

Papa Ola Lōkahi

E OLA MAU A MAU

THE NEXT GENERATION OF NATIVE HAWAIIAN HEALTH

HISTORICAL & CULTURAL PERSPECTIVES

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

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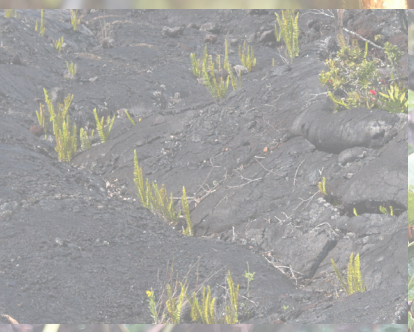
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Chapter One:
Historical and Cultural Perspectives

Historical and Cultural Perspectives

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**Hali‘a Aloha[1]: Pearl Ulunuikamamalu Kanaka‘ole Garmon, an esteemed kupuna[2] and Traditional Native Hawaiian cultural practitioner, ua hala[3] on May 10, 2018.*

Executive Summary

Increased Understanding

In 30 years, about 5,000 publications, video/audio recordings, and reports on Native Hawaiian history and culture impacting heath, well-being, and healing practices have been produced. Findings include:

- Native Hawaiians were ocean wayfinders from Tahiti and the Marquesas who made Hawai‘i landfall from the late 3rd c. C.E. They sailed to the South Pacific and back, bringing more people, domestic plants and animals, and implements to create a distinct society, culture, and ethnocultural identity.
- *Hōkūle‘a* and its sister voyaging canoes proved the accuracy of non-instrument navigation and the prowess of Hawaiian wayfinders. *Hōkūle‘a* completed its circumnavigation of the world in June 2017.
- By the 11th c. C.E., Hawai‘i consisted of well-developed island kingdoms. By 1810 C.E., King Kamehameha I established a monarchy and multi-island nation state. Native Hawaiians are the lineal descendants of these first-nation people who currently make up 21% (294,000) of Hawaii’s total population of 1.4 million.
- A Pew Research Center study showed: When Captain Cook arrived in 1778, Hawaii’s non-moneyed socioeconomic system of agriculture, aquaculture, and optimal land and water resource management supported an estimated population of 683,000 Native Hawaiians.
- Europeans and Americans brought infectious disease epidemics and changes to the Hawaiian socioeconomic, political, and religious-spiritual system, lifestyle, and food production, decimating the native population by 84%. Between 1836-1838, virtually no native child lived beyond 2 years. By 1840, only 109,280 Native Hawaiians remained.
- Despite the adverse European-American impact on pre- and post-contact Hawai‘i that attempted to diminish the Native Hawaiian culture, cultural practices, and language, from 1985 to the present there has been a resurgence of Native Hawaiian language use and a demonstrated commitment by schools at the preschool, K-12, and college levels to teach and perpetuate Native Hawaiian language, cultural practices, and scholarship.
- History has revealed the ways in which distrust, disparities, and injustice in healthcare stemming from foreign desires, diseases, and oppression can be overcome by Power, Protection, Prevention, and Perpetuation of Intact Families:

[1] to remember fondly
[2] elder, ancestor
[3] passed away, died

In 1804, Kamehameha I used his power to direct ships' doctors to train kāhuna[4] (Hawaiian healers) and stopped the ma'i ōku'u, "squatting disease," possibly cholera. From 1836 to 1838, when no Hawaiian child lived beyond 2 years, a little girl was protected by her physician father and lived…to be Queen Emma, wife of Kamehameha IV—founders of The Queen's Hospital and Health Systems. In 1853, the smallpox epidemic introduced immunization and prevention. The 1866 quarantine law fractured families to halt the ravages of leprosy. It spawned deep distrust and disparities of healthcare that continue today. It taught us that perpetuation of intact families is essential to the health and well-being of our people. Power, protection, prevention and perpetuation…It's about our history and culture being taught and practiced in Hawaiian families.

Benjamin B. C. Young, MD
Kupuna and History of Medicine Scholar

Effective and Promising Approaches

- Papa Ola Lōkahi[5]—with limited resources and statutory authority—fulfills its purposes to sustain the cooperation of a statewide network of public and private organizations that form the Native Hawaiian Health Care Systems.
- Federal, state, and private organizations have provided funding and developed programs that have moderately advanced, and inconsistently sustained, Native Hawaiian culture, biomedical, psychosocial, and disparities research, and health promotion, prevention, and interventions, including traditional Hawaiian cultural interventions.
- Hawaiian organizations (e.g., Office of Hawaiian Affairs, Papa Ola Lōkahi, E Ola Mau, ALU LIKE, Kamehameha Schools, Pūnana Leo, The Queen's Health Systems, Queen Lili'uokalani Trust, Association of Hawaiian Civic Clubs, and King William Charles Lunalilo Trust) have developed and are executing strategic plans advancing Native Hawaiian education, social services, cultural practices, and the health and well-being of parents/prenates, infants, children, adolescents, adults, and elders.
- The University of Hawai'i has implemented strategic plans advancing Hawaiian studies, language and culture, a School of Hawaiian Knowledge, a College of Hawaiian Language, and a Department of Native Hawaiian Health, Native Hawaiian Centers of Excellence in the Schools of Law and Medicine, a Native Hawaiian and Indigenous Health specialization in the School of Social Work and Public Health, and a program within the School of Nursing to promote, mentor and prepare nursing professionals to support the health, well-being, and recovery of Native Hawaiians/Pacific Islanders. Hawaii's private universities have also committed to the advancement of Native Hawaiian culture and education. Chaminade University is a Native Hawaiian-Serving University with a dedicated programmatic focus on advancing Native Hawaiians along with Native Hawaiian culture. Hawai'i Pacific University's Windward O'ahu campus has a program that teaches the cultivation of wetland taro, a major Native Hawaiian crop staple that grows in the communities within the windward district of O'ahu.
- Increasing numbers of cultural and sacred sites have been restored and are now protected through state, federal, and private funding, including robust volunteerism, throughout the Hawaiian archipelago. Healing sites are maintained.
- Multimedia communications on cable television programs and online websites, platforms, and online applications have significantly increased access to education and practical training in Native Hawaiian language and culture.

Gaps

- Native Hawaiian health and wellness programs/activities form a quasi-health and wellness system made up of semi-autonomous components with inconsistent levels of effectiveness and quality.
- University curricula do not exist that would train Healthcare Administrators to develop and manage health care services, personnel, finances, facilities, and systems that serve Native Hawaiians and sustain networks of partnerships that appropriately combine traditional Native Hawaiian healing and cultural practices with Western allopathic and osteopathic models, and Eastern and alternative treatment protocols.
- Papa Ola Lōkahi's statutory authority and budget are insufficient to direct, coordinate, plan, and successfully execute the government, education, research, and clinical activities that can transform the present system into a

[4] healer, master, sorcerer, priest
[5] "Board of Health, wellness, and unity in body, mind, spirit and environment"

clearly defined, effective Native Hawaiian Health System of Care. In addition, Papa Ola Lōkahi must have the funding to establish and successfully execute a plan to accelerate its inter-connectedness with previously described Native Hawaiian agencies to increase community engagement programs and culturally adapted interventions that could align strategies and leverage resources to create innovative models and projects to serve Native Hawaiians across the lifespan—both in Hawai'i and on the continental U.S.

- The number of master-level kupuna[6] Native Hawaiian traditional healers and cultural practitioners is decreasing as these elders are lost to morbidity and mortality. Exacerbating this problem is that most Native Hawaiian, culture-centered health and wellness programs are not reimbursed by health insurers. There are insufficient outreach, funding, and resources to operate an effective process of certification (and re-certification) and advanced training for proficient Native Hawaiian traditional healers and cultural practitioners to sustain their practice.
- There does not exist a Native Hawaiian geriatric system of health and housing (e.g., designing kauhale[7] as multigenerational family-care environments) to protect and perpetuate the dignity and capacity of kūpuna[8] to maintain and transmit ancestral knowledge and wisdom.
- Native Hawaiian 'ōpio[9] do not <u>fully</u> know and/or appreciate the extent and power of their indigenous Hawaiian ethnocultural identity. Moreover, there is no generative strategy to transform 'ōpio[8] and their families into articulate, assertive citizens able to employ ancestral narratives that advance a resonating 21st-century ethnocultural identity.
- While outcomes research on traditional healing and cultural interventions has been conducted since 1985, the overall numbers and kinds of outcomes studied must be increased to determine the effectiveness, efficacy, and replicability of these interventions.

Recommendations for Impact

- **Increase Support for Community Engagement Programs.**
  - Enhance the statutory authority and increase the annual budget of Papa Ola Lōkahi, thereby strengthening its capacity to appraise, direct, coordinate, and consolidate effective/promising Native Hawaiian health and wellness activities/programs that produce a fully functional, high-quality Native Hawaiian Health System.
- **Increase Culturally Based and Culturally Adapted Interventions.**
  - Identify, evaluate, and sustain promising/effective culture-directed intervention approaches/programs (e.g., Board and Stone, Lomilomi, Ho'oponopono, and La'au Lapa'au)[10] across the life span for parents/prenates, infants, children, youth, adults, and elders.
  - Continue to expand the work of the Kūpuna Councils on all islands to increase the exchange of information, authentication of competence, and continuing education and training for traditional Native Hawaiian healing and cultural practices.
- **Improve and Ensure Access.**
  - Partner with healthcare insurers/providers to complete due diligence for an optimal, affordable health insurance program that will shape Native Hawaiian population health strategies for care and wellness.
- **Develop and Train the Workforce for Traditional Native Hawaiian Healers and Culture Practitioners.**
  - Sponsor programs to educate, train and gather Native Hawaiian traditional healers and cultural practitioners.

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[6] elder, ancestor, singular

[7] group of houses comprising a Hawaiian home; a home, settlement; in modern vernacular usage, a community-based system of agencies/organizations that provide interconnected services for a specific population of clients/patients

[8] elders, plural

[9] youth, juvenile

[10] Board and Stone is a family-centered intervention in which a stone poi pounder and poi board are made, applying Native Hawaiian cultural practices that strengthen family relations between parents and their children, and within the community members. Lomilomi is Traditional Native Hawaiian massage therapy. Ho'oponopono is a family- or group-based traditional healing therapy that identifies, manages, and resolves conflict, and initiates reconciliation that restores correct, healthy relationships among family or group members. La'au Lapa'au is a traditional Native Hawaiian healing practice that uses herbs and plants.

- ❖ Create curricula within Hawai‘i universities to educate and train Healthcare Administrators at the baccalaureate and master’s levels with a specific emphasis on managing health care programs, facilities, and systems that serve Native Hawaiians.

❖ **Expand Funding and Resources.**

- ❖ Increase Papa Ola Lōkahi funding to adequately fund the provisions of the Native Hawaiian Health Care Improvement Act (P.L. 102-396).
- ❖ Sponsor programs to educate, train and gather traditional cultural practitioners and healthcare administrators.
- ❖ Fund quality improvement and health/wellness outcomes research that include evaluation of economic impact on health for traditional native health interventions.
- ❖ Provide funding to develop a system of Native Hawaiian geriatric care—from aging in place to assisted living to nursing/intermediate care facilities—that is directed by Native Hawaiian cultural values.

E ‘ike ka hoku o ka nalu, o hoku ‘ula, o hoku lei.

Behold the stars of the waves, the red star, the wreath of stars.

When the rising and setting stars are near the ocean horizon, they provide clues to direction.

Paka‘a and Kuapaka‘a Chant

Introduction

❖ ***E Ola Mau* Revisited**

Over thirty years ago, the Historical/Cultural Task Force members who were part of the *E Ola Mau Health Needs Study* (Native Hawaiian Health Research Consortiums, 1985a, 1985b), examined the historical and cultural context surrounding the health status of Native Hawaiians. They reached seven general conclusions:

1) Historical and cultural health data were inadequate due largely to inconsistent measures (e.g., racial categories, ancestry, ethnic identification, Hawaiian/Part-Hawaiian, Native/native Hawaiian) used to define this population.
2) Despite these data limitations, the available information showed that for 1,500 years before European/American contact in 1778, Native Hawaiians had developed an island-based monarchical society made up of generally robust people with a unique set of cultural values and practices upheld by a system of sacred laws called the **kapu** that effectively promoted wellness while preventing and controlling illness.
3) Beginning in 1778, Western contact caused the physical, social, and spiritual devastation and despair of Native Hawaiians through a) infectious disease epidemics brought in on foreign ships, and b) loss of native lands and economic and political control to European/American merchants, whalers, traders, planters, and entrepreneurs.
4) The illegal overthrow of the Hawaiian kingdom by a European-American oligarchy aided by U.S. armed forces in 1893, and the subsequent annexation to the U.S. in 1898 without consent from or compensation to Native Hawaiians, exacerbated their disenfranchisement and loss of their culture, language, socioeconomic status, sovereignty, and self-determination. These losses suffered by a population that seemed to be approaching extinction were the crucible within which Native Hawaiians became the group with the worst health status among Hawai‘i’s ethnic groups.
5) Despite their grim health status, Native Hawaiians showed resilience and fortitude. They kept and perpetuated traditional (pre-contact) cultural beliefs and practices which, the task force concluded, mitigated their health adversities.
6) Policy and law makers had two options to address Native Hawaiian health problems: a) Maintain the status quo by continuing to ignore Native Hawaiians and allowing their health problems and already shortened life span to worsen, or b) Support and strengthen cultural beliefs and practices that accelerated healing and supported resilience.
7) Native Hawaiians themselves needed to reclaim, revitalize, and maintain their ethnic identity, self-determination, and traditional cultural concepts and practices that promoted health and wellness.

Thirty-five recommendations were developed within seven overarching systems-based areas outlined below:

1) Promote steadfast wholistic awareness that health is only one aspect of well-being, alongside pride of heritage (e.g., ancestral narratives and genealogies).

