

LATE
testimony

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

House Committee on Health

House Committee on Human Services and Housing

HCRJ31, Requesting the Director of Health to Convene and Facilitate a Blue Ribbon Panel to Perform a Comprehensive Inventory of all of Hawaii's Acute Care and Long-Term Care Facilities and to Make Recommendations for Necessary Expansion of Such Facilities for the State Between Now and the Year 2020.

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

**March 12, 2008
11:00 a.m.**

1 **Department's Position:** The Department appreciates the multiple attempts to address the State's health
2 care infrastructure issues, but we believe there is no need to form yet another working group. We would
3 like to take this opportunity to share some of the Department's insights gained through its experiences in
4 addressing some of the concerns of these pending resolutions.

5 **Fiscal Implications:** Cumulative effect of staff away from their regular responsibilities

6 **Purpose and Justification:** We have seen the introduction of a number of measures this session
7 relating to long term care and health infrastructure issues. Although varied in focus, many of the
8 measures call for the formation of a task force or blue ribbon panel, as in this case, comprised of both
9 public and private partners with specified tasks and deadlines, led by various State agencies charged
10 with the responsibility to convene and conduct these panels. The projects are well intentioned and
11 meaningful, but often times, because of the variety and number of panels and assigned tasks, the efforts
12 become piecemeal and fragmented. We need to consider a coordinated system to decide how our
13 limited resources can most effectively be used to prioritize these important projects. We need to decide

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1 which stakeholders should be involved, both public and private. Additionally, we note, through our
2 experience, that many of the same stakeholders are appointed to a number of different committees,
3 causing significant scheduling problems relating to their availability. We must work to ensure that a
4 sustainable core group is established. This core group would provide continuity, coordination, and
5 direction.

6 With regard to this particular resolution, the Department would like to share with the committees
7 some of the work we have completed as part of the Governor's Long Term Living Initiative. The
8 assessment and forecast committee, chaired by our former State Health Planning and Development
9 Agency (SHPDA) Administrator, conducted research on existing projection models to help determine
10 what Hawaii's future long term care needs would be. Based on this review, a decision was made against
11 purchasing such services. The cost was prohibitive and the committee felt that there were too many
12 variables which would significantly influence outcomes. As a result, we used a very simple calculation.
13 In the State of Hawaii in 2005, bed capacity in all health settings was 9,797 beds for 5% of the elder
14 population. Based on the group's rough estimates, we anticipate needing 18,077 beds in 2020 for 5% of
15 the elder population, should the current trend for placement continue. We recognize that the future
16 demand for long term care will depend on a number of factors including: demographics, disability
17 status, availability of family, the financial status of various generations, the degree of individual
18 planning for long term living, and the availability and cost of beds/services.

19 Finally, as we discussed above, we need to ensure inclusion of appropriate governmental and
20 social service industry representatives as we work to develop a sustainable core group. The blue ribbon
21 panel entities listed in HCR 131 omit the inclusion of the SHPDA, Executive Office on Aging, Hawaii
22 Long Term Care Association, a significant organization as it represents approximately one-third of the
23 residential nursing beds in the State and all of the Assisted Living Facilities in Hawaii, or any of the
24 trade associations representing the adult residential care home industry.

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1 Thank you for this opportunity to testify.

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Hawaii Pacific Health

55 Merchant Street • Honolulu, Hawaii 96813 • hawaiipacifichealth.org

Wednesday - March 12, 2008 - 11:00am
Conference Room 329

LATE
Testimony

The House Committee on Health

To: The Honorable Joshua Green, M.D., Chair
The Honorable John Mizuno, Vice Chair

The House Committee on Human Services & Housing

To: The Honorable Maile Shimabukuro, Chair
The Honorable Karl Rhoads, Vice Chair

From: Virginia Pressler, MD, MBA
Executive Vice President

**Re: Testimony in Strong Support of HCR 131
Requesting the Director of Health to Convene and Facilitate a Blue Ribbon Panel to
Perform a Comprehensive Inventory of all of Hawaii's Acute Care and Long-Term Care
Facilities and to Make Recommendations for Necessary Expansion of Such Facilities for the
State Between Now and the Year 2020**

