

1 (Applause.)

2 MS. HOWARD: Thank you so much. (Indiscernible) two
3 things (indiscernible). One thing is that the Department of
4 Education is doing something to help our children and that they
5 are -- another thing that I did hear you throughout the whole
6 thing, the need for Micronesians working for Micronesians, that
7 acculturation (indiscernible) that really help our people to
8 succeed for this program successful. Thank you, Mary.

9 And let's hear from John, and he'll talk about
10 his program in the Department of Health.

11 Ala Moana Health Center

12 BY MR. JOHN ISHODA:

13 Aloha. (Indiscernible; not speaking in microphone.)

14 I'm so used to talking without a mike.

15 Anyway, yesterday I was trying to decide whether I
16 should write down what I have to say. And I hear my daughter's
17 voice. One day she told me, "Dad, you're getting forgetful.
18 You're getting old." There goes my honesty -- teaching her
19 honesty is the best policy.

20 Before I proceed, I would like to acknowledge a lady
21 that's been very active in (indiscernible) throughout the
22 communities here on O'ahu. I'm talking about you, Barbara Tom.

23 MS. HOWARD: Stand up, Barbara. She needs to be
24 recognized.

25 (Audience applause.)

1 CONTINUED BY MR. ISHODA:

2 I was born and raised in (indiscernible), but I spend
3 most of my adult life here in these beautiful islands. I am
4 currently employed by the state Department of Health as
5 (Indiscernible), commonly referred to as the bilingual health
6 (indiscernible). And we are at the Ala Moana Health Center.
7 You want my number, my number is 587-5425. I should remind you;
8 I am happily married.

9 We go (audience interruption) reason (indiscernible)
10 target population is the Marshallese group. (Indiscernible)
11 bilingual staff as well. We have Filipino, Chinese, Samoans,
12 and Vietnamese.

13 So what do we actually do? Speaking for myself, one
14 of my assigned tasks is to assist these Marshallese people,
15 especially the newcomers, to make sure that they have health
16 coverage, help them apply for Quest health plan.

17 So every Wednesday, every Wednesday morning, I'm at
18 the Lanakila Health Center assisting the (indiscernible) who are
19 doing immunization for the students so that they can start going
20 to school. (Indiscernible) orientation, explaining our program,
21 for the families, especially, making sure they know where to go
22 for the affordable health services.

23 (Indiscernible) clinics to make sure the doctor and
24 his patient (indiscernible) health treatment. My daughter still
25 don't like her doctor. Sometimes you can be really

1 (indiscernible) between the patient and the doctor.

2 But what I like most is doing home visit with the
3 (indiscernible) nurse, chance to touch base with the Marshallese
4 (indiscernible) and also talk stories and probably eat some
5 Marshallese food.

6 I also have the (indiscernible) where I promote
7 healthy lifestyle. 'Cause when we do our home visits, it is
8 obvious that one of the problems is unhealthy lifestyle among
9 the Marshallese.

10 We also can see there are a lot of problems with
11 diabetes, health-related illness. Also cancers. For obvious
12 reasons. If I might mention, a lot of the Marshallese don't eat
13 much of what you folks eat that you consider healthy, like
14 vegetables. The Marshallese like to eat rice and canned food.
15 These are something that they're used to from back home.

16 Throughout this conference, I've been hearing
17 (indiscernible) health needs or health-related needs. And that
18 is language access. There was a conference last week. It was
19 on language access. Obviously, that is one of the barriers. It
20 is very noticeable everywhere I go: Hospitals, clinics, even
21 schools. Mary mentioned that.

22 And it's very sad when you go to the hospital and you
23 see some old folks, old Marshallese sitting over there. And
24 it's obvious they're not sure what they are supposed to do, but
25 they don't know how to speak English. I witnessed that.

1 So that is certainly the issue. It is a barrier to
2 access a lot of the health services.

3 One of the barrier, of course, is cultural
4 sensitivity. You cannot discuss sex with both male and female
5 member of the family being present. You have to talk to them
6 separately. These are just one aspect of the cultural problems
7 or difficulties.

8 One of the other barriers that I've noticed is lack of
9 proper documentation. You might have the same persons,
10 especially with the kids, that have different last name on
11 different documents. That is very common.

12 Lack of transportation too. We take it for granted
13 that we can get to where we are. (Indiscernible) on Majuro,
14 there's only one main road. You can see where you're going
15 because the island is flat. Well, if you tell one Marshallese
16 family to get on the bus and go to Kapi`olani hospital, for
17 example, from Waipahu, and you tell them they have to transfer,
18 maybe three times before they get to Kapi`olani hospital, you
19 can be sure they're not gonna go.

20 A lot of us, we take it for granted that, hey, I'll go
21 to my appointment. No problem.

22 And another problem when they apply for Med-QUEST,
23 they don't know that they're supposed to select the health plan
24 that they would be under. And also they have to select their
25 own doctor. That is a problem. And naturally, because on

