients include clerical assistance, tutoring, legal assistance, peer counseling, kumu 'ōlelo Hawaii (Hawaiian language teaching), kumu kōkua (teaching assistance), data processing, reforestation of indigenous Hawaiian plants, archival assistance, maintaining archaeological sites, clinical health assistance, nursing curriculum development, technology consultant, project coordination and facilitation, congressional staff assistance, national/state park interpreter, preservation of Hawaiian habitat or ecosystems, and navigation assistance. An important outcome of these professional services is that the NHHEP students and the Native Hawaiian communities have formed long-term partnerships and commitments with each other.

TABLE 3.—COMMUNITY SERVICE PLACEMENT AND COMPLETION RATES—GRANT YEARS 1995–1998

Community Service Status	Grant year			
	1995–1996	1996–1997	1997–1998	1998–1999
Service Completion	62	37	97	9
Percentage	96.9	66.1	81.5	9.1
Service Completion Pending Document(s)		13	11	56
Percentage		23.2	9.2	56.6
Sub-total	62	50	108	65
Service Performance at Project Site		2	6	24
Total project placement	62	52	114	89
Percentage	96.9	92.9	95.8	89.9
Service Performance Upon Graduation			1	
Non-Placement at Project Site	2	4	4	4
Total Program Participants	64	56	119	99

Linking placements in Native Hawaiian communities, the needs of the communities, and the areas of interest and project site location chosen by the fellowship recipients entail college retention, degree completion, community service awareness and involvement, development of professional community networks, personal growth, student persistence and success.

CONCLUSION

Programs which address the unique educational needs of Native Hawaiians, such as the Native Hawaiian Higher Education Program, are beginning to have an impact on the educational needs identified in studies such as the Native Hawaiian Educational Assessment, 1993 (Kamehameha Schools Bernice Pauahi Bishop Estate, Office of Program Evaluation and Planning, 1993), a ten-year update of the Native Hawaiian Education Assessment Project (NHEAP).

The Native Hawaiian Higher Education Program has been successful in assisting a total of 194 fellowship recipients throughout the four grant years. Outcomes indicated that these students were focused academically and that they completed or continued to pursue their degree-seeking programs successfully and in a timely manner. Tracking and monitoring of former NHHEP fellowship recipients indicated these students gained a sense of value and importance of education for themselves, continued their community involvement within their communities, and increased awareness and appreciation for Hawaiian culture, values, language and traditional practices.

In contrast to this, a determination of financial need and an assessment of academic need has been conducted for all financial aid applicants, by the Kamehameha Schools Bishop Estate Financial Aid Department. For the academic year 1998–1999, the number of awards for NHHEP was 99. Unfortunately, a total of 369 potential fellowship recipients were eligible for financial aid consideration but did not receive any fellowship award. To add to that, a total of 3,024 students were awarded for the KSBE Post-High need-based aid; 459 for the state government and community/private-funded programs. Unfortunately, a total of 2,260 potential scholarship recipients were eligible for financial aid consideration but did not receive a KSBE scholarship award. The reason for this is that federal and KSBE funds were depleted (KSBE Financial Aid Department, 1999).

The Native Hawaiian Higher Education Program is committed to assisting current and potential NHHEP fellowship recipients. We at Kamehameha Schools Bishop Estate would like to see Native Hawaiians given the opportunity to enroll in and complete their educational goals in concert with their peers nationally. We believe that continuing needs still exist, and that much work remains to be done to accomplish the Program's goal of educational parity for Native Hawaiians. The community, state, federal and private institutions must join together once again to invest for the benefit, betterment, and, increasingly important, promising and successful future of Native Hawaiians in higher education.

Senator Inouye, mahalo nui to you and your committee for the support of Native Hawaiians in Hawaii and on the mainland, and for investing, nurturing and caring so much about their educational aspirations and success.

STATEMENT OF DR. DAVID K. SING, DIRECTOR NA PUA NO'EAU

Senator INOUE. Dr. Sing.

Dr. SING. Aloha Senator Inouye, Senator Akaka and Representative Mink. My name is David Sing and I'm Director of Na Pua No'EAU, Center for Gifted and Talented Native Hawaiian Children at the University of Hawaii at Hilo.

I'm pleased this afternoon I guess, to testify on behalf of the Gifted and Talented Program for Native Hawaiian Children.

Mahalo for your leadership and your support to raise the educational status of Hawaiian students through legislative action. In the past 10 years I have seen more impact in the education of Native Hawaiians than in any other time in my 25 years with the University of Hawaii and in education. Your leadership is much valued and appreciated.

Within the allotted time I'll briefly offer you responses to three questions.

(1) What are the needs of Hawaiian students in gifted and talented education?

(2) What work has our center done and what impact has been made?

(3) What work still needs to be continued in the area of gifted and talented education for Native Hawaiian students?

Question (1). What are the needs of Hawaiian students in gifted and talented education? When we first opened Na Pua No'EAU 10 years ago, among others, we found the following specific needs: As a group Hawaiian students did not have the same amount and kinds of educational enrichment opportunities as other student groups.

The opportunities and levels of student aspirations and achievements were below parity. There was underrepresentation of Hawaiian students in state-sponsored, gifted and talented programs and an overrepresentation of Hawaiian students in remedial and special education programs.

Many Hawaiian students and their families couldn't even begin to believe that they had the potential to become a doctor, engineer or teacher. Most had neither visualized these paths nor had any personal contact with Hawaiian role models in those professions.

Today through our work and other programs we have found that conventional models and measures still do not provide sufficient information or opportunities for Native Hawaiian students to demonstrate their potential.

While much educational initiatives at the local level continue to incorporate instructional and learning strategies to meet our diverse student population needs, the initiatives have yet to be felt system wide.

The answer to question one, then, is that the needs remain the same. The attitudes and perceptions Hawaiian students have about their abilities and potential are often blurred by the societal challenges Hawaiians as a people have faced.

The needs of Hawaiian students in gifted education continue to revolve around how their gifts and talents are defined, recognized and nurtured.

They need to know that they have potential for outstanding performance and are capable of doing so. Students themselves, educators, parents and communities need to be more aware of and know of the expanding theoretical and operational definitions of giftedness; additional and different ways to recognize potential; delineate and use qualities of program curriculum and inspection that produce optimum learning.

Question (2). What has our center done and what impact have we made? Within the last 10 years some of the crucial works conducted include the following: Development of a program continuum for students that range from enrichment to intense specialization.

Development of a program model that weaves conditions which optimize learning for Hawaiian students and best practices found in gifted education.

Establishment of Center Outreach sites on Maui, Moloka'i, O'ahu and Kaua'i. Direct programming for approximately 2500 students per year statewide, inclusive of Hawaiian students from various mainland communities.

Qualitative research study on the giftedness construct as perceived by the Hawaiian community. Development of more culturally sensitive assessment practices for various center programs.

Qualitative research study delineating promising qualities for effective curriculum design. Establishment of school and community endeavors in providing educational enrichment to more Hawaiian students.

Develop and maintain a network with other national and international educators in native and gifted education.

Our known impact to date revolves mostly around our students. Parents, educators, and communities are soon to be systematically involved in our impact assessment. As we spoke with the students who have anticipated in Na Pua No'eau programs, they tell us that:

(1) The more they participate, the greater the positive influence in what they do.

(2) Having participated in Na Pua No'eau programs, they seek other educational enrichment opportunities they had not thought of before.

(3) They gain a greater awareness of and appreciation of the Hawaiian culture and values.

(4) They have a better sense of themselves that permeates into other situations.

Additionally, for the students who reparticipate and progress through the various programs, they tell us that the many experiences of the wide variety of programs and resources have allowed them to, to name a few, venture over volcano flows, navigate ocean voyaging canoes, develop web sites and create original art pieces.

These experiential learning opportunities have motivated them to learn for learning sake and expanded their areas of education and career interest. They say that these opportunities have allowed them to sit shoulder to shoulder with geophysicists, navigators, medical doctors, accomplished artists, teachers as they steer their

course towards educational and career goals far beyond what their parents may have dreamt.

Through the expansion of the center sites and community developments and endeavors at this time we can guess that center impact has begun to influence a broader arena.

Question (3). What important work still needs to continue? We have found that the program activities that nurture them as individuals in the talents and interests that they are still discovering, best enhance the gifts and talents of our Hawaiian children.

We have found that it is clearly not a case that some children are gifted and some aren't. Rather that there are so many of our Hawaiian children who have great potential, but for many reasons are not provided challenging educational opportunities.

We do know that our Hawaiian children have great abilities and talents, are capable of outstanding performance and will become contributors to our society through many positive ways unlike what traditional education has told us.

In looking around at what we do we find that we are the only ones addressing Hawaiian education and gifted education issues in a comprehensive way.

The center needs to continue its work in refining the best conditions for students to nurture their talents, to develop additional and different ways to recognize potential, continue with community endeavors to develop resources and maintain partnerships particularly with the university for the use of their faculty resources and facilities.

In the coming years we will focus on the design and development of products for dissemination, collaborate with more local schools to help improve school climate and learning activities by attempting to replicate successful practices at Na Pua No'eau.

Provide training to teachers who are interested in developing more effective instructional skills and attitudes and designing curriculum.

Respond to community requests in developing their educational enrichment activities, modeling Na Pua No'eau programs and developing infrastructure utilizing their own resources to sustain their projects.

Continue our partnerships with schools and organizations statewide, nationally and internationally.

At a time when the many needs of a very diverse student population outrun our systems preparedness and resources, Na Pua No'eau can become an important part in the education for Hawaiian students as we continue our work with the students, their families and their communities.

We know that in the effort to meet the educational needs of all students mainstreaming gifted or culturally diverse students at the school levels often finds educators face-to-face with issues ranging from staff development needs to the consolidation of special program funding.

Our future endeavors will be to provide special opportunities for students in supplemental programs outside of their regular school systems as well as developing partnerships with schools, teachers, and community to provide training in those aspects of Hawaiian and gifted education not available to them.

PREPARED STATEMENT

If there is any additional information we can provide you in the way of program descriptions, performance reports, impact reports, I would be happy to send those to you. Mahalo for your time.

Senator INOUE. Thank you very much, Dr. Sing.
[The statement follows:]

PREPARED STATEMENT OF DR. DAVID K. SING

Good Morning Senator Inouye, Senator Akaka, Representative Abercrombie, and Representative Mink: Mahalo for your leadership and your support to raise the educational status of Hawaiian students through legislative action. In the past ten years, I have seen more impact in the education of native Hawaiians than in any other time in my 25 years with the University of Hawaii and in education. Your leadership is much valued and appreciated.

With me today are some students, parents, and staff who you may want to hear from if time permits.

Within the allotted time, I will briefly offer you responses to three questions:

1. What are the needs of Hawaiian students in gifted and talented education?
2. What Center work has been done and what impact has been made?
3. What important work needs to continue?

Question 1. What are the needs of Hawaiians students in gifted and talented education?

When we first opened our Center 10 years ago, among others, we found the following specific needs:

- As a group, Hawaiian students did not have the same amount and kinds of educational enrichment opportunities as other student groups. The opportunities and levels of student aspirations and achievements were below parity.
- There was underrepresentation of Hawaiian students in state-sponsored, gifted and talented programs and an overrepresentation of Hawaiian students in remedial and special education programs.
- Many Hawaiian students and their families couldn't even begin to believe that they had the potential to become a doctor, engineer, or teacher. Most had neither visualized these paths nor had any personal contact with Hawaiian role models in those professions.

Today, through our work, we have found that conventional models and measures still do not provide sufficient information or opportunities for native Hawaiian students to demonstrate their potential. While much educational initiatives at the local level continue to incorporate instructional and learning strategies to meet our diverse student population needs, the initiatives have yet to be felt system wide.

The answer to question one then is that the needs remain the same. The attitudes and perceptions Hawaiian students have about their abilities and potential are often blurred by the societal challenges Hawaiians as a people have faced. The needs of Hawaiian students in gifted education continue to revolve around how their gifts and talents are defined, recognized, and nurtured. They need to know that they have potential for outstanding performance and are capable of doing so. Students themselves, educators, parents, and communities need to be more aware of and know of the expanding theoretical and operational definitions of giftedness; additional and different ways to recognize potential; delineate and use qualities of programming, curriculum, and instruction that produce optimum learning.

Question 2. What Center work has been done and what impact has been made?

Within the past 10 years, some of the crucial works conducted include the following:

- Development of a program continuum for students that range from enrichment to intense specialization.
- Development of a program model that weaves conditions which optimize learning for Hawaiian students and best practices found in gifted education.
- Establishment of Center Outreach Sites on Maui, Moloka'i, O'ahu, and Kaua'i.
- Direct programming for approximately 2,500 students per year statewide, inclusive of Hawaiian students from various mainland communities.
- Qualitative research study on the giftedness construct as perceived by the Hawaiian community.
- Development of more culturally sensitive assessment practices for various Center programs.
- Qualitative research study delineating promising qualities for effective curriculum design.

- Establishment of school and community endeavors in providing educational enrichment to more Hawaiian students.
- Developed and maintain a network with other national and international educators in native and gifted education.
- Supported the adoption of Center programs in Saskatoon, Saskatchewan, Canada.

Our known impact to date revolve mostly around our students. Parents, educators, and communities are soon to be systematically involved in our impact assessment. As we spoke with the students who have participated in Nā Pua No'eau programs, they tell us that:

- the more they participate, the greater the positive influence in what they do (i.e. speak up more in class, become more responsible at home and in school, etc.)
- having participated in Nā Pua No'eau programs, they seek other educational enrichment opportunities not thought of before (e.g. apply to Kamehameha Schools, get involved in other Center programs, pursue extracurricular activities)
- gain a greater awareness of and appreciation of the Hawaiian culture and values
- have a better sense of themselves that permeates into other situations.

Additionally, for the students who re-participate and progress through the various programs, they tell us that the many experiences of the wide variety of programs and resources have allowed them to, to name a few, venture over volcano flows, navigate ocean voyaging canoes, develop web sites and create original art pieces. These experiential learning opportunities have motivated them to learn for learning sake and expanded their areas of education and career interests. They say that these opportunities have allowed them to sit shoulder to shoulder with geophysicists, navigators, medical doctors, accomplished artists, teachers as they steer their course toward educational and career goals far beyond what their parents may have dreamt.

Through the expansion of Center sites and community development endeavors, at this time we can guess that Center impact has begun to influence a broader arena.

Question 3. What important work needs to continue?

We have found that the program activities that nurture them as individuals in the talents and interest that they are still discovering best enhance the gifts and talents of our Hawaiian children. We have found that it is clearly not a case that some children are gifted and some aren't, rather that there are so many of our Hawaiian children who have great potential but for many reasons are not provided challenging, educational opportunities. We do know that our Hawaiian children have great abilities and talents, are capable of outstanding performance, and will become contributors to our society in many positive ways, unlike what traditional education has told us.

In looking around at what we do, we find that we are the only ones addressing Hawaiian education and gifted education issues in a comprehensive way. The Center needs to continue it's work in refining the best conditions for students to nurture their talents, to develop additional and different ways to recognize potential, continue with community endeavors to develop resources and maintain partnerships particularly with the university for the use of their faculty resources and facilities.

In the coming years, we will focus on:

- The design and development of products for dissemination.
- Collaborate with more local schools to help improve school climate and learning activities by attempting to replicate successful practices at Nā Pua No'eau.
- Provide training to teachers who are interested in developing more effective instructional skills and attitudes, and in designing curriculum.
- Respond to community requests in developing their educational enrichment activities modeling Nā Pua No'eau programs and developing infrastructure utilizing their own resources to sustain their projects.
- Continue our partnerships with schools and organizations statewide, nationally, and internationally.

At a time when the many needs of a very diverse student population outrun our systems' preparedness and resources, Nā Pua No'eau can become a more important part in the education for Hawaiian students as we continue our work with the students, their families, and their communities. We know that in the effort to meet the education needs of all students, mainstreaming gifted or culturally diverse students at the school levels often finds educators face-to-face with issues ranging from staff development needs to the consolidation of special program funding. Our future endeavors will be to provide special opportunities for students in supplemental programs outside of their regular school systems as well as developing partnerships

with schools, teachers, and community to provide training in those aspects of Hawaiian and gifted education not available to them.

If there is any additional information we can provide you in the way of Program Descriptions, Performance reports, Impact Reports, I would be happy to send those to you.

Finally I'd like to share our theme for this coming year. "Liko ka liko I ka ua." The liko buds in the rain. This is the mana'o we received from Sig Zane in the production of our new logo. The newest shoots of the 'ohi'a tree are liko. They appear in many different colors depending on the district, the forest, the type of 'ohi'a. The liko is a symbol of new growth and appears plentiful in the forest following a period of rainfall. The liko is likened to our children, the newest sprouts with varying characteristics, needing nurturing and care to grow and be strong.

Mahalo for your time.

Senator INOUYE. Before proceeding with questions, since I gather that there is a debate ongoing at this time as to who should be running the Hawaiian education council, I'd like to point out that at the time we established this council 5 years ago, it was established to assure the coordination of programs and services among federally funded educational initiatives to prevent unnecessary redundancy and unnecessary duplication, and also to assure the involvement of parents, teachers and students in the planning and design and focus of these programs.

The council is made up of men and women who are either participants or who represent the five major initiatives such as gifted and talented, Dr. Sing, special education, family-based educational centers, community-based learning centers, and higher education.

In addition we have involvement of the State of Hawaii and OHA on the council.

Now, it should be noted that at the time we developed this council it was not certain as to the position of the U.S. Government.

On July 28 the U.S. Government announced that the Native Hawaiians enjoyed the same status as all native peoples of the United States, and that there exists a special trust relationship between the Government of the United States and the native peoples of Hawaii.

In order to maintain this relationship of trust it was felt that these federally funded programs should have some involvement by the Federal Government.

The involvement of the Federal Government in these programs here, one is funding, and second the selection of council members. But the council members are usually designated by themselves.

I would hope that this type of arrangement can continue because I would hate to have the Federal Government divorce themselves from their trust relationship. I think it's important that we maintain this relationship.

It may interest all of you that last year we appropriated \$23 million for the activities of the council. The year before was \$20 million. The year before that was \$18 million. So it's been going up and up and up. We hope that in the coming cycle it will be an improvement.

Ms. Espinda, on your case where the funds were depleted, was that because we couldn't get matching funds from here?

Ms. ESPINDA. I'm sorry? Matching funds?

Senator INOUYE. Yes. Wasn't that a matching program?

Ms. ESPINDA. No.

Senator INOUYE. No.

Ms. ESPINDA. The Financial Aid Department is like a clearing-house that would process all incoming applications and would apply such applications accordingly to various scholarship programs.

One of the scholarship programs is the Native Hawaiian higher education program. So he has various budgets that he works with, which is Robert Burlington. He's the Director of the Kamehameha Schools Financial Aid Department.

But our funds were depleted. So they couldn't, whatever application crew that they had they could not continue to consider students. The same thing applies.

What I wanted to demonstrate here there is a need, a financial need for more Native Hawaiians even though 3,000 were funded by Kamehameha Schools Bishop Estate funded and 459 from the private ones that the financial aid office did process that plus ours, there still is a need for Native Hawaiians needing funding for higher education.

Senator INOUE. I'd like to ask a question that would be applicable to all of you. Soon after my meeting with the student council at Nanakuli High School—and it should be noted that the school population at that time indicated that over 80 percent of the student body was made up of children from the homesteads. In other words, they were Native Hawaiians.

When I learned of the grotesque arrangement, no Native Hawaiian teachers, no Native Hawaiian history programs, et cetera, I suggested to the legislature and the Governor and to the Department of Education that like some of our sister States in the Union we should have mandatory programs.

For example, in Texas there was a mandatory program at the elementary level and the secondary level on Texas history, so every child would know something about the battle of the Alamo or great heroes of that period.

