

Clay Park, Papa Ola Lokahi

Field Hearing:  
State of Veterans Benefits and Services in Hawaii  
Tuesday, April 10, 2012  
10:00 am HST  
Oahu Veterans Center, 1298 Kukila Street  
Honolulu, HI

Welina. Chairman Murray and Members of the Senate Committee on Veterans Affairs, Papa Ola Lokahi wishes to express to you its sincere gratitude for inviting us to participate today in this important Hearing. We particularly are grateful for this opportunity also to recognize and to extend our mahalo to our distinguished Senator and friend from Hawaii, the Honorable Daniel K. Akaka, who has served his constituency and this nation for more than a generation.

My name is William Clayton Sam Park, director of Papa Ola Lokahi's Native Hawaiian Veterans Project. I am a retired Master Sergeant with 3 years active duty and 21 years of service with the Hawaii Army National Guard. I am also retired from the DVA with 28 years of service and a disabled veteran.

Papa Ola Lokahi is the Native Hawaiian Health Board that was established by the Native Hawaiian community in 1987 to plan and implement programs, coordinate projects and programs, define policy, and educate about and advocate for the improved health and wellbeing of Native Hawaiians, an Indigenous Peoples of the United States. These tasks were incorporated within US policy when the United States Congress established its policy in 1988 "to raise the health status of Native Hawaiians to the highest possible level and to provide existing Native Hawaiian health care programs with all the resources necessary to effectuate this policy (42USC122/Section11702).

Native Hawaiians and Hawaii nationals have served in the military services of the United States from the very beginning of the nation. I've attached for your review and the record a brief article from the Hawaiian Historical Society's Hawaiian Journal of History which provides a historical review of the distinguished record of Hawai'i's citizens in the Armed Forces of the United States. As a side note, a number of Hawaii residents have served in the armed forces of other countries including England and Canada.

Four years ago, Papa Ole Lokahi initiated its Native Hawaiian Veterans Project in an effort to facilitate the ability of Hawaii's veterans to access programs through the local Veterans Affairs office. We wish to commend General Hastings and Tracie Betts and their staff for the work that they do for we could not do what we do without their support. We are also particularly excited about the recent introduction of what will become the GI Consumer Awareness Act. You and your committee need to be commended for this needed legislation. Hawaii's involvement in both Iraq conflicts and the continuing effort in Afghanistan has greatly taxed not only regular Armed Forces units but also those of our National Guard. The health and wellness needs of these returning men and women as they leave the service continue to stress the system here. To assist

in addressing this need, Papa Ola Lokahi continues with its national and statewide network of "Aunties" and "Uncles" who provide valuable information and something like "parental advice" to those seeking help. Through my office, we provide "hands on" assistance in completing all the necessary forms required for entry into the VA system. And, finally, we have a statewide network of Native Hawaiian Health Care Systems, working with community health centers, which provides needed primary care and/or referral services. We look forward to developing a formal relationship with the VA as we all in the Hawaii community continue to assist our veterans with their health and wellness needs and concerns.

A few years ago we appeared before you with recommendations. Again, we would like to bring forth these recommendations for your consideration:

1. Continue to enhance VA capacity to address health and wellness issues not only of the VA beneficiary but also those of the VA beneficiary's family;

While addressing the VA beneficiary's health needs is critical to the VA mission, there needs to be the ability within the VA also to address the resultant health issues and needs of the VA beneficiary's family. This is particularly true with those VA beneficiaries with TBI and/or PTSD. Without this ability, there is often a family breakdown and a less than satisfactory outcome for the VA beneficiary, the family and the community.

2. Develop VA capacity to contract with Native groups and organizations to provide outreach services to VA beneficiaries and their families;

In Hawaii, the VA has begun to reach out to rural communities and provide needed services to VA beneficiaries living in these areas. We would ask that the VA contract with Native Hawaiian and other appropriate groups and organizations to provide outreach services to VA beneficiaries and their families.