Dear Honorable Committee Chairs and Members:

My name is Virginia Pressler, Executive Vice President for Hawaii Pacific Health (HPH). For more than a century, families in Hawaii and the Pacific Region have relied on the hospitals, clinics, physicians and staff of Hawaii Pacific Health as trusted healthcare providers. Our non-profit integrated healthcare system is the state's largest healthcare provider and is committed to improving the health and well-being of the people of Hawaii and the Pacific Region through its four hospitals -- Kapi`olani Medical Center for Women & Children, Kapi`olani Medical Center at Pali Momi, Straub Clinic & Hospital and Wilcox Memorial Hospital -- 18 outpatient centers and a team of 1,100 physicians on the islands of Oahu, Kauai and Lanai.

We are writing in **strong support of HCR 131** requesting the Director of Health to convene and facilitate a blue ribbon panel to perform a comprehensive inventory of all of Hawaii's Acute and Long Term Care facilities. On any given day there are as many as 275 patients in hospitals across Hawaii who have been treated and are now waiting to be transferred to a long term care facility but who must remain "waitlisted" in a hospital because long term care is not available. Discharge timeframes for waitlisted patients range from days to over a year. This represents a poor quality of life option for the patient, presents an often insurmountable dilemma for providers and patients, and creates a serious financial drain on acute care hospitals with ripple effects felt throughout other healthcare service sectors.

The Wait List crisis is a multi-pronged issue needing further investigation and collaboration. Hawaii Pacific Health would look forward to working with other stakeholders to collectively address and develop solutions to the problems of patients in hospitals who are waitlisted for long-term care. Therefore we ask that you **pass HCR 131**.

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KAPI`OLANI
MEDICAL CENTER
AT PALI MOMI



KAPI`OLANI
MEDICAL CENTER
FOR WOMEN & CHILDREN



Straub
CLINIC & HOSPITAL

 **Wilcox Health**

LINDA LINGLE
GOVERNOR OF HAWAII



LATE CHIYOME LEINAALA FUKINO, M.D.
Testimony DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

Committee on Health

**HCR 132, Requesting the Director of Health to Form a Work Group to Explore the
Need to Ban or Better Label Products Containing the Artificial Sweetener
Aspartame**

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

**March 12, 2008
11:00am**

1 **Department's Position:** The Department of Health appreciates the concern in regards to public health
2 in this resolution; however, the Department respectfully opposes the measure as unnecessary.

3 **Fiscal Implications:** Implementation of this measure would require at least one additional full time
4 staff member devoted entirely to completing this task. This position is not included or funded in the
5 current executive supplemental budget request and therefore, may adversely affect other spending
6 priorities.

7 **Purpose and Justification:** The resolution requests that the Department form a work group to explore
8 the need to ban or improve labeling for products containing the artificial sweetener aspartame.

9 The Department does not support this resolution because aspartame is considered GRAS,
10 generally recognized as safe, by the U.S. Food and Drug Administration (FDA). Aspartame is one of
11 the most thoroughly tested and studied food additives the agency has ever approved. The agency
12 reviewed more than 100 toxicological and clinical studies and confirmed that aspartame is safe for the
13 general population.

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1 For the few people for whom aspartame does pose a risk, warnings are already required. The
2 FDA does recognize that people with a rare genetic disorder called phenylketonuria can be harmed by
3 aspartame. Therefore Federal law requires the label of **any** food containing the additive aspartame shall
4 bear, either on the principal display panel or on the information panel, the following statement:
5 PHENYLKETONURICS: CONTAINS PHENYLALANINE (21 CFR 172.804).

6 In addition to this labeling requirement, the FDA will not allow aspartame to be hidden under the
7 label of natural or artificial flavors. By definition as stated in 21 CFR 172.804, aspartame is a food
8 additive used as a sweetening agent and a flavor enhancer. Also by definition as stated in
9 21 CFR 101.22, aspartame is neither an artificial nor a natural flavor. Therefore, if a food product
10 contains even a small amount of aspartame, it must be listed separately as an ingredient with the
11 advisory statement for phenylketonurics.

