



October 20, 2009

Committee's on Human Services
Senator Suzanne Chun-Oakland, Chair
Representative John M. Mizuno, Chair

Committee on Transportation, International and Intergovernmental Affairs
Senator J. Kalani English, Chair

Committee on Tourism, Culture, & International Affairs
Representative Joey Manahan, Chair

Informational Briefing:

Date: Wednesday, October 21, 2009

Time: 11:00 A.M.

Place: Conference Room 329

RE: Termination of COFA health benefits

COMMENTS

Chairs Chun-Oakland, Mizuno, English and Manahan, on behalf of the American Cancer Society I am happy to offer these comments here today.

Since this issue came to light several months ago, the American Cancer Society has been working assiduously to ensure that no Compact of Free Association (COFA) migrant would lose critical lifesaving chemotherapy and/or drug coverage as a result of the state's proposed changes in health care coverage from the existing Medicaid (Quest) program to Basic Health Hawaii.

With the filing of litigation by Lawyers for Equal Justice in both federal and state court, and the subsequent granting of a temporary restraining order by federal judge Seabright placing a hold on changes in coverage has for the moment preserved the status quo. From information we have received from chemotherapy providers, we believe that no COFA beneficiary has failed to receive chemotherapy services or has been denied prescribed brand name drugs.

The American Cancer Society will continue to monitor the situation and facilitate access to medical services for all individuals who may need them. However we recognize that a permanent solution still needs to be found. The Society pledges to continue to work with all parties to find a long term solution.

Mahalo for opportunity to offer these comments here today.

Very truly yours,

A handwritten signature in black ink, appearing to read "G. Massengale".

George S. Massengale, JD
Director of Government Relations



HOUSE COMMITTEE ON HUMAN SERVICES

Rep. John Mizuno, Chair

HOUSE COMMITTEE ON TOURISM, CULTURE, & INTERNATIONAL AFFAIRS

Rep. Joey Manahan, Chair

SENATE COMMITTEE ON HUMAN SERVICES

Senator Suzanne Chun Oakland, Chair

SENATE COMMITTEE ON TRANSPORTATION, INTERNATIONAL AND INTERGOVERNMENTAL AFFAIRS

Senator J. Kalani English, Chair

Conference Room 329

October 21, 2009 at 11:00 a.m.

Testimony regarding health care for COFA citizens living in Hawaii.

I am Chris Pablo, representing George Greene of the Healthcare Association of Hawaii, who is on the Big Island at this time. The Association advocates for its member organizations that span the entire spectrum of health care, including acute care hospitals, two-thirds of the long term care beds in Hawaii, as well as home care and hospice providers.

Thank you for this opportunity to submit testimony. The Healthcare Association of Hawaii supports comprehensive health care insurance for COFA residents of Hawaii who are receiving dialysis or chemotherapy as part of its overall support for health care insurance for all of Hawaii's residents.

One of the best indicators of community health is the extent of health care insurance coverage. The health of Hawaii's residents regularly ranks among the highest of all states largely because Hawaii has had one of the highest rates of health care insurance coverage in the nation. Health care insurance allows people to get health care when they need it. When people do not have insurance, they typically delay care, which often leads to deteriorating medical conditions.

In the case at hand, hundreds of COFA citizens need dialysis or chemotherapy. However, hospitals cannot be expected to provide dialysis or chemotherapy without payment. It should be noted that Hawaii's hospitals already provide considerable free care to people in the communities they serve (\$141 million in 2008), so they should not be expected to provide uncompensated care for these additional dialysis and cancer patients. Moreover, with the downturn in the economy and higher numbers of unemployed and uninsured, it is expected that uncompensated care will rise.

In addition, it is disappointing that the Governor no longer intends to help hospitals address the problem of uncompensated care. Specifically, the Governor has announced that she does not intend to release \$12.2 million in State funds appropriated by the Legislature that can be used to match \$15 million in available federal funds.* The \$27.2 million total could be distributed to

hospitals to at least partially compensate them for providing care to people who do not have health care insurance or who do not have the financial ability to pay for their care.