I suggested that it might be well if we had something at the third grade level, another the ninth grade level so that Native Hawaiians would have something to be proud of, to learn something about themselves. And equally important to have the non-Native Hawaiians realize what a great group of people Native Hawaiians are.

At that meeting when I realized that there were no classes on Hawaiian history I asked a simple question which I thought everyone could answer. "Could anyone identify Ka'ahumanu?" Not a single student recognized Ka'ahumanu.

When I told them that as a member of the board of visitors of the military academy at West Point, I came across a textbook on the great military leaders of the world, Caesar, Alexander, Hannibal, and Kamehameha.

They were stunned to learn that the so called flanking movement that is used by all military organizations was perfected and established by Kamehameha.

I think most environmentalists now, if they study, would know that aquaculture did not start in America. It started here. Long before Columbus discovered by mistake the Western hemisphere, Native Hawaiians were sailing back and forth from Polynesia.

Do you think it makes sense if we had a mandatory course in public school system?

Mr. RAYMOND. I'd like to field that question with the response that says I was very honored in 1981 to work with a gentleman named Robert Lokomaikahilokelani Snakenburg who was with the Department of Education as he started the kupuna program which is now, I believe, a kupuna component of the Hawaiian studies program in the Department of Education.

In 1981 we believed that, yes, if we could plant the seed we would see things grow. Direct answer to your question: Yes, a particular course. But in another sense I would hope that the kupuna component of the Hawaiian studies program, the kupuna/makua because we have fewer and fewer kupuna and more and more makua who are dedicating themselves to this.

I believe that that entire program should be given the resources to grow and to provide for students throughout the State of Hawaii, all public education, with this understanding to which you speak, yes. Rather than one course I think bigger.

Senator INOUE. But we have nothing now.

Mr. RAYMOND. Yes.

Senator INOUE. Dr. Sing, so you're convinced we're spending money wisely in your program?

Dr. SING. I think if you ask the children and the families they would you say yes. That's who we look for to affirm that. I think there is work ahead. The first 10 years we have been very happy in developing program models and identifying the issues and addressing those issues and providing services directly to students.

We are getting requests constantly from different communities to have programs in different areas way beyond the extent to which we can build.

Right now we will be, we are on five islands and a large staff and trying to reach as many Hawaiian students as we can. And we can't.

So with that we will be trying to look at the next ten years in providing training for schools and communities that want to adapt some of the aspects of our model that they're interested in.

Senator INOUE. As I indicated we will be conducting hearings in Hawaii, hopefully in November, after we adjourn. And at that time we will be taking up education which is part of the Elementary School Secondary Education Program.

I would hope that by then you would have discussed and maybe resolved the matter of the Native Hawaiian education council and the makeup of that council itself or should we disband that council, et cetera. So with that I shall be seeing you sometime in November. Thank you very much.

Senator Akaka.

Senator AKAKA. Thank you very much, Mr. Chairman. Kiope, I'm very interested in what you folks are doing. And what particularly at the present since you have been in existence in the composition of requirements for the council and the concern is—and let me admit I don't know who they are—but my concern of whether these folks represent the interests of the Native Hawaiian community. Can you make a statement on that?

Mr. RAYMOND. I'd be honored to. I thank you very much. Besides those that are named in the act, the most important access of the Native Hawaiian education council are those five island council representatives. They, therefore, have a constituency.

The five island council members at present are very hard working people. If we start from the island of Hawaii we Mr. Josh Akana. On the island for Maui and Lana'i David Keala.

For the island of O'ahu, Kalani Akana. For the island of Moloka'i Anita Arsi. For the island of Kaua'i Kaiopua Phife.

Now, these five island chairpersons have worked diligently to assure that people in their communities are informed. I don't know that they could have done a 100 percent perfect job.

We do hear that there are people who have not been informed. And as is our charge with coordinating these kinds of things, and given our, the short life of the council itself I think they've done a great job.

I believe that in the future if we can keep this structure in place it can only get better. If we can increase the profile of the Native Hawaiian education council, people will come to look at the Native Hawaiian education council and say: We can turn to them. We can tell them what our needs and concerns are. They will be heard.

I would also like to share with you the knowledge and the foresight, hopefully, that we have in that this is all windfall. If for some unfortunate reason Federal monies do not continue, many people have come together to begin to form the Native Hawaiian education association.

I want to thank you Dr. Kekaulike Sing for helping to spearhead that effort in saying, you know we've got to do this ourselves. So an association is forming.

I would hope that those people who feel that they have not been represented on the Native Hawaiian education council will continue to communicate with us.

Maybe better said we will want to go out into the communities to try and solicit any input that we can. We don't want to sit in a vacuum.

Senator AKAKA. Mahalo for that. Dr. Chun, I know you're representing your boss here, Community College. You mentioned about the wide variety of educational activities and services. The particular one I was interested in that you mentioned was the family oriented activity and services. I'd like for you to expound a little bit more about that part.

Dr. CHUN. Sure. It's not so much it's a service or activity. But what happens is in a number of our activities we've been encouraging family participation. I think you had an opportunity to visit one of our project sites last year or the year before out at Leeward Community College that was set up by our coordinator for O'ahu, William Souza.

As an example you had an opportunity to visit the ukulele class last year where we invited—what we tried to do was to bring—when students were interested in participating in a class, if it was a young student they needed to be there with their, either their parent or their grandparent but someone within their family.

That's one of the examples of how we are trying to make more of our activities family oriented. That's one example.

At Hawaii Community College we have been doing some things with recruitment into college. And we have had family days bringing students, potential students, inviting them to an activity.

But it's not just the student, it's the whole family. Inviting them to this activity, and sitting down and talking about what it means to go to college. Not just with the student but with the family. What would be some of the expectations that not just the student but the family might have and trying to work through some of those.

So in a wide variety, as much as possible a number of activities that we are delivering we try to include the family.

Senator AKAKA. Mahalo. Kamuela, another question to you. You mentioned that your program had 4,500 participants this year.

Mr. CHUN. Yes.

Senator AKAKA. Are any of those statistics broken down by island, activity or center? What indicators are you using to forecast increased participation?

Mr. CHUN. Yes. We have that information broken down by activities and by island. As an example, the community language programs, Hawaiian language programs on this island have been very popular.

When we first started the program about two, three years ago we had over 900 people, Native Hawaiians registered in those classes with another waiting list of another 300. The classes have now stabilized at about 600 participants on this island.

But there, again, continues to be a waiting list as we are now trying to look for additional instructors. We have lost a few of the instructors.

So as far as projecting what, the number of participants in the coming years, a lot of that is going to be determined by what the coordinators at each of the centers see as their needs as they go out and talk to their community representatives, the advisory boards as far as what kind of activities are going to be developed in the future and what kind of activities are going to be offered.

One of the important things that, what helps to make these programs successful, as I stated earlier, is the collaboration that these centers have with other agencies and organizations.

We know that there's a wide, there are a number of community-based programs that don't necessarily receive Federal funds. I can think of, offhand, on the island of Hawaii there's a community program called Kukulu Kumu Hana.

It's just a group of people who, from various communities who have wanted to set up an enrichment program, summer program for the kids. They got together. They had basically no resources outside of their own. And these are families putting monies, these are people putting monies towards a worthy cause.

So a lot of—when I say the participation or the increasing numbers in the coming years will be determined by the type of activities that the centers are, will be involved in. But certainly we know that there are a few more that we can touch upon.

Senator AKAKA. Mahalo, Kamuela.

Mr. CHUN. Mahalo.

Senator AKAKA. Ms. Espinda, looking over and listening to your testimony I look at the 1998 numbers on those students who are

in an undergraduate program in Hawaii and those that graduate and also the undergraduates of those in the mainland and those who graduate.

There has been over the years since 1995 gradual improvement, I would say, in percentage such as in 1998-1999, 14 undergrads you've graduated 11. And on the mainland 63 and 11 grads.

I look at the mainland figures 63 to 11 and wondered whether you had any ideas about improving those numbers.

When I asked Kamuela about family oriented programs, I wondered about when students go to mainland colleges whether there are family oriented kinds of programs that can help more to stay there to graduate.

Do you have any comment about that, about the figures?

Ms. ESPINDA. As you see this figure is based upon the grant year. So the amount of students that have been awarded for that particular year this is the numbers of students graduating.

Now, I have a different chart that I go by. Cohorts for the first year would be cohort one. Second year with new students with our continuing student would be cohort two and three and four.

There's a lot more of cohort one that graduated just this particular year. So if you want me to send you that graduation rates based on cohorts I can do that.

But there is increasing numbers of students graduating on the mainland as well as here in Hawaii. I believe it has a lot to do with the outreach services that they receive from our program as well as the assistance that we get from the Hawaii communities on the mainland.

Senator AKAKA. Mahalo. Thank you, Mr. Chairman.

Senator INOUE. Thank you. Representative Mink.

Mrs. MINK. Yes. Mrs. Espinda on that very chart, which was a bit confusing to follow, I think I probably fell into that same category.

You have two items listed, undergraduate and graduate, and you have 63 and 11. That means that there were 63 undergraduates from the mainland and 11 graduate students.

Is that how you read it rather than out of 63 only 11 graduate.

Ms. ESPINDA. OK. There are 14 undergraduates in Hawaii whereas there's 63 undergraduates on the mainland.

Mrs. MINK. I was looking at the mainland column.

Ms. ESPINDA. Right. So this would indicate there would be a total of 25 Hawaii graduates, including graduate students, you see those figures and 74. Out of that 25—

Mrs. MINK. I'm looking at the first two figures which say 63 and 11 which is what Senator Akaka mentioned.

Ms. ESPINDA. Right.

Mrs. MINK. That means there is 63 undergraduate students—

Ms. ESPINDA. Yes.

Mrs. MINK [continuing]. You help and 11 graduate students. Is that correct?

Ms. ESPINDA. Yes.

Mrs. MINK. It doesn't mean only 11 graduated out of 63?

Ms. ESPINDA. Hmm-mmm.

Mrs. MINK. Because on the very bottom of your column you show a 100 percent retention rate which means that in all of your pro-

grams whatever you've done, all of the students that you put into your programs stayed in at whatever college level they were in at the time of their being included.

Ms. ESPINDA. Out of the 63 undergraduate the total of 13 of the 63 that had graduated.

Mrs. MINK. But that doesn't mean that the rest flunked.

Ms. ESPINDA. Right.

Mrs. MINK. It means only that portion completed their college, the rest continued on with their education.

Ms. ESPINDA. Yes.

Mrs. MINK. Which accounts for your 100 percent retention.

Ms. ESPINDA. Right.

Mrs. MINK. Correct? Which I think is spectacular that you had that many staying in.

Ms. ESPINDA. Those that continued on at the graduate level we are proud as well as pleased to have our first student graduate with his Ph.D. He's here in the audience Kimo Alameida.

Mrs. MINK. I want to, Senator Inouye, say on the House side the situation with reference to the Native Hawaiian Education Act is very tenuous.

We are in the middle of the reauthorization of the Elementary, Secondary Education Act one of the components is the Native Hawaiian Education.

Our only view into what the Republicans have in mind regarding this program is a discussion that we've had with the staff, not with the members. They haven't quite decided what they're going to do.

As you know twice they attempted to eliminate the program in 2 recent years. I think that they're not going to attempt the elimination this year. But what they are trying to do is what they have been practicing for the last several years and that is going into block grant concepts like Ed Flex, like Dollars to the Classroom.

Dollars to the Classroom, they eliminated 33 programs, took all of the money and gave it generalized instructions to the school systems to spend whatever way they wished regardless of what the previous earmarks and designations were.

In Ed Flex they have done pretty much the same thing. Taken blocks of money and stated that they prefer to give the money directly to the local community or the State or whatever and allow these entities to make the decisions.

So with reference to the Native Hawaiian Education Program, what they have suggested is a complete redesignation, reorganization of the council exactly as Senator Inouye warned against.

That seems to be the only big hang-up. We have not had any discussions that go to funding and all of that. So I think those are okay. But they're concentrating their irritation on this council, how it's made up, who sits on it and so forth.

So I do concur with the Senator that this is something that you have to pay particular attention to. I notice that in OHA's testimony they're also talking about not having council membership with people who are grantees of any other programs.

So it suggests that in the case of the House you may not have time to get it all together before we meet in September. But as I understand from the Senator, actions on the Senate side may be postponed to next year.

I don't know what's going to happen to our side. They haven't told us. They've taken one piece called Teacher Development, taken that out of ESEA and passed it already, sent it over to the Senate. They appear to be trying to piecemeal the ESEA.

They want to take title I, for instance, and just pass that separately over to the Senate. They haven't indicated to us what they're going to do.

But the attention focuses on this council, how it is to be made up, who sits on it and removal of this special five or six designations that are in the current law and say to the council: You got this money. It's block granted, it's flexible. The council decides how to spend it.

So I think that those potential revisions have to be taken very seriously as far as the House is concerned. Whatever the House does I have every confidence can be remedied in the Senate. But I thought that I needed to reflect to you what's going on on our side which creates some very, very big questions in my mind. Thank you very much.

Senator INOUE. Thank you. I consider this we are very fortunate we have a professional gatekeeper for Native Hawaiian Education in the House. That's Patsy Mink. I'm certain she'll do her best in protecting us.

But if we somehow succumb to this block grant business, then you people are out of business. Because I can see all of you fighting among yourselves as to who gets what. I hope that that will never happen. We will do our best. So far our best has been pretty good.

Mr. RAYMOND. Mahalo.

Senator INOUE. Thank you very much. I'd like to point out that it is now 10 after 1:00.

Mrs. MINK. Mr. Chair, I'm going to have to take leave. I appreciate very, very much your invitation for me to sit in.

Senator INOUE. Thank you very much for joining us. I will have to be adjourning this because somebody else has to come into this room. And I have to be at Tripler at 2:15. So at 2:00 I will have to be vacating this place.

Our next panel is made up of the director of the Family-Based Education Centers, Aha Punana Leo, Ms. Namaka Rawlins; and Ms. Jean Evans of Pulama I Na Keiki, Alu Like; Ms. Iwalani Else on behalf of Dr. Benjamin Young director of the Native Hawaiian Center of Excellence at the John A. Burns School of Medicine, University of Hawaii. Ladies, welcome.

May I call upon Ms. Rawlins first.

STATEMENT OF NAMAKA RAWLINS, DIRECTOR, FAMILY-BASED AHA PUNANA LEO

Ms. RAWLINS. Aloha mai kakou e na' elele i Wakinekona, Senator Inouye, Senator Akaka, and Representative Mink and staff that have come here today.

I am Namaka Rawlins, executive director of the 'Aha Punana Leo, Inc., a Native Hawaiian educational organization that functions entirely through our indigenous Hawaiian language and culture.

All services of the 'Aha Punana Leo are provided through Hawaiian in accordance with the Native American Languages Act estab-

lishing it as Federal policy to protect and promote the endangered indigenous languages of the United States.

We provide services at 11 preschools, a 7–12 education and a pre-kindergarten through grade 8 in two model public/private partnerships.

Curriculum both in the form of books and videos, technological services including an extensive computer system, teacher training and a post-secondary scholarship program.

Little known outside of Hawaii is the fact that the first high school west of the Mississippi was a Hawaiian language high school. And prior to annexation to the United States Native Hawaiians educated in Hawaiian language schools had a higher literacy rate than that of the United States.

Our ancestors also spoke a formal standard of British influenced English as a second language. When Hawaii was annexed, use of Hawaiian in schools, even on the playground was banned. Our language was nearly exterminated.

Changing attitudes towards race and native peoples in the United States and resulting legislation are helping us to rebuild the fine educational statistics and authentic cultural foundation that our people had when we were first annexed into the United States.

I am most proud to report our progress to you in this area. Our family-based education centers, the Punana Leo preschools, have been the foundation in their communities.

Our teachers and families have worked together over these years to enhance and support their local public schools where the Punana Leo graduates enter.

These dedicated parents have become the teachers in the Punana Leo as well as the follow-up Kaipuni Hawaii public school program. Our kupuna also teach in our preschools.

This past year the first 11 seniors to be educated totally in Hawaiian graduate from high school. We note the achievements of the five in our model school Nawahiokalani'opu'u, run as a laboratory program in consortium with the University of Hawaii at Hilo's College of Hawaiian language and the Department of Hawaiian Education.

The five seniors at Nawahiokalani'opu'u completed all but two courses of a college preparatory program by their junior year. For their senior year they were admitted as concurrent students at the University of Hawaii at Hilo.

Only one other high school senior in the public high school that would otherwise serve was admitted to the university in this way. These students all took at least three university courses each as well as completing their high school courses. Their university courses included political science, mathematics, agriculture, biology and Japanese language.

These students graduated from Nawahiokalani'opu'u with nine to 11 university credits. These students have taken all their high school courses through Hawaiian with English taught as a course subject, yet they had no trouble with the English used in the university.

Furthermore, all passed the qualifying examination for English composition an examination that many of our Native Hawaiian students have difficulty in passing.

Our curriculum videos have won national and international awards and we have produced short pieces that will be aired on PBS television.

Our computer program in Hawaiian is not only the most developed for any indigenous language in the world, but we have also outpaced a number of the European languages in our development of technology through our own language.

Our students and teachers are not the only ones who are succeeding through our programs. Because we require parents to learn the language along with their children, many began to take university courses in Hawaiian.

Because there were essentially no Hawaiian speaking program directors, accountants, curriculum developers, teachers and other professionals needed by our program, parents and family members took it upon themselves to learn these skills to serve our program.

Our programs have also had far reaching impact to the betterment of business in Hawaii. Many entrepreneurs have had their start in our programs with our training. Many government offices currently employ those schooled in language proficiency, professional ability and cultural protocol.

Throughout the State, education institutions on all levels from preschools to universities also employ those who are qualified due to the opportunities we have provided them.

Our programs provide excellent skill development and contribute to the betterment of the Hawaiian community as a whole. Our program has become nationally known. You may have read a recent article in the Washington Post about our success and the importance it has for Native American languages and Native American education throughout the United States.

Several Indian tribes including the Blackfeet, Arapaho, Washoe, and Tlingit, among others with considerable success have simulated our model.

We are most thankful to Congress for your support of the Native Hawaiian Education Act and ask that you continue to work with us as well as all the other innovative programs being administered by various organizations to assure that the distinctive Hawaiian language and culture and other Native American languages do not become extinct.

It is a credit to this body that the Native Hawaiian language schools and their record of academic achievement, once forcibly closed by the U.S. Government, have again been reestablished with support from Congress.

In order to see why we work so hard to revitalize the 'Olelo, the language, one must realize how vital it used to be. It was the language of commerce, trade, education, government, church, and society of this land, and everyone, regardless of ethnic background spoke the language up until the ban in 1896.

A quote from an old newspaper written back in 1917, 20 years after the banning of the 'Olelo and 2 years before my father was born:

I 'ike 'ia no ke kanaka no kekahi lahui ma kana 'olelo. Ina e nalowale ana ka 'Olelo Makuahine o kekahi lahui, e nalohia aku ana no ia lahui. I keia la, ua nalohia aku ko kakou ku'oko'a, a i ka pau 'ana o ka kakou 'Olelo Makuahine, 'o ka pau 'ana no ia o ka lahui Hawaii. He mana'olana ko'u, e ho'ea mai ana ka la e ku ai he mau kula 'Olelo Hawaii, ma ko kakou nei 'aina. Ina kakou e ho'omaka ana ma keia ke'ehina, 'a'ole no e hala he mau makahiki e ola hou ana ka 'Olelo Hawaii.

A people are known by their language. If the mother tongue is lost to a people so will the people become lost. In these times our people's independence is being lost. And when our mother tongue dies, then is the death of the Hawaiian people. I have an expectation that there will come a day when Hawaiian Language schools will exist again. If we start now, it will not take long for our Hawaiian Language to live again.—Ka Pu'u honua, January 26, 1917.

PREPARED STATEMENT

Considering that it took another three generations to revive our Kula 'Olelo Hawaii, our Hawaiian language schools, the above excerpt is just one affirmation for us in doing what we do. Mahalo nui i ka lohe 'ana mai i ko'u mana'o.

