

SR 59 / SCR 89



SCR89/SR59

REQUESTING THE UNITED STATES CONGRESS TO AMEND THE UNITED STATES CODE TO ENSURE THAT THE PROGRAMS AND SERVICES OF THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT RECEIVE PERMANENT FUNDING

Senate Committee on Hawaiian Affairs

Senate Committee on Commerce, Consumer Protection, and Health

March 28, 2016

1:30 p.m.

Room 016

The Office of Hawaiian Affairs (OHA) **SUPPORTS** SCR89/SR59, which highlights the importance of the Native Hawaiian Health Care Improvement Act (NHHCIA), and requests our federal government to permanently fund the programs and services it covers.

OHA's strategic priorities include Maui Ola (Health), which represents our commitment to improving the conditions of Native Hawaiians; accordingly, we seek to reduce the occurrence of chronic diseases within the Native Hawaiian community, and improve family lifestyle choices. In the traditional Hawaiian framework of Maui Ola, the health of individuals is connected to a number of environmental and social factors – what we would today call the “social determinants of health.” Researchers now recognize that social determinants of health, including factors such as education, income, cultural connections, housing, and relationships, may be the strongest predictors of individual and community health outcomes, more so than genetic disposition or access to medical care.

Social determinants of health may greatly inform the health disparities faced by Native Hawaiians. Social determinants of health such as homelessness, poverty, systemic racism, domestic violence, mental health support, and proximity to drug use and abuse, all disproportionately affect the Native Hawaiian community, and coincide with negative health statistics for Native Hawaiians in particular. For example, Native Hawaiian youth ages 10-14 make up 50% of completed suicides and experience higher lifetime prevalence of suicide attempts; Native Hawaiian youth are also more likely to first use cigarettes, alcohol, marijuana, and prescription drugs at fourteen years or younger compared to other ethnic groups.¹

As the Native Hawaiian community continues to face such health disparities, and as the community continues to grow, permanent funding for services to improve Native Hawaiian health outcomes is more crucial now than ever before. In this regard, the NHHCIA² is

¹ Data has shown that by high school, 50.5% of Native Hawaiian youth will have tried marijuana compared to 34.9% of the State of Hawai'i's youth by high school and a similar pattern can be seen with middle school students. Additionally, Native Hawaiian youth have higher rates of drug use for cocaine, ecstasy, inhalants, methamphetamines, and prescription drugs with no prescription. *See* OFFICE OF HAWAIIAN AFFAIRS, NATIVE HAWAIIAN HEALTH FACT SHEET 2015, VOL.2, FAMILY LIFESTYLE CHOICES, *available at* <http://19of32x2y133s8o4xza0gf14.wpengine.netdna-cdn.com/wp-content/uploads/Volume-II-Family-Lifestyle-Choices-FINAL.pdf>,

² See 42 U.S.C. §11701.

particularly important in addressing the health and well-being of Native Hawaiians, because the Native Hawaiian traditional health practices it supports generally involve an integrated continuum of spiritual, mental, and physical care, which addresses social determinants of health consistent with the traditional concept of Maui Ola.

The NHHCIA recognizes that in “fulfillment of its special responsibilities and legal obligations to the indigenous people of Hawaii resulting from the unique and historical relationship between the United States and the Government of the indigenous people of Hawaii,” the Federal government must “raise the health status of Native Hawaiians to the highest possible health level; and to provide existing Native Hawaiian health care programs with all resources necessary to effectuate this policy.”³ Since it was first passed, the NHHCIA has accordingly served hundreds of thousands of Native Hawaiians, by providing more than \$12.5 million in funding for Native Hawaiian Healthcare Systems, and supporting Papa Ola Lokahi’s efforts to perpetuate, preserve, and protect complementary and traditional Hawaiian health practices.

Continued and reliable funding for the NHHCIA is necessary to meet the definite, growing demand for targeted and culturally-appropriate health services within the Native Hawaiian community. For example, Native Hawaiians saw a 31.4% increase in population from the 2000 census to the 2010 census. In 2013, a total of 560,488 Native Hawaiian lived in the United States, with this number projected to double by 2050. Not surprisingly, this population increase has led to a significant increase in demand for services provided by Native Hawaiian Health Care Systems, whose patient list has grown from 6,500 to 12,000 patients between 2008 and 2014, and will likely continue to grow in the coming years.