It is true that the federal government compensates Hawaii for services provided to COFA migrants -- but only partially. The State expends an estimated \$100 million annually for a wide variety of services to COFA migrants, but the federal government provides only \$11 million annually in compensation to the State. Hawaii's taxpayers are being disproportionately burdened with paying for government services that should be shared by the entire nation.

COFA nations themselves also receive funding from the U.S. federal government. However, some of the funding is not spent and is returned. The Healthcare Association is committed to working with Hawaii's Congressional Delegation and all other relevant parties to access these unspent funds and to direct these funds to cover health care for COFA migrants living in Hawaii.

The financing of health care is in many instances difficult and complex, and there may not be a perfect solution that completely satisfies all affected parties in this particular case. The Healthcare Association of Hawaii looks forward to an opportunity to be a health care partner on this issue and to work collaboratively toward the best sustainable long-term solution.

- * In the 2009 session the Legislature passed SB 423 SD 1 HD 2 CD1, which appropriates State funds to match federal DSH funds. The Governor vetoed the bill through Gov. Msg. No. 491. The Legislature overrode the veto by passing Act 23, Special Session 2009.

**To: Senate Committees on Human Services and Transportation, International and Intergovernmental Affairs
House Committees on Human Services/ Tourism, Culture and International Affairs
Re: Informational Briefing to Discuss possible termination of state provided health benefits for persons in Hawaii under the Compact of Free Association**

Wednesday, October 21, 2009
Conference Room 329

Aloha Chairs Rep. Mizuno, Rep. Manahan, Sen. Chun Oakland, and Sen. English

I speak in behalf of Hawaii Family Forum and Hawaii Catholic Conference, a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii.

According to an announcement made several weeks ago by Dr. Fink, the director of Medicaid in the State Department of Human Services, the State will switch all the non-citizens from Med-Quest (State funded medical coverage after the Welfare Reform about 10 years ago that mandate Medicaid coverage only to citizens which in effect, left out the group of COFA (Compact of Free Association) migrants, numbering approximately 7,500 adult Micronesians, not covered by the federal Medicaid.

According to Dr. Fink, the State has been providing about 100 million dollars a year to cover the COFA migrants and new immigrants (permanent residents) who have arrived here less than 5 years ago. During that time, the State has been trying to work with our congressional delegates to get the Federal government to provide medical coverage to the group of COFA migrants who are able to travel freely from Micronesia to the United States through the Federal agreement. Several years ago, the State of Hawaii has received about 11 Million dollars a year through a special funding provision by Congress.

The COFA beneficiaries understood that they would be switched from Med-Quest, to a plan that would have a limited number of doctors visits a year and will not provide coverage for **dialysis and chemotherapy**, unless you are a child or a pregnant woman.

During the hearing, the Liberty Dialysis clinic spokesperson said that they will continue to provide services to their patients and will not abandon them unless they can no longer afford it. The Hawaii Health Care Association has also been working with the hospitals in their emergency department to figure out how to deal with this since many of these patients will end up in Emergency Rooms when they can no longer receive treatment.

As a point of information, a patient needing dialysis will probably die if they do not get dialysis within seven days. One of the clinics said that it cost about \$350 for one session of dialysis at the clinics and the hospital emergency room which will have to admit a patient and provide dialysis would need to spend about \$10,000 for the same service. At this time, the Federal government is still covering all emergency room expenses if a person is not able to pay. Families of dialysis patients also recognize that if they are unable to pay for emergency room services, **it would lead to bigger debts and bad credit ratings which could affect their families and employment.**

We thank the House and Senate members of the State Legislature, especially those in the Health and Human Services committees, for their pledge to support for the COFA members and are trying to do what they can. Chairs of the House and Senate Human Services Committees have written to Governor Lingle, asking her to "grandfather" those who are already receiving services to allow them to continue to receive the benefits and set an effective date after which the applicants would be placed with the new health plan.