Senator INOUYE. Thank you very much.

[The statement follows:]

PREPARED STATEMENT OF NĀMAKA RAWLINS

NATIVE HAWAIIAN HEALTH, EDUCATION AND EMPLOYMENT

Aloha mai kākou e nā 'elele Hawaii i Wakinekona, e nā Kenekoa 'o Inouye lāua 'o Akaka, me nā Lunamaka'āinana 'o Abercrombie lāua 'o Mink a me ka po'e 'ē a'e i hele mai i kēia lā.

I am Nāmaka Rawlins, Executive Director of the 'Aha Pūnana Leo, Inc., a Native Hawaiian educational organization that functions entirely through our indigenous Hawaiian language and culture. The 'Aha Pūnana Leo is a recipient of federal funding under the native Hawaiian Education Act.

All services of the 'Aha Pūnana Leo are provided through the Hawaiian language in accordance with the Native American Languages Act establishing it as federal policy to protect and promote the endangered indigenous languages of the United States for the community and for education. We provide services at 11 preschools serving over 200 children and adult language classes for their families, a 7–12 education and a prekindergarten through grade 8 in two model public/private partnership schools, with the intention of developing them into a full pre–12 system, curriculum both in the form of books and videos, technological services including an extensive computer system, teacher training and a post-secondary scholarship program serving over 150 undergraduates and graduates. We also work informally with native Hawaiians in prison who are interested in bettering themselves through combining Hawaiian culture and education.

The story of the 'Aha Pūnana Leo, Inc. began five years before federal funding became available to us. We developed from a grassroots group of parents who were determined that their children would be educated through their own language and culture, as had their ancestors. These families held fundraisers, paid tuition and lobbied our state government to eliminate legal barriers prior to the receipt of our first federal funding in 1989.

Little known outside Hawaii is the fact that the first high school west of the Mississippi was a Hawaiian language high school and that prior to annexation to the United States, native Hawaiians educated in Hawaiian language schools had a higher literacy rate than that of the United States. Our ancestors also spoke a formal standard of British influenced English as a second language. When Hawaii was annexed, use of Hawaiian in schools, even on the playground was banned. Our language was nearly exterminated; pidgin English took the place of both Hawaiian and standard English, and in Hawaii, non-Hawaiians and native Hawaiians alike came to see native Hawaiians and education as incompatible. Changing attitudes towards race and native peoples in the United States and resulting legislation are helping us to rebuild the fine educational statistics and authentic cultural foundation that our people had when we were first annexed into the United States.

I am most proud to report our progress to you in this area.

First, the dream that our initial parent groups had of reestablishing the Hawaiian language and education through Hawaiian, is making considerable progress. In 1984, when the first Pūnana Leo preschool opened, there were only 35 children

under 18 in the world who were fluent in our language. Today, we have over 2,000 students in Hawaii attending schools taught entirely through Hawaiian from preschool through grade 12. These students are either our students from the Pūnana Leo or others who have entered into public school programs established in response to the demand from our Pūnana Leo families.

While there still remain barriers to Hawaiian speaking children reaching their full potential, we continue to break down these barriers through demonstration of effective methods and curriculum in our model schools and through serving all Hawaiian language schools through our curriculum and teacher training programs.

Our level of success has been quite good. Many in the education establishment believed that it was impossible to provide high quality modern education through Hawaiian. We have proved them wrong. Our family based education centers, the Pūnana Leo preschools, have been the foundation in their communities. Our teachers and families have worked together over these years to enhance and support their local public schools, where the Pūnana Leo graduates enter. These dedicated parents have become the teachers in the Pūnana Leo as well as the follow-up Kaiapuni Hawaii public school program. Our kūpuna also teach in our preschools. This past year the first eleven seniors to be educated totally in Hawaiian graduated from high school. We note the achievements of the five in our model school, Nāwahiokalani'ōpu'u, run as a laboratory program in consortium with the University of Hawaii at Hilo's College of Hawaiian Language.

The five seniors at Nāwahiokalani'ōpu'u completed all but two courses of a college preparatory program by their junior year. For their senior year they were admitted as concurrent students at the University of Hawaii at Hilo. Only one other high school senior in the 1736 student public high school that would otherwise serve them was admitted to the university in this way. These students all took at least three university courses each as well as completing their high school courses in anthropology and English language arts. Their university courses included political science, mathematics, agriculture, biology, and Japanese language. These students graduated from Nāwahiokalani'ōpu'u with 9 to 11 university credits. These students had taken all their high school courses through Hawaiian with English taught as a course subject, yet they had no trouble with the English used in the university. Furthermore, all passed the qualifying examination for English composition, an examination that many of our native Hawaiian students have difficulty in passing.

In spite of the fact that our Hawaiian language schools are taught through a language and culture very different from the standard English public schools in Hawaii, our student SAT scores have been on par or better than those of native Hawaiian children from similar backgrounds. Our students have been outstanding in the performing arts and sports as well.

Our curriculum videos have won national and international awards and we have also produced short pieces that will be aired on PBS television. Our computer program in Hawaiian is not only the most developed for any indigenous language in the world, but we have also out paced a number of the European languages in our development of technology through our own language.

Our students and teachers are not the only ones who are succeeding through our programs. Because we require parents to learn the language along with their children, many began to take university courses in Hawaiian. This leads to increased confidence and expansion of their education into other areas. Because there were essentially no Hawaiian speaking program directors, accountants, curriculum developers, teachers and other professionals needed by our program, parents and family members took it upon themselves to learn these skills to serve our program.

I am a good example of the effect of the program on adults. I grew up on Hawaiian homestead land, 1 of 12 children. After graduation from high school, I married and with my husband managed our guava farm on our homestead land. I worked part time and then went back to the university to increase my knowledge of my own language and culture. My own sons were too old to enroll in the Pūnana Leo when it started but I used as much Hawaiian as I could with them and volunteered at the Pūnana Leo Hilo preschool from 1985 through 1989. I eventually graduated and my volunteer job developed into the directorship of the statewide system of programs. My office staff consists entirely of mothers of children in our programs, none of which had graduated from college when they enrolled their children in the program. At the encouragement of the Pūnana Leo, the staff continues to pursue degrees and some have already completed their undergraduate work.

The benevolence of our programs has also had a far-reaching impact to the betterment of business in Hawaii. Many entrepreneurs have had their start in our programs with our training. Many government offices, including the county Police Department, and the state's DHHL and OHA currently employ those we have schooled in language proficiency, professional ability, and cultural protocol. Several fellow

nonprofit organizations have looked to us and received extensive expertise. Throughout the state, education institutions on all levels from preschools to universities also employ those who are qualified due to the opportunities we have provided them. Our programs are visionary and demanding; they provide excellent skill-development and have proven to contribute to the betterment of the Hawaiian community as a whole.

Our projects under the Native Hawaiian Education Act have faced many obstacles. It was actually illegal to use Hawaiian in either private or public schools when our organization was started and parents still have great difficulty in dealing with policies in the public schools that work against our program, including union rules that work against hiring the most qualified Hawaiian speaking teachers.

Another barrier is internalized racist attitudes. Until this day, there are many, even in our own native Hawaiian communities, who insist that using Hawaiian in education can only harm our children academically and hinder their mastery of English. These people have turned a blind eye to the successes that we have already demonstrated in a short time under difficult circumstances. Such people are verification that many in our society have internalized a false belief that the native Hawaiian is inferior. They simply cannot believe that our successes are fact.

There is nothing mysterious about our success. Small countries like Denmark and the Netherlands use their own languages in their schools and are some of the most successful academically in the world. Furthermore, they often learn a higher standard of English in their schools than the pidgin spoken by most native Hawaiian and local children in the English public schools. Our model schools strive to be like schools in these countries with languages, which are minimally used outside their own countries.

Our program has become nationally known. You may have read a recent article in the Washington Post about our successes and the importance it has for Native American languages and Native American education throughout the United States. We are the national leaders in combining Native American language and cultural revitalization with academics. This is very important for the United States as all 200 Native American languages are severely endangered and academic failure is widespread in Native American communities. Several Indian tribes including the Blackfeet, Arapaho, Washoe, and Tlingit, among others with considerable success have simulated our model.

We are most thankful to Congress for your support of the Native Hawaiian Education Act and ask that you continue to work with us as well as all the other innovative programs being administered by various organizations to assure that the distinctive Hawaiian language and culture and other Native American languages do not become extinct. It is a credit to this body that the native Hawaiian language schools and their record of academic achievement, once forcibly closed by the United States government, have again been reestablished with support from Congress.

Within these last 15+ years, we have been motivated and our lives changed by our never-ending goal—*E Ola Ka 'Ōlelo Hawaii*. For us this is visionary work; it transcends politics and personalities. In order to see why we work so hard to revitalize the 'Ōlelo, one must realize how vital it used to be: it was the language of commerce, trade, education, government, church, and society of this land—and everyone, regardless of ethnic background spoke the language—up until the ban in 1896. I would like to share a quote from an old newspaper, written back in 1917, 21 years after the banning of the 'Ōlelo, and two years before my father was born:

"I 'ike 'ia nō ke kanaka no kekahi lāhui ma kāna 'ōlelo. Inā e nalowale ana ka 'Ōlelo Maknāhine kekahi lāhui, e nalohia aku ana nō ia lāhui. I kēia lā, ua nalohia aku ko kākou kū'okō'a, a i ka pau 'ana kā kākou 'Ōlelo Makuahine, 'o ka pau 'ana nō ia ka lāhui Hawaii . . . He mana'olana ko'u, e hō'ea mai ana ka lā e kū ai he mau kula 'Ōlelo Hawaii, ma ko kākou nei 'āina . . . Inā kākou e ho'omaka ana ma kēia ke'hina, 'a'ole nō e hala he mau makahiki e ola hou ana ka 'Ōlelo Hawaii."

"A people are known by their language. If the mother tongue is lost to a people, so will the people become lost. In these times, our people's independence is being lost, and when our mother tongue dies, then is the death of the Hawaiian people . . . I have an expectation that there will come a day when Hawaiian Language schools will exist again . . . if we start now, it will not take long for our Hawaiian Language to live again. (*Ka Pu'uhōnua*, Januari 26, M.H. 1917)

Considering that it took another three generations to revive our Kula 'Ōlelo Hawaii, our Hawaiian language schools, the above excerpt is just one affirmation for us in doing what we do—living in the 'Ōlelo Hawaii. Please continue to support our good work.

Mahalo nui i ka lohe 'ana mai i ko'u mana'o.

**STATEMENT OF JEAN EVANS, M.P.H., PROJECT ADMINISTRATOR,
PULAMA I NA KEIKI**

Senator INOUE. Ms. Evans.

Ms. EVANS. Senator Inouye, Senator Akaka, I'm Jean Evans, the administrator of the Pulama I Na Keiki or "Cherish the Children" project with Alu Like. This is one of the projects funded by the Family-Based Education Centers section of the Native Hawaiian Education Act.

Our annual funding is approximately \$3 million. The first 5 years last forever. A child's chance of success begins even before he or she is born. This is the first window of opportunity for a child's learning begins in the prenatal period. This is the time in parenthood when there is the most chance to have a direct and formative effect on the child's developing brain.

A mother's emotions, general habits, and her environment affect the fetus. What happens to an infant in the early weeks of life actually changes the physical structure of the brain. Early brain activity results in an explosion of learning that occurs after birth.

Deprived of a stimulating environment a child's brain suffers. The research underscores the importance of hands-on parenting. Parents who read and talk to their children each day create a strong foundation for future academic success.

A positive and stimulating environment provided by the parents, the child's first teachers, has been shown to reduce child abuse and neglect, reduce reliance on welfare assistance, reduce the need for special education services, and prevent the child from committing later crimes.

With the assistance of 14 partnership agencies the prenatal to age 5 family-based education project was successfully transferred from Kamehameha Schools Bishop Estate to Alu Like on October 1, 1997.

The current project services families on five islands from 11 sites. These services are provided in a culturally relevant manner by community-based parent educators and include home visits, workshops and parent/toddler group activities. The primary means of program delivery, however, is the one-to-one home visits.

A more detailed description is included in my written comments. Investment in prevention. The Rand Corp. has recently published an economic evaluation of early childhood intervention programs.

The study includes an economic evaluation of a prenatal/early childhood program that extrapolates the results of a 15-year follow-up study to estimate cost savings generated by the program.

Governmental costs and revenue increases as well as non-governmental benefits associated with the intervention were identified.

This study showed a four to one savings in governmental funds for families with single mothers as well as a substantial non-governmental savings.

By applying the Rand findings to the Pulama I Na Keiki program in which nearly 70 percent of our families are headed by single mothers, a substantial savings can be seen.

With an approximate \$3 million program cost, a net savings of \$9,300,000 is realized.

Future directions. The U.S. Department of Education recently announced a new grant award to Alu Like to operate a Pulama I

Na Keiki site in the urban Honolulu area and to develop a Native Hawaiian family-based education system.

While expansion of existing services is one way to assist more Native Hawaiian families, it is clear that expanding services alone cannot meet the needs of each community.

The overall needs of families with young children must be better identified. To this end Alu Like and 'Aha Punana Leo are participating in a statewide early education and care consortium which sprang out of the family-based subcommittee of the Native Hawaiian Education Council.

The new funding will help the consortium and Native Hawaiian communities to develop a plan for a seamless continuum of services which include the following components:

Identification and agreement on outcomes for Native Hawaiian children. Program performance analyses and development of a coordinated system.

In conclusion, investing in early childhood education for Native Hawaiian children is an investment in Hawaii's future and the future of the United States. As more children and families participate in early intervention programs, fewer resources will be needed down the line.

PREPARED STATEMENT

Providing the youngest members of society and their families opportunities to succeed in the future and become productive and self-reliant is a goal we all share. Thank you for inviting me to present testimony.

Senator INOUE. Thank you very much, Ms. Evans.

[The statement follows:]

PREPARED STATEMENT OF JEAN EVANS

I am Jean Evans, the Administrator of the Pūlama I Nā Keiki or "Cherish The Children" family-based project with ALU LIKE, Inc. (ALI). This is one of the projects funded by the Family-Based Education Centers section of the Native Hawaiian Education Act. (Improving America's Schools Act of 1994, Public Law 103-382.)

Funding

1997-1998	\$3,041,724
1998-1999	2,941,724
1999-2000	(¹)
1999-2000	² 990,449

¹ Final year continuation grant award pending.

² New expansion grant award.

NEEDS

Population

The highest percentage of Native Americans reside in the State of Hawaii compared to any other state in the nation.¹ Native Hawaiians make up the vast majority of the Native American population in Hawaii.

Native Hawaiians are the fastest growing ethnic group in Hawaii. They represent approximately 19 percent of the total state population;² however, this ethnic group makes up 33 percent of the total births in the State.³ This growth trend results in

¹ Kamehameha Schools/Bishop Estate Native Hawaiian Education Survey, 1993.

² Native Hawaiian Data Book, 1996—page 14.

³ *ibid.*, p. 64.

a young population, with the majority of native Hawaiians being 18 years of age or younger.⁴

An average of 6,272 Native Hawaiian births per year occurred between 1993 and 1997.⁵ These births have resulted in approximately 31,358 Native Hawaiian children who are currently ages 0–5. This figure represents about one-third of all the children in the State in that age group.

Perinatal Health Risk Factors

Native Hawaiians have higher rates of health risk factors during pregnancy than do other ethnic groups in Hawaii.

Fewer Native Hawaiian women (73.8 percent) begin prenatal care during the first trimester than do women in the general population in Hawaii.⁶ Of those pregnant women not receiving prenatal care until the third trimester, almost one-third are Native Hawaiian.⁷

The issue of “children having children” and the harmful effect of substance and tobacco use on the unborn fetus are also major concerns. Over 20 percent of all births to teenage mothers in Hawaii are to Native Hawaiians.⁸ This is twice as high as the State average of 10.1 percent.⁹ Native Hawaiian mothers use tobacco and alcohol at higher rates than do other ethnic groups in the State.

TABLE 1.—RATE PER 1000 MOTHERS USING ALCOHOL & TOBACCO BY RACE OF MOTHER, TOP 5 ETHNIC GROUPS—ONLY 1993¹⁰

	Caucasian	Hawaiian	Chinese	Filipino	Japanese	All other	State
Tobacco Rate	8.6	17.2	2.2	5.5	7.7	6.9	9.6
Alcohol Rate	1.6	2.4	0.4	1.2	1.2	0.6	1.4

¹⁰Native Hawaiian Data Book, 1996, p. 343

Economic Risk Factors

In Hawaii, 23 percent of Native Hawaiian families with children under the age of 5 have median incomes below the poverty level. This compares to the overall of 11 percent for the State and 18 percent for the nation.¹¹ The 1996 medial household income in Hawaii was \$41,772.¹² Incomes of Native Hawaiian families with children under 6 years of age average 80.85 percent of the State medial income, or \$33,773. Of those Native Hawaiian families with both parents present in the home, the medial income is 98.56 percent of the State, or \$41,170, while incomes of Native Hawaiian families with no husband present average 68.55 percent of the State medial income,¹³ or \$28,635.

The percentage in Hawaii for all families with children under 6 and no father present is 10.5 percent, while the percentage for Native Hawaiian families is 12.7 percent.¹⁴ In only 31.2 percent of the families served by the Pūlama I Nā Keiki Project in fiscal year 1997–1998 were the parents married.¹⁵ Native Hawaiian families are also larger than others in the State, with an average of 4.07 persons compared to an average of 3.48 persons for other families in the State.¹⁶

In summary, Native Hawaiian families with children are larger, the parents are less often married, and they have lower incomes than do families in the general population.

Educational Risk Factors

A large percentage of young Native Hawaiian children are educationally at risk and are not receiving services.

Based on analyses of the Peabody Picture Vocabulary Test, approximately 50 percent of Native Hawaiian children measured at entry to kindergarten are education-

⁴ *ibid.*, p. 71.

⁵ State of Hawaii Department of Health, February, 1998.

⁶ Native Hawaiian Data Book, 1996, page 329.

⁷ *ibid.*, p. 352.

⁸ *ibid.*, p. 353.

⁹ *ibid.*, p. 353.

¹¹ Kamehameha Schools/Bishop Estate Report, 1994.

¹² State of Hawai'i Department of Business & Economic Development Information, 1996.

¹³ Native Hawaiian Data Book, 1996, page 492.

¹⁴ *ibid.*, p. 58.

¹⁵ ALU LIKE, Inc. Pūlama I Nā Keiki, Annual Evaluation Report, 1997–1998, page 6.

¹⁶ Native Hawaiian Data Book, 1996, page 58.

ally at risk.¹⁷ Approximately 52 percent of at-risk Native Hawaiian preschool aged children are not receiving services.¹⁸

Consequently, a higher percentage of both female and male Native Hawaiians aged 25–34 have less than a high school degree compared to the general population.

TABLE 2.—PERCENT ADULTS WITH LESS THAN HIGH SCHOOL DEGREE¹⁹—AGES 25–34

	Native Hawaiians (Percent)	State of Hawaii (Percent)
Male	14.4	8.6
Female	13.4	8.5

¹⁹Kamehameha Schools/Bishop Estate Report, 1994.

The First Five Years Last Forever

A child's chance of success begins even before he/she is born. "The first window of opportunity for a child's learning begins in the womb."²⁰ This is the time in parenthood when there is the most chance to have a direct and formative effect on the child's developing brain. A mother's emotions, general habits, and her environment affect the fetus.²¹ This is why it is so important to work with families as early in pregnancy as possible.