This resolution seeks to ensure that the holistic and critically-needed services of Native Hawaiian Health Care Systems and Papa Ola Lokahi remain available to the Native Hawaiian community, by urging Congress to permanently fund the NHHCIA. The passage of this resolution will also highlight the ongoing need to improve Native Hawaiian health outcomes, provide necessary and culturally-grounded services, and fulfill the legal and moral obligations of the Federal government to the Native Hawaiian community.

To provide further compelling evidence of the need for permanent NHHCIA funding, OHA offers the additional language for your Committees’ consideration, as included in the attached proposed SCR89 SD1 draft. All suggestions are underlined and can be found on page 4 line 38; page 5 line 44 thru page 6 line 1; and page 6 lines 8-14 of the attached draft.

Accordingly, OHA urges the Committees to **PASS** SCR89/SR59. Mahalo nui for the opportunity to testify on this measure.

³ See 42 U.S.C. §11702.

SENATE CONCURRENT RESOLUTION

REQUESTING THE UNITED STATE CONGRESS TO AMEND THE UNITED STATES
CODE TO ENSURE THE PROGRAMS AND SERVICES OF THE NATIVE
HAWAIIAN HEALTH CARE IMPROVEMENT ACT RECEIVE PERMANENT
FUNDING.

1 WHEREAS, the Native Hawaiian Health Care Act of 1988, later
2 renamed the Native Hawaiian Health Care Improvement act, is a
3 permanent federal law codified in 42 United States Code Chapter
4 122; and
5

6 WHEREAS, in the Native Hawaiian Health Care Improvement Act
7 itself, the United States Congress states, among other findings
8 that:
9

10 (1) Native Hawaiians comprise a distinct and
11 unique indigenous people with a historical
12 continuity to the original inhabitants of
13 the Hawaiian archipelago whose society was
14 organized as a Nation prior to the arrival
15 of the first nonindigenous people in 1778.
16

17 (2) The Native Hawaiian people are determined to
18 preserve, develop and transmit to future
19 generations their ancestral territory, and
20 their cultural identity in accordance with
21 their own spiritual and traditional beliefs,
22 customs, practices, language, and social
23 institutions.
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27 (4) At the time of the arrival of the first
28 nonindigenous people in Hawaii in 1778, the
29 Native Hawaiian people lived in a highly

1 organized, self-sufficient, subsistence
2 social system based on communal land tenure
3 with a sophisticated language, culture, and
4 religion.

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8 (6) Throughout the 19th century and until 1893,
9 the United States: (A) recognized the
10 independence of the Hawaiian Nation; (B)
11 extended full and complete diplomatic
12 recognition to the Hawaiian Government; and
13 (C) entered into treaties and conventions
14 with the Hawaiian monarchs to govern
15 commerce and navigation in 1826, 1842, 1849,
16 1875 and 1887.

17
18 (7) In the year 1893, the United States Minister
19 assigned to the sovereign and independent
20 Kingdom of Hawaii, John L. Stevens,
21 conspired with a small group of non-Hawaiian
22 residents of the Kingdom, including citizens
23 of the United States, to overthrow the
24 indigenous and lawful Government of Hawaii.

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28 (9) In a message to Congress on December 18,
29 1893, then President Grover Cleveland
30 reported fully and accurately on these
31 illegal actions, and acknowledged that by
32 these acts, described by the President as
33 acts of war, the government of a peaceful
34 and friendly people was overthrown, and the
35 President concluded that a "substantial
36 wrong has thus been done which a due regard
37 for our national character as well as the
38 rights of the injured people required that
39 we should endeavor to repair".

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1 (11) In 1898, the United States annexed Hawaii
2 through the Newlands Resolution without the
3 consent of or compensation to the indigenous
4 people of Hawaii or their sovereign
5 government who were thereby denied the
6 mechanism for expression of their inherent
7 sovereignty through self-government and
8 self-determination, their lands and ocean
9 resources.

10
11 (12) Through the Newlands Resolution and the 1900
12 Organic Act, the United States Congress . . .
13 [established] a special trust relationship
14 between the United States and the
15 inhabitants of Hawaii.