The Federal Court injunction which has temporarily blocked the implementation of the change in health plans and the COFA beneficiaries should be renewed so that the beneficiaries will continue to receive MedQUEST benefits until the funding issues can be resolved
Congressman Neil Abercrombie has included COFA patients who need dialysis and chemotherapy in the Health Reform bill, but the bill may not be enacted in time to provide the needed services.

So what can the faith community do to address the dilemma faced by the Micronesian community?

Members of the Legislature as well as the administration and concerned citizens should be asked to contact Senator Dan Inouye, to use his influence as chair of the Senate appropriation committee with an urgent request to provide an emergency appropriation.

The Catholic Diocese has been asked to write a letter to Senator Inouye to express great concern over the lack of services/coverage for the COFA population and our support for the critical human needs of this population. Other religious leaders should also be urged to contact Senator Inouye and the Governor to restore the life-saving benefits.

While on the surface, the Governor and the state may seem to be the "villains" in this dilemma, the facts bear out the disproportionate share of health care and education funds are spent on a special population granted rights by Congress through the Compact of Free Association. Although Congress has been asked repeatedly to address the inequity borne by the state of Hawaii, they have yet to provide the needed resources needed to honor the rights provided by COFA, making it an unfunded mandate that penalize states such as Hawaii who welcome the people from Micronesia.

Hawaii Family Forum and Hawaii Catholic Conference stands ready to make a call to action to the Christian Churches in Hawaii, once a course of action has been determined.

October 21, 2009

HAWAII STATE LEGISLATURE

INFORMATIONAL HEARING

MHAC TESTIMONY: BASIC HEALTH HAWAII PLAN

Thank you to all the committees here today and their respective chairs for allowing time to hold a hearing on such an important matter affecting Micronesians under the proposed Basic Health Hawaii Plan.

My name is Carmina Alik. I am here representing the Micronesian Health Advisory Coalition, a newly formed health advocacy group for all Micronesians. I am from the Marshall Islands and have been actively involved with health issues affecting Micronesians, particularly Marshallese, having served as a Honolulu Medical Referral Coordinator for the 177 HCP, and more recently, as Project Coordinator for the US Dept of Energy Special Medical Program, both programs served the Marshallese people exposed to the US Nuclear Weapon Testing Program in the 1950's as well as their descendents.

There are several points I wish to make with regards to the Basic Health Hawaii Plan:

Freely Associated States citizens seek basic health care in Hawaii and other states due to the lack of medical infrastructure or services in their island nations. The out-migration of FAS citizens in search of better healthcare is likely to continue indefinitely unless the medical problems in the respective island nations are fully addressed. Both the Federated States of Micronesia and the Republic of the Marshall Islands do not have kidney dialysis units. Cancer treatments are virtually nonexistent. The island nations must ration medical care by referring only the serious medical cases to the Philippines, where the cost of healthcare is about ¼ of that in the US, or to Tripler Army Medical Center and/or Shriners Hospital for free or reduced cost care, only available on a carefully selective basis.

Despite the 1996 Federal ruling which rendered the FAS citizens ineligible for public assistance, including Medicaid, the State of Hawaii continued to extend medical coverage to FAS citizens who did not have medical insurance. For this, we want to express our utmost gratitude to the State of Hawaii for it's aloha spirit.

Recently, in order to cut costs and save the state money, the current administration designed a health plan that also would reduce or cut off life saving medical services to the FAS citizens. The proposed Basic Health Hawaii Plan does not provide for kidney dialysis and cancer treatments. Clearly, the State Dept of Human Services deliberately chose to balance its budget

on the backs of a weak and very vulnerable group of people in the State. It basically issued a 'death sentence' on our sick.

Due to the proposed cuts in vital medical services, not only to the kidney and cancer patients, but also to the chronically ill, it is not unrealistic to expect a drastic rise in the burden of illness among FAS citizens in Hawaii. There will definitely be an increase in the utilization of emergency room services and hospital admissions as more patients get more ill as a result of reduced healthcare access and lack of preventive care measures. Ultimately, this will only further tax and cost the already fragile healthcare system and state economy.