Recent research in brain development confirms the significance of a child's first five years. What happens to an infant in the early weeks of life actually changes the physical structure of the brain. Early brain activity results in an explosion of learning that occurs after birth. Deprived of a stimulating environment, a child's brain suffers. Touch and play develop both cognitive and emotional systems in the infant's brain.²² These data underscore the importance of hands-on parenting, talking to the infant, finding time to cuddle, and providing the infant with stimulating experiences. Research shows that parents who read and talk to their children each day create a strong foundation for future academic success.²³

In summary, a positive and stimulating interactive environment provided by parents (the child's first teachers) has been shown to reduce child abuse and neglect, reduce reliance on welfare assistance, reduce the need for special education services, and prevent the child from committing later crimes.

EDUCATION GOALS

The importance of servicing the 0–5 population is recognized by The U.S. Department of Education in its Goal 1, which states that all children will enter school ready to learn. Additionally, the Native Hawaiian Education Program (fiscal year 2000) Goal 1 states that Native Hawaiian students served by this program will enter school ready to learn. This proposal is directly in line with both of these goals.

PROGRAM DESCRIPTION

In 1996 a Partnership of 14 agencies came together to develop a concept design and plan for the continuation of family-based services which were then being provided by Kamehameha Schools, Bishop Estate (KSBE). On October 1, 1997, the Native Hawaiian Family-Based Education Centers Project was successfully transferred from KSBE to ALI under the title, Native Hawaiian Family-Based Education Service Partnership Project. This project is now known by its Hawaiian name, Pūlama I Nā Keiki. Partner members and their local counterparts continue to work closely with the Pūlama I Nā Keiki administrative and site staff on coordinating services to maximize resources and provide appropriate services to as many families as possible.

The current Pūlama I Nā Keiki Project is a family-based education project for families with children (ages 0 to 5) of Hawaiian ancestry. By September 30, 1998 the Pūlama I Nā Keiki project had increased the number of families served from 228 to 496. It is predicted that by the end of this grant (September 30, 2000) over 800 families will have been served.

¹⁷ Kamehameha Schools/Bishop Estate Report, 1994.

¹⁸ *ibid.*

²⁰ Lisa A. Foster, *Education For The 21st Century: The Human Brain & Learning Presentation*, 1999, page 5.

²¹ Marian Diamond, *The Magic Trees of the Mind*, 1998.

²² State of Hawaii Department of Health, Maternal & Child Health Branch, *Achieving Good Results For Young Children and Families Report*, 1998, page 3.

²³ *ibid.*

The current ALI Pūlama I Nā Keiki project services families on five islands from 11 sites as listed below.

CURRENT PŪLAMA I NĀ KEIKI SITES

O'ahu

Windward District: Ko'olauloa Office and Ko'olapoko Office.
Leeward District: Wai'anae Office and Ewa/Waipahu Office.

Maui

Central Maui Office and Hana Office.

Molokai

Kaunakakai Office.

Kauai

Lihu'e Office.

Hawaii

Kona Office, Waimea Office, and Hilo Office.

The philosophy is to begin as early as possible, so we are targeting prenatal entry. We will also take families with children up to 6 months of age. The project's mission is to enable parents to provide their children with the best possible opportunities to support school success. Parents play the most important role in how well their children perform in school. This is true even before birth. The program provides families with support, guidance, and assistance in developing knowledge, attitudes, and behaviors that foster children's development and desire to learn.

The program is designed to help families make a child's early learning as successful as possible in order to provide a foundation for his/her future success in school. To achieve this, the program offers a wide range of educational services to families. Services are provided by paraprofessionals, called Parent Educators, who receive extensive training in utilizing the program's curriculum and tools.

Services provided to families by community-based Parent Educators include home visits, workshops, and parent/toddler group activities. The primary means of program delivery, however, is one-to-one home visits, which prove to be an effective way of individualizing the curriculum to better serve the family. The major focus of the Pūlama I Nā Keiki program is given to the 0-3 age group.

One of the most important aspects of being "ready" for success in school is the ability to get along with others. The Parent Educators provide this opportunity in Parent/Toddler groups. These groups give both the child and caregiver a chance to interact with other children and families while building relationships. The group environment offers diverse experiences and assists in socialization skills, communication skills, and self-help for children and parents.

Parent Educators play an active role in assisting families to enroll their children in preschools, especially those of partner organizations such as KSBE and 'Aha Pūnana Leo. Preschool opportunities are rather limited in many areas, so staff assist children not enrolled in a center-based preschool in finding other types of preschool-aged activities. Project staff conduct limited parent/child group sessions for this age group.

Curriculum

The Pūlama I Nā Keiki curriculum currently has two parts: (1) prenatal/perinatal and (2) infant/toddler. Both phases emphasize the application of knowledge and skills that result in healthy mothers, babies, and children; on-target child development; and overall school readiness. Whenever possible, Hawaiian culture and values are reflected in, and integrated into, the practices, environment, and activities of the curriculum. Such curriculum materials include a Hawaiian style quilt, or "kapa," which is made by the family during the prenatal period to prepare for the baby's arrival. In the process of making the kapa, the families have an opportunity to discuss their beliefs, their hopes, and their worries with the Parent Educator, and the Educator, in turn, can share information about the important role of the family.

INVESTMENT IN PREVENTION

The RAND Corporation has recently published an economic evaluation of early childhood intervention programs. The study sites programs that have shown IQ differences between some early intervention program participants and controls to be

10 points or more.²⁴ In addition, RAND has conducted an economic evaluation of a prenatal/early childhood program that extrapolates the results of the 15-year follow-up study to estimate cost savings generated by the program. This study identified governmental costs and governmental revenue increases associated with the intervention. Non-governmental benefits were also identified. These are itemized below:²⁵

Annual governmental costs

- Cost of ER visits
- Welfare costs (ages 0–5)
- Jail (Mother)
- Jail Child (ages 12–15)
- Criminal Justice system (ages 19–44)
- Loss to crime victims

Governmental revenue increases

- Increased Taxes paid by employed family
- Increase taxes paid by working child—adult

Non-governmental benefits

- Tangible costs of crimes that would have been committed
- Extra income by families (not just taxes)

The RAND study showed a 4 to 1 savings in governmental funds for families with single mothers. The non-governmental savings to families with single mothers is estimated to be \$6,000, and \$3,000 for married families.²⁶

The following savings for the Pūlama I Nā Keiki program are based on the RAND estimates:

Annual Project Funding	¹ \$3,000,000
Total Families	² 800
Cost per Family	\$3,750
Number of Non-married Families	550
Number of Married Families	³ 250

¹ Estimate fiscal year 2000.

² By 9/2000.

³ 68.8 percent of project families by 9/30/98.

ESTIMATED ANNUAL PROGRAM COST BENEFIT

	Program cost	Gross savings	Net savings
Governmental Funds	\$3,000,000	¹ \$8,250,000	² \$5,250,000
Non-governmental Funds		³ 4,050,000	4,050,000
Total	3,000,000	12,300,000	9,300,000

¹ \$3,750 cost per family x 4 (estimated savings) = \$15,000; \$15,000 x 550 single mother families = \$8,250,000.

² \$8,250,000 - \$3,000,000 (yearly cost) = \$5,250,000.

³ \$6,000 non-governmental savings x 550 single mother families = \$3,300,000; \$3,000 non-governmental savings x 250 married families = \$750,000. \$3,300,000 + \$750,000 = \$4,050,000.

FUTURE DIRECTION

The U.S. Department of Education recently announced a new grant award to ALU LIKE Inc. for the expansion of the family-based education centers programs. This new grant, which begins October 1, 1999, provides funding to operate a Pūlama I Nā Keiki site in the densely populated urban Honolulu area. In addition funding has also been made available for the development of a Native Hawaiian Family-Based Education System.

While expansion of existing services is one way to service more Native Hawaiian families, it is clear that expanding these alone will not meet the needs of each community. The urban Honolulu area and others are in need of additional services; however, ALI cannot proceed with expansion beyond this additional Pūlama I Nā Keiki site until the extent of overall needs of families with 0 to 5 years olds is better

²⁴ Lynn A. Karoly, Peter W. Greenwood, Susan, S. Everingham, Jill Hoube, M. Rebecca Kilburn, C. Peter Rydell, Matthew Sanders, James Chiesa, Investing In Our Children: What We Know and Don't Know About the costs and Benefits of Early Childhood Interventions. The RAND Corporation, 1998, page xvi.

²⁵ *ibid*, pp. 123–129, 97.

²⁶ *ibid*, p. xvi.

defined. To this end, ALI and 'Aha Pūnana Leo are participating in a state-wide early childhood education and care consortium, which sprang out of the Family-Based sub-committee of the Native Hawaiian Education Council. The consortium, made up of primarily Native Hawaiian early childhood education and health agencies and community representatives from the major islands, met initially in January 1999 to come up with a vision for meeting the needs of this age group. With this new funding, The Native Hawaiian Early Childhood Education and Care Consortium, which is comprised of over 20 representatives from Native Hawaiian organizations and communities, and experts in early childhood, will be formalized for the purposes of developing a seamless continuum of early care and education services throughout communities in the State with high concentrations of Native Hawaiian children in the prenatal through five age group. The consortium's development plan for a seamless continuum of services includes the following components:

- A. Identification and Agreement on Outcomes for Native Hawaiian Children
- B. Program Performance Analysis
- C. Development of a Coordinated System

Community-Based Approach

At present, similar to most other communities and states, the Native Hawaiian early childhood education and care infrastructure is rather fragmented overall and, in some communities, nearly non-existent. The group agreed at the January 1999 meeting that it was desirable to ensure that Native Hawaiian communities determine the basis and content for a seamless continuum of early childhood services. This means that Native Hawaiian communities, as they deem appropriate, will assess the quality of early education and care, take account of their existing resources, and determine how resources beyond the community might best meet their needs for developing their own sub-infrastructure. Their efforts will be unique but, in general, will encompass the strengths and resources of any larger, already developed portions of a statewide infrastructure. As appropriate, each community will be provided with support for facilitation, communication, leadership development, relevant resources, and models in the staff position of Community Facilitator.

Smaller groups within the consortium will also assist the communities, ensuring that there is continued communication and sharing of progress among the various community groups. There is already the basis for these smaller groups. The Native Hawaiian Education Council has five island councils, although additional councils for the islands of O'ahu and Lanai would better represent existing district needs. Further, many participating Native Hawaiian agencies, e.g., ALU LIKE, Inc., Queen Lili'uokalani Children's Center, and Papa Ola Lokahi have community and/or island offices.

The input and plans developed in each community will be the bases for strengthening the current statewide system. Paramount to each community's efforts is the need for a seamless, coordinated system of early childhood services. Also critical is to have services accessible, affordable, culturally compatible, and high in quality, insuring the strengths of each community are recognized and utilized to their fullest capacity.

The entire early childhood education and care community is excited to begin development of such a system to benefit the future of Hawai'i.

CONCLUSION

Investing in early childhood education for Native Hawaiian children is an investment in Hawai'i's future and the future of the United States. As more children and families participate in early intervention programs, fewer resources will be needed down the line. Providing the youngest members of society and their families opportunities to succeed in the future and become productive and self reliant is a goal we all share. Thank you for inviting me to present testimony today.

STATEMENT OF IWALANI ELSE, ASSISTANT PROGRAM DIRECTOR, NATIVE HAWAIIAN CENTER OF EXCELLENCE

Senator INOUE. Ms. Iwalani Else.

Ms. ELSE. Good afternoon, Senator Inouye, Senator Akaka. My name's Iwalani Else. I'm assistant program director of the Native Hawaiian Center for Excellence. I'm here on behalf of Dr. Benjamin Young, our director.

I would briefly like to share some of the goals and objectives of the Native Hawaiian Center of Excellence. As you know there has

been an increase in the public attention given to the poor health status of Native Hawaiians who continue to have the worst health indicators of the five primary ethnic groups in Hawaii.

These indicators include shortest life expectancy, and highest mortality rate. Unfortunately these figures show no immediate signs of improvement. Among the health indicators which have worsened are life expectancy, death rates from heart disease, stroke, cancer, diabetes and risk factors such as obesity, hypertension and alcohol use.

The Native Hawaiian Center of Excellence seeks to address the dismal health status of Native Hawaiians through a variety of activities.

The Native Hawaiian Center of Excellence's mission is to improve the health of indigenous Hawaiians. This will be accomplished through research, education, service and training of Native Hawaiians in various health professions.

The Native Hawaiian Center of Excellence is housed at the John A. Burns School of Medicine at the University of Hawaii, is funded by a grant from the U.S. Department of Health and Human Services.

The center has been in existence since 1991. It is part of a nationwide effort called the Centers of Excellence. There are also Centers of Excellence for historically black colleges, Hispanic, American Indians. We are the only Native Hawaiian Center of Excellence.

Our center of excellence has five primary objectives and components. The first is recruitment, recruiting Native Hawaiians into health professions.

The second retention. Retaining Native Hawaiian students once they're in a health profession program.

Three, faculty development. Training Native Hawaiian physicians to become medical school faculty.

Four, curriculum development. Introducing Native Hawaiian health issues into the John A. Burns School of Medicine Problem-Based Learning curriculum.

Fifth, research. Encouraging Native Hawaiians to develop research skills and conduct research on Native Hawaiian health issues.

PREPARED STATEMENT

It's just a brief summary. But in the written testimony I've provided a brief synopsis of each. So refer to that.

With these goals the Native Hawaiian Center of Excellence truly hopes to improve the health status of Native Hawaiians through research, education, service and training of Native Hawaiians in health care professions.

On behalf of the State director of the Native Hawaiian Center of Excellence thank you for providing this opportunity to testify.

Senator INOUE. Ms. Else, I thank you very much on behalf of the committee.

[The statement follows:]

PREPARED STATEMENT OF IWALANI ELSE

Since the 1980s there has been an increase in public attention given to the poor health status and high mortality rates of Native Hawaiians who reportedly continue to have the worst health indicators of the five primary ethnic groups in Hawaii (Blaisdell, 1996; Braun K., Look M., & Tsark, J., 1995). These indicators include shortest life expectancy (8 years shorter than the ethnic group with the longest life expectancy) and highest overall mortality rate. Specifically, infant mortality, heart disease, cancer, stroke, diabetes, and accident mortality rank among the highest in Native Hawaiians compared with other Asian and Pacific Islanders. Among Asian and Pacific Islanders between the period of 1982 to 1995, Native Hawaiians also had the greatest prevalence for AIDS (Blaisdell, 1996). In 1992, engagement in several risk factors was the highest among Native Hawaiians. These poor health indicators are in sharp contrast to the vigorous health that their Native Hawaiian ancestors possessed just 221 years ago before the first Westerners arrived with foreign diseases. Unfortunately, these figures show no immediate signs of improvement. Since the 1980s, the trend of poor health indicators among Native Hawaiians has actually, in some incidents, gotten worse. Among the health indicators which have worsened are life expectancy, death rates from heart disease, stroke, cancer, diabetes, and risk factors such as obesity, hypertension, and alcohol use.

The Native Hawaiian Center of Excellence (NHCOE) seeks to address the dismal health status of Native Hawaiians through a variety of activities. NHCOE's mission is: to improve the health of indigenous Hawaiians which will be accomplished through research, education, service, and training of Native Hawaiians in various health professions. The NHCOE which is housed at the John A. Burns School of Medicine at the University of Hawaii, is funded by a grant from the U.S. Department of Health and Human Services and has been in existence since 1991. There are five objectives/components of the NHCOE: (1) Recruitment—recruiting Native Hawaiians into the health professions; (2) Retention—retaining Native Hawaiian students once they are in a health profession program; (3) Faculty Development—training Native Hawaiian physicians to become medical school faculty; (4) Curriculum Development—introducing Native Hawaiian health issues into the John A. Burns Medical School Problem Based Learning curriculum; and (5) Research—encouraging Native Hawaiians to develop research skills and conduct research on Native Hawaiian health issues. The following discussion provides further detail on each of the NHCOE's components.

RECRUITMENT

The emphasis of this component is to develop a competitive applicant pool of Native Hawaiian Students for careers in the health professions. The John A. Burns School of Medicine (JABSOM) faced a formidable task in the early years because there was no viable or competitive pool of applicants among Native Hawaiians. A systematic effort was put together under the NHCOE and projected for anticipated high yields in the 1990s. The increase in the numbers of applicants to health professional schools is due in no small part to the steady and dogged labors of the recruitment team. Recruitment component staff of the NHCOE have successfully created partnerships with schools, colleges, and community entities in the state of Hawaii in order to stimulate interest in the health field among Native Hawaiian students early in their educational experiences. The NHCOE recruitment staff has also developed a network of educational professionals to identify, counsel, and encourage Native Hawaiian students pursuing the medical pathway.

RETENTION

The thrust of this component is to enhance the academic performance of Native Hawaiian students and insure their success through medical school. Since its inception, the NHCOE retention staff has improved Native Hawaiian medical student test performance and graduation rates. The NHCOE retention staff has also provided Native Hawaiian students with services such as early diagnosis of academic problems and remediation; a comprehensive academic advising system that involves outreach counseling and advising of Native Hawaiian students; assistance with speaking, reading, writing, and interviewing skills; and diagnosis of learning disabilities.

FACULTY DEVELOPMENT

The NHCOE has focused on the expansion of Native Hawaiians in the JABSOM faculty. This has not been easily accomplished because of serious financial set backs which have faced the entire State of Hawaii. JABSOM faced cut backs in funding

which was reflected in a significant decrease in faculty positions. Nonetheless, the NHCOE sought out individuals who would still be interested in pursuing academic careers and has been successful in attracting several Native Hawaiians to become NHCOE fellows. Under the faculty development component, the NHCOE also seeks to develop the skills and Native Hawaiian cultural competence/awareness of Native Hawaiian physicians, residents, fellows, and senior level medical students.

CURRICULUM DEVELOPMENT

This component of the NHCOE strives to incorporate and introduce Native Hawaiian health issues into the JABSOM curriculum. This will be done through a review of the current JABSOM curriculum, a revision of health care problems to focus on major health risks among Native Hawaiians, an improvement in Native Hawaiian information materials, and the development of Native Hawaiian simulated patients for use in tutorials.

RESEARCH

The goal of this component is to encourage Native Hawaiians to develop research skills and conduct research on Native Hawaiian health issues. The research component accomplishes this by facilitating medical student and junior faculty research on Native Hawaiian health issues through placement in ongoing Native Hawaiian research projects and/or through technical assistance on original projects pertaining to Native Hawaiian health. Also under the research component is the development of a clearinghouse devoted to Native Hawaiian health issues that will aid researchers in conducting literature searches and identifying resources pertaining to Native Hawaiian health. Yet another activity under the research component is the development of research workshops/seminars that incorporate Native Hawaiian health issues into the curriculum. These workshops/seminars will provide medical students with an introduction to Native Hawaiian health issues and basic training in research methodology, design, epidemiology, and biostatistics. In an effort to disseminate research on Native Hawaiian health issues, symposiums are also in the planning stage.

It has been estimated that at the time of contact with Captain James Cook in 1778 there were approximately 300,000 Native Hawaiians present. In 1880, the population had dwindled to 30,000 Natives. On an annual basis, Native Hawaiians began to disappear by the thousands. Many died from no discernible medical causes. It was evident that many of the cultural elements that give meaning to life had been lost. A common lamentation heard during the 1880's was: "Na kanaka okuu wale aku no ikau uhane," that is, "The people freely dismissed their spirits and died." The slow process of immune development prompted the gradual resurgence of the Hawaiian race. Still, indices attributable to neglect, poor nutrition, alcohol and drug abuse, and devastating lifestyles account for the continuing dismal statistics of disease among Hawaiians. The NHCOE truly hopes to mobilize forces that will make drastic changes in order to improve the lot of a gracious people who have given the world the meaning of the word Aloha.

Senator INOUE. Listening to the testimony of the three ladies it made me a bit worried to think that there's a possibility that we may have a block grant program and the elimination of the council.

I hope it never happens. Because I believe that all of your programs have great merit and should continue. So I can assure you we are going to do our best.

Ms. Rawlins, how many students have gone through your program now?

Ms. RAWLINS. From Aha Punana Leo all the way up through?