16
17 (13) In 1921, Congress enacted the Hawaiian Homes
18 Commission Act, 1920, which designated two
19 hundred thousand acres of the ceded public
20 lands for exclusive homesteading by Native
21 Hawaiians, thereby affirming the trust
22 relationship between the United States and
23 the Native Hawaiians, as expressed by then
24 Secretary of the Interior Franklin K. Lane
25 who was cited in the Committee Report of the
26 United States House of Representatives
27 Committee on Territories as stating, "One t
28 hing that impressed me . . . was the fact
29 that the natives of the islands who are our
30 wards, I should say, and for whom in a sense
31 we are trustees, are falling off rapidly in
32 numbers and many of them are in poverty".

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36 (15) Under the Act entitled "An Act to provide
37 for the admission of the State of Hawaii
38 into the Union", approved March 18, 1959 (73
39 Stat. 4), the United States transferred
40 responsibility for the administration of the
41 Hawaiian Home Lands to the State of Hawaii
42 but reaffirmed the trust relationship which
43 existed between the United States and the
44 Hawaiian people by retaining the exclusive

1 power to enforce the trust, including the
2 power to approve land exchanges, and
3 legislative amendments affecting the rights
4 of beneficiaries under such Act.

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8 (18) In furtherance of the trust responsibility
9 for the betterment of the conditions of
10 Native Hawaiians, the United States has
11 established a program for the provision of
12 comprehensive health promotion and disease
13 prevention services to maintain and improve
14 the health status of the Hawaiian people.

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18 (22) Despite such services, the unmet health
19 needs of the Native Hawaiian people are
20 severe and the health status of Native
21 Hawaiians continues to be far below that of
22 the general population of the United States.

23
24 42 United States Code section 11701; and

25
26 WHEREAS, the Native Hawaiian Health Care Improvement Act
27 also states:

28
29 The Congress hereby declares that it is the
30 policy of the United States in fulfillment
31 of its special responsibilities and legal
32 obligations to the indigenous people of
33 Hawaii resulting from the unique and
34 historical relationship between the United
35 States and the Government of the indigenous
36 people of Hawaii-

37
38 (1) to raise the health status and well-being of
39 Native Hawaiians to the highest possible
40 health level; and

41
42 (2) to provide existing Native Hawaiian
43 health care programs with all resources
44 necessary to effectuate this policy.
45

1 42 United States Code Section 11702; and

2

3 WHEREAS, the codified language of the Native Hawaiian
4 Health Care Improvement Act commits to provide funding for the
5 programs and services of the Act only for specified fiscal
6 years; and

7

8 WHEREAS, the Native Hawaiian Health Care Act of 1988 (P.L.
9 100-579) created codified language in 42 United States Code
10 chapter 122 that authorized appropriations for the programs and
11 services of the Act for fiscal years 1990 through 1992, but was
12 silent regarding funding for future fiscal years; and

13

14 WHEREAS, section 9168 of P.L. 102-396, enacted in 1992,
15 gave the Native Hawaiian Health Care Improvement Act its current
16 name and made several amendments to the Act, including codified
17 language that "authorized to be appropriated such sums as may be
18 necessary for fiscal years 1993 through 2001" for the programs
19 and services of the Act, but was silent regarding funding for
20 future fiscal years; and

21

22 WHEREAS, before 2010, 42 United States Code chapter 122 was
23 not amended to assure Native Hawaiians that funding for the
24 programs and services of the Native Hawaiian Health Care
25 Improvement Act would continue beyond fiscal year 2001; and

26

27 WHEREAS, while annual congressional budget acts for fiscal
28 years 2002 to 2009 continued to authorize appropriations for the
29 programs and services of the Native Hawaiian Health Care
30 Improvement Act, stakeholders faced continued uncertainty
31 regarding long-term funding during those years; and

32

33 WHEREAS, in 2010, section 10221(a) of the Patient
34 Protection and Affordable Care Act (P.L. 111-148) amended 42
35 United States Code chapter 122 to state that "[t]here are
36 authorized to be appropriated such sums as may be necessary for
37 fiscal years 1993 through 2019" for the programs and services of
38 the Act, but was silent regarding funding for future fiscal
39 years; and

40

41 WHEREAS, according to the United States Census Bureau's
42 report, "The Native Hawaiian and Other Pacific Islander
43 Population: 2010", the nation's Native Hawaiian population
44 increased by 31.4 per cent between 2000 and 2010, and is

1 expected to double by 2050, and approximately fifty-five per
2 cent of that population lives in Hawaii; and
3