The 2009 Compact of Free Association Task Force Report, as commissioned by the Hawaii State Legislature, recommended that the State of Hawaii increase all human services to FAS citizens in a more proactive and systematic way. It recognized that increasing health and social services to the FAS citizens in their home island nations and Hawaii is the best way to cut the health care costs in Hawaii which would ultimately reduce the health care burden to Hawaii. Cutting health care to the FAS citizens most likely will instead increase Hawaii's financial burden in the long term.

The Micronesian Health Advisory Coalition respectfully requests the State of Hawaii Legislature and all the committees at this hearing to help prevent The Basic Health Hawaii Plan from moving forward. Clearly, the Basic Health Hawaii Plan lacks the due diligence, serious deliberations, and active imagination needed in the design of a health care plan that is not only reasonable and fair in the care of FAS citizens and their families, but also cost effective for the State of Hawaii.

I thank you for your time.

Carmina Alik

Member, Micronesian Health Advisory Coalition

Representative John Mizuno, Chair
Representative Tom Brower, Vice Chair
Committee on Human Services

Testimony for Wednesday, October 21, 2009

Dialysis Treatment for Pacific Islanders

Liberty Dialysis – Hawaii looks forward to assisting this Committee in identifying a long-term solution that will ensure access to dialysis treatment for Pacific Island patients in the most efficacious manner possible.

Liberty Dialysis – Hawaii remains committed to its mission of providing access to high quality dialysis services throughout the state regardless of insurance status, including a number of underserved, less populous areas and on-going charity care.

This commitment to care includes providing care to a number of underinsured and uninsured patients as is particularly germane to the issue in front of the legislature today. Currently, Liberty Dialysis provides dialysis care to approximately 50 non-resident Pacific Islanders (representing roughly 150 treatments per week, or 7,800 treatments per year). Liberty Dialysis – Hawaii intends to continue to care for these patients even if their insurance coverage lapses, without compensation and in furtherance of its long standing tradition, continued from St. Francis, of providing care to all the people of Hawaii for as long as we are able. In addition, Liberty Dialysis – Hawaii will work closely with these individuals to identify other sources of health insurance to provide from their long term needs.

While Liberty will work to ensure that patients do not lose dialysis care, it is important to recognize that the costs for caring for these patients will quickly escalate if alternative health coverage is not identified. Without coverage, they will miss out on preventive care, necessary medication and other basic health services that will lead to complications of pre-existing conditions and trips to the emergency room, increasing the burden of care on the health care community and state and reducing available resources for reinvestment in health care infrastructure or other care programs.

Efforts to ensure that patients continue to receive care come at a substantial cost to Liberty Dialysis – Hawaii, but they ensure that patients will receive uninterrupted life sustaining care and will keep the state's emergency rooms from being flooded with uninsured dialysis patients, which would divert scarce emergency room services and result in substantial costs to the tax payers of Hawaii.

We look forward to continued dialogue with your Committee to address these long-term planning issues.

October 21, 2009
Dialysis Treatment for Pacific Islanders
Page 2

Thank you for the opportunity to testify.

Hawaiian National Communications Corporation

477 Opihikao Place, Suite A

Honolulu, HI 96825

808-741-4612 – mrjoy@hawaii.rr.com

Testimony for
Informational Briefing

DATE: Wednesday, October 21, 2009

TIME: 11:00 a.m.