Senator INOUE. Yes. From the time you began the program how many have gone through?

Ms. RAWLINS. Gosh, I think we've taken, off the top of my head I can say something like maybe over the past, 'cause we started prior to Federal funding, we started in 1985—I want to say something like over a thousand, thousand students.

Senator INOUE. Today how many do you have?

Ms. RAWLINS. Today we have, well, from our pre-schools all the way up to the high school according to Dr. Hewett pointed out

today, he didn't include our pre-school so I think we are close to 2,000 in Hawaiian medium schools.

That's not including the effect it has on something like what Kamuela was saying earlier about within the communities you start having people that are interested in the language in college. I'm not too sure how many, what the effect it is on the courses at the university level. But I'm sure it also affects the course scheduling too; that they would need to provide more Hawaiian language classes as teachers are needed and interest is there.

Senator INOUYE. Well, if you keep it up the dream of 1917 may become a reality.

Ms. RAWLINS. With your support. Mahalo nui.

Senator INOUYE. How many young children have gone through your program, Ms. Evans?

Ms. EVANS. Well, we have been in existence with Alu Like for not quite 2 years. We transferred over 225 families. Now I would say we have serviced about 700. We anticipate a full case load by the end of the next fiscal year. When we get all our staff in place and trained, 800. That's about our capacity.

Senator INOUYE. This is statewide?

Ms. EVANS. Yes, it is. We have 11 offices.

Senator INOUYE. On all the islands?

Ms. EVANS. We don't have one on Lanai. We do have one on Hana, Central O'ahu.

Senator INOUYE. What was the budget, Ms. Else, for this past fiscal year?

Ms. ELSE. I think this past fiscal year was about a half a million dollars.

Senator INOUYE. Was that enough to carry out your mission? It's never enough, I know.

Ms. ELSE. Well, what just happened is we had applied and were granted funding for the next 3 years at a rate of a little bit more than \$600,000 a year.

So with that we have some new programs especially in the faculty and research components planned. But we have been doing pretty well.

Senator INOUYE. It should be noted that all of the participants in these programs, health and education programs, have done so well that in the appropriation process when everything else was being cut Native Hawaiian programs went up.

So I want to thank all of you and congratulate all of you for the good work. Keep it up. We will go up further. Thank you. Senator Akaka.

Senator AKAKA. Thank you. I will just ask one question to Namaka. This has to do with Nawahiokalani'opu'u Program. That's a program, a high school program. I know you started small but right now since the graduation of the first five how many do you have in that program?

Ms. RAWLINS. In the junior classes this year, well, it's now the senior class we have 11, the 11th graders. It gets bigger and bigger. The interesting thing, I was just talking to the principal, Carol, she was telling me the interesting thing this year the 7th grade class that's coming up they have now taken new students, new families that have not had any prior experience.

This will be the first, like a pilot run project where families that are now seeing that they would like to, perhaps, participate and are committed and have gone through summer, this summertime that are now, it's like a late entrance to the program.

But we're confident that in meeting with the families and the 7th graders that are coming in from other schools besides the feeder school, Keakauha, that their commitment and understanding as to what it's going to take to be educated and continue through graduation at Nawahiokalani'opu'u we're confident they're going to be successful.

Senator AKAKA. Mahalo. Thank you.

Ms. RAWLINS. Mahalo.

Senator INOUYE. Thank you very much, ladies. Now may I call upon the project coordinator of Pihana Na Mano, Ms. Maggie Hanohano; the Principal of Haleiwa School, Ms. Jan Yokota, and a teacher at Ka'u High School, Ms. Kathy Arnold; and a parent of one of the students at Hana High School and Elementary School Ms. Maryann Nakama. Welcome, ladies.

Ms. Hanohano.

STATEMENT OF MAGGIE HANO HANO, PROJECT COORDINATOR, PIHANA NA MAMO

Ms. HANO HANO. Aloha, Senator Inouye, Senator Akaka, members and staff of the subcommittee on Labor, Health and Human Services Education and Related Agencies, fellow educators and colleagues.

I am Maggie Hanohano, the project coordinator of Pihana Na Mano, which means the special children, the gathering of special children which is also the Native Hawaiian Special Education Project.

The primary mission of Pihana Na Mamo is to deliver educational services to children and youth of Hawaiian ancestry with special needs that result in improved outcomes.

The vision of Pihana Na Mamo is to affirm and promote numerous positive, varied and mutually supportive opportunities and experiences and partnerships with the school, family and community so that students are rooted in their culture, are contributing members of society, and empowered to set and pursue their goals.

The funds provided through the Native Hawaiian Education Act have allowed us to implement the intensive instructional programs and supports necessary for our Hawaiian students with special needs to be successful members of their families and community.

We have submitted written testimony including student demographic data and project evaluations. We have also included a summary of our project activities.

PREPARED STATEMENT

At this time I would like to introduce Ms. Jan Yoneda, the principal at Haleiwa Elementary School, followed by Katherine Arnold, a Title I teacher as well as our reading teacher and trainer at Pahala Elementary and Ka'u High School, then Maryann Nakama, parent involver from Hana High and Elementary.

Senator INOUYE. Thank you.

[The statement follows:]

PREPARED STATEMENT OF MARYANN NAKAMA

Aloha Senator Inouye, Senator Akaka, members and staff of the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, educators and fellow colleagues. My name is Maryann Nakama and I reside on the island of Maui in the remote Hawaiian Community called Hana. I am a parent involver for Pihana Na Mamo: The Native Hawaiian Special Education Project at Hana High and Elementary.

My goal is to improve awareness of community service and also to improve relationships between parents, students and the school.

I help parents to understand the special education process, by empowering them to get "active" in school for involvement is very special to their child's education. The parent support group has grown from 3 to 35. They have monthly meetings to help one another out and give support in planning for the Individualized Education Plan (IEP).

Our school is thankful to Pihana Na Mamo for the support and training in the Literacy Program called Direct Instruction Reading, Project Heluhelu. This year will be the second year of the program and we look forward to showing great progress.

More parents are getting involved in the workshops at Keanae and Hana, especially in grades K-3. They have pride in seeing their child succeed, but our keiki's success comes in achievement and seeing goals being met. This is just so heart warming. We've instilled in our parents that "if your child can read your child will succeed in life."

I also had a few parents approach me about doing a community service project to rebuild our leaky bus stop. It rains every day in Hana and the children would get wet waiting for the bus. The bus stop resembled a chicken coop. I wrote a letter to the Mayor of Maui County requesting materials to rebuild the bus stop. With the help of kupuna, parents and keiki, the bus stop was rebuilt. All this was done with safety and security in mind as the children worked along side the elders. As a result of working as an 'ohana, the community has bonded together. We have pride in what we have built.

While the project was going on Hawaiian values such as malama, "take care," and aloha were being instilled in our keiki. Till today, the bus stop is graffiti free and the parent and children maintain the grounds around the bus stop.

It is an honor and pleasure to work for Pihana Na Mamo because I know that I am helping people in my community and enjoying the success of watching our children grow in love and respect for one another.

Mahalo Senator for your continued support of Pihana Na Mamo.

STATEMENT OF JANICE G.K. YONEDA, PRINCIPAL, HALEIWA ELEMENTARY SCHOOL

Senator INOUE. I think we have a mistake on our schedule here. May I now call upon the principal, Ms. Janice G.K. Yoneda.

Ms. YONEDA. Yes, it is.

Senator INOUE. That's correct.

Ms. YONEDA. Yes. Thank you, Senator Inouye and Senator Akaka for this opportunity to speak on matters relating to the special education needs of Native Hawaiians. I'm Jan Yoneda a part-Hawaiian and the Principal of Haleiwa Elementary School.

Our school has been a community fixture for the last 129 years. It first began as a Hawaiian speaking school to service Hawaiian children. It serviced the northshore communities from Mokuleia to Waimea. Today, however, the school's community has shrunk to the Haleiwa-Waialua boundaries. Our community is close-knit but economically depressed.

The mainstay of our local economy was the Waialua Sugar Mill. In 1996, its 14,234 acres of sugar cultivation was shut down permanently. Many of its employees were forced into retirement, moved away to acquire other forms of income or have remained unemployed and unproductive.

The unemployment rate in our Haleiwa-Waiialua area is over 6 percent, a relatively high indicator as compared to the rest of O'ahu's communities.

Rising percentages of families on welfare assistance, victims of violent crimes and growing numbers of single-parent families are indicators of the negative changes our community is currently experiencing.

Our school's culture, population and current services and programs have also been directly impacted by these external factors.

For instance, the 5 years that I have been at Haleiwa Elementary the population has dropped from 520 to approximately 344 students today. Three major reasons why families have left the school in the community:

First, to seek better opportunities for jobs.

Second, to escape the overcrowded conditions of the core family household.

Third, to get closer to the education health and welfare programs and services in the urban areas.

Haleiwa Elementary is one of three schools in the Waiialua complex. Our total population of 344 represent 32 percent of Hawaiian, part-Hawaiian ancestry students.

Of the total Special Ed population of 64 students we have 40 percent of Hawaiian and part-Hawaiian ancestry. Significant numbers of our students are being identified earlier as having special needs.

We anticipate that the pre-school, the newly entering kindergarten children, along with the influx of transient populations will push our numbers even higher in the next few years.

Pihana Na Mamo, a Native Hawaiian Special Education Project for children of Hawaiian and part-Hawaiian ancestry at our school and other schools in the State of Hawaii has continued to provide valuable support.

The project is child-centered, service oriented and an integral part of our school's Comprehensive School Support System. Direct instruction to these disadvantaged students of Hawaiian, part-Hawaiian ancestry in the schoolwide focused areas of reading, writing, and math occur daily through tutorial services that are financed by Pihana Na Mamo.

Staff development training in curriculum and instructional strategies prepare all students to meet statewide standards an invaluable effort to address Dr. LeMahieu's emphasis on standards-based education.

Consultative services and resources to parents, guardians by the project's trained parent involver have helped tremendously our community, our school and our parents.

The primary indicator of education and social inequalities of a school system can be found in the disproportionate number of minority students within the special education programs.

PREPARED STATEMENT

We have those kinds of numbers. However, it's imperative that school-based programs and programs such as Pihana Na Mamo provide disproportionate populations of Hawaiian, part-Hawaiian students enrolled in special needs service programs with a balanced array of opportunities for educational success. Pihana Na

Mamo currently provides our school with the means to break patterns of intergenerational dependency and failure.

Senator INOUE. Thank you very much, Ms. Yoneda.
[The statement follows:]

PREPARED STATEMENT OF JANICE G.K. YONEDA

Thank you for this opportunity to speak on matters relating to the special education needs of Native Hawaiians. My name is Janice GK Yoneda, a part Hawaiian and the Principal of Haleiwa Elementary. Our school has been a community fixture for the last 129 years, servicing the north shore communities, from Mokulela to Walmea. Today, our school's community has shrunk to the Haleiwa-Walalua boundaries. The Haleiwa-Walalua community is close-knit but economically depressed. The mainstay of our local economy was the Walalua Sugar Mill. In 1996, it's 14,234 acres of sugar cultivation was shut down permanently. Many of it's employees were forced into retirement, moved away to acquire other forms of income or have remained unemployed and unproductive. The unemployment rate in the area is over 6 percent, a relatively high indicator as compared to the rest of O'ahu's communities. Rising percentages of families on welfare assistance, victims of violent crimes and growing numbers of single parent-families are indicators of the negative changes our community is currently experiencing. Our school's culture, population and current services and programs have been directly impacted by these external factors.

Since coming to Haleiwa Elementary in 1995-96 school year, I've seen the population drop from 520 to today's student population of 344. Informal inquiries reflect three major reasons why families have left the school and community: (1) to seek better jobs; (2) to escape overcrowded conditions in the core family household; and/or (3) to get closer to educational, health and welfare programs and services.

Haleiwa Elementary is one of three schools in the Walalua Complex. The Walalua-Hale'iwa schools have the distinction of having the second largest population of Hawaiian/part Hawaiian students, besides Alea and Wahlawā schools in Central District. Walalua Elementary and the Walalua High and intermediate schools reflect similar population patterns as we do. Out of our total population of 344 at Hale'iwa Elementary, 32 percent or 110 students are of Hawaiian, part-Hawaiian ancestry. Of our total Special Education population of 64 students, the Hawaiian/part Hawaiian students represent 40 percent. Significant numbers of students with Hawaiian/part Hawaiian ancestry are being identified earlier as having special needs which is the reason why our numbers in Grades K through three have steadily increased. We anticipate that pre-school, newly entering kindergarten children along with the influx of transient populations will push our numbers even higher in the next few years.

Phana Ma Mamo, a Native Hawaiian Special Education Project for children of Hawaiian, part Hawaiian ancestry at Haleiwa Elementary and many other schools in the State of Hawaii has continued to provide valuable support. The project is child-centered, service oriented and an integral part of our school's Comprehensive School Support System. Direct instruction to disadvantaged students of Hawaiian, part Hawaiian ancestry in the school-wide focused areas of READING, WRITING, MATH occur daily through tutorial services. Staff development training in curriculum and instructional strategies that prepare all children to meet statewide standards, is invaluable to our efforts to address Dr. Le Mahleu's emphasis on Standards-based Education for the Department of Education, State of Hawaii; consultative services and resources to parents/guardians by the Project's trained Parent involver helps to improve communications and strengthens the partnerships among school, home and community agencies, Educational programs, workshops and training on topics which directly affect achievement for all generations have increased family awareness of community services, support of school and home work, SPED processes and rights and has even provided some with motivation to seek additional learnings.

The primary indicator of educational and social inequalities of a school system can be found in the disproportionate number of minority students within the special education programs (Dunn, 1978). cursory review of existing data available reflect certain patterns of over-representation of students of Hawaiian and part Hawaiian ancestry in the mild disabilities categories a similarity to those of other minority groups. Additionally, there is strong evidence that the mismatch between the Hawaiian, part Hawaiian and school-majority cultures (e.g., middle-class norms) has led to feelings of alienation, disenchantment and frustration with schools.

Negative stereotypes, poor self-images and lack of educational achievements have often prevailed among students of Hawaiian, part Hawaiian ancestry. These pat-

terms of failure are recurring themes for several generations of Hawaiians and part Hawaiians. It's imperative that school based programs and programs such as Pihana Na Mamo, provide disproportionate populations of Hawaiian, part Hawaiian students enrolled in special needs service programs with a balanced array of opportunities for educational success. Pihana Na Mamo currently provides Haleiwa Elementary with the means to break patterns of intergenerational dependency and failure.

STATEMENT OF CATHY LILIAOKALANI KASPAROVITCH ARNOLD

Senator INOUE. May I now call upon Mrs. Arnold.

Ms. ARNOLD. Aloha mai kakou. My name is Cathy Liliaokalani Kasparovitch Arnold. I am a part-Hawaiian teacher from the island of Hawaii and Title I coordinator at Ka'u High and Pahala Elementary, a K-12 school in the rural district of Ka'u.

Our student body is approximately 40 percent Hawaiian and part-Hawaiian, 40 percent Filipino and 20 percent other ethnicity. The school has been a chronically low achieving school in reading, math and has experienced a fairly high rate of teacher turnover especially within the last 5 years.

This school year will mark the second year of our Direct Instruction Reading Project, Heluhelu Pono. Pihana Na Mamo has provided on site training and implementation assistance for our teachers in grades K-11.

As a teacher who also sits on the Hawaii Island Native Hawaiian Education Island Council our participation, our school's participation in this reading project is the result of connections connecting with Pihana Na Mamo through the Native Hawaiian Education Council.

At the end of our first year of implementation results of criterion referenced assessment and standardized achievement tests are very encouraging as scores on these measures showed improvement.

Throughout this past school year our teachers began to notice a difference in the way our students viewed themselves as readers, especially those students in grade one to three who were not reading at all.

In addition we had two seniors who tested out as beginning readers. They were in special ed. They began to read for the first time in their careers. And they will be coming back next year for an additional year of schooling. This was a decision that was made by the students and their families to return to school for another year.

For this second year Pihana Na Mamo is providing more in depth training and will assist school site coordinators with teacher observations, assessment measures and peer coaching.

The design and delivery of this Direct Instruction Reading approach seems to work well within the context of our students, our school and our place. We are excited and look forward to our continued association with Pihana Na Mamo. Mahalo.

Senator INOUE. Thank you very much. Our next witness will very likely give the best assessment of the good or bad of your program. May I call upon Ms. Maryann Nakama.

STATEMENT OF MARYANN NAKAMA

Ms. NAKAMA. Aloha.

Senator INOUE. Aloha.

Ms. NAKAMA. Senator Inouye, Senator Akaka. My name's Maryann Nakama and I reside on the island of Maui in the remote Hawaiian community called Hana. I'm a parent involver for the Native Hawaiian Special Education Project called Pihana Na Mamo at Hana High and Elementary School.

My goal is to improve awareness of community service and also to improve relationships between parents, students and their school. I help parents understand the special education process by empowering them to get active in school, for involvement is very special to their child's education.

The parent support group has grown from 3 to 35. They have monthly meetings to help one another out and give support in the Individualized Education Plan called IEP.

Our school is thankful to Pihana Na Mamo for the support and training in the literacy program called Direct Instructional Reading. The Heluhelu Project that is in our school is in the second year. We've shown great progress.

More parents are getting involved in the workshops at Keanae and Hana, for grades K-3. They have pride in seeing their child succeed. But our keiki's overall success comes in achievement and seeing goals being met. This is just so heart warming. We've instilled in our parents that, "If your child can read your child will succeed in life."

I also had a few parents approach me about doing a community service project to rebuild a bus stop which was greatly needed. It rains every day in this community and their bus stop resembled a chicken coop.

I wrote a letter to the mayor of Maui County requesting for the material to build a new bus stop. With the help of our senior citizens, our kupuna, our parents and our children the bus stop was built.

All this was done with the safety and the security of the keikis in mind who often got wet while waiting for their bus. The community has gotten much closer, the parents, the children, and they have pride in what they have built.

While this project was going on Hawaiian values such as malama, to take care, was instilled on the children. Till today there is no graffiti and the parents and the keikis take care of the grounds around the bus stop.

It is an honor and a pleasure to work with Pihana Na Mamo because I know that I am helping the people in my community. Thank you.

Senator INOUE. Thank you very much. Ms. Hanohano, with that assessment I think your program will continue. [Laughter.]

Well, I want to thank all of you ladies. But I was sad in listening to Ms. Yoneda, the principal of Haleiwa. Is Haleiwa becoming a ghost town? I go there and I see a lot of activity but your numbers seem to indicate that people are leaving there in droves.

Ms. YONEDA. I think for the Haleiwa section of the Haleiwa-Waiialua community we have been experiencing a lot of change in the community. And so different kinds of reasons why people are exiting.

There are also people who are returning. But they're of different age groups. So the statistics that I showed you or shared with you is about my student population at the school.

At one time the school had over 2,000 students in the 1900s. Today it is a very small school. But the Department of Education assures me that the population projections will even out.

Senator INOUE. Well, if they begin cutting down your funds you let me know.

Ms. YONEDA. I sure will.

Senator INOUE. Well, Ms. Arnold, I'm optimistic as a result of your testimony that things are perking up there. The teachers are happy and the students are happy.

Ms. ARNOLD. Thank you. I remember when you came to speak at our graduation. We too have suffered the closure of our plantation and high unemployment.

This reading program has been very beneficial. We have only done it for a year but the results are exciting and we want to continue with this program.

Senator INOUE. About 20 years ago I gave the commencement address.

Ms. ARNOLD. I remember. I was there. You gave a good one.

Senator INOUE. I gave a good one?

Ms. ARNOLD. Yes, very.

Senator INOUE. Thank you. Well, Ms. Hanohano, do you have anything else to add? You should say you're going to keep it up. Aren't you?

Ms. HANOHANO. Well, thank you very much for all of your support. It really is our teachers and staff that help to keep the project going because is an ownership by the community.

