

1 their full potential within their territories.

2 So I hope that the Compact of Free Association that
3 have created opportunities for us to come here, theoretically,
4 the resources that we did not have there, we have here. And so
5 let's resolve to take full advantage of those things. Mahalo.

6 * * * * *

7 MS. HOWARD: Thank you very much, Richard, for your
8 frank and insightful opinions. We know it's -- that's why this
9 is very important 'cause (indiscernible) are sharing and through
10 learning of our differences that we come up with ways to make
11 lives better.

12 And I can assure that this event right now is
13 building -- you know, building, strengthening our communities
14 and building towards a better future. And I trust each and
15 every one of the Micronesians who are here in the crowd, that
16 they are making good judgment to lead our people to a better
17 future.

18 Thank you, and right now we are open up for
19 questions.

20 FEMALE AUDIENCE MEMBER TUSI: (Speaking foreign
21 language.) Aloha, my name is Tusi (phonetic; indiscernible).
22 I'm a nurse and I am the program coordinator for a very special
23 program, and it's called Cancer Treatment and Education Program
24 at Hawai`i Medical Center, formerly St. Francis Medical Center.

25 And I have several grants. I have the BCCP

1 grant, which is the Breast and Cervical Cancer Control Program,
2 as well as a grant from the Susan G. Komen Foundation, to screen
3 women, to offer women medically, underserved women, to target
4 the Pacific Islanders, Native Hawaiians. That is our population
5 target. Of course, it is open to all women that -- from, uh, in
6 our guidelines.

7 And I really don't have a question, but I do have
8 a comment. And I wanted, you know, this special lady; she's
9 also Samoan, by the way. So I'm Samoan. She's my sister.

10 And we worked together. I've met this incredible
11 person, and we have worked together in getting Micronesian
12 women -- Pacific Island women -- in to get mammograms
13 (indiscernible).

14 And one of the things that, when I worked with
15 this -- started this program, I was working -- I recall it now.
16 I was working in an area (indiscernible) looking down.

17 Now that I'm actually in the trenches, and I love
18 it. I enjoy what I'm doing, but I want to say that, Nia, you're
19 absolutely right. Being out in the community, touching bases
20 and touching a woman, one-on-one, is most important because the
21 trust that you develop with this women is absolutely incredible.

22 And I just want to say thank you, Nia, for
23 opening my eyes to all this wonderful talent that we have. And
24 (indiscernible) work with a lot of Micronesian women, and I tell
25 you they are awesome -- incredible Micronesian women.

1 And don't wait for them to come to you. You
2 gotta go to the source. You gotta get down to the trenches.
3 And that's what I've done, and it has been quite rewarding.
4 (Indiscernible.) (Speaking in foreign language.)

5 MS. AITAOTO: (Indiscernible) magic. You marry
6 someone, the magic is gone. I got no magic, so (indiscernible)
7 after that. (Indiscernible.) And that's another thing too. We
8 want to go to women providers that look just like us, talk just
9 like us, walk slow just like us. (Indiscernible; yelling voice)
10 that kind of stuff. And (indiscernible).

11 And that's another thing too. (Indiscernible)
12 community-based. But you have to (indiscernible) a provider
13 that is competent. That means very (indiscernible), and you
14 know, accommodating to us Micronesians. So thank you
15 (indiscernible) for that. And I do have a commercial.

16 Anyway, one of (indiscernible) is diabetes
17 education. We have this grant. You know. It's kind of a
18 stupid grant. We take up all these materials. You know. And
19 it's great. (Indiscernible) translate it into 20 different
20 languages. (Indiscernible) translation. (Indiscernible.)
21 Actually about 5,000 Micronesians actually see the brochure and
22 (indiscernible).

23 But anyway, at the end of the day, we do
24 (indiscernible) food care. It's offered by (indiscernible). So
25 at the end of the day, the brochure was wonderful, translated,

1 everything. At the end of the day, (indiscernible). You know,
2 (indiscernible) to go look and (indiscernible). We don't have
3 any of that.

4 So I decided. You know what? If we're not gonna
5 have the resources to do what the brochures, don't pass it out.
6 So until (indiscernible). So if you're a service provider here
7 looking for diabetes educational materials in language and
8 school --.

9 Another thing is that they keep on telling us
10 measure your food and portion it and everything else. In
11 Micronesia, a cup is anything that holds water. So guess what?
12 (Indiscernible; yelling voice.) Actually, not only developing
13 educational materials and translating them to this language, we
14 also provide tools, like the foot care kit and then measuring
15 cup, measuring spoon. (Indiscernible.)