2) Emphasize concern for and kākoʻo[11] of ka poʻe Hawaiʻi[12] to provide input in all stages of planning, implementation, and evaluation, with the goal of having capable Native Hawaiians educated, trained, and given the experiences required to design, execute, and evaluate their own programs.
3) Define realistic, practical, and meaningful goals for wholistic, early interventions that promote health and prevent and control disease within appropriate cultural contexts. Recognizing that existing benchmarks for health are based on non-Hawaiian, European-American (i.e., White) health factors, measures of health improvement for Native Hawaiians should be determined by Native Hawaiian sociocultural measures of physical, mental, behavioral, dental, and nutritional health across the lifespan.
4) Health education for Native Hawaiians should be conducted by trained Native Hawaiians at the ʻohana[13] and community levels, and should utilize Native Hawaiian cultural concepts, language, and practices that advance health and well-being.
5) Health education and Native Hawaiian cultural training of health personnel should include Native Hawaiian and non-Native Hawaiian Western-trained health professionals *and* traditional Native Hawaiian healers and cultural practitioners.
6) Coordinate public and private health agencies and institutions that serve Native Hawaiians to avoid duplication of services, identify and fill gaps in service, maintain continuity and stability of existing effective programs, discontinue ineffective ones, and secure and deploy resources to create new effective programs as needed.
7) Integrate Native Hawaiian health programs with programs to promote the reclaiming of Hawaiian lands, in-migration population flow, understanding of laws related to civil rights and health, and political self-determination.

These recommendations were envisioned to redesign and bring into being a Hawaiʻi homeland that possesses the needed components and multifaceted supports to transform the *internal environment* (i.e., a person's constitutional biological-psychological-social-cultural-spiritual make-up) and *external environment* (i.e., historical, cultural, socioeconomic, and political factors that influence a population group) to promote Native Hawaiian culture-based health and wellness, beginning with the family, local communities within which Native Hawaiians live, and other social support systems. On October 31, 1988, the Native Hawaiian Health Care Improvement Act (P.L. 100-579; reauthorized by Congress October 6, 1992 as P.L. 102-396) became the vehicle through which these recommendations could be put into action.

❖ *E Ola Mau A Mau*

Historical and cultural contexts exert powerful influences that strengthen or weaken the well-being and health status of humankind. In turn, these contextual effects influence constitutional factors (e.g., our genetic and physiologic makeup) that strengthen or weaken our capacity to fend off illness and disease. Three decades after the first publication of the *E Ola Mau Health Needs Study*, discoveries from anthropology, archeology, genetics, history, literature, the performing arts, and primary and secondary source materials on ancient to contemporary indigenous health and healing principles and practices demonstrate the powerful influence—for good and bad—that history and culture have had on the health status and well-being of Native Hawaiians.

Compared to Hawaii's other ethnic groups, Native Hawaiians have the highest rates of chronic physical, psychological, and behavioral illnesses. Native Hawaiians suffer disproportionately from obesity, cancer, diabetes mellitus, alcohol and substance abuse, cardiovascular and pulmonary disease, dental caries and periodontitis, anxiety, depression, and suicide. Despite these health problems, regardless of socioeconomic class, Native Hawaiians avoid seeking help from health care providers until their illnesses are in advanced stages associated with life threatening dysfunction and disability. Even among incarcerated Native Hawaiian men, women, and youth, who are over-represented within the criminal justice system, culturally based programs that increase engagement with health care programs, mental health and substance abuse programs, and traditional Native Hawaiian healing interventions such as hoʻoponopono[14] are insufficient (Native Hawaiian Justice Task Force Report, 2012).

Timeline of Historical/Cultural Events

An important overall contribution by the 1985 Historical/Cultural Task Force was the compilation of

[11] support, upholding
[12] Native Hawaiians within their homeland of Hawaiʻi
[13] family
[14] to correct; a family- or group-based traditional healing therapy that identifies, manages, and resolves conflict, and initiates reconciliation that restores correct, healthy relationships among family or group members

a "Hawaiian Health Timeline and Events," which detailed the significant events from the arrival of the first Polynesian-Hawaiians in the 3rd century C.E., who settled and made Hawai'i home, to the historical and cultural events of the 21st century that continue to impact Native Hawaiian health. During the past 30 years this timeline has been regularly updated as scholars, researchers, navigators, and practitioners have uncovered previously unknown facts about pre- and post- European-American-Asian contact, and new advances post-1985 in Native Hawaiian health, healing, education, etc., have been occurring. The current timeline is presented as part of *E Ola Mau A Mau*.

Population changes.

We focus here on the events of the past 240 years – from 1778, the year Captain James Cook's ships came upon the Hawaiian archipelago that had been unknown and uncharted in European and American navigation maps, to 2018. The Native Hawaiian population, which began at over 683,000 in 1778, dropped to 24,000 by 1920—a 96.5% reduction caused primarily by European and American contact, infectious diseases, weaponry, and social, economic, and political power and influence (Blaisdell, 1985; Swanson, 2016; Schmitt & Nordyke, 2001; Young, 2017). However, since the 1980s, the Native Hawaiian population has been growing and is projected to continue to grow. The 2000 U.S. Census shows that there were 560,000 Americans who identified themselves as Native Hawaiian: 201,600 (36%) identified as Native Hawaiian and another race, 145,600 (26%) as Native Hawaiian with two other races, and 184,800 (33%) as exclusively Native Hawaiian (Goo, 2015).

The population growth of Native Hawaiians is good news that is tempered by a lifespan 6 years shorter than Hawaii's average lifespan of 80 years. Given the projected population growth, it is imperative that we continue to identify the causal, mediating, and risk factors associated with Native Hawaiian morbidity and mortality. In addition, work needs to continue in identifying protective and resilience factors—particularly historical and cultural factors—that strengthen the connection of Native Hawaiians to health care and wellness networks within their neighborhoods and communities. Successful outcomes in these areas would improve health status and wellness, and reduce health care costs and related economic losses such as sick leave and unemployment.

Public Law 102-396 set into motion the formation of a Native Hawaiian Health Care System with the purpose of improving the health status and well-being of Native Hawaiians in their homeland. Papa Ola Lōkahi, a 501(c)3 non-profit corporation, was the designated entity through which the Secretary of the U.S. Department of Health and Human Services would contract to develop and implement a master plan to meet the purposes of this law.

Purpose

E Ola Mau A Mau: The Next Generation of Native Hawaiian Health was commissioned by Papa Ola Lōkahi to review the activities and outcomes of this law and to evaluate the effects of this public policy on the lives of Native Hawaiians living within the State of Hawai'i. This chapter focuses on the historical and cultural contexts that influence Native Hawaiian health status and well-being. In the sections that follow we review the ways in which the seven recommendations of the original 1985 Historical/Cultural Task Force have guided the implementation of the Native Hawaiian Health Care Improvement Act. We organize our review into four areas: 1) increased understanding; 2) effective and promising approaches to health promotion, disease prevention, and intervention; 3) gaps in knowledge, skills, expertise, resources, technology, etc., that hinder and obstruct progress; and 4) recommendations for impact, including some which are updated from 1985 along with new recommendations based on the evaluative experience of the past 30 years.

Process

Task force members and contributors.

Thirty-three contributors from the islands of O'ahu, Kaua'i, Moloka'i, Maui, and Hawai'i comprised the membership of the 2018 Historical and Cultural Task Force. Of these 33 members, six had played significant roles in the preparation and implementation of the original 1985 *E Ola Mau Health Needs Study*. Thirty members were Native Hawaiian, two were European-American, and one was Japanese-American. Most members had either been born and raised in Hawai'i, while the remainder had lived in Hawai'i for more than 40 years. Occupations and fields of expertise represented were Native Hawaiian health/wellness cultural practitioners, physicians (including Native Hawaiian professors and doctors of medicine and psychiatry), health care and medical school administration, health education, nursing, social work, educational psychology, public health (including epidemiologists and graduate students), Native Hawaiian middle school principal, teacher, teachers of Hawaiian culture, and Native Hawaiian community health and culture workers and staff.

Task force meetings.

From December 2016 through April 2017, a period of 5 months, meetings lasting an average of 2 hours were held every 2-3 weeks. In addition, individual and smaller group meetings were held with the task force chair and members to discuss specific aspects of the information gathered and manuscript preparation from May 2017 through March 2018. Meetings reviewed the oral and written histories and salient publications related to Native Hawaiian history, culture, health, and well-being. Particular emphasis was placed on information, history, and new as well as old knowledge of Hawaiian history and culture over the past 30 years, to assess successes, gaps, causal factors, promising initiatives, and ways to improve; traditional Native Hawaiian health and healing practices; success of education and training programs for Native Hawaiian professionals, growth of the scholarly and scientific literature on Native Hawaiian history and culture, language usage, and Hawaiian cultural interventions; Native Hawaiian leadership in health professions; advancement of Native Hawaiian cultural-healing practices, practitioner-trainees, and teaching practitioners (referred to as "native healers" in the 1985 *E Ola Mau Health Needs Study*); new Native Hawaiian cultural approaches to health, wellness, and healing; and visions and proposals for strengthening the Native Hawaiian Health System. Notes were taken at all meetings. Sometimes, particularly when kūpuna[15] experts attended meetings, audio and visual recordings were made with the consent of the attendees.

Multi-island meetings with Native Hawaiian traditional cultural practitioners and Native Hawaiian health care providers.

In addition to the regularly scheduled meetings, two all-day meetings of experts were held. The first meeting, called the *Kūpuna Kūkākūkā*, was held on March 9, 2017, at Kamuela, Hawai'i Island. Attended by 14 participants, the meeting was a facilitated kūkakūka[16] among kūpuna[17] and mākua[18] from four islands with experience and training in Native Hawaiian history and traditional cultural and/or healing practices. The discussion focused on elder care and behavioral/mental health, transforming the current Native Hawaiian Health System model, and the role of traditional Native Hawaiian cultural practices in elder care, mental/behavioral health, and the Native Hawaiian Health System. Within each of these topic areas, participants were asked to share their individual and collective knowledge of Native Hawaiian history and culture in connection with Native Hawaiian health, well-being, help-seeking behaviors, and the relationships between Native Hawaiians and the existing health care system in Hawai'i.

The second all-day meeting, held on July 25, 2017, was a session called *Pū'ulu: Mana i ka Leo* which gathered an assembly or pū'ulu of informed experts, practitioners, and students to conduct an in-depth exploration of the Native Hawaiian health and wellness concept of Mana i ka Leo, which is based on traditional health practices updated for contemporary application in a program called Board and Stone (Genegabus, 2017). It is a promising intervention that is built on the traditional practice of making the implements, i.e., a pounding board and stone, to prepare poi, the Native Hawaiian staple made of steamed kalo[19] corms. Pū'ulu attendees included 42 Native Hawaiian practitioners and experts in Mana i ka Leo and other Native Hawaiian cultural practices used for health and healing, and other health professionals, educators, scholars, researchers, administrators of schools and of prisons for women and youth, and Native Hawaiian community leaders who utilized Mana i ka Leo and/or Board and Stone interventions.

Interviews.

Project assistants conducted 1-1.5-hour semi-structured interviews with 31 identified Native Hawaiian health leaders, traditional Native Hawaiian healers and/or cultural practitioners, and non-Hawaiians who were overseeing the care of Native Hawaiians.

Literature review.

Project assistants and three of the chapter authors conducted literature searches of all peer-reviewed, non-peer reviewed, governmental, and private publications; newsletters; county, state, and federal statute and laws; undergraduate and graduate theses; graduate dissertations; and audio or audiovisual recordings since 1985 on Native Hawaiian history and culture, and Native Hawaiian healing and counseling. The search used the key words "Traditional," "Hawaiian," "Native Hawaiian," and "Indigenous Hawaiian," cross-referenced with healing; religious

[15] elders
[16] thoughtful deliberation
[17] elders from the grandparent generation
[18] adults from the parent generation
[19] taro

and spiritual traditions/practices; herbal medicine and other Native Hawaiian treatments such as laʻau lapaʻau,[20] lomilomi,[21] and hoʻoponopono;[22] hula, chants, ʻŌlelo Hawaiʻi,[23] language, and mele;[24] and practices leading to ola[25] and lōkahi. In addition, library and web searches were done on publications, oral histories, and translated Hawaiian language newspapers that described the infectious disease epidemics, examining their impact on Native Hawaiians and the interventions utilized to address those epidemics – along with sources, particularly those written since 1985, that describe the chronic diseases that continue to adversely impact Native Hawaiian health.

Moʻolelo[26] and mele[27].

Over the past 30 years, cultural masters and emerging scholars fluent in ʻŌlelo Hawaiʻi have translated large numbers of Native Hawaiian stories, oral histories, chants, songs and poems preserved through archival audio recordings, manuscripts, and Hawaiian newspapers into English, providing the larger Native Hawaiian and non-Hawaiian public with previously inaccessible knowledge on the history, myths, sacred wisdom, cultural beliefs and practices, and social mores of traditional Hawaiian stories. These invaluable sources of knowledge were also reviewed and mined by task force members via our meetings, interviews, and literature review.

Information from these meetings, interviews, literature review, moʻolelo[26] and mele[27] has served to generate the content and fulfill the purpose of this report.

Increased Understanding

During the three decades since the publication of the 1985 *E Ola Mau: The Native Hawaiian Health Needs Study*, scholars and researchers have enriched our knowledge and expanded the literature on Native Hawaiian history and culture. About 5,000 publications, audio/video recordings, and articles have been produced regarding Native Hawaiian history and culture as influences upon health, well-being, and healing principles and practices. While a complete review is beyond the scope of this report, some of these works are described and cited herein and in other chapters. This growing body of knowledge, skills, and practices moves us beyond the scarcity of information and the preconceived notions that existed in 1985.

