



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Senate Committee on Health  
Senate Committee on Human Services  
March 16, 2010 at 3:00 p.m.

Testimony of  
Virginia S. Hinshaw, Chancellor  
And  
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Barry & Virginia Weinman Endowed Chair  
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University of Hawai'i at Mānoa

HB2887 HD1 – Relating to Tobacco Settlement Moneys

Aloha, Chair Ige, Chair Chun Oakland and members of the Senate Committees on Health and Human Services. Thank you for this opportunity to testify on House Bill 2887 House Draft 1. While we cannot support a reduction of the allocation to the Hawai'i Tobacco Prevention and Control Trust Fund, we do appreciate and support those provisions which serve to confirm and clarify the sunset date (2015) on the use of tobacco master settlement agreement monies for operating purposes by the John A. Burns School of Medicine.

This coming May, we will graduate 62 physicians, twelve of whom are Native Hawaiians. That gives us a great sense of pride, because we know those students – and really, all our graduates – understand the critical health care needs of Hawai'i's diverse people. Our state's Native Hawaiians citizens, in particular, are five times more likely to die from diabetes than Caucasians in Hawai'i. Other disparities exist among our citizens of Japanese and Filipino ancestry.

The Legislature's investment in JABSOM is allowing us to grow MORE physicians. This year, despite a more than \$3 million dollar reduction in our state general funding, we will – without new state appropriations – increase the size of our incoming class from 62 to 64 students. This

is a modest increase, to be sure, but one that required commitment from our faculty, staff and administrators, and something we would not be able to consider without the support you have given us through the tobacco settlement monies.

It is important to understand that although we graduate 62 (and soon to be 64) students per year, the school of medicine educates and trains a total of 250 medical students year-round. Through partnering with our major local hospitals, we simultaneously train another 240 medical “residents”: men and women with their medical degrees who are treating patients while mastering their skills in fields including primary care, pediatrics, obstetrics and family medicine. We have another ten students who are from disadvantaged backgrounds whom we are training for a fifth year of college study, so that they may become medical students. Additionally, we have another 120 or so undergraduate and graduate students studying health sciences, including Public Health, Medical Technology and Communication Science Disorders.

We need to keep JABSOM on a course to success because we face a rapidly growing physician shortage, because we attract major funding into the community -- \$42 million last year – that supports jobs in Hawai‘i providing research and outreach to benefit our community, and because we treat Hawai‘i’s people for tobacco-related disease and strive to reduce the tobacco addiction that costs our state more than \$350 million a year and destroys the quality of our citizens’ lives.

Briefly, on workforce, our latest research shows that 40% of Hawai‘i’s current practicing physicians are expected to reach retirement age within 10 years. According to national standards, we are already more than 500 physicians short, based on our population. Just maintaining that already underserved status will require us to graduate or recruit into the state more than 150 physicians each year. In the meantime, JABSOM is the best source of doctors for Hawai‘i.

- JABSOM clinical faculty members (paid and volunteer) represent more than one- third of the practicing physicians in Hawai‘i.
- Nearly half of all physicians currently practicing in Hawai‘i are graduates of JABSOM or its post-graduate residency training program.

When JABSOM’s Kaka’ako campus was built, the medical school also had to assume its own expenses for electricity, security and custodial services – costs that were previously absorbed

by UH Mānoa. The tobacco settlement funding allows us to meet those expenses without which we would be forced to request additional general funds.

We are making every effort to reduce the amount of general fund support required for JABSOM. In addition to the state-imposed budget cuts this past year, we have instituted a “green initiative” that is projected to save \$1 million this year by shortening hours of operation – and at times shutting down completely – our medical education building. As you know, that is on top of the fact that our facility already is more efficient than many other state buildings because of features, including the energy saving seawater cooling system, which allowed JABSOM to be awarded a LEED (Leadership in Energy and Environmental Design) certification in 2008.

Finally, tobacco cessation and tobacco dependence treatment for the people of Hawai‘i are prominent throughout the medical school’s curriculum.

Our JABSOM faculty, residents, medical students, and related healthcare professionals provide daily care for patients who smoke, and routinely offer them help in quitting through interventional counseling.

Tobacco dependence and its management are taught throughout all four years of our medical school curriculum. They are integrated with patient care responsibilities in the post-graduate residency training programs. And our faculty and students are actively involved in community education, including a variety of programs that benefit Kindergarten through 12<sup>th</sup> grade students and through hospital-based services that benefit the people of Hawai‘i. Our students also voluntarily treat Hawai‘i’s homeless families at four state-sponsored shelters, twice per week.

Because it is well-reported in the medical literature that smokers are almost 30% more likely to quit after being counseled by their physician, it should be recognized that JABSOM provides the State with an invaluable resource that reinforces key tobacco cessation messages and contributes significantly towards helping Hawai‘i smokers quit

In setting aside a portion of the tobacco settlement to pay construction debt, the Legislature allowed the medical school’s new campus to be built. In allowing us to use tobacco settlement monies for some of our operating expenses, you have allowed the medical school to survive.

Mahalo for this opportunity to testify.