16 But then, you know (indiscernible.) Stuff like
17 that. But I'm (indiscernible) they don't do stuff like that for
18 us, that they never asked us what we like.

19 So that's the end of the commercial.

20 UNIDENTIFIED FEMALE SPEAKER: Any more questions out
21 there?

22 UNIDENTIFIED FEMALE AUDIENCE MEMBER: (Indiscernible;
23 speaking without microphone.) What is the Micronesian view of
24 confidentiality (indiscernible). (Indiscernible) we don't have
25 to disclose to your parents (indiscernible). (Indiscernible.)

1 MS. AITAOTO: What's that? We don't know what that
2 is. (Indiscernible) compliance with medical services and all
3 that kind of thing. Well, here in Hawai`i, you know, we do
4 sometimes our own (indiscernible).

5 For example, (indiscernible) in hospitals and
6 things like that. (Indiscernible). (Indiscernible) talk to
7 this one person because they want the information to go out.

8 But you know Micronesian culture, we talk to a
9 whole family. You know? (Indiscernible) the decision is
10 (indiscernible) group or something like that. So, you know, so
11 our (indiscernible) hold us back, you know, that kind of thing.
12 But we have such close families that, you know, they're gonna
13 share information anyway.

14 So -- and I don't know if that answers your
15 question. But the concept in itself -- it is a community thing.
16 You know. And it's hard to keep information 'cause we have the
17 coconut wireless (indiscernible) stronger than any in the
18 (indiscernible) anywhere. You know. But, so that's it.

19 One of those lines between policies and what
20 actually happened in the community and health care (voice
21 fades.)

22 UNIDENTIFIED FEMALE AUDIENCE MEMBER: (Indiscernible.)
23 My question is aside from the DOE that has the health standards
24 (indiscernible) curriculum, do any of your programs do
25 assessments of youth and adult smokers? And if you do, do you

1 provide education or counseling? If you don't, who do you refer
2 smokers to?

3 MS. HOWARD: Mary or Joanna?

4 MS. AITAOTO: Actually, we do have -- um --
5 (indiscernible) resources here. And the reason why is because
6 of the Department of Health. But we ask for you to do a
7 (indiscernible) sample, Pacific Islanders? Oh, that's too
8 expensive.

9 You know what? We can do it, so they haven't
10 prioritized up on the top. There is resources. It's just
11 (indiscernible) we're important enough to (indiscernible). But
12 we do. You know, we need to do stuff like that. We do have
13 smoking cessation (indiscernible).

14 We're actually much more ahead than the State of
15 Hawai`i. Do you know in April 30th, the last day of this month,
16 we're gonna have an integrated Pacific Island tobacco, diabetes,
17 cancer, and cardiovascular. All the members -- anyone from
18 Micronesia -- I think about 20 people (indiscernible) will be
19 on-island looking at all those issues.

20 So we have a problem with data because we have
21 such a small population. That's why if you separate Pacific
22 Islander from Native Hawaiians or other populations, we do have
23 that data, but the (indiscernible) is very huge. You know. So
24 things like that. But (indiscernible). But anyway.
25 (Indiscernible) Micronesian inside.

1 But, uh, so it comes up, you know, and things
2 like that too. So, but we do have a smoking cessation program
3 for Pacific Islanders here. (Indiscernible) Native Hawaiian
4 culture. But we do have a policy. If you come in, it doesn't
5 matter (indiscernible) -- birth control, broken leg, you know,
6 headache or whatever -- we still gonna ask you if you smoke and
7 then we (indiscernible) you up to a smoking cessation counselor.

8 And if you have a chronic disease like diabetes,
9 cardiovascular, or cancer, we are gonna give you a special talk
10 on why you really, really, really need to stop smoking right,
11 right, now. So that's (indiscernible). And if they don't
12 listen, then I come and talk to you.

13 But anyway, so talk to -- what's that? -- Julian.
14 Right. Tell Julian (indiscernible) sample Micronesians.

15 MS. HOWARD: Next question?

16 UNIDENTIFIED MALE AUDIENCE MEMBER: (Indiscernible) to
17 the panel for all their contributions. I'm still disturbed by
18 John's example of the Micronesian couple sitting in a hospital
19 waiting for care because there was no way to communicate with
20 them.

21 Since I want to take Nia's point of view, why
22 don't we make a communication system for them? And what we're
23 really talking about is that the medical profession demands
24 special attention, rather than coming out and asking what needs
25 to be done.