Information from oral histories and mele once secreted within family elders have been and are continuing to be shared. Nearly-forgotten troves of museum archival reports and newspapers written in the Hawaiian language are being translated by contemporary Native Hawaiian-speaking scholars (Hoʻoulumahiehie & Nogelmeier, 2013; Kameʻeleihiwa, 1992; Kauanui, 2008; Kepelino, 2007; Merry, 2000; Nogelmeier, 2010; Osorio, 2002). Native Hawaiian scholars began to correct and complete the often biased and half-told stories written predominantly by European-Americans in the 19th and 20th centuries, and to provide facts and truth that mitigate the Native Hawaiian stereotypes of decades past. These resources provide a multi-dimensional understanding of the historical and cultural factors that influence—in positive and negative ways—the health and wellness of Hawaiʻi's indigenous, First Nation people. Salient findings from this body of work are summarized below and will be elucidated in the sections that follow.

Settlement of the Hawaiian Islands and First Nation Indigenous Status

Scholarly and research findings have dispelled previous suppositions of how the Hawaiian Islands were settled, cultivated, and populated (Greig, 1993; Kirch, 1985; Kirch & Sahlins, 1992; Lum, Rickards, Ching, & Cann, 1994). After making landfall in 300 C.E., the first Polynesian-Hawaiians sailed back on 40- to 60-foot double-hulled ocean voyaging canoes to their original home islands, and then returned to Hawaiʻi (a 5,000-mile round-trip voyage) with family, friends, and others who served their spiritual, military, and workforce needs – bringing dogs, pigs, and chickens, varieties of kalo,[28] sweet potatoes, bananas, coconuts, and other plants needed for making cloth, and cord for ropes and nets. These ocean voyages stopped by 1200 C.E., as a distinct and sovereign Native Hawaiian society had become established (Andrade & Bell, 2011). Empirical evidence of the ocean voyages that populated the Hawaiian Islands was gathered through multiple trips to the South Pacific and back to Hawaiʻi by the *Hokuleʻa* and its sister ocean voyaging canoes, *Hikianalia* and

[20] medicine; traditional Native Hawaiian healing practice using herbs and plants
[21] traditional Native Hawaiian massage therapy
[22] to correct; a family- or group-based traditional healing therapy that identifies, manages, and resolves conflict, and initiates reconciliation that restores correct, healthy relationships among family or group members
[23] Native Hawaiian language
[24] chant, song, poem
[25] life, well-being and health
[26] story, history, myth, tale, tradition, legend, fable, article
[27] chant, song, poem
[28] taro

Hawai'iloa, which used traditional non-instrument navigation methods used by ancient Native Hawaiian-Polynesians. Their latest 3-year Mālama Honua[29] Worldwide Voyage began in Hawai'i, circumnavigated the world and returned safely to Hawai'i in June 2017 (Polynesian Voyaging Society, 2018).

By the 11th century C.E., Hawai'i consisted of well-developed island kingdoms. By 1810, King Kamehameha I had established a monarchy and multi-island nation state. Formal diplomatic relations between the Kingdom of Hawai'i and the United States were established in 1853. These treaties and relations remained in effect until Hawai'i became a territory of the United States in 1898 (MacKenzie, Serrano, Sproat, Obrey, & Poai, 2015). Native Hawaiians, the lineal descendants of these first-nation people, currently make up 21% (294,000) of Hawaii's total population of 1.4 million (Andrade & Bell, 2011; Goo, 2015; Hawai'i State Department of Health, Health Surveillance Program, 1990; Jaworowski, 1998).

As the First Nation and indigenous people of Hawai'i, Native Hawaiians have been recognized by the United States in more than 300 individual federal acts since Hawai'i became a territory of the United States (e.g., 1900 Organic Act, 1921 Hawaiian Homes Commission Act, 1959 Statehood Admission Act), the State of Hawai'i in its Hawai'i Revised Statutes (State Constitution; Section 10H-1), and the United Nations as beneficiaries of the United Nations Declaration on the Rights of Indigenous Peoples.

This Native Hawaiian national and global network of relationships was recognized and extended as part of the Mālama Honua Worldwide Voyage, in which the crew members who sailed on the Native Hawaiian voyaging canoe *Hokule'a* made landfall in 150 ports, 23 countries and territories, and eight United Nations Educational, Scientific, and Cultural Organization (UNESCO) Marine World Heritage sites, bringing the Native Hawaiian culture, language, mele, and humble mastery of traditional non-instrument navigation. Their aim was to build global relationships, and bridge traditional and new technologies for protecting the Earth and living sustainably. In a powerful historical irony, in contrast to the 17th- and 18th-century European-American explorers who brought disease and destruction to Hawai'i, the crews of the *Hokule'a* brought mālama honua. Drawing upon the resilience of Hawai'i's indigenous First Nation people who overcame near-extinction from the 19th-century epidemics, loss of a kingdom, and disenfranchisement, the 245 participating crew members on this 3-year voyage are role models and cultural heroes for 21st-century Native Hawaiians.

Native Hawaiian Language

Scholarly efforts to study and translate traditional Native Hawaiian literary works recorded from the late 18th, 19th, and early 20th century have been augmented by increasingly common usage of and proficiency in 'Ōlelo Hawai'i.[30] Today, it is not uncommon to hear Native Hawaiian (and non-Native Hawaiian) children speaking 'Ōlelo Hawai'i in Hawaiian language charter schools; and universities in Hawai'i have Hawaiian knowledge, history, and language schools, departments, and centers that advance the study of Native Hawaiians. The number of Hawaiian language speakers in Hawai'i has increased ten-fold from an estimated 1,000-2,000 Hawaiian language speakers in 1985 to about 19,000 in contemporary Hawai'i (New York Times Archives, 1985; Hawai'i State Data Center, 2015). In 1985, there were three Hawaiian language pre-schools. Today, a statewide network of 12 internationally accredited Hawaiian language and cultural immersion pre-schools exist. In 1985, there were no K-12 public schools with Hawaiian language and cultural immersion curricula. Thirty years later, there are 15 public schools and six charter schools educating K-12 students in Hawaiian language and culture ('Aha Pūnana Leo, 2017, 2018; Neason, 2016). At the college and university level, Hawaiian cultural practice and scholarship significantly increased with undergraduate and graduate degrees in Hawaiian studies, language, immersion education, and Library and Information Science. There is a cable television station, 'Ōiwi TV, dedicated to Hawaiian language, and a weekly opinion editorial published in the Hawaiian language in the *Star Advertiser,* the main newspaper for the city and county of Honolulu.

Native Hawaiian Reluctance to Seek Help Within Traditional Western Clinical Settings

While the previously described advances in Native Hawaiian scholarship, research, language usage, cultural practices, and education are notable, Native Hawaiians often continue to avoid physicians, nurses, and traditional Western health care facilities, until they have developed advanced and often debilitating disease, illness, or disability. The underpinnings of this deep-seated, visceral avoidance remain only partially understood. The historical context reveals that disparities and injustice in

[29] mālama – to care for, tend, honor; honua – the Earth
[30] Hawaiian language

healthcare, and the resulting distrust, have been engendered by foreign desires, diseases, oppression, and historical trauma (Blaisdell, 1985, 1989; Bushnell, 1963; Fuchs, 1961, Kameʻeleihiwa, 1992; Kauanui, 2008; Liliʻuokalani, 1990; Merry, 2000; Stannard, 1989). In contrast, oral and written stories, particularly from the 19th through 20th centuries C.E., show that power infused with Native Hawaiian values such as aloha,[31] lōkahi,[32] haʻahaʻa,[33] and mālama[34] that are directed toward promoting well-being, preventing illness, and perpetuating intact, multigenerational families can lessen the effects of, and in some cases overcome, these adverse historical factors (Lee & Look, 2017).

A 2017 meeting of Native Hawaiian elders was convened to discuss ways that historical/cultural knowledge could have far-reaching effects upon Native Hawaiian help- and wellness-seeking behaviors. The group attempted to discern some of the critical factors that have shaped and continue to shape Native Hawaiian health and well-being, and the ways in which power, protection, prevention, and perpetuation used at the right time by the right people in the right circumstances can have far-reaching effects.

In 1804, Kamehameha used his power to direct ships' doctors to train kahuna[35] and stopped the maʻi ōkuʻu.[36] From 1836 to 1838, when no Hawaiian child lived beyond 2 years, a little girl was protected by her physician father and lived…to be Queen Emma, wife of Kamehameha IV—founders of The Queen's Hospital and Health Systems. In 1853, the small pox epidemic introduced immunization and prevention. The 1866 quarantine law fractured families [well into the mid-1900s] to halt the ravages of leprosy. It spawned deep distrust and disparities of healthcare that continue today. It taught us that perpetuation of intact families is essential to the health and well-being of our people. Power, protection, prevention, and perpetuation…It's about our history and culture being taught and practiced in Hawaiian.

Kūpuna Kūkākūkā Meeting
March 9, 2017

These words, spoken by Dr. Benjamin B. C. Young, physician, kupuna,[37] professor emeritus, and history of medicine scholar, summarized a segment of historical and cultural discussion at an elders' conference, highlighting the enduring positive effect of the survival beyond age 2 of a Native Hawaiian girl born in 1836. She grew up to be Hawaiʻi's great Queen Emma, whose legacy was to build and sustain the largest academic medical center on the islands with its mission to advance health care for Native Hawaiians and all the people of Hawaiʻi. Dr. Young also refers to the devastating negative effect of the passage of the Act to Prevent the Spread of Leprosy in January 3, 1865, which was led by European/American physicians on the Hawaiian Kingdom Board of Health in 19th-century Hawaiʻi.

The final 19th-century epidemic.

The final 19th-century infectious disease epidemic that came to Hawaiʻi on foreign ships was leprosy, the first case being diagnosed in 1848. The disease ravaged peripheral nerves, resulting in sensory loss, facial disfigurement, shrinking of fingers and toes, blindness, and hearing loss. It killed Native Hawaiian men, women, and children. In 1865, the Quarantine Law mandated that the afflicted be taken from their families by law enforcement personnel and exiled to the leper colony on the island of Molokaʻi. A year after its enactment, in January 1866, the first group of patients arrived on Molokai's Kalawao-Kalaupapa peninsula. Over the next 103 years, 8,000 more patients would follow, of whom over 90% were Native Hawaiian. The quarantine and forced separation would continue until 1969, when the law was finally eliminated.

Native Hawaiian and European-American sociocultural reactions to leprosy were strikingly different (Amundson & Ruddle-Miyamoto, 2010). European-Americans perceived the physical changes and disabilities as viscerally disgusting, "loathsome, repulsive and indescribably horrible" (Clifford, 1889), and they shunned and segregated those with leprosy. Native Hawaiians had no sense of disgust, and the non-afflicted sought to keep and care for the afflicted close to them in their neighborhoods and family households.

Significantly, Hawaiians did not name the disease for what it did to their bodies but for what it did to their 'ohana;[38] they called it 'mai ho'oka'awale', meaning the separating sickness.
(Inglis, 2004; Amundson & Ruddle-Miyamoto, 2010)

[31] love, affection, compassion, mercy, show of kindness, greeting or farewell, charity, pity
[32] unity, agreement, accord, harmony; Native Hawaiian concept of health characterized by harmony and balance among the body, mind, spirit, and environment
[33] humble, modest, unpretentious, unassuming, unobtrusive
[34] to care for, tend, honor
[35] Native Hawaiian healers
[36] "squatting disease," possibly cholera or dysentery
[37] elder
[38] family

After the quarantine laws were enforced, healthy family members chose to go to Moloka‘i as kokua.[39] European-Americans could not understand nor relate to the perceptual and social differences between themselves and Native Hawaiians. Afflicted Native Hawaiians and Hawai‘i immigrants (i.e., non-Native Hawaiians who made up 3% of those exiled) were victims of a disease that made them criminals rather than patients under the care of physicians and nurses. The quarantine laws were not repealed until 1969, impacting Native Hawaiian families well into the late 20th century.

Native Hawaiian distrust of Western medicine and physicians.

Using the word leprosy, rather than the less stigmatized term Hansen's Disease, is important here because it conveys the visceral sense of dehumanizing trauma, shame, fear, and distrust that Native Hawaiians came to associate with Western medicine, physicians, and nurses. Moreover, the perceptual and social differences of illness and disfiguring disabilities between Native Hawaiians and the Western trained health professionals who were supposed to care for them formed a fundamental breach between the Native Hawaiian patients and their health providers that we propose is a causal factor explaining why Native Hawaiians avoid seeking health care until their illness is far advanced.

Native Hawaiian Perception of Health and Wellness

Ola[40] is the overarching cultural term denoting health and wellness for Native Hawaiians. It is comprised of at least four elements that have the common purpose of defining, balancing, and managing relationships: 1) lōkahi, or harmony and balance within individual persons with respect to their inner/outer environments; 2) conflict management/resolution between leaders and people, that is pono,[41] and sustaining a state of ulu pono[42] to invent, produce, and sustain ideas, mores, and institutions that endure; 3) a high functioning and self-reliant ‘ohana,[43] the fundamental social unit of Native Hawaiians, patterned after the crews of the ancient voyaging canoes made up of men, women, and youth (elders, children, and infants were rare voyagers because of the grueling demands of ocean voyaging) who were related by kinship ties of ancestry, marriage, friendship, and servitude; and 4) interdependent and socially responsible kauhale[44] in which ‘ohana reside and form communities whose leaders and members develop effective ways to alu like mai[45] and kūkulu kumuhana.[46]

The concept of lōkahi, which conveys the way in which an individual seeks balance within his/her body, mind, and spirit, and harmony with the environment, other persons, their spiritual ancestors, and the divine, is an important element of ola. Another element of ola is the concept of being pono.[47]

Pono in cultural usage describes the ideal way in which one should lead one's self and others through conflict. Being pono is having the capacity to effectively manage two important aspects of leading oneself and others: 1) aggression, the ability to persist in transforming creativity and vision into artificial inventions and instruments, and the capacity for one's body, mind, and spirit to heal itself; and, 2) peace or calm, the ability to be generative, to seek/prepare the material, emotional, and spiritual lā‘au[48] needed for healing. In traditional Hawaiian belief, the first aspect of pono harnesses the power of Kū, the deity associated with war, man-made or artificial things, and the body's healing power. The second aspect of pono harnesses the power of Lono, the deity associated with peace, fertility, the harvest, generativity, and medicine that aids in healing the body.

