



Papa Ola Lokahi
Nana I Ka Pono Na Ma

Papa Ola Lokahi

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Papa Ola Lokahi

is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and continental United States.

Board of Directors

Member Organizations

Hoolah Lahui Hawaii

Hui No Ke Ola Pono

Hui Malama Ola Na OIwi

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Na Puuwai

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Kupuna

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SCR 74

REQUESTING THE AUDITOR TO ASSESS SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR CERTAIN NATIVE HAWAIIAN CULTURE-BASED ACTIVITIES

March 22, 2018, Thursday, 1:15 PM, Conference Room 016, State Capitol

Papa Ola Lōkahi, the Native Hawaiian Health Board, is **OPPOSED** to SCR 74 requesting an audit of the social and financial effects of requiring health insurers to cover certain Native Hawaiian culture-based activities.

We applaud the growing body of evidence that Hawaiian practices have been shown to be effective in managing weight and many chronic diseases. Additionally, behavioral health partners have demonstrated that access to traditional Hawaiian practices positively impacts emotional and spiritual well-being. While POL supports further discussion around insurance coverage for Hawaiian culture-based activities that improve health outcomes, we are concerned that such as audit would threaten traditional cultural practices that are currently protected by Hawai'i Constitution Article XII, Section 7.

Neither the Legislature nor the Auditor is knowledgeable in Hawaiian practices to be able to make such assessments. POL is particularly concerned with the State—or any non-practitioners—defining and placing value on Hawaiian practices. Such an assessment, however uninformed, would still influence the manner in which the traditions are practiced and shared, compromising their cultural integrity. To underscore this point, attached please find a *Report to the State Legislature in Regards to Act 162, Relating to the Practice of Medicine* (1999); the Kahuna Statement asserts that “the Legislature is not knowledgeable in the ... traditions of the Hawaiian people.”

As SCR 74 is vague on the range of Hawaiian practices it addresses, POL is concerned for the perpetuation of Hawaiian traditional healing practices, which are currently covered in certain circumstances pursuant to HRS 453-2.

Pursuant to the Native Hawaiian Health Care Improvement Act ([P.L. 111-148, Title 42 USC 122](#)), Papa Ola Lōkahi serves as the consultative body to the federal government in matters of Native Hawaiian health and Hawaiian healing traditions and practices. POL has long served this function in relationship to the State of Hawai'i, as well.

continued

Per HRS 453-2 and the attached report, kupuna councils have been established around the islands to provide cultural guidance and knowledge on Hawaiian healing traditions. The State may consider similar councils of kupuna and expert practitioners (hula, paddling, lua, etc.) be convened to provide consultation to the State to address the extent of coverage, limits on utilization, and standards of care, as necessary.

Papa Ola Lōkahi is available for further conversations on this matter. Mahalo for the opportunity to testify.

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FINAL REPORT TO THE STATE LEGISLATURE

IN REGARDS TO

***ACT 162, RELATING TO THE PRACTICE OF
MEDICINE***

HONOLULU, HAWAI'I
JANUARY 1999

HONORABLE MEMBERS, 20TH STATE LEGISLATURE:

Thank you for the opportunity to provide you with this final report on the activities undertaken by our group of *kupuna* which was constituted by Papa Ola Lokahi in accordance with Act 162, passed by you last year.

We will continue to assist you as you desire.

Henry Auwae
Henry Auwae, Chair, *Kapuna* Council,
Pookela, Kupuna Laau Lapaau o Hawaii

1/10/99
Date

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Editorial Note: This report uses the Hawaiian words kahuna and kupuna when referencing the Hawaiian elders who are the senior practitioners and instructors of traditional Hawaiian healing practices. Kahuna in this sense is used to describe an expert in the field of Hawaiian healing practices and kupuna is used to describe a learned elder.

BACKGROUND

The 19th State Legislature passed Senate Bill 1946, *Relating to the Practice of Medicine*, and the Governor signed it into law as Act 162 on July 14, 1998.

The act clarifies that those individuals of Hawaiian ancestry who are practicing traditional Hawaiian healing including, but not limited to, *la'au lapa'au*, *la'au kahea*, *lomilomi*, and *ho'oponopono* and who have attained a high level of proficiency as determined by their respective Hawaiian teacher(s) are exempt from state licensure for practicing medicine.

Further, the act stipulates that it is in the public interest for continuing discussions on the role traditional Hawaiian healing practices have in complementing the practices associated with the medical arts and that some form of 'interim certification provided by the Hawaiian health community' is appropriate for those practicing traditional Hawaiian healing.