1 So what I would suggest doing is if we can get
2 something like the earlier panel on communication
3 (indiscernible), if we can get some sort of way of color-coding
4 your symptoms in the different languages, let the person
5 (indiscernible) paint selection (indiscernible), hand that
6 (indiscernible) to the admissions nurse or doctor. You might
7 have the doctors coming over and seeing what's wrong with the
8 patient, trying to see what the colors meant.

9 Something like that might trigger a more positive
10 response from the people who said I can't do anything (voice
11 fades.)

12 MS. AITAOTO: That's a great idea. So for all you
13 Department of Health departments that your end of the year is
14 like the end of April and you're gonna have a lot of extra
15 funds, that's a nice idea for you to put that in, right? Hint,
16 hint, hint?

17 MS. HOWARD: Let's move along. The lady over there
18 has been waiting. So I need to give her a chance.

19 AUDIENCE MEMBER TINA: (Indiscernible). I can't
20 remember actually who it was. (Indiscernible) talked about just
21 the proper ways to enter someone's home.

22 And my name is Tina. I work at Weinberg Village
23 Waimanalo. And so it's part of our program. We do home visits
24 and we do go into people's homes and actually we're there to
25 make sure that the home is clean (indiscernible). So it's kind

1 of an invasive process anyway. But could you maybe talk more
2 about how to kind of use that.

3 MS. HOWARD: I believe it was Joanna and John that
4 talked about the home visits. So I would ask any of them to
5 answer that question.

6 UNIDENTIFIED MALE SPEAKER: First of all,
7 (indiscernible) in response to the gentleman's question about
8 the color code, ID, or something? Currently, right now, I
9 believe there is a multiple language ID card that is in the
10 process of being produced. I don't know (indiscernible) status
11 of that card now.

12 But we're hoping that every -- especially the
13 older people that don't know how to speak English -- would have
14 a card that would say that they're Marshallese, they don't know
15 how to speak English. And they would meet (indiscernible) sort
16 of help provide an interpreter. That's what I have heard, that
17 there is a language card. I hope I've answered your question.

18 For the home visit question from that lady,
19 nobody, I believe, (indiscernible). Normally, you would have to
20 call beforehand and let the people know that you're gonna be
21 interviewing them.

22 'Cause a lot of times the reason why they
23 hesitate to have you go in, it's because -- like most of us, we
24 have our dirty laundry all over the place. So you want to let
25 them know you're coming so they can prepare, clean a little bit,

1 make things tidy inside the house. I hope that answer your
2 question.

3 MS. HOWARD: Anybody wants to add to that? Richard?

4 MR. SALVADOR: I apologize. I was supposed to talk
5 about the -- one thing I was supposed to was (indiscernible)
6 language assessment. I know that (indiscernible). She is
7 working at the Department of Health and she had extra money from
8 the CDC. So she used it to create a Micronesian family health
9 and language assessment (indiscernible) what the needs are in
10 terms of language.

11 Again, to access healthcare systems and
12 (indiscernible). Some others were participating in the
13 interview of about 430 or 450 families representing about
14 approximately 2,000 people. But that's just Micronesians living
15 in public housing, mostly.

16 We went, some instances, to beaches and parks
17 where they're holding the events. But it's -- Palolo, you know,
18 (indiscernible) and other (indiscernible), major public housing
19 areas. Around 2,000 people. And what it was asking for a
20 list of current health problems for each member of the family --
21 what were the initial reasons for migrating to Hawai`i and
22 whether they were health related and whether they have the
23 language ability to access relevant health care.

24 I think there were some other non-health
25 information (indiscernible) we gathered in terms of how many

1 people are actually working and not working. So they were
2 actually contributing (indiscernible). And Dr. (Indiscernible)
3 the families of the assessment.

4 But a lot of the families, (indiscernible)
5 language problems. There needs to be a number of efforts made
6 to bridge the gap in terms of providing translation services and
7 other things. Mahalo.

8 MS. HOWARD: You know, just to, in general, let me
9 invite -- for any of you who has ideas and who have comments,
10 you know, the nation of Micronesia holds a meeting monthly on
11 every second Thursday. Those ideas like, you know, the
12 color-coded thing -- it's the language access. The court is
13 working on interpreting services. That's where you can go and
14 input all those other great ideas.

15 But anyway, let's move on. And Lillian, you have
16 a question?

17 MS. SEGAL: Actually, I think Elfriede was in line
18 first.

19 MS. HOWARD: Oh, I'm so sorry, Elfriede. I wasn't
20 looking. I'm sorry.

21 MS. SUDA: I'm Elfriede Suda. I (indiscernible)
22 parents and children together. My daughter is two months old;
23 and in regards to the comments earlier about home visits,
24 sometimes we gotta be aware of whose home because home is
25 comprised of a lot of people.