3. Develop VA capacity to contract with FQHCs and tribal and Native Hawaiian Health Care Systems to provide VA beneficiaries and their families with primary care services in rural areas;

For the same reasons noted previously, the VA simply does not have the capacity at this time to reach out into rural areas where there are currently primary care service providers. It would make sense for the VA to contract for primary care services with these existing entities in these rural communities. In Hawaii, there are 14 community health centers and 5 Native Hawaiian Health Care Systems, all of which provide primary care

4. Train VA service providers working with Native populations in history, cultural sensitivity, and cultural competency;

Most VA service providers are not from the Native culture. Papa Ola Lokahi has demonstrated from past efforts just how effective training VA service personnel in historical context and cultural sensitivity and competency can improve VA service provider and VA beneficiary understanding and compliance with good outcomes.

5. Expand VA capacity to provide traditional Native healing practices and alternative and complementary healing practices to VA beneficiaries and their families;

Native cultures have traditional healing practices such as lomilomi (Hawaiian massage), ho'oponopono (counseling), and la'au lapa'au (herbal medicine) in our Native Hawaiian culture. This includes traditional practices and protocols transitioning the "warrior" back into civilian society. All of these have demonstrated effectiveness for the Native VA beneficiary. The VA needs to support these traditional methods and practices. In addition, there are numerous alternative and complementary health care practices such as acupuncture, chiropractic, Chinese medicine, and naturopathy which may be of particular interest and therapeutic to VA beneficiaries. These, too, should be allowable and available.

6. Support and develop specific work plans for each of the recommendations of the Advisory Committee on Minority Veterans' July 1, 2008 and July 1, 2009 reports;

In 1994, legislation was passed which established the Advisory Committee on Minority Veterans. The work and recommendations of this committee need to be actively supported and implemented respectively. It is strongly recommended that a Native Hawaiian representative be added to the committee as soon as appropriate. In addition, Native Hawaiians look forward to participating with the federally-chartered National American Indian Veterans group and applaud the recently produced DVD entitled "Native American Veterans: Storytelling for Healing," which includes American Indian, Alaska Native, and Native Hawaiian veterans' stories produced by the Administration for Native Americans, US Department of Health and Human Services.

7. Collect, analyze, and report data on VA beneficiaries and their families in accordance with 1997 OMB 15 revised standards, including disaggregating Native Hawaiian from Other Pacific Islander data;

In 1997, OMB disaggregated the Asian Pacific Islander (API) identifier and established two distinct categories; Asian (A) and Native Hawaiian and Other Pacific Islander (NHOPI). The VA needs to incorporate this disaggregation within its reporting systems. Additionally, "Native Hawaiians" need to be distinctively identified apart from "Other Pacific Islanders" as Native Hawaiians have a unique relationship with the federal government similar to that of American Indians/Alaska Natives.

8. Enhance VA capacity to undertake research on ways to improve health and wellness outcomes for VA beneficiaries and their families.

The VA's research budget has been limited over the past decade. Additional funds need to be allocated to research how better health outcomes can be accomplished for VA beneficiaries and their families. This is particularly critical for those with TBI and PTSD. Additionally, we strongly recommend that the VA increase its research capacity to investigate what the health and wellness issues are for returning Native men and women veterans from today's war zones. It is hoped that many of these studies could be undertaken by Native health researchers themselves.

Thank you again Chairman Murray and Members of the Senate Committee on Veterans Affairs for this opportunity to share with you my thoughts today. We have ended previous testimony

with an 'olelo, a verse, in my traditional language. We state it again:

KE KAULANA PA'A 'AMA ON NA ALIA

Which is simply translated as "The famed landholders of the chiefs"... The meaning here is that the best warriors were awarded the best lands by our chiefs because of their bravery and service. That is why we are here today. We simply want the best health care possible for our warriors who have given so much and often sacrificed their own health for this nation's benefit. Mahalo.