In addition to the paramount deities such as Kū and Lono, Native Hawaiians also believed in the creation deities Papa, Wākea, and Ho‘ōhokūkalani who created the earth, sky, and islands of Hawai‘i (Charlot, 1983; Gutmanis, 1983; Valeri, 1985).[49] In

[39] helpers
[40] life, well-being and health
[41] right, moral, ethical, and sound
[42] a state of thriving or growth that reflects the meaningful connections of humanity with other individuals, the community, the environment, and transcendent spiritual realms
[43] family, relative, kin group, extended family, related by blood, aloha, and/or a unified purpose
[44] group of houses comprising a Hawaiian home; a home, settlement; in modern vernacular usage, a community-based system of agencies/organizations that provide interconnected services for a specific population of clients/patients
[45] to come together and work in unity
[46] to pool everyone's thoughts and prayers within a family, group, or team to do the work of solving problems, particularly spiritual and relational problems; this is the initial step in the therapeutic process of ho‘oponopono
[47] right, moral, ethical, and sound
[48] medicine, especially medicinal native herbs and plants harvested from the land and sea
[49] Papa is the Earth Mother, Wākea is the Sky Father, and Ho‘ohōkūkalani ("the making of the stars in the heavens") is their daughter.

addition, the mating of Papa and Hoʻohōkūkalani produced the first taro plant called Hāloanakalaukapalili (also called Hāloa ʻekahi or Hāloa I in the vernacular), followed by the first kanaka,[50] Hāloa (called Hāloa ʻelua or Hāloa II in the vernacular).[51] The taro plant is the kino lau[52] of Hāloa I, which nourishes Hāloa II and all humankind; i.e., the mana[53] of the creation deities to give and sustain life is contained within the taro plant. The clinical moʻolelo[54] or vignette below illustrates how ola[55] can be restored even when a cure is still out of reach for an oncology patient.

Clinical moʻolelo.

A 58-year-old Native Hawaiian woman with lung cancer received radiation treatment, with a resulting esophagitis that caused intense pain when she swallowed. She was placed on intravenous feeding while the inflammation in her esophagus subsided. Over the course of 2 weeks, this usually cheerful, socially engaging woman who loved being surrounded by her large family became depressed and despondent, and isolated herself by asking her family not to visit. A psychiatric consultation indicated she met the diagnostic criteria for a major depressive disorder; however, antidepressant medication was not started because of her physically weakened condition, additional medical side effects, and potential drug interactions. A Native Hawaiian third-year medical student newly assigned to the case completed a history and physical on the patient. When the student asked the patient how she was feeling about not being able to eat, the patient replied, "My grandfather who raised me…he taught me you have to eat poi. He told me, 'You eat poi because poi not just food, poi is medicine…poi make you strong…give you life…especially when you sick!' I eat poi 2-3 times a week before I got sick. Now, I cannot swallow. I cannot eat poi. I'm getting weaker every day…like my life is draining out…I may as well be dead." The student described the problem to the treatment team and recommended that they treat her by feeding her poi at least once a day. The treatment team informed the patient that she would be able to eat poi: They had her swallow a xylocaine suspension to numb her esophagus, followed by a cup of poi. This treatment was administered once a day. After two days of poi treatment, the patient began talking and smiling, and that evening called her family to come visit. On day 3 of poi treatment, the patient was her usual cheerful and socially engaging self with no symptoms of depression; her physical health status remained unchanged. When asked how she was feeling, the patient, who knew she had an advanced-stage cancer with a poor prognosis, replied, "I can eat poi…I feel good…I have my family with me…I am well!"

Poi is made up of steamed taro corms that are pounded or ground into a paste that is diluted with water. Poi is to Native Hawaiians what rice is to Asians and bread and potatoes are to Europeans. The spiritual-cultural belief is that poi is the kino lau[56] of Hāloa, the god of long life. Thus, when kalo is eaten, the mana of Hāloa – the sacred power to give long life – is taken within a person.[57] The Native Hawaiian medical student knew the sacred story of Hāloa and poi; her Native Hawaiian patient did not. However, the patient's grandfather had taught her that poi was laʻau or medicine that would give her life. The medical student had told the Asian-American oncologist about his patient's beliefs about poi and her own knowledge of Hāloa, when she asked if there was a way to feed the patient poi by mouth. The oncologist accepted this cultural justification and developed a treatment that was successful in restoring his patient's sense of well-being or Ola that was paramount to the success of her cancer treatment. This vignette shows Ola in practice:

1. The patient perceived not being able to eat poi as severing her ancestral tie to her grandfather who represented her founding ʻohana, which was continuous with her multigenerational extended family of husband, children, grandchildren, siblings, etc. Her lōkahi became impaired: She could not rally her usual psychosocial and spiritual strengths; she began withdrawing from her ʻohana, which she thought she had already

[50] human being
[51] Hāloa: "long breath of life." Hāloa I and Hāloa II are divine siblings whose relationship sustains life in each other. Hāloa I's kino lau ("physical plant form") is the taro plant that is the main staple in the traditional Native Hawaiian diet that gives long life; Hāloa II is the first ancestor of all human beings.
[52] physical plant form of a deity that contains the mana ("spiritual power") of that deity
[53] divine power, authority, spiritual power and authority, privilege; divinely powerful
[54] story, history, myth, tale, tradition, legend, fable, article
[55] life, well-being and health
[56] Translates as "many bodies" referring to the many forms and physical embodiment of a god or divine being. In this vignette, poi is the physical plant form of the deity Hāloa.
[57] The Christian spiritual-cultural analog is the consumption of the Eucharist when bread and wine are consecrated into the sacramental elements of the body and blood of Christ Jesus. When the sacramental elements are consumed by Christians, the cultural-spiritual belief is that they are consuming the body and blood of Christ (i.e., it is the kino lau of Christ), which fills a person with the Holy Spirit of the Christian triune God.

lost; and she became despondent, hopeless, without life.
2. The treatment team was a medical kauhale that was part of the extended network making up the patient's (health care) community. The oncologist's conduct was pono: He listened to the medical student (and patient), then mobilized the team to action, thereby practicing alu like mai and kūkulu kumuhana. He developed a treatment which was considered unorthodox because it used Western allopathic medicine to deliver a culturally-based treatment, i.e., combining the mana of Kū and Lono to restore the patient's lōkahi.
3. The patient's ability to eat poi reconnected her to her grandfather, the source of her cultural and spiritual beliefs and ʻohana (Enos & Johnson, 1995, 1996). It began to restore lōkahi within her.
4. Within three days, she was no longer depressed. She had regained Ola: Her lōkahi was restored, she had regained her connection to her ʻohana, and she felt pono in facing her cancer treatment and prognosis—concluding, "I am well!"

The patient and her treatment team had discovered a way in which Ola, health and wellness as defined by her native ancestors, could prevail. The treatment restored to her the personal responsibility and mana[58] to face a deadly illness with resolve, on her own terms as a Native Hawaiian.

Native Hawaiian traditional healers and cultural practitioners.

In 1985, traditional Native Hawaiian healers practiced predominantly within close-knit extended family-based networks. Traditionally, their training took decades after being chosen by the family elder who was the designated healer or haku[59] of the clan, serving as haumana[60] and then as a kākoʻo.[61] Many, if not most, healers were respected kūpuna[62] revered by both their extended family and community. With a few exceptions, most healers rarely made public appearances, quietly passing their knowledge and skills through carefully selected family members from the next generation. The 1988 Native Hawaiian Health Care Act formally recognized these healers and became a catalyst through which they formally organized in January 1989 under the name Papa o Kupuna Laʻau Lapaʻau, which was renamed Kupuna Laʻau Lapaʻau o Hawaiʻi in 1990. Donlin (2010) and Galang and Foye (2014) reviewed how this organization, supported by Papa Ola Lōkahi, began to increase the number of healers who emerged from their family-centric practices to work in a range of settings statewide.

Together, these healers began to broaden their reach and exchange of knowledge, skills, and experience of traditional healing, refine the roles of traditional practitioners, and examine culture-based standards of training and specific practices such as laʻau lapaʻau,[63] laʻau kahea,[64] and lomilomi.[65] In addition, these healers and cultural practitioners and their haumāna began publishing manuals, books, articles, videotapes, and DVDs to reach and educate a larger audience of Native Hawaiians and non-Native Hawaiians (Abbott, 1992; Chun, 2006, 2009, 2011; Gutmanis, 1976/1979; Kaʻaiakamanu & Chun, 2003; Peʻa, 1990). In 1985, fewer than 10 kupuna masters of Native Hawaiian traditional healing came forward publicly to share their knowledge, out of an estimated 60-80 healers (Chang, 2001; Pinkney, 1990). By 2006, over 50 traditional practitioners were actively engaged in developing state policies that established certification, as opposed to licensure, to ensure that the integrity of the Native Hawaiian spiritual-cultural, ethical, and moral core would not be overrun by Western-oriented licensure, fee, and reimbursement structures (Donlin, 2010; Galang & Foye, 2014).

Today, each island's Native Hawaiian Health Center, along with designated community health and wellness centers that serve Native Hawaiians, have Kupuna Councils made up of Native Hawaiian Traditional Healing Practitioners and Native Hawaiian Cultural Practitioners. The former must be proficient in both Native Hawaiian healing *and* cultural practices, while the latter are proficient in cultural practices only. Both kinds of practitioners are involved in developing culturally appropriate approaches to health and wellness. Significantly, the founding organization of Native Hawaiian master healers, Laʻau Lapaʻau o Hawaiʻi, further distinguished practitioners who were koko ("blood") descendants of the indigenous, first-nations people of Hawaiʻi (as defined within the Native Hawaiian

[58] divine power, authority, spiritual power and authority, privilege; divinely powerful
[59] spiritual leader who leads the family, e.g., in family healing interventions such as hoʻoponopono
[60] student, pupil, apprentice, recruit, disciple
[61] helper who is chosen by the master healer to be his/her successor
[62] elders
[63] healing with Hawaiian herbs
[64] healing that incorporates calling spiritual powers to set broken bones for healing
[65] traditional Hawaiian massage

Health Care Act, 1988), and koko'ole ("without blood") practitioners who are non-indigenous Hawaiians schooled and trained in Native Hawaiian healing and/or cultural practices by a recognized Native Hawaiian master healer.

Today, Kupuna Councils oversee the different cultural/healing practices for their respective islands, connect with patients who desire traditional healing and cultural practices, and develop ways to conduct traditional healing and cultural practices while upholding state and federal laws and regulations for the delivery of care. In 1985, Native Hawaiians accessed traditional Native Hawaiian healing through word-of-mouth family and neighborhood connections. Thirty years after the Native Hawaiian Health Care Act became law, 28.3% of all clients/patients served by Native Hawaiian Health Care Centers seek and receive traditional Native Hawaiian healing/cultural services. This percentage does not include individuals who seek Native Hawaiian traditional healing from other community health centers (e.g., federally qualified health centers and rural health clinics). Hence, the number of people who seek traditional Native Hawaiian healing and cultural interventions is likely significantly higher than 28.3%.

Effective and Promising Approaches

Being healthy and filled with a sense of well-being requires a sustained and pervasive will among a people and their society to change their *internal* (i.e., a person's constitutional biological-psychological-social-cultural health factors) and *external* (i.e., historical, cultural, socioeconomic, and political contextual factors that impact a population) *environments*. Several approaches have shown capacity and effectiveness in transforming internal and external environments such that historical and cultural contexts may serve as protective and/or mitigating factors against biological-psychological-social-cultural and economic adversities that worsen vulnerability, morbidity, and the likelihood of premature death.

Understanding and Applying Ola to Strategically Accelerate Health Care Progress

Ola is the framework within which Native Hawaiian health and wellness are centered – a framework which we believe is flexible enough to allow Western, Eastern, and other alternative health and wellness paradigms to co-exist because the common synthesizing thread that flows through the four elements of Ola (i.e., lōkahi, 'ohana, pono, and kauhale) balance, redefine, and sustain relationships amid conflict and adversity. Within this framework of Ola, health education, promotion and prevention programs, and interventions can be developed by systematically and appropriately applying traditional *and* contemporary Native Hawaiian cultural principles and practices, in addition to Western, Eastern, and alternative medicine approaches.

Aligning non-Hawaiian institutions and organizations.

Augmenting the moderate, and at times inconsistent, advances made by non-Native Hawaiian federal, state, and private organizations that serve this indigenous population, such as the State Department of Health and University of Hawai'i college of health sciences, will be important to better understand the effects of culture, psychosocial and population health research, and traditional Native Hawaiian cultural interventions. An Ola approach to health and wellness could be an effective framework within which these non-Native Hawaiian advances could be aligned with the work of Native Hawaiian organizations that have all developed and begun implementing strategic plans to fulfill their respective missions in serving Native Hawaiians. These Native Hawaiian organizations and their missions include:

1. State Office of Hawaiian Affairs: Overall advancement of Native Hawaiians
2. Kamehameha Schools: Improve the capability and well-being of Native Hawaiians through educational opportunities
3. Queen's Health Systems: Provide health care services
4. Queen Lili'uokalani Trust: Promote the health and wellness of children, particularly those at high risk
5. King William Charles Lunalilo Trust: Care for elders, particularly destitute elders
6. University of Hawai'i's School of Hawaiian Knowledge and its dedicated Native Hawaiian

centers and departments: Advance Native Hawaiian knowledge, language, scholarship and research in history, culture, law, traditional healing, and health services outcomes
7. Chaminade University: A Native Hawaiian-serving university with dedicated programs to advance the success of Native Hawaiian learners
8. State Department of Hawaiian Homelands: Native Hawaiian land settlement and housing

Transforming Ola into an operating system in which different Native Hawaiian and non-Native Hawaiian models of health co-exist and are applied to the right patients/clients, in the right way, at the right time, and in the right circumstances, requires an overseeing entity that has the demonstrated track record to align and coordinate the efforts of these different entities. Papa Ola Lōkahi is arguably the best suited to play this role in Hawai‘i because of its mission that is singularly dedicated to the advancement of Native Hawaiian health and wellness.