1 So during the day when it's convenient for you,
2 service providers, it may be inconvenient for us, the ones who
3 work at night. So even though your visit may be announced, it
4 may be an intrusion of privacy for the people that are resting
5 during the day. Thank you.

6 MS. SEGAL: Actually, what I have to say is very
7 connected to what Elfriede was just saying. So to give you
8 non-Micronesians a little more insight about making home visits
9 with Micronesian families, you know, we talked a little bit
10 about concepts.

11 And it's so true. Like every action that is
12 taken with a Micronesian, there is a lot involved. It was hard
13 to answer the question earlier about Micronesian art because
14 that's a whole 'nother conference. We'll not go there right
15 now.

16 But with the home visits, (indiscernible)
17 Kosraean culture, hospitality is a really big thing. And so
18 when you're approaching somebody and asking them --.

19 You know, first of all, Micronesians have a hard
20 time saying no. It's our way. And then bringing yourself to
21 someone's home, you're putting it on the family and they're
22 gonna get all stressed out. Like, oh, my house is not good
23 enough. Oh, we don't have enough good dishes to serve them. We
24 have to serve those people, something to serve them in.

25 And then also -- you know, we do community work,

1 and it took years to establish the relationship that we have.
2 So I could show you those projects. And I'm Micronesian, and I
3 have to think about that.

4 It is more difficult for me to think about -- to
5 work with Micronesians than it is to work with non-Micronesians
6 because there's all this unknown cultural stuff that we just
7 know as Micronesians and you're slowly finding out and maybe
8 some day there will be a book.

9 So please be aware of that. And what I suggest
10 is before trying to establish the home visit, go --. Well,
11 first of all, work on establishing a relationship and trust,
12 number one, before you bring yourself to the home. But think of
13 a neutral place and offer to maybe pick up somebody. Take them
14 to Zippy's. Offer them lunch. Something like that. So I
15 suggest more neutral grounds before coming into their home.

16 I don't disregard your work. You're trying to do
17 important work, and I value that you're trying to come into the
18 home. That's probably your personal time as well. Just to
19 share a little insight on (indiscernible) Micronesian things.

20 MS. HOWARD: There you go. (Indiscernible)
21 acculturation. The fear of not knowing what they're gonna talk
22 to you about, the fear of thinking that you're not gonna
23 understand what they're talking about is very true. And that's
24 what, you know, create all these barriers about home visits.

25 And I know how important (indiscernible). You

1 are trying to get your work done. But you know, one thing I
2 learned from Mike Mattos -- I don't know (indiscernible) you
3 know him. He's a great social worker. But after how many years
4 of studies, he said I didn't learn anything, but now I come to
5 realize that the best way to find out what is the most effective
6 ways to talk to your client.

7 So talk to them. Ask them. If they cannot tell
8 you today, ask them again tomorrow. Find another way to find
9 out from them. Just that peace of mind.

10 MS. MILNE: Another thing they keep -- something to
11 keep in mind when you're trying to do home visits. Like me and
12 my friend had to do a home visit at one of the public housing.
13 And safety is an issue and so -- because even though we're
14 Micronesians, we are not from that area.

15 So it's important that you get a person that can
16 speak that language and is from that community because even
17 Micronesians tell us, you know, we're not part of the community
18 and it's hard -- you know -- even harder on us to go inside a
19 person's house, a stranger's house, and tell them
20 (indiscernible) the service providers are telling us. Because
21 (voice fades).

22 MS. HOWARD: Thank you, Mary. Next question.

23 UNIDENTIFIED FEMALE AUDIENCE MEMBER: (Indiscernible)
24 babies from birth to three who have development delays. So one
25 family that we worked with that was from Chuuk, the child was

1 hard of hearing and it was suggested that she have hearing aids
2 placed. The parents didn't want to have hearing aids placed
3 because they were gonna go back home, and they said that their
4 child would be shunned by their community for the hearing aids.

5 So I tried to know if that's factual or is that
6 across the board. She said that individuals with developmental
7 delays -- it looked different than the rest of the community.
8 People within the community talk about that there is curses put
9 on their family or they did something wrong. So I just wanted
10 to know if that was factual or that's common.

11 MS. HOWARD: Anyone wants to comment on that question?

12 UNIDENTIFIED FEMALE SPEAKER: With that kind of
13 question, it's very hard to generalize culture. As you can see,
14 Chuuk -- I don't know which island in Chuuk, you know, that they
15 are from and things like that, too.