12 We found no evidence to support that statement that aspartame is "derived from toxic sludge."

13 The Department acknowledges the controversy surrounding the consumption of aspartame.
14 However, based on the current information provided by FDA, the Centers for Disease Control and
15 Prevention, and the National Institutes of Health, the food additive aspartame is safe for human
16 consumption. It is unlikely that a State working group with or without the proper support, resources and
17 expertise would arrive at different conclusions.

18 The Department believes that public health would be better served if the Department
19 concentrates its efforts on the food safety inspections of the regulated community, food recalls of
20 adulterated foods, and not the monitoring of and the removal of aspartame-containing foods, which are
21 already considered safe.

22 Thank you for the opportunity to testify.

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LATE TESTIMONY

May Mizuno

From: Kim Dellis, T-US [Kim.Dellis@tecan.com]
Sent: Wednesday, March 12, 2008 8:57 AM
To: HLTtestimony
Subject: RE: Ban Aspartame Bill

HCR 132

This was sent earlier but came back the first time saying the mailbox is full, so I wanted to try again. Thanks for your time.

Kim

From: Kim Dellis, T-US
Sent: Wednesday, March 12, 2008 11:13 AM
To: 'hlttestimony@capitol.hawaii.gov'
Subject: Ban Aspartame Bill

To the Honorable Rep Josh Green, MD, Chairman, House Health Committee
 Rep John Mizuno, Vice Chairman
 and Members of the Committee:

Dear Rep Green and Committee Members:

I am writing to tell you my personal story with aspartame. I am a victim of aspartame poisoning, but unlike many others, I survived to tell my story. I began consuming diet sodas early 1999 in an effort to lose weight. My nightmare began approximately 2 years later. I began suffering heart palpitations, severe dizziness, daily headaches, hypoglycemia symptoms, chronic fatigue and extreme weakness, head in a fog, tingling/numbness in limbs, flu-like and many other symptoms. I constantly felt like I was going to pass out. I had to drive with my head pressed against the head rest because I was so dizzy. I can't count the number of times I had to pull over to the side of the road for fear of killing another driver. I visited my GP on many occasions. She ran blood tests, EKG, etc. but could not find anything wrong. I suffered every day. I awakened every morning feeling like I had been hit by a truck. It was almost impossible to continue with daily life. In January 2001, (age 37) I passed out and had some sort of seizure episode for the first time in my life, lost control of bowels, etc. The doctor said that I was dehydrated, treated that and sent me home for bed rest. The symptoms continued, sometimes more severe than others.

Sept 29, 2004 my husband and I were in a restaurant. I had been feeling really bad the previous week and actually told my husband that I felt like I was being poisoned. My doctor ordered a heavy metal screening, which was negative. I knew I was dying, and no one would ever know why! Back to the restaurant, we had just finished our dinner, when all of a sudden I told my husband that I was going to pass out. I said this twice. I felt as though the blood was draining from my head to my feet rapidly. I turned white, then blue, was not breathing, then began having another seizure. This attack was very serious. When emergency arrived, I barely had a pulse and was rushed to ER. I then had the million dollar workup performed, but guess what? I was healthy as a horse. Heart, lungs, brain, blood, every test revealed normal results. The neurologist finally said that he did not know for a fact that it was a seizure and he sees people like me every day. I personally believe that my heart just stopped beating from the aspartame.

After I was discharged from the hospital, I was afraid to drink anything but water and I certainly did not have any diet sodas while in the hospital either. After 3 days of abstinence, I awakened feeling wonderful. My head was so clear, I felt great. But of course, I did not make the connection of a reaction to the poison aspartame. I eventually began consuming diet sodas again, I was addicted. Then the symptoms began to return almost immediately. It was finally Easter of 2005 that I learned through the internet of the dangers of aspartame. I immediately quit consuming the toxin and am getting back to good health and have not had ANY seizures and feelings of black outs.