4 WHEREAS, in 2013, the Department of Native Hawaiian Health
5 of the John A. Burns School of Medicine at the University of
6 Hawaii at Manoa published a report entitled "Assessment and
7 Priorities for Health and Well-Being in Native Hawaiians and
8 other Pacific Peoples", which found that Hawaii's Native
9 Hawaiian population had a lower life expectancy of 74.3 years
10 compared to 80.5 years of the state total population, and had a
11 68 per cent higher rate of death from heart disease, 34 per cent
12 higher rate of death from cancer, 20 per cent higher rate of
13 death from stroke, 130 per cent higher rate of death from
14 diabetes, and 16 per cent higher rate of death for injuries
15 compared to the State's overall population; and
16

17 WHEREAS, social determinants of health and other factors
18 contribute to the continued health disparities that affect the
19 Native Hawaiian population; and
20

21 WHEREAS, while the United States of America and the State
22 of Hawaii have made strides toward improving the health of
23 Native Hawaiians, long-term federal funding for necessary health
24 programs and services remains at risk; and
25

26 WHEREAS, the Indian Health Care Improvement Act, as
27 codified in 42 United States Code chapter 18, is intended to
28 provide descendants of the indigenous people of the continental
29 United States assistance with health services; and
30

31 WHEREAS, section 10221(a) of the Patient Protection and
32 Affordable Care Act amended the codified language of the Indian
33 Health Care Improvement Act to state in part that "[t]here are
34 authorized to be appropriated such sums as are necessary to
35 carry out this chapter for fiscal year 2010 and each fiscal year
36 thereafter, to remain available until expended"; and
37

38 WHEREAS, Native Hawaiians should have the same assurance
39 that other indigenous people in the United States have regarding
40 federal funding for health programs and services; now,
41 therefore,
42

43 BE IT RESOLVED by the Senate of the Twenty-eighth
44 Legislature of the State of Hawaii, Regular Session of 2016,

S.C.R. NO. 89

Proposed S.D.1

1 that the United States Congress is requested to amend the United
2 States Code to ensure that the programs and services of the
3 Native Hawaiian Health Care Improvement Act receive permanent
4 funding; and
5

6 BE IT FURTHER RESOLVED that certified copies of this
7 Resolution be transmitted to the Majority Leader of the United
8 States Senate; the Speaker of the United States House of
9 Representatives; Hawaii's congressional delegation; the United
10 States Secretary of Health and Human Services; the Governor of
11 the State of Hawaii; the Chairperson of the Board of Trustees of
12 the Office of Hawaiian Affairs; the Mayor of each county in the
13 State of Hawaii; the President of the Board of Directors of Papa
14 Ola Lokahi; and the Chair of the Board of each Native Hawaiian
15 health care system, as defined by the Native Hawaiian Health
16 Care Improvement Act.

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18
19

OFFERED BY: _____



Ke Ola Mamo
Native Hawaiian Health Care System, O'ahu

To: The Committee On Hawaiian Affairs
Senator Maile S.L. Shimabukuro, Chair
Senator J. Kalani English, Vice Chair

The Committee On Commerce, Consumer Protection, And Health
Senator Roslyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

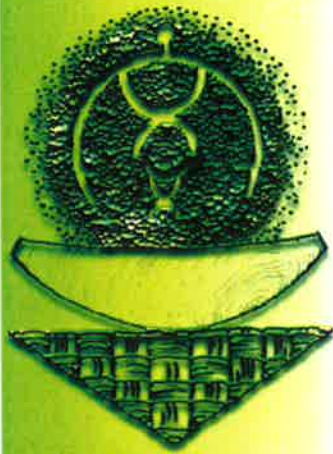
Support for SR 59/ SRC 89 Requesting the United States Congress
To Amend The United States Code To Ensure That The Programs And Services Of Native
Hawaiian Health Care Improvement Act Receive Permanent Funding

Submitted by Joelene K. Lono, Executive Director
March 28, 2016. 1:30 p.m. Agenda

Ke Ola Mamo, Native Hawaiian Health Care System, O'ahu strongly supports this measure requesting the United States Congress to amend the United States Code to ensure that the programs and services of the Native Hawaiian Health Care Improvement Act receive permanent funding

This measure will allow the Native Hawaiian Health Care Systems to continue to provide Native Hawaiian communities health promotion and disease prevention services to maintain and improve the health status of Native Hawaiians.