Role of Papa Ola Lōkahi[66]

Papa Ola Lōkahi was created specifically to develop and execute a master plan related to P.L. 102-396. During the past 30 years, Papa Ola Lōkahi has met its purpose of implementing and sustaining a model of cooperation that forms a statewide network of public and private organizations, which includes the five Native Hawaiian Health Care Centers that are funded by P.L. 102-396. Papa Ola Lōkahi operations have provided a needed integrative focus for the Native Hawaiian Health Care Centers, which have strategically and programmatically progressed at differing rates as a function of their local island's organizational and administrative capabilities.

Advances in traditional Native Hawaiian health interventions.

With fidelity to Native Hawaiian historical and cultural integrity, Papa Ola Lōkahi has been able to assist the centers and their communities in incorporating traditional Native Hawaiian healing and cultural practices into their traditional Western allopathic/osteopathic health and wellness programs. The work of Papa Ola Lōkahi is depicted in the Timeline that is part of this overall *E Ola Mau a Mau* publication, showing the chronology of events related to traditional Hawaiian healing practices since 1985. Appendix A of this chapter shows the progression of public policy, licensure, certification, and development of organizational councils within each Native Hawaiian Health Center to maintain the historical and cultural integrity of Native Hawaiian traditional healing, whose traditions and practices go back to the first Native Hawaiian-Polynesian settlers of the Hawaiian archipelago (Gutmanis, 1976/1979; Ka‘aiakamanu & Chun, 2003).

The recent death [December 31, 2000] *of Henry "Papa" Auwae, whom I consider the last living person of the traditional practices described by Kaupunihana, Akina and Ka‘aikamanu, is a warning to those interested in traditional medicinal practices of the imminent demise of any authentic link to these traditions. It is still possible, especially with the public interest now in native plants, to use the vast historical record of traditional medicine to not only recreate their practice but to discovery (sic) their formulation of treatments. If this is to succeed, it will take a new commitment and teaming of multi-disciplinary skills in medicine, botany, horticulture, anthropology, and Hawaiian studies to provide the analysis, but there must also be the commitment to funding and the natural resources needed to undertake such a long term project…Such a project may revival (sic) traditional healing arts, but it may also contribution (sic) the greater public health in the possible discoveries of materials for today's diseases, illnesses, and ailments.*

Malcolm Naea Chun
Waialae Nui, Honolulu
September 2003

A major outcome of Papa Ola Lōkahi's work with Native Hawaiian healers was the formation of the Kupuna Council, consisting of traditional Native Hawaiian cultural/healing practitioners from all major islands of Hawai‘i, with the knowledge, skills, and experience to certify incoming practitioners, as earlier described. In 2002, the Kupuna Council was given statutory authority by State law in Hawaii Revised Statutes (HRS) 453-2(c). (See Appendix A.) Perhaps more than any other entity, the Kupuna Council, supported by Papa Ola Lōkahi, is best equipped to ensure that those seeking to become traditional Native Hawaiian healers are competently trained, are knowledgeable of medicinal plants and protocols, and complete apprenticeships (which once took decades) in a time frame required to achieve proficiency.

In addition to the Kupuna Council, Papa Ola Lōkahi has recognized, supported, and helped to disseminate knowledge and training through programs

[66] Board of Health, wellness, and unity in body, mind, spirit, and environment

that support Ola and its core elements. While its annual budget has been relatively modest for the scope of its operations spanning a multi-island state, Papa Ola Lōkahi has been able to identify, augment, and partner with other Native Hawaiian health and educational organizations, Native Hawaiian communities, and universities and colleges with Native Hawaiian curricula and programs—on language, history, culture, learning styles, etc.—to further its overarching master plan for Ola among its people.

Papa Ola Lōkahi has used its influence and modest funds to help accelerate publications by intervention programs that utilize traditional cultural Ola principles and practices that are applied and synthesized for 21st- century health and wellness problems facing Native Hawaiians (Chun, 2009), from which innovative methods and interventions have been developed to restore Ola within families and among participants from Native Hawaiian (and Non-Hawaiian) communities, organizations, and schools. One of the most promising of these programs is Board and Stone, which is described in the next section.

Updating Mana i ka Leo for the 21st Century – "A Board and Stone in Every Home"

Mana i ka leo, "words have power," whether spoken aloud or silently in your mind, words have the power to hurt or heal…to persuade, influence and change attitudes and behavior…to transform a person, a family…a community.

My grandmother worshipped the old gods…She was very powerful in five areas; mana i ka leo was one—she could harm (we call it 'anā'anā) or heal—she had the power to voice life or death. My mother rejected the kahiko ("old, ancient") gods…She was a warrior…mana i ka leo showed her that her voice possessed the power of life or death, wholeness or brokenness…Hence, she was ever-mindful of her words.

I don't have the mana of my mother and grandmother. From them I learned, then found my own way…my own understanding of mana i ka leo, "the power of the voice"…Mana i ka leo is the voice within each person that is trained—not judged or threatened—to exist within a framework of mindfulness…Where they find and use their voice as an inner-directed affirmation and belief to direct the mana of their spirit, intellect, emotion, and physical being to mālama[67] themselves, their 'ohana and others.

The training is called hana pono…it's a series of activities and tasks or focused work with a specific outcome. The work toward the outcome is what generates Ola. Hana pono is started and must be completed for mana i ka leo to take full effect.

As a boy, I pounded poi for my family…hard work, a hundred pounds a week with the board and stone. Ten years ago, I found out pounding poi with your own papa ku'i'ai[68] and pohaku ku'i'ai[69] wasn't done anymore…The practice was neglected, getting lost…maybe forgotten. Same thing like Ola—people neglect it, then start to lose it…After a while, they forget how to be healthy and well.

Uncle Earl Kawa'a
Honolulu, Hawai'i
February 2018

Board and Stone was developed eight years ago by Earl Kawa'a, MSW, a 71-year-old Native Hawaiian resource specialist for Kamehameha Schools.[70] Born and reared on a kalo[71] farm in Hālawa valley on Moloka'i, his first language was 'Ōlelo Hawai'i, and his ancestral heritage part of Hawai'i's famed Moloka'i kahuna.[72] Kawa'a is a respected kupuna and culture expert who lives Ola—effortlessly balancing the Native Hawaiian ethnocultural identity that he formed as a boy with the European-American traditions he learned as man. Applying his 21st-century understanding and application of mana i ka leo, Kawa'a synthesized the ancestral cultural learning from his grandmother and his mother with his understanding of the historical and cultural contexts that he—and those he taught and served—lived within, to expand the theory of mana i ka leo into a process to attain Ola. He developed a method (i.e.,

[67] to care for, tend, honor
[68] poi board
[69] stone to pound taro into poi, poi pounder
[70] Kamehameha Schools is a private charitable educational trust endowed by the will of Hawaiian princess Bernice Pauahi Bishop (1831-1884), the great-granddaughter and last direct descendant of King Kamehameha I. It serves over 6,900 students of Native Hawaiian ancestry at its K-12 campuses on O'ahu, Maui, and Hawai'i Island, and at 30 preschool sites statewide. Furthermore, its extension programs educate an additional 40,000 learners in community collaborations with public charter schools, enhancement programs for public schools, and public schools that serve significant numbers of Native Hawaiian children.
[71] taro
[72] healer, master, sorcerer, priest

hana pono) to teach and train men, women, children, and youth over a 6- to 9-week period, with a focus on families.

During the 6-9 weeks, participants create the tools to prepare poi, selecting and shaping wood slabs to make the papa kuʻiʻai, and selecting and sculpting the fresh water stones for their pohaku kuʻiʻai. When these are completed, participants are able to pound steamed kalo corms into poi to feed themselves and their ʻohana. Along with the physical labor of making their board and stone, hana pono requires that participants' attitudes, social skills, and behaviors be reshaped and honed via prayer, listening, mindfulness, and conflict resolution—all necessary skills and attitudes that promote family unity, lifelong learning, and the attainment of Ola (Genegabus, 2017; Kawaʻa et al., 2017).

Participants of the Board and Stone training have described the process as giving them skills to deal with life challenges and stressors in their personal and professional lives, a sense of empowerment and self-efficacy, enhanced awareness of and respect for social and communication skills, and parenting skills. Essentially, they have learned, experientially, about the elements of Ola.

Kawaʻa and colleagues are currently developing two additional programs that build upon the board and stone program but extend it to meet two different sets of needs among Native Hawaiians. The first is a prenatal health program for mothers and fathers to prepare for the arrival of a newborn. A core principle is that the infant's first food after breast milk is poi. The poi is prepared with the board and stone the parents have made together, while their hana pono is to acquire the skills of parenting and raising a family. The second program under development is to use board and stone as an initiating step for incarcerated men, women, and youth to reintegrate into their families and communities after release from prison. This program may be particularly valuable given the high proportions of Native Hawaiians among those incarcerated in the state: 41% of the men, 44% of the women, and 50.5% of the youth (Office of Hawaiian Affairs, 2010).

Other Promising Approaches

The progress made and the promising approaches implemented over the past 30 years are substantive. Hawaiian organizations such as the Office of Hawaiian Affairs, Papa Ola Lōkahi, Kamehameha Schools, Pūnana Leo, The Queen's Health Systems, Queen Liliʻuokalani Trust, Association of Hawaiian Civic Clubs, and the King William Charles Lunalilo Trust have worked independently and collaboratively to develop and execute strategic plans that advance Native Hawaiian education, social services, cultural practices, and health and well-being of parents/prenates, infants, children, adolescents, adults, and elders. Notable advances through these strategic plans include:

- The University of Hawaiʻi system of campuses advancing Native Hawaiian knowledge, culture, education, skills, and practices via a School of Hawaiian Knowledge, College of Hawaiian Language, Center for Hawaiian Studies, the ʻIke Ao Pono Native Hawaiian Nursing Program, Ka Huli Ao, the School of Law's Native Hawaiian Center of Excellence, and the Department of Native Hawaiian Health and its own Native Hawaiian Center of Excellence within the School of Medicine
- In addition to the University of Hawaiʻi, Hawaii's two private universities are committed to the advancement of Native Hawaiians. Hawaii Pacific University offers courses on cultivating kalo.[73] Chaminade University is a Native Hawaiian-Serving Institution in which 28% of the student population is Native Hawaiian/Pacific Islander. Its Office of Native Hawaiian Partnerships is a resource for students, staff, and faculty that offers programs and services to promote Native Hawaiian culture and knowledge.
- During the past three decades, several studies have shown promising uses, with at least one case of replicable effectiveness (Kaholokula et al., 2017), of traditional Native Hawaiian healers and cultural practitioners to address attitudes toward traditional Native Hawaiian healing utilization (Chang, 2001; Bell et al., 2001), enhance well-being (Oneha, 2001), offer Laʻau Lapaʻau herbal healing (Kaʻaiakamanu & Chun, 2003; Judd, 1998), use hula to improve management of high blood pressure (Kaholokula et al., 2017), and prevent suicide (Goebert et al. 2018). Notably, no studies were found that evaluated the economic health impact of traditional Native Hawaiian healing and cultural interventions.
- Increasing numbers of cultural and sacred sites are protected and restored through state, federal, and private funding, along with robust volunteerism, on all islands of the Hawaiian archipelago. These include Native Hawaiian cultural and sacred archeological sites, e.g., fish ponds, which have been restored and protected through public and private grants and the volunteerism of Native Hawaiians and non-Native Hawaiians. These sites have served as

[73] taro

living classrooms within which students and community members are able to learn more about Native Hawaiians.

- Another promising approach is ʻŌiwi TV and online language website apps. ʻŌiwi TV is a cable channel broadcast on all major islands that produces documentaries, news, and multimedia content from a uniquely Native Hawaiian perspective. The language used on this cable channel is predominantly ʻŌlelo Hawaiʻi, the Hawaiian language. ʻŌiwi TV is a powerful communications and social media tool to gather and disseminate information about Native Hawaiian history and culture, and events and activities that advance Native Hawaiian health and wellness. Interactive language website platforms with apps were executed successfully in 2018, through the partnership of two Native Hawaiian school organizations (Kanaekona and Kamehameha Schools) with Duolingo, the world's most popular online language-learning site.

Need for Alignment and Partnerships

Federal, state, and non-Native Hawaiian private organizations have provided funding for programs that have moderately advanced, and inconsistently sustained, Native Hawaiian culture; biomedical, psychosocial, and disparities research; and health promotion, prevention, and interventions, including traditional Hawaiian cultural interventions. However, there is a need for greater, more formalized alignment and networking of these efforts to promote their effective and timely impact on Native Hawaiian health and wellness. Papa Ola Lōkahi could serve as the catalyst to align and formally network these diverse organizations, approaches, and interests by defining the common ground among them and providing the framework within which each entity could contribute to advance Ola. Ensuring Papa Ola Lōkahi's success would require legislative (federal and state) authority and higher levels of funding to augment, accelerate, and expand their work.

Gaps

The original *E Ola Mau Health Needs Study* catalyzed the drafting and passage of U.S. Public Law 100-579, which was reauthorized as P.L. 102-396, the Native Hawaiian Health Care Act. This Congressional legislation established federal policy "1) to improve the health status of Native Hawaiians to the highest possible level and 2) to provide all the resources necessary to effectuate this policy," and began a process to cohere and direct the public will to improve the health and well-being of Native Hawaiians. Our review of the past 30 years since its enactment shows some success and much promise (as described in the Promising Approaches section above). Gaps, however, remain and must be closed to achieve the full intent of this public policy. The seven gap areas described below indicate the utility of a well-crafted law whose implementation has, by design, revealed anticipated and unanticipated hindrances inherent in the process of personal and societal transformation leading to health and well-being.

