UNIVERSITY OF HAWAIʻI SYSTEM
Legislative Testimony

Testimony Presented Before the
House Committee on Ocean, Marine Resources, & Hawaiian Affairs
Friday, April 13, 2018 at 10:00 a.m.
By
Jerris Hedges, MD
Professor & Dean
John A. Burns School of Medicine
And
Michael Bruno, PhD,
Interim Vice Chancellor for Academic Affairs
Vice Chancellor for Research
University of Hawaiʻi at Mānoa

SCR 73 SD1 – REQUESTING THE UNITED STATES CONGRESS TO AMEND THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT TO ENSURE THAT THE ACT RECEIVES PERMANENT AUTHORITY

Chair Ing, Vice Chair DeCoite, and members of the committee:

Thank you for the opportunity to submit testimony in support for Senate Concurrent Resolution 73 SD1. SCR 73 requests that the United States Congress amend the Native Hawaiian Health Care Improvement Act to ensure that the Act's authority is permanent with all the necessary funding to fulfill the purposes of the Act. Enacted in 1988, the Native Hawaiian Health Care Improvement Act was created for the purposes of establishing a program for the provision of comprehensive health promotion and disease prevention services to maintain and improve the health status of the Hawaiian people, raising the health status of Native Hawaiians to the highest possible level, and to provide existing Native Hawaiian health care programs with all resources necessary to effectuate the Act. Funding for the Act was established until fiscal year 2019, but it is uncertain as to whether long-term funding will be approved beyond fiscal year 2019.

The Department of Native Hawaiian Health at the John A. Burns School of Medicine (JABSOM) found that Hawaii's Native Hawaiian population had a lower life expectancy than other ethnic groups in the state, and had higher rates of death from heart disease, cancer, stroke, diabetes and injuries compared to our overall population. Half of the Native Hawaiians and Pacific Islanders report meeting criteria for obesity. In light of these significant disparities in the health and wellbeing of Hawaii's Native Hawaiian population, permanent funding of the Native Hawaiian Health Care Improvement Act is critical. The Native Hawaiian Health Care Improvement Act should receive the same federal benefit as the Indian Health Care Improvement Act which is guaranteed permanent funding.

Thank you for the opportunity to provide testimony on these measures.

Center for Hawaiian Sovereignty Studies
46-255 Kahuhipa St. Suite 1205
Kane'ohe, HI 96744
(808) 247-7942
Kenneth R. Conklin, Ph.D. Executive Director
e-mail Ken_Conklin@yahoo.com
Unity, Equality, Aloha for all


To: HOUSE COMMITTEE ON OCEAN, MARINE RESOURCES, & HAWAIIAN AFFAIRS

For hearing Friday April 13, 2018

Re: SCR73, SD1 REQUESTING THE UNITED STATES CONGRESS TO AMEND THE NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT TO ENSURE THAT THE ACT RECEIVES PERMANENT FUNDING.

TESTIMONY IN OPPOSITION

Friday the 13th is your lucky day: a chance to set aside statistics malpractice which has falsely portrayed ethnic Hawaiians as the worst victims of disease and social dysfunction.

The Native Hawaiian victimhood assertions in the whereas clauses of this resolution are based on "studies" which knowingly and intentionally commit statistical malpractice in gathering and analyzing data for the

purpose of enriching the tycoons of the Hawaiian grievance industry and enhancing their political power.

For decades politicians, academics, and the people of Hawaii have been bombarded with claims that Native Hawaiians have the worst victimhood statistics for virtually every terrible disease or social dysfunction: heart disease, breast cancer, diabetes, drug abuse, poverty, incarceration -- the list of woes is endless. Such claims are presented along with statistics which appear to prove them. The claims, sometimes accompanied by statistical "studies", are published in newspapers or academic journals to influence public opinion to feel sympathy for those poor, downtrodden Native Hawaiians and to build political support for racial entitlement programs. The "studies" are also cited when powerful institutions with well-established bureaucracies apply for government or philanthropic grants to conduct race-based screening programs and further studies, which are then used to apply for additional grants, etc.; thereby perpetuating the institutions and the salaries of their bureaucrats.

Victims are assigned to the category of "Native Hawaiian" without regard to the other ethnicities that make up a majority of their ancestry. This greatly inflates the alleged victimhood of Native Hawaiians while at the same time depriving those other ethnicities of the victimhood recognition to which the facts entitle them. Anyone with even a single drop of Hawaiian native blood is classified as "Native Hawaiian" and solely as Native Hawaiian (see the "smoking gun" confession of statistical malpractice copied from a scholarly article cited below). The opposite sort of one-drop rule is used when counting Caucasians. A person whose ancestry is 7/8 Caucasian might be classified as Filipino merely because the father has 1/8 Filipino ancestry. These two applications of the one-drop rule grossly increase the apparent level of Native Hawaiian victimhood while also reducing the apparent level of Caucasian victimhood. An accurate assessment of ethnic victimhood would require researchers to have the courage to ask the politically incorrect but scientifically essential question: What

are you? What racial groups are present in your ancestry, and what is the percentage of each one?

