

SCR 79

Measure Title:

REQUESTING TUBERCULOSIS SCREENING AND TREATMENT FOR
RESIDENTS OF PUBLIC HOUSING AND EMERGENCY TRANSITIONAL
SHELTER HOUSING.

Report Title:

TB Screening & Treatment; Public Housing

Companion:

SR44

Introducer(s):

ENGLISH

Current Referral:

HTH/HSP

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Kanani Kaaiawahia Bulawan

**To: Sen. D. Ige, Chair Committee on Health
Sen. C. Fukunaga, Vice-Chair Committee on Health
Sen. S. Chun Oakland, Chair Committee on Human Service & Public Housing
Sen. L. Ihara Jr., Vice-Chair Committee on Human Service & Public Housing**

**Fr: Kanani Kaaiawahia Bulawan,
Retired Service Provider, Kanaka Maoli, Kupuna and a Private Citizen**

**Re: Hearing Date: March 24, 2008
Time of Hearing: 1:30pm
Place of Hearing: Rm 016**

**SUPPORT THE INTENT OF SCR79 / SR 44
TB Screening and Treatment for tenants in Public Housing and Shelters**

Aloha Chairs, Vice-Chairs and members of the join committees:

I'm Kanani Kaaiawahia Bulawan, retired executive director for a service provider, a Kanaka Maoli, a Kupuna and a very concerned private citizen of Hawaii. I am also a staff member of Rep. Karen Awana. However, my views, opinions and statements are of my own personal experience and preference. I'm testifying in **Support to the intent of SCR 79 and SR44** requesting TB Screening and Treatment for tenants in Public Housing and Emergency Transitional Shelter Housing.

It is with experience that I offer to support the intent of this resolution but would offer changes to the areas of Emergency Transitional Shelter Housing. As we all know homeless individuals are the hardest to serve while they are unsheltered. Moving around often does not work with the ability to track and conduct adequate follow ups that would be necessary for the complete screening of TB in addition to the treatment of the affected. It is most common for individuals once entered into the shelter program be assessed for health concerns that include the ability to get a complete physical examination and screenings. The shelter that I once worked for allowed the individuals to enter the shelter with the concept of housing first. Then within 2 weeks the individuals would have completed the health assessment as well as had applied for any services that would be considered "Mainstream". Currently the shelters all have partnerships with medical facilities and providers that will assure TB screening and treatment is provided. If this measure speaks only of the Compacts of Free Association population, there should be other ways to consider the initial assessments of these individuals rather than making it a requirement for all individuals to meet prior to entrance to an emergency transitional shelter program. This requirement will affect more than just this group of people that have entered our state but will also affect the most vulnerable and hard to serve, the homeless population. This measure would tied up and delay the process for individuals to enter and access shelter services because of the

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requirement to have a TB screening completed prior to admission into the shelter. Again most of these individuals by virtue of homelessness will need to be stable before they can engage with services and meet requirements. To allow this measure to pass as submitted would not serve the general population but would make additional challenges only. Again if this is for a targeted group than let's keep it focused for that group and find other alternatives to assuring they meet these types of health requirements prior to entering the general population.

Thank you for allowing me this time to submit my testimony and **request your favor to support the intent of this measure; however, find a better alternative if this is designed for a targeted group.** For more information I can be contacted at 696-1654.

Mahalo,