1505 Dillingham Blvd. Room 205
Honolulu, HI 96817
(808) 848-8000



Uplifting the Nation

Hui Mālama Ola Nā 'Ōiwi
Native Hawaiian Health Care System

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ADMINISTRATION

69 Railroad Avenue, Suite A-3
Hilo, HI 96720
(808) 969-9220
(808) 961-4794 fax
www.huimalamaolanaiwi.org

HILO OFFICE

(808) 969-9220
(808) 961-4794 fax

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(808) 929-9700
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Testimony in Support of SR 59 / SCR89

To: Committee on Hawaiian Affairs
Committee on Commerce, Consumer Protection, and Health

Re: Strong Support for SR 59/SCR89, Relating to
Permanent Authorization of the Native Hawaiian Health Care
Improvement Act

Aloha e Committee on Hawaiian Affairs, and Committee on Commerce, Consumer
Protection, and Health,

On behalf of Hui Mālama Ola Nā 'Ōiwi, the Native Hawaiian Health Care
System for Hawai'i Island Board of Directors, staff, and clients, we thank you
for the opportunity to submit testimony in support of SR 59 / SCR89. We
strongly support the permanent authorization of the Native Hawaiian Health
Care Improvement Act ("the Act".)

The Act has been providing Hui Mālama with federal funding that has helped us
deliver health and wellness services to Hawai'i Island for past 25 years. The
federal dollars help us to leverage additional non-federal funding and donations
averaging over \$440,000 annually. Since the early 1990s Hui Mālama, along
with our sister Native Hawaiian Health Care Systems ("Systems") on Kaua'i,
O'ahu, Moloka'i, and Maui, have provided health services to the Hawaiian
community on our respective islands. Collectively we work at reducing the
numerous and significant barriers to health and health care services that **all**
people of our state face, and assist with navigating the complexities of
accessing our nation's health care services. Additionally, although the Systems
target Hawaiians, all of us offer services to people of all ethnicities.

On Hawai'i Island, Hui Mālama has worked to improve our resident's health and
wellness via valuable health services to include impactful and comprehensive
health education in numerous chronic diseases (diabetes, hypertension, obesity,
cardiovascular disease), case management, cancer navigation and support,
medically-related non-emergent transportation, and Traditional Hawaiian healing.
We have over **6,000** clients registered for our services, and "touch" well over
30,000 people island-wide with health information via our wide media reach. We
provide health tips, services available, and information via on-going radio spots
("Aunty's Health Minute"), weekly "talk-story" sessions and monthly community
workshops. Additionally we distribute **1,400** monthly newsletters hard-copy and
electronically. We service our island through our five office locations in Hilo,
Captain Cook, Pāhoa, Waimea, and Na'alehu.

Again, Hui Mālama Ola Nā 'Ōiwi Board of Directors, staff, and clients urge you
to support the permanent authorization of the Native Hawaiian Health Care
Improvement Act. Mahalo nui loa for your efforts to improve the health of
our state's people.

Respectfully submitted,

Michelle Malia Hiraishi
Executive Director
Hui Mālama Ola Nā 'Ōiwi

SR 59/SCR89 Requesting the United States Congress to amend the United States Code to ensure that the programs and services of the Native Hawaiian Health Care Improvement Act receive permanent funding.

My name is Sharlene Chun-Lum, Executive Director for Papa Ola Lokahi. On behalf of the Board of Directors of Papa Ola Lokahi, mahalo nui loa for your support of the programs and services provided by the Native Hawaiian Health Care Improvement Act (NHHCIA). The need for this funding was apparent to Congress in 1988, to address the dire health needs of our people caused by 200 years of foreign colonization. Twenty five years later (a fraction of the time it took to decimate our people) progress has been made towards the Act's mandate "... to raise the health of Native Hawaiians to the highest level possible.." However, permanent support is needed.

Over the years, funds from this Act have supported five Native Hawaiian Health Care Systems located on Kaua`i, O`ahu, Moloka`i and Lana`i, Maui and Hawai`i who provide outreach and support to their communities to get medical services, monitor their progress and increase their knowledge about caring for themselves and their `ohana. The Native Hawaiian Health Scholars Programs has produced more than 245 individuals who are now doctors, nurses, social workers, and others medical allied professional serving not only Native Hawaiians but all communities throughout the state. It supports Papa Ola Lokahi, whose staff provide services in Research, Data, Traditional Healing, and Advocacy. There are more Native Hawaiian researchers addressing not only the causes but solutions needed for a better future for our people, who now make up nearly 24% of our state population.

These are just a few of the benefits to Hawai`i from the funding of the NHHCIA. Please continue to urge the US Congress to permanently fund the NHHCIA.