If victimhood is to be ascribed as being genetically caused by or correlated with race, then each racial group should be awarded a fractional victimhood tally mark for each victim, equal to the fraction of that race in the ancestry of each victim. If victimhood is to be ascribed as being caused by ethnic lifestyle or culture or religion, then a researcher should create for each lifestyle or culture or religion a list of activities or attitudes that characterize each culture or religion, and award fractional points to each of them according to the activities or attitudes of each victim. Whether genetics or lifestyle is being studied as a cause or correlation of victimhood, a graph should be drawn for each kind of victimhood with regard to each ethnic group, comparing percentage of ethnicity against percentage of victimhood. If women with a low percentage of being Native Hawaiian by race or lifestyle have a low percentage of breast cancer while women with a high percentage of being Native Hawaiian by race or lifestyle also have a high percentage of breast cancer, then it would be reasonable to conclude that being Native Hawaiian is correlated with and probably a cause of getting breast cancer. Researchers could then try to discover what specific elements of genome or lifestyle cause the trouble. It would certainly be scientifically interesting to discover clear causes for the bad outcomes. But then would arise the question what should be done with such knowledge. It would be politically incorrect and socially dangerous to recommend genetic modification for Native Hawaiians, or changes in culture or lifestyle, as ways to prevent victimhood.

Comparing Native Hawaiians against other ethnicities as entire groups without regard to age levels, makes Native Hawaiians appear to have lower incomes and higher rates of incarceration and drug abuse. That's because Native Hawaiians as a group are 16 years younger than the rest of Hawaii's people! In Census

2010 the median age of "Native Hawaiians" in Hawaii was 26, while the median age of the remainder of the population was 42. People at age

26 have far lower incomes, and higher rates of drug abuse and crime than people at age 42 -- it's not race that is the cause of social dysfunction, but rather it's the rebelliousness and hormone-driven emotional excesses of youth. Violent crimes such as shooting, stabbing, or robbery through home invasion deserve more severe prison sentences and are far more likely to be committed by young people. Non-violent crimes like fraud or embezzlement deserve lesser prison sentences and are more likely to be committed by older people. The fact that Native Hawaiians as a race are found guilty of more crimes and serve longer prison sentences than other races does not mean Native Hawaiians are worse criminals or are being discriminated against -- it merely results from the fact that Native Hawaiians on average are 16 years younger than other groups, so it is statistical malpractice to lump an entire racial group together without regard to age when making comparisons between racial groups. The right way to compare income, crime, or incarceration disparities between ethnic groups would be to compare 15-19 year olds of one ethnicity against 15-19 years olds of other ethnicities, then compare 20-24 year-olds, etc.; and also to award fractional tally marks to different ethnic groups in proportion to the fractions of ethnicity in the ancestry or lifestyle of each person whose data are analyzed.

When people see a news report saying that Native Hawaiians have double the rate of some terrible disease as any other group, or 30% lower income, they take the report at face value because they lack the mathematical sophistication to raise questions about how the data were collected and analyzed. But the reports compiled by the Native Hawaiian grievance industry are created by experts with strong backgrounds in statistical analysis. They SHOULD know better. Some of them certainly DO know better -- they have been told about their statistical malpractice but

continue engaging in it. Knowing the truth but proclaiming a falsehood is not merely an unfortunate error -- it is a deliberate LIE. In the Native Hawaiian grievance industry many experts have been knowingly perpetuating lies for many years to get public sympathy, political power, and hundreds of millions of dollars in government and

philanthropic grants. It's a SCAM whose costs are measured not only in wasted megabucks but also in heightened racial tension as the racial group who believe they have proof of victimhood demand monetary and political reparations from groups they perceive as their oppressors.

Sadly we remember the legacy of racial entitlements in the U.S. South. There might be two drinking fountains side by side. One had a sign saying "Whites Only." The other had no sign and was available to people of all races (including whites who, of course, never drank there). "Separate but equal" was the law of the land, although in actual practice the segregated facilities available to blacks were grossly unequal.

Jim Crow laws and socially established customs mandating racial segregation have taken their rightful place in the dungheap of history -- except in Hawaii where they flourish and worsen as each year goes by. Hawaii's racial entitlement programs have established racial separatism and attitudes of racial supremacy as social norms; and are fueling demands for federal recognition of "Native Hawaiians" as a sovereign Indian tribe. The main justifications offered for racial entitlement programs are claims of racial disparities, which are based on bogus statistical analysis due to deliberate refusal to allocate victimhood to ethnic groups in proportion to the percentage of each ethnicity in the heritage of each victim, and the refusal to compare ethnic group victimhood data within the same age cohorts.