16 But I think (indiscernible) educating them on how
17 the hearing aids gonna help the kids. So actually that kind
18 of -- you need to spend a lot more time on the education of that
19 (indiscernible) too.

20 But when it comes to the cultural beliefs and
21 (indiscernible), it's very hard for us to generalize it
22 because -- you know, (indiscernible) Chuuk, it's not just one
23 Chuuk but hundred islands and that things like that.

24 And it is, you know. Kids are tough. You know,
25 (indiscernible) everywhere. (Indiscernible), whatever. So you

1 have to really work on that communication with (indiscernible)
2 explaining the material itself versus the cultural aspects of
3 it.

4 MS. HOWARD: Any more questions? Oh, Jo Jo has a
5 question. Sorry.

6 MR. PETER: I don't have a question. I was just going
7 to add a little bit to the answer to the lady's question.
8 (Indiscernible) a little bit (indiscernible) disability and the
9 cultural response to disability.

10 And I think what may have happened is they
11 brought the child in, with already, with the disability, that
12 they had already (indiscernible) of functioning.
13 (Indiscernible) dealing with child at home.

14 What they may have hard time getting, you know,
15 to understand what you're trying to get through is the function
16 of the hearing aid, you know, beyond the home. (Indiscernible)
17 hearing aid is (indiscernible) the child can go to school, then
18 maybe they still have a hard time with the idea that their child
19 has the disability should go the school. And so that's where
20 there's that tension.

21 It's not that they don't want the child to have
22 the hearing aid. They may just not see the function. If
23 they're keeping the child at home in Chuuk because of the
24 disability, then they probably (indiscernible) point of putting
25 the hearing aid in the child's ear when he's at home.

1 So I think it has to do with disability and
2 culture, that way that they're still (indiscernible) and deal
3 with disability in a (indiscernible) culture of (voice fading).

4 MS. HOWARD: Did everybody hear that? Okay, we have
5 five more minutes for questions. Go ahead.

6 UNIDENTIFIED FEMALE AUDIENCE MEMBER: I just wanted to
7 ask real quickly, (indiscernible) couple of organizations that
8 was represented here. I just wanted to find out we could just
9 (indiscernible) real quick get the contact information so us, as
10 providers, if we want to contact somebody who would we contact.

11 UNIDENTIFIED MALE SPEAKER: Basically you can contact
12 Micronesian Community Network through Canisius. I think
13 (indiscernible) is SMCM@gmail.com or (indiscernible) McKinley
14 Community School (indiscernible) liaison there.
15 (Indiscernible), can you please stand, please. She is our
16 Micronesian Community Network liaison at the McKinley Community
17 School.

18 UNIDENTIFIED FEMALE SPEAKER: For Micronesians United,
19 you can contact (indiscernible). (Indiscernible), please stand
20 up. So they can actually can -- you can give them your phone
21 number and whatever else information you want to, you know,
22 (indiscernible).

23 UNIDENTIFIED FEMALE SPEAKER: Okay, Micronesians
24 United phone number is 842-1532, and we have a cell phone
25 number, 223-2812 and 223-2619.

1 MS. AITAOTO: And also (indiscernible) Native Hawaiian
2 healthcare system, but we also do work in the Pacific.
3 Actually, my work is actually in the Pacific region. I also do
4 (indiscernible) in the South Pacific. So I do the whole Pacific
5 area. But, you know, I do lot work here because this is where I
6 live. And you can contact me at Nia, N-i-a, at Hawai`i dot
7 (indiscernible). If you are sending money, it's P.O. Box --
8 (audience interruption).

9 MS. HOWARD: John, you have something to say? No?

10 UNIDENTIFIED MALE SPEAKER: Just adding to what Nia
11 was saying about the money. I'm happy to share the money
12 (indiscernible).

13 MS. HOWARD: Any more questions? You can call me at
14 Goodwill. My phone number is 792-8595 (indiscernible).

15 Okay, I guess there's no more questions. Like my
16 one-year-old barely trying to learn to speak say, "Aw why." I
17 guess he meant, "All right."

18 We have come to the end. Thank you so much,
19 panelists.

20 EMCEE FILIBERT: Wow, we're five minutes ahead. I'm
21 shocked. Thank you, Josie, for that very arousing
22 end-of-the-day panel. I bet you never thought we can have this
23 (indiscernible) a conference where you heard the word "nipple."
24 Thank you, Nia.

25 Before we leave for the day, I'd like to remind