PLACE: Conference Room 329

State Capitol 415 South Beretania Street

HOUSE OF REPRESENTATIVES
THE TWENTY-FIFTH LEGISLATURE
INTERIM OF 2009

COMMITTEE ON HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Tom Brower, Vice Chair

Rep. Della Au Belatti Rep. Maile S.L. Shimabukuro

Rep. Joe Bertram, III Rep. Ryan I. Yamane

Rep. Mele Carroll Rep. Gene Ward

Rep. Scott Y. Nishimoto

COMMITTEE ON TOURISM, CULTURE, & INTERNATIONAL AFFAIRS

Rep. Joey Manahan, Chair

Rep. James Kunane Tokioka, Vice Chair

Rep. Lyla B. Berg

Rep. Isaac W. Choy

Rep. Cindy Evans

Rep. Angus L.K. McKelvey

Rep. K. Mark Takai

Rep. Clift Tsuji

Rep. Glenn Wakai

Rep. Jessica Wooley

Rep. Barbara C. Marumoto

COMMITTEE ON HUMAN SERVICES

Senator Suzanne Chun Oakland, Chair

Senator Les Ihara, Jr., Vice Chair

Sen. Josh Green, M.D., Sen. Fred Hemmings

**COMMITTEE ON TRANSPORTATION, INTERNATIONAL AND
INTERGOVERNMENTAL AFFAIRS**

Senator J. Kalani English, Chair

Senator Mike Gabbard, Vice Chair

Sen. Will Espero, Sen. Clarence K. Nishihara, Sen. Sam Slom

Aloha Mr. Chair and members of the Committees,

We come before you today to ask that the State of Hawaii not deny the necessary medical care and to compel the Federal Government to live up to its obligations to the Nuclear Nomads.

Dante wrote that fraud is worse than violence. What does that mean? Why is fraud worse than violence? You ask. Fraud always comes before violence. It is reserved only for humans. It is premeditated, calculated and planned. Other creatures can be violent, but only humans can wreak fraud. And when the government is mixed up in it, the violence created by fraud is beyond human comprehension. Just look at the havoc that the bomb has created. 177 +million people killed because of governments during the 20th century. Governments use fraud against its own people constantly. In Dante's "Divine Comedy" the deepest part of hell is reserved for Fraud.

Fraud: In 1946, the people of Bikini and Enewetak atolls were evacuated to make way for a series of nuclear tests. The people of the two atolls were told they **could** return within a few years, once the testing was completed.

Fraud: The people of Bikini were told by a U.S. military officer in 1946 that their atoll was needed for a project *"and that if you give up your islands to benefit mankind so the U.S. could test their nuclear weapons"*

Fraud: The Marshallese people would never have consented to the testing if the truth had been known or told to them.

Fraud: The U.S. Government also accepted responsibility and liability for the consequences of all of the tests--sixty-seven (67) in all--conducted from June 30, 1946 to August 18, 1958.

Fraud: The record of U.S. government lies, misrepresentation, and cover-ups to support its nuclear research program is incontrovertible.

Fraud: From the inception of the U.S. nuclear program, government policy has placed military and scientific interests above both the well being of thousands of people.

Violence: Beginning June 30, 1946 to August 18, 1958, 67 Atomic/Hydrogen Bombs were tested on these people and their Islands.

Violence: 1954 - US nuclear testing program detonates Bravo, the most powerful hydrogen bomb ever tested by the U.S., on Bikini atoll. Radiation from the test forces evacuation of Marshallese and U.S. Military personnel on Rongelap, Rongerik, Utirik and Ailinginae.

Violence: The decision to go forward with the Bravo test March 1, 1954, knowing that the winds were blowing in the direction of inhabited atolls, was essentially a decision to irradiate the northern Marshall Islands, and moreover, to irradiate the people who were still living on them.

Violence: The health of the people of the Marshall Islands, Micronesia, and The Mariana's the plants and animals of their islands and surrounding waters was impacted by the bombs more than 10 times as powerful than the atomic and hydrogen bomb blasts of Hiroshima or Nagasaki.

Violence: Consequently, women from these islands have suffered disproportionate numbers of miscarriages and births of severely deformed children and islanders continue to suffer high rates of cancer, tuberculosis, hepatitis and immune deficiency diseases.