Supporters of this legislation included the Wai'anae Coast Comprehensive Health Center, the State Council of Hawaiian Homestead Associations, the Hawaii Health Foundation, the Office of Hawaiian Affairs, the Oahu Council of the Association of Hawaiian Civic Clubs, and Papa Ola Lokahi.

COMPLIANCE WITH THE ACT

In accordance with the act, Papa Ola Lokahi invited respected *kahuna* to participate in a discussion of the issues raised in the act. Each *kahuna* with a *kako'o* (apprentice) came to Kailua-Kona for discussions which were held at the King Kamehameha Hotel from October 29-31, 1998 (See Attachment 1- Agenda). Those invited were:

KUPUNA

- o Papa Henry Auwae
- o Kahu David Kaalakea
- o Aunty Abbie Napeahi
- o Aunty Margaret Machado
- o Aunty Agnes Cope
- o Aunty Malia Craver
- o Uncle Kalua Kaiahua

KAKO'O

- Haunani Kalama-Smith
- Keoki Souza
- Nerita Machado
- Kamaki Kanahale
- Millie Kawaa
- Janice Nielson

Due to illness Kahu David Kalakea and Aunty Abbie Napeahi were not able to attend (See Attachment 2-Attendees).

The act specifically requested that the panel discuss the question of 'recognition' and 'certification' of practitioners of traditional Hawaiian healing practices as part of the concern for uniform professional standards associated with the respective healing arts.

FINDINGS

The findings' statement of the *kahuna* is presented on the following page. Generally, it was uniformly felt that it was not state government's role or responsibility to 'recognize' or 'certify' practitioners of traditional Hawaiian healing practices. All of the *kahuna* who have public programs instructing individuals in the traditional healing practices have certification and recognition processes in place and that these serve as indications of participation and levels of proficiency and attainment. This is consistent with past traditions and has historical precedent. From the days of the Kingdom, then Territory, and now State, the various governments have attempted licensure of practitioners of traditional Hawaiian healing practices, and all efforts have failed.

Additionally, and finally, the panel realized the importance of its findings and indicated its availability to meet on this and other items in the future.

PAPA OLA LOKAHI SUPPORT:

Papa Ola Lokahi has supported this effort with staff and fiscal resources. An accounting is provided for the legislature's review (See Attachment 3). No state dollars were or have been appropriated for this action and should there be a desire for further state legislature activity, there needs to be financial resources dedicated to this end.

KAHUNA STATEMENT:

WE, THE UNDERSIGNED KUPUNA PRACTITIONERS OF HAWAIIAN HEALING HAVE COUNSELED AND AGREE:

(1) That we are only instruments in the healing process and that the true source of healing comes from the Almighty, known as Akua, 'Io, or God. It is this source that gives us our calling to practice;

(2) That the Legislature of the State of Hawai'i is not knowledgeable in the healing traditions of the Hawaiian people; and

(3) That while we are grateful that the Legislature has passed S.B. 1946, the blood quantum, licensure, and certification issues raised in the legislation are inappropriate and culturally unacceptable for government to ascertain. These are the kuleana of the Hawaiian community itself through kupuna who are perpetuating these practices

Further, we agree that Kupuna Henry Auwae serves as chairman of this council of Master practitioners and has the consent of its members to address future issues related to this legislation.

DATED: Kailua-Kona, October 31, 1998

ATTACHMENTS

ATTACHMENT 1

AGENDA

Senate Bill 1946

"A Bill for an Act Relating to the Practice of Medicine"

October 29-31, 1998

King Kamehameha Hotel - Kona, Hawai'i

THURSDAY - October 29, 1998

10:30 a.m. Check in

11:30 a.m. Lunch - together - Marina Room
Rest

2:00-3:30 p.m. Gathering - Marina Room
Pule - Papa Henry Auwae
Introductions - master kupuna, kako'o, POL staff
Roles of masters, kako'o, POL staff, agenda for the next
two days- Hardy Spoehr
Protocol - Papa Henry Auwae
Questions/Concerns

5:30 p.m. Dinner - on own

FRIDAY - October 30, 1998

Breakfast - on own

8:00 - 11:00 a.m. Gathering - Marina Room
Pule - Kupuna
Master Kupuna Kūkākūkā/SB 1946

11:30 a.m. Lunch - together
Rest

3:00-4:00 p.m.

Gathering - Marina Room
Summary of discussion - (POL will type and
distribute Saturday)

Dinner - on own

SATURDAY - October 31, 1998

6:30 a.m.

Breakfast - Marina Room
Summary of discussion distributed to participants
Next meeting?

Check out - POL
Mahalo/Aloha

8:30 a.m.