I have suffered for at least three years, almost lost my job, without ANYONE able to help! It was a total nightmare

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3/12/2008

that came on gradually and almost took my life. Please, please do not dismiss these testimonies or simply look the other way. Aspartame is seriously damaging health and taking lives. Please do the right thing, take the step to remove this poison from our food supply.

Thank you so much for your time.

Kim Dellis
Mebane, NC

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Hawaii Dietetic Association
Comments on Aspartame
Hearing on ~~HR108~~ and ~~HR132~~
Committee on Health

March 12, 2008

Submitted by Kristine Wallerius Cuthrell, MPH, RD
President-Elect, Hawaii Dietetic Association
Written Comments Only

The Hawaii Dietetic Association is made up of more than 300 members, the majority of whom are Registered Dietitians practicing in our Community in hospitals, public health programs, private practice, academic research facilities, and other settings.

Our comments today relate to ~~HR108~~ and ~~HR132~~. The Hawaii Dietetic Association believes that it is the role of credentialed dietetics professionals to advocate for and promote sound, science-based nutrition information to the public, to function as primary nutrition educators to health professionals, and to actively counter and correct food and nutrition misinformation.

As such, we strongly recommend that a representative from the Hawaii Dietetic Association be placed on the work group, if one is convened, to explore the need to ban or better label products containing Aspartame.

The American Dietetic Association published a comprehensive Position Paper on the use of nutritive and non-nutritive sweeteners in 2004 (see attached); it is also recommended that this document be reviewed by the work group, if one is to be convened.

HR108 and HR132 do not accurately reflect the totality of the science and could have negative ramifications on those people in our state who rely upon low-calorie sweeteners to aid in managing their weight or health conditions.

We commend the Committee on Health for your interest in improving the health of Hawaii's citizens. The Hawaii Dietetic Association and our members look forward to working with you to provide consumers with science-based information about the role nutritive and nonnutritive sweeteners can play in a healthy diet.

LATE TESTIMONY

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Committee on Human Services &
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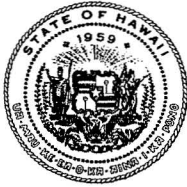
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Deleted: Aspartame is a calorie-free alternative to sugar and other caloric sweeteners. Its safety has been confirmed repeatedly in peer-reviewed research, not only by health experts, scientists and government agencies in our country, but around the world. It is a simple ingredient that is made of the same components as in the foods we eat and drink each day. For diabetics and for any individual limiting their calorie intake for health reasons, taking away a tool that aids in this effort is not justified by scientific evidence. Individuals who feel that aspartame is not a healthy choice for them are free to make the choice not to consume aspartame or foods containing aspartame, which are clearly labeled as containing this ingredient.¶

¶
The HDA believes that consumers can safely enjoy a range of nutritive and nonnutritive sweeteners when consumed in a diet that is guided by current federal nutrition recommendations, such as the Dietary Guidelines for Americans and the Dietary References Intakes, as well as individual health goals. As dietetics professionals, we seek to provide consumers with science-based information about sweeteners and support research on the use of sweeteners to promote eating enjoyment, optimal nutrition and health. At present, we are facing an obesity epidemic, and it is critical that we not take away this simple tool that can help individuals manage their calorie intake. ¶

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DEPARTMENT OF HEALTH
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23 residential nursing beds in the State and all of the Assisted Living Facilities in Hawaii, or any of the
24 trade associations representing the adult residential care home industry.

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To: House Health Committee

Date: 12 March 2008

Re: HR – 114 and HCR – 132

From: Jade Bruhjell

Thank you for bringing this resolution to study. I am looking forward to an expedient study to resolve this matter and end further suffering as soon as possible. After reading this resolution I have the following questions, comments and suggestions.