Violence: Prior to the BRAVO explosion, radioactive tritium was not measurable in Lake Ontario, 6,000 miles from the Marshall Islands (one of the Great Lakes, contiguous to Toronto Ontario). After the BRAVO event the measurement of tritium in Lake Ontario was very high (about three hundred tritium units). It has remained measurable, but not that high, to this day.

Violence: The U.S. government, which spends \$100 million per missile test at Kwajalein and can't find extra millions annually in its defense budget for Kwajalein or Marshall Islands victims.

(Compacts of Free Association" with the United States is an international treaty that spells out the rights and obligations of the United States and COFA nations).

Violence: The State of Hawaii to the people of the Marshall Islands, Micronesia and other people of the COFA, when it chose to ignore Title VI of the 1964 Civil Rights Act as amended and Executive order 13166.

Title VI was written by our own Member of Congress, Tom Gill and hailed as "Simple Justice" by President John F. Kennedy, clearly states if any agency including the State of Hawaii, receives any money from the Federal government they cannot discriminate against anyone. Executive Order 13166 is about "Limited English Proficiency" (LEP)

In the announcement of this hearing it is stated, "Basic Health Hawaii was announced less than a month before it was to go in effect, without public hearings. Many of the recipients do not speak English, however the notification to terminate their life saving dialysis or chemotherapy treatments failed to provide in their language or in English that such life saving coverage would no longer be provided."

That is a clear violation of the 1964 Civil Rights Act as well as Executive Order 13166. To inflict the **violence** of suffering and certain death without communicating to these people in a manner they can understand is exactly what Dante meant when he wrote, "**Fraud always comes before violence**".

Executive Order 13166

What are Title VI and Executive Order 13166?

The Home Page of the Civil Rights Division of the Department of Justice's website gives the following overview of Title VI:

"Title VI, 42 U.S.C. § 2000d et seq., was enacted as part of the landmark Civil Rights Act of 1964. It prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance."

The intent of Title VI is better explained in the words of President John F. Kennedy in 1963: "Simple justice requires that public funds, to which all taxpayers of all races [colors, and national origins] contribute, not be spent in any fashion which encourages, entrenches, subsidizes or results in racial [color or national origin] discrimination." The Web page on Executive Order 13166 describes the Order as "Improving Access to Services for Persons with Limited English Proficiency" (LEP).

What does it all mean in layman's terms?

In layman's terms it means that nobody can be discriminated because of limited English proficiency and EO 13166 makes provisions for access to individuals to federally assisted and federally conducted programs and activities.

EO 13166 contains two major initiatives. The first is designed to better enforce and implement an existing obligation: Title VI of the Civil Rights Act of 1964 prohibits recipients of federal financial assistance from discriminating based on national origin by, among other things, failing to provide meaningful access to individuals who are limited English proficient (LEP). The Executive Order required federal agencies that provide federal financial assistance to develop guidance to clarify those obligations for recipients of such assistance.

Second, the Executive Order sets forth a new obligation: Because the federal government adheres to the principles of nondiscrimination and inclusion embodied in Title VI, the Executive Order requires all federal agencies to meet the same standards as federal financial assistance recipients in providing meaningful access for LEP individuals to federally conducted programs. Each federal agency must thus develop a plan for providing that access.

A federally conducted program or activity is anything a Federal agency does. Aside from employment, there are two major categories of federally conducted programs or activities covered by the regulation: those involving general public contact as part of ongoing agency operations and those directly administered by the department for program beneficiaries and participants. Activities in the first part include communication with the public (telephone contacts, office walk-ins, or interviews) and the public's use of

the Department's facilities (cafeteria, library). Activities in the second category include programs that provide Federal services or benefits (immigration activities, operation of the Federal prison system).

State and local laws may provide additional obligations to serve LEP individuals, but cannot compel recipients of federal financial assistance to violate Title VI. For instance, given our constitutional structure, State or local "English-only" laws do not relieve an entity that receives federal funding from its responsibilities under federal anti-discrimination laws. Entities in States and localities with "English-only" laws are certainly not required to accept federal funding – but if they do, they have to comply with Title VI, including its prohibition against national origin discrimination by recipients of federal assistance. Failing to make federally assisted programs and activities accessible to individuals who are LEP will, in certain circumstances, violate Title VI

How does it affect people, entities and the translation industry?

