their full potential within their territories.

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

* * * * *

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

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

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

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

And I have several grants. I have the BCCP
grant, which is the Breast and Cervical Cancer Control Program, as well as a grant from the Susan G. Komen Foundation, to screen women, to offer women medically, underserved women, to target the Pacific Islanders, Native Hawaiians. That is our population target. Of course, it is open to all women that -- from, uh, in our guidelines.

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

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

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

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

And I just want to say thank you, Nia, for opening my eyes to all this wonderful talent that we have. And (indiscernible) work with a lot of Micronesian women, and I tell you they are awesome -- incredible Micronesian women.
And don't wait for them to come to you. You gotta go to the source. You gotta get down to the trenches. And that's what I've done, and it has been quite rewarding. (Indiscernible.) (Speaking in foreign language.)

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

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

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

But anyway, at the end of the day, we do (indiscernible) food care. It's offered by (indiscernible). So at the end of the day, the brochure was wonderful, translated,
everything. At the end of the day, (indiscernible). You know, (indiscernible) to go look and (indiscernible). We don't have any of that.

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

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

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

So that's the end of the commercial.

UNIDENTIFIED FEMALE SPEAKER: Any more questions out there?

UNIDENTIFIED FEMALE AUDIENCE MEMBER: (Indiscernible; speaking without microphone.) What is the Micronesian view of confidentiality (indiscernible). (Indiscernible) we don't have to disclose to your parents (indiscernible). (Indiscernible.)
MS. AITAOTO: What's that? We don't know what that is. (Indiscernible) compliance with medical services and all that kind of thing. Well, here in Hawai`i, you know, we do sometimes our own (indiscernible).

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

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

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

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

UNIDENTIFIED FEMALE AUDIENCE MEMBER: (Indiscernible.)

My question is aside from the DOE that has the health standards (indiscernible) curriculum, do any of your programs do assessments of youth and adult smokers? And if you do, do you
provide education or counseling? If you don't, who do you refer smokers to?

MS. HOWARD: Mary or Joanna?

MS. AITAOTO: Actually, we do have -- um --

(indiscernible) resources here. And the reason why is because of the Department of Health. But we ask for you to do a

(indiscernible) sample, Pacific Islanders? Oh, that's too expensive.

You know what? We can do it, so they haven't prioritized up on the top. There is resources. It's just

(indiscernible) we're important enough to (indiscernible). But we do. You know, we need to do stuff like that. We do have smoking cessation (indiscernible).

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

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

(Indiscernible) Micronesian inside.
But, uh, so it comes up, you know, and things like that too. So, but we do have a smoking cessation program for Pacific Islanders here. (Indiscernible) Native Hawaiian culture. But we do have a policy. If you come in, it doesn't matter (indiscernible) -- birth control, broken leg, you know, headache or whatever -- we still gonna ask you if you smoke and then we (indiscernible) you up to a smoking cessation counselor. And if you have a chronic disease like diabetes, cardiovascular, or cancer, we are gonna give you a special talk on why you really, really, really need to stop smoking right, right, now. So that's (indiscernible). And if they don't listen, then I come and talk to you.

But anyway, so talk to -- what's that? -- Julian.

Right. Tell Julian (indiscernible) sample Micronesians.

MS. HOWARD: Next question?

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

Since I want to take Nia's point of view, why don't we make a communication system for them? And what we're really talking about is that the medical profession demands special attention, rather than coming out and asking what needs to be done.
So what I would suggest doing is if we can get something like the earlier panel on communication (indiscernible), if we can get some sort of way of color-coding your symptoms in the different languages, let the person (indiscernible) paint selection (indiscernible), hand that (indiscernible) to the admissions nurse or doctor. You might have the doctors coming over and seeing what's wrong with the patient, trying to see what the colors meant.

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

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

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

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

And my name is Tina. I work at Weinberg Village Waimanalo. And so it's part of our program. We do home visits and we do go into people's homes and actually we're there to make sure that the home is clean (indiscernible). So it's kind
of an invasive process anyway. But could you maybe talk more
about how to kind of use that.

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

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

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

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

'Cause a lot of times the reason why they
hesitate to have you go in, it's because -- like most of us, we
have our dirty laundry all over the place. So you want to let
them know you're coming so they can prepare, clean a little bit,
make things tidy inside the house. I hope that answer your question.

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

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

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

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

I think there were some other non-health information (indiscernible) we gathered in terms of how many
people are actually working and not working. So they were
actually contributing (indiscernible). And Dr. (Indiscernible)
the families of the assessment.

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

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

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

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

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

MS. SUDA: I'm Elfriede Suda. I (indiscernible)
parents and children together. My daughter is two months old;
and in regards to the comments earlier about home visits,
sometimes we gotta be aware of whose home because home is
comprised of a lot of people.
So during the day when it's convenient for you, service providers, it may be inconvenient for us, the ones who work at night. So even though your visit may be announced, it may be an intrusion of privacy for the people that are resting during the day. Thank you.

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

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

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

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

And then also -- you know, we do community work,
and it took years to establish the relationship that we have.
So I could show you those projects. And I'm Micronesian, and I
have to think about that.

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

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

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

MS. HOWARD: There you go. (Indiscernible)

acculturation. The fear of not knowing what they're gonna talk
to you about, the fear of thinking that you're not gonna
understand what they're talking about is very true. And that's
what, you know, create all these barriers about home visits.

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

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

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

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

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

UNIDENTIFIED FEMALE AUDIENCE MEMBER: (Indiscernible) babies from birth to three who have development delays. So one family that we worked with that was from Chuuk, the child was
hard of hearing and it was suggested that she have hearing aids placed. The parents didn't want to have hearing aids placed because they were gonna go back home, and they said that their child would be shunned by their community for the hearing aids.

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

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

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

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

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

And it is, you know. Kids are tough. You know, (indiscernible) everywhere. (Indiscernible), whatever. So you
have to really work on that communication with (indiscernible) explaining the material itself versus the cultural aspects of it.

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

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

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

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

It's not that they don't want the child to have the hearing aid. They may just not see the function. If they're keeping the child at home in Chuuk because of the disability, then they probably (indiscernible) point of putting the hearing aid in the child's ear when he's at home.
So I think it has to do with disability and culture, that way that they're still (indiscernible) and deal with disability in a (indiscernible) culture of (voice fading).

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

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

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

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

UNIDENTIFIED FEMALE SPEAKER: Okay, Micronesians United phone number is 842-1532, and we have a cell phone number, 223-2812 and 223-2619.
MS. AITAOTO: And also (indiscernible) Native Hawaiian healthcare system, but we also do work in the Pacific. Actually, my work is actually in the Pacific region. I also do (indiscernible) in the South Pacific. So I do the whole Pacific area. But, you know, I do lot work here because this is where I live. And you can contact me at Nia, N-i-a, at Hawai`i dot (indiscernible). If you are sending money, it's P.O. Box -- (audience interruption).

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

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

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

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

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

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

Thank you, Nia.

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