1. Lack of health and wellness programs and activities to serve all Native Hawaiians

The Native Hawaiian health system that was envisioned in the 1985 *E Ola Mau Health Needs Study* does not yet exist as a fully integrated statewide community health system. Its present form consists of a diverse spectrum of programs housed within community-based Native Hawaiian Health Centers. Some centers are highly organized, with ambulatory clinics, community programs, and seamless linkages to traditional Native Hawaiian healers and cultural practitioners; while a few are less organized, providing less than optimal health, wellness, and navigator services. The centers range from mediocre to outstanding levels of effectiveness and quality.

The strongest health system components involve centers with a committed cadre of physicians, nurses, social workers, and community outreach staff who are led and supported by capable health care administrators. These centers have ready access to cultural practitioners to whom they can refer patients.

Centers that struggle are those lacking health care administrators who are formally trained in, for example, public health and/or administration, and who can deploy management skills to develop a health and wellness delivery system to attain ola[74] for the community members they serve. They also lack a critical mass of committed health care professionals in medicine, nursing, and the social services who can provide supervision to the community outreach workers. The extent to which Native Hawaiian traditional healers and cultural practitioners are called upon to work with other staff and patients at these centers depends upon the professional staff, particularly physicians.

2. Need for Native Hawaiian Health Care Administrators formally trained in health care services delivery, finances, personnel, and

[74] life, well-being and health

operations to sustain community-based, ambulatory and inpatient services for Native Hawaiians within rural, suburban, and urban communities

As cited in the previous paragraph, a factor contributing to the struggle of some Native Hawaiian Health Centers is the lack of a formally trained, and ideally experienced, executive manager who also understands Native Hawaiian cultural and healing practices, values, and history. There are no existing university curricula to train Health Care Administrators to develop and manage health care services, personnel, finances, facilities, and systems that serve Native Hawaiians and sustain networks of partnerships that appropriately combine traditional Native Hawaiian healing and cultural practices with Western allopathic and osteopathic models, and Eastern and alternative treatment protocols.

3. Papa Ola Lōkahi lacks the statutory authority and budget to meet its mission.

While Papa Ola Lōkahi has made remarkable progress over the last 30 years, it requires additional statutory authority from Congress and the Hawai‘i State legislature to direct, coordinate, plan, and successfully execute necessary political, educational, research, and clinical activities on the islands of O‘ahu, Kaua‘i, Moloka‘i, Lāna‘i, Maui, and Hawai‘i. That Papa Ola Lōkahi has sustained a track record of success with only modest resources, and an indirect model of administrative oversight based on cooperation rather than coordination, indicates that with increased funding and statutory authority giving them direct (i.e., coordinating) oversight, Papa Ola Lōkahi could transform the present system into a clearly defined, effective Native Hawaiian Health System of Care with seamless access to and benefit from cultural practitioners. Increased funding and resources would, for example, provide Papa Ola Lōkahi with the personnel infrastructure to recruit health strategies consultants to work with the Native Hawaiian Health Centers and the island communities they serve, to optimize community engagement and identify, leverage, and deploy the neighborhood, community, private, and governmental resources needed to sustain a vibrant and valued Native Hawaiian Health System.

4. Decreasing numbers of Native Hawaiian traditional healers and cultural practitioners and inadequate reimbursement for cultural practitioner services

Sadly, but not unexpectedly, most of the original master traditional healers of the Kupuna Council have died during the past 30 years, and their haumana[75] are unable to develop full-time careers in cultural practices for Native Hawaiian health and healing without compensation for their services. The result is that there are insufficient numbers of trained and competent traditional Native Hawaiian healers and cultural practitioners. Papa Ola Lōkahi—with appropriate levels of funding—would be able to support and oversee the revitalization and renewed growth and integration of the Kupuna Councils on all islands.

Compounding the challenge of increasing the number of Native Hawaiian traditional healers and cultural practitioners is the lack of culturally appropriate compensation (as a general rule, Native Hawaiian traditional healers and cultural practitioners do not participate in fee-for-service paradigms). Furthermore, most Native Hawaiian culture-centered health and wellness programs are not reimbursed by health insurers. While these cultural practitioners have received statutory authority from the State (see discussion of the Kupuna Council above), they are not licensed healthcare providers. This non-licensed designation was a policy decision made by these native practitioners to protect against exploitation of their native healing by participants (predominantly non-Native Hawaiian) in their workshops who would then charge for these Native Hawaiian healing services and name the Native Hawaiian healer who led the workshop as their kumu.[76] From the perspective of the kumu, a student/apprentice must train for many years before they meet competency to practice independently. Thus, Native Hawaiian cultural practitioners, who are vital to imparting the principles of Ola to Native Hawaiians, cannot be reimbursed for their services. A reauthorization of P.L. 102-396 must include funding to support designated practitioners who provide interventions that are part of the health care centers' menu of services.

5. Lack of a Native Hawaiian kūpuna[77] geriatric health care system

Native Hawaiian elders are the human repositories of ancestral stories and traditional culture and practices. The shorter lifespan of Native Hawaiians makes it imperative that P.L. 102-396 close this gap by extending the health policy to advance

[75] student, pupil, apprentice, recruit, disciple
[76] master teacher
[77] elders, ancestors, plural; kupuna without the macron over the first "u" is elder, ancestor, singular

Native Hawaiian elder care. The King William Charles Lunalilo Trust is the smallest endowed Hawaiian trust whose mission is to serve elders, with preference for destitute Native Hawaiians. They have just completed a 10-year strategic plan that would extend their model of culture-centered housing and care environments (i.e., a kauhale system of seamless care) that protect and perpetuate the health, wellness, and dignity of elders, and thereby enhance their generative capacity to pass on their ancestral knowledge and wisdom, particularly to ʻōpio.

6. Inadequate emphasis on the ethnocultural identity of Native Hawaiian youth

Hawaiian ʻōpio[78] do not fully know or appreciate the extent and power of their Hawaiian ethnocultural identity. Unlike Earl Kawaʻa, and nearly all the cultural practitioners in the study, whose Native Hawaiian ethnocultural identities were molded as youth surrounded by the Hawaiian language and way of life, many of today's Native Hawaiian youth do not develop a Native Hawaiian ethnocultural core. Moreover, there is no generative strategy to transform ʻōpio and their families into articulate, assertive citizens able to employ ancestral narratives that advance a resonating 21st-century ethnocultural identity. Programs like board and stone, taught in schools, may help to close this gap. Native Hawaiian youth, like most youth in Hawaiʻi and the continental United States, are accustomed to, and in many instances more comfortable with, social media, online website platforms, and apps that can be accessed through mobile phones and devices. Hence, developing new strategies that use website platforms, apps, and social media to promote access to Native Hawaiian culture, language, Native Hawaiian Health Centers, and Native Hawaiian traditional healers and cultural practitioners, as well as Western allopathic and osteopathic physicians, nurses, physician assistants, social workers, and community health navigators would open up additional avenues of connectedness and communication, particularly to youth, young adults, and tech-savvy elders.

Cable television and online websites for Native Hawaiian language learning.

The use of technology such as ʻŌiwi TV would be invaluable for engaging Native Hawaiians through a medium they are accustomed to using. Funding through POL could extend the reach of ʻŌiwi TV via mobile phone and other portable electronic device applications that could promote Native Hawaiian language use, values, practices, and principles, particularly for young adults and youth who communicate largely through social media and website apps. On October 8, 2018, in observance of Indigenous Peoples Day, Duolingo (a popular education platform available online and as an app), Kanaekona (a network of more than 50 Native Hawaiian culture-based schools), and Kamehameha Schools came together and launched a free virtual Hawaiian language-learning website with an app platform, which is available internationally (Schweizer, 2018; Wu, 2018). This online app and website have the ability to extend the reach of education in Native Hawaiian language and culture. Online website platforms and apps such as these should likewise be developed to link Native Hawaiian youth and young adults to health care networks. Funding through Papa Ola Lōkahi could extend the reach of communications technology to make available to children, youth, and adults the elements of Native Hawaiian lifestyles (e.g., language, cultural values, principles, healing practices, and coping strategies) that bring to life Ola and resilience.

7. Insufficient outcomes research and scholarly development

While our review of the literature, which included audio and video recordings, showed a tremendous increase in the existing knowledge of Native Hawaiian historical and cultural perspectives, there was still a paucity of publications of quantitative and qualitative studies that documented a) ancestral knowledge of health and healing theories and methods; b) with the exception of the Mana i ka Leo/Board and Stone model to attain Ola, techniques or methods that advance traditional healing and cultural interventions that innovatively address 21st-century sociocultural contexts; and c) the economic health impact for those who have received traditional Native Hawaiian healing and cultural interventions. Outcomes research using qualitative and qualitative designs is rare, but is necessary to empirically distinguish those interventions that are effective/efficacious from those that are not.

Recommendations for Impact

The recommendations for this report were derived from task force meetings, multi-island meetings of elders and experts (Kūpuna Kūkākūkā and Pūʻulu: Mana i ka Leo), key informant interviews, literature review, moʻolelo and mele, and review of the timeline

[78] youth

and track record of activities and successes achieved by Papa Ola Lōkahi with modest resources.

❖ **Increase Support for Community Engagement Programs.**

1. Enhance the statutory authority and increase the annual budget of Papa Ola Lōkahi, thereby strengthening its capacity to appraise, direct, coordinate, and consolidate effective/promising Native Hawaiian health and wellness activities/programs so as to produce a fully functional, high-quality Native Hawaiian Health System.

❖ **Increase Culturally Based and Culturally Adapted Interventions that Demonstrate Empirical Effectiveness and/or Efficacy.**

2. Identify, evaluate, and sustain promising culture-directed intervention approaches and programs, e.g., Board and Stone, across the life span for parents/prenates, infants, children, youth, adults, and elders.
3. Fund quality improvement, health/wellness outcomes research, scholarly documentation of ancestral knowledge, and contemporary innovative applications of traditional native health and culture interventions.

❖ **Improve and Ensure Health Care Access.**

4. Partner with health care insurers and providers to complete due diligence for an optimal, affordable health insurance program that will shape Native Hawaiian population health strategies for care and wellness.

❖ **Develop Workforce for Traditional Cultural Practitioners and Health Care Administrators.**

5. Provide funding to Papa Ola Lōkahi to sponsor and oversee programs to: a) educate and train traditional cultural practitioners, b) work with Hawai‘i-based health insurers to develop a mechanism to reimburse traditional cultural practitioners, and c) develop strategic and business plans to include these practitioners in Native Hawaiian Health Centers as equitably compensated health and wellness providers.

A major part of this chapter focused on the need for Native Hawaiian cultural approaches to health and wellness. It is of vital importance to create opportunities for well-trained Native Hawaiian cultural practitioners, particularly kūpuna with expertise at the kahuna[79] master level and their mo‘olono[80] and haumana,[81] to work within a Native Hawaiian health community network to perform their distinct assessments and interventions. This would also be invaluable in providing Western- trained clinicians with a grounding and fundamental proficiency in comprehending how Native Hawaiian cultural approaches work within indigenous Hawaiian communities.

6. Provide funding to Hawai‘i universities to create curricula and programs to educate and train a cadre of Native Hawaiian health care administrators at the baccalaureate and master’s levels in organizational management and/or public health administration, with specific training in concepts and processes to advance health and wellness from both Native Hawaiian and Western perspectives and traditions.

❖ **Expand Funding and Resources.**

7. Increase Papa Ola Lōkahi funding in the reauthorization of P.L. 102-396 to expand and accelerate the role of this organization that has proven its effectiveness in addressing and advancing many of the findings and recommendations of the 1985 *E Ola Mau Health Needs Study*. Papa Ola Lōkahi is core to the continued success of this public policy to improve the health and wellness of Native Hawaiians in their homeland.

Conclusion

P.L. 102-396 set forth a public policy which, over the past 30 years, has shown its value to Hawaii’s indigenous, first-nation people. From a historical and cultural perspective, the policy made bold attempts to promote traditional Native Hawaiian cultural practices. Through the authority and charge given to Papa Ola Lōkahi by this law, traditional practitioners were gathered and formally organized into a cohesive group, the Kupuna Council, that can more clearly discern and articulate what they would require as

[79] expert in any profession; usage here implies expertise at the master level in traditional Native Hawaiian healing and Native Hawaiian cultural practice

[80] qualified practitioner who is an apprentice to a kahuna

[81] student, pupil, apprentice, recruit, disciple

community leaders to make a larger and more meaningful impact on the health and wellness of Native Hawaiians. Public and private universities and organizations have developed programs and strategic plans to advance Native Hawaiian health and well-being. The literature on Native Hawaiian history and culture has grown exponentially because of this federal policy, augmented by state statutes and funding that supported the federal policy; and has re-examined adverse events, e.g., the quarantine laws for leprosy that lasted from 1865 to 1969, which explain the continued resistance of Native Hawaiians to seeking care from Western-trained nurses and allopathic/osteopathic physicians. Promising innovations have applied traditional health and wellness concepts such as Ola and Mana i ka Leo to 21st-century Western health care models to augment and accelerate Native Hawaiian healing, health, and wellness.

Well-crafted public policy reveals gaps due to previously unidentified needs and unanticipated economic downswings; it sharpens the distinction between what works and what does not work; and it identifies new ideas and initiatives that show promise.