Senator INOUE. Well, if it weren't for the testimony of Ms. Nakama your future may have been in question. [Laughter.]

Thank you very much, ladies. Senator Akaka, I'm sorry. Now we come to the final panel. The President and Chief Executive Officer, Alu Like, Ms. Tara Lualani McKenzie; the Executive Vice President of the Bernice Pauahi Bishop Museum, Mr. Patrick Duarte.

Good to see you, Ms. McKenzie.

Ms. MCKENZIE. It's very good to see you, Senator Inouye and Senator Akaka.

Senator INOUE. Please proceed.

STATEMENT OF TARA LUALANI MCKENZIE, PRESIDENT AND CHIEF EXECUTIVE OFFICER, ALU LIKE, INC.

Ms. MCKENZIE. OK. You have my testimony before you. I'm going to summarize it because we have such a short amount of time. I'm sure you folks will appreciate that.

I do have to make one comment. I am amazed that you folks can sit here this long and listen to all this testimony. I'm sure your stomachs are growling by now. I just really, really appreciate it. Very, very grateful for that.

So again, aloha, Senators of the subcommittee in the Hawaii congressional delegation and staff. Again, my name is Tara Lulani McKenzie, president and CEO of Alu Like, Inc.

I would like to preface my testimony, which is concentrated on unemployment and training, with the brief overview of Alu Like.

As you know Alu Like was established in 1975 in order to assist Native Hawaiians to improve their social and economic conditions.

They're currently 14 programs which fall under one of the following categories: Social development, educational development, career development and business economic development.

Alu Like's programs are specifically designed to assist all age levels of Native Hawaiians and address the many challenges encountered from infancy to the aged.

For every Native Hawaiian who learns a new work skill, seeks higher education, learns how to provide proper care and nutrition for a baby, learns to cope with life without narcotics, or learns to stay healthy and alert at an advanced age, the benefits of these life skills create feelings of self-worth, responsibility and pride. These individuals are daily becoming more productive members of their families and communities.

In fiscal year 1998 Alu Like provided 13,553 services to 9,023 Native Hawaiians and touched the lives of over 50,000 other Native Hawaiians through library services, workshops, community events.

Alu Like's mission is to kokua Native Hawaiians who are committed to reaching their potential for themselves, their families and their communities.

We see enormous areas of opportunity that will help Native Hawaiians reach their potential through the development of 21st century skills in combination with the indigenous culture of aloha that gives strength and a unity to our Native Hawaiian communities.

I'd like to emphasize two very important points. That as I sat here and listened to the testimony of all the different organizations that serve Native Hawaiians in every different sector, I think there's two very important focuses that Alu Like is going to be involved in and I believe that all of the Native Hawaiian organizations should focus on.

That is creating solid links, bridges, between Native Hawaiian culture and traditions and living in modern contemporary society today. This is one of the most important needs I believe in our institutions here in Hawaii, that ability to create those linkages and build those bridges.

The second thing is collaborating and working together productively with other Hawaiian agencies, institutions and organizations. We must as Native Hawaiian organizations work together if we're really going to accomplish the kind of outcomes in our Native Hawaiian communities. So these will be the focus of Alu Like's efforts as we're moving into the new millennium.

One of our largest and most important programs is Alu Like's employment and training program which is funded by the U.S. Department of Labor, Division of Indian & Native American Programs, the Job Training Partnership Act, titles II-B and IV-A.

In this particular program the target population is Native Hawaiians, American Indians, and Alaskan Natives with Alu Like primarily serving Native Hawaiians.

There's essential need and training to provide employment and training services to Native Hawaiians who are the most underemployed, unemployed, economically disadvantaged ethnic group in the State of Hawaii, according to the 1990 United States census.

Native Hawaiians are unemployed, underemployed and economically disadvantaged through lack of job opportunities, lack of training, education and layoffs. There are Native Hawaiians who need assistance with basic skill training, either obtaining their GEDs or increasing their reading and math levels.

Before being considered for job placement our clients also need assistance with preemployment training such as producing a resume, preparing for an interview, filling out job applications, et cetera.

So between 1990 and 1995 the unemployment rates in Hawaii rose from 3.5 percent to 5.9 percent. For Native Hawaiians unemployment in 1995 reached 10 percent. With unemployment rates on the neighboring islands reaching as high as 21.4 percent on the island of Kaua'i.

More I'm hoping that the Department of Labor here, the State local department can get you more recent figures which I think will pretty much match this as we are still in fairly difficult economic times here.

Also according to the 1990 census data 14.1 percent of Native Hawaiian families have income below the Federal poverty level compared to the statewide average of 6 percent.

In fiscal year 7/1/98 to 6/30/99 the Alu Like employment and training program worked with over 1,800 adults and 2,000 youth in job training, skills development, classroom study and employment placement. The program had a 73 percent job placement rate or 760 placements with an average cost per job placement of \$1,499.

We use a formula called return on investment in our research and evaluation unit which helps figure what kind of benefit accrues to the state when they support and/or Federal Government when they support these kinds of programs.

In these calculations there was a 1,062-percent return on investment with a 12,989,000 total net gain to the public through our employment training and program in the last fiscal year.

Our follow up report shows that of the 911 clients that we tracked in the last fiscal year over 50 percent are still employed, we are happy to report.

In summary, the continued funding for our adult and youth programs will enable Alu Like to continue assisting our Native Hawaiians in job development, skill training and employment.

Furthermore, Native Hawaiians will be provided the services in a culturally sensitive environment that has proven to be more successful than environments that lack the culture and holistic we are able to provide at Alu Like.

I have my testimony in several different sheets. So, Senators, your support for the Indian and Native American programs under the Workforce Investment Act in fiscal 2000 appropriation bill for the U.S. Department of Labor is encouraged and greatly appreciated.

Section 174(a)(2)(A) reserves not less than \$55 million for the Indian and Native American Comprehensive Workforce Services Program under section 166. However, the U.S. Department of Labor administration failed to request funding at the level the law requires.

PREPARED STATEMENT

So we humbly ask your support of not less than 55 million for the Indian and Native American programs as provided in the Workforce Investment Law.

Again, mahalo nui loa for the opportunity to provide testimony. Senator INOUE. Thank you very much, Ms. McKenzie.

[The statement follows:]

PREPARED STATEMENT OF TARA LULANI MCKENZIE

Aloha Senators of the Subcommittee and the Hawaii Congressional Delegation. My name is Tara Lulani McKenzie, President and CEO of ALU LIKE, Inc. I appreciate this opportunity to present testimony to the Senate Appropriations Committee, Subcommittee on Labor, Health and Human Services, Education and Related Agencies. I would like to preface the focus of my testimony, which is employment and training, with a brief overview of ALU LIKE, Inc. and our goals for the 21st century.

ALU LIKE, Inc. was established in 1975 in order to assist Native Hawaiians to improve their social and economic conditions. There are currently fourteen programs which fall under one of the following categories: Social Development, Educational Development, Career Development, and Business/Economic Development. ALU LIKE's programs are specifically designed to assist all age levels of Native Hawaiians and address the many challenges encountered from infancy to the aged. For every Native Hawaiian who learns a new work skill, seeks higher education, learns how to provide proper care and nutrition for a baby, learns to cope with life without narcotics, or learns to stay healthy and alert at an advanced age—the benefits of these "life skills" create feelings of self-worth, responsibility, and pride. These individuals are daily becoming more productive members of their families and communities.

In fiscal year 1998, ALU LIKE provided 13,553 services to 9,023 Native Hawaiians and touched the lives of over 50,000 other Native Hawaiians through library services, workshops, community events, etc. (ALU LIKE, Inc. 1998 Annual Report). In order to have greater impact in the community and a higher instance of long-term quality outcomes for those we serve, ALU LIKE is in the process of reorganizing itself into family multi-service centers on each island that focus on educational services, family services, and business & employment services. The goal is to provide the client and his/her family with a more holistic approach to services in addition to operating more effectively and productively.

ALU LIKE's mission is "to kōkua Native Hawaiians who are committed to reaching their potential for themselves, their families and communities." We see enormous areas of opportunity that will help Native Hawaiians reach their potential through the development of 21st century skills in combination with the indigenous culture of aloha that gives strength and unity to our Native Hawaiian communities.

Two important initiatives will accompany our efforts and be emphasized as we move into the new millenium: (1) creating solid links between Native Hawaiian culture and traditions and the contemporary society we live in today; and (2) collaborating and working together productively with other Hawaiian agencies, institutions, and programs.

ALU LIKE's future goals are to expand into an organization that is innovative and self-reliant, while keeping our mission at the forefront of everything we do. ALU LIKE has several new initiatives which are designed to take us into the 21st century. The Hawaii Technology Institute, one of ALU LIKE's subsidiary non-profits, is in the process of becoming accredited. It will be the first accredited "native school" in Hawaii developed, operated, and staffed by Native Hawaiians. Two subsidiary for-profits also have been formed for the purpose of providing greater economic self-sustainability for the organization. Through these for-profits and partnerships with mainland companies, ALU LIKE has the potential to bring light manufacturing to Hawaii with two initial products. The organization has upgraded its entire information network system and will continue to adopt more effective uses of technology for both our employees and the broader Native Hawaiian community through processes like video-conferencing, internet enabled technologies, and distance learning. Finally, ALU LIKE is developing the Hawaii Leadership Center, a world-class leadership center, committed to preparing people for leadership roles in all sectors of society.

While ALU LIKE and other Hawaiian organizations have certainly made progress over the years, there is still work to be done to facilitate Native Hawaiian self-sufficiency. Native Hawaiian communities still remain disenfranchised and in need of

continued assistance. While ALU LIKE plans for the future and prepares itself for greater self-sufficiency, it currently relies on federal assistance to support the majority of its programs. One of the greatest needs in the Native Hawaiian community, and often the core of many other problems, is becoming trained and employed in meaningful work. One of our largest and most important programs is ALU LIKE's Employment & Training program funded by the U.S. Department of Labor, Division of Indian & Native American Programs, Job Training Partnership Act, Titles II-B and IV-A.

Your support for the Indian and Native American Programs under the Workforce Investment Act (WIA) in the Fiscal 2000 appropriations bill for the United States Department of Labor (USDOL) is encouraged and greatly appreciated. Section 174(a)(2)(A) reserves not less than \$55 million for the Indian and Native American comprehensive workforce services program under Section 166. However, the USDOL Administration failed to request funding at the level the law requires. We humbly ask your support of not less than \$55 million for the Indian and Native American Programs as provided in the WIA law.

Again, mahalo nui loa for the opportunity to provide comment.

STATEMENT OF PATRICK DUARTE, EXECUTIVE VICE PRESIDENT, BERNICE PAUAAHI BISHOP MUSEUM

Senator INOUE. Mr. Patrick Duarte.

Mr. DUARTE. Aloha, Senator Inouye, Senator Akaka, we appreciate the opportunity to testify. My name is Pat Duarte. I'm the executive vice president for Bishop Museum. I'm testifying on behalf of Dr. Donald Duckworth, president of the museum who is currently on the mainland.

My testimony will focus on the need to provide training opportunities for Native Hawaiians in archaeology and cultural specialist positions.

Since its founding in 1889 Bishop Museum has been dedicated to the preservation and interpretation of the natural and cultural history of Hawaii and the Pacific. Over the years we've acquired nearly 24 million items for our collections, enabling us to tell the full story of Hawaii and the Pacific.

The Native Hawaiian cultural collections include 2.6 million objects, archaeological specimens and variety of materials in the archives and library collections.

The collections of Bishop Museum are recognized internationally as the finest, most comprehensive record of life in Hawaii and the Pacific. Very simply stated Bishop Museum's role is to collect stories and to tell stories.

Behind every artifact and specimen there is a story. The Museum's exhibits and educational programs provide a venue for us to share those stories linking our past to the present and future.

In continuing to record the stories of the Native Hawaiian culture it is important to have individuals who are educationally prepared to conduct studies using state-of-the-art methods.

Archaeology is founded on the principles of accurate observation, recording, interpretation and presentation of information.

Courses in the history and theory or archaeology provide training crucial to the interpretation of the archaeological record, as does knowledge about traditional history.

Unfortunately, there are relatively few Native Hawaiians currently trained as archaeologists. As a result, the cultural expertise and cultural sensitivity of Native Hawaiians are often unintentionally missing in local archaeological studies.

Based on a recent informal survey, only five practicing Native Hawaiians, archaeologists with master's degree credentials could

be identified. It is important for Native Hawaiians to not only be involved in the archaeological research taking place in Hawaii but also to lead the research efforts.

The accumulation of knowledge and collections at Bishop Museum and other organizations are meaningless if they are not shared with the community. Therefore, we need people to tell the stories of Hawaii in order to perpetuate the values, traditions and achievements of Native Hawaiians.

Over 60,000 school children visit Bernice Pauahi Bishop Museum each year. They experience first-hand the stories of a culture with a tradition of exploration, an amazing understanding of the natural environment and an excellence in music and dance. This legacy is the source of great cultural pride so important to the future of young Hawaiians.

These stories are most meaningful when told by Native Hawaiians trained as cultural specialists speaking about their own heritage.

In addition to the local resident population, the stories of Hawaii are important to our number one industry—tourism. The industry needs trained specialists who can best tell the stories to our visitors so they can fully appreciate our beautiful State, its host culture and its people.

Bishop Museum's goal is to staff our collections, education and research programs with Native Hawaiians in leadership positions. Kamehameha's golden feather cloak, the sacred sash of Liloa, the coronation gown of Lili'uokalani and many other items of importance should be cared for and made accessible by Native Hawaiian museum professionals.

The great voyages of exploration taken by Hawaiians in the past and present, the wisdom of the kupuna in land management and conservation should be told by Native Hawaiians.

The Museum's anticipated new Science Learning Center should include Native Hawaiians telling us how this traditional knowledge base will prepare us for our future on earth and in space.

In order to achieve this we need trained individuals with credentials that will meet both the requirements of State and Federal historic preservation laws and traditional cultural standards.

The University of Hawaii system is already providing the academic training required for both archaeologists and cultural specialists. Bishop Museum proposes to develop in cooperation with the University an internship program that offers students the opportunity to receive practical experience working with anthropologists and cultural specialists. The program would also expose students to the Museum's collections and stories associated with the collections.

Bishop Museum would also seek opportunities to develop exchange programs where interns could train at other informal education centers such as the Native Alaskan Heritage Center in Anchorage and the Peabody Essex Museum in Salem, Massachusetts.

Programs such as these will broaden the educational experience of all those involved. These internships will ensure that Bishop Museum and the State of Hawaii will have academically trained specialists and archaeologists who also have the cultural expertise and sensitivity needed for this field of work.

PREPARED STATEMENT

Thank you, Mr. Chairman for allowing us to testify in support of the committee's efforts to develop initiatives that will provide the State of Hawaii with important educational and training opportunities for Native Hawaiians. Mahalo.

Senator INOUE. I thank you very much.

[The statement follows:]

PREPARED STATEMENT OF PATRICK DUARTE

Thank you, Mr. Chairman and distinguished members of the Committee, for providing us the opportunity to testify on matters relating to Native Hawaiian education, employment and training. My name is Patrick J. Duarte, Executive Vice President of Bishop Museum, and I am testifying on behalf of Dr. Donald W. Duckworth, President of Bishop Museum, who is on the mainland. My testimony will focus on the need to provide training opportunities for Native Hawaiians in archaeology and cultural specialist positions.

Since its founding in 1889, Bishop Museum has been dedicated to the preservation and interpretation of the natural and cultural history of Hawaii and the Pacific. Over the years we have acquired nearly 24 million items for our collections enabling us to tell the full story of Hawaii and the Pacific. The Native Hawaiian cultural collections include 2.6 million objects, archaeological specimens, and a variety of materials in the archives and library collections. The collections of Bishop Museum are recognized internationally as the finest, most comprehensive record of life in Hawaii and the Pacific.

Very simply stated, Bishop Museum's role is to collect stories and to tell stories. Behind every artifact and specimen is a story. The Museum's exhibits and educational programs provide a venue for us to share those stories—linking our past to the present and future.

In continuing to record the stories of the Native Hawaiian culture, it is important to have individuals who are educationally prepared to conduct studies using state-of-the-art methods. Archaeology is founded on the principles of accurate observation, recording, interpretation, and presentation of information. Courses in the history and theory of archaeology provide training crucial to interpretation of the archaeological record, as does knowledge about traditional history. Courses in fieldwork, analyses of cultural materials, use of equipment such as laser theodolites and Global Positioning Systems, and the design of websites provide hands-on experience useful in observing, recording, and presenting the story of the past. In a fast-paced, technological world, archaeologists increasingly use sophisticated software and equipment to accomplish their research.

Few areas of the world have living links to those who created the archaeological record. The State of Hawaii is one region which is fortunate to have living descendants and a rich traditional history. However, there are relatively few Native Hawaiians currently trained as archaeologists. As a result, the cultural expertise and cultural sensitivity of Native Hawaiians is often unintentionally missing. Based on a recent informal survey, only five practicing Native Hawaiian archaeologists with master's degree credentials could be identified. It is important for Native Hawaiians to not only be involved in the archaeological research in Hawaii, but also to lead the efforts. Issues arising out of past archaeological projects, demonstrate a need to have individuals who are academically prepared and culturally knowledgeable. The best candidates for earning that credibility and respect from the community are those who are personally connected to the culture.

The accumulation of knowledge and collections at Bishop Museum and other organizations is meaningless if they are not shared with the community. We need people to tell these stories of Hawaii. The values, traditions and achievements of Native Hawaiians brought to life by stories are vital to sustaining life here in Hawaii. Over 60,000 school children visit the Bernice Pauahi Bishop Museum each year. They experience first-hand the stories of a culture with rich traditions of exploration, an amazing understanding of the natural environment, and an excellence in music and dance. This legacy is the source of great cultural pride so important to the future of young Hawaiians. These stories will best be told by Native Hawaiians trained as cultural specialists speaking about their own heritage.

In addition to the local resident population, the stories of Hawaii are important to our number one industry—tourism. The industry needs trained specialists who can best tell the stories to our visitors. It is important that our visitors fully appreciate our beautiful state, its host culture and its people.

Bishop Museum has always supported the education, training, and employment of Native Hawaiians. The Museum was in fact founded on the grounds of the Kamehameha Schools and was intended to enhance the education and pride of Native Hawaiian children. In its 110 year history Bishop Museum is proud to have counted among its employees Hawaiian culture specialist Dr. Mary Kawena Pukui, the author of the Hawaiian dictionary, and Maori scholar and Hawaiian culture specialist Dr. Te Rangi Hiroa (Peter Buck), the Museum's third director.

Bishop Museum's goal is to staff the Museum's collections, education, and research programs with Native Hawaiians in leadership positions. Kamehameha's golden feather cloak, the sacred sash of Liloa, the coronation gown of Lili'uokalani, and the many other items of importance should be cared for and made accessible by Native Hawaiian museum professionals. The stories of Hawaii's legacy of excellence in the Museum's historic Hawaiian Hall will be best told when they are personal stories by Native Hawaiians. The great voyages of exploration taken by Hawaiians in the past and present, the wisdom of the kupuna in land management and conservation, and the relationship of people to each other and the land and sea, should be told by Native Hawaiians. The Museum's anticipated new Science Learning Center should include Native Hawaiians telling us how this traditional knowledge base will prepare us for our future on earth and in space.

In order to achieve this, we need trained individuals with credentials that will meet both the requirements of state and federal historic preservation laws and traditional cultural standards. The University of Hawaii system is already providing the academic training required for both archaeologists and cultural specialists. Bishop Museum proposes to develop in cooperation with the University an internship program that offers students the opportunity to receive practical experience working with anthropologists and cultural specialists. This program would also expose students to the Museum's collections and the stories. Archaeological staff from Bishop Museum have helped train Native Hawaiian students in fieldwork and cultural materials analyses and look forward to again form these partnerships. Bishop Museum would also seek opportunities to develop exchange programs where interns could train at other informal educational centers such as the Native Alaskan Heritage Center in Anchorage, and the Peabody Essex Museum in Salem, Massachusetts. Programs such as these will broaden the educational experience of all those involved. These internships will ensure Bishop Museum and the State of Hawaii with academically trained specialists and archeologists who also have the cultural expertise and sensitivity needed for this field of work.