Transportation to airport - POL staff

ATTACHMENT 2

ATTENDEES

1. Papa Henry Auwae
2. Kako'o: Haunani Kalama-Smith
3. Aunty Malia Craver
4. Kako'o: Millie Kawaa
5. Aunty Margaret Machado
6. Husband: Dan Machado
7. Kako'o: Nerita Machado
8. Kalua Kaiahua
9. Wife: Annette Kaiahua
10. Kako'o: Janice Nielson
11. Aunty Agnes Cope
12. Kako'o: Kamaki Kanahele
13. Hardy Spoehr
14. Gayle Bonham
15. Babette Galang
16. Pua Aiu

POL STAFF



ATTACHMENT 4

ACT 162

S.B. NO. 1946

A Bill for an Act Relating to the Practice of Medicine.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. The legislature finds:

- (1) The ancient Hawaiian culture incorporated traditional Hawaiian healing practices including la'au lapa'au (herbal healing), la'au kahea (spiritual healing), lomi lomi (massage), and ho'oponopono (conflict resolution);
- (2) Knowledge of some of these traditional Hawaiian healing practices has survived to the present in a dwindling number of traditional Hawaiian healers through direct practical association with elders and oral traditions transmitted from generation to generation;
- (3) There is the current risk that this knowledge will cease because of the advancing age of the few surviving traditional Hawaiian healers and because of concerns that the performance of traditional Hawaiian healing practices may constitute the unauthorized practice of medicine under state law;
- (4) Similar concerns have been recognized and addressed by various federal initiatives including but not limited to Public Law No. 102-396, the Native Hawaiian Health Care Improvement Act of 1992;
- (5) It is in the public interest that a process be established involving traditional Hawaiian healers and other interested individuals that will result in statutory clarification of the continued role of traditional Hawaiian healing practices in the recognized and authorized medical arts; and
- (6) It is in the public interest that, while this process is underway, there be interim certification provided by the Hawaiian health community to currently recognized traditional Hawaiian healers.

SECTION 2. For the purposes of this Act:

- (1) The term "Papa Ola Lokahi" shall refer to the same organization that is described and defined in Public Law No. 102-396, the Native Hawaiian Health Care Improvement Act of 1992;
- (2) The term "traditional native Hawaiian healer" shall have the same meaning as provided under Public Law No. 102-396, the Native Hawaiian Health Care Improvement Act of 1992; and
- (3) The term "traditional Hawaiian healing practices" shall refer to la'au lapa'au, la'au kahea, lomi lomi, ho'oponopono and similar practices commonly performed by traditional native Hawaiian healers.

SECTION 3. Section 453-2, Hawaii Revised Statutes, is amended to read as follows:

"§453-2 License required; exceptions. (a) Except as otherwise provided by law, no person shall practice medicine or surgery in the State either gratuitously or for pay, or shall offer to so practice, or shall advertise or announce one's self, either publicly or privately, as prepared or qualified to so practice, or shall append the letters "Dr." or "M.D." to one's name, with the intent thereby to imply that the individual is a practitioner of medicine or surgery, without having a valid unrevoked license or a limited and temporary license, obtained from the board of medical examiners, in form and manner substantially as hereinafter set forth.

- (b) Nothing herein shall:
- (1) Apply to so-called Christian Scientists so long as they merely practice the religious tenets of their church without pretending a knowledge of medicine or surgery;
 - (2) Prohibit service in the case of emergency or the domestic administration of family remedies;
 - (3) Apply to any commissioned medical officer in the United States armed forces or public health service, engaged in the discharge of one's official duty, nor to any practitioner of medicine and surgery from another state when in actual consultation, including but not limited to in-person, mail, electronic, telephonic, fiber-optic, or other telemedicine consultation, with a licensed physician of this State if the physician from another state, at the time of such consultation, is licensed to practice in the state in which the physician resides; provided that:
 - (A) The physician from another state shall not open an office, or appoint a place to meet patients, or receive calls within the limits of the State; and
 - (B) The licensed physician of this State retains control and remains responsible for the provision of care for the patient; and provided further that the laws and regulations relating to contagious diseases are not violated;
 - (4) Prohibit services rendered by any person certified under part II of this chapter to provide emergency medical services or any physician assistant when the services are rendered under the direction and control of a physician licensed in this State except for final refraction resulting in a prescription for spectacles, contact lenses, or visual training as performed by an oculist or optometrist duly licensed by the State. The direction and control shall not be construed in every case to require the personal presence of the supervising and controlling physician. Any physician who employs or directs a person certified under part II of this chapter to provide emergency medical services or physician assistant shall retain full professional and personal responsibility for any act which constitutes the practice of medicine when performed by such person or physician assistant; or
 - (5) Prohibit automatic defibrillation by any first responder personnel certified by the department of health to provide automatic defibrillation when it is rendered under the medical oversight of a physician licensed in this State.