Five of our seven recommendations (1, 4, and 5-7) highlight the gains made, balanced by the gaps that need to be addressed, through a few straightforward amendments to the existing policy. One set of amendments (Recommendations 1 and 7) gives Papa Ola Lōkahi: a) additional statutory authority to coordinate and align the multiple public, private, Native Hawaiian, and non-Hawaiian entities into a formal, high-functioning, high-quality Native Hawaiian health care system and network; and b) establishes new funding guidelines to ensure that Papa Ola Lōkahi has the budget to accelerate its work and efforts in a prudent manner that is regularly evaluated. A second amendment, associated with recommendation #4, would set forth the policy for Papa Ola Lōkahi to exercise due diligence and develop strategic and business plans to establish a Native Hawaiian insurance program with one or more of Hawaii's existing health insurers. The final set of amendments to P.L. 100-579 would meet the workforce needs (Recommendations 5 and 6) in two areas that require increased numbers of individuals with formal training as: a) master's-level Native Hawaiian Health Administrators, and b) traditional Native Hawaiian cultural practitioners.

Thirty years ago, our colleagues who made up the Historical/Cultural task force set forth bold recommendations based on their review of the knowledge and information they systematically gathered that showed urgent needs in this domain. A full generation later, our 2019 Historical and Cultural task force review has shown that while progress has been made, the needs remain compelling and urgent. Nevertheless, our work indicates that these needs have become more clearly defined and focused; above all, the task of addressing them is eminently feasible with the implementation of our recommendations and suggested amendments to a reauthorized P.L. 102-396.

References

Abbott, I. A. (1992). *La'au Hawai'i: Traditional Hawaiian uses of plants.* Honolulu, HI: Bishop Museum Press.

'Aha Pūnana Leo. (2017). A timeline of revitalization. Downloaded from: http://www.ahapunanaleo.org/index.php?/about/a_timeline_of_revitalization/

'Aha Pūnana Leo. (2018). Pūnana Leo preschools. Downloaded from: http://www.ahapunanaleo.org/index.php?/programs/youth_programs_-_punana_leo/

Amundson, R., & Ruddle-Miyamoto, A. (2010). A wholesome horror: The stigmas of leprosy in 19th-century Hawaii. *Disability Studies Quarterly, 30*(3-4). DOI: http:dx.doi.org/10.18061/dsq.v30i3/4.

Andrade, N. N., & Bell, C. K. (2011). Chapter 1 – The Hawaiians. In *People and cultures of Hawai'i: The evolution of culture and ethnicity* (pp. 1-31). Honolulu, HI: University of Hawai'i Press.

Bell, C. K., Goebert, D. A., Andrade, N. N., Johnson, R. C., McDermott, Jr., J. F., Hishinuma, E. S., …Miyamoto, R. H. (2001). Sociocultural factors influencing adolescent preference and use of native Hawaiian healers. *Complementary Therapies in Medicine, 9*, 224-231.

Bell, C. K., Goebert, D. A., Miyamoto, R. H., Hishinuma, E. S., Andrade, N. N., Johnson, R. C., & McDermott, Jr., J. F. (2001). Sociocultural and community factors influencing the use of Native Hawaiian healers and healing practices among adolescents in Hawai'i. *Pacific Health Dialog, 8*(2), 249-259.

Blaisdell, R. K. (1985). Historical/Cultural task force report. In *E ola mau: The Native Hawaiian health needs study* (pp. 18-22). Honolulu, HI: ALU LIKE, Inc.

Blaisdell, R. K. (1989). Historical and cultural aspects of Native Hawaiian health. *Social Process in Hawai'i, 32*, 1-21.

Bushnell, O. A. (1963). *The gifts of civilization: Germs and genocide in Hawai'i*. Honolulu, HI: University of Hawai'i Press.

Chang, H. K. (2001). Hawaiian health practitioners in contemporary society. *Pacific Health Dialog, 8*(2), 260-273.

Charlot, J. (1983). *Chanting the universe – Hawaiian religious culture.* Hong Kong: Emphasis International Limited.

Chun, M. N. (2009). *It might do good: The licensing of medicinal kāhuna.* Honolulu, HI: First Peoples' Production.

Chun, M. N. (2006). *Ka wana series. Kapu: Gender roles; Ho'omana: Understanding the sacred and spiritual. Alaka'i: Traditional leadership; Hewa: The wrong way of living. Ola: Tradtional concepts of health and healing. Kākā'olelo: Traditions of oratory and speech making. Welina: Traditional and contemporary ways of welcome and hospitality; Pono: The Way of Living. Ho'oponopono: Traditional Ways of Healing to Make Things Right Again. A'o: Educational Tradition.* Honolulu, HI: Pihana Na Mamo.

Chun, M. N. (2009). *Ho'onohonoho: Traditional Ways of Cultural Management.* Honolulu, HI: Pihana Na Mamo.

Chun, M. N. (2011). *No Na Mamo: Traditional and Contemporary Beliefs and Practices*. Honolulu, HI: University of Hawai'i Press.

Clifford, E. (1889). Father Damien and leprosy in India. *Fortnightly Review,* 140-150.

Donlin, A. L. (2010). When all the kahuna are gone: Evaluating Hawaii's traditional Hawaiian healers' law. *Asian-Pacific Law & Policy Journal, 12,* 210-330.

Enos, E. (1995). *A handbook of kalo basics: For its planting, care, preparation and eating*. Mililani, HI: Islander Group.

Enos, E., & Johnson, K. (1996). *A handbook of kalo basics: For its planting, care, preparation and eating* (2nd ed.). Wai'anae, HI: Ka'ala Farms, Inc.

Fuchs, L. H. (1961). *Hawaii pono – An ethnic and political history.* Honolulu, HI: Bess Press.

Galang, B., & Foye, T. (2014, April). Traditional healing: Laws, politics, protocols and kupuna councils. Papa Ola Lōkahi presentation, Honolulu, HI.

Genegabus, J. (2017, June 18). Shaping hearts and minds. *Honolulu Star Advertiser*.

Goebert, D., Alvarez, A., Andrade, N. N., Balberde-Kamalii, J. B., Carlton, B. S., Chock, S., …Sugimoto-Matsuda, J. (2018). Hope, help, and healing: culturally embedded approaches to suicide prevention, intervention and postvention services with Native Hawaiian youth. *Psychological Services, 15*(3), 332-339.

Goo, S. K. (2015, April). After 200 years, Native Hawaiians make a comeback. Pew Research Center Report. Downloaded 02/23/2018: http://www.pewresearch.org/fact-tank/2015/04/06/native-hawaiian-population/

Greig, T. F. (1993). *Plants in Hawaiian culture.* Honolulu, HI: University of Hawai'i Press.

Gutmanis, J. (1976/1979). *Kahuna la'au lapa'au.* Honolulu, HI: Honolulu Publishing Co., Ltd.

Gutmanis, J. (1983). *Na pule kahiko – ancient Hawaiian prayers*. Honolulu, HI: Editions Limited.

Hawai'i State Department of Health, Health Surveillance Program. (1990). Data of self-reported Native Hawaiian ethnicity.

Hawai'i State Data Center. (2015, November 3). Census data highlight for language spoken at home.

Ho'oulumahiehie (Author), & Nogelmeier, P. (Ed.). (2013). *The epic tale of Hi'iakaikapoliopele.* Honolulu, HI: Awaiaulu, Inc.

Inglis, K. (2004). *A land set apart: Disease, displacement, and death at Makanalua, Moloka'i* (Doctoral dissertation). University of Hawai'i at Mānoa.

Jaworowski, S. (1998, December). Hawaiian demographic data: 'Ehia kānaka maoli?. Honolulu, HI: Legislative Reference Bureau (pp. 3-5, 10).

Judd, N. L. K. M. (1998). Laau lapaau: Herbal healing among contemporary Hawaiian healers. *Pacific Health Dialog 5*(2), 239-245.

Ka‘aiakamanu, D. K. M. (Author), & Chun, M. N. (Trans.). (2003). *The Territory of Hawai‘i – Native Hawaiian medicine, Vol. III.* Honolulu, HI: First People’s Productions.
Kaholokula, J. K., Look, M., Mabellos, T., Zhang, G., de Silva, M., Yoshimura, S., …Sinclair, K. A. (2017). Cultural dance program improves hypertension management for Native Hawaiians and Pacific Islanders: A pilot randomized trial. *Journal of Racial and Ethnic Health Disparities, 4*(1), 35-46.
Kame‘eleihiwa, L. (1992). *Native lands and foreign desires*. Honolulu, HI: Bishop Museum.
Kauanui, J. K. (2008). *Hawaiian blood: Colonialism and the politics of sovereignty and indigeneity.* Durham, NC: Duke University Press.
Kawa‘a, E., Paglinawan, L., Kauahi, D., Kaohi, A., Perreira, N., Patterson, M., …Farden, H. (2017, July 25). *Pū‘ulu: Mana i ka leo*. Discussion session at Kaumakapili Church Hall, Honolulu, HI.
Kepelino. (2007). *Kepelino’s traditions of Hawai‘i.* Honolulu, HI: Bishop Museum Press.
Kirch, P. V. (1985). *Feathered gods and fishhooks.* Honolulu, HI: University of Hawai‘i Press.
Kirch, P. V., & Sahlins, M. (1992). *Anahulu: The anthropology of history in the Kingdom of Hawaii.* Vol I: *Historical ethnography.* Chicago, IL: University of Chicago Press.
Lili‘uokalani. (1990). *Hawaii’s story by Hawaii’s Queen.* Honolulu, HI: Mutual Publishing.
Lee, W. K. M., & Look, M. A. (Eds.). (2017). *Ho‘i hou ka mauli ola: Pathways to Native Hawaiian health.* Honolulu, HI: University of Hawai‘i Press and Hawai‘inuiākea School of Hawaiian Language.
Lum, J. K., Rickards, O., Ching, C., & Cann, R. I. (1994). Polynesian mitochondrial DNAs reveal three deep maternal lineage clusters. *Human Biology 66*(4), 567-590.
MacKenzie, M. K., Serrano, S. K., Sproat, D. K., Obrey, A. K., & Poai, A. K. (Eds.) (2015). *Native Hawaiian law: A treatise*. Honolulu, HI: Kamehameha Publishing.
Merry, S. E. (2000). *Colonizing Hawai‘i: The cultural power of law.* Princeton, NJ: Princeton University Press.
Native Hawaiian Health Research Consortium. (1985a). *E ola mau: The Native Hawaiian health needs study.* Honolulu, HI: ALU LIKE, Inc.
Native Hawaiian Health Research Consortium. (1985b). *E ola mau: The Native Hawaiian health needs study: Mental Health Task Force Report* (pp. 3-6). Honolulu, HI: ALU LIKE, Inc.
Native Hawaiian Justice Task Force Report. (2012). Downloaded 06/19/2019 from: https://www.oha.org/wp-content/uploads/2012NHJTF_REPORT_FINAL_0.pdf
Neason, A. (2016, June 8). How Hawaiian came back from the dead: A legacy of colonialism nearly wiped out the language and its culture. These immersion schools weren’t having it. *Slate.* Downloaded from: http://www.slate.com/articles/life/tomorrows_test/2016/06/how_the_ka_papahana_kaiapuni_immersion_schools_saved_the_hawaiian_language.html
New York Times Archives. (1985, September 22). Hawaiians fear loss of the native language p. 1001038. Downloaded from: https://www.nytimes.com/1985/09/22/us/hawaiians-fear-loss-of-the-native-language.html
Nogelmeier, P. (2010). *Mai pa‘a i ka leo: Historical voice in Hawaiian primary materials – Looking forward and listening back.* Honolulu, HI: Bishop Museum Press.
Office of Hawaiian Affairs. (2010). *The disparate treatment of Native Hawaiians in the criminal justice system.* Honolulu, HI: OHA.
Oneha, M. F. M. (2001). Ka mauli o ka ‘āina a he mauli kānaka: An ethnographic study from an Hawaiian sense of place. *Pacific Health Dialog 8*(2), 299-311.
Osorio, J. K. K. (2002). *Dismembering Lāhui: A history of the Hawaiian nation to 1887*. Honolulu: University of Hawai‘i Press.
Pe‘a, J. L. (1990, November 17). *The prevention program of integrating healing: based on the Hawaiian concept of Pā-ola (quick healing).* Kailua-Kona, HI: The Institute of Pā-Ola Science of Integrating Healing.
Pinkney, D. S. (1990). Native healers: Sharing the cures and hopes of traditional Hawaiian medicine. *American Medical News, 33*(4), 9-11.
Polynesian Voyaging Society. (2018). The Mālama Honua worldwide voyage continues into 2018. Downloaded on 06/19/2019 from: http://www.hokulea.com/worldwide-voyage/
Schmitt, R., & Nordyke, E. (2001). Death in Hawai‘i: The epidemics of 1848-1849. *Hawaiian Journal of History*, *35*, 1-13.
Schweizer, L. (2018, October 8). Learning ‘olelo Hawai‘i is now at your fingertips. KITV Island news report.
Stannard, D. E. (1989). *Before the horror*. Honolulu, HI: University of Hawaii Press.
Swanson, D. (June 2016). The number of Native Hawaiians and Part-Hawaiians in Hawai‘i , 1778-1900: Demographic estimates by age, with discussion. Conference paper at Canadian Population Society, Calgary, Alberta, Canada. Downloaded 02/23/2018 from: https://www.researchgate.net/.../David_Swanson10/...HAWAIIANS...HAWAIIANS...
Valeri, V. (1985). *Kingship and sacrifice*. Chicago, IL: University of Chicago Press.
Wu, N. (2018, October 8). Hawaiian language course now available on Duolingo. *Star Advertiser*. Honolulu, HI.
Young, B. C. (2017, March 9). Kūpuna kūkākūkā session, Waimea, Hawai‘i Island, HI.

Appendix A

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CHRONOLOGY OF EVENTS RELATING TO TRADITIONAL HAWAIIAN HEALING PRACTICES SINCE 1985

The following chronology is an attempt to identify major public policy events around which discussion of traditional Native Hawaiian healing practices has occurred. It is not a comprehensive listing of all activities that have occurred during the past two decades around traditional Hawaiian healing practices.