Testimony regarding

SR 59/SCR89 Requesting the United States Congress to amend the United States Code to ensure that the programs and services of the Native Hawaiian Health Care Improvement Act receive permanent funding

My name is William Akutagawa, and I am the Executive Director of Na Pu'uwai, a Native Hawaiian Health Care System, whose primary goal is to improve the health status of Native Hawaiians on Molokai (including Kalaupapa) and Lanai island.

It has been twenty-four years since we began operations in 1991, and we continue to provide health promotion and disease prevention services to our clients. Our research indicates we have been successful in some areas, but more needs to be done. We have a long term commitment to improve the health status of our target populations through our many programs that serve to provide appropriate access to health care services.

Although there is wide support from our Native Hawaiian Health Scholarship Program that covers the need for trained medical professionals to service our population, we have also developed a partnership with I Oia Lahui (a professional psychology training network) to establish our successful behavioral health program. The behavioral health staff works at maximum capacity to service that segment of the population in need of behavioral health services.

Every year, our funding levels remain static and the need for increase cannot keep up with the rising cost of goods and services as well as assuring our staff who are concerned whether their jobs will be there the next funding cycle.

Our Native Hawaiian population continues to struggle to maintain their health, while caring for their children and kupuna as part of their daily life cycle. Our staff feel their burden and Na Pu'uwai hopes to reverse the problem of chronic disease that affects their very livelihood. Establishing continuity in our programs will ensure the long term benefit for our target populations and that translates to our commitment to serve our communities.

We have recently celebrated the birthday of our beloved Prince Jonah Kuhio Kalaniana'ole, who really started our voyage to good health for our native people through the Federal Hawaiian Homes Commission Act. We humbly ask that you help us continue that journey and work for the betterment of the health conditions of our native people by advocating on our behalf.

Permanency of the Native Hawaiian Health Care Act will ensure that we have a stable future and a foundation to continue our work for the next generation of healthy Native Hawaiians taking their rightful place as the indigenous population of Hawaii and beyond.

Mahalo for your consideration of this request.



HO`OLA LĀHUI HAWAI`I
P.O. Box 3990; Līhu`e, Hawai`i
Phone: 808.240.0100 Fax: 808.246.9551

March 21, 2016

COMMITTEE ON HAWAIIAN AFFAIRS

Senator Maile S.L. Shimabukuro, Chair

Senator J. Kalani English, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Michelle N. Kidani, Vice Chair

Testimony in Support of SR 59 / SCR 89

Relating to Oral Health

Monday March 28, 2016 1:30pm-Room 016

Ho`ola Lahui Hawaii the only Federally Qualified Health Center and Native Hawaiian Health Care System on Kauai is strongly **SUPPORTING** this resolution to make permanent the Native Hawaiian Health Care Improvement Act on the federal level.

Ho`ola Lahui Hawaii currently serves over 7,500 individuals annually. It provides needed care to those in the Native Hawaiian community and their families. Currently, Ho`ola Lahui Hawaii receives over \$2.3 million from this vital resource.

If this funding was not available, HLH would drastically have to cut its current services and a large number of individuals would have to seek care elsewhere. On Kauai there are not enough providers to absorb the potential loss, nor would the many supportive services we provide be available.

We urge you to support this resolution.

David Peters
Chief Executive Officer

TESTIMONY IN SUPPORT OF SCR89
Submitted March 27, 2016

Aloha esteemed members of the Senate, Hawai`i State Legislature,

I am writing in support of SCR89. I am a 2001 recipient of the Native Hawaiian Health Scholarship, a program which enabled me to complete a Master of Social Work degree. I have served Native Hawaiian families for 14 years primarily in the area of family strengthening. The scholarship and stipend allowed me to complete my degree while helping to support my family. It is my hope that you will urge the United States Congress to ensure that the Native Hawaiian Health Care Improvement Act receive permanent funding.

Sincerely yours,

/S/ Robin Makapagal, MSW, LSW

From: mailinglist@capitol.hawaii.gov
To: [HWNTestimony](#)
Cc: wailua@aya.yale.edu
Subject: *Submitted testimony for SR59 on Mar 28, 2016 13:30PM*
Date: Saturday, March 19, 2016 9:05:34 PM

SR59

Submitted on: 3/19/2016

Testimony for HWN/CPH on Mar 28, 2016 13:30PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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