This EO was written in 2000 and it gave agencies until December 11, 2000 to develop and implement such plans. Obviously these measures are already in effect today and we have all experienced the effects.

Federal agencies, hospitals, state and local governments, etc. have been translating materials into many languages and providing interpreter services to their clients, and they continue to do so on a regular basis affecting the translation/interpretation industry. This is because a key component of Title VI and EO 13166 requires that written materials routinely provided in English must also be provided in regularly encountered languages other than English. Vital documents must be translated into the non-English language of each regularly encountered LEP group eligible to be served or likely to be affected by the program or activity.

A document will be considered vital if it contains information that is critical for obtaining the federal services and/or benefits, or is required by law. Vital documents include, for example: applications; consent and complaint forms; notices of rights and disciplinary action; notices advising LEP persons of the availability of free language assistance; prison rule books; and written tests that do not assess English language competency, but rather competency for a particular license, job, or skill for which English competency

is not required; and letters or notices that require a response from the beneficiary or client. For instance, if a complaint form were necessary in order to file a claim with an agency, that complaint form would be vital. The obligation is not limited to written translations. Oral communication between recipients and beneficiaries often is a necessary part of the exchange of information.

Yes, The people of Hawaii are impacted by the migration of the Micronesians for their healthcare and educational needs. These people are not here because they want to be. They are here because they have to be to receive the Medical care the U.S. government promised.

In 2003 the Democratic Party of Hawaii, the Legislature of The State of Hawaii, The United Church of Christ, and The Methodist Church, urged the Bush Administration and the Congress to restore full benefits, healthcare, educational assistance and economic development, to the people of the Marshall Islands, Micronesia and others of COFA who have become Nuclear Nomads. That did not happen!

Therefore, We come before you today to ask that the State of Hawaii not deny the necessary medical care and to compel the Federal Government to live up to its obligations to the Nuclear Nomads.

Sincerely,

MarshaRose Joyner

President

Hawaiian National Communications Corporation

Personal testimony to House Informational Briefing Regarding Termination of
State Provided Health Benefits for the citizens of the Compact of Free Association
Nations

submitted by Neal A Palafox MD MPH

: Wednesday Oct 21, 2009

My name is Neal Palafox. My testimony is a personal opinion and does not represent the institutions I work for. I am presently a physician and serve as the Professor and Chair of the Department of Family Medicine and Community Health at the John A. Burns School of Medicine. My experience with COMPACT Nations health issues includes: living working in the Republic of the Marshall Islands as the Medical Director for Preventive Health Services (Ministry of Health 1983 through 1992), directing the dialysis unit of the RMI between 1983-1986, having worked with the Republic of the Marshall Islands, the Federated States of Micronesia, and Republic of Palau with Comprehensive Cancer Prevention and Treatment Strategies 1999 to present under US National Cancer Institute and US Center of Disease Control Grants . I was an appointed member of the Hawaii Uninsured Project Committee which produced a report on the COMPACT Nations Health impact in Hawaii in July 2004 and appointed to the Compact Impact Committee Task Force for the State of Hawaii in 2008. Between 1998 and December 2008 I served as the Principal Investigator for a US Federally Funded

Program to provide clinical care for the Marshall Islands who were affected by the US Nuclear Bravo Hydrogen Bomb detonation.

There are several points which I hope will add to this information gathering hearing.

1. I stand by my previous testimony to this committee, that the State will not likely save money if it cuts benefits and enrollment of COFA peoples:

2. The State should be proactive rather than reactive to the health care issues of the COFA peoples. The COMPACT Impact on health care in Hawaii has been extensively described and studied in two existing Hawaii State Reports. One is the July 2004 Hawaii Un-insured Policy Brief entitled Impacts of the Compacts of Free Association on Hawaii's Health Care System. This report was developed by the Hawaii Institute for Public Affairs. The second report is the COMPACT of Free Association Task Force Report whose committee was established by Hawaii Legislature Senate Resolution Nos 142 SD 1 in 2007, This report was submitted to the 2009 State Legislature. I was asked to serve on both these committees.