Thank you, Mr. Chairman, for allowing us to testify before the Senate Appropriations Subcommittee on Labor, Health and Human Services and Education in support of the Committee's efforts to develop initiatives that will provide the State of Hawaii with important educational and training opportunities for Native Hawaiians.

Senator INOUE. Twenty-six years ago I was privileged to participate in discussions that led to the establishment of the statewide Alu Like, Incorporated. I must say it has brought back much pride to all of us here. It has brought much honor to Native Hawaiians.

During the 24 years of your existence Alu Like has received countless recognition nationally for its excellence in performance. I can tell you that as one member of the congressional delegation it does me proud. I note in the audience we have two ladies who've played important roles in bringing about the success story: Ms. Winona Rubin. Please rise. [Applause.]

And Haunani Apoliana. [Applause.]

On behalf of the committee we thank you three ladies for carrying on this great tradition. If all the organizations and companies in Hawaii operated like Alu Like we'd be in great shape today.

I want to thank Bishop Museum for participating in Native Hawaiian programs especially the cultural enhancement programs. The programs you did in the canoe building has done much for Native Hawaiians. It has, in many cases, not only restored but generated self-esteem identity to their ancestry. I hope you will keep it up. Give my best to your boss.

Mr. DUARTE. Thank you. I will.

Senator INOUE. Senator Akaka.

Senator AKAKA. I also want to say mahalo nui loa. This has been an excellent hearing. Again I thank the chairman for having this hearing. It will, no question, help us with our future legislation. Aloha.

Senator INOUYE. With that may I announce that the record will be kept open for two weeks for those who have not testified and would wish to have their testimony made part of the record. Please feel free to do so.

CONCLUSION OF HEARING

Thank you all very much for being here, that concludes our hearing. The subcommittee will stand in recess subject to the call of the Chair.

[Whereupon at 2:05 p.m. Monday, August 16, the hearing was concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]

MATERIAL SUBMITTED SUBSEQUENT TO CONCLUSION OF HEARING

[CLERK'S NOTE.—The following material was not presented at the hearing, but was submitted to the subcommittee for inclusion in the record subsequent to the hearing:]

PREPARED STATEMENT OF LEONA M. ATCHERLEY, TASK FORCE COORDINATOR FOR KA
NA HA

Greetings: I am a native Hawaiian, as legally defined in the Hawaiian Homes Commission Act, 1920, as amended. As such, I am speaking in behalf of the race of 50 percent to 100 percent native Hawaiians who are the only class of native Hawaiians so defined that the United States government has a binding fiduciary and oversight responsibility for. Because we are the only race on earth who were given two constitutionally approved entitlements by the Congress of the United States: The Hawaiian Homes Commission Act of 1920, as amended, and the federal Hawaii Statehood Admission Act of 1959, in Section 5(f) known as the Public "ceded" Lands Trust.

Both of the texts of those original Acts conclude with a so-called savings clause section that reads in the following manner: All Acts or parts of Acts, either of the Congress of the United States or of the State of Hawaii [amended from Territory] to the extent that they are inconsistent with the provisions of this Act, are hereby repealed. What this says is that the line in Section 4 of the Hawaii Statehood Admission Act that reads to the effect that the qualifications of lessees in the Hawaiian Homes Commission Act can be changed with the consent of Congress is null and void, that Act 37, Session Laws of Hawaii, 1994 and H.J. Res. 32—Public Law 105-21, June 27, 1997 to amend the successorship provisions of the original HHCA, 1920, as amended not only were unenforceable as such but are null and void as well.

When the Hawaiian Homes Commission Act was created, Congress limited the benefits to those of 50 percent or more aboriginal blood [at the request of the native Hawaiians in the Territorial Legislature which appealed to the U.S. Senate Committee on the Territories which had stipulated that the quantum be set at 100 percent] to preserve that race of native Hawaiians. To genocidally, legislatively and demographically encourage the dilution of this race will, with certainty, result in its extinction.

It is in the best interest of the United States and the native Hawaiians, with the help of Congress to gain financial access to seek the enforcement of their rights in the courts of the United States whenever those rights are threatened by any Act or legislation on the part of Congress or the State.

Ka na Ha has battled mightily and consumingly during this past legislative session to combat the many bills that circulated easily between the Senate and House Committees, bills that would have forced Ka na Ha to seek injunctive and Civil Rights relief should any of its testimonial warnings were to remain unheeded. We are here to stay, and we won't go away. We are here to remind all lawmakers that wherever the above savings clause that remained in Title 48 when the Statehood Admission Act became law was shifted to, buried or hidden, it nevertheless retains the full effect of the law as it always did when the Hawaiian Homes Commission Act of 1920, as amended, was enacted.

On April 15, 1920, U.S. Representative Curry of California, Chairman of the House Committee on the Territories, 66th Congress, 2nd Session, submitted Report No. 839 on the Rehabilitation of Native Hawaiians bill, H.R. 13500, by which the basis of an act to establish a Hawaiian Homes Commission were set forth for consideration. Page 11 of that report bluntly sets out the reasons why the legislation is based upon a reasonable and not an arbitrary classification and is thus not unconstitutional class legislation.

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During the hearings of the Senate Committee on the Territories, after all constitutional arguments and questions were considered, the consensus was that, indeed, such an act was constitutional.

On July 9, 1921 the Act was enacted into law. "Later, when the constitutionality of the Act was tested, Judge H.E. Stafford ruled: This Act is unquestionably constitutional, for the reason that a so-called civilized nation has a moral obligation to see that an aboriginal race, over whose people and habitat they acquired jurisdiction and contract, be not exterminated."

Section 5(f) of the Hawaii Statehood Admission Act states "that the lands granted to the State Of Hawaii by Section 5(b), (c), (d) and (e), together with the proceeds from the sale or other disposition of any such lands and the income therefrom, shall be held by said State as a public trust for five specific purposes . . . and their use for any other object shall constitute a breach of trust for which suit MAY be brought by the United States."

Four of the purposes involve use of the ceded lands for specific public benefits. The only purpose not specified for "something" of public use or value is the one for native Hawaiians ONLY!!! To wit: ". . . for the betterment of the conditions of native Hawaiians, as defined in the Hawaiian Homes Commission Act, 1920, as amended . . ."

When one proceeds to read Article XII of the State Constitution, 1978, the first conflict and breach of trust is discovered in Section 4 which states that the lands granted to the State "by Section 5(b) of the Admissions Act . . . shall be held by the State as a public trust for native Hawaiians and the general public." Yet no where is the term general public or native Hawaiians and the general public stated in the Admission Act.

The second conflict and breach of trust is discovered in Section 5 which states: The Office of Hawaiian Affairs shall hold title to all the real and personal property now or hereafter set aside or conveyed to it which shall be held in trust for native Hawaiians and Hawaiians. Yet no where is the term Hawaiians or the expression native Hawaiians and Hawaiians stated in the Admission Act.

The third and fourth disqualifications read as follows: There shall be a board of trustees for the Office of Hawaiian Affairs elected by qualified voters who are Hawaiians, as provided by law. So how did the native Hawaiians disappear all of a sudden? And what law? A phony law? A non-existent law? A fictitious law? Probably all three. The fifth disqualification: The board members shall be Hawaiians. They just take our lands and our moneys and kick us out. Because we don't exist in that phony election process. Together with fictitious Hawaiians on OHA's voting list, the native Hawaiians are easily outnumbered by more than a two to one ratio. Hence it is a foregone conclusion, clearly and blatantly stated in this State constitution, that the voters shall be Hawaiians and therefore the board members shall be Hawaiians. I do not fall under the definition of Hawaiian, whatever that is, but John Waihee and Frenchy DeSoto rigged these fictions, conflicts and breaches against the native Hawaiians very precisely, very expertly.

In Section 6 the native Hawaiians are taken to the slaughterhouse again; we are being raped, plundered, and murdered in that paragraph in ways that complete the intentions begun in Sections 4 and 5, just as surely as they had let loose a veritable Nazi Holocaust against us. And we who were the sweet, soft, El Stupidos know-nots became the everlasting victims only now beginning to comprehend the evil, genocide and destruction that has always been waged against us, first, from the time of the enactment of the Hawaiian Homes Commission Act, and then the wicked capitalization and planning that followed the enactment of the Statehood Admission Act.

I have strong news for the Solicitor General who falsely propounded that the United States government has a trust responsibility to ALL NATIVE HAWAIIANS as falsely defined by OHA—NOT!!!

At this point I ask to end this part of my discourse and if the honorable Senator Inouye can permit, I would be glad to provide parts II and III of this continuing testimony which time does not permit me to offer with the foregoing text.

But thank you far accepting what I have to offer at the moment.

PREPARED STATEMENT OF KAWAIKAPUOKALANI HEWETT, CULTURAL HEALTH/
EDUCATION SPECIALIST, WAIMANALO HEALTH CENTER

Mr. Chairman, Members of the Committee, and Members of our Congressional Delegation: Malama I Ke Ola, the word malama translates to take care of or to attend. Other translations include to observe as a kapu or to honor as a god.

Malama without the kahakō over the first vowel translates as light, month and moon. Because of the kaona of words, both translations should be deemed pertinent to our understanding in healing traditions.

The late kahuna Emma deFreis shared with me that the light of the moon symbolizes the nurturing love of a mother to her children. Likewise Hina, the goddess of the moon reflects all womanly kuleana.

I find it fascinating that innately every mother is a healer. Her body creates antibodies that are passed on to her child through her breast milk. It is her antibodies that strengthen the immune system of her child. Because of this, breast-fed babies get fewer colds than bottle-fed babies.

In addition, a mother's antibodies will instinctively mold to fight off the particular symptoms of her child's cold. Yet, the percentage of Hawaii's mothers that breast feed remains considerably low.

Concerning:

MALAMA I KE OLA

—If the ability to heal is in our capacity, why have we abandoned such an essential healing tradition?

—How can we restore our commitment to sustain life through the perpetuation of our natural healing traditions?

Concerning:

'IMI HO'OLA

'Imi Ho'Ola, the Kahuna Ho'ohāpai Keiki and the Kahuna Ho'Ohānau Keiki were practitioners whose kuleana were birthing and prenatal care. The health of the child was reflected through the health of the mother.

The Kahuna Pa'Ao'Ao and the Kahuna 'Ea were practitioners whose kuleana was the treating of inherited childhood diseases. All of these Kahuna were trained in the knowledge of Lā'Au Lapa'Au as they relied on traditional herbs and healing traditions to treat their patients.

I PA'A KE KINO O KE KEIKI I KA LĀ'AU

The body of the child is solidly built by the lā'au or medicines. Our ancient mothers consumed herbs during pregnancy and nursing for the sake of the babies health. Herbs were continuously given to children throughout their teens to ensure health in their adult lives.

The importance of health and the treating of illnesses were apparent through the extensive order of Kahuna or experts. Yet, today pregnant mothers are not likely to seek pre-natal care; and often times, young children do not receive proper immunization.

—Why have we become so neglectful of our health and how do we restore the reverence for our lives, our health and our well being?

Concerning:

HĀNAI I KE ALO

Hānai I Ke Alo, as an infant develops a sense of sight, his attention begins to focus on his parents who become his primary role models. The child observes mommy and daddy and then begins a pattern of mimicking that will eventually become a part of the child's distinctive character.

I Maikā'I Ke Kalo I Ka 'Oha, if the goodness of the kalo is judged by the young plants that it produces then will the parents be judged by the behavior of their children.

—Will what the child observes and experiences become the child?

—Will the addictive behaviors exhibited by parents in front of their children be a cause of addiction?

—Will the abusive behaviors displayed by parents in the presence of their children be a cause of abusive behavior?

Do we truly understand how our behaviors affect the development of our children; and how do we provide them with better experiences for a better quality of life?

Concerning:

KŪ I KA MĀNA

Kū I Ka Māna, I stand in reflection of the Māna 'Ai you have fed me. The food that you chewed for me as an infant was the food that nourished me.

—If the Māna 'Ai was good physical foods, then I would physically be healthy.

- If the Māna 'Ai was good values and appropriate discipline, then would know the difference between what is right and wrong; and I would be able to make conscientious decisions.
- If the Māna 'Ai was aloha and I was nurtured and loved, I would develop respect for myself and thus be able to respect others.

KŪ I KA MĀNA

“Was the Māna 'Ai good?”

Look at the health statistics, I think it reflects the truth. We are the largest impacted group in regards to high blood pressure, diabetes, cancer and heart disease. In regards to crime, statistics show that our numbers are great and growing in the juvenile and adult correctional facilities.

Are the problems of our youth an indication of our own weaknesses? And, how do we restore the strength of the family unit and the importance of parenting?

Concerning:

Ka ho'ohanohano ana o nā Hawaii

HO'OLA MAU

Ko Ke Akua Ha'I Amio, the gods speak through narrow channels. The gods determine to whom they wish to speak. Thus, the gods themselves founded the ancient lineage of Kahuna.

Ko Ke Kahuna Ha'I Kupua, the Kahuna reveals the messages from the gods. It was the kuleana of the Kahuna to disseminate our values. Our traditions, our kapu and our culture, as interpreted by the GODS.

Our culture then comes from within the Heiau or temple. It was the Kahuna who from the Heiau maintained our standards.

Who then today interprets culture to be proper or appropriate? Who then living today was trained by a known Kahuna? What Kahuna lineage will prevail? Hewahewa?

The question is, how do we restore the esteem associated with the enlightenment of the Kahuna?

When my son needed open heart surgery because of a deformed aortic valve, I personally searched for the best open-heart surgeon in the State of Hawaii that I could find. I verified his track record of successful operations locally as well as out of state.

Should we expect any less scrutiny of our Kahuna today?

Concerning:

HALOA

In accordance with the ancient pono of this 'āina, Papahānaumoku the earth mother is recognized as a goddess. Through her was born the first Haloa, who expired at birth and was buried, near her dwelling. From his body grew forth the Kalo, the physical and spiritual sustenance of the Hawaii.

The second born son of Papahānaumoku and Wakea the sky father, was Haloanakalaukapalili. He is esteemed in history as being the father of the human race. Although he is also recognized as the first divine king, his birth established mankind as the junior line in the order of succession through the creation.

We may say we have respect for our traditions and we may say we have respect for our past, but is the 'āina a manifestation of Papahānaumoku; and if so, how do we lay claim to the goddess? Are we the owners of the 'āina-land or are we today the caretakers of our traditions?

HE IWI, HE IWI

HE I'O, HE I'O

HE KOKO, HE KOKO

Being of the same bones, flesh and blood. Therefore, is the reference of the word, “kuleana” a reflection of how we perceive our own esteem.

—If we interpret kuleana as land ownership and we have no land, then do we have esteem?

—If we interpret kuleana as lineage, then we all have parents, grandparents and great grand ancestors. So, do we have esteem?

Also,

- Is our relationship with the ‘āina a kino lau of Papahānaumoku—the earth mother a reflection of our relationship with our own parents?
- Is this relationship truly one of respect?
- How do we restore the respect for the truth as established through the creation of the land, the kalo and mankind?

Concerning:

KŌ KĀKOU PONO

Our integrity is directly linked to our ‘Aumakua. It is through the communication with our ‘Aumakua that we are enlightened, guided and protected. The channel of communication is the Moe Uthane or the dream.

The balance of ‘Aumakua respect is reflected in the ‘ōlelo no‘eau: Aloha Aku, Aloha Mai. Thus, as we give, we are given to. As I nurture my family and maintain the respect for the ‘āina or environment, the kalo from which poi is made and the kanaka or mankind, the ‘Aumakua will enhance my life.

An integral responsibility of ‘Aumakua worship that is rarely discussed is their kuleana of punishment and compensation. When I offend my ‘Aumakua, I must mihi or apologize to reestablish my pono. The consequence of not seeking their forgiveness is to lose their support and communication.

This is a challenge as most Hawaii see little value in their Pono! As we have come to a point in time where retribution is at the forefront of our minds and our efforts, how relevant is the ‘ōlelo no‘eau- “Aloha Aku, Aloha Mai.”

—As a people do we seek spiritual receiving or material gain?

—Where should our priorities be?

Concerning:

KU LOKAHI

‘O KA PO NUI HO‘OLAKOLAKO, ‘O KE AO NUI HEMAHEMA

The guidance that is given in dreams are often times misunderstood and neglected by man.

We are linked to our ‘Aumakua by the piko or cowlick at the back of our heads. This is where our kupuna sit as they dwell with us throughout our lives. This is why the head is kapu or sacred.

To slap someone’s head is to show great disrespect not only for his or her ‘Aumakua, but also for your own. To be disrespectful of your own ‘Aumakua in ancient times carried great consequence, often times the outcomes were illness and death. Is this philosophy still truth? Are our illnesses a reflection of our abusive behaviors to our families, others and to ourselves? We need the enlightenment of the ‘Aumakua to guide us in making the best possible choices to enhance our lives. If we cannot see our respect for life through the ‘Aumakua, how can we have respect for anything?

We are the descendants of an ancient drug free and alcohol free people whose most esteemed value was ‘ohana. Harmony was maintained through ho‘oponopono; and pule or prayers of permission and forgiveness were offered ritually.

If we truly believe in the ‘Aumakua and the mana associated with respect for our ancestors, why do many of our people continue to make the wrong choices. We hear about these wrong choices that reflect crime, abuse and drugs; daily in the news.

A healthy relationship with the spirits of our ancestors reflects a healthy relationship with our minds and our bodies. How then do we restore this tradition that reflects holistic health?

PU‘ALI KALO I KA WAI ‘OLE

With lack of water the kalo grows misshapen.

With lack of spiritual guidance, will the abuse in our lives continue?

Ha‘i ‘Olelo Pani:

As I began my ha‘i ‘ōlelo with an ‘ōlelo no‘eau, allow me to summarize with another.

AIA NO IA ‘OUKOU KA PAUKU I WAENA

AIA I HEA KA PO‘O

AIA I HEA KA HI‘U

We today represent the middle section of the fish. It symbolizes the present. The head of the fish symbolizes the past, it is where we have come from. The tail of the fish symbolizes the future, it is where we need to go.

If you don't know where you came from, how do you know where you are going to go. We must acknowledge the past for it was the head of the fish that brought us here. But, we must also acknowledge our future for the tail of that same fish is now pushing us forward.

I MUA E NA HAWAII
E KU LOKAHI KAKOU!

Mahalo

PREPARED STATEMENT OF CHIYOME LEINAALA FUKINO, M.D., PRESIDENT, E OLA MAU

Honorable Daniel K. Inouye, Hearing Chair: I am Chiyome Leinaala Fukino, M.D., President of E Ola Mau, a nonprofit corporation of Native Hawaiian Health Care Providers dedicated to improving the health of Native Hawaiians. We are testifying in support of authorization of appropriations for fiscal years 2000 through 2010 for the Native Hawaiian Health Care Improvement Act.

Since our incorporation in 1986, E Ola Mau has consistently advocated for culturally appropriate delivery of health care services to Native Hawaiians. The landmark study, from which our name is derived, documented for the first time the abysmal health status of Native Hawaiians in this our aina hanau (native land, birthplace). As a member of the Board of Papa Ola Lokahi, we have watched the struggling emergence of the Native Hawaiian Health Care systems. We continue to advocate for coordination of health care services between the Native Hawaiian Health Care Systems and other providers within Hawaii's health care community.

Native Hawaiian health statistics continue to be collected by multiple agencies using widely disparate parameters. Uniform statewide ethnicity tagging has not been established. Current sources of data require 1 to 3 years for data compilation and publication, making timely health needs assessments and program outcomes reporting difficult. Nevertheless, more readily available death statistics underscore the continuing poor health status of Native Hawaiians.