(c) Nothing herein shall prohibit traditional Hawaiian healing practices by traditional native Hawaiian healers, both as recognized and certified as such by the panel convened by Papa Ola Lokahi."

SECTION 4. (a) Papa Ola Lokahi shall convene a panel of traditional native Hawaiian healers to address issues and recommend legislation relating to the permanent implementation of the purposes of this Act; and

(b) Papa Ola Lokahi shall submit a final report and recommended legislation to the legislature no later than twenty days prior to the convening of the regular session of 1999; provided that, if Papa Ola Lokahi is not then prepared to submit a final report, then Papa Ola Lokahi shall submit an interim report by such date, and shall submit a final report, together with recommended legislation, no later than twenty days prior to the convening of the regular session of 2000.

SECTION 5. Statutory material to be repealed is bracketed. New statutory material is underscored.

SECTION 6. This Act shall take effect upon its approval; provided that on July 1, 2000 subsection (c) of section 453-2, Hawaii Revised Statutes, shall be repealed.

(Approved July 14, 1998.)

SCR-74

Submitted on: 3/20/2018 8:33:56 AM

Testimony for HWN on 3/22/2018 1:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Hardy Spoehr	Individual	Comments	No

Comments:

Aloha Chair and Committee Members

Thank you for the opportunity to submit comments on SCR 74. The intent of this measure is creditable and continues efforts for traditional Native Hawaiian healing practices to be covered by Hawai'i's health insurers. Much work has already been done on this effort and I recommend that the Auditor needs to consult with Papa Ola Lokahi and its respective board member organizations as well as Aloha Care and the Hawai'i Primary Care Association in the scoping of its study. Further, it's important that any proposed legislation have the approval of the Native Hawaiian community collective. As Papa Ola Lokahi, with its state agency and Native Hawaiian NPO representation, is the established Native Hawaiian Health Board, it's important that any proposed legislation should have POL's approval. The state's community health centers would also be impacted by any legislative initiatives around insuring traditional Native Hawaiian health practices and their representative body of the Hawai'i Primary Care Association. I would recommend that the second to last paragraph in the resolution be amended to read:

"BE IT FURTHER RESOLVED that the Auditor is requested to consult at a minimum with Papa Ola Lokahi and its respective board members organizations, Aloha Care, and the Hawai'i Primary Care Association in its scoping and planning sessions for its report preparation and recommendations; and submit findings and recommendations to the Legislature, including any necessary implementing legislation approved by Papa Ola Lokahi and its respective board member organizations in consultation with the Hawai'i Primary Care Association, no later than twenty days prior to the convening of the Regular Sesion of 2019; and"

Thank you for the opportunity to provide testimony on this measure.

SCR-74

Submitted on: 3/19/2018 12:17:17 PM

Testimony for HWN on 3/22/2018 1:15:00 PM

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

Comments:

SCR-74

Submitted on: 3/20/2018 2:48:04 AM

Testimony for HWN on 3/22/2018 1:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Leimomi Khan	Testifying for Democratic Party of Hawaii, Hawaiian Affairs Caucu	Support	No

Comments:

SCR-74

Submitted on: 3/21/2018 12:35:52 PM

Testimony for HWN on 3/22/2018 1:15:00 PM

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

Comments:

SCR-74

Submitted on: 3/21/2018 8:30:49 AM

Testimony for HWN on 3/22/2018 1:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sean	Individual	Oppose	No

Comments:

As a known cultural practitioner, and recognized as such, I am opposing SCR-74. I believe that any government does not understand or are qualified to make decisions on TRADITIONAL HEALING practice. It is a spiritual practice first, and a practice that is tied to genealogy. It is not based upon western values or understanding. I strongly oppose SCR-74.

Thank you,

Sean A. Chun

Kaua`i

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Unity, Equality, Aloha for all



To: SENATE COMMITTEE ON HAWAIIAN AFFAIRS and SENATE
COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

For hearing Thursday, March 22, 2018

Re: SCR74 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND
FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE
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.

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.

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

Submitted on: 3/21/2018 10:07:52 PM

Testimony for HWN on 3/22/2018 1:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Rachel L. Kailianu	Testifying for Ho`omana Pono, LLC	Support	Yes

Comments:

We STRONGLY SUPPORT this resolution. Mahalo.

SCR-74

Submitted on: 3/21/2018 10:09:58 PM

Testimony for HWN on 3/22/2018 1:15:00 PM

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

Comments:

We STRONGLY SUPPORT this resolution. Mahalo.