These two reports clearly articulate the history and situation with the COMPACT nations as it relates to health care in Hawaii. Both reports note that the impact was initiated and is being sustained by US Federal policies or lack of US Federal support and that more Federal Support is needed. More importantly for this

committee, is that neither report recommended that the State cut services to the COFA nations people and that these peoples currently do not receive adequate health services in Hawaii.

The 2009 Task force report recommends that the State should be proactive and increase all human services to the COFA nations people in a more organized, prevention based and strategic way. The report recommends that the State of Hawaii and US Congress should advocate and support measures to increase the availability and quality of health services in their home nations so that the necessity to come to Hawaii for health services is decreased.

Increasing the health and social services to the COFA nations people in their home nations AND in Hawaii is the way to cut health care costs in Hawaii and to decrease the health care burden to Hawaii. Cutting health care services to the COFA Nation peoples will likely make the health burden worse for the COFA nations people and increase Hawaii's financial situation in the long run.

3, The State should systematically and thoughtfully determine the benefits, impact, and consequences of their intended plan. This analysis would be akin to a business plan or an environmental impact statement. To date there has not been a systematic

analysis. Not doing so reflects a lack of due diligence. . Questions that need to be answered should include:

a. How much will the State actually save if the plan is unrolled as designed?

Of the 90 million annually that is covered by Hawaii for COFA nations people, how much of that amount is health care dollars?. How much are actual State dollars vs hospital dollars?

b. What is the medical burden and financial burden that will be passed to other organizations/ institutions/ hospitals in the State?

c. What is the plan to care for the individuals who will lose health care coverage?

d. What is the timeline for the Federal Government initiatives to come to fruition?.

e. What are the ethical issues that would surround the implementation of the new plan?

f. What are the consequences of putting this plan in place from a social perspective? How swill the public see and use this Government decision. Will such a decision fuel the resentment and alienation of COFA peoples.

g. Ultimately—is this a sound decision based of apriori goals?.

h. What are the alternative solutions?

The Committees that have worked on the COFA issues , and whose members are acutely aware of the present situation would be a practical venue to develop an objective impact statement.

3, There have been Federal Statements that the State needs to put in it planning and thought process. A letter was written to the Republic of the Marshall Islands and Federated States of Micronesia Governments from the US State Department:

*A "press release authorized by the US Department of State for immediate release" was issued by the US Embassy last Thursday stating clearly that medical services for Marshall Islanders living in the United States are not the responsibility of the US government. "Under the Compacts of Free Association between the United States and the Freely Associated States (FAS), citizens of the Marshall Islands, the Federated States of Micronesia, and Palau may generally be admitted to the United States, its territories, and possessions to lawfully engage in occupations and establish residence as non-immigrants without visas," the Embassy said. **"There are no commitments in the Compacts to provide medical care for FAS citizens who take advantage of this Compact benefit."***

The State Department says availability of medical care for nonimmigrant residents in the United States depends on federal and state laws and regulations. "Each of the US states, territories, and possessions has its own system for determining availability of those services," the statement said.

"Recent news coverage of the State of Hawaii's decision to restrict certain advanced health care services to citizens of the FAS has included misstatements about Compact obligations to provide such care," the State Department said.

The US wants the RMI and other governments to explain the situation to their own citizens.

"We urge the FAS governments to inform their citizens that, though their citizens may decide to take advantage of Compact rights to enter the United States, the availability of health services is not guaranteed and will depend on federal, state, and local law."

4.) A proactive Impact Assessment should occur rapidly to guide rational decisions. As the State and Federal budgets are further challenged, we must all be prepared with sound information.