Our participation for more than a decade in numerous matters pertaining to Native Hawaiian health has culminated in the development of the E Ola Mau Native Hawaiian Health Statistics Database (NHHS). E Ola Mau believes that a unified relational database that includes both static and real-time data is essential in the planning of cost-effective health related programs. The E Ola Mau NHHS Database introduces a standard data collection methodology. Our Database currently contains information from state and private sector published reports. We are working with some of the agencies that have published these reports to begin real-time data input and design customized output report layouts that facilitate rapid compilation, analysis and dissemination of collected data.

E Ola Mau has designed a preliminary research program based on information contained in the NHHS Database to enter real-time data and longitudinally monitor critical outcomes data. The program monitors Hypertension, Diabetes Mellitus, Coronary Artery Disease, Congestive Heart Failure and Hyperlipidemia, five chronic illnesses which account for the majority of health care costs in both in-patient and out-patient settings.

The E Ola Mau Laau Lapaau Database contains information gathered by E Ola Mau over the past decade while working with Kupuna Laau Lapaau throughout the state of Hawaii. Published scientific research already done on identified laau is included in this Database which will serve as a resource for Western trained health care providers who treat Native Hawaiian patients who utilize traditional remedies.

E Ola Mau recommends adoption of statewide uniform ethnicity tagging to improve the monitoring and assessment of Native Hawaiian health status. Current methods of ethnicity identification include a mixture of self-identification, surname, and "eyeball" recognition. Of the approximately 17,000 records included in the E Ola Mau NHHS Database, less than 5 percent are identified as Native Hawaiian statistics.

While there is increasing awareness among academic and governmental agencies of the need for research, and service allocation for Native Hawaiian health, there is still much more work to be done in order to improve the health of Native Hawaiians. The Native Hawaiian Health Care Improvement Act is one critical component of this journey.

E Ola Mau will continue to work with the Office of Hawaiian Affairs and Papa Ola Lokahi to draft appropriate language for the reauthorization of the Native Hawaiian Health Care Improvement Act. It is imperative that the Native Hawaiian

Health Care Improvement Act accurately reflects the evolution of Native Hawaiian agencies and their increasing capacities to participate in improving the health of Native Hawaiians thereby allowing Papa Ola Lokahi to focus more specifically on its area of expertise.

PREPARED STATEMENT OF DR. LILIKALA KAME'ELEIHIWA, DIRECTOR, CENTER FOR HAWAIIAN STUDIES

The Center for Hawaiian Studies (CHS) at the University of Hawaii at Manoa (UHM), with its breathtaking new building (\$8 million) adjacent to the Kanewai Taro Garden, represents a substantial commitment, in the nearly 100 years of the University's existence, to the coordinated study and preservation of Hawaiian culture, history, politics, and language. The new building, called Kamakakuokalani in honor of Gladys 'Ainoa Brandt, serves as a home for all Hawaiians at the UHM campus, and is often referred to as the eastern gate of the University, where the sun rises and enlightenment in things Hawaiian begins.

MISSION

Our mission, as determined by a statewide council of Hawaiian educators in their Ka'u University of Hawaii Hawaiian Studies Task Force Report of 1986, is to achieve and maintain excellence in the pursuit of knowledge concerning the Native people of Hawaii, their origin, history, culture, language, literature, religion, arts and sciences; their interactions with their oceanic environment and other peoples; and to reveal, disseminate and apply this knowledge for the betterment of all peoples.

Through student services, instruction, research, and community outreach, the Center dedicates itself to serving the Native people of Hawaii from Ni'ihau to Hawaii island. Our areas of inquiry include traditional culture, resource management, indigenous land and water rights, and self-determination.

GROWTH IN FACILITIES

The new facility (funded by the Hawaii State legislature) houses an auditorium (200 seats), 2 large classrooms (50 seats each), a video showing classroom (50 seats), 2 conference rooms (35 seats each), faculty and staff offices and a student wing complete with private rooms for study. The Center also has a library and resource center where students can do research, have access to class readings and work on their assignments in the computer center. Kanewai Taro Garden, adjacent to the facilities is used by as a classroom for Hawaiian botany classes.

GROWTH IN FACULTY, STAFF AND STUDENTS

Since the 1986 Ka'u Report recommended that the staff at the Center for Hawaiian Studies at UHM be expanded to 15 full time faculty, CHS has grown from .5 FTE to 4.5 FTE, with an additional full time secretary, student academic advisor, a part time grants writer, 2 graduate teaching assistants, and 2 lecturers.

Since 1986, CHS has grown from 25 student majors to 148 student majors, and CHS faculty teach another 1,000 students in various classes every year. With our small number of faculty, CHS has one of the highest student to professor ratios in the university system, but our faculty frequently over enroll their classes in order to accommodate eager students.

About 30 CHS student majors graduate every year with a B.A. in Hawaiian Studies, and 90 percent of CHS graduates continue on to a variety of graduate programs (there is not yet a Masters degree in Hawaiian Studies). A majority of CHS majors are Native Hawaiian who are the first in their families to attend university. CHS successes in attracting increasing numbers of Hawaiians into the university system, reflects our dynamic, award winning faculty, and our excellent new curriculum.

GROWTH IN INSTRUCTION AND CURRICULUM

The 1986 Ka'u Report recommended that Native Hawaiian students would be attracted to university if more courses were offered in Hawaiian Studies. Part of the attraction of CHS to students has been the development of cutting edge curriculum about things Hawaiian which have never before been taught at the University of Hawaii. These include:

- Hwst 107: Hawaii: Center of the Pacific
- Hwst 270: Hawaiian Mythology
- Hwst 341: Hawaiian Genealogical [Pre-contact History]
- Hwst 390: Modern Issues in Hawaii

Hwst 440: Researching Mahele Land Awards

Hwet 490: Decolonization in the Pacific

One of our most popular courses was developed in conjunction with master navigator Nainoa Thompson of the Polynesian Voyaging Society. Never before taught at any university in the world, Hwst 281-282 is a two semester course on traditional non-instrument Hawaiian Navigation, that includes the study of Hawaiian astronomy, weather, sailing dynamics and design of double hulled voyaging canoes like the internationally known Hokule'a.

This later course is one of our new line of Malama Hawaii (Hawaiian Resource Management) courses that seeks to marry Hawaiian tradition with western science to better understand the Hawaiian custom of living in harmony with mother earth. In Spring 2000, we will teach the first course in Hawaiian Fishpond Management ever offered at the University of Hawaii.

In addition, curriculum and courses developed by CHS are often exported to Hawaiian Studies programs in the University of Hawaii Community College system, to encourage articulation between the campuses.

CHS RESEARCH

One of the strengths of UHM's Center for Hawaiian Studies program is its emphasis on research. Students who attend CHS courses are expected to understand the vital role research plays in deepening and expanding Hawaiian understandings of culture, land, politics, and self-identity. The faculty of CHS have published path-breaking new books and articles on the topics of Hawaiian culture, land tenure, history and politics. Three of the four CHS faculty have served as principal investigators of research projects, some of which are listed below:

1. The 1991 Na Hulu Kepuna Project (Dr. Lilikala Kame'elehiwa), granted \$40,000 by various local foundations to collect and videotape the oral histories of 30 kupuna who spoke Hawaiian as a first language.
2. The 1993 "Act of War" Historical Documentary on the 1893 Overthrow of the Hawaiian Kingdom (Drs. Haunani-Kay Trask and Lilikala Kame'elehiwa), funded by a \$300,000 grant from Public Broadcasting Station (PBS).
3. The 1995-1998 Hui'Imi Nu'u Hawaiian Student Outreach Project (Dr. Jonathan Osorio), received a \$150,000 grant from the W.K. Kellogg Foundation to mentor Hawaiian students pursuing their degrees in higher education from the community colleges to the University of Hawaii at Manoa.
4. The 1998 Social Capitol Project (Dr. Haunani-Kay Trask), received a \$30,000 Pacific Basin grant from Harvard University.

Given the current lack of resources in the field of Hawaiian culture, history and politics, CHS faculty actively participate in the production of curriculum materials to address the diverse needs of Native and non-native for information about Native Hawaiians and Native Hawaiian perspectives; all of the faculty have given freely of their areas of expertise for national and international documentaries on Hawaiian issues. In addition, CHS is continually student researchers, teachers and educated citizens.

COMMUNITY OUTREACH

The Center for Hawaiian Studies actively works together with other Native Hawaiian serving organizations to form a continuum of services available to the needs of the Native Hawaiian community. The Center has active partnerships with Na Pua No'eau, The Queen Lili'uokalani Trust, Papa Ola Lokahi, and The Native Hawaiian Leadership Project, the Polynesian Voyaging Society, the Center for Sustainable Future.

In addition to fulfilling its primary purpose of providing students with an educational foundation in Hawaiian Studies, the faculty, students, and staff work together to hold community events and forums on critical issues facing the Native and non-Native residents of the State of Hawaii, such as Hawaiian gathering rights, Ceded Lands, decolonization, and sovereignty. At last year's forums, the Center was host to over 10,000 students, teachers and members of the community.

FUTURE GROWTH OF THE CENTER FOR HAWAIIAN STUDIES

In keeping with the recommendations of the 1986 Ka'u Report, CHS is working on the development of a Master's degree in Hawaiian Studies, and a Ph.D. in Comparative Polynesian Studies. For too long, the academic study of things Hawaiian at the graduate level has been stymied by an absence of a Master's in Hawaiian Studies, and currently there are 35 students on a waiting list for such a degree.

The Center's facilities were built with space made available for digital editing bays and the storage of video equipment. Currently, CHS is seeking funding for

video equipment through grants. The Center plans to collect and preserve for study and dissemination the oral histories of kupuna in Hawaiian and English, before they pass on without sharing their unique and precious knowledge.

These materials will be made available to all interested programs at the University of Hawaii at Hilo, the various Community Colleges and the Department of Education statewide. Students will be trained to use this technology to help with the collection of oral histories and the creation of video documentaries and curriculum as guided by the CHS research focus for each year.

In addition, CHS seeks to expand its Malama Hawaii [Hawaiian Resource Management] courses with new curriculum on Hawaiian medicinal and food plants, as well as traditional land management. Currently, Malama Hawaii courses include Hawaiian Navigation (Hwst 281-282), the Cultivation of Taro (Hwst 297), Hawaiian Fiber Arts (Hws 298), Fishpond Management (Hwst 398), and Ceded Lands research (Hwst 440). Some of these course are being developed in partnerships with the UH Burns School of Medicine, the now UH Center for Sustainable Future, and the UH Department of Geography.

Finally, there is the CHS project on creating a Vision for Reconciliation: Ho'ihō'i Ea, which the faculty of CHS believe is a critical component in the peaceful evolution of the Reconciliation process between the American government and the Hawaiian people.

VISION FOR RECONCILIATION: HO'IHŌ'I EA

The unique curriculum at CHS has allowed us to consider an educational vision for the reconciliation process called for by President Clinton and the United States Congress in Public Law 103-150 (1993). This law was established to resolve the serious concerns that have arisen between the American government and the Hawaiian nation. However, the average citizen in Hawaii has not heard of Public Law 103-150, does not understand the nature of Hawaiian land entitlements and is fearful of the potential impact of Native rights. This significant lack of understanding could serve as a major impediment to reconciliation.

The Federal Government, under your leadership, has generously supported Hawaiian education through the Masters degree in Hawaiian Language at UH Hilo, the Aha Punana Leo Hawaiian Immersion Curriculum development project, and the statewide Na Pua No'eau Hawaiian gifted and Talented Program. Clearly, the needs of the Native Hawaiians are diverse and many, and there is much good work being done to address the complex concerns facing Native Hawaiians in today's multi-ethnic society.

The Center for Hawaiian Studies is committed to working with these and other organizations that serve Native Hawaiians to face the challenges that the process of reconciliation, called for by President Clinton in 1993, will present to Hawaiians, and Non-Hawaiians alike. CHS looks forward to contributing strongly to the future of Hawaii by providing instructional materials, curriculum and research that will help us to understand the Native Hawaiian perspective on culture, history and politics, which is the CHS area of expertise.

When your Subcommittee returns in November, we at the Center for Hawaiian Studies would like to host you in our new building and present our Vision for a Reconciliation Process. Thank you for your time and consideration.

PREPARED STATEMENT OF PIHANA NA MAMO: THE NATIVE HAWAIIAN SPECIAL EDUCATION PROJECT, OFFICE OF ACCOUNTABILITY AND SCHOOL INSTRUCTIONAL SUPPORT/SPECIAL EDUCATION SECTION, HAWAII DEPARTMENT OF EDUCATION

Aloha, Senators Inouye and Akaka, Representatives Abercrombie and Mink, members and staff of the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, fellow educators, and colleagues. I am Maggie Hanohano, Project Coordinator of Pihana Na Mamo: The Native Hawaiian Special Education Project. With me today are members from our project: Gloria Kishi, Project Director; Cynthia Choy, Inservice Coordinator; Jan Yoneda, principal of Haleiwa Elementary School; Kathy Arnold, reading teacher and trainer from Ka'u High and Pahala Elementary; and Maryann Nakama, parent involver from Hana High and Elementary on the island of Maui.

Pihana Na Mamo: The Native Hawaiian Special Education Project has as its primary mission the delivery of educational services to children and youth of Hawaiian ancestry with special needs that results in improved outcomes. The vision of Pihana Na Mamo is to affirm and promote numerous positive, varied and mutually supportive opportunities and experiences, and partnerships with the school, family and

community so that students are rooted in their culture, are contributing members of society, and are empowered to set and pursue their goals.

For the past nine years, we have been actively working in over 40 schools with high percentages of Hawaiian students with special needs. Many of these schools face daily challenges of serving communities and families impacted by social and economic hardships. We have visited with our families who live in homes without running water and electricity, and for whom the information age remains one dependent upon face-to-face interactions. We have spoken to a mother who spent the night out fishing and the early morning hours making poke to sell to raise money for her daughter's graduation. We have accompanied the principal of Konawaena High School to community meetings held at picnic tables in the park and the church in Miloli'i to listen our families' concerns regarding the education of their sons and daughters. Many of our Hawaiian students enter school at tremendous risk for failure. However, their resiliency and those of their families, coupled with dedicated and creative school personnel, have produced remarkable results.

The funds provided through the Native Hawaiian Education Act have allowed us to implement the intensive instructional programs and supports necessary for our Hawaiian students with special needs to be successful members of their families and community. We have submitted written testimony including student demographic data and project evaluations. Also, we have included a summary of project activities.

We would like to take this time to have personnel from our project schools share their experiences with you:

Jan Yoneda, principal at Haleiwa Elementary School, has implemented a school-wide, comprehensive research-based reading program. Each morning for one and one-half hours, all students are engaged in direct instruction reading activities. A walk through her campus will find teachers and students totally focused and completely on-task, reinforcing the Hawaiian value of pa'hana, or diligence and hard work.

Kathy Arnold, reading teacher and trainer from Ka'u High and Pahala Elementary, has been with our project for two years. She has been delivering direct instructional reading at her schools, as well as serving as a trainer for intensive reading instructional support for our schools in Hawaii District.

Maryann Nakama, parent involver from Hana, Maui, has been with Pihana Na Mamo for seven years. She has been instrumental in building partnerships between the school, our families, and the community. Her resourcefulness and energy continues to astound us. We thank you for this opportunity to appear before your committee and for your continued support.

PREPARED STATEMENT OF JOYCE S. TSUNODA, SR., VICE PRESIDENT FOR THE
UNIVERSITY OF HAWAII, CHANCELLOR FOR THE COMMUNITY COLLEGES

Senator Inouye and Members of the Committee: Thank you for the opportunity to testify today in support of the Native Hawaiian Community Based Education Learning Centers Program. With funds provided, we have established centers at Hawaii, Kaua'i, Leeward, and Maui Community Colleges. These Centers have the responsibility to coordinate and deliver island-wide services and activities. Administration is coordinated through my office, the Office of the Chancellor for Community Colleges.

The need for community based programs was identified at both the 1993 and 1997 Native Hawaiian Education Summits. Additionally, in 1997, the Statewide Native Hawaiian Education Council set forth three goals relating to Native Hawaiian education. They are: (1) to empower and support communities in the development of successful Hawaiian educational programs; (2) to improve the experiences of Native Hawaiians, especially those within the public school systems, through institutional change; and, (3) to establish a Native Hawaiian educational system. As the Council itself is not charged with nor funded for direct implementation of programs and services, the Native Hawaiian Community Based Centers' goals, activities and services are designed to complement and support these goals of the Native Hawaiian Education Council.

Meeting these goals and the success of activities and services offered are in a large part due to the collaborations and partnerships developed by each Center and their respective community and private organizations. Each Center solicits input from members of an island-wide community advisory council in the development of activities and services. In this manner, Native Hawaiian communities are becoming more active in controlling their educational destiny. Additionally, with the Centers housed within the Community Colleges, Centers have become an open door welcoming Native Hawaiians into higher education.

Significant progress has been made at each of the Centers in the delivery of a wide variety of activities and services that increase the educational opportunities for Native Hawaiians. This year alone, over 4,500 Native Hawaiian participants engaged in activities and service provided through the four Centers around the State of Hawaii. Participants vary in age, educational, social and economic background, from 'opio to kupuna (youths to elders), at-risk youths and incarcerated Native Hawaiians, native speakers and non-native speakers, and rural and urban Hawaiians.

Given the parameters of the program and intent of the grant, a wide variety of educational activities and services are offered; much of which are culturally-driven, community-based, and family oriented. These activities provide the foundation upon which Native Hawaiians will build upon in the movement towards self-determination. Some of the activities and services include:

- Computer literacy courses delivered in various communities and on campus
- Various after-school and summer programs for Native Hawaiian youths, ages 3–18, in both Hawaiian language immersion schools and non-immersion schools
- Hawaiian language courses delivered in various communities
- Counseling and assistance to Native Hawaiians who need to develop basic reading, writing, and math skills for entry into college
- Summer bridge programs for Native Hawaiian adults wishing to enter college
- Financial assistance, to overcome barriers to higher education and continued training, including assistance for tuition, fees, books, supplies, and childcare
- Numerous Hawaiian cultural workshops and presentations on a wide variety of subjects and topics including Hawaiian drum making, Holua sled making
- Numerous training and courses including Hawaiian Animation Illustrations, 'Ukulele, Hawaiian language, voice training
- Leadership development courses and activities for both Native Hawaiian youths and adults
- Canoe culture beginning with planting of the trees to carving the canoe to sailing
- Teacher training for certification
- Recruitment of Native Hawaiian teachers
- Introductions and orientations to college
- Master/Apprentice and mentoring activities
- Community partnerships in organizing and presenting events such as the World Indigenous Peoples' Conference on Education, the Hanalei Taro Festival, Career and College Fairs, various ocean and family festivals
- A Native Hawaiian Education Summit
- Community participation in a variety of educational conferences

The Native Hawaiian Community Based Education Learning Centers have and will continue to have a great impact on Native Hawaiian communities. The Centers' educational activities and services provide a broad foundation upon which Native Hawaiians are able to build, strengthen, and elevate their academic, spiritual, social, political and economic skills. From activities that include the revival of ancient arts and culture to participation in cutting edge technology, Native Hawaiian participants are acquiring skills and knowledge applicable in today's society. With the integration of culture, there is also a renewed pride and esteem, not just in one's self but also in the community. Participants continue to express their appreciation for what is offered through the Native Hawaiian Community Based Education Learning Centers.

I share with you the narrative portion of the Center's recent Updated Performance Report submitted to the U.S. Department of Education this past May 1999. The report provides detailed progress made over this past year.

I anticipate Native Hawaiians' participation in Centers' activities will increase. I ask for your continued support and approval of funds to continue the work of the Centers as we seek to increase the educational opportunities for Native Hawaiians to engage, develop, and enhance their economic and social status in the State of Hawaii.

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