1985

December 1985: The Native Hawaiian Health Research Consortium under *ALU LIKE* releases its *E Ola Mau – Native Hawaiian Health Needs Study,* which identifies the importance of culture and traditional healing practices for addressing health issues and improving health and wellness in the Native Hawaiian community.

1986

June 16, 1986: The organization *E Ola Mau* is formed by Dr. Kekuni Blaisdell and later incorporated under Dr. Chiyome Fukino as its first president to bring together Native Hawaiian traditional practitioners and western-trained health professionals.

October 11, 1986: The *Office of Hawaiian Affairs (OHA)* along with *ALU LIKE* and *E Ola Mau* sponsor ʻAha Kupuna Laʻau Lapaʻau with guidance from Uncle Harry Mitchell. This was one of the first state gatherings of traditional practitioners and was held on Oʻahu.

1988

February 14-17, 1988: OHA sponsors the second ʻAha Kupuna Laʻau Lapaʻau gathering at the Keauhou Beach Hotel in Kailua-Kona, Hawaiʻi. This was the second such gathering and attended by more than 40 participants.

October 31, 1988: The United States promulgates the Native Hawaiian Health Care Improvement Act (P.L. 100-579) which recognizes the role of Native Hawaiian traditional healing practices and defines *Traditional Native Hawaiian Healer* (42 USC 11707(9)):

The term "traditional Native Hawaiian healer" means a practitioner-

(A) who-
(i) is of Hawaiian ancestry, and
(ii) has the knowledge, skills, and experience in direct personal health care of individuals, and

(B) whose knowledge, skills and experience are based on a demonstrated learning of Native Hawaiian healing practices acquired by-
(i) direct practical association with Native Hawaiian elders, and
(ii) oral traditions transmitted from generation to generation.

The Act goes on to state:

Nothing in this Act shall be construed to restrict the authority of the State of Hawaii to license health practitioners (42 USC 11708).

1989

After the OHA sponsored conference, follow up gatherings, "Own Identity, Own Voice," were held throughout the year on different islands sponsored by E Ola Mau to provide the opportunity for the practitioners to continue their conversation.

1992

October 6, 1992: The United States promulgates the reauthorization of the Native Hawaiian Health Care Improvement Act (P.L. 102-396) which incorporates the above definition (42 USC 11711(10)) and includes the statement enabling licensure by the State of Hawaii (42 USC 11712).

1995

October 17-19, 1995: *POL* and others support the *1995 Hawaii Symposium on Healing Alternatives* sponsored by the US Department of Veterans Affairs. Presenters included: Papa Henry Auwae, Aunty Margaret Machado, Aunty Ulunui Garmon, Hinano Paleka, Aunty Betty Jenkins, Frank Hewett, and Uncle Kalua Kaiahua.

1996

August 22, 1996: A major organization of traditional healing practitioners, *Kupuna Laau Lapaau o Hawaii,* under Po'okela Papa Henry Auwae, incorporates with the mission to "perpetuate the art of *laau lapaau*."

1998

January 1998: SB 1946 introduced into the State Legislature which recognizes the importance of traditional healing practices and definitions noted in the federal Native Hawaiian Health Care Improvement Act and mandates Papa Ola Lōkahi (POL) to develop a process that would protect traditional Hawaiian healing practices and Native Hawaiians who practice them. The Act exempts Native Hawaiian practitioners from state licensure for practicing medicine for two years until July 1, 2002, to enable time for public discussions and input.

July 14, 1998: SB 1946 passes as Act 162.

The Act is codified in *HRS 453-2(C) License required; exceptions:*

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

October 29-31, 1998: POL convenes a gathering of respected Native Hawaiian *kupuna kahuna* of traditional healing practices and their *kako'o* to discuss Act 162 in Kailua-Kona, Hawai'i. Those master practitioners (and their *kako'o)* invited to attend are:

Papa Henry Auwae (Haunani Kalama Smith)
*Kahu David Kaalakea (Keoki Sousa)
*Aunty Abbie Napeahi
Aunty Margaret Machado (Nerita Machado)
Aunty Agnes Cope (Kamaki Kanahele)
Aunty Malia Craver (Millie Kawaa)
Uncle Kalua Kaiahua (Janice Nielson)
*unable to attend

October 31, 1998: This group develops the **KAHUNA STATEMENT** for the legislature. It states:

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 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 CLLING TO PRACTICE;*

(3) *THAT THE LEGISLATURE OF THE STATE OF HAWAI'I IS NOT KNOWLEDGEABLE IN THE HEALING TRADITIONS OF THE HAWAIIAN PEOPLE; AND*

(4) *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.

SIGNED:
Henry Auwae, Po'okela
Agnes Cope
Malia Craver
Kalua Kaiahua
Margaret Machado

December 9, 1998: Master practitioner Kahu David Kaalakea of Maui ua hala.

1999

January 10, 1999: POL submits its report with the KAHUNA STATEMENT to the State Legislature.

2000

Waianae Coast Comprehensive Health Center (WCCHC) opens its Native Hawaiian Traditional Healing Center

August 8, 2000: Master practitioner Kalua Kaiahua of Maui ua hala.

September 19-20: *POL* participates with the *Waimānalo Health Center* in its hosting of its "O Ke Aloha Ka Mea i Ho'ola Ai" Healers Conference. Act 304 is discussed in depth. A number of kupuna note their concerns with the act. Two major recommendations from the conference were made to POL:

(i) promote more discussion on each of the islands through 'aha; and
(ii) be accountable for legislation regarding Act 304.

POL contracts Kumu Kawaikapu Hewett to conduct kūkākūkā sessions with kupuna statewide on issues surrounding Act 304. Kupuna on all islands are interviewed.

December 31, 2000: Master practitioner Henry "Papa" Auwae ua hala.

2001

January 25, 2001: SB1390 is introduced into the State Legislature, which recognizes the KAHUNA STATEMENT and moves to initiate a process by which Native Hawaiian practitioners would be permanently exempt from licensure with the Native Hawaiian communities themselves serving as the appropriate reviewing authority. This legislation sets in motion a process to exempt "qualified" Native Hawaiians practitioners from licensure in the State of Hawai'i. The legislation:

(1) enables POL to form a panel or panels of traditional Native Hawaiian healers to address issues and recommend legislation relating to the permanent implementation of the purposes of this Act;
(2) adds composition requirements of the panel(s) convened by *POL;* and
(3) exempts practitioners from liability under medical licensing law.

July 2, 2001: SB1390 passes as **Act 304**.

2002

HRS 453-2(C) is amended to read:

> *Nothing herein shall prohibit traditional Hawaiian healing practices by traditional native Hawaiian healers, both as recognized and certified as such by a panel convened by Papa Ola Lokahi. No person or organization involved with the selection of panel members or the denial of certification of healers under this subsection shall be held liable for any cause of action that may arise out of their participation in the selection or certification process.*

February 2002: *POL* issues its instructions on the process for recognition and certification of Kupuna Councils in accordance with Act 304. *POL*'s intent is to recognize Kupuna Councils affiliated with the Native Hawaiian Health Care Systems and community health centers in the State of Hawai'i.

March 8, 2002: *Wai'anae Coast Comprehensive Health Center (WCCHC)* petitions POL for recognition of its Kupuna council in compliance with Act 304. POL grants recognition on December 10, 2002.

May 2002: *POL* submits inquiry to the State Attorney General regarding liability issues surrounding its Board responsibilities and those of panels formed under Act 304.

October 3, 2002 : The State Attorney General responds indicating that:

POL is not a State board and not eligible to counsel from its offices (POL is a private entity);

(i) Panels are state boards and are "eligible to seek advice and counsel from the Department of the Attorney General"; and

(ii) Panels are subject to HRS Chapters 91 and 92 requirements.

December 4, 2002: *POL* refines its recognition process in accordance with Act 304 for an organization and/or an agency wishing to provide traditional Hawaiian healing practices to their clients. The process requires that the requesting organization/agency submit a letter of request along with documenting evidence for recognition of its panel to POL. POL upon review then recognizes by letter the panel as being constituted in accordance with Act 304 if it is in fact in compliance with the act.

2003

March 7, 2003: *Nā Pu'uwai Native Hawaiian Health Care System*, *Moloka'i,* petitions POL for recognition of its Kupuna Council in compliance with Act 304. POL grants recognition.

March 7, 2003: *Hui No Ke Ola Pono Native Hawaiian Health Care System, Maui,* petitions POL for recognition of its Kupuna Council in compliance with Act 304. POL grants recognition.

August 11, 2003: *Hui Mālama Ola Nā 'Ōiwi Native Hawaiian Health Care System, Hawai'i,* petitions POL for recognition of its Kupuna Council (East Hawai'i) in compliance with Act 304. POL grants recognition.

2004

As per recognition by WCCHC's Kupuna Council, activities conducted by Native Hawaiian practitioners at the WCCHC are covered by the Federal Tort Reform Act. Additionally, the WCCHC develops perspective health service reimbursement codes for its services provided.

May 10, 2004: *POL* convenes a gathering of more than 20 recognized kupuna practitioners at the Honolulu International Airport to discuss the ongoing issues around licensure and quality assurance issues of practice.

2005

January 27, 2005: SB 1285 is introduced into the State Legislature which proposes the following amendments to Act 304:

(i) changes the word "panel" to "kupuna council";

(ii) makes each kupuna council independent from the State.

Each kupuna council shall:

1) be independent;
2) not be a component of any state branch;
3) not be subject to chapters 91 and 92, HRS; and
4) develop its own policies, procedures and rules necessary or appropriate to certify traditional Hawaiian healers.

June 23, 2005: SB 1285 passes as **Act 153**.

HRS 453-2(C) is amended to read:

Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional native Hawaiian healing practices, both as recognized and certified as such by any kupuna council convened by Papa Ola Lokahi. No person or organization involved with the selection of kupuna council members, the convening of a kupuna council, or the certification process of healers under this subsection shall be sued or held liable for any cause of action that may arise out of their participation in the selection, convening, or certification process. Nothing in this chapter shall limit, alter, or otherwise adversely affect any rights of practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii.

2006

The health insurer AlohaCare accepts the criteria for credentialing under state law (Act 153), and provides reimbursement through AlohaCare for traditional Hawaiian healing services.

May 5-7, 2006: Traditional Healers ʻAha is held at Waimea, Kauaʻi hosted by *Hoʻola Lāhui Hawaiʻi Native Hawaiian Health Care System*. More than 50 traditional practitioners participated. Recommendations from the ʻAha are: The Native Hawaiian community needs to exert and protect its intellectual property rights as they relate to traditional healing practices;

(i) There is an on-going need for *ʻaha* focusing on traditional healing practices. POL will be asked to prepare a timeline to reconvene another *ʻaha*.
(ii) The Native Hawaiian Health Care Systems (NHHCSs) need to be encouraged to take on the kuleana of developing "kauhale" systems for Native Hawaiian practitioners; and
(iii) The concept of a strategic plan for implementation is supported.

August 9, 2006: The organization *Kupuna Laau Lapaau o Hawaii* is reinstated under Poʻokela Aunty Marie Place.

August 9, 2006: The organization *E Ola Mau* is reinvigorated under President Loretta Hussey with its mission "to promote traditional Native Hawaiian concepts of health…"

2007

August 9-10, 2007: A gathering of traditional practitioners is hosted by *Kupuna Laau Lapaau o Hawaii* and *E Ola Mau* at Puʻu o Hoku Ranch on the island of Molokaʻi. More than 20 practitioners participated in the conference.

October 10, 2007: *Ke Ola Mamo Native Hawaiian Health Care System*, *Oʻahu,* petitions *POL* for recognition of its Kupuna Council, Nā Lei Hulu No Ke Ola Mamo, in compliance with Act 304/153. POL grants recognition.

October 29, 2007 : *Hoʻola Lāhui Hawaiʻi Native Hawaiian Health Center System, Kauaʻi,* petitions *POL* for recognition of its Kupuna Council in compliance with Act 304/153. POL grants recognition.

2008

September 10, 2008: *Hoʻola Lāhui Hawaiʻi Native Hawaiian Health Care System, Kauaʻi,* petitions *POL* for recognition of its Kupuna Council in compliance with Act 304/153. POL grants recognition.

2009

October 3, 2009: Master hoʻoponopono practitioner Aunty Malia Craver of Oʻahu ua hala.

November 9, 2009: *POL* Board adopts the following criteria for kupuna councils requesting recognition:

1. At least three Hawaiian persons who are deemed by the Papa Ola Lōkahi or a kupuna council to be proficient of traditional Native Hawaiian healing methods. See Section 453-2(c)
2. The traditional healing practices of the members of the kupuna council and practitioners under the kupuna council's oversight (such as lā'au lapa'au, lā'au kāhea, lomilomi, ho'oponopono and similar (practices) shall be provided to Papa Ola Lōkahi on an ongoing basis.
3. Standards of care (developed by the kupuna council)
4. An annual review process to address relevant factors (such as numbers served, number of practitioners, referrals, complaints, successes etc.) An Annual Report must be provided by November 1 of each year.
5. A memorandum or letter of understanding with the Native Hawaiian Health Care System on the kupuna council's moku to address the proficiency of the practitioners.
6. Evidence of liability coverage.
7. Pursuant to section 453-2 (c) (4), the development of the kupuna council's policies, procedures and the rules necessary or appropriate to certify traditional Hawaiian healers.

December 28, 2009: Master lomilomi practitioner Aunty Margaret Machado of Hawai'i ua hala.

2010

Ko'olauloa Community Health & Wellness Center, O'ahu petitions *POL* for recognition of its Kupuna Council in compliance with Act 304/153. POL grants recognition.

2015

November 16, 2015: Master lā'au kāhea practitioner Aunty Agnes "Aggie" Kalaniho'okaha Cope of O'ahu ua hala.

* * * * *

Papa Ola Lōkahi wishes to thank all who helped put this brief chronology together. Without their generous sharing, this chronology would not have been possible. Other gatherings have occurred throughout the years and continue today but this effort is an attempt to list those major ones which have focused on certification and licensure.

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