Suppose help were given to people in a race-neutral way based on need alone. Then "Native Hawaiians" would automatically get the lion's share of the help, if "Native Hawaiians" truly have the worst statistics among all ethnic groups. A 450-page monster book proclaiming and celebrating Native Hawaiian victimhood "studies" over the years was produced by Kamehameha Schools "Policy Analysis and Systems Evaluation" division in 2006 just at the right time to influence debate in the U.S. Senate over the Akaka bill to create a Hawaiian tribe. But a different way to think about that book is to see it as a 450-page

proof that "Native Hawaiians" will get more help than other ethnic groups if help is given based on need alone. It is selfish, immoral, and racially divisive for "Native Hawaiians" to demand more government and philanthropic assistance than would be warranted by their actual needs.

The legislature has a fiduciary duty to provide help to needy people without regard to race. "Native Hawaiians" are highly favored by government and philanthropic programs that are racially exclusionary solely for their benefit, while people of other ethnicities who desperately need help cannot get it because the limited resources are diverted to Hawaii's favorite race.

This has been a summary of a very detailed webpage which provides proof of statistical malpractice in how people are allocated to racial categories in various "studies", and detailed analyses of the "findings" in several iterations of the Native Hawaiian Healthcare Act over a number of years of its reauthorization.

See "Native Hawaiian victimhood -- malpractice in the gathering and statistical analysis of data allegedly showing disproportionate Native Hawaiian victimhood for disease and social dysfunction. How and why the Hawaiian grievance industry uses bogus statistics to scam government and philanthropic organizations, politicians, and public opinion." at http://tinyurl.com/j3aolqg

SCR-73-SD-1
Submitted on: 4/11/2018 8:28:03 PM
Testimony for OMH on 4/13/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Benton Kealii Pang, Ph.D.	Hawaiian Civic Club of Honolulu	Support	No

Comments:

SCR-73-SD-1
Submitted on: 4/12/2018 3:54:34 AM
Testimony for OMH on 4/13/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Oahu County Committee on Legislative Priorities of the Democratic Party of Hawai'i	Support	No

Comments:

To the Honorable Kaniela Ing, Chair; the Honorable Lynn DeCoite, Vice-Chair and Members of the Committee on Ocean, Marine Resources & Hawaiian Affairs:

Good morning. My name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") on Legislative Priorities of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on **SCR73 SD1** relating to Native Hawaiian Health Care Improvement Act.

The OCC on Legislative Priorities is in favor of **SCR73 SD1** and supports its adoption.

SCR73 SD1 is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it requests the United States Congress to make permanent the authority of the Native Hawaiian Health Care Improvement Act, with all the funding resources necessary to effect this policy.

First, the Platform of the DPH provides that: "Access to health care is a basic human need. Our citizens and visitors have an inherent right to high quality, high standard health care. The state legislature and the federal government should take all appropriate steps to create and support a health care system of public, for-profit, and nonprofit hospitals and other medical facilities that follow best practices to enhance and protect and preserve life.

We support the development of long-term care financing solutions, better pay and working conditions for all health care providers, parity of mental and physical health coverage, and appropriate regulation of health care delivery systems. We also support the development of empirically validated prevention programs targeted at major public health issues." (Platform of DPH, P.7, Line 361-368 (2016)).

Second, the Department of Health published a report in 2011, entitled "Chronic Disease Disparities Report 2011: Social Determinants", which found that chronic

diseases-such as heart disease, cancer, stroke, diabetes, and chronic lower respiratory diseases-are the most prevalent, most disabling, and most costly of all diseases.

The Department of Native Hawaiian Health of the John A. Burns School of Medicine at the University of Hawaii at Manoa published a report in 2013, entitled "Assessment and Priorities for Health and Well-Being in Native Hawaiians and other Pacific Peoples", which found that Hawaii's Native Hawaiian population had a lower life expectancy than other populations and had higher rates of death from heart disease, cancer, stroke, diabetes, and injuries compared to the State's overall population; and half of Native Hawaiian and Pacific Islanders report being obese.

Third, Section 16800 of the Indian Health Care Improvement Act (title 25 United States Code chapter 18) provides for permanent funding of the Act beginning in fiscal year 2010 and each fiscal year thereafter, to remain available until expended. As such, Native Hawaiians should have the same assurance given to other indigenous people in the United States regarding federal funding for health programs and services.

Given that **SCR73 SD1** requests the United States Congress to make permanent the authority of the Native Hawaiian Health Care Improvement Act, with all the funding resources necessary to effect this policy, it is the position of the OCC on Legislative Priorities to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja
Melodie Aduja, Chair, OCC on Legislative Priorities
Email: legislativepriorities@gmail.com, Text/Tel.: (808) 258-8889

LATE

SCR-73-SD-1
Submitted on: 4/13/2018 5:58:07 AM
Testimony for OMH on 4/13/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
De MONT R. D. CONNER	Ho'omanapono Political Action Committee (HPAC)	Support	Yes

Comments: