

Papa Ola Lōkahi

E OLA MAU A MAU

THE NEXT GENERATION OF NATIVE HAWAIIAN HEALTH

PREFACE

E OLA MAU A MAU – THE NEXT GENERATION OF NATIVE HAWAIIAN HEALTH

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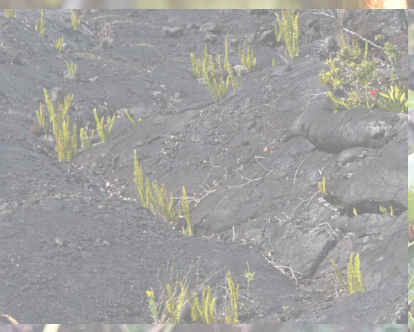
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ʻŌlelo Haʻi Mua

ʻŌlelo Haʻi Mua[1]

Hardy Spoehr

As I was driving here this morning, I could see the noe lani[2] o nā Koʻolau, that mist on the Koʻolau. The semen falling from our Sky Father, Wakea, onto the kuahiwi[3] to Papa Honua, giving life, impregnating, fertilizing the earth, our Earth Mother. Out of that union comes all in our cosmos…And so it is with reverence that we respect the beginnings of our traditions and cosmos. We learn that we are all descendants of Haloa, one of the first products of the conception of Wakea and Papa. Hāloa ʻekahi[4] is our kalo,[5] our oldest sibling, hiapo,[6] who was born a mea alualu[7] and when kanu[8] in the ground, up sprouted the first kalo plant. And the next born was Hāloa ʻelua[9] from which all of us Kānaka Maoli[10] are descended. Our hiapo. The kalo plant's obligation is to feed us, but kalo can feed us only as long as we malama[11] the ʻāina[12] and have wai, water, so that kalo can grow large enough to be harvested. And so it is the ʻāina, our sacred environment, which embodies all of the great forces of our cosmos and invigorates us so that we feel stirring within us…the great thriving life force…

We know it is not enough to narrowly focus on physical health, for health means total well-being. And total well-being means connecting spiritually with each other…i ke kahi i ke kahi[13]…and with our sacred ʻāina[12]. We have to mālama, care for, not merely the lepo,[14] but also the wai,[15] the kai,[16] and the air to be ola[17] and pono.[18] The task is a big one but we are on our way. Let each of us hoʻomanaʻo,[19] hoʻohaliʻaliʻa,[20] recall special people, mea hiwahiwa,[21] healers who have shared their wisdom and their skills to help us on this long journey…Amama. Ua lele. Ua noa.[22] Let the kapu[23] be lifted. Mahalo no.[24]"

R. Kekuni Blaisdell, MD
Opening Statement at Ka ʻUhane Lōkahi,
Native Hawaiian Health and Wellness Summit, March 1998

Comments by beloved kanaka maoli[25] physician Dr. Kekuni Blaisdell set the stage for numerous reports and gatherings of many concerned with improving the health and well-being of Native Hawaiians. Dr. Blaisdell's contributions continue to live with us as we move well into the 21st century. He led by example through reinvigorating our use of the honi,[26] re-instilling in us the use of the identifier Kanaka Maoli[25], always reminding us of the critical importance of our cultural connotations and understanding of health and well-being in the world around us and firmly asserting the unique standing our Pae ʻĀina[27] holds in the world.

Dr. Blaisdell was one of the original contributors to the original *E Ola Mau - The Native Hawaiian Health Needs Study* in 1985, and it is in his remembrance and to those original contributors that this health study, *E Ola Mau a Mau,* is dedicated. It is particularly noteworthy and heartwarming that Naleen Naupaka Andrade, Claire Kuʻuleilani Hughes, Lynette Paglinawan, and Benjamin Young are involved in revisiting the original study, as all played important roles in the initial study.

It has been a generation since the groundbreaking *E Ola Mau*; the first comprehensive report of the health status of Native Hawaiians was completed by the Native Hawaiian Health Research Consortium under the sponsorship of ALU LIKE, Inc., a Native Hawaiian community-based corporation founded in 1973.[i] Financial support to undertake this study was provided by the U.S. Department of Health, Education, and Welfare at the urging of Senator Daniel K. Inouye and Hawaiian leadership headed by Myron B. Thompson. Many of the advancements, which are common in medical practice today, were then either

[1] preface
[2] mist
[3] mountain top
[4] one
[5] taro
[6] first born child
[7] premature
[8] to plant
[9] two
[10] Native Hawaiian
[11] to care for
[12] land
[13] one another
[14] dirt, earth
[15] water
[16] sea
[17] life, health, healing, well-being
[18] well-being, equity, righteous, in perfect order
[19] to remember
[20] to fondly recall
[21] precious and beloved things or people
[22] The prayer is said. The taboo is over.
[23] taboo
[24] Thanks indeed.
[25] Hawaiian native
[26] to kiss; to exchange one another's essence in greeting
[27] archipelago

just emerging or still unknown. Telemedicine and the use of computers for public and personal health diagnosis were unknown; prescriptive authority was limited to licensed medical physicians; the relationship between public and personal health and the environment was just emerging, though intrinsically known already by Native Hawaiians; and indigenous healing and wellness practices were generally not accepted by allopathic medical professionals. This initiative takes many of these advancements into consideration.

Despite its limitations, the seven-volume *E Ola Mau* has served well as the benchmark study and blueprint for Native Hawaiian health since its completion in 1985;[ii] and, as such, has had a remarkable impact nationally on the Native Hawaiian community in health care delivery, traditional healing practices, workforce development, public policy, and community awareness.

Health Care Delivery

E Ola Mau noted that Native Hawaiians generally viewed the delivery of health care as something to be feared. Most health professionals were not of Native Hawaiian ancestry, and hospitals were viewed as places to go to die. Therefore, Native Hawaiians accessed health care late in the progression of diseases, and outcomes were generally not the best.

This finding has led to the establishment of a health service delivery system developed throughout all the major Hawaiian Islands administered by Native Hawaiians for Native Hawaiians. Each major island has its own Native Hawaiian Health Care System. Most of the health professionals employed by each System are of Native Hawaiian ancestry.[iii] Additionally, the only national Native Hawaiian health organization, Papa Ola Lōkahi, has worked closely with the only national Native Hawaiian community association, the Association of Hawaiian Civic Clubs, to extend health and wellness activities to Native Hawaiians across the continental United States.

Traditional (Indigenous Peoples) Healing Practices

The *E Ola Mau* study found that there was a growing interest within the Native Hawaiian community to access traditional healing practices, yet most of the existing health care providers, including hospitals, had health professionals with no or little knowledge or ability to provide traditional healing services.

This finding led to the identification of traditional healing practices as valid health practices in federal legislation for the first time in 1988 in the Native Hawaiian Health Care Act (P. L. 100-579). Since that time, the critical importance of traditional healing practices has been recognized in international law, in federal statutes by other Indigenous Peoples of the United States, and in the State of Hawai‘i Constitution.[iv] Today, traditional healing practices are available through many health care providers including the Native Hawaiian Health Care Systems, community health centers, and hospitals.[v]

Health Workforce Development

The *E Ola Mau* study found that there were very few practicing health care professionals of Native Hawaiian ancestry. There were fewer than ten Native Hawaiian physicians licensed in the 1970s.

This finding led to the establishment of the Native Hawaiian Health Scholarship Program (42 USC 122: Section 11709) modeled on National Health Service Corps Scholarships and those offered by the Indian Health Service. Today, this program has enabled almost 300 Native Hawaiians to receive advanced professional degrees in medicine, dentistry, clinical psychology, nursing, public health, and pharmacy.[vi] Professional associations of Native Hawaiian health professionals, ‘Ahahui o Nā Kauka (Native Hawaiian Physicians Association) and I Ola Lāhui (Native Hawaiian Psychological Association), have formed and continue to grow in membership.

Public Health Policy

The *E Ola Mau* study was silent on federal public policy as it related to the health of Native Hawaiians, though it did recognize Native Hawaiian traditional healing practices as a “traditional and customary practice” protected by the State Constitution (Article 12, Section 7).

This finding led to the codification in federal law of the health policy “to improve the health status of Native Hawaiians to the highest possible level” (42 USC 122; Section 11702). This was articulated in 1988 in the Native Hawaiian Health Care Act (P. L. 100-579) and its reauthorizations in the 1992 Native Hawaiian Health Care Improvement Act (P. L. 102-396) and in 2010 (P. L. 111-148). Relatedly, in 1998, spearheaded by Senator Daniel Akaka, the federal government also recognized the unique ethnic and racial characteristics of Native Hawaiians for the purposes of health and general data collection, analysis, and reporting. The Office of Management and Budget (OMB) disaggregated the former designation “Asian Pacific Islander (API)” into two separate categories – “Asian Americans (AA)” and “Native Hawaiians and Other Pacific Islanders (NHOPI).” The use of these identifiers has been

reinforced by the U.S. Census Bureau and the U.S. Department of Health and Human Services.

Finally, the special standing of Indigenous Peoples in international law and in Hawai‘i state law has been recognized in the United Nations Declaration on the Rights of Indigenous Peoples and the Hawai‘i Revised Statutes (Chapter 10 H), respectively.[vii]

Community Awareness

The *E Ola Mau* study found that most printed health materials were not written for Native Hawaiian community audiences. Materials were generally published by national organizations that had minimal if any knowledge of Native Hawaiians and other Pacific Islanders. Additionally, there was no national Native Hawaiian health organization which could mount or oversee the development, distribution, and advocacy necessary for specific community awareness around health and well-being. The study did, however, emphasize the link between the environment and public health. It was one of the first health reports to do so.

This finding led to the creation of Papa Ola Lōkahi, the Native Hawaiian Health Board composed of representatives from public agencies and Native Hawaiian health organizations, with specific tasks of enhancing community awareness around health and well-being, supporting culturally appropriate training and technical assistance, assisting practitioners of traditional Native Hawaiian healing practices, and advocating for the improvement of Native Hawaiian health and well-being and those of other Indigenous Peoples.

Dr. Benjamin Young, Native Hawaiian physician and Hawai‘i historian, shared this model in a gathering of Native Hawaiian kūpuna[28] sponsored by Papa Ola Lōkahi in Waimea, Hawai‘i, on March 9, 2017. Noted is the “four Ps & E” model that Young articulated, a path for moving forward to improve the health and well-being of the Native Hawaiian community given the ways that Native Hawaiians have internalized historical events in their understanding of Ola[29] through the generations:

POWER: *King Kamehameha commanded the medical kahuna[30] of his day to be trained by foreign ships’ doctors in attempting to stop the disease known as ma‘i ‘ōku‘u,[31] the squatting disease. This was because it was a foreign disease, and he believed that kahuna could not stop this foreign disease. It was a dysentery, possibly cholera or typhoid. He felt that since this was a foreign disease, perhaps foreign kauka[31] could stop it. Unfortunately, even foreign physicians could not stop it. The school to train kahuna was located in Nu‘uanu on O‘ahu. Interestingly, this could be called the first “Post Graduate Residency Program in Hawai‘i”! Fortunately, this disease was self-limiting and on O‘ahu. King Kamehameha almost died from ma‘i oku‘u. The father of his wife, chiefess Ka‘ahumanu, Ke‘eaumoku, did die from this affliction. The point is noteworthy because someone, in this case, Kamehameha, had the power to command everyone to take some action to stem the epidemic.*

Today we must have the “power” to act on what is needed to improve the health and well-being of Native Hawaiians and their families.

PROTECT: *It was the missionary Sereno Bishop who observed in 1838 that “No child in these islands lives beyond the age of 2.” Queen Emma was born in 1836 and, fortunately, she was protected by her physician father, Dr. Thomas Rooke. Emma was one of the very few children two years old to survive. In her adult life she was to make major contributions to the health and well-being of her people.*

Today we must be able to protect the next generation of Native Hawaiians and their families.

PREVENT: *During the 1853 smallpox epidemic, immunizations had mixed results since some of the vaccines were ineffective. Alexander Liholiho expressed his frustration in his letters found in the Archives when he describes so tragically discovering many Native Hawaiians, dead from smallpox, that were found alone in their homes on the windward side of O‘ahu. While Jenner's observations and findings about inoculations were in 1799, the techniques in perfecting vaccines were still imperfect. Nonetheless, those who were vaccinated with viable batches of vaccines were protected from smallpox.*

Today we must focus on prevention of illnesses, based on good nutrition, appropriate and continuing exercise, elimination of use of street drugs, continuing to keep the integrity of the family unit, and, especially, utilizing cultural immersion activities such as working in the lo‘i,[32] dancing hula,[33] paddling canoe, and catching waves and surfing; all of which help to maintain healthy lifestyles which, ultimately, improve the health and well-being of Native Hawaiians and their families.

[28] ancestors, elders
[29] life, health, well-being
[30] expert, priest
[31] squatting disease
[31] doctor
[32] irrigated terrace
[33] Hawaiian practice of dance

PERPETUATE: *The tragedy of so many families being torn apart in the late 19th through the mid-20th centuries because of the leprosy epidemic still haunts our history today. Leprosy was called the "Separating Sickness" for good reason, as its shattered families. The family was and continues to be the essential unit that needs to be perpetuated. A number of decades ago an international gathering entitled "The Lost Generations of Hawaiians" was sponsored by the University of Hawai'i Native Hawaiian Center of Excellence which focused on the disintegration of Native Hawaiian families because of drug use, sexual exploitation, incarcerations, and the sad result of so many kūpuna, or elders, having to care for so many mo'opuna, grandchildren, because the generation between them was incarcerated.*

Today we must stress the importance of a strong family unit if we are to improve the health and well-being of Native Hawaiians and their families.[viii]

EDUCATE: *When the missionaries arrived and began to transform Hawai'i's oral tradition to one of writing and the ability to read, Native Hawaiians were smitten by these developments. In 1825, the new King, Kauikeaouli, Kamehameha III, declared that, "'O ko'u aupuni, he aupuni palapala ko'u (My kingdom shall be a kingdom of literacy)," and his support for literacy continued through his reign. In 1832, the New Testament of the Hawaiian-language Bible was published, and in 1838 the first medical text, Anatomia, was printed at Lahainaluna School's press. By 1861, it was thought that the literacy rate of the Hawaiian population surpassed that of all other nations except New England and Scotland.*

Today that same fervor experienced over one hundred seventy years ago needs to be rekindled among Native Hawaiians and their families to educate themselves to value and select healthy life choices for today's living.

Benjamin Young, MD
Former Dean of Students
John A. Burns School of Medicine
Native Hawaiian Kūpuna Gathering, March 2017

And, so, given the advances in health and wellness over the past thirty-two years, while keeping in mind Dr. Young's lessons learned through experiences by Native Hawaiians throughout Hawaii's history, it is entirely appropriate that new benchmarks and a blueprint for health and well-being for Native Hawaiians be identified by Native Hawaiians for this, their generation. Those benchmarks with its blueprint continue to drive efforts toward the realization of federal health policy "to improve the health status of Native Hawaiians to the highest possible level" in concert with international declarations and federal and state laws.

It is critical for the success of this revisit that efforts have been made to ensure that this new study be wholistic, consistent with and enwrapped within Hawaiian culture as defined by traditional values and interpreted and embraced by this generation. While much has been accomplished, more remains to be done if the goal as articulated in federal health policy is to be realized. If successful, this report, *E Ola Mau a Mau,* will enable this generation of Native Hawaiians and their families to make great strides toward that goal within the true sense of **ola pono**[34] in this, their island home, and elsewhere.

The path has been made clear by those who have gone before us; let us now all together take the next steps.

E Kū me Hina
E Kāne
O Lono
Kū'au mai i ka ola
I nā pōmaika'i
A e aka lani ka honua
Ea iā Kāne-i-ka-wai-ola

E ola mai kahi pae a kahi pae
E ola mai luna a lalo
E ola a ola loa no

O Kū with Hina (in healing)
O Kāne (of the living waters)
O Lono (in peace)
Let down the gift of life
And all of the blessings with it
Till the heavens and earth be heaped
Let them be raised up
by Kāne of the living waters
May there be life from one end to the other
From above to below
May there be life, everlasting life

Ka'upena Wong
Sharing an oli from the collection of Mary Kawena Pukui

[34] well-being

Notes

[i] The Native Hawaiian Research Consortium consisted of 15 members and numerous other researchers. The chair/co-chair of each of the Task Forces were:

ALU LIKE Coordinator/Convener: Bella Zi Bell, MA; Winona E. Rubin, MA
Historical and Cultural Task Force: Kekuni Blaisdell, MD
Medical Task Force: Laurence Kolonel, MD; Elden Wegner, PhD
Mental Health Task Force: Anthony Marsella, PhD
Dental and Nutrition Task Force: Ofelia Dirige, DrPH; Claire Hughes-Ho, MS
A Preliminary Plan Task Force: Kiyoshi Ikeda, PhD; Hardy Spoehr, MA

[ii] *E Ola Mau – Native Hawaiian Heath Needs* reports, 1985:

a. *E Ola Mau – Compendium of Executive Summaries*, 1985.
b. *E Ola Mau – Historical and Cultural Task Force Report*, 1985.
c. *E Ola Mau – Medical Task Force Report*, 1985.
d. *E Ola Mau – Mental Health Task Force Report*, 1985.
e. *E Ola Mau – Nutrition/Dental Task Force Report*, 1985.
f. *E Ola Mau – A Preliminary Plan for Improving the Health of Native Hawaiians*, 1985.
g. *E Ola Mau – Proceedings of the Native Hawaiian Health Needs Study Conference,* 1985.

[iii] The Native Hawaiian Health Care Systems are:

a. Hoʻōla Lāhui Hawaiʻi, serving the islands of Kauaʻi and Niʻihau.
b. Ke Ola Mamo, serving the island of Oʻahu.
c. Nā Puʻuwai, serving the islands of Molokaʻi and Lānaʻi.
d. Hui No Ke Ola Pono, serving the island of Maui.
e. Hui Mālama Ola Nā ʻŌiwi, serving the island of Hawaiʻi.

[iv] The United Nations Declaration on the Rights of Indigenous Peoples recognizes the critical importance of traditional healing and health practices of Indigenous Peoples. Federal statutes recognizing the importance of traditional healing practices for the Indigenous Peoples of the United States are found in 42 USC 122: Section 11711 (Native Hawaiians) and 25 USC 16: Section 1621 (American Indians and Alaska Natives). The State of Hawai`i recognizes the importance of Native Hawaiian traditional healing practices in the State Constitution under Article XII: Customary and Traditional Practices.

[v] Practitioners of traditional Native Hawaiian healing practices are exempt from state licensure under state law (Hawaiʻi Revised Statutes [HRS] 453-2).

[vi] The Native Hawaiian Health Scholarship Program (42 USC 122: Section 11709).

[vii] See HRS 10H.

[viii] Dr. Benjamin Young shared this model in a gathering of Native Hawaiian kūpuna sponsored by Papa Ola Lōkahi in Waimea, Hawaiʻi, on March 9, 2017.



Papa Ola Lōkahi

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