

Clay Park, Director, Native Hawaiian Veterans Project, Papa Ola Lokahi

TESTIMONY

to the

Senate Committee on Veterans Affairs
United States Senate
The Honorable Daniel K. Akaka, Chairman
Russell Senate Office Building
Room 418
Washington, DC
Thursday, November 5, 2009

Welina. Chairman Akaka 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.

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 (Pl. 102-396).

Native Hawaiians have served in the military services of the United States almost from the very beginning of the nation. Young Prince George Kaumuali'i enlisted in the U.S. Navy and fought in the War of 1812 in the Mediterranean. In following conflicts including the American Civil War, the Spanish-American War, World Wars I and II, Korea, Vietnam, Iraq, and, now, again Iraq and Afghanistan, Native Hawaiians have continued to serve and serve with distinction. As a side note, a number of Native Hawaiians historically have also served in the armed forces of other countries including England and Canada.

In 1997 when the VA released the results of the late Senator Spark Matsunaga-initiated study on the impacts of exposure to war zones on Native Hawaiian and Asian veterans, it became clear that along with American Indians and Alaska Natives, Native Hawaiians have borne a larger burden of battle-related stress and trauma. More than one in every two Native Hawaiian veterans experienced war-related trauma in Vietnam. The report goes on...Upon returning home after one or more tours in Vietnam many Native Hawaiian veterans struggle with extremely severe problems that neither they nor their families, friends, or communities know how to understand or cope with: depression, shame, guilt, isolation and emotional emptiness, alienation, unable to

relax, addiction. One in three Native Hawaiians have full or partial PTSD currently...More than one in two Native Hawaiians have had full or partial PTSD sometime since Vietnam.

With conflicts in the 1990s in Iraq and now on-going conflicts in Iraq and Afghanistan, and with Reserve and National Guard units being heavily utilized along with regular military and the particularly brutal nature of the current warfare, these PTSD episodes will only greatly increase. An additional factor in these conflicts is the full participation of women now integrated into positions which formerly were all male forces.

Current US Census data indicates that there are about 30,000 Native Hawaiian and Pacific Islander veterans in the United States. A large portion of this number is resident in Hawaii and Native Hawaiians have been actively engaged with the Hawai'i Office of the VA (Veterans' Affairs) for many years. Increasingly, however, almost as many Native Hawaiians now live on the continental United States and more and more, Native Hawaiians will become part of the VA structure throughout the nation. In previous testimony before this committee, Papa Ola Lokahi provided historical reviews and analysis of VA activities and the Native Hawaiian community in Hawaii.

Mr. Chairman, in your letter you specifically wanted us to address Papa Ola Lokahi and the Native Hawaiian Health Care Systems' collaboration with the VA and the Indian Health Service. Papa Ola Lokahi has had a long-standing relationship with the VA going back more than ten years to a time when Mr. David Burge, a Native Hawaiian, served as its Hawai'i Director. We have participated in past trainings and provided training to the local VA in cultural trauma and other areas around cultural competency. Recently, we have established at each of the five Native Hawaiian Health Care Systems which operate throughout the State, veterans "Aunties" and "Uncles" groups which act as "enablers" for Native Hawaiian and other veterans with issues and/or concerns. These men and women are Native retirees who serve as volunteers to hear out veterans and their issues and offer advice. In turn, these groups are facilitated by health care professionals from the Native Hawaiian Health Care Systems, who are trained specifically in VA programs and, in turn, serve as links for veterans on their respective islands into the VA structure.

Likewise, Papa Ola Lokahi has developed a relationship with the Indian Health Service over the past fifteen years. This relationship has afforded the provision of primary care services for American Indians and Alaska Natives resident in Hawaii. Presently, these services are provided through Ke Ola Mama, one of the larger Native Hawaiian Health Care Systems, and directed by Lisa Mao Ka'anoi, an Alaska Native with Native Hawaiian ancestry. Over the years, the Indian Health Service has also provided guidance to Papa Ola Lokahi on (1) formation of its Institutional Review Board which currently reviews and approves all health research undertaken by researchers through the Native Hawaiian Health Care Systems and other service providers, (2) establishment of the Native Hawaiian Epi Center which is similar in form and function to the twelve Native American Epi Centers across Indian Country, and (3) the RPMS reporting System which some of the Native Hawaiian Health Care Systems are considering adopting.

In conclusion, these two agencies have continued to support the efforts of Papa Ola Lokahi and the Native Hawaiian Health Care Systems as we have supported their missions as well. Presently, we receive our base federal support through the Native Hawaiian Health Care Improvement Act

and the Health Resources and Services Administration, US Department of Health and Human Services.

Given our relationships and vantage point, we come before you today with the following recommendations:

1. 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 Hawai'i, the VA has not been able 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 Hawai'i, there are only 3 VA community-based outpatient clinics (CBOC) while 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;

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 put forth their self-determination efforts. This is critical for Native Hawaiians as, like American Indians/Alaska Natives, they need to be identified as a body of individuals with a special political relationship to the federal government.

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 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 Akaka and Members of the Senate Committee on Veterans Affairs for this opportunity to share with you my thoughts today. There is an "olelo, a verse, in my traditional language which simply states:

KE KAULANA PA"A 'AINA ON NA ALII

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.