1. Why is beverage association members involved in a research project dedicated to deciphering the disease and illness factor that appears to be caused by an ingredient in their product? Is there a conflict of interest here? This study should not involve money and economics.
2. Question. What is criteria and qualification of the two consumers to be on the workgroup? We advocate those two consumers to be of the those who purport to be victims of aspartame poisoning.
3. We would like to see the research on isolates amino acids contained in natural and artificial flavor and other flavorings, regarded as secret ingredients to us the public. We suspect that aspartame isolates and other neurotoxins are present.
4. Will this study group vote on their findings and recommendations?
5. The findings and reporting of this groups' research to the legislature in 2010 is unacceptable, as it may take three more years or more to establish the removal of aspartame from Hawaii's food chain.
6. We would request that a moratorium on aspartame be declared at any point that the study group should find proof of poisonous effects of aspartame or its isolates.
7. Following this meeting a Citizens Public Health Alert/Crisis/Emergency will be issued by us citizens to help educate and establish a victims' repository from the Hawaiian citizenry. See the enclosed document.

Thank you for your concern and time in this most important matter.

Jade Bruhjell

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Citizens Public Health Emergency/Crisis/Alert

Due to the lack of professional medical and health agency's awareness and their untimely lack of ability to address the present and growing suffering of aspartame disease among Hawaiian residents, we citizens have found the necessity to declare an eminent public health crisis. The occurrence of obesity, diabetes, autism, myriad neurological diseases, cancer, brain tumors and etc. has reached alarming levels.

Whereas, the very medical institutions and health clinics, for whatever reason, have become futility and incapable of diagnosing and curing what will become known as aspartame disease. They have been given to medicate these symptoms with chemicals, pills, vaccinations that cannot cure or solve this illness, but only cause worse problems, side-effects, and are quite often fatal.

Whereas, public health and medical facilities have failed to recognize the cause of the 92 symptoms recorded by the USFDA and promote the very substances that generate these symptoms.

Whereas, the incidence of autism in our children reached past epidemic proportions, as 1 in 56 are autistic.

Whereas, the contents of natural flavor, artificial flavor and other flavorings listed as ingredients on packaged foods are declared secret, but are known to contain neurotoxins.

Whereas, our current legislative processes, if all goes well, will take up to two to three years to remove this potent neurotoxin, aspartame, from Hawaii food, beverages and pharmaceutical products.

Whereas, the retail grocers, food marketers, and even health food stores have little choice but to purchase these food stuffs from the wholesalers outlets and manufacturers with few alternatives to these neurotoxin laden foods.

Whereas, the medical community, Department of Health and the USFDA has condoned this poison for our consumption, deeming aspartame as perfectly safe.

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Whereas, the ever increasing amount and incidence of aspartame and other neurotoxins in our food chain can only precipitate more and worse of these neuro-ailments and other related health problems.

Whereas, other countries and communities in the world and U.S. have acted on their feet to ban this substance.

Therefore, we see fit to establish and conduct our own course of action to protect our personal health, that of our families and members of our community to ensure our survival and health, until our government can act to remove this substance from our food. We strongly advise Hawaii citizens to avoid products containing aspartame.

We urge the citizens of Hawaii to contact our citizens' repository liaison, Adrian Chang, PhD, with their complaints, health issues, neurological problems that they believe to be associated with aspartame consumption. These complaints will then be filed with the State of Hawaii Department of Health.

The USFDA has listed 92 disease symptoms associated with aspartame consumption, these are some:

Convulsions	Obesity
Diabetes	4 types of seizures including Grand Mal
Multiple Sclerosis	Alzheimer's
Severe Fatigue	Anxiety Attacks
Panic Attacks	Tremors
Parkinson's	Headaches
Confusion	Depression
Dizziness	Visual Difficulty an Blindness
Addiction	Hypoglycemia
Infertility	Heart Failure
Rapid Heart Beat	Tightness of the Chest
Memory Loss	Difficulty Breathing
Hives	Itching
Speech Impediments	Change in Menstrual Pattern
Vomiting	Nausea
Etc.	

If any of these symptoms apply to you please contact the Citizens Public Health Emergency/Crisis/Alert liaison, Adrian Chang at telephone no. -----
-----.

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