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**TESTIMONY:**

**MEETING ON RECONCILIATION PROCESS AS CALLED FOR  
IN P.L. 103-150, THE APOLOGY RESOLUTION,  
WITH REPRESENTATIVES FROM THE  
U.S. DEPARTMENT OF THE INTERIOR  
AND THE U.S. DEPARTMENT OF JUSTICE**

**PANEL ON NATIVE HAWAIIAN HEALTH AND EDUCATION  
DECEMBER 10, 1999  
EAST WEST CENTER AT THE UNIVERSITY OF Hawaii**

Aloha Mr. John Berry, Assistant Secretary, Policy, Management, and Budget for the Department of the Interior and Mr. Mark Van Norman, Director, Office of Tribal Justice, Department of Justice.

My name is JoAnn Tsark, and I am here today on behalf of Papa Ola Lokahi, a consortium of Native Hawaiian non-profit organizations and public agencies concerned about the continuing health and wellness issues related to Native Hawaiians and dedicated to improving their current poor health status. Papa Ola Lokahi is part of the federal government's health initiative as defined in the Native Hawaiian Health Care Improvement Act (P.L. 100-579). While enacted federally, it was conceived by Native Hawaiians who clearly recognized that the Western healthcare system failed to meet the health needs of the Hawaiian people and that the solutions lay in models which were community-driven, culturally responsive and respectful of Hawaiian beliefs and values.

An integral part of this federal health initiative are 5 native Hawaiian Health Care Systems, which are community-based health organizations located on the islands of Moloka'i, Maui, Kaua'i, Hawai'i and O'ahu. These systems serve as entry points for many Native Hawaiians into the health care system or as a first step towards a personal search for better health. Collectively, since 1992, the systems provide an array of health

promotion, screening and education services to over 20,000 Native Hawaiians annually, expending approximately \$110/per participant.

The two main points I would like to make are:

1. Health care for Hawaiians needs to be a specifically defined part of the negotiated settlement and resources must be sufficient to ensure access to exemplary and culturally appropriate health care services--care tailored to address the disparate conditions and increasing death rates among Hawaiians. The Native Hawaiian Health Care Systems presently receive \$2.2 million a year with the charge to improve the health status of all Hawaiians. That's \$11 per capita. That's an insult.
2. Reconciliation needs to afford us greater autonomy over our own health. Let's acknowledge that existing models of health care are inappropriate yet we are still compelled to perpetuate these models through the inflexibility of federal funding. Though modest, our successes clearly demonstrate that our health care system for Hawaiians must be community-driven, and staffed by Hawaiians or people respectful of Hawaiian practices, beliefs and the Hawaiian people. Support through training and mentoring of Native Hawaiians is critical to establish a viable foundation and needs to be addressed. We understand that money and resources are allocated according to documented need, achieved through research. We have been at a disadvantage being small in number, out-of-sight-out-of-mind, lacking in our own Native researchers and no funding set aside to support native research.

The poor health status and social indicators of the Native Hawaiian people reflect 200 years of social and cultural abuse. The litany of our dismal health statistics, in the state that boasts the longest lifespan in the nation and some of the lowest rates of diseases is unacceptable.

I will stop here in respect for others on the panel and do my best to address any questions you may have during the discussion. Thank you.