

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: SCR74 SD1 REQUESTING PAPA OLA LOKAHI TO ASSESS THE IMPACT ON SOCIAL, FINANCIAL, AND CULTURAL INTEGRITY OF PROVIDING HEALTH COVERAGE FOR CERTAIN NATIVE HAWAIIAN CULTURE-BASED ACTIVITIES.

TESTIMONY IN OPPOSITION

I CALL UPON THE SENATORS ON THE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH TO PAY SPECIAL ATTENTION TO POINT #3 IN THE TESTIMONY BELOW, BECAUSE THE ISSUES RAISED THERE COME UP REPEATEDLY IN MANY BILLS AND RESOLUTIONS. Today is Friday the 13th — your lucky day to have an opportunity to put an end to longstanding statistics malpractice.

1. There are many physical activities which could contribute to physical health; but we do not force health insurers to pay the fees for people to join organizations or clubs which sponsor such activities. If we force insurers to cover such things then the insurers will need to increase the premiums we must pay for their insurance policies. If we force insurers to pay membership fees for people to join canoe clubs or hula halaus, then by the same logic we should force insurers to pay the cost for people to join health spas, gyms, boxing clubs, and to participate in the Honolulu Marathon. Insurance premiums will rise to pay for insurers to cover activities which might be fun and even physically healthful, but are not necessary (a criterion which insurers require to be met).

2. The whereas clauses in this resolution focus on allegedly poor health statistics for Native Hawaiians, together with the assertion that some cultural activities such as canoe paddling and hula are distinctive components of Native Hawaiian culture. The unspoken but obvious general principle being assumed here is that insurers should be forced to pay for membership or activity fees solely for people of specific ethnic groups (but not others) to participate in cultural activities that are stereotypically identified specifically with those ethnic groups. There are several flaws with such reasoning.

2a. Hula and canoe paddling are presumably good for the health of all people regardless of ethnicity. If there are scientific studies supporting that hula and canoe paddling are good for physical health, then insurance companies should be forced to pay for anyone of any ethnicity to participate in such activities. Why force insurers to engage in racial discrimination? There are thousands of men and women with no Hawaiian native blood who are members of canoe clubs and hula halaus.

2b. If the legislature thinks it's wise to make a linkage between ethnicity and specific cultural activities, forcing insurers to pay for only the people of a specific ethnic group to participate in activities that fit the stereotype of that ethnic group, then you must certainly force insurers to pay for ethnic Filipinos to participate in escrima martial arts clubs; and for ethnic Scottish people to join the Scottish Highland clubs where they practice caber (log) tossing [an annual competition is held at Kapiolani Park]; and for women of Middle Eastern descent (but not Caucasians) to take lessons in belly dancing (because it is a stereotypically Middle Eastern cultural activity not traditionally practiced by Caucasians in Europe or America). Silly, isn't it?

3. The Native Hawaiian victimhood assertions in the top whereas clause 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. The remainder of this testimony is addressed to that topic.

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 in the webpage 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.

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 webpage entitled "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-74-SD-1

Submitted on: 4/11/2018 8:29:34 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-74-SD-1

Submitted on: 4/12/2018 4:19:01 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 **SCR74 SD1** relating to insurance coverage for Native Hawaiian culture-based practices and Native Hawaiian healing practices to managing weight, cardiovascular health, diabetes, and other chronic diseases.

The OCC on Legislative Priorities is in favor of **SCR74 SD1** and supports its adoption.

SCR74 SD1 is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it requests Papa Ola Lokahi to conduct an assessment of the impact on social, financial, and cultural integrity of providing insurance coverage for Native Hawaiian culture-based practices, as well as Native Hawaiian healing practices as referenced in section 453-2, Hawaii Revised Statutes, that have shown to be effective in managing weight, cardiovascular health, diabetes, and other chronic diseases.

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.

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, Lines 361-368 (2016)).

We support the growth of Native Hawaiian farming, agricultural and healing practices. We value and wish to foster the preservation of our host culture. (Platform of DPH, P.7, Lines 213-214 (2016)).

Given that **SCR74 SD1** requests Papa Ola Lokahi to conduct an assessment of the impact on social, financial, and cultural integrity of providing insurance coverage for Native Hawaiian culture-based practices, as well as Native Hawaiian healing practices as referenced in section 453-2, Hawaii Revised Statutes, that have shown to be effective in managing weight, cardiovascular health, diabetes, and other chronic diseases, 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-74-SD-1

Submitted on: 4/12/2018 10:54:04 PM

Testimony for OMH on 4/13/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Toole	Individual	Support	No

Comments:

My name is Sarah Toole, my address is 1128 Ala Napunani St. 96818, and I am a political science student at UH Manoa.

I support this bill.

SCR-74-SD-1

Submitted on: 4/13/2018 5:59:14 AM

Testimony for OMH on 4/13/2018 10:00:00 AM

LATE

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

Comments: